



# **DRUG ADDICTED INDIVIDUALS AND THEIR FAMILIES**

**Editor**  
**Assoc. Prof. Dr. Yusuf GENÇ**





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Partnerships for adult education



**REPUBLIC OF TURKEY MINISTRY OF EUROPEAN  
UNION EUROPEAN UNION EDUCATION AND YOUTH  
PROGRAMS CENTER**

**ERASMUS + PROJECT**

**Rehabilitation and Integration into Society of Drug  
Addicted Adults and Their Families**

Project No: 2016-1-TR01-KA204-036384

**DRUG ADDICTED INDIVIDUALS AND  
THEIR FAMILIES**

**Editor  
Assoc. Prof. Dr. Yusuf GENÇ**

**2018**



AKADEMİSYEN  
KİTABEVİ

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**ISBN**

978-605-258-025-7

**Publications Coordinator**

Yasin Dilmen

**Book Title**

Drug Addicted Individuals and Their  
Families

**Page and Cover Design**

Akademisyen Appointment Unit

**Editor**

Assoc. Prof. Dr. Yusuf GENÇ

**Publisher Certificate No**

25465

**Translator**

Res. Asst. Özden Şahin

**Printing and Binding**

Bizim Dijital Matbaa

**General Distribution**

**Akademisyen Kitabevi A.Ş.**

*Halk Sokak 5 / A*

*Yenişehir / Ankara*

*Tel: 0312 431 16 33*

*siparis@akademisyen.com*

**www.akademisyen.com**

*"This publication has been prepared with financial support of the European Union and the Republic of Turkey. Responsibility for the information and views set out in this publication lies entirely with the authors and the content of this publication does not reflect the official opinion of the European Union or Republic of Turkey"*



**Erasmus+**



**REHABILITATION AND INTEGRATION INTO SOCIETY OF  
DRUG ADDICTED ADULTS AND THEIR FAMILIES**

**REHAB**



**SAKARYA**  
UNIVERSITESI



**PROJECT  
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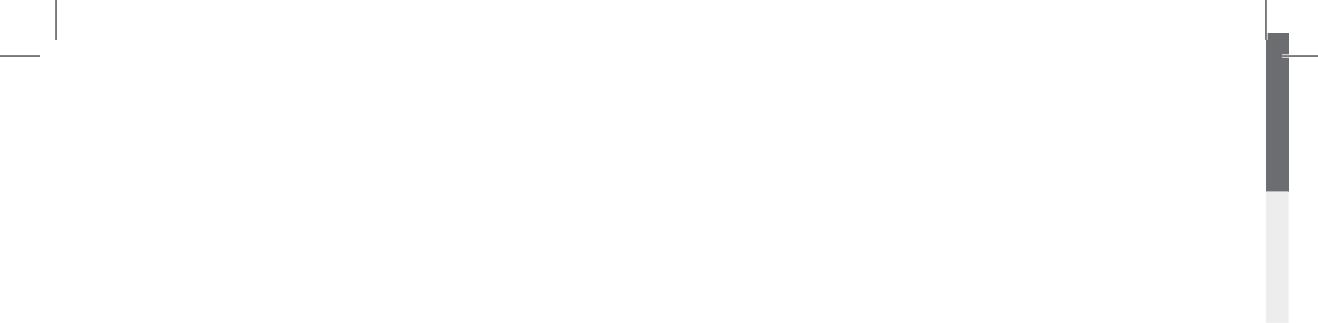
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# PREFACE

Drug addiction is a serious disease, which should be prevented or reduced as an international problem with the common action and coordination of all nations. Individuals who are not satisfied with their lives and natural possibilities, who cannot solve their problems and who incapacitate their lives try to forget their problems by limiting their brains and physiological abilities. Some opportunists pursue economic interests in illegal ways by exploiting the aforementioned weaknesses of people or by abusing such people. While drug traffickers try to obtain economic benefits, some countries may also use drugs as economic and diplomatic weapons.

The use rate of these drugs increases day by day as it becomes easier to access to these drugs and this becomes a problem threatening the societies. The substance abuse creates many problems in family, social, economic and individual lives of people and some of them face to be completely detached from life. Addiction causes individual and familial problems to increase and many families break down due to the addiction.

Thus, a need arises for preparing and implementing a project to develop an international training module for the drug addicted individuals who are supported in terms of vocation by the probation directorates and their families; to protect these people from addiction as well as maintain and rehabilitate them. Within this scope, a training module for the drug addicted individuals and their families as well as a comprehensive book has been developed by the scholars having expertise in the addiction field, from Abant İzzet Baysal University, Sakarya University, Association of Sociological Research Center (Bolu), Association of All Special Education and Rehabilitation Institutions (Ankara), Sima Special Education and Health Services (Bursa) and our foreign partners German Stiftung Bildung & Handwerk and Spanish AGIFODENT - Asociacion Granadina Para La Informacion, Formacion Y Desarrollo De Las Nuevas Tecnologias.

This research has been conducted within the framework of project numbered 2016-1-TR01-KA204-036384 and entitled “Rehabilitation and Integration into Society of Drug Addicted Adults and Their Families”. The

project was conducted within the framework of “Erasmus+ Programme Adult Education Strategic Partnership”, within Key Action 2: Cooperation for Innovation and Exchange of Good Practices, Erasmus + Programme within the body of Republic of Turkey Ministry For EU Affairs, Center for EU Education and Youth Programmes.

This research books contain an educative and guiding work which focuses on the drug addicted adults and their families and aims the psychiatric rehabilitation and socio-cultural reintegration of these individuals. The aim of the research is to provide rehabilitation and social integration of drug addicted individuals who are on probation and to support these individuals as well as their families in coping with addiction related problems. Innovative training modules for the drug addicted individuals and their families as well as the materials in the book were developed to achieve this aim.

A comprehensive study in the drug addiction field has been developed with the contribution of many distinguished scholars in the field, in line with these aims and goals. In order to support the theoretical data of the study, an investigation of the socio-cultural and economic bases of substance-addicted juvenile delinquents (convicts, suspects and accused) followed by the Düzce Probation Directorate was conducted and thus, the base was also investigated. The materials produced and the training modules developed within the scope of this research will develop the skills and qualities of drug addicted individuals on probation and thus will contribute to their successful reintegration into the society. In addition, materials and modules will provide psychological support to the families of drug addicted individuals in coping with addiction related problems.

This book promotes equality, social inclusion and active citizenship for drug addicted individuals and their families coming from disadvantaged backgrounds and having special needs to be successful in adult education. Drug addicted individuals and their families will receive the support they need in order to solve their problems and will realize that they are worthy and respected in their lives and education. In addition, the materials and training modules developed within the scope of the project have been presented to the use of all the world via e-learning platform in Turkish and English languages, within the context of lifelong learning intervention strategies. A website has been created to integrate digital integration in learning, teaching and education; an environment has been created to give

information about the effects of subjects related to the addiction for the drug addicted individuals and their families. This study will contribute to the increase of the achievement level in Europe.

The work has been meticulously prepared within the framework of scientific ethic rules and presented as a contribution to the literature on addiction. I would like to thank all the authors for their invaluable contribution to the preparation and translation of this scientific work on drug addiction, which is both an important and difficult subject. Hopefully, the authors will contribute to the literature on addiction and thus the science with their future studies carrying social sensitivity.

Assoc. Prof. Dr. Yusuf GENÇ  
Editor



## **PART I**

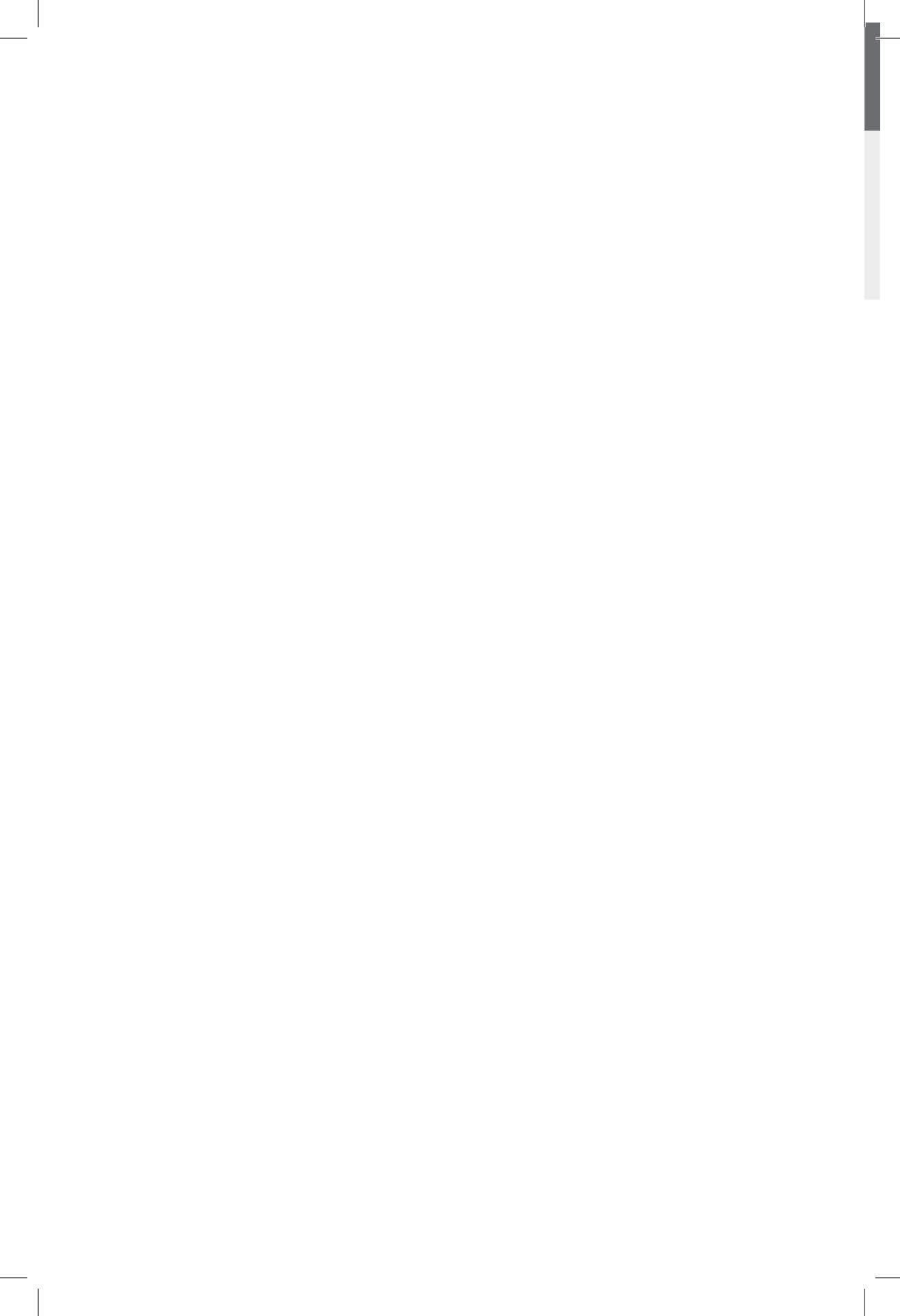
# **DRUG ADDICTION AND FAMILY**

**Chapter 1** The Effect Of Drug Addiction On Family

**Chapter 2** Behavioural Therapy And Family

**Chapter 3** Parent Training

**Chapter 4** Communication And Family



# THE EFFECT OF DRUG ADDICTION ON FAMILY

## 1.1 FAMILY TRAINING APPROACHES

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### Introduction

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The family is the smallest social unit as well as a social group in which individuals are born and raised. The Prime Ministry Family Research Institution defines family as the smallest social institution having legal basis such as marriage or relationship, and living in the same place (Cavkaytar, 2010, p. 8). The family has various functions; sexuality, reproduction, economy and education are the most important of these functions. The most important function of the family is to add new members to the society and educate them. The family is obliged to provide love for their children, to protect them, to meet their economic needs and to give religious education. The love and respect between parents, the democratic parent approaches positively affect the psychological wellbeing of the children in the family. The healthy family environment prevents the emergence of drug addiction. Good family income, good relationship with relatives, low stressful life events have a preventive effect on the emergence of drug addiction phenomenon.

Having a child is a stressful situation for the parents. Stress can be caused by family structure and/or family members. The relationship between an adolescent and her/his parents is especially very important in regards to prevention of drug addiction. Conflicts, arguments, bad communication between parents can push the adolescent to the drug abuse. The extremely passive characteristic of mother, missing parent/parents, over demanding parent, overprotective attitudes, step mother or father, convict

mother or father, persistently confirmative attitudes and the discrepancies between parents can lead the adolescent to the drug addiction. In addition, drug addicted parents cause drug abuse in the adolescent (Ögel, Taner and Yılmazçetin, 2003, p. 15). For this reason, parents have a very important place in the treatment of drug addiction. Family training is therefore necessary and important.

Family training is the whole of the practices developed to educate family members, especially the parents, and teach them various skills. Family training programs, on the other hand, are family training practices which are systematic and are based on a scientific foundation, and provided by specialists (Özdemir, 2010, p. 175-177). The main purpose of family training is to acquire the skills of parenting and to get information about various subjects.

### **1.1.1 Basic Approaches in Family Training**

The basic approaches in family training can be grouped under three headings. These are approaches that view parents as parents, approaches that view parents as teachers, and approaches that view parents as volunteers / advocates (Özdemir, 2010, p. 173).

*Approaches that view parents as parents:* The aim of family training programs based on this approach is to teach parents how to communicate with their children. The parents are educated on subjects such as how to communicate with the adolescent, how the parents' attitudes should be, how to avoid discrepancies between the attitudes of parents. The parents of a drug addicted adolescent should first be given "listening" training. It means listening the adolescent and trying to understand what she/he is experiencing.

Developing the ability of parents to listen to their children may prevent the possible emergence of major problems in the future. Effective discipline methods should be explained to parents, the importance of discipline for children and adolescent should be discussed. Explaining the characteristics of adolescence period may make it easier for parents to understand some behaviours of their own children. For example, if the parents are informed about some of the behaviours of the adolescent are specific to this period, they may change their viewpoint to the adolescent. Some behaviours specific to the adolescence period are as follows: an increased attitude towards the body, an attitude far from consensus, dreaming about

being an adult, adductive mood, a sense of inferiority, getting easily bored of everything, alienation from parents, rebellious attitude, alienation from old friends, a delicate attitude and exhibiting risky behaviours (such as smoking and drinking alcohol).

The importance of communication in the family should be emphasized. If there is a communication problem in the family which has led to the drug addiction, this situation should be assessed. The behaviours of the parents as well as their effort for the drug addiction should be analysed.

The points to be considered while communicating with the adolescent should be mentioned in the family training programs based on the approach that views the parents as the parents. These points are listening without judging, not offering suggestions without listening, taking into account what adolescent says and valuing what she/he says.

In addition, the training programs including the explanations why the adolescent has become addicted can be presented to the parents within the framework of this approach. For example, it should be explained that the adolescent may be addicted due to curiosity. Adolescents most frequently start to abuse drugs because they are curious about the effect they create (Ögel and Tamar, 1996). For this reason, it should be explained to the family that incentive speeches, behaviours and people should be avoided as much as possible. It should also be explained that adolescents may develop drug addiction due to the peer pressure. It becomes inevitable to abuse the drug when adolescent cannot stand the pressure of friends, when she/he fears to be excluded from the friend circle and to be different from them, and when the curiosity is added to these pressure and fear. The importance of parents' teaching their children to be able to say "no" in the family training should also be explained.

***Approaches that view parents as volunteers / advocates:*** These approaches aim to lead parents to seek their legal rights by establishing associations. These are practices aiming to strengthen families through the establishment of NGOs, foundations and associations. Among these associations UMUDDER-International Association Against Substance Abuse is such an NGO, operating both in Turkey and abroad to fight against drug addiction. Informing parents about these NGOs and encouraging their participation will make them realize that they are not alone in the struggle.

Social support is among the most basic needs of everybody. This is particularly important for the parents of drug addicted adolescents. A lot

of associations such as UMDER- Association for Training and Fighting against Narcotics, UMUDD-Association for Fighting against Narcotics, TUMMED-Association for All Associations Training and Fighting against Narcotics support families both with the information they present in their websites and with the activities of their members. Informing parents about these associations can help them get social support. In addition, parents can find information about where their children can be treated through the information on the webpages, and they can follow panel discussions, conferences and new publications.

***Approaches that parents see as teachers:*** These approaches view parents as teachers and make them act as teachers in the development of their children. When the family training programs are based on this approach, the parents are taken out of the role of parent, given the role of teacher and they are educated on how to make their children develop the aimed skills as a teacher. For example; behaviour modification techniques that can be used to reduce the problematic behaviours of children are taught during the family training programs. Thus, the parents are provided with techniques for correcting the problematic behaviours of their children. Teaching effective discipline methods to parents is a service that will be offered on the basis of the approach that views parents as teachers.

### **1.1.2 Family Training Programs**

Parent education is important in the treatment of drug addiction. Drug addiction develops when a non-vital substance affects the brain and the related systems and creates a false wellbeing state (Doğan, 2000, p. 139). It is estimated that substance abuse in adolescents has increased over time and it is seen as a major problem for today's youth. It is known that approximately one quarter of 12-17 year-olds in the United States abuse illegal drugs, one-third of 17-year-old adolescents smoke, one-third of 13-year-old boys and one-quarter of 13-year-old girls have experimented the alcohol. Although the number of studies conducted in this field in Turkey is not large, the abuse of drugs, alcohol and tobacco starts from early ages in Turkey.

Alcohol addiction and addiction for other drugs affect not only the individual but also the family of the individual (Doğan, 1996). The addicted individual was the focus of the addiction treatment until recently while the family and relatives of the individual were not given importance. The alco-

hol addicted individual, especially the males, were mostly the centre of attention in the research and treatment for long years. This focus on alcohol addicted individuals has changed with the work of Joan Jackson during in the 1950s and 1960s. Jackson has created Alcoholics Anonymous for the wives and relatives of alcohol addicted individuals. The main focus was enlarged to include all family members and a relational perspective and has drastically changed the addiction. After the work of Jackson, the focus was withdrawn from the drug addicted individuals and given to the families of these individuals. Thus, the concept of “family disease” emerged. Addicted family is a family which tries to remedy the situation when one member of family becomes addicted to drugs. The addicted family tries to keep the family alive and tries to control the addicted family member (Brown and Lewis, 2008, p. 279-280, cited in, Mutlu, 2013). Supporting addicted families through family training programs is an effective way to fight against drug addiction.

The main aims of the family training programs are to make the families aware that they have a drug-addicted member and to help them map out the road map they will follow to eliminate drug addiction. Parents may not realize that their children are addicted to drugs. Parents can experience different emotional reactions sometimes by observing the different behaviours of their children and sometimes after someone informs them about the drug addiction of their children. These feelings will be briefly mentioned below.

**Disappointment:** No parent will ever imagine her/his child to become addicted to drugs. Parents imagine a good educational environment, a good profession, a happy home in the future for their children. Drug addiction causes these dreams to come to an end. It should be emphasized at this point that every day is a new beginning through family training and there is much that can be changed.

**Guilt:** Parents feel guilty and blame themselves for the drug addiction of their children. However, the sense of guilt does not help them. For this reason, families should be supported in order for them to get rid of this feeling of guilt.

**Denial:** Parents tend to ignore the addiction problem of their children. They act like there's no such a thing. This attitude doesn't help in making their children give up drug addiction; on the contrary, it makes the situation worse. Therefore, it is one of the goals of family training programs to make parents aware of the existence of the situation instead of denying it.

**Hopelessness:** Parents resort to various methods to save their children from drug addiction. However, when these methods do not succeed, they become despondent. However, they must try different ways and start fighting again after every defeat.

**Confusion:** Parents are shocked and become unable to do anything. This situation does not last very long but it is important for the family not to make serious decisions in this situation.

**Anger:** Parents feel great anger towards their drug addicted children. This anger can be directed towards children, their friends, their spouses, their relatives, and the state. Anger causes deadlocks for the family. For this reason, family training programs should be aimed at realistic solutions by reducing the anger.

**Shame:** It is a shame for families to have drug addicted children. The shame causes the parents to break out of their social circles. The family tries to hide this situation from their social circle, which causes the denial of the situation. The denial causes the drug addicted member to become even more addicted.

**Fear:** The families fear that the situation of the drug addicted children will become worse. Fear is accompanied by feelings of despair at the same time. It is very important to remove these feelings and the future concerns and fears of the families to succeed in family training.

**Expectation:** Families expect the troublesome days to pass quickly and addiction of their children to be eliminated. However, this process requires considerable time and effort. Looking at the future with hope will strengthen the family.

Parents experience aforementioned emotions on their own, and they may need expert support. The primary goal of family training programs is to ensure that the family is aware of the drug addiction. Therefore, various subjects that will help parents to communicate efficiently with their children should be included in family training programs. These subjects include information about the addictive substances, addiction, how to understand if a person abuses drugs, the importance of knowing their children's friends and their parents, the characteristics of adolescence period, how to resolve conflicts, the efficient discipline methods, etc. Ögel et al. 2004, p. 1-127).

Family training programs aim to enable the family to fight against drug addiction more consciously. A sample program is presented below to exemplify the family training program which will be prepared for this aim.

### 1.1.3. Example Family Training Program in the Fight Against Drug Addiction

#### *Session I*

Addictive substances are explained to the family. In this session, parents are given information about the things they may have never heard of. The issues such as how to abuse these drugs and where to obtain them are explained. It is explained that substances such as cigarettes, alcohol, heroin, cannabis, cocaine, caffeine, LSD, some cacti, volatile substances, ecstasy, morphine, akineton, fungi are addictive substances. For example, it is explained that cannabis is called marijuana, gubar and grass and it is sold in brown and pressed layers. In the same way, it is explained that the images of elephant, bird, smiley face, mitsubishi are on the top of the capsule of ecstasy and that ecstasy increases the energy of the user; which is the reason for using this drug.

At the end of this session, parents are asked to ask if they have any questions on this issue and they are asked about which of these substances their children use.

#### *Session II*

In this session, factors that may cause children to become addicted are explained to the families. Risk factors are explained and they are asked to think about which of them has dragged their children to the drug addiction. Many factors such as unhappy family, parents in constant conflict, drug addicted parents, peer pressure, lack of attention, social skills deficit are explained.

Preventive factors are also discussed in this session. It is explained that factors such as strong family ties, proper selection of friends, a caring family, the democratic attitudes of the parents with whom adolescent communicate have preventive effects on drug addiction.

The parents are asked to think in this regard and are asked to consider what they can use as preventive measures.

#### *Session III*

In this session, explanations will be given to parents on how they can understand whether their children abuse substance. Because some parents do not know whether their children have drug addiction or not. For this reason, parents are informed about the substance abuse of their children if

they observe that their children are less successful and angrier, their children are spending more money, the children have many new friends, the children spend less time with the family, the children have lost weight, the children are tired and sleepless.

At the end of this session, parents are asked to monitor and explain behavioural differences in their children.

#### ***Session IV***

In this session the parents will be given information about what they can do to save their children from drug addiction. First of all, they should be explained what they can do to develop their children's ability to say "No". Most of the children have become addicted to drugs because they cannot say "no" to their peers. It should be explained to the parents how they can make children gain this skill with examples. In addition, in this session, the importance of listening, unconditional love, democratic parents' attitudes should be explained. At the end of this session, how the parents can change their behaviour in this direction should be explained with examples.

#### ***Session V***

In this session, the importance of being a role model for children starting from the early ages should be explained. It should be highlighted that smoking cigarettes and drinking alcohol are harmful and these substances should not be consumed in front of children. The family should be informed about the dangers of using the medicines given by others, the importance and necessity of healthy nutrition and protection of body, and the family should be asked to explain these to their children. The importance of art and sports should be emphasized. In addition, the characteristics of adolescence period and ways of approaching to an adolescent should be explained in this session.

#### ***Session VI***

Parents should be encouraged to talk about their feelings after they have learnt the drug addiction of their children in this session. They should be informed that the first denial is common among other families, too. Blaming the spouse and taking the radical decisions are common reactions at this stage. It should be noted that decisions such as preventing the child from going to school are very harsh reactions. It should be explained that reactions, such as disappointment and humiliating the addicted children

are also common in families with an addicted individual. However, it should be stated that these reactions are not correct and the necessary steps should be discussed.

### ***Session VII***

The legal aspects of drug addiction should be discussed at this session. The penalties their children may face should be explained to parents. The questions of where to find these substances as well as how to inform the authorities should be explained. In this session, parents should also be informed about what to do in crisis situation and from where they can ask for help.

### ***Session VIII***

“We can overcome this difficulty together.”. How parents can give this message to their children should be discussed and exemplified.

An example family training program with eight sessions is presented above. The number of sessions and the contents of sessions can be shaped according to the requirements. What is important is that families are explained that there is no magic wand in their hands, and that this situation cannot be resolved in no time at all.

## **Conclusion**

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It is very important to inform families with family training programs and fight against drug addiction by cooperating with the family. It is important that parents are informed about using the addresses listed below to call for help. This will help them to be supported by experts in situations of helplessness and weakness.

YEDAM Counselling Hotline 444 79 75

AMATEM and ÇEMATEM (Alcohol and Drug Addiction Treatment Centres) and Green Crescent Counselling Centres (444 79 75)

If there is a problem with drug abuse or if there is any interference with the addicted individuals, the above phone numbers can be contacted. The fact that parents are educated will always be a positive result as a preventive measure.

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## 1.2 THE ROLE OF FAMILY IN THE DRUG ADDICTION PROCESS

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### Introduction

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The correct identification of the addiction problem requires consideration of its biophysical and social causes and its effects on the individual and society. In doing so, consideration of the social environment factor is an important criterion (Başkurt, 2003). The family factor, the most important of the social environment (sociological) factors that push the individual to drug abuse, needs to be considered separately.

The relationship between family and drug abuse or drug addiction can be addressed in four contexts. The first of these is the investigation of the family's role as one of the most basic causes of drug abuse. The second one is related to how the family approaches to the drug addicted individual throughout the drug addiction. This one is the support of family during and after the drug addiction treatment. The fourth one is the investigation of the effects of drug addiction on the relationships in the family and on the other members of the family.

Investigating the drug addiction and family, the scope of this article is limited with the role of family as a sociological factors leading to the drug abuse, the role of family in the drug abuse and during the drug addiction, and the effects of drug addiction on the family.

#### 1.2.1. Reasons for Drug Addiction

Although the reasons for starting to drug abuse vary from person to person, there are a number of common points among these reasons. These common points are curiosity, the drug addicted friends who are very close to the individual, peer pressure, being a member of a group whose members are drug addicted, taking adults as role models, finding drug abuse entertaining. The constant and authoritarian manners of parents towards their children in terms of drug abuse sometimes may push their children to drug abuse. These manners may arouse the curiosity of their children and may have a backlash effect. On the other hand, attitudes of adolescents such as attracting attention, gaining prestige, and taking revenge from the

authority which are the manifestations of the egocentrism in the are also effective in starting to abuse drugs (Başkurt, 2003). According to Ögel et al. (2004), it is not possible to mention only one determinant for drug abuse and addiction in adolescents. Drug addiction is caused by the combination of several factors such as biological, individual, familial, friend environment and socio-cultural factors.

Social scientist M. Newcomb (1992) investigated the dominant risk factors in the different developmental stages of individuals and categorized risk factors into four groups as follows (cited in Türker, 2016):

1. Biological-genetic factors (familial predisposition, etc.)
2. Individual, Psycho-behavioural factors (curiosity, mental health, etc.)
3. Socio-cultural factors (familial, friend environment and socio-cultural factors, etc.)

Aile Araştırma Kurumu (Family Research Institute) commissioned a field research investigating the factors pushing the individuals to the drug abuse, which was conducted by Bakırköy Akıl Vakfı (Bakırköy Mental Foundation) in 1996. The results of the research listed the most important factors as follows (1997): 68% familial problems, 74.2% peer influence, 69.8% environmental influence, 63.9% curiosity, 71.1% a way of coping with problems, 68.8% weakness in willpower, 40.2% breaking the law, 44.8% exclusion from the society (Şahin, 2007).

The factors of drug addiction as put forward by the above mentioned social and behavioural scientists can be categorized as follows:

#### ***1.2.1.1. Bio-Genetic Factors of Drug Abuse in Adolescents***

Genç and Seyyar (2010) define the genetic factor for drug abuse and alcohol consumption as “genetic predisposition” and emphasize the effect of *genetic predisposition* as follows: “an adolescent with an alcohol addicted family member has a triple risk for developing alcohol addiction compared to an adolescent which doesn’t have an alcohol addicted family member”.

Some studies mention that the drug and alcohol abuse are genetically transferred (Ögel et al., 2005). It is mentioned that the children of addicted parents are neurologically more predisposed to drug and alcohol addiction compared to the children of non-addicted parents. Many studies have put forward that history of alcoholism in the family is a determinant

factor for the occurrence of alcoholism in the child in the future (Ögel et al. 2005).

However, according to Yüncü and Savaş (2007), the effects of genetic predisposition on drug abuse and addiction are still scientifically controversial. There are data for both supportive and contradictory data for the predisposition to alcoholism in the individuals whose family have drug abusing and drug addicted members.

There are, however, many studies supporting the relationship between drug abuse (alcohol, cigarettes, etc.) and genetic predisposition. According to this;

The rate of drug addiction in children of drug addicted parents was significantly higher than that in children whose parents were not drug addicted. Children whose parents are drug addicted continue to have this risk, even if they have grown up in a different family, with no addiction problem, after their births. According to these findings confirmed by laboratory studies, it has been found that the reinforcing effect of the drug is also transferred via the genes of the person. Some studies in the United States reported that abuse of alcohol and other narcotic substances was common in families of heroin users. In a follow-up study of a group of 1,222 young people, it was found that there are links between cannabis use and some of the characteristics of the father. There is a significant link between the amount of cannabis used in young people whose fathers abuse alcohol or alcoholic and whose first degree relatives have mental disorders. The fathers' abuse of alcohol is an influencing factor in the use of cannabis in their children (Ünal, 1991).

Williams (1966) has found that there is an enzyme disorder in the alcoholics which is genetically transferred. Randolph has found that alcoholics have an inherent susceptibility to the foods from which alcohol is produced. Lipscomb et al. (1980) have found that the people with a higher resistance to the alcohol consume more alcohol to reach the same autonomic symptom with the people who have a lower resistance to alcohol. Fenna and colleagues have found that alcohol metabolism is slow in American Natives (American Indians and Eskimos), among whom the alcoholism rate is high. Wolf has found that Japanese, Chinese and Korean people have a lower resistance to alcohol, and they are more influenced by lower amount of alcohol, compared to the Caucasian people. The alcoholism rate is low among Japanese, Chinese and Korean people. The alcoholism rate is

higher among families who are descendant from Irish, Scottish and other European races (cited in Ünal, 1991).

### ***1.2.1.2. Individual And Psycho-Behavioural Factors of Drug Abuse in Adolescents***

Gençtan (2006) suggests that what is important is not the drug that the individual is addicted to, but, the *impulse* developing in individual for drug abuse. According to Özaydin (1994), the use of the drug occurs as a compensation for one's needs. This is highly related to the personality of the drug addicted individual. When an individual is dealing with her/his life; she/he tends to run away from the difficulties that daily life puts before her/him and *looks for a “heaven”* to take shelter in (cited in Türker, 2016).

According to Köknel (1998), drug addicted individuals have generally low self-confidence and they are at the same time anxious. Drug addicted individuals are afraid of the difficulties of life, they have a *tendency to escape* from these difficulties. Alcohol and drugs have anxiety relief feature which at least postpones the anxiety; this is why people who are afraid of difficulties and want to escape from these view alcohol and drugs as “*Supporting tool*” and thus abuse them. At the same time, fearing responsibility and fleeing from it are the characteristics of individuals who exhibit weak personalities, and individuals with these characteristics may take refuge in addictive substances.

The first substances the children and adolescents become first addicted to are cigarettes and alcohol, respectively. Legal and easy access to these two substances make them preferable for the adolescents. At the same time, young people think that they are under the pressure of family, environment and society, and that they see addictive substances as a *salvation source*. Young people with the same tendencies usually form a group (peer and friend relations) and they incite substance abuse in their groups; thus substance abuse is easily and swiftly incited in (Genç, Taylan and Keskin, 2017).

According to Kasatura (1995) *perceiving oneself incomplete and worthless* is another personality trait observed in young people who are prone to alcohol and drug abuse. Besides, individuals who do not realize their talents and values, blame themselves and humiliate themselves, *who have low self-perception* are predisposed to addiction.

Köknel (1998) states that young people who don't reach emotional maturity and was *neglected by their parents in their childhood, who have unsatisfied feelings* may abuse alcohol and substances in their adolescence periods to satisfy their feelings. According to Kasatura (1995) some addicted individuals who have *difficulty in coping with the hardships of life* are most probably raised in overly-protective families, they were not faced with difficulties during their childhood and they were not given enough responsibilities. Hardships of life, obstacles encountered, failures and sadness results in unendurable difficulties for these individuals. People with these characteristics can also take refuge in addictive substances.

*Those who are deprived of various life skills in early childhood or who have not fully developed these skills, who are experiencing behavioural problems, who are angry and tense, whose feelings are difficult to express,* are at a high risk of drug abuse and addiction, and the drug abuse in these people is quite common. *People who cannot resist the harmful requests of their social environment, who have a lower ability to cope with stress, to control their anger and impulses abuse drugs and their drug abuse rates exemplifies the aforementioned information.* Likewise, the adolescents who have low school success and who easily behave dangerously are found to have a higher risk of drug abuse (Tamar, 1997).

Personality disorder and anti-social personality disorder in the individual are two other factors effective in the drug abuse. Verheul (2001) and Kural (2003) have found that personality disorder and anti-social personality disorder play important roles in the pathology and etiology of alcohol and substance use disorders. Türkçapar and colleagues (1997) have reached findings supporting the above studies. In similar studies, it is seen that the most common life-time diagnosis in substance / alcohol addicted individuals is anti-social personality disorder; furthermore, anti-social personality disorder is most frequently found in addicted individuals whose preferred drug is heroin (cited in Evren, 2004).

Having *wrong judgments* is one of the reasons for the addiction. These judgments may arise due to parents, circles, friends, or other people around the individual. The information obtained as a result of the activities carried out by the security forces in the fight against smuggling supports this claim. Individuals having criminal records for drug trafficking and drug addiction are generally the same people, thus it can be said that drug addiction is a learnt behaviour. Therefore, the relationship between drug addiction and *attitude* is important (Aksoy, 2006).

In the recent studies, *curiosity* appears to have surpassed other reasons for starting to the drug abuse. Surveys show that young people are starting to abuse drugs mostly due to the curiosity. In addition, when young people feel that there is no other way to solve their problem, they tend to abuse drugs much more (Ögel, 2001). The recent studies show that curiosity is ahead of other reasons for the drug abuse.

The availability of the drug is another factor. The easy accessibility to a narcotic drug increase the abuse rate of this drug.

Genç and Seyyar (2010) explains the individual reasons for drug and alcohol addiction as follows:

*Undeveloped Self-Consciousness*: Escaping from reality by resorting to easy solutions instead of solving the real causes of failure is the behavioural characteristics of people with weak self. Young people who adopt such behaviours may choose to search for easy solutions instead of thinking about what they can do to solve when a problem occurs. Alcohol and drugs are easy solutions people resort to when they have troubles.

*Vulnerability to Stress*: Responsibilities, the overprotective parents due to whom the individual lacks self-sufficiency, not gaining the ability to fight against the problems and learning the durability, push the young people to alcohol and similar drugs as a way of coping with the stress.

*Curiosity and New Quests*: Young people who are in search of new values and who are also curious due to characteristics their developmental stage may try the addictive substances.

*Low self-confidence*: Individuals' self-confidence problems, their disability to discover their talents and skills, and the weaknesses of their willingness can lead them to dangerous things, especially to the addictive substances.

*Spending Spare Times Inefficiently*: The fact that leisure time is not efficiently used often deprives young people of having a meaningful life. Feeling spiritually empty, young people may easily turn to harmful habits.

#### ***1.2.1.3. Socio-Cultural Factors of Substance Abuse in Adolescents***

The sociologic reasons of the drug addiction in the children and adolescents can be briefly explained through social environment, family, school, friend circle and mass media. Therefore, the sociocultural or sociological factors in the substance abuse and addiction can be exemplified as the

influences of family, peer/friend, media and other sociocultural influences on the individual. Family influence, peer effect, media effect and other socio-cultural factors among these sociological factors will be briefly summarized below.

### **Family influence**

Family plays a major role in the development of addiction problem. Humans have some needs such as love, respect, being accepted, etc. In order for children to be able to live a healthy development process, these needs must be satisfied and the individual's skills must be developed in the family, which is the primary social environment (Şahin, 2007). The child who cannot achieve this satisfaction in the family begins to look for it outside of the family and in different objects during her/his youth. Thus, their needs are tried to be satisfied with the substances, although these needs cannot be satisfied with this kind of false satisfactions.

Many scientific studies carried out in Turkey have demonstrated the influences of the family on the substance abuse of young people. Ekşi (1999) lists the familial factors for the substance abuse of children as follows: alcoholic and substance addicted parent and/or parents, divorced parents or broken families, parent-centred families, constant conflict between parents, middle class families living in wealthy neighbourhood, families who do not give enough love to their children and only fulfilling their financial duties. Ögel (2002) lists domestic violence as a factor. Aksoy (2006) highlights the lack of communication between parents and children as well as over-protective parental attitudes as efficient in the drug addiction of their children.

### **Peer group and friend influence**

Peer pressure is the second most important influence. Individuals mostly cannot resist to the insistence of their peers. The adolescent fears from falling outside of her/his peer group and being different from them. In addition, when young people feel that there is no other way to solve their problem, they tend to abuse substances much more (Ögel, 2001).

Young people want to get along better with their peers, spend time together and they greatly influence each other. Yıldırım (2008) states that friend relations play an important role in the development of the child in terms of thoughts and emotions and in the acquisition of social characteristics. In addition, friend is an important influence on the child's confor-

mity to the reality, on her/his knowing herself/himself, and friend is also important for the individual's emotions and thoughts to become clear. This relationship is more active in adolescence period.

One of the riskiest factors related to the friend relationships is that there are substance abusers in the friend circle of the individual. Adolescents with addicted friends can also be expected to abuse substances (Ögel et al., 2005), while the attitudes of the friends in the group also play a role in the addiction. That is, if the group of friends has a positive attitude towards substance abuse, this supports the substance abuse of the adolescent. Substance abuse in adolescents is, in fact, a collective act (Uluğ, 1997) and this is a group action rather than a behaviour that is shaped and controlled only by the cultural and social influences. According to İşık (1998) and Seyfioğlu et al. (1998), this behaviour is a demonstration of the performance of the group members rather than the adolescent's own preference and personal experience. The adolescent gives greater importance on the perceptions of her/his friends about her/him than her/his personal preferences.

Peer/friend interaction is quite intense in the adolescence period and adolescent is greatly exposed to the influence of her/his friends. Being involved in a group of friends, adding something to the group and seeing value as a group member are the strongest wishes of the adolescent (Köknel, 1998). Adolescents who have friends addicted to alcohol and other substances in their circles, especially those who have friends abusing these substances, may try to abuse substances under the influence of their friends and thus may develop addiction (Kasatura, 1995).

Children and adolescents can be dragged into the abuse of substances in two ways. They may be pushed into substance abuse due to their desire to be included into a group, not excluded from their friends and their desire for the continuity. Or, they may be dragged into the substance abuse due to their exclusion from their friend circles, and following isolation. According to Ögel et al. (2005), the individuals excluded by their peers or friends start to associate with the lonely and isolated people like them self by being influenced by other risk factors and being abstracted from their normal peers over time. Substance abuse is promoted by means of imitating friends, transferring social values and pressures. However, according to another approach, in the grouping of the substance addicted individuals, their abnormal behaviours are influential. Alcohol and substance abuse are among these abnormal behaviours.

## Influence of media

The media have positive and negative effects on the lives of individuals and societies. The influence of the media on substance abuse is mostly negative. As a matter of fact, according to Tuncer (2007), people have become insensitive or they are encouraged to the violence due to the journalism, which demonstrates the crimes of individuals addicted to volatile substances such as violence, raping, injury, as well as dying people in the car accidents due to drinking and driving, and which considers showing these crimes and injured/death people on the mass media as successful journalism.

## Traditions and cultural influence

According to Ögel (2002), many factors related to human cultures can affect the abuse of substances. Traditionally, in certain ceremonies in the culture, the abuse of various substances (such as drinking alcohol in a party) may encourage the abuse of substances. Acceptance of substance abuse by the society further increases the rate of abuse.

In addition, according to Çetin (2013), the social environment, social coercion, cultural deprivation, mental illness, poverty and concomitant unemployment, excessive population density in small settlement areas and socio-cultural structure consisting of uncontrolled migrations, and the influence of groups of friends are among the reasons for starting to abuse narcotics.

### 1.2.2. The Role of Family in Substance Abuse

Family has a great role in the individual's starting to abuse substances. In order to be able to explain the relationship between addiction and family, it is necessary to make a brief description of the family and to explain its functions. The family is a social association composed of individuals who have legal ties (marriage contract), blood ties, kinship ties, and who provide biological, psychological, economic, social and cultural functions for members and share the same house.

The family is also a sub-part of the social system. Members of the family system can also be considered as its sub-parts. A distortion in the family system results in distortion (emotional, behavioural, etc.) in the family members, as well as the distortion of one of the family members (emotional and behavioural, etc., for instance drug addiction) affect the family

system. The distortions in the family systems (dysfunction) can lead to the malfunction in the social system. Therefore, the individual who abuses the substance should be considered in terms of the family system.

In general, individuals start to abuse substances during the adolescence period. The individual may start to abuse drugs when she/he lives with her/his parents, when she/he starts her/his own family. Or the individual may get married after she/he has started to abuse drugs and may cause this family to be an addicted family (Ögel, 2010).

Familial reasons can be listed as follows: escaping from strict and authoritarian family, the lack of communication between the parents and children, frequently arguing in front of the children, parents' overprotective attitudes, parents' neglecting their children, parents' being busy with their jobs and not having time to take care of children, the preference of children to be together with the peer group as they think their parents do not want them, families' indifference towards the drug addiction problem and related education programs, their preference to solve the problem at home instead of sharing the problem with school administration, police and health departments (Aksoy, 2006).

The role of the family in the path to addiction and after substance abuse can be addressed under the following headings: the first one is the effect of parental attitudes towards their children on drug addiction. Second one is the effect of conflicts between spouses, in other words, marital problems in the family, on the drug addiction of their children. The third one is the effect of substance addicted senior member in the family on the drug addiction of the adolescent. Here, the family is treated as a small ecological group and the adolescents learn the substance abuse by modelling senior family members. Each dimension is presented and discussed below under different headings;

#### ***1.2.2.1. Parental Attitudes***

Family relationships play a leading role in determining the social life of an individual. There have been some studies revealing the fact that the attitudes of parents in bringing up their children constitute an important factor in the drug addiction. The lack of *verbalization* in the family, the existence of impulsive behavioural pattern, tense and conflicting environment in the family, the lack of social support, the insufficiency of rewards in the family can be given as examples of these attitudes (AAK, 1997).

Attitudes and behaviours of family towards the substances are also very influential in the substance abuse of adolescents. According to Kaplan and Sadocks (1998), inadequate parental roles, inconsistent and unhealthy communication and family management, conflicts and methods of solving them, personality of family members, physical, psychological and sexual abuse are only some of these factors. Inadequate and inconsistent family control during childhood and adolescence period is an important risk factor affecting the start and continuation of substance abuse of the individual. For example, children, whose parent smokes, takes them as model and tries smoking. If this negative parental model is accompanied by easy access to cigarettes, inadequate supervision and other risk factors, then this trying can turn into addiction in the future. Likewise, even though there is no drug addiction history in the parents of the adolescents, the substance abuse also increases the substance abuse risk for the adolescent (AAK, 1997).

The majority of the Turkish families is inadequate in terms of child education knowledge and methods. Due to the traditional family structure, families are inadequate in showing interest and concern to their children. This disrupts the peaceful environment necessary between the family and children. This non-natural process affects the course of the relationship between the parent and the child negatively. The natural closeness arising from being a parent becomes even impossible to realize (Başkurt, 2003).

Parents do not have the knowledge, skills, and knowledge about how to save children who smoke, drugs and alcohol from such problems; more precisely they do not have enough information about how they will behave when they encounter such a situation, who they will refer to and from whom they will receive help. The only solution for the families resort to is beating. However, beating deteriorates the relationship between the child and parents, as well as makes the child more resistant to oppression. Thus, the conflict and gap between the family and the children are getting bigger and more tangling, and the problems become insolubleness (Başkurt, 2003).

Parents who only employ pressure and discipline as methods of child raising, cannot make their houses a shelter against the dangers, a lovely home for their children. Children/adolescents who are oppressed, despised and not given value, search their identities in their surroundings especially when they are in their adolescence period, during which they start to realize their mimics. When they find their identities, they take the features

of the groups in which they can express themselves, and they can apply to all ways, including the illegal ones, to overcome the whole problems they face in their homes. Because people are inclined to what they enjoy, they get away from what they regard as sorrowful. As such, it is suggested that there is a relationship between personality pattern including guilt psychology, insecurity, feelings of rejection, lack of motivation, and the challenge of authoritarianism with the crime and substance orientation (Başkurt, 2003).

Parents, who cause their children to develop a “worthless” identity due to the excessive authority, indifference and lack of love, may fail when they give advice to their children about the harmful substances or bad orientations. Because the children do not take advices seriously by thinking “I am already worthless, so I have nothing to lose”. On the other hand, members of the friend group to whom the adolescent takes refuge after running away from her/his family, tells the individuals with weak willpower and no self-confidence that the substances make the individual stronger and turn her/him into an adult. This idea may lead children to disobey their parents (Başkurt, 2003).

As the messages given to children by their parents become different and deprived of continuity, the road to addiction becomes inevitable. Moreover, the attitude of the family towards the substance is very effective in determining the behaviour of the adolescent in this respect. For example, the alcohol and other medication habits of the parents, as well as their coping strategies in the face of problems may cause their children to take them as example and abuse substances to cope with problems. It is suggested that the presence of chronic conflicts between parents and their children or between spouses has an important role in starting to abuse narcotic substances. Factors that determine the quality of the relationship between parents and children, such as constantly expressing negative feelings as a result of chronic conflicts and lack of strong family ties, seem to be associated with substance abuse. It is stated that children who grow up in families in which negative feelings are often expressed and verbal reward is lacking are less self-confident and cannot say ‘no’ to substance abuse as a result of insecure behaviours (Ögel, 2010).

Another important factor is parental attitudes of the parents. The nature of the parent-child relationship determines the social integration skills of the child. In the development of the child, the nurturing, supporting and supervising elements and qualities of the parental attitude constitute an im-

portant force in determining the direction of the behaviour of the youth and the adulthood of the individual (Doğan, 1996). Examples of behaviours that determine the nature of parenting are as follows: making requests suitable to the capacity of the child (not overburdening them), establishing some rules, disciplinary methods, family support (AAK, 1997).

Parents' thoughts and attitudes about substance abuse are very influential in substance abuse of adolescent. If the parents are tolerant and has a comfortable attitude towards the substance abuse, the risk of individual's substance abuse increases. The lack of warm and close relationships with the parents and the undeveloped understanding of positive discipline are two of the factors increasing the risk of orienting to substances (Tamar, Ögel and Çakmak, 2008).

#### ***1.2.2.2. Problems in the Family***

The lack of communication in the family, lack of interest and love, death, divorce, repressive and authoritarian educational attitude are among the factors that cause children to move away from their families and push them to the substance abuse. The factors disrupting the integrity of the family, such as the divorce/separate living of the parents are found to be important factors in the substance abuse. In the studies conducted in the United States, it has been found that more than 50% of heroin addicts come from divorced families. In the situations where the parents are living together, it has been observed that family relationships are broken, usually one of the parents gives more attention to the addicted child while the other parent is more distanced and has a punitive attitude (Kaplan and Sadock, 1998; cited in AAK, 1997).

As frequently highlighted before, factors such as the bad relationship between spouses, conflicts in the family, financial problems and weak bonds between family members may push the adolescent to the confusion, internal conflict and undesired behaviours (Başkurt, 2003).

While there are studies investigating the high rates of domestic violence and divorce among the alcohol addicted individuals in Turkey, there are no such studies taking narcotic substance addicted individuals as population (AAK, 1997).

The prevalence of substance abuse was found to be higher among children who have various problems with the family. Depressive disorder, generalized anxiety disorder, enuresis (bedwetting) and ADHD are observed

more frequently in the children of alcohol addicted parents compared to normal populations. A high risk of committing crime, suicide attempt and substance abuse have been observed in the children of families with low socioeconomic level, who experienced negative events such as drug-addicted parents, marital conflict and witnessing domestic violence, family neglect and abuse (Ögel, 2002).

#### ***1.2.2.3. Substance Abuse in the Family***

There is a causal relationship between paternal substance abuse and problem behaviours in their children. These problematic behaviours arise depending on the nature and style of family relationships. The main source of the childhood problems occurring in the children of the addicted parents is the marital conflict. At the same time, these children witness the forms of less connected and less stable relation types as well as more negative and more violent family relations (AAK, 1997).

The fact that parents are abusing substances can also cause their children to have a similar problem in the future. In addition to substance abuse, they may also exhibit other behavioural disorders in their adult life in general (AAK, 1997).

#### **1.2.3. The Effects of Substance Abuse on the Family**

When the literature on substance use and family is reviewed, it is observed that while the role of family on the start of substance abuse in the individual is emphasized, the effects of a substance addicted individual on the other family members are overlooked. However, it should not be forgotten that substance abuse ultimately affects the whole family and that it has various psychological and social influences on the other members of the family, as well (AAK, 1997).

When a member of the family starts to abuses substances, this situation causes drastic problems in the family. Drug addicted individual may have unwanted friends and may bring them to home, which cause constant conflicts in the house. The substance abuser may lie to her/his family for various reasons, and may behave violently towards family members. Family members, in return, behave repressively, and all these problems inflict deep wounds more and more. The substance abusers are gradually excluded from the social circles due to the presence of illegal narcotic substances, the negative attitude of the society towards substance abusers, and various

illegal activities of substance abusers. In addition, the drug addiction of a family member creates financial losses for the family as the substance abuser cannot function fully, she/he spends money on the substance, she/he lives on the money gained via illegal ways or given by her/his family as well as the drug addiction treatment cost. Due to the reasons mentioned above, family members are experiencing many psychological, social and economic problems (Miller; cited in AAK, 1997).

The effects of the drug addiction on the family varies depending on the role of the substance abuser in the family. For example, the drug addiction problem of an adolescent creates some problems for her/his parents and siblings while the drug addiction problem of an adult inevitably creates problems for her/his spouse and children. The roles of the substance abuser and her/his role in the family can be examined under different headings to understand these roles and effects more efficiently (Ögel, 2010).

The effect of substance abuse and drug addiction can be examined under four headings. The psychosocial impact of substance abuses and addiction on family members within the family (including family problems, deterioration of spousal relationships, impairment of parent-child relationships) should be considered within this context. Secondly, the financial problems of the family due to the substance abuse and addiction of one of its members. Thirdly, the effects of substance abuse and addiction on the health of the family members, in brief, to the public health. The fourth is the effects of the family on other families and thus the social life. We will examine the effects of drug addiction on family-related issues under the following headings: its effect on the marital problems, its effects on parent-child relationships, its effects on family economics, its impact on public health, and lastly its effects on social life and on other families.

#### ***1.2.3.1. The Effects Of Drug Addiction On The Marital Problems***

Addiction affects marriage in many different ways. When a spouse becomes substance abuser, her/his expected roles in the marriage change and restructuring occurs in the marriage. Along with addiction, the control mechanism in the communication between the spouses becomes active, leading to the emergence of a multi-featured relationship. In short, many tasks are handed down to the other spouse in order to maintain the system, from the protection of the family, to responsibilities and duties towards children. In other words, the non-addicted spouse plays a decisive role in the maintaining the system (Doğan, 1996).

At the same time, as familial, personal, social and professional problems increase with addiction, the psychiatric symptoms diagnosed in the spouses also increase (Yanardağ, 1991). It is accepted that addiction is a disease affecting the entire family system (AAK, 1997).

In addition, during the stealthy process of addiction, there is a serious lack of communication in the family and the silence is dominant. Drug addiction leads to an inevitable tension between the addicted individual and parents, spouses or children. Instead of a relationship based on interaction within the family, there is a relationship in which the roles are distributed to maintain the life. This allows the family to avoid the painful truth of addiction and hide it. In other words, this issue is not discussed within the family and this problem is denied (Ögel, 2010).

The early start to abuse substance and especially the alcohol leads to rapid development and bad endpoint. Alcoholic husband develops sexual weakness, as a result his self-confidence is shaken, his leadership and the ability to solve problems are lost. He is criticized, disparaged, accused, humiliated by his wife and children. The roles in the family are messed. The mother supports and directs the older son to take the authority and responsibility of the house instead of his father. As a result of all these problems, the rate of divorce cases is increasing. The rate of separate living and divorce between alcoholics has been found as %50-60 by Schuckit (1985), and as 43% by Hasselbrock et al (1985) (cited in Ünal, 1991).

In addition, “spouse addiction” has been a popular concept in the recent years, denoting the problems between spouses caused by the drug addiction. Substance addicted individuals usually tend to transfer their responsibilities to others. It is emphasized by the substance abuser that if her/his spouses, parents or children had been “better” she/he wouldn’t have started to abuse substances. Since the spouse of the substance abuser is inclined to deny the nature of the addiction process, she/he accepts and makes rationalizations of these excuses made by the addicted spouse. As the substance abuser reflects this problem more and more in her/his immediate surroundings, her/his spouse feels more responsible towards the addicted individual, and this feeling of guilt begins to serve the continuation of addictive behaviour. As a result, the family starts to feel guiltier and this reinforces the addiction problem (AAK, 1997).

### ***1.2.3.2. The Effects of Substance Addicted Parents on Their Children***

When the children of addicted parents are compared with the children of non-addicted parents, the most common difference is observed in the cognitive functions of the children. Cognitive functions in children of addicted parents are found to be at a lower level. It is noteworthy that the substance abusers' children in school age have lower school success. This situation is determined with the higher rates of class failing among the children of the substance abusers (AAK, 1997).

Children of substance addicted parents also have some psychological problems. Depression, anxiety and low self-respect are commonly observed cases. Serious behavioural problems can also be observed in these children. These include lying, theft, fighting, skipping classes and behaviour problems at school. For this reason, these children are frequently diagnosed with behavioural disorders (AAK, 1997).

Chafety et al. (1971) has found out that development retardation, school and learning difficulties and various mental disorders are highly common in the children of alcoholics. Abort, preterm birth and birth anomalies, and physical and mental retardation incidences are high in the children of mothers using alcohol and cigarettes during pregnancy. This situation is called "fetal alcohol syndrome.". The children born to heroin and morphine abuser mothers are born as morphine addicted from birth. The baby suffers from genomic defects in their RNA and DNA if the mother is a long term cannabis abuser (Ünal, 1991).

### ***1.2.3.3. Effects of Drug addiction on the Family Economy***

As it can be seen, the presence of substance addicted individual in the family deeply affects the entire family. The impacts explained so far are psychological and social consequences that drug addiction has created on family members with different roles (spouse, parent or children). However, the effects of addiction on the family functions and family budget in general should not be ignored. A substance addicted family members causes the family to spend more money and time (Clark, 1994; cited in AAK, 1997). AAK, 1997). It is known that addiction has negative economic consequences on the family (Ögel, 2010).

#### ***1.2.3.4. Impact of Drug Addiction on Public Health***

Alcohol addiction and drug addiction are important public health problems harming the addicted individual, family and the society. In addition to serious mental and physical illnesses that addiction causes, it is the primary reason in the traffic and job accidents, injuries, deaths and killings, divorces, effecting children negatively, increase in domestic conflicts and tensions, interpersonal relations breakdowns, legal and social problems and in various economic losses.

Psychosocial stress is an important effect of drug addiction on the family. It causes work commercial and economic losses, as well as social regression. Psychoneurotic, psychosomatic disorders and alcoholism rates are high among the spouses of alcoholics. Jealousy, deceit, discussion, fighting, injury and murder are observed. Sexual tendencies and violence towards their children are higher among the alcoholic parents compared to normal population. Taking alcohol with male friends, bringing male friends to home, male friends' expressing their sexual desires and tendencies towards the alcoholic individual's wife are the stories we often hear in our clinical observations. Sexual weakness, hidden homosexuality tendencies are effective here. The suspicions of jealousy and cheating may turn into delusions and they may lead the alcoholic to injury and murder of her/his spouse. Individuals abusing cannabis, LSD and heroin live a different, crooked life outside traditional family structure (Ünal, 1991).

#### ***1.2.3.5. Effect of Substance Abuse on Social Life***

Drug addiction is one of the most serious problems threatening public health because it not only creates individual but also social problems. The existence of substance addicted individuals poses serious economic burdens; as the addicted individuals lose their jobs, they live in the prisons due to the crimes they have committed, they receive the healthcare due to the various health problems. In addition, above-mentioned problems such as substance abuse, crimes, failure to work lead to various social problems affecting the society (AAK, 1997).

The gap between the substance addicted individual and her/his social environment deepens in time and the individual often lacks social support. The problem of drug addiction may start with major losses such as the loss of a close family member, failure in the school, losing the positive friend circle, the loss of job and other negative situations. Then, the individu-

al continues to suffer such losses after she/he becomes addicted, which may result in the loss of the social support of parents, spouses and family members. These major losses in the social support system prevent the individual from trying to get rid of addiction, which can lead to even more isolation. In other words, this situation leads to the social exclusion of the individual (TUBİM, 2009).

## Conclusion

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Drug abuse is caused by biological-genetic factors, psychological-individual factors and sociological-socio-cultural factors. Each factor group has been discussed separately in the article; sociological factors have been thoroughly explained. The study has focused on the role of the family as a sociological factor affecting drug abuse and drug addiction.

The relationship between drug abuse and family has been based within the framework of system theory. The family is a sub-part of the social system. Members of the family system can also be considered as its sub-parts. A distortion in the family system results in distortion (emotional, behavioural, etc.) in the family members, as well as the distortion of one of the family members (emotional and behavioural, etc., for instance drug addiction) affect the family system. The distortions in the family systems (dysfunction) can lead to the malfunction in the social system. Therefore, the individual who abuses the substance should be considered in terms of the family system.

The role of family in substance use; in the beginning *institutionally* the effect of the family and the effects of the substance on the family of drug addiction.

The effect of family on the drug addiction of the children first appears in the childrearing patterns and parental attitudes. Indifferent, overprotective or authoritarian parental attitudes have been considered as a priming factor in starting to abuse the drug. Attitudes and behaviours of family towards the drugs are also very influential in adolescents' starting to drug abuse and drug addiction. Drug abuse has been found to be higher in families ignoring the drug abuse or not considering it as a harmful situation.

As a second effect of family on the starting of drug abuse, drug abuse is higher at individuals coming from families in which conflicts arise frequently. The children are at a higher risk of drug addiction if their parents are divorced or living separately, if their parents are constantly in conflict, if their parents are indifferent or overprotective.

The third effect of family on the starting to drug abuse is the drug addicted parents or senior family members. The children raising in families in which parents or other senior family members are drug addicted have a higher risk of experiencing drug addiction problem in the future.

The effect of substance abuse and drug addiction has been examined under four headings. The psychosocial impact of substance abuse and addiction on family members within the family (including family problems, deterioration of spousal relationships, impairment of parent-child relationships) should be considered within this context. Secondly, the financial problems of the family due to the substance abuse and addiction of one of its members. Thirdly, the effects of substance abuse and addiction on the health of the family members, in brief, to the public health. The fourth is the effects of the family on other families and thus the social life.

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## 1.3 THE ROLE OF FAMILY AFTER THE TREATMENT OF DRUG ADDICTION

*Dr. Hülya Aksakal Kuc*

### Introduction

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Family is the foundation stone of the society. The most influential environment for the individual from the beginning to the end of her/his life is the family. The family is the institution in which one is prepared for the life, one experiences all the emotions and behaviours she/he can encounter or experience in the society. This is the institution in which individuals first experiences human relationships. It is in family that individual develops her/his primary relationships and obtains her/his cognitive-behavioural attitudes, in addition where the psychological needs of the individual such as security, love, respect, belonging and sharing are best addressed. The attitudes, roles and basic habits that one gains in the family determine her/his social interaction and participation in secondary groups.

The family forms an important roof in the whole development of the child. Because family is a shelter where both the moral and cultural values are given to the child in a secure environment; compassion and trust necessary for the child to balance the developing character is provided (Bozkurt, 2015, p. 55). All sociologists, psychologists and educators state that the family is essential for the care, development, education and socialization of children. Then, the family is the most important factor in the healthy and unhealthy development of people in physical and psychological terms (Başkurt, 2012, p. 88).

The relationship of children with the parents after coming to the world is the most important factor in determining her/his psychological development. If the child is raised, educated and grown up with inappropriate parental attitudes, she/he develops addictive relationships. If the relationship between children and parents have protective and dependent attitudes or authoritarian and refusing attitudes, the individualization process of the child, namely child's gaining her/his independence is interrupted and the relationship between parents and the child, which is not based on trust, causes the child to be an addicted individual.

Studies show that parents' attitudes and behaviours towards their children have the greatest influence on their positive or negative character,

personality and identity. Thus, the first and most important determinant factor for having a negative identity is family (Bozkurt, 2015, p. 63). The family structure has an influence that can cause the individual to become substance addicted by affecting her/his whole life. If a child's mother or father is missing due to death or divorce, the child may engage in abnormal behaviours such as substance abuse and guilt, including behavioural disorders (Bozkurt, 2015, p. 68).

### **1.3.1. The Role of Family in Addiction**

Addiction is defined as the inability to stop the desire to intake substances, frequently and excessively, at the level of disrupting the individual's physical and mental health, family, society and business harmony (Şimşek, 2010, p. 96). Drug addiction can be considered as a behavioural problem with biological as much as psychosocial origins, which arises from the interaction of different risk factors and protective factors (Polat, 2014, p. 145). It has been determined that one of the most important reasons for the emergence of drug addiction is the family factor and that substance abuse is more common in children and in individuals who have conflicting communication with family members. In particular, one of the main reasons for young children to start abusing substances is domestic problems (Ögel and Erol, 2005, p. 35).

Substance abuse is a disorder that affects both the individual and the family as well as her/his social environment in a multifaceted way. While broken family relationships pose a risk for substance abuse, the abuse of substance can also lead to the deterioration of family relations (Şimşek, 2010, p. 99). All the studies and experts have revealed that the family is the most important factor both in starting the substance abuse and turning into crime for the young people. After the family the most important factors are listed as environmental and friend groups, economic reasons, cultural conflicts and role models (Başkurt, 2012, p. 111).

Family has many functions at every stage of drug addiction, such as initiation of use, addiction, application for treatment, receiving the treatment, positive or negative result after the treatment. Studies investigating the effect of the family on drug addiction has two basic approaches. The first of these approaches takes the family as a risk factor and the other takes the family as a preventive healing factor (Küçükşen et al., 2016, p. 200-201).

### ***1.3.1.1. Familial Risk Factors in Addiction***

Problems arise when the harmony between parents and their children are disrupted, communication breaks down, the family support decreases, the family loyalty decreases; in these situations, the psychological well beings of family members, especially the children and adolescents, are negatively affected and their sense of belonging decreases. It can be said that among the reasons leading to drug addiction of individuals, communication with family comes to the forefront. It is thought that crime and deviant behaviour witnessed by the individual in her/his family acts as a catalyst in the use of narcotic drugs. It is suggested that the problem of drug addiction of children and adolescents is a problem of addictive personality problem, that the children who are not given enough love by their families and cannot have a safe individualization process feel a need to compensate this lack with harmful substances.

We can summarize the effective familial risk factors as follows:

- The chaotic families in which parents have mental problems (psychopathology),
- Family conflict,
- Antisocial personality disorder,
- Lack of attachment and interest between parent-child,
- Criminal behaviour in the family,
- The broken family, parents living separately, divorced, death parent/parents,
- Non-classical parents (step-parents, parent cohabiting with partner without marriage, multiple partners).
- Parent-centred families,
- Extremely passive mothers.
- A substance addicted member in the family,
- Lack of communication within the family,
- The repressive and indifferent family; the lack of quality of attention even if attention is given to children,
- The lack of a role model for the adolescent in the family,
- The low parental support,

- The inability to transfer social values in the family,
- The families who are unable to produce solutions and are unable to cope with the problems,
- Abuse of alcohol and substance as a family coping mechanism,
- Inappropriate child raising methods (parents allowing the adolescent to consume alcohol or smoke cigarette, parents' excessively tolerant attitudes towards their children, etc.),
- Inconsistent discipline, parents having different discipline attitudes,
- Parents' indifference to the activities of their children,
- The existence of verbal, physical and sexual violence,
- Poverty,
- Families fulfilling just financial duties towards their children while not giving enough love to them
- Families where arousing guilt is applied as a discipline/education method,
- Family isolation; that is, the lack of support of the individual's extensive family networks,
- Unrealistic expectations of the family and the environment from the children, expectations of many successes, not appreciating the success, not awarding the success (Ögel, 2005; Yüncü et al., 2009, Başkurt, 2012, Öztürk, Kırloğlu and Kıracı, 2015, Gökçearslan Çifci and Ulucak Polat, 2011, Küçükşen et al. , 2016, Ögel, 2010, Yılmaz, 2015, Bircan and Erden, 2011; Gazioglu İşmen and Canel, 2018; Erci, 1999; Erbay et al., 2016; Tamar, Ögel, and Çakmak, 1997; Tamar Gürol, 2008; Bozkurt, 2015; Hunter, 2014; Yaman, 2014; Ünal, 1991; Gürol, 2008; Erci, 1999).

According to the studies, the majority of the substance addicted adolescents were grown up in families who didn't give them enough love, disturbance and bullying were common and the children were given excessive freedom. Parents' conflict, their indifference to the children, lack of love, lack of supervision on children, violence and constant domestic disturbance cause young people to be pushed into the wrong circles by disrupting their mental health (Erci, 1999). The lack of family bonds and fidelity (weak relationships in the family), parental control, conflict in the family are the risk factors for substance abuse. Elements that can be considered as

key factors for substance abuse in family interactions are parent discipline approach, family cohesion and parental supervision (İşmen Gazioğlu and Canel, 2018, p. 21).

### ***1.3.1.2. Protective Factors Related to Family in the Prevention of Addiction***

A strong parent-child relationship is an important protective factor in preventing substance abuse during adolescence period and young adulthood. A positive and protective relationship is determined by the degree of parental closeness, the enthusiasm and pride of the child's success and ability, the closeness of parent-children relationship and the show of love. Studies show that the quality of communication between parents and children, the application of consistent and effective discipline methods, and the presence of a positive parental model reduce the risk of developing substance abuse (Öngel Atar et al., 2016, p. 39).

We can summarize other protective factors related the family in preventing substance abuse and minimizing harms as follows;

- Family integrity,
- Good and positive family relationships,
- A democratic family order,
- Parents' having knowledge about their children, the peer and friend circles of their children,
- Strong and positive family ties,
- Parents' awareness of their children's friends and what these friends do,
- Having clear rules in the family to which everyone obeys,
- Parents being interested in the lives of their children,
- Family supporting the child's school life and appreciating her/his achievements,
- The existence of commitment and social support,
- Having the right information about narcotic use (<http://www.ogelk.net>; Ersögütçü, 2015; Polat, 2014; İlden Koçkar, 2015).

Children who experience extreme stress, family support inadequacy, and academic failure often continue substance abuse after experimenting

once. However, there are also effective protective factors to prevent this process. Teaching self-control, raising families' awareness to establish the protective family system, reducing the environmental adversity and informing people about the effects of substances are effective factors in preventing the substance abuse turning into drug addiction (Ögel, 2010, p. 5-6).

Studies reveal that adolescents whose parents and siblings do not abuse substances have a low risk of starting substance abuse. In addition, adolescents whose parents are struggling against substance abuse and who are rigidly opposed to the abuse of these substances are also less likely to start abusing substances. The risk of substance abuse is found to be low in adolescents who are given attention by their parents, whose behaviours and attitudes are observed and supported. For this reason, the family is one of the most effective channels to prevent substance abuse (Ögel, 2010, p. 19). The protective factors at the family level against substance abuse are family sanctions for substance abuse and positive parental relationships (İşmen Gazioğlu and Canel, 2018, p. 21). The family has a major effect both on the prevention and start of the drug addiction.

### **1.3.2. Reactions of Families After Learning About the Substance Abuse of Their Children**

Families who learn that their children abuse substances experience a great shock. There are many underlying factors for this shock. They can be listed as follows:

- Parents, having many expectations for their children, experience a great disappointment. Their dreams, plans and hopes for their children are destroyed.
- They experience an unfairness for the substance abuse of their children, they may say they do not deserve this behaviour.
- Sometimes they experience a serious sense of guilt that can turn into anger and is reflected to the children. They question themselves about what they have done wrong.
- In the next stage, the family begins to think about the pressure of their social circles. What other people in their circles will think about this situation and how the family is going to explain them the substance abuse are important questions the parents have to find answers to.

- As families do not know how to cope with the problem of substance abuse, they may experience panic. What do they have to do? How should they behave? (Ögel, 2001, p. 63-64).

Families can exhibit some negative attitudes and behaviours due to the frustration, anger and guilt as a consequence of the emotional destruction and disappointment they experience when they first learn about the drug addiction of their children. Families can oppress and isolate the addicted children, they may even use violence to the children or adolescent to make her/him give up the addiction.

Problematic relationship between the children/adolescent and the parents can evolve into a more problematic dimension, especially after the family learns about the addiction. Addicted adolescents describe the three stage-process after their family learns about their addiction: 1) violence and beating, 2) suggestion and advice, and 3) finally seeking and hopeless acceptance. As a matter of fact, it has been noticed that a similar process prevails in all substance addicted adolescents (Avci, 2014, p. 115). The violence to the substance addicted adolescent can cause a boomerang effect and may further deteriorate the addiction of adolescent.

These negative attitudes and behaviours lead to deterioration of communication and interaction in the family, which have already constituted a problem before substance abuse. The gap between the child and the parent or addicted person and the other members of the family is further deepened by these negative attitudes and behaviours. For this reason, families need to be involved in the treatment process together with addicted individuals so that the family can help to the addicted individual in a healthy way after the shock period they experience. If family is supported on issues such as how to treat to the addicted individual during and after the treatment, how to strengthen the communication and interaction in the family, which changes the parents and other members of the family should implement to themselves; the elimination of drug addiction of the individual becomes much easier.

### **1.3.3. What Families Should Do After Learning About Drug Addiction of Their Children**

Families should be calm, they should not blame themselves, they should not refrain from speaking, they should not frighten the addicted individu-

al, they should accept her/his difference, they should control their negative emotions, they should draw boundaries and establish rules for the addicted individual, they should make her/him take her/his own responsibility, they should lower their expectations for the addicted individual, they should gain new skills (stress, conflict and anger management and problem solving skills, etc.), they should employ new strategies for solving the problems in the family. In addition to these, parents should first take steps to change, increase the quality of communication with the addicted individual, learn effective listening and effective communication skills, try to protect other family members from this process without making other children focusing on the addicted individual, the parents also should not try to solve the conflicts when the addicted individual is angry. Also parents should try to understand addicted individual, they should support her/his positive behaviours, they should be able to make positive plans for the future instead of focusing on mistakes addicted individuals have made in the past, they should forget about past mistakes, they should admit that addiction is an illness and they should not experience disappointment in returning and relapsing processes, they should not take addicted individual's threats about narcotic reuse seriously, they should not expect the addicted individual to change in every aspect and they should expect her/him just to give up the drug addiction.

Families must first convince the addicted family member to receive treatment. Afterwards, it is necessary for the addicted person to aim to be clean after the treatment and take certain steps in this direction. At the beginning of these efforts comes the changing of the environment in which the family lives together with the addicted individuals, or making city change, rupturing the addicted individual from the environment, encouraging the regular use of medicines, etc. Not leaving the addicted individual alone for a certain time after the treatment is one of the biggest contributions of the family. In addition, in order to prevent the individual from returning to addiction when the substance cravings come and individual tricks herself/himself to abuse the substance one last time, the family members should watch the individual closely. Families should be informed about the dangers of relapse to the addiction even if the individual is home alone and clean, they can return to the addiction if she/he tricks herself/himself to abuse the substance one last time, considering the fact that she/he has recovered from addiction. Families should not ignore the individuals' addiction tendency, and they should not forget the fact that even one more use after the treatment may result in the return of the addiction.

This critical process needs to be well managed by the family. The most important thing that parents should not forget is that addiction is a disease that can relapse. For this reason, from the moment they learn that one of their children or a family member is addicted, it is necessary to consider the fact that all family members must engage in a change process, and all family members must fight against the addiction affecting the family system. This is a very challenging process for the addicted individual and the family. Addicted family member should first want to be treated and should obey to the treatment principles in order to eliminate the drug addiction. In this process, the support of the family and the relatives will increase the likelihood that the addicted individual will have a positive treatment result by playing a role in enhancing the adherence to treatment and the duration of the treatment. The most important factor among the factors that increase success in treatment is that the addicted individual is willing and determined to give up the substance. While the addicted individual is trying to change herself/himself, the family should also accept to go through the changes. At this point, support of the family is extremely important.

The importance of family and social support in the treatment of substance abuse is well known. Therefore, the individual should be considered together with her/his family in the treatment of drug addiction and the family should be included in the process at every stage of the treatment (Şimşek, 2010, p. 99).

The purpose of the drug addiction treatment is to remove the addicted individual from the substance and to extend the relapse time as much as possible. For this reason, it is important to handle the social condition of the addicted individual during and after the treatment. The process after alcohol and drug addiction treatment is a critical period for both the addicted individual and her/his family. The support of the family is extremely important after the addicted individual gives up the substance. After the individual has stopped using the substance, relapse can occur for many reasons. One of the most important factors influencing relapse is the motivation of the individual. Motivation is not steady. It may increase or decrease over time. Motivation is an internal condition that is influenced by external factors. The family is also important for keeping the motivation high. Family should not forget that the process after the treatment is a challenging process, which must be carried out with patience and determination.

Research reveals that, the most frequent relapse time is the fifth or seventh day after quitting the drug. During the third week, 20 days after quit-

ting a new relapse danger is common. 3 months later the quitting, a relapse wave is frequent. If the process with these possible attacks and waves is overcome with ease, the relapse and return rates after the 3rd month is low (Başkurt, 2012, p. 106-107). This period is called "Early Remission" because the first 12 months after the addiction, namely, the first 12 months after quitting the substance, is also a period when the risk of relapse (recurrence) is high. The individual who has gone through the twelve-month early remission period without using again (relapse or return) enters "Sustained Remission" (Savaşan, Engin and Ayakdaş, 2013, p. 76).

As alcohol and drug addiction is a chronic disease which has lifelong using and not using periods, the two main processes that determine the natural course of alcohol and drug addiction are considered as remission and relapse. In various studies, cumulative relapse rates among people treated for alcohol addiction were 35% after 2 weeks of treatment and 58% after 3 months. In another study in which relapse was defined as a return to pre-treatment drinking level, the relapse rate was 50% in one-year follow up. In a study conducted with alcohol addicts in Turkey, the relapse rate was found to be 62% after 12 months. In another study in which relapse was defined as consumption of alcohol for one time, the rate was reported as 90%. It has been shown in many studies that relapse rates are very high within 36 months of drug addiction treatment regardless of substance abused (Yılmaz et al., 2014, p. 244). The families have the most difficulty in this period.

In a study conducted by Savaşan, Engin and Ayakdaş (2013), the changes of lifestyle and the relapse situation of the patients who were discharged from an alcohol and drug addiction treatment centre (AMATEM) were analysed. In the study, the reasons for the relapse were found as problems in the family, the conflicts in the family, financial problems, distress, friend circle, loneliness, self-deception ("Nothing will happen from using once"), losing a close one, and the desire to use alcohol/substance. Kalyoncu et al. (1999) investigated the causes of relapse of alcohol addicts in their studies and found that negative feelings, thoughts, attitudes and behaviours; problems with taking treatment, social pressures, conflicts between individuals, urge, and craving for alcohol consumption are reasons for the relapse. The relapse reasons were listed as negative life events, cognitive variables, deficits of coping skills in the study by Saatçioğlu et al. (2007) who investigated the relapse reasons of addicts receiving inpatient treatment. In the 12-month follow-up study conducted by Evren et al. (2010), it is stat-

ed that high intensity of craving is a determining characteristic of relapse (Cited in Savaşan, Engin and Ayakdaş, 2013, p. 78).

Surveys reveal that the relapse process usually begins with negative thoughts, and that a large number of relapses are caused by interpersonal conflicts and social pressure.

At the beginning of the treatment, the addicted individual may have a high motivation to give up the substance. With this motivation, the addicted individual can give up the substance for a while but she/he thinks that it is difficult to survive without alcohol or substance over time, many reasons can reduce the motivation of the individual and the individual can begin to abuse the substance again such as if the addicted individual is a student, the low success in the classes, the loss of positive friend environment; if the addicted individual is working, the loss of work, the loss of social support of parents, spouse, family members. Thus the attitude of the family towards the addicted individual and the quality of family members with the individual help keeping the motivation of the individual in the quitting process. The greatest duty and responsibility of preventing the abuse of substance again falls on the shoulders of family members as much as the individual. The individual, in need of therapy, moral support, medical help as well as a solid willpower, wants to receive attention from her/his family.

The first step in relapse prevention is to know the individual and environmental factors leading to the relapse. The second stage is the acquisition of cognitive and behavioural coping skills that individuals can effectively use in situations and environments that are at risk for relapse. The lifestyle changes that will enable the individual to meet as little as possible with the situations that may lead to the relapse are also an important part of preventing relapse (Savaşan, Engin and Ayakdaş, 2013, p. 76).

In the relapse prevention, addicted individual's habits, lifestyle, alcohol consumption and her/his misconceptions and anticipations about the substance are attempted to be changed, and new coping strategies are created. When substance addicted individuals develop stress coping and self-control skills, they may be less affected by stress sources and experience fewer relapses (Sağkal and Gürken, 2010). Families need to know and be aware of situations that directly pushes the addicted individual to abuse the substance and they need to put emphasis on these situations. Addicted individual should be supported by their families in developing

appropriate coping mechanism and alternative ways. Strengthening family ties, developing relationships and trying to win parenting skills should be among the goals of their families. The family should be more interested in the lives of their children, they should strengthen the communication in the family, they should support their children when they experience hardship and they should constantly explain their attitude and values towards drug addiction to their children. Families should be informed about how to determine policies, how to establish rules and how to discuss problems in the family about the drug addiction with expert support. Communication between parents and children is the most important element in creating family ties. These links are strengthened by parents' learning to support their children, strengthening the communication between parents and children, and building trust among family members. It is also important for the public to have a supportive approach, to express that they understand the problems addicted individuals experience, and to keep the communication channels open with the adolescent by means of effective listening.

#### ***1.3.1.1. Communication Skills in the Family of the Addicted Individual***

There are issues that parents need to learn and gain experience in gaining communication skills. They must first develop skills to effectively listen to each other, to organize family meetings to talk about important issues, to discuss how to define duties and responsibilities among themselves, and to calmly discuss difficult issues (alcohol, drugs, relationship, etc.) or whatever the subject.

It is important for the families to know the factors that interrupt listening effectively (accusation, ordering and directing, threatening, criticizing, warning-intimidating, advising-solving, moral lesson- logical conviction, discussion, judging, criticizing, humiliating, ridiculing, changing the subject, diagnosis, comparing, investigating). It is important for families to use "me" language, instead of "you" language, thus gaining the abilities to express their emotions and empathizing. Another important factor is that families should gain knowledge about effective listening skills.

Knowing effective listening skills allows parents to develop healthy communication skills with their children. Listening is the basic element of communication. Things that families should pay attention when listening to their children can be listed as follows:

- Talking by making eye contact,
- Being close enough to be heard,
- By listening attentively and without interruption,
- Using body language and giving the message “I am here with you”,
- Opening up what the child says,
- Denominating the feelings,
- Creating “I am being understood” feeling in the child,
- Remember what the child has told, with the details,
- Good monitoring of the emotions that are felt during the conversation,
- Looking for non-verbal cues to understand emotions better,
- Trying to be tolerant towards the pauses and silence during the speech,
- Avoiding asking questions that will break the silence,
- Trying to calm down when they feel they cannot feel calm,
- Being aware of the values and prejudices that will distort what they hear,
- Searching for the thoughts underlying the important points,
- Thinking before answering,
- Avoidance from responding while the child speaking,
- In regard to the situation described, parents should consider themselves to be living in that situation and try to understand how the child feels (developing empathy),
- It is necessary not to brush the child off (Melanlioğlu, 2012; Özgüven, 1980).

#### ***1.3.1.2. Other Elements Family Should Do After Treatment***

One of the most important factors in preventing substance use after treatment is the observing and directing their children. It is very important for parents to set rules in the family, to appreciate the positive behaviour of their children and to set limits on discipline.

It is necessary for families to learn about problem-solving skills in order to set order and determine boundaries in the family life, to use discipline methods appropriate to child’s developmental characteristics in response to the actions of each family member, to be consistent and fair to each family member in discipline and to give appropriate feedback.

It is also necessary for parents to make an effort to change their parenting behaviour in a positive way. All family members should have knowledge of substance abuse and intervene to the addicted family member with the correct information they learn. Children need to be able to gain self-control, emotional awareness, communication skills, social problem solving, and ability to resist the substance. Family should appreciate the children's opposing reaction towards substance, and family should make an effort to strengthen personal commitment of the children against the substance abuse. All of this will ensure that the addicted individual is empowered.

In recent years, studies conducted on adolescents have focused on the protective role of adolescent's determining a "target" for their life. Having a target in their life brings about the consciousness and endurance against the substance which lead them to say "no" to drug addiction. For this reason, the skills, interests and other strong points of the adolescent should be determined and should be strengthened and adolescent should be provided with guidance to create a target; constituting a preventive factor (İlden Koçkar, 2015, p. 19). Anything that may remind them of bad habits should be removed, and various fields of occupation should be created to forget the substance. Daily life should be filled with plans and projects to be done for work so that the substance abusers should be occupied. In other words, a day full of various activities must be put before the substance abuser (Başkurt, 2012, p. 106).

For this reason, the family of the addicted individual should be able to continue their plans for the future. In this context, connecting families with effective use of social resources, development of relationships with other families, institutions providing support services (health, social welfare, employment centres, social groups, etc.) will help to reduce their social isolation. It is important for the family to organize and plan their future family life. Efforts to understand and develop their common values, together with time-sharing and planning of joint activities, are also factors that positively affect the motivation of the addicted individual. Family members should learn how to respond to each other, how to deal with each other, and how to support each other by being more sensitive to each other, using rewards and praise.

The fact that family support is provided to young people who abuse substances makes the individual feel valued and sufficient and also contributes to her/his education. These effects can be multifaceted, for exam-

ple accelerating the decision-making process and increasing motivation (Bozkurt, 2015, p. 3).

Increasing the motivation of the individual towards eliminating substance abuse and teaching the coping skills, increasing the social support of the addicted individual, teaching them to cope with negative emotions and strengthening their social skills are the most important elements that the family should focus on.

The family may also encourage the participation of addicted individual to self-help groups. The results of the studies reveal that self-help groups have positive effects on the drug addiction elimination. Recovery from substance abuse is a long process and after many treatment periods, the addicted individual can achieve this result. Continuing to participate to self-help groups during and after treatment may help keep the individual clean. In self-help groups, meeting with people who have stopped using the substance is efficient for the addicted individuals to encourage themselves to give up the substance.

The education level of the substance addicts receiving treatment from the addiction treatment centres in 2012 in Turkey was investigated and following results were found. 70.6% of the patients (3,332) were primary school graduates. 21.9% of the patients (1,033) were secondary school graduates. 59% of the patients (2,783) were unemployed. 92.7% of the patients (4,374) were living with their families/parents (Mutlu, Çetin and Saçaklı, 2013, p. 85-86). Considering the fact that the vast majority of substance addicted individuals left their school lives, lost their jobs and lived mostly with their families; the families should have a supporting role in encouraging their children to return to their education, taking vocational training and finding a job. Since addiction causes job loss, social isolation and thus financial loss not only for addicted individual but also for the family members, the education level of the family should be increased, and the financial problems should be overcome.

If substance addicted individuals are not subjected to good social integration after the treatment process, everything can go back to beginning and the individual who has not changed his / her life can abuse the substance again. This is a situation that can be achieved with the support of the family. If the parents cannot provide effective support during the re-integration of addicted individuals, the desired success in treatment cannot be achieved. As a result, many individuals tend to abuse the substance again and the treatment becomes a “vicious cycle”.

As a result, suggestions for resolving the issue can be listed as follows:

- Considering the fact that youngest people who are unable to cope with the physical, mental and social problems they experience resort to addictive substances, the families need to learn firstly effective communication within the family in a healthy way. Families can receive specialist support as well as they can also develop effective parenting skills by participating in training programs, courses, seminars, etc. in this regard.
- Families should have information about how they should behave and what they should do about their children when they encounter a problem such as substance abuse, and they should receive training on this issue if necessary.
- Families should learn the developmental stages of children and the characteristics of these stages.
- Parents should exhibit a democratic parenting attitude which is consistent and reasonable instead of oppressing and limiting the emotions of their children and curbing their reasonable wishes.
- Families should spend effective time with their children. In this context, children should be kept occupied with different activities. They should spend quality time with their children to establish emotional closeness.
- They shouldn't have expectations for their children that are beyond the powers and abilities of children.
- They should appropriately supervise their children so that they can be aware of any kind of pitfalls that direct, encourage and incentivize their children to abuse substances.
- They should provide emotional, social and economic support for their children.
- Parents should not insult and consider guilty their substance addicted children.
- They should support their children's educational life and direct vocational education that will provide the addicted individual with job opportunities.
- They should first make their children gain a sense of trust and they should recognize their identities as individuals.
- They should raise their children in self-confidence so that the children can say "no" to substances.
- They should help their children to solve problems of adolescence and

youth periods.

- Families should teach their children the endurance against problems and awareness to overcome them, and teach them how to overcome problems.
- Families should try to change their misconceptions and expectations about alcohol or substance abuse and seek new coping strategies.
- Families should know about the indicators of substance cravings, which foreshadow the relapse danger.
- They must develop new skills, such as conflict, stress management, problem solving skills, and be able to move away from the stress factors or conditions that cause crises in the family.
- Families should encourage their children to leave alcohol or substance as soon as possible when alcohol or substance is abused again after a certain period of not using.
- The addicted person should be provided with healthy pleasures and should be with the family member in all enjoyable social and fun activities.
- They should be encouraged to participate in self-help groups like AA, NA and their participation should be continuous.
- The family should make the individual understand and beware of the thoughts and attitudes causing relapse.
- They should help the addicted family member restore her/his self-image.
- Families should know that feelings that cannot be satisfied at home are the most important factor in pushing children towards different ways of fulfilling these needs and families should help their children gain self-confidence and be generous in love towards them.
- Parents should keep a close eye on their children's friends and keep them away from friends who will lead them to the wrong path.
- Children take the closest people in their surroundings as models in character development. Parents should take care of their own behaviours. They should also pay attention to the behaviour of people in their circles and keep people away from their children who could be a bad role model.
- Families should find a new circle, a new job, briefly a new environment for the individual so she/he can quit old habits and changes for good.

## Conclusion

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When the literature on the drug addiction and family is reviewed, the family is seen to have an important place in individual's start to substance abuse. Especially the lack of communication in the family and the intense conflicts, family's excessive tolerance or solid discipline understanding, the failure of parental supervision and discipline are the familial factors that play a key role in addiction.

Families should first maintain their calmness after learning about the drug addiction of one of their members. Then, they have to convince the addicted individual to seek treatment. It is important that they acknowledge the fact that addiction is not a rapidly recovering disease. It is necessary to know that addiction treatment is a challenging process and that in this process it is necessary to fight patiently, decisively and effectively together with the addict. The family should provide support to the addicted individual during and after treatment. It should not be forgotten that family support has a promotive role in the motivation for treatment of addicts. In this process, parents should first be informed by experts about addiction as well as how to treat addicted individuals and how to support them during the treatment process. After identifying the reasons pushing the individual to the addiction, it is necessary to make the necessary domestic arrangements to develop effective communication and effective listening skill for both the addicted individual and other family members. In this process, it is not right to expect only the addicted individual to change and take steps.

It is necessary to develop an emotional connection between the addicted individual and the other family members and to create a strong and positive atmosphere that provides the family with integrity. Consistent discipline by parents should ensure that family rules are clear and that everyone in the family obeys them. Families should develop new strategies that they have not used to solve domestic problems until the emergence of addiction problem. The addicted individual and other family members should be given the opportunity to express themselves. In this challenging process, it is important that parents have information about their children's lives, and their children's peers and friends' circles. Effective supervision and oversight must be implemented for all the individuals in the family, and the attitudes and behaviours oppressing the addicted individual should be kept away from.

Families should forget about the past and make sure that the addicted individuals make positive plans for the future instead of focusing on the mistakes they have made in the past. It is not right to expect the addicted individual to be successful in all areas, so that the areas in which the addicted individual has done well and is successful should be supported and rewarded. They should not experience disappointment in individual's relapses, they should not take threats about narcotic reuse seriously but they should be careful about the indicators of relapses. They should not expect the addicted individual to change in every aspect, but should only focus on eliminating the addiction. It is necessary for families to rupture the addicted individuals from the environment they are in and to change the environment they live with the addicted individual.

Families should encourage the addicted individuals to gain different skills (self-control, emotional awareness, communication skills, social problem solving, resistance to the substance) that will strengthen them. Addicted individuals should be supported in their school and professional lives, and families should cooperate with necessary institutions, experts and other NGOs for the addicted individuals' social reintegration.

Families should not ignore the fact that the addicted individual may need social support, from the moment the families learn about the addiction, to the complete elimination of addiction, even for the rest of their lives.

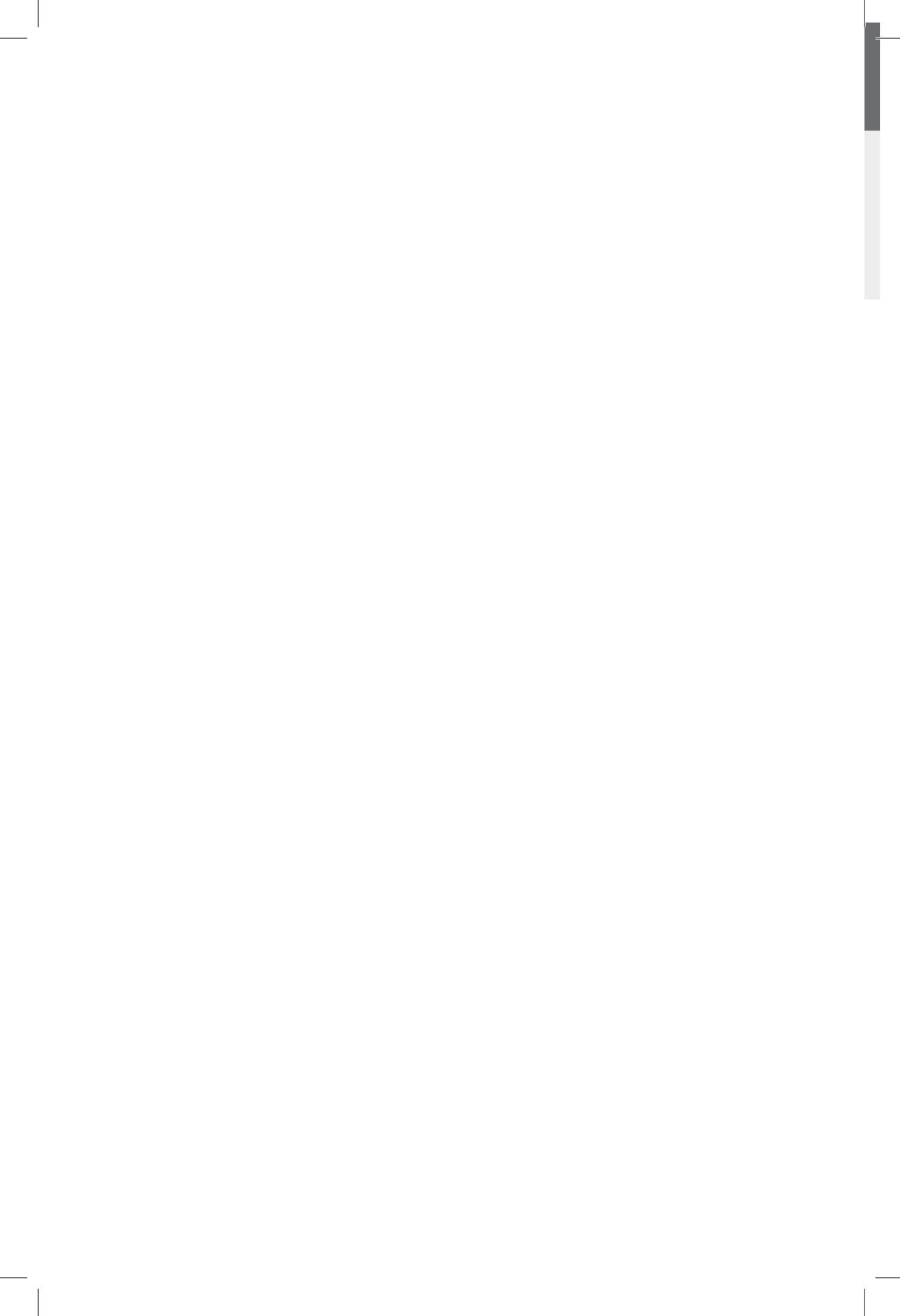
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# BEHAVIOURAL THERAPY AND FAMILY

*Assoc. Prof. Dr. Ahmet Yılmış*

## **2.1. Behavioural Perspective**

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Different approaches have been put forward in order to find out the underlying reasons of human behaviour, and different views have been adopted. The behavioural perspective is a theory that explains personality from learning perspective. The fundamentals of the behavioural perspective were laid by the Pavlov's research between 1849-1936, Thorndike's research between 1874-1949, and Watson's research between 1878-1958 (Şafak, 2014). Behaviourists define learning as a process of linking stimuli to behaviour defend that all kinds of behaviour can be gained or changed through reinforcement. Behaviours should be observable and measurable in behavioural perspective (Aksoy, 2015; Dawn, 2014), and it is argued that the behaviour of the organism should be the focus of the research instead of internal functions which cannot be observed and measured objectively. According to the behavioural perspective, all human behaviours are learned. The two most popular theories in the behavioural perspective are classical conditioning and operant conditioning.

## **2.2. Applied Behaviour Analysis**

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Behaviours are observable and measurable reactions of individual and surrounding which arise from the interaction between individual and surrounding due to any stimulus (Şafak, 2014). We can categorize behaviours in three groups; directly observable behaviours, indirectly observable behaviours, and behaviours that occur due to the nervous system. Applied behaviour analysis focuses on behaviours that can be directly observed and focuses on antecedent and consequences of the behaviour. Applied Behaviour Analysis is a discipline aiming to change socially important behaviours by using behavioural principles according to the operant con-

ditioning theory (Tekin-İftar, Kırcaali-İftar, 2006). Applied behaviour analysis implements behavioural principles systematically to increase appropriate behaviour, to reduce inappropriate behaviour and to develop new behaviours (Güleç-Aslan, 2014). With the applied behaviour analysis, data are systematically collected within the light of behavioural approach and the desired behaviours are developed, reduced or improved. In order to develop desired behaviour, antecedent and consequences of behaviour must be systematically regulated. In order to test the effectiveness of the program created in the course of applied behaviour analysis, objective data are collected continuously and systematically. If the desired progress is not achieved within the scope of the program created, it is necessary to re-evaluate the program.

Baer, Wolf and Risley (1968), who worked in the field of applied behaviour analysis, presented seven principles related to applied behaviour analysis (cited in Tekin-İftar and Kırcaali-İftar, 2006). These principles are as follows:

- a. Applied: It means that the target behaviour should be an important behaviour from the societal point of view, not from the theoretical point of view.
- b. Behavioural: Target behaviour is observable and measurable.
- c. Analytic: The establishment of a functional relationship by observing behaviour under experimental conditions.
- d. Technological: The process is clearly depicted and reproducible by another practitioner.
- e. Conceptual Systems: facilitating comprehension by forming a conceptual unity.
- f. Effective: It means that the desired effect in target behaviour is achieved.
- g. Generality: After the acquisition of the target behaviour, the behaviour is to be repeated with another medium / person / tool.

The first thing to do in the course of applied behaviour analysis is to decide what behaviour is desired to be improved or reduced. Behavioural assessment techniques are used to determine what the target behaviour is. Observation, interview, control lists, standard tests or behavioural evaluation processes should be used as behavioural evaluation techniques (Şirin, 2014). After the target behaviour is determined, the target behaviour is

clearly defined and the behavioural objective is written with observable and measurable statements. Data is gathered systematically after the goal has been written and the intervention program has been started.

## **2.3. Methods for Improving the Behaviour**

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The main method used to improve behaviour in applied behaviour analysis is reinforcement (Kurt, 2012). Reinforcement is the type of stimulus that follows behaviour and increases the frequency of occurrence of the behaviour (Babayiğit and Erkuş, 2017; Şafak, 2014). Reinforcement practices can be used to have the individual gain new behaviours, to increase the frequency of existing behaviours, as well as replacing a behaviour, desired to be reduced, with a positive behaviour. There are two types of reinforcement; positive reinforcement and negative reinforcement. Positive reinforcement is a stimulus given after a behaviour that increases the frequency of recurrence of that behaviour (Can, 2005). But the important thing is to give this stimulus immediately after the behaviour occurs. Negative reinforcement increases the likelihood of recurrence of behaviour in the future with the presence of a stimulus after the behaviour (Can, 2005). Strengthening is performed in two ways, continuous reinforcement and intermittent reinforcement.

### **2.3.1. Reinforcement Schedules**

1. Continuous Reinforcement: Reinforcement of the behaviour whenever it is performed. This is the simplest reinforcement schedule, and easiest one to apply. Once the target behaviour has been made achieved, the other schedules should be switched to. It is the least fade-resistant reinforcement schedule.
2. Intermittent reinforcement: Reinforcement of the behaviour at a different rate and time. It is categorized into two groups in itself as ratio interval schedules and time interval schedules. Ratio interval schedules are divided as fixed ratio schedules and variable ratio schedules.
  - Fixed rate reinforcement: A fixed rate is specified. The reinforcement is presented when the behaviour takes place in the specified rate.
  - Variable rate reinforcement: A rate is specified to reinforce the behaviour and this rate is applied variably.

- In time interval reinforcement, when the period of the behaviour is desired to be increased, the reinforcement is given in specified time intervals. Time interval reinforcement is divided into fixed interval reinforcement and variable interval reinforcement.
- Fixed interval reinforcement: The behaviour is reinforced in a fixed time interval. It can be applied in two ways.
- Variable interval reinforcement: The duration of reinforcement of the behaviour changes. It involves the random reinforcement of the behaviour in specified time interval.

### **2.3.2. Positive Behavioural Support**

One of the behaviour improvement methods is positive behavioural support. Positive behavioural support is an approach which uses the principles of the applied behaviour analysis and which regulates the environment where the individual lives in order to improve her/his positive behaviours and make her/his develop new behaviours (Carr et al., 1999 cited in Erbaş, 2005). This approach aims to reduce individual's problem behaviours and increase appropriate behaviours. Positive behavioural support aims to prevent the problem behaviours of the students or to reduce the problem behaviours that occur by making environmental regulations according to functional analysis findings. With functional analysis, it is determined in which situation, where and how a problem behaviour occurs. When the cause of the problem behaviour is determined, the occurrence of the problem behaviour can be interfered with the necessary environmental regulations. When the function of the problem behaviour is determined according to the positive behavioural support program, problem behaviour is planned to be prevented before its occurrence by making necessary environmental regulations. The created plan includes information about under what conditions and how a problem occurs as well as information about the prevention methods. The necessary information about the preventive precautions to prevent the problem behaviour and moderate behaviour modification methods for problem behaviour are included in the created positive behaviour support program (Erbaş, 2002). The positive behavioural support program includes not only the individual and the teacher but the entire school and the living environment.

## **2.4. Methods for Reducing the Behaviour**

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Behaviour reduction methods goes from the most moderate to the least moderate hierarchically. The most moderate method is preventing inappropriate behaviours and in turn followed by differential reinforcement, extinction, response cost, break, excessive correction and punishment.

### **2.4.1. Preventing Inappropriate Behaviours**

The first method to reduce inappropriate behaviours is prevention methods. For intervention, the function of the problem behaviour should be first determined. The problem behaviour is usually exhibited;

- a. to gain attention,
- b. to gain an object,
- c. to avoid from an unpleasant situation-environment and to abstain-escape from work,
- d. to generate sensory stimuli (Apaydin and Aykut, 2018, Sucuoğlu, 2014).

Once the function of the problem behaviour has been determined, regulating the relevant environmental conditions and changing these conditions can reduce inappropriate behaviour. By monitoring behaviour and controlling the antecedent stimuli before the behaviour, the practitioner can prevent the behaviour from occurring. The reactions given to the behaviour are also as important as the antecedent stimuli in the methods of behaviour prevention. Positive or negative reactions immediately following the behaviour may increase the frequency of behaviour and may be reinforcing for behaviour. The occurrence frequency of behaviour may reduce when these conditions are identified and removed.

### **2.4.2. Differential Reinforcement**

Differential reinforcement is the process of reinforcing acceptable behaviour rather than problem behaviour in order to reduce inappropriate behaviours (Özyürek, 2010; Yücesoy-Özkan, 2015). Differential reinforcement is the presentation of reinforcement when the target behaviour is exhibited, and not presenting reinforcement when it is not exhibited. For the application of the differential reinforcement, it is first necessary to choose a reinforcement that can be regarded as important by the individual. Once the behaviour to be reinforced is clearly completed, the application is started. The increasing or sustaining of appropriate behaviour in

the differential reinforcement process is based on two basic reinforcement principles. In the first principle, behaviour is reinforced when appropriate differential stimuli are followed. In the second application, a target behaviour is reinforced while other behaviours are ignored. Thus, a reinforced behaviour increases while the ignored one reduces. There are five different applications of the differential reinforcement.

- Differential reinforcement of incompatible behaviours
- Differential reinforcement of alternative behaviours
- Differential reinforcement of other behaviours
- Differential reinforcement of low rates of behaviour
- Differential reinforcement of high rates of behaviours

#### **a) Differential reinforcement of incompatible behaviours**

The differential reinforcement of incompatible behaviours is the reinforcement of a behaviour which cannot be done simultaneously with the problem behaviour, which is desired to be reduced (Kurt, 2012). Incompatible behaviour can be identified as the desired behaviour which cannot be done simultaneously with the problem behaviour (Olçay-Gül, 2014). Reinforced behaviours are much more apparent in the reinforcement of incompatible behaviours during which the physically inappropriate behaviour is reinforced with a behaviour which cannot be done simultaneously. In the process of differentiation of incompatible behaviours, a behaviour that cannot be done simultaneously with the problem behaviour is determined and the appropriate behaviour is reinforced while inappropriate behaviour is ignored.

#### **b) Differential Reinforcement of Alternative Behaviours**

Differential reinforcement of alternative behaviours is the reinforcement of more appropriate behaviours instead of inappropriate behaviours aimed to be reduced (Kurt, 2012). In the process of differential reinforcement of alternative behaviours, it is not possible to select behaviours which cannot be done physically at the same time with the problem behaviour; which is the case in the process of the differential reinforcement of opposite behaviours. Instead of problem behaviours, a behaviour that is considered appropriate in the social sense is determined and this behaviour is reinforced.

**c) Differential reinforcement of other behaviours**

Differential reinforcement of other behaviours is a reinforcement process in which the problem behaviour is not exhibited during the observation interval or the period determined, this situation is reinforced at the end of interval (Kurt, 2012). Other behaviours occurring during the specified observation interval are not taken into consideration and the time is started from the beginning if the problem behaviour is observed during the observation period. Reinforcement of other behaviours can also be used if a few inappropriate behaviours are not exhibited during the observation interval. In the process of differential reinforcement of other behaviours, after the time interval during which inappropriate behaviour is not exhibited, any appropriate behaviour of individual or the situation in which the behaviour is exhibited by individual is reinforced (Olçay-Gül, 2014).

**d) Differential Reinforcement of Low Rates of Behaviour**

Some behaviours can be defined as inappropriate when they are exhibited more than normally exhibited. Distinctive reinforcement of low rates of behaviours is the process of reinforcing behaviours that are desired to be exhibited in less or less time, rather than in behaviours that are desired to be eliminated (Kurt, 2012). When the individual exhibits behaviour at a determined level, reinforcement is given. Strengthening infrequent behaviour is a particularly useful technique when it is aimed at reducing the frequency of excessively occurring behaviours.

**e) Differential Reinforcement of High Rates of Behaviours**

It is the reinforcement of behaviours that are present in the child's repertoire but are not exhibited with sufficient frequency. For example; the student says "thank you" when asking for something or "thank you" after given something. However, the student exhibits more frequently the behaviour of asking for something or permission without saying "please". In this method, the occurrence of asking for something by saying "please" is aimed to be increased while the occurrence of unauthorized requesting behaviour is aimed to be decreased.

### **2.4.3. Extinction**

Extinction is the gradual reduction of the intensity or frequency of target behaviour through withdrawal of reinforcement from a previously reinforced behaviour (Kurt, 2012; Özyürek, 2010). There are two forms of

extinction; methodical and functional. The methodological form requires ignoring the inappropriate behaviour while the functional form requires withdrawing the reinforcements that follow the inappropriate behaviour (Olçay-Gül, 2014). In the extinction process, the stimuli that follow the unwanted behaviour are withdrawn and the problem behaviour exhibited by the individual is ignored. It is very important to clearly identify the reinforcement that increases or sustains the unwanted behaviour in the application of this technique. When the extinction technique is used; all reinforcements that follow the target behaviour are identified and these reinforcements are withdrawn. Proper behaviours are reinforced while problem behaviour is ignored whenever it occurs. The practitioner must be consistent in the application of the extinction technique and the problem behaviour should be ignored whenever it occurs. The extinction technique is generally preferred in the treatment of problem behaviours exhibited to achieve interest and sensory stimuli. The treatment should be applied consistently when the behaviour comes back (the behaviour returns to the pre-treatment stage when the reinforcement is withdrawn) and when the burst of extinction is experienced (temporary increase in intensity or frequency of target behaviour after initiation of extinguishing application).

#### **2.4.4. Response Cost**

The response cost is the withdrawal of all the previously gained reinforcements in the event of exhibiting inappropriate behaviour (Özyürek, 2010). In order to apply response cost technique, the individual should be given reinforcement first. The individual should be given rewards before applying this technique. In the application of response cost technique, the occurrence of negative behaviours is aimed to be decreased with the withdrawal of earned reinforcements. If the number of behaviours is not decreasing or if there is no change, the application of the reaction of the reaction cannot be said to succeed. The response cost technique is applied in two ways: a) withdrawal of reinforcements and (b) the cost of extra response (Değirmenci, 2014). In the withdrawal process of the reinforcements, previous reinforcements are taken away from the individual exhibiting problematic behaviour, whereas in the cost of extra response method, the extra reinforcements given unconditionally by the practitioner are taken instead of the earned reinforcements.

### 2.4.5. Pause

Pause is the removal of the individual from the reinforcement resources for a certain period after the exhibition of inappropriate behaviour (Yücesoy-Özkan, 2015). The pause, among the behaviour reduction methods, is implemented in two ways: a) a pause application that requires separation of individual from the activity environment, and b) a pause application that does not require the individual to leave the activity environment. In practices that require the individual to be moved away from the activity environment, when the individual exhibits problem behaviour, he/she should be moved away from the activity environment and taken to a different environment. In the pause application which does not require the individual to leave the activity environment, when the individual exhibits the problem behaviour, she/he is not removed from the activity environment, only her/his participation in the activity is prevented. For both applications, the function of the problem behaviour should be determined and the application of the pause should be determined in accordance with the function of the behaviour before deciding on the duration of the pause. Applying pause technique on an individual who exhibits problem behaviour to escape from the activity will not contribute to reducing the problem behaviour of the individual. Care must be taken to ensure that the environment to where the individual is removed is not a rewarding environment or situation for the individual in order for the application to be successful (Sucuoğlu, 2014). Another important point is the duration of the pause. The pause should not be too long (2-8 minutes). Pause applications are implemented in two ways. Either the child is removed from the reinforcement resources or the reinforcements are removed from the child. In both applications, the individual gets away from the reinforcements and the occurrence frequency of problem behaviour decreases. When pause application is preferred, the individual should be removed from the reinforcement when the problem behaviour is exhibited, but she/he should be reinforced after exhibiting desired behaviours.

### 2.4.6 Excessive Correction

Excessive correction is the process in which the individual whose problem behaviours cause negative consequences for the environment corrects these consequences and makes the environment better than before (Yücesoy-Özkan, 2015). According to another application of excessive correction, the

individual is made to exhibit appropriate form of inappropriate behaviour she/he exhibits. The individual is made to exhibit this appropriate form several times after the inappropriate behaviour (Kurt, 2012). Excessive correction practices are based on a reduction in the frequency or duration of problematic behaviour by giving an unpleasant stimulus when the problem behaviour is exhibited.

#### **2.4.7. Punishment**

Punishment is the alteration of the stimulus that is presented after a behaviour and it reduces the frequency or duration of the occurrence of the behaviour in the future (Değirmenci, 2014). Punishment practices are applied in two forms; primary type punishment and secondary type punishment. The first type of punishment is the presentation of unpleasant stimuli in the environment following inappropriate behaviour and thus reducing of the frequency or duration of inappropriate behaviour. The second type of punishment is the withdrawal of pleasant stimuli following inappropriate behaviour and thus decreasing frequency and duration of occurrence of behaviour in the future (Kurt, 2012).

### **Conclusion**

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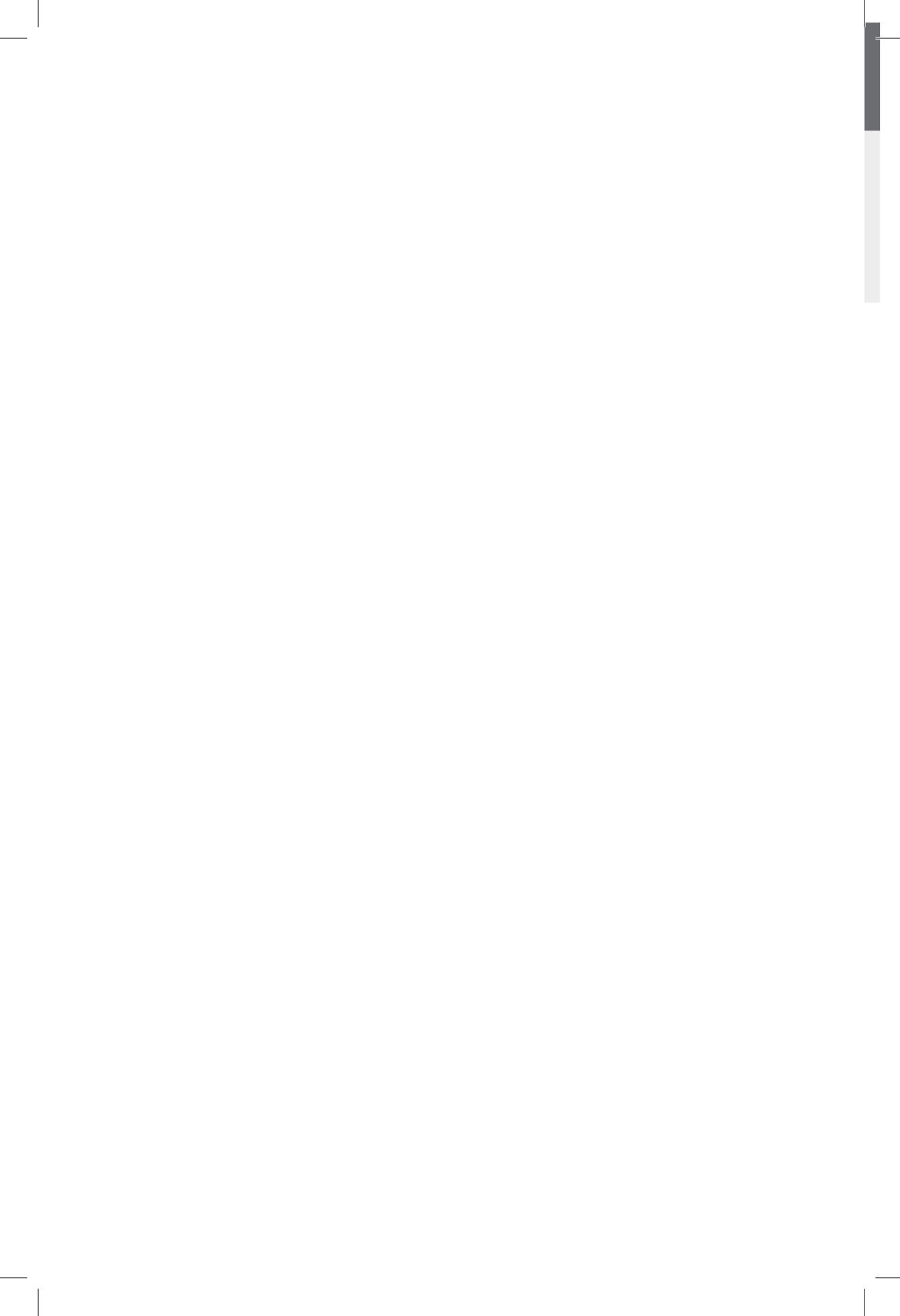
Behaviourists advocate that the behaviours should be examined within the natural environment, not within the social environment. Thus, the focus of the applied behaviour analysis based upon the behavioural perspective is the observable relationship of behaviour to the environment. Applied behaviour analysis can be successfully applied both in behaviour improvement and behaviour reduction.

The behaviour that is considered as the primary goal in the analysis of applied behaviour should be expressed in an observable and measurable manner. Once the behaviour is observed and the stimuli that occur before (antecedent) and after (consequence) the behaviour are identified, the behaviour is clearly defined, and any condition leading up to the behaviour is identified. When antecedent stimuli leading up to the behaviour are determined, interventions are made to prevent the occurrence of problem behaviours and behaviour prevention studies are carried out. Behaviours that cannot be removed with prevention efforts can be removed with behaviour reduction techniques ranging from the most moderate to the least moderate.

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# PARENT TRAINING

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**F**amily is a union of individuals who have historical, emotional and economic as well as biological or psychological ties, who regard themselves as the members of the same house (Gövebakan and Duyan, 2015, p. 29). Starting from the birth, the most functional and indispensable institution for the individual to achieve the expected physical, mental, social and moral adequacy is family. Individual's mother, father and siblings are the last person for the individual to leave. Boss, friends and relatives can move away an individual who has difficulty in coping with her/his problems from their lives. However, it is more difficult for a family to move away from one of its members.

The problem that one of the family members' experiences can change the life balance of all the individuals in the family. The gravity of the problems has the potency to change and influence the family structure and the distribution of duties within the family. Substance abuse is one of the gravest problems a family can experience. According to Ünal (1991), individuals abusing cannabis, LSD and heroin live a different, crooked life outside traditional family structure.

According to the 2016 World Drug Report, approximately 5% of the adult population, in other words approximately 250 million people aged between 15-64, appears to be abusing at least one substance in 2014. A total of 81,222 drug incidents occurred across Turkey in 2016. The number of suspects involved in these incidents have also been identified as 114,276 (Turkey Drug Report, 2017).

Alcohol addiction and drug addiction are important public health problems that harm the person, family and the society. In addition to serious mental and physical illnesses that addiction causes, it is the primary reason in the traffic and job accidents, injuries, deaths and killings, divorces, effecting children negatively, increase in domestic conflicts and tensions,

interpersonal relations breakdowns, legal and social problems and in various economic losses (Ünal, 1991). Approximately one-third of the detainees and convicted adolescents were found to be under the influence of substances while committing crime. This finding indicates the existence of a significant relationship between crime and substance (Ögel and Aksoy, 2007, p. 15).

In drug addiction, the family is at the centre of the phenomenon in terms of both its effects in the process leading the individual to addiction and the effect of addicted individual on the family. There are many studies in the literature related to genetic transmission of addiction. Among the close relatives of the alcoholics and substance addicted individuals, 60-70% were identified as addicted (Ünal, 1991). Familial risk factors pushing the adolescents to smoking, alcohol and narcotics abuse are generally assessed in two dimensions: genetic factors and family behaviour patterns, and family relationships (Kolay Akfert et al., 2009, p. 41). In the interventions intended for the juvenile detainees and convicts whose parents abuse alcohol and substances, it seems necessary for the family to participate in the treatment as well (Ögel and Aksoy, 2007, p. 15). Family training practices can be grouped as behavioural parent training and other parent training practices.

### **3.1.1 Behavioural Parent Training**

Behavioural parent training is a psycho-therapeutic intervention focused on changing parental-child interactions that have lost their functionality, aimed at helping parents gain the ability to use behavioural techniques to reduce the destructive behaviour and improve social skills of their children (Matthy and Lochman, 2016). It involves the treatment of the problematic, incompatible, destructive or aggressive behaviours of children on the basis of evidence. This treatment is defined in the international literature as Parent Management Training or Behavioural Parent Training.

Behavioural Parent Training emphasizes the role that parents play in the development and control of the anti-social behaviour developing in their children. Accordingly, many of Behaviourist Parent Training intervene within the framework of the following assumptions (Dumas, 1989, p. 206; cited in Serketich and Dumas, 1996, p. 172):

1. Human behaviour is an unexpected function of reinforcements and punishments to which individuals are exposed during their daily interactions with the environment.

2. Anti-social behaviour is learned and sustained by positive and negative reinforcements (e.g. social attention, avoidance) that children receive from social agents and especially from the family.
3. Therapy ensures that children's social behaviour results in positive parent reinforcement and tries to make a shift in social risks. In this way, children's urgent behaviours are controlled by means of punishment or ignorance.
4. The maintenance and generalization of treatment learning outcomes is based on the positive reinforcement process. As the parents and children change the reinforcements through the newly acquired interaction patterns, this pattern will protect itself in time and generalize to new situations.

Behavioural parent training programs, shaped by these assumptions, are actively employed in the treatment of following problems;

- ADHD (Attention Deficit and Hyperactivity Disorder)
- Aggression
- Anger-control disorder
- Defiance
- Impulsive behaviour
- Noncompliance
- Parent-child conflict
- Parenting struggles
- School problems
- Drug addiction

According to the Association for Behavioural and Cognitive Therapies, "Parent training represents a therapeutic approach in which parents will increase the desired behaviours of their children, reduce children's non-compliant behaviours, improve parent-child interactions, and bring a positive family atmosphere (Url-1, 2018). This approach, designed to help parents create behavioural changes in their children and help them to change their own behaviours, provides important gains in recognizing substance use / addiction and their characteristics, and the family turns into a decisive actor in the desired change in the children."

During the training sessions with a behaviourist approach, parents learn how to carefully monitor their children's attitudes at home. Thus, a healthy data collection process is carried out before the solution to the current problem. For example, the behaviours of the individual using the substance in the home are differentiated, their social relations and ties are weakened, their social skills decrease and their school success decreases. The family is expected to recognize and identify all these changes before the solution.

Behaviours exhibited by children are taken under control with the skills taught to parents such as praise, positive attention, rewarding, determining correct rules, managing privileges, time management and neglecting bad behaviour (Evans, Owens & Bunford, 2013). In order to prevent the substance addicted child from losing her/his interest for the family and to create the desired change (eliminating addiction), the child should actively and consciously participate in the process, rather than giving her/him prompt and uncontrolled warnings. Thus, how and when the skills taught to parents are used is another issue. Because even the most effective skill used at the wrong time or in the wrong place blocks the desired behaviour changes.

The main training sessions followed by parents' behavioural training programs are carried out in a sequential system, and they are consisted of following eight steps (Url-2, 2018).

1. Establishing rules, structure and consistent routines in the house.
2. Learning to praise appropriate behaviours (to criticize bad behaviour at least five times and to praise good behaviour at least five times) and to ignore mildly inappropriate behaviours (choosing the wars).
3. Using the appropriate commands.
4. Using "when...then" contingencies (withdrawing rewards or privileges in response to inappropriate behaviour).
5. Planning ahead and working with children in public places.
6. Time out from positive reinforcement (using time outs as a consequence for inappropriate behaviour).
7. Daily charts and point/token systems with rewards and consequences.
8. School-home note system for rewarding behaviour at school and tracking homework.

Some families can learn these skills quickly in the course of 8–10 meetings, while other families—often those with the most severely affected children—require more time and energy.

Behavioural parent training is carried out in a linear line on the axis of therapist-parents-child, and active participation of each actor is effective in the successful outcome of the process. It is an essential part of parents' training that parents motivate their children to make better behavioural choices, as level of awareness and internal motivation of children are usually limited and insufficient for making long-term, positive behavioural changes. In this respect, parent training emerges as a more scientific and effective method than therapy styles focusing on only the child, not the family.

### **3.1.2. Other Parent Trainings**

In the recent years, the works on the importance of family training have been given more emphasis in the world. Various programs have been systematically planned and organized towards families on issues such as the children development and education, elimination of negative behaviours, raising awareness about children raising, development of positive behaviours towards children (Tezel Şahin and Cehver Kalburan, 2009).

Cognitive Behavioural Therapy approaches are a theory that is developed by integrating the basic principles and techniques of cognitive and behavioural therapies. The fact that the emotional reactions originate from the way the events are perceived is the essence of Cognitive Behavioural Therapy (Piştof and Şanlı, 2013, p. 183). In Cognitive Behavioural Therapy, the patient and the therapist evaluate the autonomous thinking by means of Socratic questioning, evidence analysis, perspective change, benefit analysis, thinking mistakes (Akkoyunlu and Türkçapar, 2013, p. 57). The Socratic method is seen as a fundamental part of cognitive-behavioural therapy by Beck and Ellis, the founders of cognitive therapy. This method ensures that the client is aware of important cognitions besides questioning her/his current cognitions (Türkçapar and Akkoyunlu, 2012, p. 20). The aim in cognitive behavioural therapies is to ensure that the client obtains rational and functional judgments instead of irrational and non-functional judgments.

Psycho-educational programs based on the Cognitive Behavioural Approach show that parents participating to these programs acquire various skills and they use these skills to deal more effectively with problems such as marital conflict, depression, attention distraction, hyperactivity and addiction. While some of these programs are designed as a single module

for one purpose only, some of the programs include various modules. Researchers (Nixon, 2002) argue that programs designed for parents should be multidimensional because family is a system and there is no single cause of problems within the family. The content of these prepared programs includes some intervention methods such as problem solving and communication skills training of Cognitive Behaviourist Approach, self-instruction, cognitive restructuring, positive parenting practices, awareness of marital beliefs and expectations, and changing irrational thoughts, which are tailored in accordance with the needs of target group (Pehlivan, 2014).

According to a study by Gunderson (2004), family training and stress management training for a group of families was planned and implemented to determine the effects of family training and stress management training for families with preschool children. Family training lasted 7 weeks and stress management training lasted 4 weeks; half of the families received family training and then stress management training; the other half received stress management training first and then family training. At the end of the study, the family training program contributed to improving the positive behaviours of the children and reducing the stress of parents about their children; stress management program contributed to reducing parent-based stress. In addition, it was seen that families felt more satisfied as parents after the training, and families who first received stress management training in the program felt happier than other group who received family training first (Tezel Şahin and Cevher Kalburan, 2009). These training programs contributed greatly to raise awareness of families. These training programs are planned and carried out within the framework of behavioural approach.

Parent training is also considered to have a very important effect on substance addicted individuals. One of the social studies on this subject is awareness raising trainings. These training programs include issues such as what the parents should know about drug addiction, what are the protection methods, what is the treatment process and how to communicate with the addicted individual. In these training programs, it is especially emphasized that parents' attitudes towards substance addicted family member. The most important of these attitudes are as follows:

- Not judging
- Avoiding giving advice /lectures and moral lessons
- Avoiding threatening sentences

- Not interrogating, not requesting the children to constantly give reports
- Not using diagnosing sentences starting with the phrase “I think you...”
- Not giving orders
- Listening actively and trying to understand the children
- Being a model by eliminating any addictive habit
- Getting acquainted with the addicted individual’s friends
- Keeping in touch and chatting a lot
- Being frank
- Teaching the addicted individual that she/he can say “No”
- Setting boundaries and being consistent
- Talking about health and modelling as a healthy individual.

Studies investigating the relationship between drug addiction and family have focused on the substance abuse status of the other members in the family. In such cases, the family members take mother, father or other substance abuser family members as models. Studies in this field show that substance abuse of parents is a predictor of substance abuse of their children; there is a strong association between parents’ substance abuse and their child’s substance abuse (Bircan and Erden, 2011). In this regard, parents are expected to play a role and given *modelling training* seminars which aim to improve parents’ attitudes and behaviours. Parent training modules are given by teaching parents the reinforcement, prevention of inappropriate behaviour, extinction, response time, break and punishment, and other techniques used in the conflict resolution in the family as well as role-model training.

For the rehabilitation of addicted individuals together with their families, the appropriate techniques among the following behavioural family therapy techniques are employed (Kesici et al, 2017):

- Caring days,
- Incomplete prompts,
- Guided imagery,
- Contingency contracts,
- Classical conditioning,
- Coaching,
- Extinction,

- Positive reinforcement,
- Quid pro quo (receiving something in return of something),
- Reciprocity,
- Shaping,
- Systematic desensitization,
- Break-isolation,
- Scheduling,
- Premack principle

Cited in Aydin (2014), Ginsburg and Schlossberg (2002) suggest that parents should be prepared for triggers that cause the problem to recur and form a “future action plan” on how to deal with these triggers.

As a result, Cognitive Behavioural Therapy (CBT) in substance use disorders aims to help patients achieve their goals of protection from harmful and addictive substances and acquire new life skills. Family is the most functional factor in this process. For this reason, parent training is systematic education that enables family to play a positive role in solving the cyclical problem in the rehabilitation of substance abuse.

## Conclusion

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There is a significant role for parents in the treatment of substance abuse and in solving the different problems caused by drug addiction. Parents need to have knowledge and consciousness about how the drug addicted individual should be approached and what the individual should pay attention to. Shaping of the communication with the drug addicted children within the framework of behavioural approach is possible with the training of families via parent training programs. Thus, it is possible to change the patterns of wrong behaviour while strengthening the relationships of the parents with their children.

Apart from the behavioural approach in which parents are actively involved, mixed methods based on cognitive-behavioural approach are also functional. Each of these methods correctly identifies the current situation of family members and creates a roadmap to obtain the desired changes and results through healthy communication channels. Thus, training parents to actively participate in the solution of drug addiction problem appears as an important solution tool.

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# COMMUNICATION AND FAMILY

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## Introduction

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Information exchange between people is called communication. Communication is derived from the Latin word “communis”. The word “communum”, which means “common”, has entered into English language as “communication”. The feature in the concept points to the importance of common meanings, concepts and symbols for communication. Communication is defined as a dynamic process, based on this approach, starts with a conceptualization of the sender's ideas, and then transmits them to a recipient through a channel and who gives feedback in the form of a message or signal in the given time frame. Communication, as a process, can be defined as the sending and receiving of phenomenon such as information, emotions, etc. between people via common symbols. There are hundreds of definitions for the communication in the literature. In 1969, conducting a study to give information about chaos, Dr. Frank E. X. Dance from Wisconsin University investigated tens of definitions of communication, published in 1970, and determined three main categories based on conceptual similarities. As a result of this analysis, Dance (1970) developed a comprehensive definition for everyone. According to Dance (1970), "...communication is a process in which we understand others and then they understand us. This process is dynamic and constantly changing in response to the total situation".

People live together as they are social beings. One of the most important elements ensuring this situation of living together is communication. Successful and sufficient communication is necessary for a strong bond between people. Another approach explains the emergence of communication as a result of the problems arising between people.

Communication is a phenomenon that has emerged when people exist. As will be mentioned in the following lines, human beings have been influenced by and influenced the environment throughout history. There are

many works such as the forms drawn in the cave, the inscriptions on the stone, the hieroglyphic writings of the Egyptians, which reached to present time as evidences. Even the American people's smoke communication systems and the drum sounds used by the African inhabitants, which are explained in many studies, are some of the solutions that mankind has used for communication needs throughout history (Yüksel, 1994). All of the arguments mentioned so far are just some of the evidences regarding the compulsory nature of communication for the humankind. It is unusual for a person to live on his own. Throughout history, people have come together to form communities. As people have many reasons to live together, the first requirement of living together is the need for individuals in the community to deal with each other and to talk with each other.

From the beginning of their lives, people are in communication with many people and objects in their daily lives. In addition, they are in communication with institutions which people establish as a necessity for living together in a community. In other words, communication is a necessary skill for the establishment and maintenance of the daily interactions of people between themselves and institutions. Humankind purposely or inadvertently start to affect the environment or get affected by it as a result of the interaction. This bi-directional interaction continues and it creates our emotions, our knowledge, our manners. As can be understood from this, Usluata (1995) emphasizes the importance of understanding, learning and explaining concepts for communication. The author expresses that people communicate with each other in this way.

We are constantly in communication whether we are aware of it or not. People use communication tools to keep track of events in their environment, learn news, get new information, and get news from their acquaintances. Considering the number of platforms and devices we use while continuing our daily lives, as well as the multi-tasks our routine tasks require, most of us are quite good communicators. People who use these communication tools very well are called "digital native" in the literature. Almost in every field, communication specialists are wanted to plan, implement, execute and evaluate marketing communication and programs. Job descriptions of these specialists now include the ability to support new product launches to patients and health professionals. In this role, we can list project management skills to improve marketing communications campaigns, such as product messaging and concepts, print and electronic promotional tools, magazine and digital advertisements,

mobile applications, websites, digital media content published via social media channels.

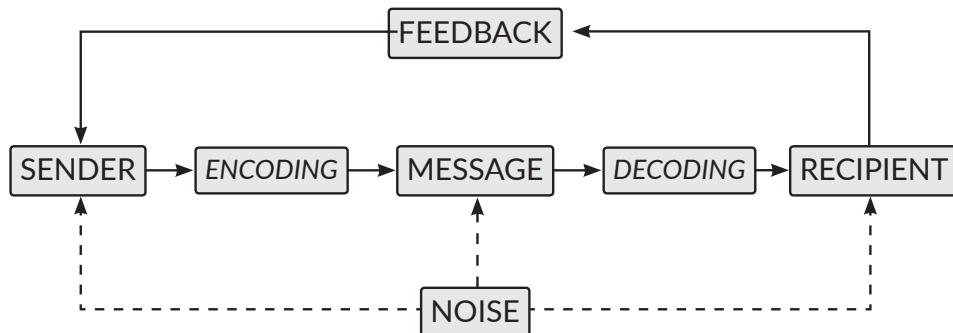
These advanced tools of information communication are now becoming commonplace due to the necessity of using technology all over our lives; e-mail, forums, chats, audio-visual conferences, blogs can be listed for individual and mass communication.

#### **4.1. The Communication Process**

Dance (1984) pointed to two basic conceptual aspects of the communication process - 'transfer of knowledge' or 'interaction' and the existence of a person involved in this transfer. According to Dance (1984), this interaction is within the reference frame of a particular situation. Since the information is not abstract, that is to say untouchable, the perceptions of the sender and recipient determine exactly what has changed.

Communication occurs as mental images in a person who wants to transfer mental images to someone else. Adler and Towne (1978) define communication as a process between at least two people which will start when one wants to communicate with the other. These images may include ideas, thoughts, pictures, and emotions. The person who wants to communicate is called the sender (Source) (Figure 1). In order to transfer a video to another person, the sender must first convert or translate the images into symbols that the recipient can understand. Symbols are usually words, but they may also be pictures, sounds, or sensory information (e.g., touching or smelling). The mental images of a sender can make sense to others only through symbols. Converting images to symbols is called encoding.

After the message is encoded, the next step in the communication process is transmitting the message to a recipient. This can be done in various ways: through face-to-face verbal interaction, over the phone, through printed materials (letters, newspapers, etc.) or through visual media (television, photographs). The oral, written and visual media are three examples of possible channels of communication used to transmit messages between senders and recipients. Other transmission channels include touching, movements, clothes, and physical distances between the sender and recipient.



**Figure 1.** Communication Model

When a message is received by another person, a decoding operation takes place. As a sender must encode messages in the process of preparing for transmission through communication channels, the recipient must also translate and interpret the symbols and then convert them into images, emotions and thoughts that are meaningful to themselves. When the messages are decoded exactly as the sender has intended, the sender's pictures and the recipient's pictures are matched and effective communication takes place.

Source: Sender or the starter of the communication, speech and the person who conceptualizes the idea she/he plans to transmit to others.

Coding: The sender starts with the encoding process; here, she/he uses certain verbal or non-verbal methods such as symbols, signs, body movements, etc., to translate knowledge into a message. Knowledge, skill, perception, background, competencies, etc. of the source has a great influence on the success of the message.

Message: When the encoding is finished, the sender receives the message she/he plans to transmit. Message can be body movements, silence, sighs, voices, etc. or any other signal that triggers a recipient's response, such as written, spoken, symbolic, or non-verbal words.

Communication Channel: The sender chooses the environment in which she/he wants to communicate her/his message to the recipient. Communication channel must be carefully selected so that the message can be interpreted effectively and accurately by the recipient. The choice of media depends on the personal relationships between the sender and the recipient as well as the urgency of the message being sent. Oral, virtual, written,

sound, gesture, etc. Some of the commonly used communication environments are oral, virtual, written, sound, gesture, etc.

Recipient: the person for whom the message is intended or targeted. Recipient tries to understand the message in the best possible way, so the communication aim is achieved. The degree to which the recipient decodes the code of the message depends on her/his knowledge of the subject, experience, trust, and relationship with the sender.

Decoding: The recipient interprets the sender's message and attempts to understand it as best as possible. Effective communication occurs only if the recipient fully understands the message as the sender exactly intended.

Feedback: Feedback is the final step in the process that allows the recipient to receive the transmission and interpret it correctly as the sender intends. Feedback increases the effectiveness of the communication because it allows the sender to know the effectiveness of the message. Recipient's response may be verbal or non-verbal. When defined as an action that is influenced by the environmental factors of communication and provided with some feedback (DeVito, 1988), it may give a chance to determine how much the message is affected by these factors.

The feedback can be in any form, like any other message. It can be any message such as a smile, an affirmation, anger, a slap or a punch, etc.

Disruptive Effects (Noise): The difficulty with coding and decoding of images is not the only factor that influences the effectiveness of communication between people. Adler and Towne (1978) use the concept of noise to describe the physical and psychological forces that can disrupt communication. In other words, the unwanted effects occurring in the communication channel and affecting the message and thus communication between the sender and the recipient is called noise in the literature.

Difficulties between source, encoding, channel, message decoding and recipient can make the communication processes more complex. Discussing communication in terms of sender-recipient means one-way communication. However, human communication is usually a two-way process in which each side takes and shares responsibility. As the number of people involved in communication increases, the potential for coding and decoding errors as well as the potential for physical and psychological noise increase.

## **4.2. Family Communication through Technology**

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The family has a central role in the treatment of any health problem, including drug addiction. Family practice has become a strong and constant theme for many treatment approaches (Kaufmann and Kaufman 1992; McCrady and Epstein 1996). Substance addicted individuals usually are distant from family members and they are usually not on speaking terms with their family members. One of the main areas of conflict is related to the feeling of discomfort that occurs when someone drinks alcohol around an addicted individual who is in the recovery phase. The family may be helpless about what to do to eliminate the drug addiction of their family member. As explained more deeply in the relevant parts of the current book, many psychological techniques come into play here. A short reminder here will suffice in terms of bringing about the family and communication.

The repairment and elimination of resentment, hatred and similar feelings require honest and open communication between all members of the family. Any unspoken issue or issue must be addressed in order to step forward. Many families struggle with family communication issues to solve things covered up, but these things are not easy to overcome.

Discussions focusing on the addiction of a family member may be the most effective tool to address a family conflict. Most people deal with basic everyday problems until crises occur. The addiction is such a strong situation that affect each member in the family deeply. It is hard to get rid of addiction and the treatment usually requires the support of the family.

Family should be careful of some points for the treatment such as determining the triggers of the substance and alcohol abuse and eliminating these triggers, searching for positive people to support a lifestyle away from addictive substances. These are the best supportive practices in terms of communication.

The ecological perspective sees people as intertwined in various systems. The approach discussing addiction in terms of this perspective takes the individual as a part of family, and family as a part of the society. Kaufman (1999) identifies the ecosystem of the individual as family, peers (in addition to the ones that supported the individual in the rehabilitation), treatment providers, sources of support outside the family, workplace and problem of drug addiction as a legal system.

### 4.2.1. Media

Over time, the media is trying to take part in human life by taking advantage of developing technology to adapt to the needs and desires of today's society. It is appropriate to investigate the concept of media before the virtual communication.

Traditional media, or old media as named by some, have been used in the world of news, marketing and advertising for years. It typically includes traditional media, television, newspaper, radio and magazine advertisements. These forms of communication have been the ways to ensure that businesses reach both consumers and other companies for decades. While traditional media are effective, in recent years those who use new media to reach the target audiences have started to get more returns. Traditional media tools are the types of communication and mass communication that doesn't use the computer and internet concepts as well as that doesn't get the computer and internet concept involved in the process. These tools are, as mentioned above, printed publications such as newspapers and magazines; radio, cinema, television, and other audio and video media.

When we say mass communication, it is necessary to think of a form of communication sent from one source and oriented towards a lot of people, namely a mass. When it comes to mass media, it is the vehicles that carry messages in the communication process in which people are the recipients in the form of masses. The vehicles carrying these messages can be newspapers, radio, television, etc.

The developing technology, the prevalence of the computer, and internet accessed smart phones, the transmission of texts, audios, pictures and videos to the computers, namely their digitalization, have been accepted as the beginning of a new era. In short, new media can be said to be a term that emerges from digitization of messages.

New media refers to content that is easily accessible through many different digital media types. Each of these are a tool by which companies and institutions have the ability to easily reach individuals and other businesses. Digital media, or new media, consists of methods that are mostly online or that involve the Internet in a sense. When we look at the characteristics of the information society, we see that computerization and communication, trade, production and services are computer-assisted or entirely computerized. For this reason, information society not only uses new media tools, but also a large part of its communication is realized with

the help of new media tools. According to McQuail (2005), new media can be defined as the adding the new media methods including the internet to the traditional media, instead of new media replacing the traditional media (Flew, 2008).

#### **4.2.2. New Media Tools**

The new media is an all-inclusive term used for various electronic communications that might come to mind due to the innovations in computer and internet technology. Unlike the “old” media, which include newspapers, magazines, books, television and other non-interactive media; new media include web sites, online video / audio streams, email, online social platforms, online communities, online forums, blogs, internet phone, internet advertising, online education and more. The ability to adjust time and space in accordance with oneself (asynchronous) is one of the important features that distinguishes the new media from traditional media.

*Multimedia:* As its name implies, it is the integration of multimedia formats. These include text, graphics, audio, video, and so on. For example, a presentation that includes audio and video clips is considered a “multimedia presentation”. Education software including animation, audio and text is called “multimedia software”. CDs and DVDs are often considered “multimedia formats” because they can store large amounts of data and many multimedia formats require a lot of disk space. Due to improvements in computer speeds and storage, multimedia is common today. Of course, by adding the word “smart” to its beginning, multimedia now continues to encourage change from research, development and industrial perspectives on the latest developments in multimedia technologies, systems and applications.

Smart multimedia have helped the emergence of new technologies such as smartphones, televisions, IPTV, Mobile TV, etc. whose prevalence and acceleration have been parallel with the internet. Using multiple technologies in combination, multiple technologies provide an interactive and diverse user experience.

The new media is now effectively using the new developments of the digital world; 4th generation (4.5 G) Smart Mobile phones bring the most advanced multimedia services to users quickly. Nowadays, people are able to use the services they want or need (such as watching TV, accessing not just to audio, photo and text but also to mobile video transmission)

instantaneously, thanks to the wireless coverage areas and fast GSM data services wherever they are available via mobile phones.

*Interactivity:* Interactivity is the word entered into the literature with the emergence of computers. Interactivity is the “interaction” between the operating system or a computer program and a human being. In other words, interaction is the process of communication between people and computer software. Interactivity has taken its present form over time, with the development of the technology and the emergence of new services. After the necessary technical operations have been performed, it is possible for the viewer or recipient to get source and this interaction allows the program to be controlled on the inside. Starting from this point, the technology between the recipient and the source itself has been developed to provide this interaction in a simultaneous and reciprocal way. In summary, interactive communication is the exchange of ideas in which both participants are active and can influence each other, whether it is human, machine or art form. It is a dynamic and bi-directional information flow. For example, an online form may require a user to enter the desired information, and then pass the data in each text box to the user after processing these data in the necessary steps.

### **4.3. Developing Communication Skills of Family by Experts**

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In this section, it is aimed to give information about the ways of communication by using technology rather than emotional ways in order to communicate with the individuals and preparing the environments where they can get help at any moment. Nobody knows automatically how to talk to an addicted individual. Although people who have lived and worked with addicted people have found effective ways of communicating, the confusion of addicted individual is always difficult for the addicted individual and people around her/him. However, communication channels should always be gently kept open with an addicted individual. In this process, listening the addicted individual without criticism at least as much as talking will ensure the trust of addicted individual.

Gibbons et al. (2011) argue that e-health definition should be seen as an area where Web 2.0 technologies will be put into practice the concepts of thinking, attitudes, and commitment to global thought. Technology-based practices represent a promising method for providing effective and widely

convenient interventions for the substance addicted individuals undergoing the addiction treatment. However, limited access to communication technology (e.g., mobile phones, computers, the Internet and e-mail) can significantly affect the feasibility of these efforts and very little is known about the use of technology in abusive substance use. It is stated in the literature that the rates of access to the communication technology in the world and Europe are quite high. Looking at Eurostat's 2017 report, more than four in five (85%) of all households in the EU-28 had Internet access in 2016 while in 2007, this rate was (beginning of the time series for EU-28) 55%. Between 2007 and 2016, the proportion of households with substance addicted children who had access to the Internet has been found to be constantly rising relative to households without substance addicted children (Eurostat, 2018).

A recently published report suggests that web-based applications may help eliminate the inequalities in health and suggest adapting technology-based interventions and training for the people who have insufficient healthcare and limited healthcare literacy (Gibbons et al., 2011).

The use of computers and the Internet represents a single source of technology that contributes to digital divide and a comprehensive evaluation of a large number of communication technologies is needed to determine the extent of the distinction between individuals in a substance abuse treatment sample. McClure et al. (2013) noted that a variety of tools used in studies of technology use in patients receiving substance abuse treatment and in the use of appropriate technology integration for treatment efforts have contributed positively to the participation of substance addicted individuals in the treatment. Internet and email usage reporting was reported to be higher than computer use, which reported that some participants could access the Internet via the smartphone, but the data on the type of phone was not collected.

This work seems to have been limited in that it was carried out in the United States and was charged the calls and sms on the phone lines regardless of their direction (sending or receiving). Instead of this type of application, internet based and number independent free of charge services such as google hangout, Facebook messenger, WhatsApp are recommended, which can be used with different devices.

This communication is suggested as an easy and inexpensive way to benefit from social media environments for getting information. Especial-

ly, pages or closed groups can be established in Facebook and the individuals can be provided with uninterrupted support and communication by protecting their privacy. Another way to make regular announcements and reminders is to create an email announcement list that is easy, effortless, and can inform many people without revealing their identities.

Web 2.0 services such as blogs, wikis, multimedia applications, and podcasts can provide useful, inexpensive, and fast solutions for both substance addicted individuals and their families. These are called second generation web services.

#### **4.3.1. Second Generation Web Services (Web 2.0)**

With the development of technology, communication and interaction between people and working environments have changed at an unprecedented pace. Web 2.0, according to O'Reilly

“... is a network that covers all connected devices; Web 2.0 applications are the software that makes the most of the internal benefits of this platform: presenting the software as a continuously updated service, enabling more people to use it better, getting data from multiple sources including individual users, and mixing them together. It is data and services in a form that goes beyond the metaphor of Web 1.0 to create network effects and offer rich user experiences through “participation architecture” that allows others to remix” (O'Reilly, 2005).

Second-generation Internet services refer to social communication sites such as wikis, communication tools and collaborative platforms, where people produce and share content together (Franklin & Van Harmelen, 2007). Web 2.0 highlights the philosophy of sharing all information users can produce and gather instead of the internet tools. This thought pattern was easily entered into the literature as web 2.0 definition (Albion, 2008). As a result of this change, education and learning processes have also been significantly affected. Here people are starting to create user friendly online platforms for learning and teaching (such as web-logs, Facebook, Twitter, RSS, YouTube, Podcasts). These applications are Web 2.0 technologies that O'Reilly defines. Their most important feature is their user-friendly interfaces and the fact that they can be used even without the need to be computer literate.

The common features of Web 2.0 technologies have been explored in the literature by researchers through different concepts. Ahrens and Zaščerinska (2011) decompose the Web 2.0 technologies and investigate them through these components, some researchers classify these technologies in respect to their common characteristics (Franklin, & Van Harmelen, 2007; Thomas & Li, 2008; Virkus, 2008). Dawson (2007) focused on the question of what the structural features of Web 2.0 should be and listed these structural features as participation, standards, distributed structure, openness, modularity, user control and identity.

There are many reasons for the diversity and widespread acceptance of Web 2.0 technologies. It is worth noting here that these technologies, which have many applications, bring together people of all educational levels with a common ground. It would be appropriate to briefly describe these practices that unite people from many different sectors.

#### ***4.3.1.1. Blog:***

The word is derived from the combination of blog, web and log. Like an online magazine, it is a website that contains chronological entries of individuals. Blogs usually focus on a specific topic (economy, entertainment news, etc.) and provide forums (or comment fields) enable users to talk about each message. Many people use their blogs as a personal diary.

Blogs are used in communication to discuss and interpret issues that are determined by independent individuals. Now with weblogs, the individuals have started a virtual communication sent by an individual to a mass. Examples of websites that provide the opportunity to prepare and publish free blog are google blogger and WordPress. Twitter is the most popular micro web-log site of our day. In the blog environment, only authorized users or all Internet readers (if the author desires) can read and comment the messages. These comments are the most important dynamics of the web-log culture. By this way, communication and feedback between the author and the readers can take place, which is the feature of Web 2.0 (Fahser-Herro Steinkuehler, 2009; Theodosiou et al., 2008).

#### ***4.3.1.2. Wikis:***

It is a server program that allows users to collaborate while creating the content of a Web site. The term comes from the word “wikiwiki”, which means “fast” in Hawaii language. A wiki provides a simplified interface.

Knowledge of HTML is not necessary. At any time, contributors can review the history of the page they are working on or preview the Web page before publishing. The Wiki Web site operates based on the collaborative trust principle. The simplest wiki programs allow users to create and organize content. There is also a management component that allows more advanced wikis to accept or reject changes made by an appointed person. For the most commonly used wiki, Wikipedia is a great example. Wikipedia is a freelance multilingual encyclopaedia that anyone can edit. The database makes it possible for anyone to publish any kind of meaningful information on the Internet without technical computer and internet skills such as web page codes. Another outstanding feature is that it allows collaborative group work. Large documents can easily be created thanks to the wiki.

#### ***4.3.1.3. Social Networks:***

Social networking is a web site that brings people together, to share ideas and interests, or to make new friends. Such cooperation and sharing is called social media. Unlike traditional media, usually created by a few people (writers, editors, etc.), social media sites contain content created by hundreds or even millions of different people. A social network is software that allows people with similar interests to come together instantly or at different times and share information, photos and videos (Fahser-Herro & Steinkuehler, 2009).

People in social networks may participate to this networks as a personal or business venture. People participating in the social networks as a personal venture interact by using various media formats to discuss their lives and interests. The most popular social networks for this kind of familiar interaction are Facebook, Google+, and Twitter. Although these and other social networks can be used for commercial purposes, there are also other corporate social networks devoted to activities such as marketing and advertising. We can give Socialcast and Yammer as examples of popular corporate social networking platforms. Employees can be assigned to participate in social networks by defining a social media policy.

#### ***4.3.2.4. Multiple Environment Shares:***

The structures where the multimedia contents are stored and shared are probably the fields that witnessed the greatest developed in the Web 2.0 services. These widely used services are based on the idea of writable web

systems in which users contribute, who are not only consumers, to the production of web content, thus these services have been put into the service of great masses. Some of the best-known and most popular applications based on multimedia sharing include YouTube (video), Flickr (photo) Pinterest (virtual bulletin panel) and Odeo (podcast) websites, as well as some of the more commonly used applications for mobile phones, such as Instagram and Vero.

#### ***4.3.1.5. Audio Web-Logs and Podcasts:***

These were initially defined as audio web-logs and they emerged as a result of adding audio to the first web-logs. As soon as the standards are defined, they have started to be known as podcast thanks to Apple's well-known products (iPod and iTunes). Podcasts are voice recordings in which conversations, interviews and lessons are often recorded in audio file format (mp3, m4a, wav, etc.) and can be easily played on computers or various other technological devices such as mobile phones.

These are digital music, news or other media recordings that can be downloaded from the Internet to a portable media player. Podcast derived from compounding “P.O.D” (Portable On Demand) and “broadCAST”, meaning issuing, publishing.

In general, podcasts are distributed either directly through the manufacturer or through a content publishing platform. In addition to voice, podcasts now also offer other digital media such as video, e-books and radio broadcasts. Podcasts are used for various purposes, from news and fun to education.

Podcasts can be produced by anyone who wants to share and communicate with the world. In other words, these are not specific to media giants. Finally, Podcast websites follow the Web 2.0 philosophy and allows for the community creation and interaction. Podcasts are like a community of people sharing common interests because podcasts allow listeners to leave comments on each episode and to engage in an argument with other listeners.

#### ***4.3.1.6.RSS:***

It is an abbreviation for Really Simple Syndication in English. It is the term which means collecting Web feed formats that provide updated or shared information in a standardized way. Information can be website or

blog entries, news headlines, audio or video files. RSS documents usually contain complete or summarized text, metadata, author and publication information. RSS is a system that automatically notifies users when Internet content changes. Individuals can easily access RSS feeds with different tools such as personal mobile phones, computers, and tablets and access different multimedia products such as text, audio, video, and animation when they want them in their desired environment (Lan & Sie, 2010). For example, newspapers broadcast via the internet change headlines many times during the day. Viewers can receive updated news at any moment. At the same time, audiences can write comments on the news and view their comments on the website of newspaper with little delay, if not immediately. This is a very good example of the participation of individuals in mass communication. The fact that feedback with RSS is delayed for a short period of time is one of the most important innovations of virtual communication in the information society.

Voice and video calls, which were possible with the costly software and hardware in the past, now can be made easily and with high quality via the smart phones everyone owns. Here, as mentioned in many places, the elements that make up the communication are a whole and they consist of many components such as voice, words, accents, tone of voice, posture, namely the body language. In interaction, individuals reveal important details such as what they say and how they say the things they say.

Efficiency studies in communication have revealed that the effects of body language are greater than the sum of the effects of voice and words. The most important finding emerging from these studies is that the way the message is send is nearly 99 percent important in the communication. This situation especially reveals the magnitude of the problem we face in written communication (misunderstanding or communication accidents).

In order to establish an effective communication, we need to use our mimics, tone of voice, and body language correctly and effectively so that the messages that we send are not just words, but messages send to the others. These are also important points for the specialists supporting the substance addicted individuals and they should give importance to fine details in communicating with the substance addicted individuals and their families.

In the literature, 85% of the success in business life is due to correct communication while 75% of the defects are due to lack of communication. In addition to all these rates, there are research findings that 80% of

losses in business life are caused by poor communication. On the other hand, when specialists organize the communication between family members and substance addicted family member, it is more effective for the expert staff to understand the health and rehabilitation of both the individual and the family members in the treatment of addiction, and the voice tone and the body language are more effective than the words coming out of the mouths of people. In summary, it is possible to list body language, mimics, body posture, distance between persons (emotional and physical), tone of voice and fluency of speaking.

The most important indicator of developing effective communication skills is that an individual can explain herself/himself to other people and the environment. Explaining and the ability to explain are important concepts in this process. When expressing emotions and thoughts, how they are expressed is more important than what is expressed. It is a very important skill for a teacher to be able to understand a subject to the class in a manner that the students can understand. Thus while structuring sentences to communicate with someone, in addition to the chosen words, the posture and mimics of the speaker will ensure that the message is correctly communicated.

In addition to all of the above mentioned difficulties that can hinder effective communication among ordinary individuals in the community, the critical position of addicted individuals requires more attention and care while communicating with these individuals. Regarding this issue, Çetinkaya (2010) emphasized self-disclosure behaviour. Self-disclosure is defined as the individuals' opening up to get to be known better in interactions between individuals in the society.

Self-disclosure provides many social and individual benefits for the people. For example, it may be useful to apply this method in the communication between the family and the individual so that the relations of substance addicted individuals can be established more easily. It is also stated that self-disclosure behaviour plays an important role in the development, maintenance and continuation of the relationships the individuals establish. Whether the individual is approved by the society in the process of self-disclosure and whether she/he receives positive or negative feedback from others provides the accurate determination or change of her/his ego concept. Self-disclosure is also an important tool in shaping a close relationship. Personal information is shared as individuals open themselves by self-disclosure. Proper self-disclosure provides protection of privacy by

providing criteria for the sharing of private and confidential aspects of individuals through social control, reducing the risk of personal information being passed on to others.

## **Conclusion**

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The healthy communication of individuals and societies with one another is an effective relationship in solving many problems. Improved communication skills will prevent individuals from loneliness and creating problems. The interaction of institutions is as important as the interaction of individuals in the prevention of addiction.

Public institutions and NGOs inform people on the drug abuse in their activities for preventing the addiction and helping addicted individuals; giving information is an important practice to prevent addiction. The employment of mass media for these activities appears to be an important field. Conferences, seminars, public service announcement, advertisement, flyers and brochures explaining the harms of the substance addition on the individual and the society constitute the most important part of prevention activities. These activities, which aim to raise public awareness and eliminate drug addiction before it starts, are aimed at young people, because the drug addiction usually starts at these ages. In this context, informing activities are conducted aimed at public personnel, teachers, families, students, personnel of related institutions and organizations and military personnel.

In the last two decades, the internet has prevailed and thus, communication age has emerged; the development of various information and communication technologies has contributed to the fast and effective sharing of ideas and knowledge. These new communication technologies include email mailing lists, wikis, electronic bulletin boards, intranets, blogs and web-conferencing systems. Through these new forms of communication, technology-based interventions and training adaptation can be offered to help overcome inequalities in health care or vulnerable addicted individuals who avoid from personal contact.

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## **PART II**

# **DRUG ADDICTED INDIVIDUALS AND THEIR EDUCATION**

- Chapter 1** Literature Review
- Chapter 2** Addiction And Characteristics Of Addicted Individuals
- Chapter 3** Adolescence Period And Drug Addiction
- Chapter 4** Economic Effects Of Drug Addiction And Marketing Strategies For The Institutions Providing Addiction Treatment
- Chapter 5** The Legal Aspect Of Drug Addiction
- Chapter 6** Non-Governmental Organizations In The Fight Against Drugs
- Chapter 7** Intervention Approaches
- Chapter 8** Investigation Of Substance Addicted Individuals On Probation (Field Study)
- Chapter 9** Group Peer Interaction And Social Skills Development



# LITERATURE REVIEW

*Res. Asst. İhsan Kutlu*

## Introduction

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Although drug addiction is an important social problem, serious efforts are made to understand and solve this problem. Almost every country and even international organizations conduct field research to fight against drug addiction, develop projects for solutions, and implement treatment and improvement programs. In this scope, Turkish and international literature on the substance addition has been reviewed. This section presents a brief and concise review of drug addiction literature from Turkey, Germany and Spain. It should also be noted that the relevant literature is not limited to the research listed here. The literature is expanding day by day.

Although the literature on drug addiction can be divided into thematically different titles, this study outlines the literature as follows:

- General Information, Research and Reports on Drug addiction
- Drug addiction and Family
- Protective and Preventive Studies in Drug addiction
- Drug addiction Treatment and Rehabilitation
- Drug addiction and Psychological Features

### **1.1. General Information, Research and Reports on Drug Addiction**

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Drug addiction is a major problem for both Turkey and other countries. Countries are conducting various studies to solve this problem. Research can be conducted with the participation of certain groups, as well as can be conducted with the participation of institutions on national level. International reports are even prepared with the contribution of many nations. Such research and reports assist policy makers and planners in the fight against the drug addiction.

- Ögel, K. (2002). Türkiye'de madde bağımlılığı (Drug addiction in Turkey) (1. Baskı). İstanbul: IQ Kültür Sanat Yayıncılık

The study has been prepared with the contribution of many experts. The book contains the findings of three different studies on drug addiction. The first study is about the characteristics and geographical distribution of substance users. The second study includes interviews conducted with more than 300 substance abusers. The third study presents the results of a survey conducted in high schools in 15 different cities.

- Ögel, K. (2010). Sigara, alkol ve madde kullanım bozuklukları: tanı, tedavi ve önleme (Smoking, alcohol and substance use disorders: diagnosis, treatment and prevention). İstanbul: Yeniden Yayınları

This book is a very comprehensive study. It includes not only drug addiction but also smoking and alcohol addiction. The main topics in the book are the history of the substance, its prevalence, the reasons of addiction, risk factors, the diagnosis and evaluation of addiction, addictive substances, relationship between family and addiction, substance and psychiatric constellations, other addictions, addiction treatment, medical and psychosocial treatment, special groups (adolescents, street kids), HIV and substance abuse, alcohol and substance related politics, prevention efforts, laws and regulations.

- Yaman, Ö. M., Tuna, AS and Baykul, Z. (2015). Türkiye kimyasal bağımlılık çalışmaları bibliyografyası (1923-2014) (Bibliography of chemical addiction research in Turkey). İstanbul: Yeşilay Yayınları

Physical and psychological are two different manifestation ways of addiction. In addition, individuals may develop addiction to many different substances. Many different disciplines study drug addiction from different dimensions. This study constitutes a new bibliographical source for the interested researchers; it presents literature review in Turkey on drug addiction. A thematic classification of chemical addictive substances is presented and following categories are constituted: Cigarette-Tobacco, Narcotic and Volatile Substance, Medical Drugs, Addiction Treatment and Fight against Addiction.

- Ögel, K. and Onur, N. (2009). 99 Sayfada uyuşturucu ve gençlik (Addiction and Youth in 99 pages). İstanbul: İş Bankası Kültür Yayınları

This books contains basic information on drug addiction such as adolescents under the risk of drug addiction, recognizing addicted ad-

olescent, suggestions to the family of addicted adolescent, treatment options in drug addiction, different types of substances abused.

- Koçak, N. (2014). Türkiye'de uyuşturucu madde kullanımını etkileyen faktörler (Factors affecting substance abuse in Turkey). Unpublished Doctoral Dissertation. Ankara: Polis Akademisi Güvenlik Bilimleri Enstitüsü (Ankara: Police Academy Institute of Security Sciences)

This study is a basic research revealing the increasing trend of drug addiction in the recent years, and it focuses on substance abuse and related issues. Evaluations of substance addicted individuals, their families and the experts as well as the factors affecting the substance abuse are examined. While study reaches findings in line with the national and international literature, it discusses the subject in the context of Turkey. Through this research, the drug addiction problem is discussed from a broader perspective, allowing for the development of appropriate policies for the fight against it.

- Bababhanoglu, V. (2016). Kamu politikası yaklaşımı çerçevesinde Türkiye'nin uyuşturucu ile mücadele politikalarında toplumsal algı (Social perception in Turkey's fight against substances within the framework of public policy approach). Postgraduate Thesis, Konya: Necmettin Erbakan Üniversitesi, Graduate School of Social Sciences

Social policies and planning have an important place in the fight against narcotic and drug addiction. A high number of field research is required to create these policies. Prepared as a postgraduate thesis focusing on the fight against substance abuse in Turkey, this study has both theoretical and applied aspects. In the application conducted within the framework of study, social perception has been measured to determine Turkish citizens' awareness state of the fight against drugs. Study aims, among others, to make suggestions for the dysfunctions in the legislation, institutional structure and operation in Turkey.

- Álvarez A., Gamella JF, Parra I., (2017). The legalization of cannabis derivatives in Spain: Hypothesis on a potential emerging market, Adicciones, Vol. 29 Núm. 3, 195-206

This study focuses first on the cannabis consumption figures in Spain. Then, the situation of this substance in different production environments is examined. It is found out that when cannabis is produced through legal channels, it significantly reduces the prices of illegal markets. Thirdly, the relationship between price and consumption levels

is examined by analysing the demand elasticity of the substance. The decline in prices will likely result in an increase in the number of substance abusers and substance abuse. The study finally presents an assessment on the taxation of cannabis derivatives.

- Rossi, P., Blay, E., Costela, V., Torrens, M. (2018). Illicit drug policy in Spain: the opinion of health and legal professionals, *Adicciones*, Vol. 30 No. 1, 33-40

The relationship between substance abuse and crime constitutes a field of interaction between law and health. This work focuses on the views of law and health professionals on illegal substance abuse. A survey with multiple choice questions has been conducted with the participation of 230 health and legal professionals working in three different cities. Sociodemographic information as well as views on drug-related crimes and drug policy are included. This study, presenting the findings related to Spain, has found out that both health and legal professionals view measures alternative to prison as useful and they want these measures become prevalent. In addition, experts have assessed the regulations on cannabis abuse positively. While health care workers have viewed alternative measures more moderately; both groups prefer to restrict these sanctions in a recurrent situation. Both groups have again stated a low level of satisfaction from current addiction treatment (health) system. In addition, they stated a low level of satisfaction from the actual drug policies in Spain.

- 2017 Türkiye Uyuşturucu Raporu (2017 Turkey Drug Report) (2016 Verileri/Data), (2017). Türkiye Uyuşturucu ve Uyuşturucu Bağımlılığı İzleme Merkezi (Turkey Monitoring Centre for Drugs and Drug Addiction), Ankara

This report has been prepared with the contribution of all national institutions playing a role in the fight against drugs under the coordination of Department of Narcotics Crime, Centre for Monitoring Drugs and Drug Addiction (TUBIM), based on 2016 data. With this annually published report, the situation of drug abuse and the work has been done are presented clearly. It is an important resource for both field studies and academic studies.

- European Monitoring Centre for Drugs and Drug Addiction (2017). European Drug Report 2017: Trends and Developments, Bureau of Official Publications of the European Communities, Luxembourg.

This report contains up-to-date information on narcotics abuse in Europe. This information and analysis package has been prepared with the contribution of many national partners. Information packages for different European countries as well as for Turkey have been prepared. Policy makers and planners can use this report.

This year's report highlights changes in certain substances that cause death and illness. Narcotics abuse is changing over time. This change should be intervened with new strategies. The reports also provide an important basis for action plans.

## **1.2. Drug Addiction and Family**

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When society is thought to be structurally like a building, the family is the building stone and energy source of this building. As the building stone of the society, the family is an integral system within itself. Any event in the society in general affects its constituting part; that is the family. Similarly, an interaction can be mentioned between the family members. So any problem that any individual in the family is experiencing affects the entire family. Therefore, it may be necessary to assess the problems seemingly individual in the family system as a whole. Drug addiction should be evaluated with the aforementioned approach. In the case of the family, the role of the family in the prevention of drug addiction and prevention of addiction is foregrounded before this problem emerges; in addition, the role of the family in the process of rehabilitation and in the process of re-integration in the society cannot be overlooked. The family can be supportive positively in the whole processes of addiction when they are informed about drug addiction. In this respect, concise reviews of some of the studies related to families are presented below.

- Ögel, K. (2014). Bağımlı aileleri için rehber kitap: alkol, uyuşturucu, bilgisayar, sigara ve diğer bağımlılıkları olanların yakınlarına bilgiler (A guidebook for the families of the addicted people: information for families and friends of people with alcohol, drug, computer, cigarette and other addictions). İstanbul: İş Bankası Kültür Yayıncıları

Addiction doesn't only concern the addicted individual. In this book, Ögel gives information about both drug addiction and different addictions as well as gives information about the ways to eliminate these dependencies. The effect of the family of the addicted individual is not ignored. Addiction is explained by game metaphor. In this

game, the addict and her/his family are informed about the ways to end the game.

- Duyan, V. and Gövebakan, R. (2015). *Madde bağımlılığı ve aile* (Drug addiction and Family). İstanbul: Yeni İnsan Yayınevi

The abuse of substance between adolescents and young people is widespread due to the feeling of curiosity and close circle of friends. But drug addiction is a process. The families do not realize this process early. It is important for the families of adolescents to know how to behave before and after facing such a problem. Considering the fact that all the family will fight against the addiction problem, the families should improve themselves. This study is an important source for the families.

- Ünal, M. (1991). *Madde bağımlılığı ve alkolizmde aile* (Family in drug addiction and alcoholism). *Aile ve Toplum* (Journal of Family and Society). Year: 1 Volume: 1 Issue: June 2, 1991

The presence of an addicted individual in a family affects the entire family as a system. Sometimes factor in the family can lead to individuals to become substance addicted. In this study, the family relationships and interactions of the families in which a member is substance addicted have been examined. Both biological and psycho-dynamic factors related to addiction have been investigated. The subject is analysed in two chapters. In the first chapter, the familial factors in the way to addiction are presented. In the second chapter the effects of addiction on the addicted individual and her/his family are discussed.

- Yaman, Ö. M., (2014). *Uyuşturucu madde bağımlısı gençlerin aile içi ilişkilere yönelik görüşleri: esenler-bağıcılar örneği* (Opinions of drug addicted youth about family relationships. A case study of Esenler-Bağıcılar (İstanbul)). *Addicta: The Turkish Journal on Addictions*. Spring 2014 1 (1), 99-132

Considering the fact that family relationships are an important determinant in the lives of people, it is the main goal of this study to investigate the effects of these relationships on drug addiction. The analysis of the data, obtained from semi-structured interview conducted with the participation of 10 substance addicted teenagers and two neighbourhood resident taking care of these teenagers, was included in this qualitatively designed study. The data have been subjected to descriptive analysis. The themes are predetermined. A conclusion from the findings

of the study; family relations / family problems have prompted youth to abuse substances; these problems have also triggered or increased substance abuse. The key determinant in the behaviours of adolescents who run away from home or turned into crime are again the problematic relationships with parents. It has been observed that young people experience a more difficult time after their family learns about their substance abuse. Finally, study has revealed that parental attitudes are effective in the adolescence and later periods, much more important than acknowledged before. In this case, a healthy interaction with the parent is seen to be important in preventing the adolescent from substance abuse.

- Lippmann, E. (2013). *Drogenabhängigkeit: familientherapie und prävention: ein vergleich familientherapeutischer modelle bei der behandlung drogenabhängiger jugendlicher und vorschläge für die suchtprävention in der familie*. Springer-Verlag

(Drug Addiction: Family Therapy and Prevention: Comparison of Family Therapeutic Models in the Treatment of Substance-Addicted Adolescents and Family Drug Prevention Suggestions)

Drug addiction has many dimensions. For this reason, addiction can only be understood and treated in certain ways. Individual, bio psychological, familial and social factors are effective in prompting the youth to drug addiction. Addiction is not only alcohol, sexual, or nicotine. However, drug addiction emerges as a serious problem among young people due to its immediate and dangerous consequences. Being unable to cope with the changing crises of the adolescent life stage leads the young to deviant behaviour. There can be multiple reasons for drug addiction: personal history, psychosocial context - such as family. But addiction is not an inevitable destiny. Fight against addiction should be multifaceted. In this fight, treatment should be carried out together with preventive studies. This work studies family therapy models in the prevention and treatment of drug addiction.

- Sáez, JLR (2013). La importancia de la intervención con familias en la recuperación de la adicción a las drogas. *Familia*. 46 (2013). 31-41

(The Importance of Intervention with Family in the Fight Against Drug Addiction)

Addiction affects not only the individual but also the social environment in which she/he lives. Therefore, acting together with his or her family in the intervention of the individual will affect the end re-

sult. This article discusses the advantages and obstacles of involving the family in the treatment of drug addiction. The interventions Proyecto Hombre Association in Spain have made with the families in the fight against addiction are included in the study.

### **1.3. Protective and Preventive Studies in Drug addiction**

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The most effective fight against substance abuse occurs when addiction is prevented. In this context, it is crucial that people and their families should be informed about drug addiction in advance and have awareness. It is also important that the educators and people in different segments of the society have knowledge / awareness. In this section, some of the studies on prevention of addiction and protection from addiction have been briefly mentioned.

- Ögel, K. (2000). *Bağımlılığı önleme: anne babalar ve öğretmenler için kılavuz* (Prevention of addiction: guidance for parents and teachers). İstanbul: IQ Yayınları

It is a study aimed at eliminating the lack of information about the smoking, alcohol and other drug addictions. It contains both theoretical and practical information. What can be done to prevent child' and adolescent' drug addiction and how parents should behave about the subject are emphasized subjects. This is a study that carries the guideline for parents, teachers and other interested persons.

- Uzun, S. (2017). Lise öğrencilerinin madde bağımlılığı profilleri, madde bağımlılığından korunma konusundaki öz yeterlikleri ve önleme konusundaki görüşleri (High school students' opinions on drug abuse profiles, their self-efficacy in avoiding drug abuse and prevention from drug abuse). Master's Thesis. Cumhuriyet University Graduate School of Health Sciences

This study aims to construct a profile of drug addiction, to determine the self-efficacy related to the prevention from drug addiction and to determine the opinions about the prevention. 911 students in Sivas, Turkey participated in the study. The data were collected with Information Form, Questionnaire for Determining the Opinions on the Drug addiction and Self-Efficacy Scale for Protection Against Drug addiction. 38,7 % of the students reported that they themselves or people in their own circle are addicted to substances. The substances abused

were 32,8% cigarettes, 6,8% alcohol, 2,1% bonsai (phenazepam), 1,6% inhalants (glue), 0,7% cannabis and 0,4% ecstasy. The mean score of self-efficacy scale of students with and without substance abuse history was  $97,77 \pm 19,39$  and  $102,24 \pm 18,51$ , respectively. The difference was statistically significant ( $p = 0,01$ ).

According to the results of the study, the students with certain characteristics were found to have a high risk of starting to the substance abuse. These characteristics are: low self-efficacy in the protection from substance abuse, having any illness, being in the 17+ age group, attending to vocational high school, fragmented family structure, self-described aggression, parents' low education level, poor family ties, low school life satisfaction, low academic success.

- Kollmann, P. und Löbmann, R. (2017). Drogenkonsum unter studierenden der sozialen arbeit, prävention und gesundheitsförderung. February 2017. Vol. 12. Issue 1. 15–21

(Drug Abuse Among Social Work Students, Protection and Promotion of Health)

Education programs encircle nearly all countries in terms of their prevalence. Studies participated by students thus enables very easy access to individuals. Determining the substance abuse situation among students and providing students with the necessary support are important in the fight against the drug addiction. In this study, the substance abuse status of the students in the social service education process, one of the occupations working with drug addiction, was investigated and the relationship between the demands of the education programs and substance abuse was examined. 240 social services students were addressed questions online. It is found that one-third of the students use cannabis, 10 per cent of the students use sedatives or sleeping pills, and nearly a third of them take amphetamines. Cannabis and tranquilizers have been used especially for recovery times in their student life. To prevent substance abuse, this study suggests that students should be coached about strategies and alternative relaxation methods in terms of time management and personal care.

- Başkurt, İ. (2003). Gençlik, madde bağımlılığı ve korunma yolları (psiko-sosyal bir yaklaşım) (Youth, drug addiction and ways of protection (psycho-social approach). İstanbul University İlahiyat Fakültesi Dergisi (Journal of Istanbul University Faculty of Theology). Issue: 8.

This work focuses on substance, drug addiction and youth and covers the subject under five main topics. Definitions of substance and substance addiction; some types of substance; psycho-social causes that push children/youth into substance abuse; the link between modern medicine and the prohibition of Islamic religion for substance abuse; various ways of protection against harmful substances have been included in the study. Various suggestions have been given to protect against substance abuse.

- Evcin, U. (2016). Önleme stratejileri perspektifinden madde kullanımı ve okul temelli örnek bir uygulama: yaşam becerileri eğitim programı (Drug addiction from the perspective of prevention strategies and a school based case study: Life Skills Education Program). Unpublished Doctoral Dissertation. Istanbul University Institute of Forensic Sciences

Certain factors leading to substance abuse are mentioned. Identification of relevant factors in this context is necessary to prevent substance abuse. In this study, a universal-primary model was put forward to prevent drug addiction. School-based programs that prevent substance abuse are considered as effective. But assessing the success of works, whether they have achieved their aims, is as important as the works themselves. This study aims to determine the effectiveness of the Life Skills Education Program Against Addiction in Istanbul, Turkey. It has been found that school-based substance abuse prevention programs have increased the knowledge of students about substance and addiction, and reduced their false beliefs and increased their life skills. It has been observed that there is a decrease in the frequency and tendency of students to abuse substances. In this respect, it has been seen that the Life Skills Education Program Against Addiction is very effective in almost all variables related to prevention of substance abuse.

#### **1.4. Treatment and Rehabilitation in Drug Addiction**

Drug addiction is a multidimensional problem, and the interventions related to addiction are also multidimensional. Spiritual support, cognitive therapies, cognitive behavioural therapies, psychotherapies are various treatment methods that can be applied. In addition, various studies are carried out to prevent relapse after treatment. Because relapse is very common in drug addiction. Both public and private organizations have performed

various applications in this manner. Therefore, in the treatment and rehabilitation with health professionals, there is a need for a certain literature on drug addiction for different segments. A brief review of the literature is presented below.

- Akıncı, H. (2017). Madde bağımlılığı ve manevi destek (Drug addiction and spiritual support). Master's Thesis. Yalova University Graduate School of Social Sciences

Medical and social practices as well as spiritual support have an important place in the treatment and rehabilitation of substance abuse. The aim of the study is to investigate the role of the spiritual support that has been applied recently. Case study was the preferred method for the study. Interviews and observations were conducted. The topics covered in the study are the substances abused, the treatment methods applied, the evaluation of spiritual support, voluntary spiritual support practices of non-governmental organizations. Drug addiction was investigated with a case study of an association. The resulting data were presented in theme with the help of Integrated Religious Counselling Model with Cognitive Behavioural Psychotherapy Approach. Spiritual support is found to affect the addicted individual positively in moving away from the substance. According to the study, it can be said that religious belief and spirituality are supportive in moving away from drug addiction.

- Avcı, E. (2017). Madde bağımlılığı tedavisi görmüş bireylerde bilişsel davranışçı grup psikoterapisinin relaps eğilimi üzerindeki etkisinin sınanması (Testing the effect of cognitive behavioural group psychotherapy on the relapse tendency in individuals who have received substance abuse treatment). Unpublished Doctoral Dissertation. İstanbul Arel University Graduate School of Social Sciences

This study was conducted to measure the effect of cognitive behavioural group therapy. An experimental investigation has been carried out. Group therapy studies has been conducted in accordance with individual behavioural model. Pre-test, post-test model was applied. With the permission of the Ministry of Justice, 12 of the 24 participants were randomly assigned as the control group while the remaining 12 were assigned as the experimental group. Relapse prediction scale, Difficulties in Emotion regulation scales (DERS), Resistance Scale, General self-efficacy scale and irrational beliefs scale were applied. 13 weeks of therapy was applied to the experimental group. According

to the analyses performed after the post-tests, positive progress was observed in individuals receiving cognitive behavioural group therapy. There has been a significant decrease in the likelihood and desire of substance abuse. Cognitive behavioural group therapy was found to cause a significant decrease in the points of irrational beliefs and Difficulties in Emotion regulation scales and caused a significant increase in the points of Resistance Scale related to psychological persistence. As a result, it has been understood that cognitive behavioural group therapy can be used to give positive results in the treatment of drug addiction.

- Block, I. and Loeber, S. (2018). Evidenzbasierte Psychotherapie bei abhängigkeitserkrankungen (Evidence Based Psychotherapy for Addiction Disorders). *Der Nervenarzt*. March 2018. Vol. 89. Issue 3. 283-289

Addiction is a type of disorder, which is broad in scope. Addiction can develop for a behaviour or a substance. Behavioural addictions such as gambling, the internet, shopping as well as addiction to a particular substance such as alcohol, tobacco products or drugs can be mentioned. There are many different techniques used for the treatment of addictions. However, the proportion of patients receiving evidence-based intervention or psychotherapy treatment is low in outpatient treatment. The aim of this study is to identify new effective interventions for the effectiveness of different forms of psychotherapeutic treatment and to form suggestions for treatment practitioners. This is due to the systematic re-evaluation of empirical evidence. A comprehensive literature search was conducted for this purpose. 3 national guides, 2 reviews and 16 original works were reached in the literature review. In the treatment of addictive disorders particularly cognitive behavioural therapy, behavioural interventions and motivational interventions can be defined as evidence-based interventions. Hypnotherapy may be an alternative for tobacco addicts. Neurocognitive training and awareness-based interventions may also be new treatments for practitioners. As a result, it has been found that although the quality of current studies is high, the results are inconsistent and numerically insufficient compared to special treatment options. Future studies are required for different substance abuse disorders and group of patients with more advanced addiction.

- Polat; G. (2015). Madde bağımlısı ergenlerin, tedavi sonrası toplumla yeniden bütünlleşme deneyimleri: nitel bir araştırma (Re-integration Experiences of Drug-addicted adolescents after the treatment: a quali-

tative research). Turkish Journal of Family Medicine and Primary Care. 2015. 9 (4). 158-169

In order to be effective in the treatment of drug addiction permanently, it is necessary to be able to reintegrate into society after the treatment. In this study, which was carried out with qualitative method, 18 individuals, who were discharged from a drug addiction treatment centre Ankara, Turkey, were employed. In-depth interviews with participants were conducted. After treatment, adolescents were found to have difficulties in social relations, fighting against relapse, benefiting from education and employment opportunities, and being productive and play different roles in their new lives.

- Ateş, K. (2018). Madde bağımlılarının sosyal rehabilitasyonunda yerel yönetimlerin rolü-bursa ili örneği (The role of local administrations in the social rehabilitation of substance abusers - a case study of Bursa/Turkey). Master's Thesis. Hacettepe Üniversitesi Graduate School of Social Sciences

Social tools are very important in the rehabilitation of substance abusers. This study aims to examine social rehabilitation as local government service. The study is based on the sample of the Youth and Family Support Centre. The research is a quantitative study in which the general screening model is adopted. The study has been carried out with the participation of 140 of 489 substance abusers registered to Youth and Family Support Centre. It has been found that consultancy service plays an important role in making changes and contributing to policies related to addiction in social rehabilitation. Achieving success in addiction treatment in societies where social adaptation of substance abuser is low after the treatment is a remote possibility. Reintegration activities should be given focus for a healthy society.

- Secades Villa, R. (1997). Evaluación conductual en prevención de recaídas en la adicción a las drogas: estado actual y aplicaciones clínicas (Behavioural Assessment of Relapse Prevention in Drug Addiction: Current Situation and Clinical Practice). Psicothema. 9 (2). 259-270  
(Behavioural Assessment of Recurrence Prevention in Drug Addiction: Current Situation and Clinical Practice)

One of the most important issues in substance abuse after the treatment is relapse. Relapse is the return of the addiction. The addiction that is eliminated with the treatment may return later. This study exam-

ines the main strategies for evaluating processes in preventing relapse. Five types of strategy are proposed: self-monitoring, description of past relapses, relapse fantasies, direct observation and self-reports.

## **1.5. Drug addiction and Psychological Features**

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Drug addiction is a multifaceted problem. There is also a relationship between addiction and personal characteristics. Sometimes psychological features can lead to drug addiction or conversely drug addiction can also cause psychological problems. Therefore, the relationship between drug addiction and psychological features needs to be examined. This section presents a literature review studying these two subjects.

- Şahin, Ö. (2017). Madde bağımlılığı tanısı almış kişilerde benlik saygı ile sosyal fobi arasındaki ilişkinin incelenmesi (The relationship between self-esteem and social phobia in individuals having drug addiction). Master's Thesis. Haliç University Graduate School of Social Sciences

The objective of this study is to investigate relationship between self-perception and social phobia in individuals addicted substance. The research was designed quantitative method and were interviewed 157 people. Rosenberg Self-Esteem Scale and Liebowitz Social Phobia Scale were included in the questionnaire. According to the results of the research, it was found that there is positive and low significance between self-esteem and social phobia in addicted individuals. It was also found that there is significance between addiction period and social phobia in addicted individuals. In addition, it was determined that there is significance between age group and self-esteem in addicted people.

- Fink, A. and Hämmig, R. (2007). Drogenabhängigkeit: geläufige psychiatrische probleme. (Drug Addiction: Common Psychiatric Problems). Karger Medical and Scientific Publishers

Drug addiction is usually the cause or consequence of psychiatric disorders. In this context, drug addiction is an important field of mental health. Drug addiction and psychiatric disorders can also trigger different diseases simultaneously. This study provides an in-depth look at psychiatric conditions based on the concrete field experience of psychiatrists dealing with the treatment of drug users. This research is a practical guide for primary care physicians and health professionals in order to better define and treat their psychiatric problems.

- Duman, N. (2009). Hakkında denetimli serbestlik tedbiri verilmiş olan uyuşturucu madde kullanan hükümlülerde psikosomatik düşünce biçiminin rorschach testi ile incelenmesi (Investigation of psychosomatic thinking in drug-user criminals under probation employing the Rorschach test). Unpublished Doctoral Dissertation Istanbul University Institute of Forensic Sciences

There is a relationship between the abuse of drugs, individual's frame of mind and their psychological features. This research aims to examine the psychosomatic thinking style of substance abusers. The Rorschach Test was applied to two groups of 25 subjects. Results of 25 subjects abusing substances were compared with the results of 25 subjects not using substances. The differential cognitive processes, affective processes, object relations and social cohesion levels of these two distinct groups were assessed and analysed. Besides, the materials which could not be decoded were interpreted from a psychoanalytical viewpoint. The statistical test results and interpretations of undecoded materials indicated that drug users gave responses showing the poverty in their cognitive functioning, the flatness in their affective processes, the insufficiency in their level of symbolization, the unproductiveness and rigidity of their thinking, the inefficiency in their object relations and the increase in the level of their social cohesion. The significant difference was observed between the experimental and control groups. The existence of psychosomatic thinking in drug-user criminals is verified again.

- Sözen Şahiner, D. (2010). Uyuşturucu madde kullanmak suçu ile denetimli serbestlik tedbiri alan bireylerin sosyodemografik özelliklerinin ve rorschach kişilik testi yanıtlarının taraması (Determining socio-demographic variables and personality traits among substance abused probationers). Unpublished Doctoral Dissertation. Istanbul University Institute of Forensic Sciences

This is another study using the Rorschach Test with substance abusers, which found out that all individuals used the repression mechanism. Parental attitudes, body image, history of physical violence have been found to lead to a significant difference in the expression of aggressive and sexual impulsivity.

- Erbay, E., Oğuz, N., Yıldırım, B. and Fırat, E. (2016). Alkol ve madde bağımlılığı olan bireylerin başa çıkma tutumları (Coping Atti-

tudes of Individual with Alcohol and Drug addiction). *Türkiye Sosyal Araştırmalar Dergisi* (Turkish Journal of Social Research). 2016 (3). 597-609

In this study, it was aimed to quantitatively explore the attitudes of alcohol and substance addicted individuals. The COPE inventory that is developed by Carver, Scheier and Weintraub (1989) and the sociodemographic questionnaire were used as data collection tools in the study. 141 addicted individuals participated in this quantitatively oriented research. It is found that the coping attitudes most commonly adopted by the participants are positive reinterpretation and growth, focusing on and venting of emotions, active coping, and turning to religion. It is also found that the coping attitudes less commonly used by the participants are denial, humour (laughing it off) and behavioural disengagement.

- Demirci, M. (2016). Üniversite öğrencilerinde madde bağımlılığı ve intihar ilişkisi (Correlation between drug addiction and suicide possibility among university students). Master's Thesis. Istanbul Arel University Graduate School of Social Sciences

There is an important relationship between drug addiction and suicide. This study aims to reveal the relationship between drug addiction and suicidal tendency and suicide probability. In this manner, participants' substance abuse characteristics and suicide probabilities were determined; the relationship between substance abuse and suicide was investigated; and effects of mental problems on substance abuse and suicide were analysed. The Addiction Profile Index (API) developed by Ögel et al. and, Suicide Possibility Scale (SPS) finalized by Şahin and Batığün were used. There was a significant relationship between substance abuse, suicide probability and mental state (mood). It has been determined that alcohol, cannabis and various pills are most used substances, respectively. Significant correlations were found in scale scores related to dependence of individuals with the idea of self-punishment, suicidal ideation, suicide plan and attempt.

## **Conclusion**

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The multidimensionality of drug addiction has led to a widespread field literature. Almost every country has undertaken various studies to ensure that its citizens are not affected by this problem. In addition to the reports giving information about the subject, social research as well as various

reports have an important place in the fight against drug addiction. Based on these studies, the identification of people at risk, intervention proposals and social policy recommendations on addiction are being developed.

Family is another important issue in drug addiction. Family problems can lead to substance abuse, and substance abuse can also lead to family problems. The functions of the family in the fight against substance abuse or its effects on substance abuse must be examined separately. Several studies investigating the relationship between family and drug addiction have been presented above.

Drug addiction is a preventable phenomenon; the individuals can be protected from this problem. It is necessary to be knowledgeable and conscious about the subject in order to prevent individuals from drug addiction. There are various studies related to this subject in the literature. However, treatment and rehabilitation are not only the subjects of health professionals. Certain studies have to be conducted in order for the general public, including various public and private organizations, to have information about the subject. This section presented the related studies.

Finally, psychological features can lead to drug addiction or conversely drug addiction can also cause psychological problems. In this section, some of the studies on the relation between various psychological properties and drug addiction have been mentioned.

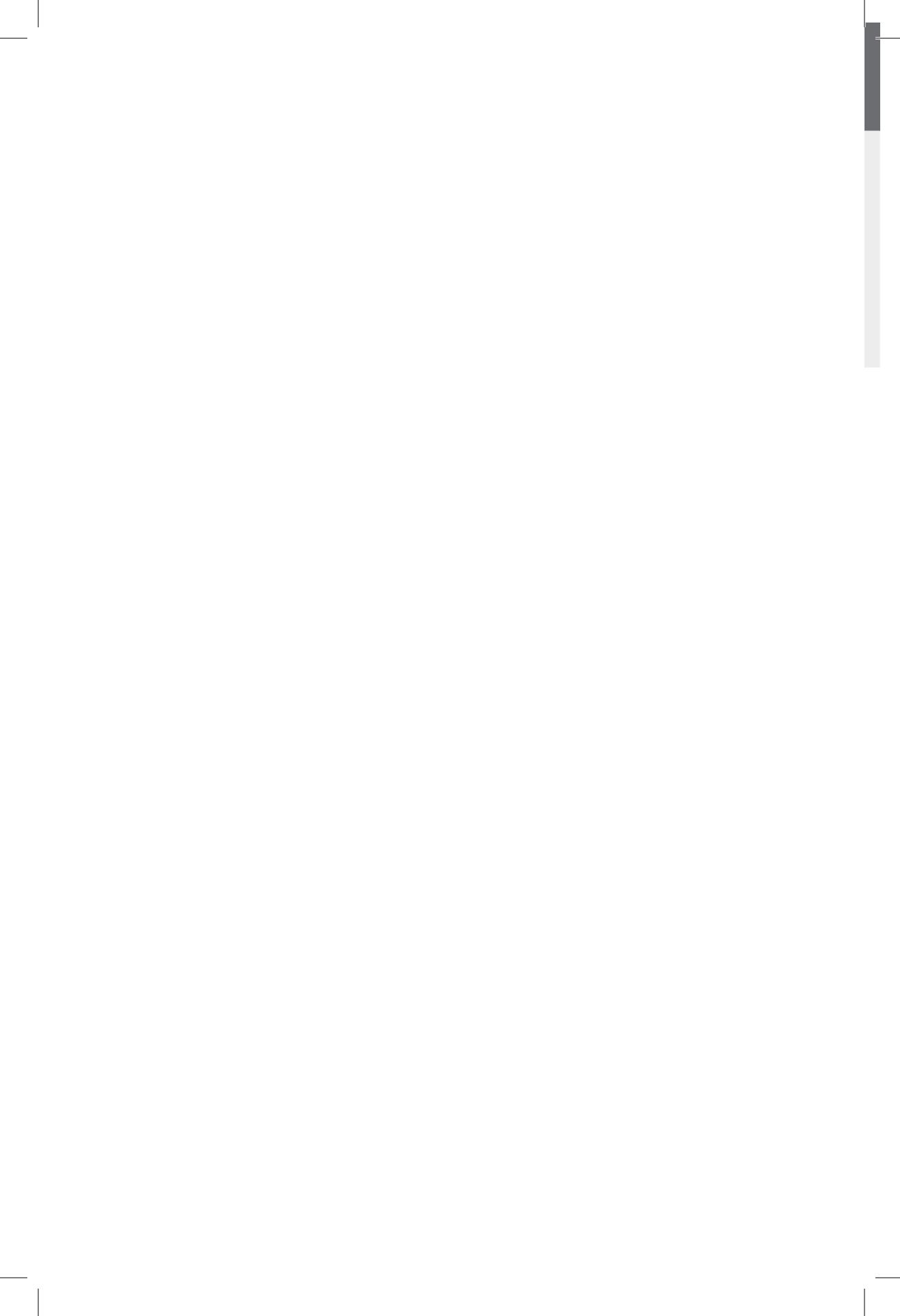
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# ADDICTION AND CHARACTERISTICS OF ADDICTED INDIVIDUALS

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## Introduction

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Drug addiction is a social phenomenon on which all societies contemplate and develop multidimensional policies to prevent it. The fact that drug addiction is prevalent in the youth and the age of use is decreasing incrementally day by day are worrisome. The variety of substances is increasing day by day and the access of young people to these substances is becoming easier. This situation increases substance abuse and affects age of use. Individuals who cannot give up their drug addiction turn towards the substances they can access easily or create new substances in their own way when they cannot find the substance they are addicted (Genç and Taylan, 2017, p. 187).

Drug addiction is the desire to abuse a substance which gives a false state of well-being to gain a certain effect; in spite of the physical, psychological and social problems that arise in the process of taking a substance. This desire cannot be stopped. Addiction arises as a result of a process that varies with the features of the substance abused (TGNA, 2008, p. 13). The habit of body, which is accustomed to an addictive substance, turns towards a substance which can be more easily reached when the body cannot find the same substance, making it susceptible to different substances. Thus, individuals begin to use more than one substance and are exposed to different traumas that each of them creates. These physical and mental traumas are constantly growing and progressing till the collapse of individuals' bodies.

## 2.1. Drug Addiction

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Addiction is defined by World Health Organization in 1964 as follows: "A state, psychic and sometimes also physical, resulting from the interaction between a living organism and a drug, characterized by behavioural and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence. This compulsion is caused by the desire to live the psychic effects that the substance has caused, or to resolve the uneasiness of the lack of substance". In this context addiction is the inability of individual in giving up the substance she/he is abusing in spite of the different efforts spent in order to give up, the emergence of withdrawal symptoms in the efforts of eliminating addiction, or the continuation of substance abuse despite knowing its harmful effects and having to use incrementally larger quantities of the substance. Addiction is the first thing to come to mind when substances are mentioned. Because the most prominent feature of the substances is their addictivity (Şahin, 2007, p. 4-5). If the substance is not addictive, the frequency of use will be reduced and it will not provide a false sense of relaxation and satisfaction to the body. Substance-producing mechanisms are increasing the attractiveness of substances by using addictive powders to increase demand.

Another definition of drug addiction is as follows: the habits that psychologically or physically developed for natural and artificial substances such as cannabis, heroin, alcohol, drug pills, thinner and similar volatile substances, which are abused occasionally or permanently (Çetin, 2013, p. 18). Individuals abusing these substances usually also prepare their mind for these substances and increase the attention of their bodies; as well as they regard these substances as saviours for themselves during their crises or hard times.

When international literature on drug addiction is reviewed, two fundamental approaches become apparent. The physical and physiological approach is the first one. According to this approach, addiction manifests itself as withdrawal syndrome and changes in the cerebral activities. Behavioural syndrome is the second approach. In this approach, physical and cognitive behaviour patterns are taken into consideration (Yılmaz, 2015, p. 60). In the general framework, it is sufficient for the individual to abuse the substance only once in order to be considered as a substance abuser.

For the individual experiencing this temporary pleasure and relief, continuity and following depressions are often inevitable.

The process usually follows a certain trend. Individual tries to give up the substance but fails to do so, increases the doses of the substance incrementally, revealing signs of withdrawal when she/he stops abusing the substance, spending most of her/his time looking for the substance (Ögel, 2002, p. 17). This situation of individuals who cannot abstain from using the substance are caused by the weakness of will and their inability to completely convince their brains to give up the substance. The thoughts such as "If I cannot find or use the substance, I will fall into depression" are repeated in the sub consciousness of the individuals, and thus they increase the abuse of substance and mentally persuade themselves. Getting rid of this situation requires both psychological and physiological support, and therefore great task falls to the experts of this subject and at the same time to the social common sense.

## **2.2. Reasons for Drug Addiction**

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Addiction, in which a substance abused in a certain quantity captures the brain and nervous system and causes mental and physical activities to be adversely affected and causes the individual to collapse afterwards (Yılmaz, 2015, p. 60), has multidimensional reasons; which cannot be eliminated by just removing one of the psychological, sociological, genetic or environmental factors. In other words, it is fed by a system that cannot be assessed through a single reason. Over time, the dynamics feeding substance use have changed or become diversified. Along with the increase of risk factors, conditions supporting this situation are also increasing (Şaşman Kaylı, 2016, p. 180).

The emptied values in today's evolving world have started a tough process for both young people and their families. In the past, individuals who spent time with friends or close relatives have begun to spend time in virtual worlds with the development of technology, to which individuals turns again when in distress and depression. The decrease of communication and the negative effects of changing world on the family institution have led youth to search for artificial happiness; and the feeling of dissatisfaction that they have experienced have increased the drug addiction as in many socio-pathological conditions.

There are many reasons for drug addiction considering the international and national social changes. One of them is the increase of the producers of substances on the world scale and the formation of a trade network reaching all the countries in the world. Evolving circumstances have triggered universal as well as local changes; and resulting in many negative consequences such as the disintegration of families, the lack of attention given to children, the increasing rate of dissatisfaction feeling of youth, searching for ways to get rid of this feeling, financial crisis due to the deterioration of living conditions and employment opportunities, various psychological problems, preferring to run away these problems instead of solving them, lack of communication. These consequences have all contributed to the drug addiction. Getting rid of boredom, unemployment and following financial problems, friend circle and imitation are especially the most common reasons. When an important value area in the life of the individual is empty, the individual often resorts to drug addiction or similar deviations (Ada and Peker, 2012, p. 435). It is possible to collect the reasons pushing the person to abuse the substance under three main headings;

### **2.2.1. Biological Factors**

The effect of biological factors is frequently examined in drug addiction; as with many socio-pathological problems. Genetic susceptibilities or transitions are examined by many fields such as genetics, psychology, sociology, social work, and interdisciplinary studies are carried out on the effects and results of tendencies and trends. Neurobiological studies, in particular, have shown that some genes are responsible for or contribute to the susceptibility to substances, alcohol and cigarettes (Karakülah et al., 2014, p. 290). However, the diversity of the studies and the complex presentation of the biological factors also raise questions about its creating uncertainty in the field (Karagöz, 2010, p. 11).

Neurobiological approaches to addiction are usually concentrated in the areas such as family studies, transmission between family and children, siblings and single-egg twins. For example, as the family ties are determined to play a role in alcohol addiction, the addiction was considered as a genetic transfer and research was undertaken to investigate this matter for a long period. Again, studies on twins reveal that genetic differences are important (Coşkunol and Altintoprak, 1999, p. 225-226).

Biological studies are carried out for the transmission as well as for treatment process. In particular, many genetic and pharmacological studies have been carried out in order to prevent relapses for treatment, and therapies have been updated in the light of nano technological developments (Toker Uğurlu et al., 2012, p. 46). While the biological factors are not fully adequate at the point of explaining the concept of addiction, the studies carried out contribute greatly in the fight against addiction.

### **2.2.2. Psycho-social and Economic Factors**

There are many institutions and requirements that shape social life. For a healthy social structure, these institutions must be functioning properly and the individual must fulfil the hierarchy of needs. The situation in which one or some of these institutions are missing or wrong in the life of the individual triggers social risk factors. Financial situation is one of these social risk factors, which result in or affect indirectly each other.

It is necessary to have a certain economic power so that the individual can comfortably handle her/his life in social order. Thus, financial problems will create some difficulties and will cause the individual to experience both social and psychological problems. The financial problem will create many more problems. Individuals facing economic poverty may experience many psychological problems such as depression, anxiety, obsessiveness, loneliness, inadequacy, etc.

In addition to the economic constraints, losing big amounts of money or having suddenly more money than ever can also be triggers. In both cases, however, the individual adversely affected by psychological influences may resort to negative tendencies. Substance abuse and its supply will undoubtedly bring economic costs together. Individuals experiencing economic problems may resort to different illegal ways to obtain the substance to which they are addicted. Studies conducted in this area reveal that more than half of the individuals who abuse substances have problems with the laws (Evren et al., 2001, p. 58). In this sense, substance abuse is both a problem for the social economy, order and progress and a great threat to the social life of the individual.

### **2.2.3. Family and Friend Circle**

Studies on family and peer groups are very important in relation to addiction and many similar social problems. Both family and friend circle are

important social institutions in the life of individual. Family is the first institution for socialization while the friend circle is especially effective in the school years of individual after the family. Emotions and values (love, compassion, trust, righteousness, morality, etc.) received from the family in childhood and afterwards create positive and necessary effects on the individual. The lack of some of these feelings and values brings with it irreplaceable shortcomings and negatively affects individual throughout her/his life. As a matter of fact, the abuse experienced in the childhood and the depression increase the likelihood of drug addiction in adolescents (Kuğu et al., 2000, p. 24).

What the individual experiences in the family and in her/his circle, and what is considered “normal” are very important. The acceptance and normalization of a social problem as a “normal” and the inclusion of an individual in this environment is an important trigger because social transfer is also influential in drug addiction as well as in many other social problems. For example, studies have shown that violence is learned through social transfer and it is a behaviour passed down in the family (Altıparmak, 2018, p. 259, Evren et al., 2001, p. 58). It is also evident that in the use of substances, individuals who have grown up in this environment and witnessed their use will have a higher probability to learn, normalize, practice and provide such patterns of behaviour.

Having healthy associations with the individual’s family is highly influential in her/his ability to establish healthy relationships in social life and not to resort to wrong orientations. As a matter of fact, studies have shown that substance abuse rates are high in individuals sharing emotions and thoughts with people outside the family, whereas this rate is gradually decreasing in individuals who develop healthy relationships with family members. Family has many functions at this point.

The family has many functions, both educational and instructive as well as social control. Families should have information and control of the friend circle of their children especially and after school life. But if the child is under too much control, this may create different dilemma. In this sense, strengthening the family ties stands as a necessity to reduce the generation conflicts and to raise awareness about how to approach the child especially during adolescence period (Arslan, 2016, p. 76-78, Kılıç, 2007, p. 22).

## 2.3. Characteristics of Addicted Individuals and Fight Against Addiction

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The word “pleasure”, derived from the Ancient Greek, and used to denote the feeling of delight, has frequently questioned in interpreting psychological, biological and moral meaning. The desire of humankind to enjoy has been questioned by many disciplines such as philosophy, psychology and sociology, and the concepts of ethics, freedom and responsibility to others have been added to these inquiries (Gökalp, 2017, p. 60).

When we look at the history of addictive substances, it is seen that opium, the main ingredient of these substances, is used not only for pleasure but also for health related fields. Many physicians benefited from the opium in from various fields such as relieving pain, relieving sleep problems. In due course, however, opium-derived narcotics have been distorted and abused by human beings in addition to their medical uses. Living in the 5th century B.C., Greek physician Diagoras was the first person suggest that opium is harmful. In the 14th century, it was seen that the use of pleasurable opium was also forbidden in the religious reports (Yilmaz, 2015, p. 61). When we look at the situation today, it is a known fact that there are both religious and legal sanctions against the use of substances.

The health problem in question which begins with physical or psychological pleasure and cannot be prevented due to the addiction and followed by increasing crises, both cause the unhealthy domination of the individual on her/his body and the harm she/he gives to environment. The harmful pleasure of the individual thus creates a moral problem in terms of negative social life effects. Before abusing the substance, the individual who is harmonious and productive in social life is transformed into an aggressive and suicidal individual with the abuse of substance (Kargin and Hiçdurmaz, 2018, p. 36). Fight against addiction is necessary for many fields.

Fight against drug addiction is a three step process. The protective measures constitute the first steps of this process. The first stage in substance abuse is very important as in every social problem. Early intervention will be achieved with the measures taken at this stage and many individuals will be saved from this problem without experiencing it. At this stage, it is very important to inform not only the individual in risk groups but also the families, educators, managers. These individuals should be informed against the substance abuse by the experts who are trained in the field. Various social studies should be carried out periodically starting from the

cities, districts and neighbourhoods in the risk groups with the determined risk maps.

The second stage of the process is diagnosis and treatment. An important parameter for the process is early recognition of the changes in the individual abusing substance (becoming introverted, bruises under the eyes or in the body, susceptibility to violence, tendency to demand and spend more money than usual, etc.). Afterwards, directing or persuading the individual for treatment is another important life-saving point.

The third step is healing after treatment. At this point, it is necessary not only to treat the addicted individual but also to conduct post-treatment strengthening studies and to prevent the individual to return to her/his old friend circles and environment (Sezik, 2017, p. 57).

In addition to the fight against drug addiction, noticing the symptoms is also very important. Evaluated in a general perspective, the symptoms and features observed in the addicted individuals can be handled in two dimensions. The first dimension is analysed through biological changes while the second dimension contains behavioural changes. Biologically, hysterical crises of the addicted individual, bruises and collapses under eyes, meaningless and involuntary movements, self-harm tendency, and excessive weight loss can be considered as symptoms. However, one or all of these symptoms may not be present in each substance abusing case. While each substance differs in terms of the damage on the body, some substances may or may not give biological signs for long periods of time or individual may conceal them. In this sense, assessment of biological symptoms is not enough and behavioural symptoms become important.

When the behavioural dimension is considered, it is clear that many problematic behaviours are seen in people who lose their healthy mental abilities. In this sense, it would not be wrong to consider substance abuse as a public health problem. Because substance abuse concerns individuals in micro scale, institutions in meso scale and society in macro scale. This spiral growing like chain rings constitutes the source of massive social pathologies.

Irritability, intolerance, change of personality and temptation are among the most common behavioural problems arising from substance abuse. It is inevitable for the addicted individual who cannot use her/his healthy mental abilities to commit crimes and be used in these illegal activities. There is also a life-threat for the individual who becomes open to all threats and crimes. In this sense, it is very important to investigate the relationship

between substance abuse and crime; necessary institutions should take the results of the investigation into consideration and use them in public regulations and consider them in social policy studies (Altuner et al., 2009, p. 89).

## Conclusion

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The addiction is one of the main problems all societies experience. It is an important factor in the deterioration of social equilibrium, the working life, social life, family well-being and healthy life of individuals and societies. One of the most effective addiction type is drug addiction. Drug addiction firstly means drug abuse, smoking, alcohol, drugs / volatile / stimulant substances. These substances harm people in a short time. The substances change the spiritual life, emotions, thoughts, and behaviours of people and due to their chemical properties, people easily and swiftly become addicted to these substances. In addition, people become easily addicted to these substances due to their addictive and attractive features.

Addiction has multidimensional reasons; and addiction problem cannot be eliminated by just removing one of the psychological, sociological, genetic or environmental factors. While it has been considered that people resort to these risky behaviours when they reach on impasses in their lives, recently, people abuse these substances due to the abundance of possibilities, unsatisfactory life and spiritual emptiness. Drug abuse is also seen as a method or tool for eliminating helplessness or for ignoring short-term problems. Trying to solve a problem with another problem or postponing a problem creates impasse and deadlocks for the current problem and leads to the emergence of new problems.

Addicted individuals or the individuals at the risk of being addicted have greatly different characteristics and the same set of characteristics do not apply to every one of them. The common characteristics of people can be listed as follows: making sudden and impulsive decisions, constantly pursuing exciting new quests, adopting behaviours abnormal for society, having difficulty in acting in accordance with the general values of the society, and postponing any pleasurable activity. The following characteristics of people have been found to increase the addiction risk: tension, anxiety, boredom and loneliness; seeking innovation and excitement, experiencing depressive behaviours, guilt and shame; diminishing self-esteem; inability to express emotions; inability to control anger; difficulty in communicating with people, not accepting mistakes.

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# ADOLESCENCE PERIOD AND DRUG ADDICTION

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## Introduction

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Addiction is a condition in which one continues to a habit that creates many serious problems. In substance addiction, individuals continue to use the substance despite the negative consequences of using a particular substance (DSM-5). Drug addiction develops for the psycho-active substances which creates changes in the nervous system, emotions, thoughts and behaviours of the individuals. Psychoactive substances that cause addiction are classified under 5 headings: Stimulants, Depressants, Opioids, Hallucinogens and Cannabis.

Many risk factors such as education, age, gender, marital status, past experience play a role in the development of drug addiction. In children and adolescents, substance abuse that causes addiction and damages in nervous system usually starts by experimenting these substances. The fact that the substance experimenting age has decreased to the starting of adolescence period demonstrates that the age is an important risk factor.

During adolescence period, individuals experience significant physical and mental changes and are under intense stress from the imbalance in their emotional control and their desire to gain their independence. To cope with this stress, they may lead to risky behaviours such as substance abuse. Substance abuse and addiction have negative consequences for both adolescents' health and their future. It is possible to protect them from drug addiction by teaching them more effective methods to cope with their stress.

### **3.1. Addiction**

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Yeşilay (Turkish Green Crescent Society), fighting against the cigarette, alcohol, drug addiction as well as other harmful behaviours and conducting studies to protect the health of people, especially the youth, defines the addiction as a serious illness negatively affecting the psychology, physiology and social life of the people. Addiction is the situation in which the individual continues a habit despite the serious problems it leads. There are many types of addiction. Yeşilay (Turkish Green Crescent Society) lists the addiction types as follows: Smoking and Tobacco Addiction, Alcohol Addiction, Drug addiction, Technology Addiction and Gambling Addiction. This study will examine the drug addiction in the adolescence period.

### **3.2. Drug addiction**

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Substance is any natural or synthetic production; the effect of every substance taken in the body is different. Some substances called psycho-active drugs cause change in consciousness and affect people's emotions, perceptions and behaviours. An addiction will develop for these substances if they are used intensely in a long term. Addictive substances cause physiological or psychological addiction in the individual, and individuals experience difficult withdrawal symptoms in the lack of substance. These withdrawal symptoms negatively affect the daily life functions and routines of individuals. In the case of physiological addiction, the body is accustomed to its function under the effect of substance and cannot function in the lack of the substance. In the case of psychological addiction, the individual believes that she/he needs this substance to be able to get rid of the stress created by daily life (Feldman, 2011).

DSM-5 (2013), the diagnostic and statistical handbook of psychological disorders, defines drug addiction as individuals' continuation to abuse particular substances despite the negative consequences created by the abuse of these particular substances. DSM-5 contains 11 different criteria to help identify drug addiction. Some of these criteria are continuing to abuse drugs despite negative social consequences, experiencing work and health problems caused by substance abuse, developing tolerance and exhibiting withdrawal symptoms. In order for a person to be diagnosed with a disorder due to a substance, they must display 2 of these 11 symptoms (Nolen-Hoeksema, 2014; American Psychiatric Association, 2013).

There are many reasons why people start to abuse addictive substances, from seeking pleasure to escaping from stress and anxiety. For example, drug addiction of movie stars and successful athletes serves as a role model for society and especially for adolescents. Easy access to illegal, addictive substances, peer pressure, desire for experimenting something new are other reasons that play a role in substance abuse. In addition, studies have shown that genetic predisposition also plays a role in the drug addiction of the individual. When substance abuse is easy and rapid, it is difficult to get rid of drug addiction and it requires intensive treatment to eliminate the addiction problem (Feldman, 2011).

The substances causing drug addiction are evaluated in five categories in DSM-5 (2013): Stimulants, Depressants, Opioids (narcotic substances), Hallucinogens and Cannabis.

### 3.2.1. Stimulants

The most commonly used stimulant is caffeine. Especially employees and students essentially consume coffee to focus on their work/studies and to get rid of sleepiness. Caffeine affects the central nervous system, causing an increase in heart rate, blood pressure and muscle tension. Caffeine can be found not only in coffee, but also in tea and chocolate. Caffeine intake has many behavioural effects on the individual. Its biggest behavioural effect is increase in attention. Caffeine also has a regulatory role for the emotional state, but when taken in higher doses, caffeine can cause nervousness and sleep disturbances. Individuals may develop biological addiction for caffeine. Individuals who regularly drink coffee may experience headaches and show signs of depression when they stop drinking coffee. The stimulating effect of increased doses of caffeine is dangerous in terms of cardiovascular health; this effect increases the risk of heart attack (Feldman, 2011; Brannon and Feist, 2007).

Nicotine is another commonly used stimulant type, which is found in cigarettes. The soothing effect of nicotine is the most important factor explaining the smoking addiction. Nicotine activates the nervous system in a manner similar to cocaine, and thus creates a strong addiction (Feldman, 2011).

Another stimulant commonly known for its effect speed and strength is amphetamine. A small amount of amphetamine increases energy, reduces fatigue, increases alertness and talkativeness, increases self-confidence

and concentration as well as mood by activating the central nervous system. In addition, amphetamine causes appetite loss, anxiety and nervousness. Long term abuse can cause individual to feel like she/he is being disturbed by others, which leads to the development of a general scepticism in the individual. Amphetamine may cause hallucinations and paranoid delusions. Abuser who reached a high degree of energy and has begun to live a paranoid delusion may turn into a hazard for the society. When taken overdose, amphetamine can over-stimulate the central nervous system, causing contractions and death. Methamphetamine, a white crystalline substance, is the cheapest and the most dangerous stimulant sold on the streets. Individuals abusing this substance, which provides a strong and long-lasting stimulation, develop strong addiction for the substance. After the addiction has developed, abusers take methamphetamine at increasingly higher and more frequent doses. Long term abuse of methamphetamine can cause damage in the brain (Feldman, 2011; Brannon and Feist, 2007).

Cocaine and its derivatives are important stimulant substances, despite their decreasing use in the last decade. Cocaine can be used by snorting (intaking via nose), smoking like a cigarette or injecting into the vein. It is swiftly taken to the body and it immediately shows its effects. When cocaine is taken in very small quantities, it provides release of dopamine neurotransmitter, which increases alertness, self-confidence and improves the mood. Normally, when the dopamine neurotransmitter is secreted, excess neurotransmitters are withdrawn but when the cocaine enters into the brain, it blocks the excess neurotransmitters to the brain, and the brain stays under the invasion of feeling of pleasure produced by dopamine. The cost of pleasure derived by cocaine is high. The brain is permanently shaped by the action of cocaine, psychological and physiological addiction develop with the intaken substance. Abusers deteriorate in time both mentally and physically. In extreme cases hallucinations and death can occur. It is difficult to get rid of this substance which creates a strong addiction. Even though its use among high school students has decreased in recent years, it is still an important problem for public health (Feldman, 2011).

### **3.2.2. Depressants**

Unlike stimulants, depressants have a slowing effect on the nervous system. These substances, which create temporary feelings of intoxication, happiness and entertainment when taken in low doses. When they are tak-

en at high doses, they deteriorate the speech, distorts muscle control and makes moving harder. Intensive abusers may lose consciousness altogether. Alcohol is the most commonly used depressant. In the first moments of alcohol intake, alcohol reduces the stress and tension of the individual and gives her/him a feeling of happiness. As alcohol intake increases, depressive symptoms begin to emerge. Individual begins to experience an emotional and physical imbalance, and the individual may show aggressive behaviour. The memory is damaged, the brain experiences difficulty in processing spatial information, and speech becomes distorted and irrational. Taking too much alcohol in a short period of time can lead to poisoning and death. People who are alcoholic, or alcohol addicts, become increasingly resistant to alcohol, and they constantly increase the amount of alcohol they consume to get positive feelings they experience when they have started to drink alcohol.

Barbiturates are another type of depressants. Barbiturates, also used as sleeping pills, cause physical and psychological addiction. The person who develops the addiction cannot sleep without barbiturates and shows withdrawal symptoms. Barbiturates can cause death when consumed together with alcohol because the combined use of these two substances can slow down the diaphragm muscles and stop the respiratory system of the individual (Brannon and Feist, 2007).

### **3.2.3. Opioids (narcotic substances)**

Narcotic substances decrease the pain and anxiety of the individual, and thus relieves her/him. Two of the strongest narcotic substances are morphine and heroin. While morphine is used to control pain in the medical field, heroin is an illegal narcotic substance. Heroin users inject the substance directly into vein with a hypodermic needle. Immediately after the substance is intaken to the body, the abuser experiences an intense pleasure for 3-5 hours. As soon as the effect of substance wears off, abusers want to experience and intake the substance again with an extreme anxiety. Moreover, in order to be able to experience the same pleasure, the users take higher doses of heroin every time and thus develop physiological and psychological addiction. Treatment of heroin addiction is difficult due to the strong positive feelings the substance provides (Feldman, 2011).

### **3.2.4. Hallucinogens**

Ecstasy and LSD are substances in the hallucinogen category. These substances affect both the activity of the serotonin neurotransmitter in the brain and alter the activity and perception of brain cells. People who use ecstasy say they feel relaxed and peaceful after taking the substance, but at the same time feel energetic. Weakening of memory and cognitive abilities of individuals who abuse ecstasy has been proven and studies have shown that ecstasy may cause long-term changes in serotonin receptors. LSD is a substance that causes vivid hallucinations. The perception of sounds, colours and shapes changes; the individual may perceive an ordinary situation as very exciting under the influence of LSD. If the individual has some emotional difficulties, the LSD experience can make her/him feel terrified (Feldman, 2011, Nolen-Hoeksema, 2014).

### **3.2.5. Cannabis**

The marijuana is obtained from the flowers, leaves and seeds of the cannabis plant. Although the influence of marijuana varies from person to person, it typically has a delightsome feature. After substance abuse, the individuals experience their senses more vividly, feeling like they are flying happily. The users experience their feelings very intensely with the effect of substance. If the individual abusing the marijuana shows depressive symptoms, this depressive symptom is much more intense under the influence of marijuana. Individuals are prone to take risky decisions under the influence of marijuana. Although marijuana alone does not create addiction, it causes adverse effects, similarly to stimulants and narcotics. Marijuana weakens the immune system, increases heart rate and reduces testosterone hormone production of men in heavy use. When it is smoked in the form of cigarettes, marijuana harms the lungs as much as cigarettes and increases the risk of developing lung cancer.

## **3.3. Risk Factors for Substance Abuse**

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Drug addiction is considered as a public health issue in Turkey as well as in other countries as the drug addiction negatively affects not only the addicted individual but also her/his family and society in which addicted individuals live, and leaves deep scars in these people. Therefore, many studies have been conducted to investigate the underlying factors for the

substance abuse. Öztürk, Kırlioğlu ve Kıraç (2015) have synthesized these studies and listed the risk factors for drug addiction as follows: education, gender, marital status, friend environment, working status, personality disorder, developmental periods, family and past life experience, neighbourhood (settlement), smoking and alcohol abuse and age. Studies in the literature have found a negative relationship between level of education and drug addiction.

The study, investigating the AMATEM (Alcohol and Drug Addiction Treatment Centre) data between 1983-1995-time period, has revealed that majority of the patients receiving addiction treatment was primary school graduates (40-60%) while the rate of university graduate patients was 3-4%. Almost all studies in the literature have shown that men, single people, unemployed people, people living in the streets, people who have been subjected to violence in the past, people with personality disorders, people whose parents are oppressive/indifferent, people who are disbelievers are at a high risk of drug addiction. Age is one of the most important risk factors in the substance abuse. Studies in the literature indicate that the age of narcotic substance initiation has decreases to as early as 10. In this case, children who have a significant development crisis especially during adolescence period, are at risk for drug addiction.

### **3.4. Adolescence Period**

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The biological beginning of adolescence period starts with adolescent growth spurt and sexual maturation. During the adolescence period, the adolescent growth spurt in girls takes place at the age of 11, two years earlier than boys, and girls reach their maturity height at the age of 15. The adolescent growth spurt of boys starts at the age of 13 and they reach their maturity height at the age of 17. Due to the this two-years difference between the adolescent growth spurt of boys and girls, girls are taller than boys in this period. Throughout the adolescent growth spurt, bones grow taller and the differences between girls and boys increase. Muscle fibres thicken and densify during adolescence period and this development provides a significant increase in strength. There is an increase in the fat ratio in the body, and this increase is much faster in girls. During adolescence period, sexual maturation also takes place with physical developments. This change in adolescence period occurs with the pituitary gland in the brain. Pituitary gland regulates physical development by releasing growth hormone. The

pituitary gland also controls androgens secreted from the adrenal glands, that is, hormones that cause developmental changes in men, and oestrogen secreted in the ovaries, that is, the secretion of hormones that allow the development of breast growth and sexual organs in girls. Girls menstruate in this period with the maturation in the reproductive organs (Kail, 2012).

During adolescence period, mental developments are experienced in addition to physical developments. The individual's brain structure and substance content are restructured. Excessive production of axons and synapses in the middle childhood period, followed by synaptic pruning immediately after puberty is the reason of a serious change in the cellular level in the brain. The frontal lobe is yet to complete its development when the emotional and behavioural changes specific to adolescence period begins to be observed.

The individual seeks emotional stimulation, reward and excitement during the early stages of adolescence period. In the midst of this developmental period, the adolescent has problems in controlling and regulating her/his feelings and behaviours, and she/he is prone to risk taking and harmful habits. The adolescent can control her/his feelings and behaviours with the development of frontal lobe in the last stage of the adolescence period. Dopamine is a neurotransmitter with significant effect on addiction, reward search and behaviour regulation. The dopamine receptors are produced very rapidly due to the major structural changes in the brain during adolescence period. This situation lays the groundwork for the psychopathologies such as drug addiction related to the stress in the adolescence period (cited in Çelik, Tahiroğlu and Avcı, 2008).

### **3.4.1. Substance Abuse in Adolescence Period**

In children and adolescents, substance abuse that causes addiction and damages in nervous system usually starts by experimenting these substances. Studies have shown that the addictive substance initiation age is falling gradually and the rate of initiation is increasing. In Türkiye Uyuşturucu Raporu (Turkey Drug Report) published by Ministry of Interior in 2007, it is stated that the first abuse age for volatile substances has fallen to 11, while the first abuse age for ecstasy and cannabis has fallen to 16-17 (Arabacı, Taş and Dikeç, 2017).

Adolescence period is considered to be the most turbulent period of human life. The major changes, emotional imbalances, the struggle for in-

dependence and forming their own identities may create stress for the adolescents and some of them may resort to substance abuse and other risky behaviours to cope with this stress. Studies conducted up to now in the literature have proved that there is a strong relationship between substance abuse and stress in adolescence. This may result in a low quality life or lead to long term and fast consequences such as job. Scientists have stated that the adolescents may be educated to develop more effective and more appropriate coping strategies for their stress, to protect them from harmful coping strategies such as drug addiction.

Debnam et al. (2017) examined the spirituality as a coping method for stress in their study participated by 27,874 high school students. Their findings have revealed that substance abuse is higher in male students than in female students. Both female and male students turn to the spirituality to cope with the problems that do not lead to the substance abuse. The results have shown that the substance abuse and addiction tendency increases in adolescents due to the stress, but spirituality can be a practical and useful coping strategy for their adaptation to stressful situations.

There are different treatment methods for drug addiction. The first of these biological treatment in which the impulse of addicted individual for the substance is decreased with the drug treatment and the steady state of the patient is maintained. While some of the addicted individuals can resist to withdrawal symptoms thanks to the emotional support given by their families and other social circles, some of the addicted individuals need drug treatment. Drugs in the antidepressant group are administered for removing the depressive symptoms and antagonist drugs are administered for changing or blocking the substance to which the patient is addicted.

Other treatment method is psychosocial treatment. Psychosocial treatment involves many behavioural and cognitive techniques that have proven to be successful in the treatment of drug addiction. These techniques have five common purposes. The first goal is to motivate individuals to give up the substance they are addicted to. The second goal is to teach individuals coping methods other than substance abuse for coping with the stress and negative feelings. The third goal is to change the reinforcements in the individual's life that lead her/him to abuse substances. The fourth aim is to increase the support that individuals receive from their families and their immediate surroundings. The fifth and last aim is to strengthen the synergy of drug treatment and psychotherapy (Nolen-Hoeksema, 2014).

After treatment, it is important that regular and continuous rehabilitation services are provided so that the adolescent does not start abusing the substance again. The adolescent and family psychiatry department should seek counselling from doctors, nurses and psychologists to prevent relapses (Arabacı, Taş and Dicle, 2017).

### **3.4.2. Why The Youth?**

The target group for drug marketing is the young people between 15-25 ages. During adolescence period, the factors that push the individuals to substance abuse can also emerge from a rapid physical and mental change, from genetic reasons, from intelligence, from improper education, inadequate love and compassion. Young people are prone to accept challenges for the orientation towards risky situations. Their responsibility awareness has not yet developed compared to adults. As it is important for them to influence the environment, it is very important to belong to a group just like proving oneself, and to feel that it is useful. Young individual is easily affected by the environment and can react quickly.

She/he is ready for risky behaviour without worrying about negative consequences. Moreover, those who market illegal substances try to go all lengths to become attractive to young people.

The adolescents are intensely exposed to the risks of experimenting with addictive substances when they enter to wrong circles due to various reasons such as acquiring friends, getting accepted by a group, proving herself/himself, etc. especially during the transition from childhood to adolescence period when the individuals intensely search for their identities. Families should increase the resistance of their children against adverse oppressions from their peers, through encouraging young people's personal development and strengthening their individual abilities, knowing that adolescence and youth periods are very vulnerable periods for being particularly affected by friend behaviour.

Adolescence is a turbulent period in which social and biological changes as well as emotional fluctuations are experienced, conflicts with family and society become evident, and friendships become important.

Adolescents try many behaviours and attitudes to create their own identities and create an independent individual from themselves. This attempt aims not only to be independent of the parents, but also to become an adult, an autonomous individual.

Substance abuse is also one of the behaviours that adolescents try and experiment in this period. Substance abuse is usually a symbol of freedom for the adolescent.

Alcohol and substance abuse can be clinically separated in four stages as experimenting, regular use, daily use and addiction. During the experimenting stage, the positive mood changes created by the substance are perceived. The individuals switch to regular use because they seek the perceived mood changes created by the substance. Dealing with mood changes in daily use takes all the time of the adolescent. The aim in the addiction stage is just feeling normal and eliminating the withdrawal symptoms (<http://www.antalyapsikiyatri.com/cocuk-sorunlari-psikolog/ergenlerde-madde-bagimliliği> accessed on July 2, 2018).

Developmental factors and behaviours that trigger substance abuse in adolescents are as follows:

1. The effort to create an identity independent of her/his parents,
2. Alternative attitudes, changing lifestyles and behaviours,
3. The increasing effect of friend circle on the attitudes and behaviours of the adolescent,
4. Their desire to be treated as adults,

### **3.4.3. Reasons for Starting to Abuse Substances**

Curiosity, the desire to be accepted by their friends, the thought of coping with problems, the idea of proving themselves, the desire to feel good

### **3.4.4. Risk Factors for the Substance Abuse**

Factors related to the friend circle, related to the parents, related to the individual, biological factors, social-cultural factors, the friends abusing substances, the attitudes of friend circle towards substance abuse, the individual's loyalty to the friend circle (orientation), the perceptions of friend circle related to the substance abuse, the existence of a senior family member who abuses substances, the attitudes and thoughts of parents related to the substance abuse. The tolerance of parents towards substance abuse and deviant behaviours, the distance in the relationship between children and their parents, the indifferent parental attitudes towards the lives of their children, the inappropriate discipline methods, the non-existence of discipline methods, early childhood characteristics (anger, nervousness,

early behaviour problems), the failure in school, starting substance abuse at an early age ([www.larapsikiyatri.com/ergenlik-donemi-sorunlari-4dd/ergenlikte-madde-kullanimi](http://www.larapsikiyatri.com/ergenlik-donemi-sorunlari-4dd/ergenlikte-madde-kullanimi)). July 28, 2018).

### **3.4.5 Common Characteristics of Addicted Adolescents.**

1. Substance abusers usually deny this fact and do not accept their addiction.
2. They usually advocate eliminating addiction by reducing the doses, not eliminating by stopping the dose intake. This approach will fail right off the bat.
3. They take a defensive attitude towards the substance and do not believe that the substance will harm them.
4. They should want to eliminate addiction themselves. They should be asked about what they plan to do instead of giving them advices on quitting the substance.
5. They often believe that by quitting a substance and switching to another one, they will get rid of side effects and addiction. However, change is possible only by giving up all substances.
6. Changing the lifestyle should be the basic approach. They should be explained that the addiction is a lifestyle.
7. They believe that they can quit anytime they want and they defend this idea.
8. They are excessively demanding. According to them, rules and boundaries should not be settled and compromised.
9. They claim that the things that will happen if their desires are not met are others (parents) responsibility. The basic approach in this situation is to remind these adolescents that they are responsible for their own behaviour.
10. They have an excuse for every misconduct. They prefer to believe in these excuses.
11. They always experience a dilemma about the treatment due to the temporary emotional relief the substance creates. They avoid treatment unless they hit the bottom completely ([www.antalyapsikiyatri.com/Cocuk-sorunlari-psikologu/ergenlerde-madde-bagimliligi](http://www.antalyapsikiyatri.com/Cocuk-sorunlari-psikologu/ergenlerde-madde-bagimliligi) accessed on July 28, 2018).

## Conclusion

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The use of psycho-active substances, which affect the human nervous system and cause changes in emotions, thoughts and behaviours, causes serious and permanent impairment and addiction on the brain and body functions. In the substance abuse, the individual continues to abuse the substance despite the serious problems she/he faces in her/his social life and health, she/he experiences intense anxiety in the absence of the substance and cannot fulfil daily life functions.

Many risk factors play a role in the development of drug addiction. Age is an important risk factor because studies have shown that the age of substance abuse initiation has fallen as low as 10, namely, the beginning of adolescence period. Adolescence period is very complex in itself; during the adolescence period, the individuals experience major physical and mental changes. It is difficult for the adolescents to keep up with these changes, and this is why the adolescence period is very stressful for them. Adolescents who also experience emotional imbalances choose risky ways to deal with stress in this period. One of these risky ways is the substance abuse. It is possible to protect them from drug addiction by teaching them more effective methods to cope with their stress.

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(accessed on July 28, 2018)

# ECONOMIC EFFECTS OF DRUG ADDICTION AND MARKETING STRATEGIES FOR THE INSTITUTIONS PROVIDING ADDICTION TREATMENT

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## Introduction

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Addiction, in a broad sense, is the desire of individual to constantly repeat and not prevent certain behaviours due to impulse she/he feels. These behaviours can be varied such as the desire to gamble, the desire to use internet or social media, the desire to abuse alcohol, cigarettes or narcotic substances. Although the varieties of addiction increase with time, addiction is defined, in essence, the unpreventable impulse triggering the substance abuse. This study focuses on drug addiction in a narrow sense, which is the focal point of the research (Rogers, 2017, p. 182-190). According to the definition of World Health Organization, drug addiction impulse is the constant desire of human organism for the physical and / or mental interaction occurring when the individual accesses to the substance and abuse it. There are a great number of research on drug addiction both in Turkish and international literature. In these studies, there is a fairly common consensus about the definition of drug addiction. Because such a consensus is not common in social sciences.

Studies in the field of addiction have increased considerably in recent years. The increase in the number of national and international institutions, organizations and non-governmental organizations in this area has made important contributions to the academic studies in this area. These contributions involve not only providing statistics and data to academic studies,

but also facilitating a global awareness and cooperation for addiction. In addition to public and private units at the national level, there are highly effective sub-agencies or units operating under international and supranational institutions on the addiction problem (UNODC, 2009, p. 13). Some of these units are The United Nations International Narcotic Drug Control Program (UNDCP), World Health Organization (WHO), European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), International Society of Substance Use (ISSP), service units in Ministry of Family and Social Policies, Ministry of National Education, Ministry of Health, Ministry of Internal Affairs, Yeşilay Society (Turkish Green Crescent Society), as well as treatment and rehabilitation centres in many public and private hospitals. An extremely limited number of the aforementioned institutions have basic activity fields related only to addiction. However, most of these institutions have important units related to drug addiction besides their core activities (IMF and WHO, accessed on July 20, 2018).

As is known, addiction is not just a process that starts with the impulse of the individual and ends with the abuse of the substance. The phenomenon has very comprehensive background as well as prior connections. The process is extensive enough to cover the plantation or chemical production of the raw material for the substance, processing this raw material, marketing the substances to the abusers, abuser's provision of financing to buy the substance, the emergence of health problems after substance abuse, the impact of abuse on the individual, her/his family, society, state and all humankind. It must not be forgotten that almost every stage of this process is considered as a crime by almost all countries of the world, or constitutes a legal cause for a crime factor. Although planting and chemical production of raw materials for the material, the starting of process, is an economic and criminal activity, it will be extremely wrong and incomplete to assess the subject only from a criminal perspective. Besides, while the funding for purchasing the substance is economic activity, the psychological and physical deformation of the individual after abuse is an important health problem. Health problems have the potential to become public health problems with the spread of viruses, especially HIV, with the communal use. Ultimately, drug addiction has become a multidisciplinary field covering many branches of science such as criminology and health, psychology, economics, public health, sociology and international law (Triulzi, et al., 2016, p. 525-533).

In this study, an in-depth examination will be carried out within the scope of economics, taking into consideration the important dimensions of drug addiction, which fall within the field of other disciplines. In this context, firstly, the economic effects of drug addiction will be examined, and then, drug addiction will be evaluated within the scope of economic rationality principle. Economic effects will be classified as micro, macro and international economic impacts accordingly the system of economic science. Finally, for the institutions providing substance abuse treatment, a market analysis for service marketing will be conducted and a solution proposal will be presented to the identified problems.

#### **4.1. Addiction and Economy**

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As described above, the concept of addiction is closely related to the science of economy. This relationship is an interactive relationship; substance abuse affects the economic activities of the individual as well as it is affected by individual's economic activities. Beyond that, although substance abuse is an economic activity in itself, it is contrary to the most basic principles of economics. Namely, economics is a science that tries to achieve optimal distribution of resources (in a way that maximizes utility) to meet unlimited human needs with scarce resources. As can be understood from the definition of economics, the economic resources available to people are limited, whether it is for one individual or all the entire humanity. However, human needs are endless, namely, unlimited. Hence, it is impossible to meet the unlimited needs with limited resources. In this case, when people allocate their economic resources to their needs, they first have to act according to the needs, desires and motivations that will make them most beneficial, that is, they will feel best. Rationality requires this. However, a substance addicted individual is far away from rationality when she/he is planning or exhibiting her/his behaviours. Thus (Doğan, 2000, p. 139) defined drug addiction as follows: "Drug addiction occurs when a non-vital substance affects the brain and the related systems and creates a false wellbeing state.". In other words, instead of allocating the resources for the needs that will provide a higher relative benefit, the individual, as in the definition of Doğan, allocates resources to a product (substance abuse) that will actually give damage with a false benefit (Dinler, 2007, p. 8-20).

## 4.2. Economic Effects of Addiction

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The interactive link between drug addiction and the economy will bring about interaction. In our study, this interaction will be studied in depth in one direction. In this context, the economic developments resulting from drug addiction will be evaluated within the cause and effect relationship. It should also be noted that the evaluations will be made based on the principles and system of economic science. A result that we primarily consider drug addiction from an economic viewpoint is that this viewpoint doesn't have the same priority and significant influence as medical, criminal, social and moral aspects of addiction. However, in order to be able to carry out a comprehensive examination, all effects (in economic terms) will be categorically included in the investigation.

### 4.2.1. Microeconomic Impacts

When examining the microeconomic effects of substance abuse, firstly, it is necessary to clarify what are the microeconomic units in economics. Otherwise, due to the multidisciplinary nature of the study, disinformation may arise due to the asymmetric information. In this context households, groups, firms and sectors constitute the main microeconomic units. Household covers primarily the substance addicted individuals and their families. Firms mean the institutions and enterprises with legal or illegal production, procurement, trade, treatment, rehabilitation and prevention functions related to drug addiction. Sector means the industries consisted of firms who offer rehabilitation and preventive services related to the substance and treatment (Ünsal, 2007, p. 52-60).

#### 4.2.1.1. Effects of Substance Abuse on Household Economy

It is the most deeply affected economic unit by the substance abuse. The substance abusing individual first of all has to meet the cost of substance. Drugs and volatile substances with various forms and names produced from cannabis, heroin, cocaine, chemical and synthetic substances are the mainstays of these substances. These substances can address almost every budget level, both according to their separability and the properties of their active substances. Even a very poor individual has the possibility to procure substances even at a small amount at within the limits of her/his own budget. At first, some addicted individuals may have been consciously or

unconsciously offered free or discounted substances to get them addicted to the substances. Moreover, the individual may not realize the seriousness of the situation as the cost of substance doesn't take up a large space in her/his budget. As the level of addiction increases over time, the cost of substance will increase incrementally due to various reasons such as supplier doesn't fear customer loss, the addicted individual needs more substances and she/he desires incrementally higher quality substances. This will lead to a devastating effect on the individual's economic life. For those with relatively low incomes, this effect will be more devastating as the substance cost is proportionally bigger in the budget, as we mentioned above.

The costs starting with the purchasing of the substance unfortunately go up ever-increasingly. Since a large part of these new costs are indirect and long-term, they are not even noticed by the substance addicted individual herself/himself at first. Addicted individual starts to ignore her/his economic obligations increasingly and some small and simple neglects at first are getting bigger and bigger. For example, addicted individuals pay interest on their bills because they delayed their bills, they pay the minimum payment amounts of their credit cards, they delay their rents or contribution fee of their residences. Such negligence will reduce their credibility over time. In this case, substance abuse now spreads to the whole economic life of the addicted individual.

#### ***4.2.1.2. Effects of Substance Abuse on the Addicted Individual***

Firstly, the savings reserved for future economic activities are consumed. This will end future enterprises before they are even started. Increased substance abuse starts to affect the business life of addicted individual, as well. First of all, drug addiction moves individual away from rational behaviour. Nothing remains important in the life of substance addicted individual except for the substance. She/he neglects her/his job, delays duties, loses productivity, or becomes unable to do it properly, as the job is among the less important things in her/his life. Thus, the addicted individuals either get lower wages, get less-paid jobs or become unemployed. This will be much riskier for professionals whose jobs require sensitive skills such as dentistry or surgery.

As getting away from education both physically and psychologically, away from education, substance addicted individuals spend educational budget for purchasing the substances. They also start to steal as a new

method of financing when they need extra resources for purchasing the substance. This will reduce the level of success and perhaps lead to the discontinuation of educational grants. Addicted individual will increasingly move away from education life and may, after a while, perhaps even decide to drop out of school.

#### ***4.2.1.3. Legal Spread Effect***

Substance abuse will always get the abuser into criminal troubles in time. While this situation varies depending on the legal system in the country, the addiction will certainly bring new costs to the substance addicted individuals. In case of probable custody and detention, the lawyer's service and the redemption costs actually mean the beginning of many cost elements for the addicted individual. Because the substance abuse of the individual is de facto registered before the law. For instance, if the addicted individual is a student and if one of the scholarship conditions is being not substance addicted, then the scholarship is cancelled.

In many countries, the driving licence of individual, whose substance abuse and addiction is finalized, is temporarily suspended or cancelled altogether. This means that the individual loses her/his job if the job requires a driving licence. In addition, it should not be forgotten that addicted individual will have difficulties in finding a new job due to a ruined record. In addition, social assistance payments provided by the state or non-governmental organizations may also be cut off. An individual whose record includes substance abuse may have worse affairs with insurance companies. Increases in insurance premiums, even policy cancellations, will not be a surprise. This situation is not limited to automobile insurance, but covers all types of insurance, such as life and private health, which are very common in developed countries.

#### ***4.2.1.4. Cost of Individual's Drug Addiction for Other Individuals***

The addicted individual will try to transfer her/his costs over time to other individuals, especially to family members. The addicted individual primarily uses joint accounts and collective savings. At this stage, the costs have not yet reached a destructive level. However, the addicted individual may make her/his family indebted due to the spending on the co-credit cards, or may result in confiscation in the common living areas. We can also evaluate selling family belongings of the core family the addicted

lives with or the belongings of the members of extended family. In addition, the addicted individual neglects the expenses of the dependants, and pushes this expenses to other individuals or to the state. In the later stages, the addicted individuals can also push the expenses directly to others by stealing from them. Finally, begging or purchasing substance from the supplier with the promise of gaining her/him new customer are some of extreme examples of ways to get the substance.

#### ***4.2.1.5. Health Expenses***

Health expenditure is the most devastating effect in the later stages of addiction. Health problems of the addicted individual begin with the fails in the basic life functions, and end with the death. Undoubtedly, all of the economic costs will be secondary when it comes to health. However, since the economic effects of addiction are investigated in this study, health costs will be examined in particular. In addition, the determination of the health costs of the addicted individuals at the individual level will guide us when public expenditures are planned at the macro level. This topic will be explained in detail in the next section. Addiction can directly damage internal organs such as the liver, brain, lungs, throat and stomach. For example, normal adhesives we use in the house are considered as narcotic substance because they can leave some effects on people who smell them. It has been shown that the chemicals in this adhesive can cause damage to kidneys and can lead to the loss of hearing if they are inhaled to the lungs for a long time. In addition, stress, depression, and the prolonged use of cannabis can damage parts of the brain that manage memory, learning, and paying attention. Besides such direct physiological damage, substance abuse will weaken the immune system of the addicted individual. This will make the body of the addicted susceptible to other diseases (Chuang, et al., 2017, p. 41-47).

Tendency to violence, physical injuries and wound are other important health costs caused by addiction. The addicted individual can use violence to find financial resources for the substance. This can cause injury in herself/himself or the person against whom violence is used. In addition, accidents resulting from deterioration in the attentional level of the addicted individual after substance abuse can also cause injury to herself/himself and others. Sharing the substances poses another important health problem for the addicted individuals. Because sharing instruments such as syringes

for substance abuse can cause many infections, especially AIDS / HIV and hepatitis. Finally, we can count the cost of rehabilitation, which is considered to be the most innocuous cost of addicted individuals. Rehabilitation is the process by which an addicted individual accepts the current situation and receives help from a health institution to get rid of addiction on her/his own will or the with the guidance of others. This process, which is expressed as rehabilitation or addiction treatment, causes serious economic costs (Karagöz, 2010, p. 46-88).

#### **4.2.2. Macroeconomic Effects**

Macroeconomics is a scholarly discipline that covers all individuals, businesses and / or sectors and the state rather than individuals, businesses and sectors one by one. In this context, when macroeconomic effects of a variable in economics are examined, generally and primarily microeconomic effects are accepted as data. This data is used for aggregation and macro results are obtained. However, when we examine the concept of addiction, it is revealed that aggregation analysis is out of this generalization. Because, as we examined above, the total of effects of addiction on individual, firm and sector one by one will be experienced in a much deeper way when we examine the effects of addiction on the whole society and economy. This effect can be expressed as reverse synergy. When deciding on preventive measures, the effect of reverse synergies must be taken into account when conducting cost-benefit analyses.

Macroeconomic effects of addiction vary from country to country. Therefore, there are some factors that need to be considered when investigating these effects. Some of these factors are the macroeconomic structure of the economy in question, the size of the national economy, the proportional size of the economic activity which is the subject of the addiction in the national economy. For instance, let us consider inflation, one of the most important topics of the macroeconomics. There is no or very low interaction between the general level of prices and the substance (addictive substance) in normal countries (developed, developing or importing substances). On the other hand, Afghanistan and Bolivia, two countries producing and exporting substances, the increase in the addictive substances will create an inflationary effect on the general prices in these countries. Finally, it should be remembered again that although drug addiction is definitely a harmful activity for human beings, it has positive effects on

some macroeconomic parameters. This effect, which will be roughly expressed below, does not necessarily mean that drug addiction is approved or advocated, but is presented only as a scientific finding (Yıldırım, et al., 2007, p. 30-45).

#### ***4.2.2.1 Increase in Public Expenditures***

The costs of addiction for the public begin before the substance abuse due to the aforementioned prior and relational links and continues with the outcomes. In turn, the state must first take preventive and protective measures against addiction depending on public power, due to the harmful effects of addiction on public health. First, the state takes educational, judicial, policing and socio-economic measures to prevent the illegal production, trade and abuse of the substance. In order to take and implement these measures, the state has to use public resources as well as public power (Eş, 2002, p. 52-60).

Beyond the preventive costs, the costs of public expenditure on the consequences of drug addiction are also very high. Among the health expenditures with various sub-headings, the health expenditure arising directly from the substance abuse is the highest. Problems that threaten public health can arise due to infectious diseases such as AIDS and hepatitis due to the sharing of substance, which will greatly increase health expenditures. Establishing and operating rehabilitation institutions to save the addicted individuals from their addictions for fighting against substance abuse is another important expenditure item. Because the process of rehabilitation of substance users is an extremely expensive practice, in many countries, the public resources are allocated to rehabilitation, due to the social state understanding. In other words, drug addiction will lead to significant increases in the various social expenditures of the state. In fact, as the addicted individuals neglect their families, many children with addicted parents have been taken care by the state. For instance, the care for the convicts in the prison due to the crimes of substance production and/or trade is an important expenditure item for the state. As a matter of fact, according to a survey conducted by the London School of Economics (LSE), it has been found that the care of the substance addicted convicts are more expensive compared to other convicts (Luongo, et al., 2017, p. 159-164).

The resources spent have serious implications for the state budget. In particular, there is an increase in the health, interior affairs, justice, nation-

al education and culture items of the central budget. These increases may lead to economic pressure to the budget and lead to a deficit in the budget. In economies that have difficulty in financing budget deficits, this situation may even lead to devastation. Even financing these deficits increases the cost of borrowing and even directs the resources allocated for investments to public expenditures. This situation, referred to as crowding out, causes alternative costs for financing private sector investment because of expenditures aimed at preventing drug addiction. At the same time, this will hinder rational resource distribution in the country (Ataç, 2000, p. 60-68).

#### ***4.2.2.2. Effects of Substance Abuse on the Labour Market***

Undoubtedly, widespread substance abuse will be reflected in the labour market. This reflection will create, of course, a disruptive, predatory effect in the markets. First of all, widespread substance abuse reduces the productivity level of employees. Hangover causes increased business accidents as well as low productivity, followed by decline in transaction volume. After the addicted individuals are made redundant, they turn towards informal sectors to find new jobs. In countries where addiction is widespread, the alternative costs of non-addicted individuals increase, namely, their wages increase. Above all, addiction per se causes the rate of participation to labour force to decrease (Kuğu, et al., 2000, p. 19-25).

#### ***4.2.2.3. Downward Effects of Drug Addiction on Public Revenues***

Each stage of drug addiction is an economic activity, although an illegal one. The production of addictive substance and then the provision of financing for consumption afterwards are both economic activities. Since illegal activities are obliged to be carried out informally, the all these economic activities shall be carried out as parts of informal economy. Thus, as the state will have a serious tax loss, informal sectors will be formed in the markets, which will further increase informality. For instance, sham and illegal sectors which are seemingly legal, suitable to the legal system will be formed to launder money gained from substance trade. Corporations and enterprises with income tax exemption are selected and areas with high production costs and low production costs are selected. For instance, in the past, 900 numbers telephone lanes for the chat service as an economic activity, were frequently used for this purpose (İpek, 2000, p. 29).

#### ***4.2.2.4. Effects of Drug addiction on National Income and Income Distribution***

According to United Nations International Drug Control Program (UN-DCP) data, substance production and trade is an extremely high economic activity with a high profit margin. The cost of 1 gram of heroin produced in three countries dominated the world market known as Golden Crescent (Iran, Afghanistan and Pakistan) is about 3 dollars, while the same substance can be sold for as much as 130 dollars in Western European Countries. Once more according to UNDCP data, the volume of economic activities for addictive substances is at a level that can affect gross national product for some countries. For example, for the Bolivian economy, it is estimated that the level of economic activity involving addictive substances was between 6% and 15% of GNP between 1980 and 1990. This rate is higher than the whole agricultural sector in the distribution of sectoral GNP for developed economies. As can be seen, the addictive substance economy affects the national income level of the country so much and undoubtedly, it will affect the income distribution in the country. The distribution of addictive substance production income in the Golden Crescent countries will give us important clues in this regard. The share rates of income from the trade of the addictive substances in the Golden Crescent countries are presented in the Table 1 below.

**Table 1:** Proportional Distribution of Addictive Substance Income

Planting Farmers	Cultivators	Traffickers	Sellers
6%	2	90	2

*Source: UNDCP*

#### ***4.2.3. International Economic Effects of Substance Abuse***

While the production of addictive substances has spread all over the world, the production has concentrated in certain countries, as noted above. The clustering in production has made the substances a subject of international trade. In fact, although illegal, addictive substance is estimated to be one of the biggest items in the foreign trade volume in the world (Bağrıaçık, 2000, p. 620-640). According to the IMF data, the volume of international trade of drug smuggling reached an average of 450 billion dollars between 1995 and 2005, while this volume remained at 150-200 billion in iron and

steel, 250-300 billion in motor and vehicle group, and 400-450 in textile and clothing group. A product with such a large volume will have significant international impacts on the country's economies, while varying according to the economic size of the country. These effects will be felt in countries where the proportional size of addictive substance trade in the country's economic size is large. Afghanistan, Pakistan and Bolivia, the biggest suppliers of substance trade, are the main ones.

Substance trade primarily affects the balances of countries' current accounts and balances of payments. The analysis here will be based on a large exporting country with a small economic size, such as Bolivia. It should not be forgotten that the analyses to be made for a different economy (e.g., an importing country with a large economy) will be different (Seyitoğlu, 2014, p. 310-342).

Substance trade is made with foreign currencies with high convertibility rates such as Dollar and Euro in the whole world. Therefore, the substance exporter country primarily obtains very serious foreign exchange income from this trade. For example, according to the United Nations Conference on Trade and Development (UNCTAD), it is estimated that this income is at the level of half of the legal export income of Bolivia and one-fifth of the legal export income of Pakistan. Such a high foreign exchange inflow to the country will undoubtedly provide significant contributions, such as closing the current accounts deficit. It is clear that these contributions will support the structural transformation process or programs in the economy in the short term, even though there are very serious risks for sustainability.

On the other hand, the movements of the foreign exchange income coming from the substance trade will be sudden and in high quantity due to its illegal source. This will lead to far different effects on the financial and capital markets in the country than the normal capital movements. For example, exchange rates, interest rates and stock exchanges will witness transactions arising from very sudden reactions, the volatility of the markets will increase, and even market interest rates will be less affected by the funds these foreign currencies generate. In addition to such positive effects of foreign exchange income from the substance trade on the current accounts and balance of payments of the exporting small economy, foreign exchange income from the substance trade will also cause some negative consequences. Let us continue with the Bolivian example. The local leather and textile sectors have collapsed due to the overvaluation of exchange rate with the excessive growth in addictive substance sector

and following foreign currency inflow. This is a striking situation and an example of effect known as Dutch Disease in the literature. In addition, another important problem in the market is crowding out effect, discussed above, resulting from foreign exchange inflows and subsequent changes in interest rates. Finally, the state will lose the relief due to the staying of these funds in the economy and will be dependent on these funds in time.

### **4.3. Addiction and Special Rehabilitation Service**

There are many ways to fight against addiction, from preventive and protective measures to law enforcement measures. One of the most effective ones is rehabilitation. Rehabilitation refers to the process by which the addicted individual first voluntarily decides to stop abusing the substance and then receives clinical support for the elimination of addiction. The rehabilitation centre aims to return the addicted individual to social life again by providing medical and / or psychological support considering the damage in the body of the addicted individual. Rehabilitation centre services are usually provided primarily by the government as well as by the private sector. In Turkey, as well as in developed countries, the state is inadequate to meet all the demand for rehabilitation service by using public resources. In addition, state has opened this field to private sector to meet the demands of people seeking special rehabilitation services. In addition, Turkey didn't neglect the state's regulatory and supervisory function and has issued the Regulation of Drug Addiction Treatment Centres in 2004. Thus the standards for this field and service quality have increased.

#### **4.3.1. Private Rehabilitation Service Marketing**

The treatments in private rehabilitation centres have gained very important accomplishments in Turkey as well as in the whole world. Theoretical and academic studies have also revealed that private rehabilitation centres have been successful in the recovery of addicted individuals. Unfortunately, private rehabilitation centres are not common enough in Turkey. There are many reasons for this; especially economic reasons. Because the costs of private rehabilitation centre are very high. Nonetheless, rehabilitation centres need to develop more professional marketing strategies for treatment services they offer (Radulescu, et al., 2011, p. 388-393). Thus, they improve their profitability and contribute to humanity by decreasing drug addiction. At this point the necessity to shape the service marketing

strategies of private rehabilitation centres, by taking some of the characteristics of drug addiction, emerges. The most important of these is the demand-driven nature of the private rehabilitation centres. In other words, the addicted individual and her/his family should have a determined will for treatment, beyond the need to purchase the treatment service. Because, in order for the emergence of demand for this service, the need and economic resources are not enough, contrary to normal goods and services. Apart from these, there are also very specific factors affecting the demand. While establishing marketing strategies, these specific factors affecting the treatment of the addicted individual and therefore her/his cooperation should be identified and measures taken accordingly (Guerrero, et al., 2015, p. 52-60).

The most important factor in the treatment of addiction is undoubtedly the cooperation of addicted individuals. Therefore, the private rehabilitation centres should primarily use stimulating marketing methods for the demand for the addicted individuals. The addicted individuals' demand for rehabilitation service should be stimulated with various activities such as by giving free one-to one educations with the addicted individuals and their families as well as awareness raising projects. The target problems in creating awareness are specific factors affecting the demand as well, such as shock, demoralization, feeling of guilt, rejection, hastiness, social exclusion, anxiety and panic, anger experienced by the addicted individual and her/his family. Marketing strategies should also focus on these points.

#### **4.3.1. Shock Status**

This is the state of confusion experienced both by the addicted individual and her/his family. The shock is experienced when the individual realizes that she/he has become a substance abuser, by previously abusing the substances a few time with various temporary impulses such as experimenting. No family will ever imagine one of their member to become addicted to substances. The disappointment and shock experienced by the addicted and her/his family move them away from rational decision-making. Instead of purchasing treatment and rehabilitation services, they may exhibit irrational behaviours. Here, within the scope of marketing of treatment and rehabilitation services, fieldworks should be conducted to ensure that people who experience these types of shock are immediately directed to centres.

#### **4.3.2. Feeling Depressed (Demoralizing)**

After the addiction is recognized by both the addicted individual and her/his family, they think that addiction will lead them to a dramatic end from which they cannot escape. Instead of the demoralization at the initial stages of addiction, sometimes addicted individuals and their families apply various methods to fight against addiction. However, if these methods do not succeed, the situation gets worse. This situation, which is also expressed as the stage of despair, moves the addicted individual and her/his family from rational thinking. Within the scope of marketing of treatment and rehabilitation services, it is necessary to conduct studies aimed to direct the target group to the rehabilitation centre by giving them hope. The promotion of successful cases in their centres can be used for this purpose (Şişman, 2016, p. 179-198).

#### **4.3.3. Feeling of Guilt**

This is the situation in which the addicted individual and her/his family behave irrationally after recognizing the addiction, which is similar to previous topic. The addicted individuals and their families concentrate on the causes of addiction instead of fighting against it. Unfortunately, they usually blame themselves for the addiction problem. However, the sense of guilt does not help them. Some of the addicted individuals abuse more substances to punish themselves due to the feeling of guilt they experience. Therefore, the psychological support against target group's feeling of guilt should not be neglected within the scope of the marketing strategies (Fregidou-Malama, et al., 2015, p. 530-540).

#### **4.3.4. Denial**

The addicted individuals themselves and their parents tend to ignore the drug addiction problem. They act like there's no such a thing. Even if this allows them to live temporarily in the world of imagination, it will deteriorate the situation after a very short period of time. Therefore, centres should establish family training programs within the scope of marketing strategies, which will enable families to recognize the existence of the situation rather than denying it (Paul, et al., 2018, p. 304-311).

#### **4.3.5. Anxiety, Panic and Anger**

Rather than internalizing the addiction problem and seeking solutions after recognizing the addiction; people may experience anger, panic and anxiety instead. People, who are already away from rational thinking, will experience anxiety and fear for the future. Also families, feel great anger towards substance addicted individual. This anger can be directed towards children, their friends, their spouses, their relatives, and the state. This situation does not last very long but it is important for the family not to make serious decisions in this situation. For this reason, within the scope of marketing strategy, family training programs should be aimed directing families to treatment and rehabilitation by decreasing their anger (Ghase-mi, et al., 2018, p. 54-59).

#### **4.3.6. Social Exclusion**

Sometimes, the aforementioned feelings of guilt and denial can be so intense that, the addicted individuals or the whole family prefer to withdraw from social life. So, they exclude themselves from social life, in a sense. Sometimes, withdrawal from social life may not be the choice of addicted individual or the family, but the society may exclude them, namely, they may experience social exclusion. This situation will increase the addiction of the individual and will move her/his away from the treatment process. Rehabilitation centres should take precautions to mobilize the social sensitivity within the scope of marketing strategies.

#### **4.3.7. Hastiness**

One of the most important problems of the rehabilitation centres is that the addicted individuals or their families leave the treatment unfinished. Addicted individuals and their families expect the troublesome days to pass quickly and the addiction to be eliminated. If these expectations are not met, the event expressed as “drop out” occurs. However, this process requires considerable time and effort. Therefore, within the scope of the strategy, rehabilitation centres should inform and prepare the customers about this long process in order to prevent drop outs. Here, by using the customer word especially, it is aimed to be reminded that the analysis is directed to the service marketing strategies of institutions providing treatment and rehabilitation services in the private sector (Purcarea, et al., 2015, p. 1020-1025).

## Conclusion

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This study is primarily a part of international drug addiction project, which has supporters and partners from different countries. Therefore, a scientific work composed of very valuable works of academicians from different countries has been produced. The concept of addiction has been examined from the perspective of different dimensions and disciplines. In this section, we primarily discussed drug addiction as an economic activity and we analyzed its economic effects in detail. In this context, we analyzed these effects by classifying them as micro, macro and international effects and based them on a causal relationship, in accordance with the systematic of economics.

The results of the analysis of the economic effects revealed very important details related to the fight against drugs and drug addiction. For example, especially in some countries, the addictive substance production and the international smuggling of these substance have reached a level that can affect the balance of payments. This situation means cheap financing in the form of foreign currency for the countries in question; although drugs are not legitimized, the control over them is loosened. Such economic determinations at the micro, macro and international levels will create higher awareness.

In addition, special centers for the treatment of drug addiction are economic units and the marketing activities for their services are also very important. Because, the success of these centers in marketing their services will not only increase the profitability of these centers, but also decrease the drug addiction problem. This study will be a guide in determining the service marketing strategies of the centers in question. Lastly, this study also provided important outputs for many disciplines, especially marketing, social services, economics, psychology and sociology. Because this study will be a resource for the academic studies conducted in the aforementioned disciplines. In addition, it will function as a supplementary resource for the undergraduate and graduate students studying in the aforementioned disciplines.

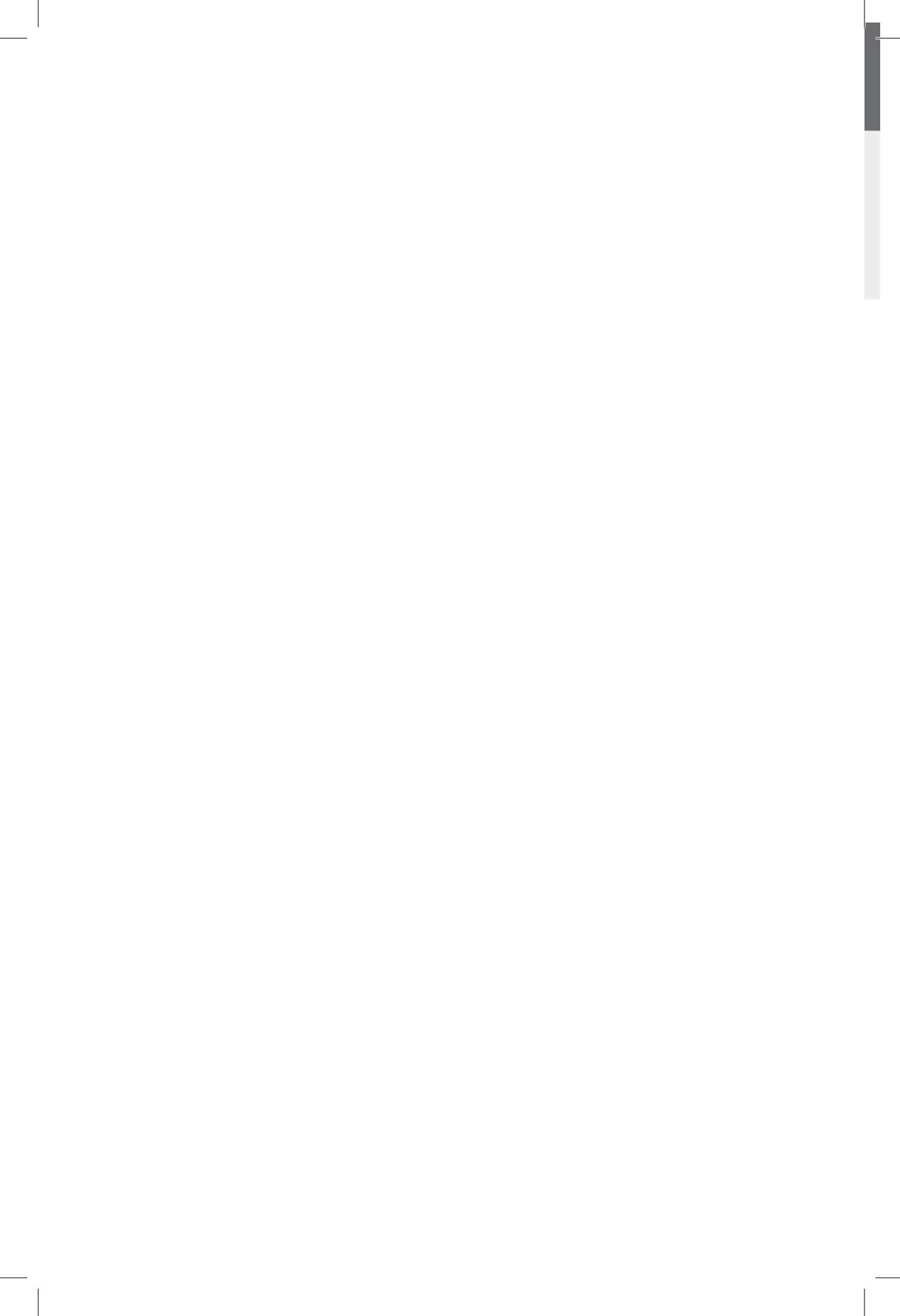
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# THE LEGAL ASPECT OF DRUG ADDICTION

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There have been many different substances people have been addicted to throughout history. However, the addictions which affect our lives, both physically and psychologically have increased rapidly in the last century. Today, the addiction triggers similar concepts in the minds of people. When the subject is further elaborated and the scientific fundamental of addiction is examined, it can be seen that the experts also have difficulty in determining the concepts and definitions in this subject. Especially the diversity of the adverse effects of addictive substances on the physiology and psychology of the person and the close proximity between the addiction and the abuse are making it difficult to determine the difficulties, definitions and concepts in forming the legal ground.

Legal arrangements are made in the light of new developments and phenomena both in Turkey and in the world. When international and national legal texts are examined, it is seen that the requirements related to prevention, treatment and rehabilitation related to drug addiction are taken into consideration. Turkey has made some legal arrangements due to both to comply with international conventions the country signed and to solve the addiction problems in the country. In the following section, international and national legal arrangements will be presented, respectively.

### **5.1. International Regulations**

The production of addictive substances, unlawful sales, and criminal networks established to promote and sell the substances create a legal, social and economic burden for each country. For this reason, every country has taken some measures to fight these crimes. Generally, such crime and criminal organizations are formed in a way that deals with an international set of links and multiple countries. However, the measures taken by the

countries on their own are not enough to fight against narcotics. Many international studies have been carried out in order to fight against drugs more effectively and countries have signed various conventions in this regard (Kahveci Düztaş, 2011).

International Opium Commission established by the representatives of the 12 countries gathered in Shanghai at the beginning of the 1900's can be said to be the first step towards preventing the use of narcotics and stimulants. The purpose of this commission was to make international regulations on the illegal trade of opium substance which was started to be widely abused in those years. However, more binding decisions were made in 1912 under the La Haye Convention signed by 34 countries. With this contract, the participating countries are committed to take measures against the abuse of opium and cocaine in their countries as well as the production of these materials illegally and to take measures against their trade.

With the 1925 convention signed in Geneva, La Haye's scope was expanded to include coca leaf, Indian hemp and other similar substances. The convention, signed in Geneva in 1931, is complementary to previous agreements. Apart from these two conventions, in 1936, Convention for the Suppression of the Illicit Traffic in Dangerous Drugs was signed and followed by protocols signed at Lake Success in 1946, in Paris in 1948, and in New York in 1953. In 1961, Single Convention on Narcotic Drugs was formed by the United Nations Economic and Social Council to cover all these convention and protocols. 26 conventions signed previously by countries were united with this convention.

Turkey also participated to the convention and the related legal regulation entered into force after published in Official Gazette in 1967. In the 1970s, the United Nations Economic and Social Council decided to take action in response to drugs called psychotropic substances, which affect the central nervous system and change and perceive brain function, psychological conditions, consciousness and transient changes in behaviour, and the prevalence of the abuse of these drugs. "Convention on Psychotropic Substances" was signed on February 21, 1971 in order to ensure the international supervision of these substances which were not covered by the Single Convention.

Regulation relating to the Convention entered into force in Turkey after its publication in the Official Gazette on July 3, 1980. The United Nations

Office on Drugs and Crime (2009) stated that these measures, taken since the beginning of the century, significantly reduce the illegal production and trade of narcotics. According to the report in 2009, between the beginning of the century and the time of the publication of the report, the world population has increased fourfold, while opium production has decreased by 70%. However, in the same report, it was underlined that legal action alone would not be sufficient and the importance of preventive and therapeutic measures for the abuse of narcotics and stimulants was emphasized (UNODC, 2009).

## **5.2. Legal Regulations in European Union Member Countries Related to the Drug Addiction**

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For European Union member countries, the framework of legislative arrangements for the use of narcotics and stimulants and for the purpose of personal use of substances and their possession has been established by the United Nations Single Convention in 1988. With this convention, the possession of narcotics and stimulants for personal use is considered a crime. While convention considers this situation as a crime, it liberates the signing countries to regulate the legal sanctions and measures in compliance with their own conditions in this respect.

In these regulations in compliance with the conditions of each country, various sanctions for the individuals abusing substances, possessing them for personal use have been regulated such as imprisonment, judicial warning, suspending driver's licence, probation and criminal fine (EMCDDA, 2002). When we look at the regulations on a country basis; in Spain, Portugal and Italy, in the case of possession of the substance for personal use, the person is directed to the treatment if she/he has developed addiction.

In Belgium, Denmark, Germany and Austria there are no penalties for personal use, but the individual possessing the substance is required to stay away from the substance by means of probation or judicial warning. In Ireland, the individual gets fined for the first or second arrest, and may be imprisoned for the third and more arrests (Kale, 2009). Generally speaking, judicial authorities seem to prefer not to impose more restrictive penalties on individuals caught for the possession of substances for personal use, but instead to apply alternative sanctions.

Especially individuals who have developed addiction and abuse are being directed to treatment, and regulations are made for them to take social

or therapeutic support they need. In this sense, it is important that justice and health systems work together. EMCDDA issued a report in 2002 and listed the issues Member States should consider when preparing sanctions for narcotic and stimulant substance abuse offenses. The EMCDDA requires the states to take the fact that the abuse of narcotics and stimulants was considered as a crime under the UN convention signed in 1988 but the reason for considering this abuse was to prevent the international illegal trade of 28 narcotic and stimulant substances, rather than punishing abusers individually into consideration when making legal arrangements for their own countries.

In addition to the arrangements between the countries, the report also states that the inconsistencies between the legal arrangements of each country and its implementations should be eliminated. The report advises that prioritization of treatment for individuals with narcotic and stimulant abuse should be prioritized, indicating that treatment options have been successful.

Finally, cooperation between health and judicial institutions have been underlined for the subject of narcotics and stimulants abuse. These recommendations are taken into consideration in the 2006-2012 Action Plan Against Addictive Substances and Substance Abuse, prepared by the Ministry of the Interior. The Plan includes aims to increase cooperation between Ministries of Health and Justice within the framework of Department of Probation to increase the prevalence of compulsory treatment for substance abuse crimes.

### **5.3. Legal Regulations Regarding Substance Abuse in Turkey**

#### **5.3.1. Legal Regulations to Prevent Substance Abuse**

The first and most important regulation on substance abuse is based on the Article 58 of the Constitution, “the State shall take necessary measures to protect young people from alcoholism, drugs, guilt, gambling and similar bad habits and ignorance” (Constitution of the Republic of Turkey, 1982).

“The National Drug Control Strategy Document” (2016-2018) and “The National Action Plan for Combating Drugs” (2016-2018), which were prepared under the coordination of the Ministry of Health, entered into force on April 18, 2016 by the judgement of the High Council for Drug Abuse. Also in this document the scope of prevention efforts related

to drug abuse in Turkey, which were coordinated by the Ministry of Health and contributed by Ministry of Interior, Ministry of Education, Ministry of Family and Social Policies, the Youth and Sports Ministry and Turkey Green Crescent Society, have been outlined.

### **5.3.2. Criminal Legislation Regarding Substance Abuse**

Regulations regarding substance abuse are stated in Article 191 of the Turkish Criminal Code numbered 5237. Accordingly; Turkish Criminal Code Article 191. / 1: “A person who purchases, accepts or possesses a narcotic or stimulant substance to use is punished with imprisonment for from one year up to two years.”. The second paragraph of the law no. 5237 regulates the practice of probation. Accordingly, a person who uses a narcotic or stimulant substance may be required by the court to seek treatment and probation; the person who purchases narcotic or stimulant substance to use later although not using currently is allowed to be judged only on the probation order (Kamer, 2008). The crimes of narcotic and stimulant substance abuse organized by the 191st article of Turkish Criminal Code numbered 5237 have taken their present form after the changes regulated by the law number 5560 in the 191st article. According to this;

(1) A person who purchases, accepts or possesses a narcotic or stimulant substance for use is punished with imprisonment for from one year up to two years. (2) In the case opened for this crime, before the judgment according to the first paragraph, the person who uses the narcotic or stimulant substance may be required by the court to seek treatment and probation; the person who purchases narcotic or stimulant substance to use later although not using currently may be given probation. (3) The person for whom treatment and probation are decided shall be obliged to act in accordance with the requirements of the treatment and the probation in the designated institution. An officer shall be appointed to guide the person who has been given the probation measure. This officer informs the person about the effects and consequences of the abuse narcotic or stimulant substances, informs the individual about safety measures, advises and guides the development of personal accountability, and reports the judge quarterly on the development and behaviour of the person during the application of probation. (4) The ongoing probation measure for the duration of the treatment shall continue for a period of one year from the date of the end of the treatment. It may be decided to extend the period of application of

the probation measure. In this case, however, the period shall not be more than three years. (5) It shall be decided to dismiss the case against the person who acts in accordance with the requirements of the treatment and the probation measure. Otherwise, the case shall be adjudicated by continuing the case. (6) A person who uses a narcotic or stimulant substance may be given treatment and probation measures pursuant to the provisions of the second to fourth paragraphs after the person has been punished for the purchase, acceptance or possession of narcotic or stimulant substances to abuse. In this case the execution of the sentence imposed is postponed. However, the treatment and probation measures must not be decided for the person previously. (7) The punishment for which the person has been convicted shall be deemed to have been executed if he / she acts in accordance with the requirements of the custodial and probation order; otherwise, it is executed immediately. (Yokuş-Sevük, 2007).

## **5.4. Substance Abuse and Probation Regulations**

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From the existence of mankind to today, while it is known that crimes and punishments differ at the regional or even local level, the fact that each crime has a punishment has not changed in any period of history (İlhan, 2011).

Penalties for offenses defined by legislation in Turkey are imposed without looking to the race, language, religion, sect, belief, origin, political or economic power or social position and without privilege to anyone (TUBİM, 2017).

The articles of the Regulations on the Probation and Support Centres and Protection Boards, the application regulation of Probation Law in the Turkish Penal Code' numbered 5237, published in the Official Gazette dated April 18, 2007 and numbered 26497, which refers to the treatment practices related to the Probation are as follows.

### **5.4.1. Adherence to Treatment and Examination Measures (ARTICLE 25)**

(1) This article expresses the obligation to be subject to, and to accept, treatment and examination measures, including hospitalization, in order to be eliminate the addiction for narcotic and volatile substances as well as alcohol. (2) A note is sent to the suspected or defendant to go to the branch directorate or office within ten days for her/his referral to health institutions.

(3) In case that the suspected or defendant doesn't apply to branch directorate or office within ten days without a justifiable, valid and indispensable documentary evidence, branch directorate or office shall close the registration in the related book and send the document to the public prosecutor's office to be forwarded to the court. (4) If a suspect or a defendant applies to the branch directorate or office, she/he is required to apply to health institution within five days by preparing a document for her/his referral to the health institution.

In addition, health institution is asked to report the date of application, the treatment program to be applied and the date of completion of the suspect or the defendant with a note. A supervision plan is prepared by the supervisory or probation officer after the delivery of the treatment program prepared by the health institution to the branch directorate or office. (5) If the suspect or defendant does not adhere to the treatment program determined by the health institution, the case shall be notified to the branch directorate or the office by the health institution.

(6) If the suspect or the defendant doesn't apply to the health institution in five days starting from the transfer date, or if the medical institution reports that she/he doesn't adhere to the treatment program of the branch directorate or branch office determines that she/he doesn't adhere to the treatment program, the suspect or the defendant is warned to obey the supervision plan.

If the supervision plan is not followed in spite of the warning, the registration will be closed and the documents will be sent to the public prosecutor's office to be forwarded to the court. In addition, the situation is reported to the health institution. (7) When the obligation is cancelled, the situation is reported to the health institution, the registration is closed and the document is sent to the public prosecutor's office to be forwarded to the court. (8) In case that the health institution reports the end of the treatment program, the actions in the seventh article are taken.

#### **5.4.2. Treatment and Application of Probation Measure (Article 83)**

(1) A note is sent to the suspected or defendant for whom the probation order is taken to go to the branch directorate or office within ten days for her/his referral to health institutions. (2) In case that the suspected or defendant doesn't apply to branch directorate or office within ten days with-

out a justifiable, valid and indispensable documentary evidence, branch directorate or office shall close the registration in the related book and send the document to the public prosecutor's office to be forwarded to the court.

(3) If the suspect or the defendant applies to the branch directorate or office, a referral letter is written to the health institution and she/he is asked to apply to the health institution within five days. A follow-up program is prepared for the non-addicted ones after the examination and check-up by the health institution and this program is notified to the suspect or the defendant. A copy of the program is also sent to the branch directorate or office. After the examination and check-up, if the suspect or the defendant is determined to be addicted, they are referred to the drug addiction treatment centres by the health institutions and their situations are notified to the branch directorate or the office.

The suspect or the defendant applies to the substance abuse treatment centre within three days. Branch directorate or office shall monitor whether the suspect or the defendant applies to the referred treatment centre. (4) Health institution is asked to report the date of application, the treatment program to be applied and the date of completion of the suspect or the defendant with a note. (5) Pursuant to the 90th article of this regulation, a guide is appointed to guide the suspect or the defendant for whom the probation measure is taken; this guide prepares a supervision plan in ten days after carrying a detailed evaluation about the reasons, effects and consequences of the narcotic or stimulant substance abuse of the suspect or the defendants within the framework of evaluation form and substance abuse list.

(6) In line with the guidance supervision plan, during the treatment and probation measure process the suspect or the defendant is informed about the effects and consequences of the abuse of narcotic and stimulant substances, the suspect or the defendant is advised for the development of sense of responsibility and is guided, and reports are prepared quarterly about the development and behaviour of the suspect or the defendant. The report shall be sent to the public prosecutor's office for being forwarded to the court by the branch directorate or office. (7) Whether the suspect or defendant adheres to the treatment program determined by the health institution shall always be monitored by the branch directorate or the office and the guide.

(8) The ongoing probation measure for the duration of the treatment shall continue for a period of one year from the date of the end of the treat-

ment as specified in the fourth paragraph of Article 191 of Law No. 5237. The report sent by the health institution after the end of the treatment is sent to the public prosecutor's office with the supervision report about the suspect or the defendant to be forwarded to the court. In addition, after the treatment has been completed, an audited supervision plan may be drawn up, if deemed necessary for the suspect or the defendant. (9) The date of completion of the treatment as reported by the health institution is the starting date of the continuing probation measure. (10) the starting date of the treatment and probation order is the date on which the suspect or the defendant has been referred to the health institution.

(11) Date of completion of treatment is the report date of a) the document prepared about the completion of the follow-up program for the non-addicted ones by the health institution determined by the Ministry of Health, b) documents prepared about the completion of the treatment program for the substance addicted ones by the drug addiction treatment centres, c) the document prepared for the ones that are not addicted and not deemed necessary to follow after the medical examination by the health institution determined by the Ministry of Health.

(12) During the continuing probation measure after the completion of treatment, the suspect or the defendant may be referred to the health institution to determine whether the suspect or the defendant abuses the narcotic or stimulant substances, if deemed necessary by the branch directorate or office. A referral letter is written to the health institution determined by the Ministry of Health and the suspect or the defendant is asked to apply to the health institution within five days.

#### **5.4.3. Violation of Treatment and Probation Measure and Closure of Registration Article 84**

(1) If the suspect or the defendant doesn't apply to the health institution in five days starting from the referral date, or if the medical institution reports that she/he doesn't adhere to the treatment program of the branch directorate or branch office determines that she/he doesn't adhere to the treatment program, the suspect or the defendant is warned to obey the supervision plan, if deemed necessary a revised supervision plan is prepared.

If the audit plan is not followed in spite of the warning, the registration will be closed and the documents will be sent to the public prosecutor's office to be forwarded to the court. In addition, the situation is reported to the

relevant health institution. (2) When the probation is over, the registration is closed and the document is sent to the office of chief public prosecutor for being forwarded to the court. Pursuant to the Registration Procedures of Probation Measure, Article 86 (1) Probation Measure; 191st article of the Law numbered 5237, probation measure shall be taken for the person who purchases, accepts or carries narcotic or stimulant substance to use later although not using currently.

(2) The judgment shall be sent to the republican prosecutor's office by the court. After the prosecutor's office register the judgement in the probation general book, the judgement is forwarded to the branch directorate or the office. (3) Branch directorate or the office shall record the verdicts taken for the adults into the probation book, and shall record the verdicts taken for the minors into the minor's probation book.

#### **5.4.4. Fulfilling the Probation Measure ARTICLE 87**

(1) A note is sent to the suspected or defendant for whom the probation order is taken to go to the branch directorate or office within ten days. (2) In case that the suspected or defendant doesn't apply to branch directorate or office within ten days without a justifiable, valid and indispensable documentary evidence, branch directorate or office shall close the registration in the related book and send the document to the public prosecutor's office to be forwarded to the court. (3) In the case that the suspect or the defendant applies to the branch directorate or office, the guide prepares a supervision plan in ten days after carrying a detailed evaluation about the reasons pushing the suspect or the defendants to this crime within the framework of evaluation form and substance abuse list.

In line with the guidance supervision plan, during the probation measure process the suspect or the defendant is informed about the effects and consequences of the abuse of narcotic and stimulant substances, the suspect or the defendant is advised for the development of sense of responsibility and is guided, and reports are prepared quarterly about the development and behaviour of the suspect or the defendant, then given to the branch directorate or the office to be sent to the judge.

(4) During the period of probation, the branch directorate or the office may refer the suspect or the defendant to the health institution for the determination of whether the suspect or the defendant abuses narcotic or stimulant substances. In this case, a referral letter is written to the health

institution determined by the Ministry of Health and the suspect or the defendant is asked to apply to the health institution within five days. (5) The date on which the probation order initiated is the date on which the suspect or the defendant applies to the branch office or office.

#### **5.4.5. Violation of Probation Measure and Closing Registration**

(1) If it is determined that the audit plan has not been complied with, the accused or convict shall be warned to comply with the convicted audit plan, and revised audit plan shall be prepared if deemed necessary. If the audit plan is not followed in spite of the warning, the registration will be closed and the documents will be sent to the public prosecutor's office to be forwarded to the court. (2) When the probation is over, the registration is closed and the document is sent to the office of chief public prosecutor for forwarding to the court.

### **Conclusion**

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When legal texts on substance abuse are examined, it seems that there is a parallel between national texts and international texts belonging to developed countries. It has been observed that probation practices and treatment programs, which are more actively used in our country in recent years, are effective. However, although improvements have been made in legal regulations, there has been an increase in substance abuse in parallel with the world, and it is seen that young people are more influenced by substance abuse, and the age of substance abuse is decreasing.

Legal arrangements are made in the light of new developments and phenomena both in Turkey and in the world. When international and national legal texts are examined, it is seen that the requirements related to prevention, treatment and rehabilitation related to drug addiction are taken into consideration. Turkey has made some legal arrangements due to both to comply with international conventions the country signed and to solve the addiction problems in the country.

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# NON-GOVERNMENTAL ORGANIZATIONS IN THE FIGHT AGAINST DRUGS

*Asst. Prof. Dr. İsmail Akyüz*

## **Introduction**

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Addiction is one of the biggest problems that today's societies are trying to overcome. Addiction makes both addicted and non-addicted individuals to pay great prices due to its disintegrative effect on the society. Addiction is a social problem that has great costs for all the segments of society beyond being a personal problem that only concerns substance addicted individuals due to the negative consequences it creates. Therefore, fight against addiction is a matter of concern not only for the addicted individuals, but of all societies where addiction emerges and substance addicted, namely all people and humankind. There are many types of addiction: smoking addiction, alcohol addiction, narcotics addiction, gambling addiction, technology / smartphone addiction, sex / porn addiction, etc. All addictions disturb the ordinary daily life of the individual, causing physical and spiritual harm by negatively affecting soul and / or physical health and harming social relations; thus reducing the quality of life. Especially alcohol and drug addiction is an important public health problem that harms the person, family and the society. In addition to serious mental and physical illnesses that addiction causes, it is the primary reason in the traffic and job accidents, injuries, deaths and killings, divorces, effecting children negatively, increase in domestic conflicts and tensions, interpersonal relations breakdowns, legal and social problems and in various economic losses (Ünal, 1991, p. 81).

Given the negative consequences that it creates, the systematic and decisive fight against all sorts of addiction with is a major challenge for today's societies. Because addiction threatens people of all ages with its increasing usage rate and varieties. A social consciousness should be formed

to support especially young people with preventive and protective services and to fight against tobacco, alcohol, drugs, technology and all other kinds of addiction. Undoubtedly, the greatest task is falling to all the relevant public institutions and organizations in terms of the possibilities they have in this fight. Nevertheless, the neo-liberal policies adopted by many developed countries in the recent years cause the states to “shrink” and slowly withdraw their hand from many sectors. In this sense, states have begun to transfer economic investments to the private sector while sharing the activities related to social policy and welfare with non-governmental organizations. It is observed that more and more NGOs are taking initiative in fighting against drug addiction in this process.

In this section, the role has played/can be played by NGOs against addiction (especially drug addiction) and what are the functions they have undertaken /can undertake will be presented.

## **6.1. Addiction as a Social Problem**

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Turkish Language Institution has defined addiction with different meanings. Almost all meanings of the notion of addiction, which each of which gains different meanings in different contexts, denote negativity, and this fact place importance to the fight against drug addiction, taking the different types and prevalence of addiction in today's societies. Turkish Language Institution, Contemporary Turkish Dictionary defines addiction as follows: “The state of addiction, dependence” and gives the following example sentence: “Addiction gives happiness for a while, then it becomes a habit, then it becomes a pressure-T. Dursun K. “. In the Glossary of Educational Terms, it is defined as: “The lack of the ability to solve the problems alone and to choose the direction for oneself”. 2. The Need for Financial and Psychological Support. 3. Being insufficient for oneself in the Dictionary of Psycholinguistic Terms, addiction is defined as “the situation in which the person is unable to meet her/his own needs and wishes, and in which the person needs the help of others in decision making and doing things.” In the Dictionary of Sociological Terms, addiction is defined as “The situation in which a person, a social cluster or a society under the political, economic, cultural, etc. direction and management of another person, cluster or community “(TDK, 2018). As you can see, addiction denotes a forced limitation, inadequacy and weakness whichever context it is used in.

The concept of addiction contains in a wide multidimensional range. The World Health Organization (WHO) first divided addiction in two as physiological addiction and psychological addiction in 1964. While physical addiction is defined as a physical desire for caffeine, cigarettes, cannabis, narcotics, alcohol, etc., psychological addiction is defined as the addiction of pleasure from the activity and the negative effect on the life of the individual because she/he regulates the daily life accordingly (Süler, 2016, p. 11). Addiction can be defined as the continuation of the abuse of a substance, the inevitable desire to abuse/intake the substance or to repeating the action in spite of its detrimental effect on the psychological and physical health or social life of the individual and its negative effects (Ünal, 2015, p. 9).

There are many individual and social problems created especially by drug addiction. Substance abusers do not only hurt themselves, but the negative consequences of substance abuse threaten every segment of the society, especially the family. There is no doubt that young people constitute the social segment which is most affected by substance abuse. After substance abuse, it is a frequent consequence to engage in criminal relations after a while for the teenager, who turns to the peer relations and street culture instead of the family relations. In order to be able to supply both addictive substances and to live on, young people may choose to steal or sell substances and continue their lives in a crime subculture (Yaman, 2014, p. 116).

Both painful experience and the scientific studies reveal that addiction doesn't have only financial costs, it also results in serious health issues (the mortality rates of which are not low), the disintegration of families, the increase in crime rates, the decrease in academic success, the emergence of insecurity, the disintegration of social relations, and many similar social problems. In a survey conducted on young addicted people living on the streets and their families, it was found that in time, these young people were dependent on street, their relationship with their family was nearly drifted away, they turned to crime and inclined to other illegal ways of making money, and they were gradually excluded from the social life and social relations (Gezek, 2007, p. 87-89).

Substance abuse pushes the individuals to disobey rules, harm themselves and the environment and it causes crimes. Sometimes the substance is abused to weaken the conscious control mechanism while committing crime. The individual may turn to extortion, theft, murder, prostitution and

other crimes to find money to supply the substance she/he is addicted to. Narcotic substances don't only cause crimes. One of the main sources of violent behaviour is the abuse of narcotic substances. Alcohol and substance abuse have been found to increase and get increased by aggression and acts of violence (Altuner et al., 2009, p. 88).

Of course, the problems caused by addiction (especially addiction based on substance abuse) are not limited to these. However, the problems aforementioned indicate the importance of fight of societies against substance abuse. Therefore, each country implements policies / programs to fight against substance abuse and addiction within the bounds of its own possibilities and level of consciousness, and tries to eliminate the addiction. In this sense, fight against the drug addiction has also been a subject over-emphasized in Turkey, a country with a large population of young people. Fighting against substance abuse and its addiction has been regarded as one of the state's constitutional duty in Turkey. The state's duty of fighting against substance abuse is based on the Article 58 of the Constitution, "the State shall take necessary measures to protect young people from alcoholism, drugs, guilt, gambling and similar bad habits and ignorance".

"The National Drug Control Strategy Document" (2016-2018) and "The National Action Plan for Combating Drugs" (2016-2018), which were prepared under the coordination of the Ministry of Health, entered into force on April 18, 2016 by the judgement of the High Council for Drug Abuse. Also in this document the scope of prevention efforts related to narcotics abuse in Turkey, which were coordinated by the Ministry of Health and contributed by Ministry of Interior, Ministry of Education, Ministry of Family and Social Policies, the Youth and Sports Ministry and Turkey Green Crescent Society, have been outlined (TUBİM, 2017, p. 14).

## **6.2. Civil Society Organizations and Fight against Addiction**

Civil society can be defined, in the broadest sense, as the place where all areas of the society are not directly under control of the state. Here it is necessary to take the word "civil" as the "citizens" not in "non-military" sense; it denotes a society of citizens. As such, civil society can be defined as a social space in which citizens carry out their affairs with their own relationships in areas and situations where the state does not directly intervene (Belge, 2003, p. 1). In this sense, it is possible to evaluate non-gov-

ernmental organizations as organizations outside of official / political institutions and organizations and operating by means of civil initiatives.

The tendencies of liberal policies, modernization, free market and liberation, which are an important part of the capitalism process, have made people's needs very complicated and limited resources of the state and profit for the private sector have made it impossible for the needs of people which are sometimes classical and sometimes concerning only the groups. Societies and groups that cannot receive sufficient contribution from the state and the private sector to solve these problems have tended to produce solutions themselves, rather than waiting for solutions by the state. This has brought about "Civil Society" and accordingly "nongovernmental organizations". As a result, a third sector emerged to address human needs (Şahin and Öztürk, 2008, p. 4). In this context, every organization that is active in the field of civil society is seen as a non-governmental organization, but in modern societies, organizations not functioning for economic purposes, acting on voluntary basis for enlightening and directing the public are considered as non-governmental organizations (Özer, 2008, p. 91).

Non-governmental organizations act as supportive / complementary or alternative organizations in areas where the state operates strongly, as well as in areas where the state has never taken actions or has been inadequate. Although public institutions and institutions have enormous financial resources, the enormous organizational power and the power to enforce sanctions through laws, their the rigid / complex bureaucratic formalities and the cumbersome functioning causes public institutions and institutions not to achieve the desired efficiency. On the other hand, non-governmental organizations are able to act much faster and with a solution-oriented manner with flexible structures and simple organization schemes. In addition, volunteerism and amateur spirit, which stand out in civil society organizations, make it possible to do great jobs with limited opportunities.

As in other developed or developing countries, public institutions and organizations play the biggest role in the fight against addiction in Turkey. However, established as early as 1920, Turkey Green Crescent Society draws attention as the most important non-governmental organizations in Turkey in the fight against addiction with its nearly centennial history. Turkey Green Crescent Society was established in order to fight against alcohol addiction, and in time, its fight against addiction has included cigarettes, narcotic substances, gambling, and technology addiction has been recently included among these addictions. Turkey Green Crescent Society

continues to its leading presence and activities in the fight against addiction in Turkey and in the world as a non-governmental organization with its experience accumulated in its centennial history.

The free market economy policies embraced especially since the eighties have led to the prevalence of civil society awareness in Turkey and accordingly led to a quick increase in the number of non-governmental organizations and their activities. Some NGOs operating on many different areas have also decided to participate in the fight against addiction by determining this subject as their field of activity and have started to carry out various studies and works accordingly.

It is possible to talk about two fundamental and intertwined roles of civil society organizations in the fight against the drug addiction. The first is the preventive / protective function of the non-governmental organizations that adopt the direct fight against the addiction as the field of activity and the second is the function of contributing to the rehabilitation process of civil society organizations established for a different purpose rather than directly fighting against addiction. The second function is often carried out by non-governmental organizations specialized in this field, while organizations not related to fight against addiction play an indirect role in the context of the individual functions of non-governmental organizations.

### **6.2.1. The Direct Contribution of Non-Governmental Organizations to the Fight Against Addiction (Protective / Preventive)**

The primary activities for protecting the young people from the risky behaviours, especially the drug addiction are protective and preventive activities. It is an extremely difficult, costly and time consuming process for a person to get rid of her/his addiction after developing addiction for any narcotic and stimulant substance. For this reason, the most appropriate, easiest and least cost-effective method of fighting against drug addiction is to protect children and young people from these substances and to strengthen children / youth against these substances (Özbay et al., 2017, p. 83).

Conferences, seminars, public service announcement, advertisement, flyers and brochures explaining the harms of the substance addition on the individual and the society constitute the most important part of prevention activities in Turkey by various governmental and non-governmental orga-

nizations. These activities, which aim to raise public awareness and eliminate drug addiction before it starts, are aimed at young people, because the drug addiction usually starts at these ages. In this context, informing activities are conducted aimed at public personnel, teachers, families, students, personnel of related institutions and organizations and military personnel (TUBİM, 2017, p. 14).

Undoubtedly, the most important stage in the fight against drug addiction which should be emphasised and focused is the stage in which preventive/protective activities are conducted. Because after the addiction has developed, treatment and rehabilitation processes are costlier and challenging. Therefore, it is necessary to emphasize preventive / protective activities, which are the first step of fight against drug addiction, and this stage should be supported at the national level. Especially the raising the awareness and information level of the young population, which constitutes the greatest risk group, about the addiction and its harmful consequences constitutes the main axis of preventive / protective activities. Non-governmental organizations play important roles in the activities carried out in this subject. Individuals and communities in society need solidarity with other individuals in order to be more effective in their various interests and benefits. Because of this need, people can come together in non-governmental organizations. Non-governmental organizations also convey the problems, needs, demands and requests of these members to the society. In this respect, non-governmental organizations perform first of all a function as ‘creating public opinion in the society’ (Özer, 2008, p. 92).

Particularly the activities to be conducted to raise awareness needs to cover the whole young population. However, these activities require costly high organizations due to the wideness of the target group; thus non-governmental organizations many of which have limited budgets and human resources remain incapable in this respect. Non-governmental organizations, which earn the status of “Public Benefit Association”, are granted privileges such as unauthorized charity collection and a significant tax exemption; and presidents of associations can take part in the state protocol. Associations that earn the status of Public Benefit Association can also take part in the execution of state-financed social responsibility projects and carry out activities in cooperation with public institutions and organizations. Green Crescent Society of Turkey, which is the first NGO coming to mind in the fight against addiction, has the status of public benefit associations and effectively performs a variety of activities for fighting against

addiction. Within this scope, various financial support programs implemented by Green Crescent Society provide important contributions to the fight against addiction. Green Crescent Society aims to achieve effective cooperation with public institutions and institutions such as non-governmental organizations, universities, research centres, etc., which are operating towards disadvantaged groups who are at risk of drug addiction, within the framework of closer cooperation with stakeholders working in the field of addictions. In this context, the Financial Support Program to Fight Against Addiction 2016 Turkey has been applied by 142 different NGOs and universities from all over the country. The project was subjected to administrative evaluation under the two-stage evaluation process and subjected to technical evaluation by independent assessors. As a result of the evaluation process, 12 projects out of 142 applications were found suitable for giving support. This support has led to an increase in the activities in the fight against addiction as well as has strengthened the civil society organizations working in the field.

In addition, Green Crescent Society grants scholarship to graduate students in graduate schools and research institutes whose master theses and/or doctoral dissertations will focus on the tobacco-cigarettes, alcohol, drugs, technology, gambling and other types of addictions and will contribute to the addiction studies field of the Association. The lack of academic publications studying addiction in Turkey has led to a number of deficiencies in the establishment of many theoretical frameworks, from the development of effective policies to fight against addiction to the establishment of implementation mechanisms. Starting from this lack of academic publications, Green Crescent Society supports post graduate thesis studies to be carried out in the field of addiction with the Graduate Thesis Research Scholarship Support Program since 2014 in order to support the qualitative and quantitative research on addiction prepared in various disciplines from health sciences to social sciences which will create resources at national and international levels.

Apart from Green Crescent Society, there are various other NGOs in Turkey fighting against drug addiction. Many of these are relatively small organizations operating on a local scale, some of these are conducting awareness raising activities while others are contributing to the treatment process of addicted individuals by contacting them.

### **6.2.2. Indirect Contribution of Non-Governmental Organizations to the Fight Against Addiction (Rehabilitator / Detractive)**

While the preventive/protective activities form the first part of the fight against addiction, the therapeutical-rehabilitating/detractive activities form the second part. The activities in the second part are far more difficult, long-lasting and costly than the activities in the first part. "Alcohol and Drug Addiction Treatment Centres" (AMATEM) operating in the mental and neurological disorders department of the hospitals with the permission of Ministry of Health, is the first institution coming to mind in the treatment of addiction in Turkey. Alcohol and drug addicted individuals firstly apply to these centers, and they are either applied outpatient or inpatient treatment. In addition, the outpatient treatment is conducted with psychotherapy groups. Pharmacological applications are the first step in drug addiction treatment. This phase is carried out by attending physician as various medicines are applied in the treatment. This treatment only be given in hospital settings approved by the Ministry of Health.

Another important step in the treatment of addiction is rehabilitation. Rehabilitation practices administered with or without medication depending on the substance addicted individual is addicted to, the addiction is aimed to be eliminated. Non-governmental organizations are more effective in the rehabilitation phase during the treatment phase in the fight against drug addiction. In this context, it is possible to evaluate civil society organizations in two categories. The first category covers NGOs established to fight against addiction and operate directly on this field; the second category covers non-governmental organizations which are not established for the purpose of fighting against addiction and operate in any field.

Since NGOs are founded on voluntariness principle, it is possible to say that the organizations operating in this field are more wholehearted and sincere than the official institutions and organizations; thus reaching more addicted individuals and incorporating them into the treatment process. Considering the fact that non-governmental organizations fighting against the addiction are more active at the local level and their workers know the region better and have the opportunity to get to know the people living in their own areas, it is seen that these NGOs play an active role in the fight against addiction. The fact that a significant number of volunteer workers in these civil society organizations are former addicts also play an import-

ant role in communicating with addicted individuals. However, the public institutions related to the addiction have the potential to ensure the emergence of much more successful work by providing specialist and financial support to the local scale NGOs by establishing the necessary supervisory mechanisms, especially in the areas where substance abuse is intense.

When the non-governmental organizations which are not established for the purpose of fight against addiction and operate in any field are considered; their contribution in the fight against addiction generally arises in the context of the positive effects of non-governmental organizations on the individuals. Civil society organizations have political, economic, social and individual functions. Participating in non-governmental organization activities has many positive effects on the individuals.

Non-governmental organizations function to ensure that individuals are nurtured in a participatory and pluralistic culture that they will form within themselves and at the same time gain management experience. Non-governmental organizations improve the awareness of responsibility and creativity by opening the way for individuals. Individuals who are members of a non-governmental organization and who fulfil the requirements of membership in their activities have many opportunities to make their individual lives multidimensional. In non-governmental organizations, individuals' sense of belonging is based on the principle of volunteerism. Individuals lean on each other in the NGOs, satisfy their respect, securing and self-respect needs against appreciation, a certain value and status. Citizens assume a civic responsibility by participating in non-governmental organizations, revealing the idea of social benefit beyond their individual interests (Kutlu, 2006, p. 45).

Non-governmental organizations have a separate role in the healthy realization of individual communication. The person protects herself/ himself and her/his interests within the group more easily and confidently. By obtaining information via group, which cannot be obtained on their own, the members nurture their sense of security and operativeness when they reach the facts. They also have the ability to compare their own values, perceptions and emotions with the information they have acquired and to test their authenticity. Individuals who cannot rely on themselves to deal with social problems have a high motivation to solve problems with a more energetic, productive and creative environment provided by non-governmental organizations (Kutlu, 2006, p. 46).

These values, imparted by the NGOs to the individual, are becoming more meaningful when the support needed by the substance addicted individuals in the treatment process is considered. One of the main objectives of the rehabilitation process is to strengthen the individual and ensure that she/he is away from addictive elements without getting support. In this sense, becoming a member of NGOs or participating in their activities voluntarily contributes positively to the rehabilitation process of individuals who have undertaken addiction treatment.

## **Conclusion**

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In order to fight against addiction, one of the biggest problems that threaten contemporary societies, every state is trying to develop and implement various programs within the framework of its social and economic dynamics. However, as addiction means a long, difficult and costly process in all aspects and stages, as well as due to the neoliberal policies in the recent years have given the state a more limited role, the importance and role of non-governmental organizations in the fight against addiction is increasing, as it has happened in other similar subjects. The contribution of non-governmental organizations to the fight against addiction is important, both in direct and indirect ways. Non-governmental organizations established for fighting against the addiction increase awareness and inform the people, especially those under high-risk of addiction, about the harmful effects of addiction, with the protective/preventive works. Furthermore, they contribute to the treatment process of addicted individuals with therapeutic-rehabilitative/detractive works. Nongovernmental organizations established for any purpose other than fighting against the addiction help both the non-addicted individuals in risk groups and addicted individuals under the treatment process to stay away from harmful environments and habits.

Public institutions and institutions' rigid / complex bureaucratic formalities and the cumbersome functioning causes public institutions and institutions not to always achieve the desired efficiency. On the other hand, non-governmental organizations are able to act much faster and with a solution-oriented manner with flexible structures and simple organization schemes. In addition, volunteerism and amateur spirit, which stand out in civil society organizations, make it possible to do great jobs with limited opportunities.

Considering the fact that non-governmental organizations fighting against the addiction are more active at the local level and their workers know the region better and have the opportunity to get to know the people living in their own areas, it is seen that these NGOs play an active role in the fight against addiction. The fact that a significant number of volunteer workers in these civil society organizations are former addicts also play an important role in communicating with addicted individuals. However, the public institutions related to the addiction have the potential to ensure the emergence of much more successful work by providing specialist and financial support to the local scale NGOs by establishing the necessary supervisory mechanisms, especially in the areas where substance abuse is intense.

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# INTERVENTION APPROACHES

## 7.1 BEHAVIOURAL INTERVENTION

*Res. Asst. Mehtap Kot*

Different approaches have been put forward in order to understand the human behaviours and the underlying reasons. These approaches vary according to the explanations of the differences and the treatment studies to be followed in order to overcome the limitations of these differences. These approaches focusing on individual differences can be categorized as psychodynamic approach, biophysical approach, cognitive approach and behaviourist approach.

### 7.1.1. Psychodynamic Approach

Psychodynamic approach suggests that human behaviour is related to inner and spiritual formations and that consciousness should be examined in the process of analysing behaviour (Özyürek, 1996). Freud (1856-1939), the pioneer of this approach, reveals the behaviours and underlying causes of these behaviours through the “subconscious” notion. Turkish Language Institution defines the consciousness; “The ability of people to recognize themselves and their environment”. The subconscious is the unawares placement of signals in the environment such as images, sounds and images in the mind of the individual (Küçükbezirci, 2013). In the psychodynamic approach, it is argued that the emotions, thoughts, experiences, attitudes and behaviours, which the individual unawares keeps in her/his consciousness and the main reasons for the behaviours are kept hidden in the subconscious. According to this approach; thoughts and experiences suppressed in the subconscious reveal themselves in behaviours or dreams. The psychoanalytic treatment is the name of the treatment during which the client tries to find the reasons of her/his problems in her/his subconscious and corrects them with the expert. The analysis methods of subconscious are dream analysis and the hypnosis.

### **7.1.2. Biophysical Approach**

Biophysical approach search for the primary reason of the behaviour of an individual in the biophysical and chemical structure (Özyürek, 2005). According to this approach, genetics lies under the basis of mental or behavioural disorders. The theoreticians who adopt the biophysical approach argue that psychiatric or behavioural impairment is due to the impairment of biophysical and biochemical structure in part or all of the behaviours. Some theorists adopt the view that the excess or lack of some substances lead up to the development of some behaviours. This approach advocates the necessity of medicines or medical treatments to change the biophysical or chemical structure of the body as a solution (Özyürek, 1996).

### **7.1.3. Cognitive Approach**

Cognitive formations are mental data processing processes such as perception, memory and thinking (Deniz, 2010). Using these processes, the individual acquires new knowledge about the environment, remembers past experiences and solves the arising problems. Cognitive approach is based on the attitudes or assumptions which develop depending on the past experiences. Those who adopt the cognitive approach claim that the thoughts related to the problematic event should be focused on in order to understand the nature of a mental state or problem (Hiçdurmaz and Öz, 2011). According to cognitive approach, behaviour is explained using thinking processes (Özyürek, 1996). It is important that the thinking processes are developed and the individual can use these in a healthy way. According to the cognitive approach, in order to cope with the problematic behaviours, it is necessary to develop the perception, keeping in mind and organization processes (Özyürek, 1996).

### **7.1.4. Behavioural Approach**

The behaviourist approach advocates the need to study behaviours that can be observed and measured, rather than focusing on people's unobserved behaviours (Deniz, 2010). The behaviourist approach was put forward by Watson, its philosophical foundations were laid by John Locke, and its physiological foundations were laid by Thorndike, Skinner, Hull and Bernard (Ersanlı, 2013). According to the behaviourist approach, behaviours are explained based on the functional relation the behaviours establish with the environment (Özyürek, 1996). The behaviourist approach

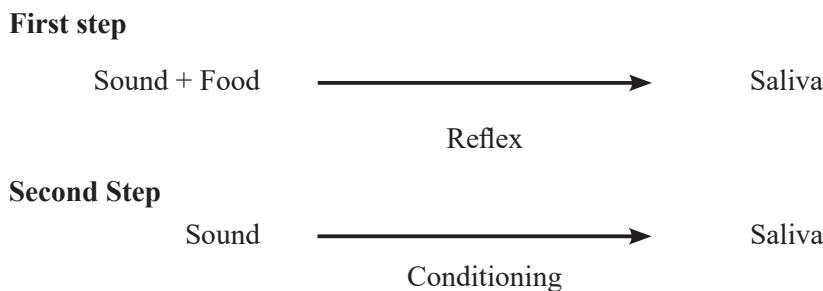
focuses on the observable behaviours of the individuals and explains the behaviours with their antecedents and consequences. Those adopting the behaviourist approach think that human behaviours are learned via the reactions given to stimuli in a certain environment and they argue that human behaviours are acquired by learning (Özyürek, 2005). Behaviourist theorists view learning as a link between stimulus and reaction (Deniz, 2010; Ülgen, 1997). The stimulus is an internal or external event that activates the organism. The physiological or psychological change that occurs in the organism in response to a stimulant is called the reaction. That is, the behaviourist approach deals with how behaviours are learned. Behaviourist theorists argue that it is necessary to examine the structure and function of the human behaviours as well as how these behaviours occur. According to the behaviourists, all the reactions of individuals have been learned and new learning is taking place as a result of experiences (Aksoy, 2015). Behaviourist theorists argue that human beings are shaped by the environment and that human behaviour can be changed in the positive direction by regulating the environment. There are two basic theories that adopt the behaviourist approach. These theories are classical conditioning and operant conditioning.

#### ***7.1.4.1. Classic Conditioning***

Classical Conditioning was first introduced by Russian scientist Pavlov. While examining the ingestion of the digestive system on dogs, Pavlov, a physiologist, discovered that a dog secreted saliva when it saw the person bringing the food instead of when the dog put the food in its mouth. Pavlov then created a controlled experimental environment and gave the dog a ringing tone just before giving food regularly. After repeating this relationship many times, he saw that the dog secreted saliva when he heard the ring even when he did not give dog any food. At the beginning of this experiment, the ring was neutral stimulus, the food was unconditioned stimulus, and the dog's saliva were the unconditional response. As a result of the matching the ring and the food, the ring became the conditional stimulus, the saliva dog secreted to the ring became the conditional response. When an individual gives a reaction to the second stimulus that is same with the first stimulus by establishing a link between first stimulus and second stimulus, this is called classical conditioning (Ülgen, 1997).

Classical conditioning has been developed on the basis of reflexive behaviours and argued that learning begins with stimuli coming from the

environment. The frequency, sequence and timing of the stimuli coming from the environment are important. The organism is first given the conditional stimulus and then natural stimulus. The organism establishes a relationship between the two stimuli, and gives the same reaction to both of them. If the dog example in the Pavlov's experiment is re-examined, the dog first only secrets saliva for the food, and after correlating the ring and the food, the dog starts to secret saliva for the ring, as well. The process of this experiment is shown in Figure 1.



**Figure 1:** Classical conditioning process (Özyürek, 2005).

#### 7.1.4.2. *Operant Conditioning*

Contrary to the classical conditioning, which advocates that the behaviour occurs automatically, it is argued that the stimuli following the behaviour shape the behaviour in the operant conditioning (Olçay-Gül, 2014). The first studies on the operant conditioning were conducted by Skinner. Skinner, who studied human and animal behaviour, was more interested in intentional behaviours rather than the stimulus causing the behaviour. According to operant conditioning, reinforcement and clue have an important place in acquiring a new behaviour.

According to Skinner, there are two kinds of behaviour: respondent and operant. Respondent behaviour is a direct response to the stimulus, and the stimulus that causes the behaviour is always known. Operant behaviours are controlled by the consequences of behaviour. At first, behaviour occurs spontaneously. However, the result of the behaviour increases the likelihood of the behaviour occurring in the future. According to Skinner, if the consequences of a behaviour creates a situation that is favourable to the individual, the likelihood of reoccurrence of that behaviour is increasing. Conditioning by giving a positive stimulus after the behaviour is called

operant conditioning (Atakay, Atakay, Yavuz, 1995). The stimuli following the behaviour and creating positive effects on the organism and thus increasing the likelihood of that behaviour are called reinforcement. The stimuli following the behaviour and creating negative effects for the organism are called punishment.

#### ***7.1.4.3. Observation of Behaviours***

According to advocates of behaviourist theory, if the premises of a behaviour are known, more rational decisions can be made for changing the behaviour. Direct observations are made to determine the cause of the behaviour. While the behaviour analysis based on direct observation is carried out, it should follow these three steps: firstly, the target behaviours should be observed, counted or their duration should be determined; secondly, the variants effective on the target observation should be determined, and thirdly, the effects of these observed variants should be determined (Özyürek, 1996).

Target behaviour is observed first and observations are written down in the data record form. The recording form which present information related to the antecedent and consequences of the behaviour, and which includes detailed data as well as direct observation is called anecdotal record. The target behaviour is determined with the anecdotal record. It is advisable to keep the recording at three different time and locations. Thus, the antecedents and consequences of the behaviour are understood. This is also necessary for the reliability of observation.

#### **Anecdotal Record**

**Class:** Special Education Class **Date:** 06/06/2018

**Observed Individual:** Kadir

**Observer:** Mehtap Kot **Duration:** 20 mins

<b>Antecedent of Behaviour</b>	<b>Behaviour</b>	<b>Consequences of Behaviour</b>
The teacher asked “what day is it today?”	Kadir said “Monday”.	Teacher said “Well done”.

The antecedents and consequences of the behaviour are determined with the anecdotal record. After the target behaviour is determined, data

on the frequency, duration and severity of the target behaviour are collected (Eripek, 2014). These data are obtained systematically using behaviour recording techniques.

#### ***7.1.4.4. Behaviour Record Techniques***

Recording techniques used for the direct measurement of behaviours are categorized into two group; the recording techniques based on its formation and recording techniques based on its realisation period (Tekin-İftar, 2012). It is examined whether behaviour occurs in recording techniques based on the formation of behaviour. If the behaviour occurs, the data is processed in the record form. Recording techniques based on the formation of behaviour are further categorized in themselves as event recording, time interval recording, instant time sampling recording, permanent product recording, skill analysis recording, and split trial recording.

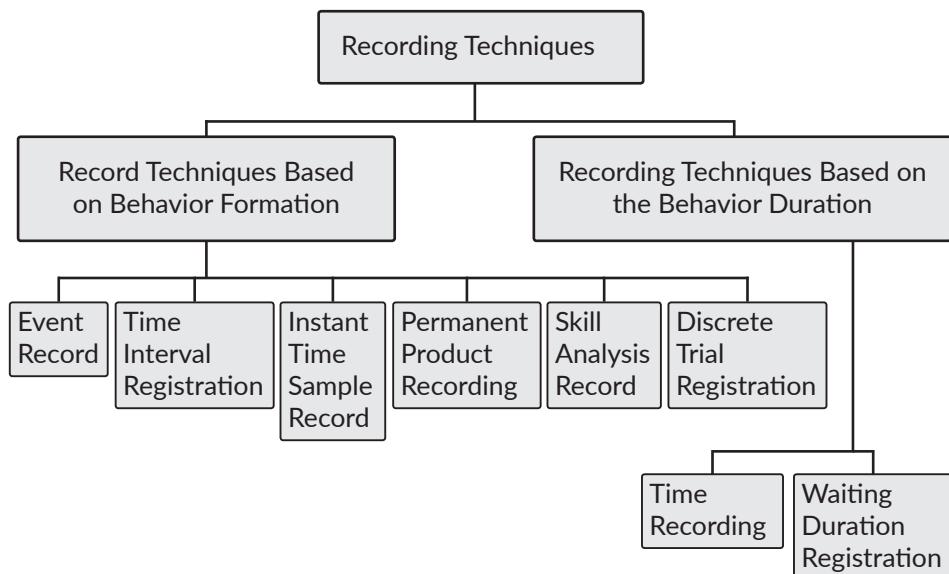
In recording techniques based on the duration of the behaviour, the duration of the behaviour or the time it takes for the behaviour to occur are examined (Tekin-İftar, 2012). Recording techniques based on the duration of the behaviour are categorized as duration recording and waiting duration recording. Figure 2 summarizes the schematic structure of recording techniques.

##### ***7.1.4.4.1. Record Techniques Based on Behaviour Formation***

Formation-based recording techniques include recordings of the behaviours the beginning and ending time of which are observed clearly.

###### **1. Event Record**

The event record indicates how many times a certain behaviour, the beginning and the ending of which are certain, occurs at a certain time interval (Özyürek, 1996). This is the recording technique used to determine the number of occurrences of the behaviour. It is a technique used for the behaviours which are planned to be increased or decreased. In the event recording technique, behaviour is recorded during a certain observation duration. A registration form can be prepared for the event recording technique, as well as paperclip, bead, etc., can be put into a box or an indicator can be used to keep the number of occurrences. For the use of the event recording technique, the beginning and ending of the behaviour to be observed must be easy to notice, the behaviour should not be a prolonged or a very frequently repeated one. There are two types of event recording technique: (a) controlled event recording and (b) free event recording.



**Figure 2.** Classification of behaviour recording techniques (taken from Tekin-iftar, 2012).

### Sample Form;

**Individual** : Onur Karadeniz  
**Observer** : Mehtap Kot  
**Target Behaviour** : Raising hand to answer the questions  
**Description** : When the teacher asks a question, the individual will raise his finger to ask for permission to give an answer

Date	Start time	End time	Observation Duration	The Frequency of the Behaviour
April 4	09:15	10:00	45 mins	
April 5	10:30	11:15	45 mins	//
April 6	10:15	11:00	45 mins	/
April 7	11:00	11:45	45 mins	//    /
April 8	10:00	10:45	45 mins	/    / /

## 2. Time Interval Registration

Time interval recording is a recording technique based on recording whether behaviour has occurred or not (Tekin-İftar, 2012). The observation period is divided into equal time intervals and whether or not the behaviour occurs within this interval is recorded. The observation periods can be categorized as a) a fractional time interval and b) an integral time interval. In the partial time interval recording, it is observed whether the behaviour occurs during the determined time interval. In the integral time interval, the behaviour should occur during the determined time interval to accept its existence.

### Sample Form;

<b>Individual</b>	: Onur Karadeniz
<b>Observer</b>	: Mehtap Kot
<b>Target Behaviour</b>	: Sitting Down
<b>Date</b>	: June 01, 2018
<b>Observation Time</b>	: 10:00- 10:12
<b>Observation Interval</b>	: 20 sec.

+	-	+	+	+	-
-	+	+	+	+	-
-	-	+	+	-	-
+	+	+	+	-	-
-		-		+	+
	+		+	+	+

**Number of Recording Intervals** : 32

**Number of Intervals in which the Behaviour occurs** : 20

**Interval Percentage** : 62.5%

### **3. Instant Time Sample Record**

The observation period is divided into time intervals of 5 to 10 minutes and it is observed at the end of the time interval to record whether the behaviour has occurred or not. It is a recording technique that is easily used by practitioners when observations are made at the end of a specified interval, not during the observation interval in the instantaneous time sampling recording, and it provides the practitioner the ease of observing several behaviours at the same time.

### **4. Permanent Product Recording**

Permanent product recording is a recording technique in which the data are collected considering whether behaviour has taken place or not (Tekin-İftar, 2012). Permanent product recording is kept for the behaviours the consequences of which are clearly present at least for a while and the easily perceptible. Permanent product recording is not appropriate for behaviour the consequences of which immediately disappear, and the record is kept after the behaviour has occurred. The most important benefit of a permanent product recording technique is that it doesn't require the practitioner to observe the behaviour when it occurs.

### **5. Skill Analysis Record**

Skill analysis is a recording technique used to determine whether the steps of a chain behaviour occur or not. For this purpose, firstly, skill analysis for the chain behaviour is developed and then it is determined whether the individual does each step in this chain or she/he does these steps with which help method.

**Sample Form;****Individual :****Observer :****Target Behaviour : Hand washing**

	July 3, 2018	July 4, 2018	July 5, 2018	July 6, 2018	July 7, 2018	July 8, 2018	July 9, 2018
1. She/he taps.	+	+	+	+	+	+	+
2. She/he takes the soap.	+	+	+	+	+	+	+
3. She/he keeps her/his hands under the water.	+	+		+	+	+	+
4. She/he lathers up the soap in her/his hands.	-	-	+	+	+	+	+
5. She/he cleans her/his hands from foam by keeping her/his hands under the water.	-	-	+	+	+	+	+
6. She/he puts the soap back.	-	-	-	+	+	+	+
7. She/he scrubs both sides of her/his hands until they are clean.	-	-	-	-	+	+	+
8. She/he rinses her/his hands.	-	-	-	-	+	+	+
9. She/he turns off the faucet.	-	-	-	-	-	+	+
10. She/he dries her/his hands.	-	-	-	-	-	-	+
<b>Number of Correct Behaviours</b>	3	3	4	5	8	9	10
<b>Number of False Behaviour</b>	7	7	6	5	2	1	0
<b>Correct Behaviour Percentage</b>	30%	30%	40%	50%	80%	90%	100%

## 6. Discrete Trial Registration

In the discrete trial registration, the response of the individual against a certain distinguishable stimulus is recorded (Tekin-Iftar and Kircaali-İftar, 2006). This technique is used for behaviours with easily distinguishable beginning and ending. The one-step behaviours aimed to be taught to the individual are listed and the responses of the individual to the guidelines that are presented in this order are recorded (Tekin-İftar, 2012).

### *7.1.4.4.2 Recording Techniques Based on the Behaviour Duration*

In the recording techniques based on the duration of the behaviour, the duration of the behaviour or the elapsed time for the formation of behaviour are observed.

#### 1. Time Record

Time recording is the type of record kept to determine how long the target behaviour continues (Özyürek, 1996). It is also a recording technique that is recommended to be used when data collection is required for the behaviours that occur at a high frequency. The time recording technique can be performed in two formats. The total realisation duration of the behaviour can be recorded, or the realisation duration of each behaviour is recorded separately.

#### 2. Waiting Duration Registration

It is the recommended recording method to employ to gather data on the duration between the presentation of the guideline or the stimulus for exhibiting the behaviour and the child's exhibition of this behaviour (Tekin-İftar, 2012). The inability to plan the waiting duration appropriately is a problematic behaviour common in many cases. Therefore, the waiting period is recorded to make a change during this time. Thus, it is determined how long an individual waits to exhibit behaviour.

**Sample Form;****Individual :****Observer :****Target Behaviour :****Date :****Attempt :**

<b>Date</b>	<b>Observation Time</b>	<b>Waiting Duration</b>	<b>Total Waiting Duration</b>	<b>Average Waiting Duration in Each Session</b>

**Conclusion**

There are different approaches trying to understand the human behaviours and the underlying reasons. Among these approaches, psychodynamic approach, biophysical approach, cognitive approach and behaviourist approach are among the most preferred approaches by trainers. Each approach explains behaviour according to its own philosophical foundations, and when problem behaviour is encountered, it suggests solutions based on its own philosophical foundations. The frequency, duration, and severity of behaviour should be analysed to understand whether a behaviour is problematic or not. Behaviour recording techniques are also used for this analysis.

Recording techniques used for the direct measurement of behaviours are categorized into two groups as the recording techniques based on its formation and recording techniques based on its realisation period. While in recording behaviour based on the formation of behaviour, it is observed whether or not the behaviour takes place, in the recording time based on the realisation period of behaviour, the duration of behaviour or the duration before the behaviour is recorded and information about the frequency and duration of behaviour is provided to the practitioners.

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## 7.2 POSITIVE PSYCHOTHERAPY APPROACH (CASE REPORT FOR THE MOTHER OF A DRUG ADDICTED ADOLESCENT)

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### Introduction

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Substance abuse and addiction have now become the most important bio-psycho-social problem, exceeding racial and ethnic differences, that all communities have to confront.

The presence of an individual abusing alcohol or substance in the family causes serious biological, psychological, and social burdens for other family members. Drug addiction is a disease deeply affecting the family of the addicted individual, as well. Living with an addicted family member alters the life style of the family members and their relationship with each other. If the individual who is addicted to the substance is a child; this means intensive influence and complex problems for her/his parents.

Mothers are especially more closely involved and take more responsibility for their substance addicted children. This, in turn, brings them additional tasks in addition to the tasks they undertake in the normal family cycle. This causes the mothers not to spend enough time with other family members and to have problems. Family members' protecting their own mental health help the addicted individual recover from addiction. The role of family both in the prevention of substance abuse and in the treatment process cannot be denied. The fact that the family is actively involved in the treatment makes an important contribution to the continuity of clear-headedness status of the substance addicted individual.

Positive Psychotherapy was developed by Prof. Nossrat Peseschkian and his colleagues in Germany starting from the late 1960s (Peseschkian, 1970). Positive Psychotherapy is approved by the European Psychotherapy Association as a method of psychotherapy and its training-oriented institute (Wiesbaden Psychotherapy Academy) is authorized by the Federal Republic of Germany to provide postgraduate training to doctors, psychologists and social workers (Cope, 2014). Positive Psychotherapy appears to be used in a wide variety of cultures in a wide geographical area: more than 40 countries have Positive Psychotherapy Centres affiliated to

the World Association of Positive Psychotherapy (WAPP) in Germany. Positive Psychotherapy is used in many different settings, including medical practices in industry (work) and education settings as well as family medicine, and psychological assistance. In the area of psychological assistance, it is used in children counselling, adolescent counselling, individual counselling, group psychological counselling and family counselling (Henrichs, 2012; Cope, 2014).

Positive Psychotherapy is presented as a complementary and trans-cultural approach with a humanistic, psychodynamic, resource-oriented, conflict resolution focus. Positive Psychotherapy has an original approach with this feature (Peseskian, 1986). However, another original feature of Positive Psychotherapy is that in positive psychotherapy stories, proverbs, aphorisms and metaphors are used as intermediaries between the therapist and the patient/client (Peseskian, 1998).

Positive Psychotherapy has a positive viewpoint for people; it is based on the belief that all people are actually good and have two basic capacities; liking capacity and knowing capacity. However, it is believed that these basic capacities are always ready to improve in four basic living areas. These four areas are physical, mental, social and spiritual / fantasy areas (Peseskian, 1980, 1985). The main purpose of Positive Psychotherapy is to help the individual to develop their original capacities and to provide balance in the four living areas in their daily life (Peseskian, 2002). Based on this basic idea, many new therapeutic concepts and techniques have been developed and Positive Psychotherapy theory is based on three basic pillars. These pillars also represent three basic principles; hope, balance and consultation principles.

Positive Psychotherapy offers a treatment/therapeutic plan blended with these three basic principles. This positive starting point, the principle of hope, for each individual and situation is at the centre of positive psychotherapy. Ability and capacity-based counselling mobilises hope in the client and it constitutes the basis of the healing process (Henrichs, 2012). That is why, from the first sessions of the consultant, the capacity and abilities that accompanied the problems of the clients are investigated and observations are sometimes shared with the client by presenting them as a hypothesis, sometimes using the wisdom, and sometimes using the humour. Client is aimed to view the current problem from a new /viewpoint framework and she/he is aimed to see silver lining (Cope, 2014).

Positive Psychotherapy has its own understanding of diseases and disorders, is a different direction in many respects from well-known approaches, and requires rethinking new meanings and different meanings of well-known expressions. This rethinking sheds light on facts, thus allowing for the discovery of new possibilities for their solutions. If the intervention methods are only concerned with negative behaviour, it is not possible to approach the desired target. Focusing on the negatively emphasized sides of experiences and handling experiences only pessimistically cause the patient to repeat the neurotic orientation (Peseschkian, 2013). Positive psychotherapy also brings a positive perspective on addiction. In positive psychotherapy, drug addiction can generally be taken as an effort to improve oneself, an effort to solve problems with substance abuse and an effort to feel ones' presence.

The aim of this study is; to present the psychological support given to a mother whose child is substance addicted; this support was given within the framework of positive psychotherapy; it will be presented within the framework of case presentation.

### 7.2.1. Case Report

The positive psychotherapy approach is a 5-step process. This process is like a series of successive and evolving steps during each session and throughout the therapy. In the following section, the five-step consultation process carried out will be presented.

#### 7.2.1.1. Observation / Distance Stage

*The main purpose of this stage is to analyse the situation of the client. In this stage, the therapist first listens to the client objectively, without commenting. The therapist tries to figure out what the client has brought as a problem and what she/he needs. In doing so, the therapist uses behaviour analysis, interaction analysis and psychoanalytic transfer techniques.*

The interviews with the family started in the addiction department within the health department. Mother A.Ş, father and their substance abuser child C came together to the first interview. Mother A.Ş. defined the reasons for their consultation as follows; "Our son C has drug addiction problem. As a family, we are very worn out, we are trying to find a solu-

tion, we are an honourable family, but now we cannot get out of emergency service and court, my husband K. is already psychiatric patient, and I am frightened to death that he will become ill again; I have an old and sick mother at home I need to take care of. I have fought really hard till now but I no longer have any hope or strength. The violence, forcing him not to leave house, advices, giving money, making him work or giving car as a present didn't work for eliminating his addiction. Please help us". Following these words, the mother A.Ş continued to cry intermittently throughout the interview. As a family, the father communicated that they had come from a number of problems (financial difficulties, conflicts, injuries, legal problems, probation, criminal proceedings and some social problems) and he stated that they had exhausted as a family. Their son C stated he had tried to give up the drug addiction a few times and added "If I don't abuse substance, I get worse. I cannot explain it to anyone, I can give up bonsai (phenazepam) but I don't want anyone to stop me using cannabis and alcohol. They do not do anything to me, they just calm me down". C was very angry at health personnel. He said "I was referred me to psychiatric department. A female doctor told my mother "What kind of parents are you? Why didn't you take care of your child? Addiction is a family problem.". If my parents hadn't stopped me, I would have made her regret her words.".

Mom, A.Ş, 45 years old, is married woman. One of her 2 children, C. (17 years old) uses cigarettes (one package per day) for 5 years, cannabis (1-2 per week), synthetic cannabinoids / bonsai (every 2-3 days) and ecstasy (several times a week) for 4 years. He also consumes alcohol to cope with lack of these substances. His older son is studying engineering at university and does not use any addictive substances. Her husband, K.Ş is 52 old and works as a technician at a company and has been followed for 18 years with paranoid psychosis diagnosis. He regularly uses antipsychotic medications given for the treatment, and takes care of his follow-up. Mother A.Ş. also takes care of her partially paralyzed mother who is 78 years old and lives with A.Ş (where A.Ş, her husband and their addicted son live together). Family recognized their son's drug addiction 1 and a half year after the addiction had started. In the following period there are four different suitcases against C for the following crimes: breach of the peace, abusing illegal narcotics/stimulants for two times and drunk driving. In addition, he is in the process of probation with regard to the substance abuse crime. For the recent year, he was admitted to emergency service

twice. The first time was a car accident in which he was under the effect of narcotic/stimulant subjects. The second time was due to the suspicion of poisoning. He says he has decided to stop using synthetic narcotics after his latest emergency service experience.

While starting the drug addiction consultancy process with C., family was explained that the addiction is a family disease, and thus the family should continue to be a part of the therapy. The father informed that due to his working hours couldn't be included in the interviews, but would do his best for the things he should do if informed.

During the first meeting with the mother, the observation phase continued; the mother cried during the whole interview, expressing many feelings like deep sadness, disappointment, anger, anxiety. Her affective capacity was apparent. She passed the responsibility to the therapist, and she made the therapist feel like being trapped. Her need to get away from the problems, people, her spouse, her mother in need of care and her addicted son as well as her need for constant control due to her worries for future were clear. The care of her bedbound mother, the management of her spouse suffering from psychotic illness, the care and control of her son were the reasons behind her siege mentality.

#### **7.2.1.2. Inventory Stage**

*In this stage, using the equilibrium model, the client is asked to give information about what she lived in the past five years in her four dimensions of life. It is attempted to understand how the client solves the problems she has encountered and which dimension of the balance model she heavily uses. Along with this, it is investigated to what extent she uses her real and basic skills. FAE is employed in this stage. At this stage, the therapist begins to develop hypotheses related to the current and basic conflict of the client. This stage usually takes up one or two sessions in the short term therapies and four to five sessions in the long term therapies.*

In the balance model of A.Ş; it was evaluated that energy was used very little in the field of the body and the client could never devote time to her body and she was not aware of neither herself nor her body. The client could not give a score in this field. She said she spent a lot of time and energy in business and success. She described herself working like not one but ten beavers. She described very intense relations in the field of

relations, but she was never satisfied with the way of these relationships. Because; related relationships were mandatory communications about staff members who are in official positions such as doctors, nurses, police, courthouse, family social policies, and family members who are in need of care for the mother or son. Satisfied relationships with selected friends were not identified. A.Ş reported that there was no time for friend relations. In the field of goals/belief and fantasy, she stated that she didn't have time and energy but thanks to her belief, she didn't collapse and was able to stand on her feet; otherwise all the things she experienced would not have any meaning. When the equilibrium model is explained; she stated "I am standing up very well even with this imbalance.".

In the analysis of differentiation; the loss of father in early childhood and the mother's not being able to look after children due to chronic illnesses and the client being responsible for the care of 4 brothers. A positive life experience related to childhood was not remembered; she was acting like a little mother for her four younger siblings, she defined her feelings as "absent.". The client said that social relations of the family were limited, and the respect and care of the adults was appreciated. The therapist assessed the client's abilities of obeying, patience, kindness, care, and time were highly developed. When the client gave care and she was in the ideal, she was able to receive love and attention. Until today, she was able to accept herself by continuing to giving care and obeying. However, these abilities she developed was insufficient for her to cope with the problems due to the addiction problem of her son. In this case the actual conflict is that while she gives sufficient care, according to her, to her son, the child has developed drug addiction and he doesn't eliminate this addiction. It was determined that the basic conflict of the mother was between obedience and patience skills and acceptance / love ability. No matter how much obedience and patience the mother shows, this is not enough for her child and the child continues to his addictive behaviour. In this case, the mother's obedience and patience skills should be focused and studied.

#### **7.2.1.3. *Situational Encouragement***

*Situational encouragement has a central importance in Positive Psychotherapy. Since the client focuses solely on her problems, she cannot recognize current positive aspects and existing talents. In this stage, the client is encouraged about the positive aspects of the situation, based on a realistic*

*perspective. The therapist tries to help the client in finding new alternative ideas to expand her horizon. A positive interpretation of the symptoms of the current conflict brought by the client is shared with the client as a hypothesis and her thoughts about this positive interpretation is asked. The client learns to see her own worth. This stage usually takes up one or two sessions in the short term therapies and three to four sessions in the long term therapies.*

During the situational encouragement stage; a metaphor of reading was made so that the client could distance herself from the problem she experienced and reinterpret her view of the situation. (She was asked about what she saw when she took a book closer to her face and away from her face and in which situation she could read better). The distance the client reads the book is reinterpreted as the problem she is experiencing. “Mrs. A; you have taken care of your siblings until now, you have been taking care of your mother, you have been a lady of the house and you are still managing your marriage. Doing all these has developed many skills for you. Today, your life has changed a lot with the problem your child has been experiencing. Looking at this change; firstly, I see you are here in my office, you are looking for and searching for a solution, you are going around and seeing people in different positions in many segments of the society, so you are very tired and had great difficulties. Could it be that you are developing another ability with all these difficulties? So I wonder if there could be a positive interpretation of the state of affairs for you”. The client said “I, I have been out of the house, I have found someone to tell my story, my child, not my husband, not my mother, but for the first time I talk about myself”.

#### **7.2.1.4. The Verbalization**

*After the required therapeutic environment has been created in the previous stages, the work on the basic conflict with the client is started in this stages. The client is helped to solve the current and basic conflict using the equilibrium model and the quadratic model dimensions. The main purpose of this stage is to emphasize that the client can do so in order to achieve balance in all four dimensions of her/his life. This stage is the longest one in the consultation process and continues until the main conflict is solved.*

During the verbalization phase, first of all, the quadratic model dimensions were studied. The client realized that she did not get love from her parents, and after she lost her father, she gave care to her mother and her siblings and developed patience, obedience, and adaptation skills. She explained that she was described and appreciated as “angel”, “tongue-tied”, “deserves heaven” by everyone in her circle. As the sessions continued, in one session she said she was getting angry at herself as the woman who was patient and caring. “I am not tongue-tied, I have my own thoughts and emotions, I am not quiet” she said. She informed that she was tired of uninvited guests, the unending demands of her siblings; she was also tired of reminding her husband’s medications and listening to her mother’s rude speech. At this point, the client’s feelings were discussed, and it was discovered that her intense feelings of anger and anxiety were actually stuck in her throat, she was always carrying these heavy feelings. Whenever someone passes her borders and she tried to explain these feelings to this person, she felt that they got even heavier and she couldn’t breathe. When she realized she was suppressing her feelings, Mrs. A gradually experienced that these heavy feelings were alleviating like a cloud.

During the verbalization phase, some information was shared about the nature of addiction with Mrs. A such as it was a chronic illness and the braking mechanism in deprivation, tolerance and addiction was explained. She described what she did during her son’ addiction illness as follows; “I always thought there was something wrong with me, I thought that we were not good family, I always kept it hidden, I did not know it was a disease. I gave him more attention thinking that he may have insufficient (attention/love), I took better care of him, I didn’t get angry at him, so much that I even didn’t yell at him in the prosecutor’s office after hearing what he had done, fearing that he may have gotten worse. I protected him more and thought he would heal, but looking retrospectively, I understood that I should have done the quite opposite. I should have said “This is my house and I am ready to help you but you cannot enter into my house, my boundaries if you continue to abuse substances”.”. After this point, the client was explained how to set boundaries for the addicted child and she was given some application examples, which she tried at the office. Crisis management was evaluated in another session. Family sessions were held every 4 weeks and rules and boundaries were set up with the ideas of the addicted individual.

At this stage, the equilibrium model was again discussed and evaluated in detail. After talking about the most problematic area of imbalance being the body and relationships, the client was encouraged to produce ideas for empowering these areas.

#### **7.2.1.5. Expansion of Goals**

*This phase focuses on how the client wishes to spend his / her life in the future (short-to-long-term) after attaining his/her aims for application to therapy. The main purpose of the psychotherapy relationship in this phase is to provide client the self-help information. Thus, the person can be equipped with a self-help method to accompany her/him during her/ his life after she/he has left the therapy. In this phase, the client learns to re-consider the goals she/he has pursued before her/his neurotic constraints began. In doing so, she/he addresses the four dimensions of life in the balance model and plans how to maintain the balance in her/his life. She/he probes which methods she/he will use in coping with new problems that will emerge in the future. This stage usually takes up one or two sessions in the short term therapies and four to five sessions in the long term therapies.*

In the course of the expansion of the objectives, Mrs. A took courageous steps in allocating time for herself, which would not be possible, according to her statements in the first sessions. She asked for help from her siblings to look after her mother and gave them a care schedule. The client, who wore dark-coloured topcoat during all the sessions, bought a new topcoat with a different colour. She decided to start a course in public education centre, stating “I may see one or two new faces (I may get new friends / acquaintances)”. At the end of the sessions, she said “I thought my life was wrecked last year, I am very pleased to see positive in all this negativity “before leaving.

### **Conclusion**

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Positive psychotherapy does not try to achieve a positive prognosis for everything, but tries to recognize critical behaviour. This allows for the components of the positive behaviour, namely the skills and capacities included in the behaviour, to be separated from the symptom itself, and provides a better foundation for individual to cope with her/his problem.

The client in the case study, once aware of her/his own capacities, began to cope better with the situation and realized that there were resources to solve the problem. As a result, this case demonstrates the importance of therapists' focusing on the capacities and abilities of the client/family to develop different perspectives while working with the families of addicted adolescents.

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## 7.3 COGNITIVE INTERVENTION APPROACH

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### 7.3.1 Definition of Cognitive Intervention

Cognitive therapy is a form of psychotherapy developed at the beginning of the 1960s by Aaron Beck, a physician, psychiatrist, and psychoanalyst. While working with his patients, he noticed that psychoanalysis failed to make enough progress. Upon observing the negative thoughts such as “I am so stupid”, “I don’t deserve love”, “I have no hope” prevent people from participating in the treatment process, Beck, together with another therapist Albert Ellis, focused on the cognitive interventions moving from the belief of Epictetus “Men are disturbed not by things, but by the view which they take of them.” (Url-1, 2018). Cognitive therapy is mainly concerned with how our thoughts affect our mood and cognitive status. It has been discovered that, the negative thoughts as a consequence of a set of triggers cause unhappiness and discomfort in the person. In cognitive therapy, studies with individuals are conducted to determine the negative thoughts, to focus on these and to create thought patterns alternative to negative thoughts.

Cognitive therapy appears to be used in the field in the same sense as cognitive behavioural therapy (CBT). Cognitive therapy is an actively engaged process in which the therapist carries out a joint work with the patient, focusing on the current emotions, thoughts, behaviours and physiology of the individual for the targeted change. In this way, the mind map of the individual is purified from the negative patterns in order to reveal more suitable and realistic solution alternatives. Cognitive therapy is functional in the determination of the source of problem, and it is shaped by different cognitive and behavioural approaches afterwards. Cognitive therapy, in which the holistic perspective to events is applied with the behavioural techniques, is evolving into cognitive behavioural therapy. The cognitive behavioural approach is the umbrella term for a group of therapies that bring together harmonious methods for similar purposes while cognitive therapy covers a process itself (Url-2: 2018).

In the cognitive behavioural approach, there are many methods and approaches such as stress inoculation training, dialectical behavioural ther-

apy, problem solving therapy and reaction prevention therapy. In this section, the intervention in drug addiction is discussed within the framework of cognitive behaviourist therapy, supported by the cognitive therapy, behaviourist approach and other functional techniques. The awareness about the drug addiction and its effects being the first step, it is necessary for the individual to get rid of all the effects of the substance and to end the use of substance in order to achieve biological, psychological and social well-being.

### **7.3.2. Application Field of Cognitive Intervention**

In the cognitive behavioural approach, Beck adopts a short termed, structured therapy model which is oriented to change the thoughts and behaviours in the solution of problems (Beck, 2016). The goal in this approach is to create emotional and behavioural changes by focusing on each client's particular beliefs and behaviour. Cognitive intervention can be adapted for individuals at different levels of education, age, gender, belief, and income. Today, it is used in treatment centres in primary health care, alcohol and drug addiction treatment centres (AMATEM), Community Mental Health Centres, Probation Centres, Rehabilitation Centres, schools, professional programs, prisons and other judicial institutions and organizations. Cognitive intervention is used effectively in individual, group, couple and family therapies.

### **7.3.3. Process and Principles of Cognitive Intervention**

There are certain basic principles for the behavioural change of the client in cognitive intervention. These principles are as follows:

1. Cognitive behavioural therapy is based on the formulation of ever-present patient problems and the conceptualization of each patient in cognitive terms.
2. It requires a solid therapeutic agreement.
3. It emphasizes cooperation and active participation.
4. It is target-focused and problem-oriented.
5. The present time is highlighted.
6. It is instructive, it aims to teach the client to be her/his own therapist and to prevent the repetition.
7. The objectives are limited by time.

8. Therapy sessions are structured.
9. It teaches the client to identify, evaluate and respond to her/his corrupt thoughts and beliefs.
10. It uses a variety of techniques to change thought, emotion and behaviour (Beck, 2016).

The basic principles aforementioned are actively implemented, with effect for all groups of consultants. The most basic emphasis in therapy is on the client's significant disturbances (Beck, 2016). This emphasis on substance abuse focuses on the negative beliefs about oneself and on facilitating or permissive beliefs about substance abuse (Beck, Wright, Newman and Liese, 1993; cited in Beck, 2016). The cognitive functions of the psychological problems in the cognitive theory used as psychotherapy theory are at the forefront. With the concept of cognitive function, the expectation, thought and awareness of the individual about herself/himself, her/his environment, her/his experiences and future must be understood. The cognitive approach emphasizes how the relationship between events is perceived. Cognition is a mental process that allows the individual to adapt to the changing environment by understanding and anticipating the complex relationship between events (Alford and Beck 1998; Uğurlu et al., 2012).

The individual perceives and interprets what is happening in the external world after understanding events. When people experience distorted beliefs or functionally distorted interpretations in this cycle, this situation causes them to face problems in their lives (Levenson et al., 2000). Accordingly, the problems that people experience are largely due to the fact that reality is assessed with non-functional beliefs and consequently perceived as distorted. Most of the problems bothering people in emotional and intellectual sense arise directly from the way in which events and experiences are perceived and evaluated (Beck, 1976). In the cognitive therapy approach, more realistic and functional interpretations and evaluations are developed instead of the forms of interpretation and interpretation which cause these problems.

The structuring of therapy is one of its general principles. In the therapy with consecutive sessions, it is required to provide a therapeutic agreement at the beginning of the sessions, to check the emotional course of the clients and to check their experience of previous treatments and to ask the

clients the problem they are most in need of help. It should be ensured that the activities such as the homework and the action plan that the client has been assigned in the previous sessions should be observed and if necessary should be taken into consideration, and his/her problematic feelings should be conceptualized after his/her thoughts and behaviours are understood. Thus a planning should be made with the client.

The therapist / specialist who guides the client in the cognitive intervention sessions should ensure that clients participate actively by involving them in the process. In sessions, the issues the client has asked help for should be given priority in order to resolve them, and they should be given necessary explanations and approvals throughout the intervention process. Shared decision making and requesting feedback are two important points of therapy. The client's body movements, selected words, tone of voice, gestures and mimics, and emotional and behavioural monitoring are decisive for therapeutic communication.

With the concept of cognitive function, the expectation, thought and awareness of the individual about herself/himself, her/his environment, her/his experiences and future must be understood. Accordingly, the problems that people experience are largely due to the fact that reality is assessed with non-functional beliefs and consequently perceived as distorted. Most of the problems bothering people in emotional and intellectual sense arise directly from the way in which events and experiences are perceived and evaluated (Beck, 1976). In the cognitive therapy approach, more realistic and functional interpretations and evaluations are developed instead of the forms of interpretation and interpretation which cause these problems.

Practical application of cognitive behavioural therapy consists of three phases:

1. Investigation
2. Interruption
3. Assessment

The investigation phase is important for the therapist to learn about the current problem and to develop an appropriate treatment and care plan. At this stage, the client should be provided with an understanding of their thoughts, feelings and behaviour patterns by relating them to existing problems with the ABC model. The ABC model can be explained as follows: (A) the triggering event, just before the behaviour; (B) the belief

system and attitudes, what the client thinks about the actual event, how it makes sense; (C) behavioural and emotional outcome, the reaction to the event (Teater, 2014). During the investigation process, the therapist should prepare the treatment plan by looking at these points.

In the intervention phase, it is aimed to change the inconsistent and erroneous thoughts and behaviours in the present situation. While intervention is planned accordingly, various techniques and strategies are employed. Some of these techniques are presented below:

- a. **Cognitive restructuring:** It is possible to change the direction of the view of the present problem by placing more accurate and realistic thoughts instead of false and irrational thoughts and false beliefs.
- b. **Relaxation techniques:** Especially in stressful and anxious situations, relaxation skills should be gained. These exercises often include contracting and loosening all the muscles from top to toe.
- c. **Social skills training:** It is aimed to change the behaviour so that the problematic behaviour comes to a more acceptable level. In this technique various tasks and responsibilities are assigned to the client and she/he is asked to apply this behaviour in the next session. Therapists can receive feedback by giving home works to the client apart from the treatment.
- d. **Problem solving skills:** Determination of the solution of a problem involves the creation of the necessary plan, the application of the plans and preparing a report for this process. It is important that the client is able to apply previously acquired gains, skills and strategies when she/he is faced with a problem. This ability should be practiced beforehand with the client.
- e. **Avoidance and reinforcement:** Avoidance is a method that is applied so that the client can get away from negative behaviours and habits while she/he can simultaneously get a disruptive habit and emotion. Strengthening is the technique, mostly used for children, in which the negative behaviours are given negative feedback and activities while the good behaviours are given positive feedback. Behaviour change is aimed with this technique.
- f. **Model import and role-playing:** It is a technique performed by the therapist to exhibit a certain behaviour and to work with the client to model this behaviour. This technique uses not only role playing but also group works or various visuals, by using films or videos (Teater, 2014).

During the evaluation phase, the stage of the intervention in terms of efficiency, intensity and frequency is monitored. In addition to the frequency and the duration of the program, assessment is made to provide information to the client in the process. Assessing the effectiveness of the intervention is an important element of cognitive intervention, and the whole therapy work is reviewed by recording the intensity, duration and frequency of the problems in the investigation phase. Cognitive intervention is a proven method of treatment for individuals with different problems.

#### **7.3.4. Cognitive Intervention in the Treatment of Drug Addiction**

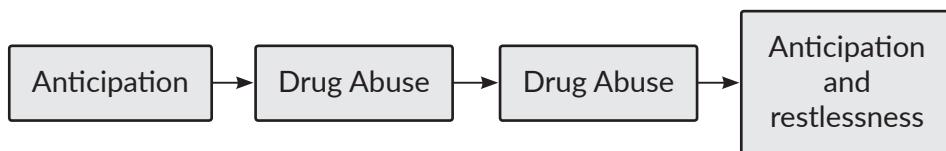
The cognitive behavioural approach is effectively used as a research-based treatment method in drug addiction, eating disorders and specific mental health problems. Especially, the most frequently used intervention in the treatment of drug addiction is the cognitive intervention approach. Beliefs and thoughts that lead to individual to substance abuse and cause destructive consequences are being investigated with cognitive intervention, which can be applied as group therapy or individual therapy. The therapy sessions at this point vary according to the individual and the subject to be studied. Because each individual and therefore the case is peculiar, the therapy to be continued is stretched in line with the needs of the client as well as her/his therapy needs. This makes cognitive intervention to have a broader application area and application freedom, and leads to more effective results. As a result, a separate intervention plan for cigarette, alcohol or narcotic substance abuse and each of their subgroups are presented.

The reasons of drug addiction, with respect to the type of addiction, will be uncovered within the framework of the healthy relationship between the client and the therapist. The first step is to recognize the individual's irrational thought patterns and negative behaviours about the substance. The individual often lacks faith and needs motivation to give up the substance. Motivational negotiations with the substance addicted individual at this stage will facilitate cognitive restructuring that will emerge at a later stage. Changing thought in drug addiction (cognitive process) is important. Because people who cannot change their positive thoughts about the substance experience a deprivation and insufficiency, they feel like punished and weak, feel envious about substance abusers and longing for the substance as they get away from the substance at the beginning of the

treatment. The return (relapse) of people experiencing these feelings to the drug addiction is an expected result.

Looking backwards, some predictable ideas emerge in the individuals who start to abuse substances. At the beginning, the ideas such as “abusing substance will make me feel better” or “occasional use will not cause harm” epitomise these predictable ideas. In the ongoing process, when the person starts enjoying the substance she/he abuses, the aforementioned ideas evolve into such expressions as “smoking comforts me” and “drinking makes me cheerful”. The location of the foreseen thoughts;

The expected ideas are replaced by relieving-oriented ideas and then releasing ideas in the cycle (Beck et al., 1993). Thus, the person who cannot properly manage all these cognitive processes faces substance abuse and drug addiction. In order to prevent this situation, the control and management of the individual over her/his thoughts gain importance.



The main objective of the cognitive intervention approach is to keep the individual away from addictive substances. The cognitive intervention process undertaken for the stated purpose aims to help individuals to actively participate in treatment and to acquire new life skills. Two topics are at the forefront of cognitive intervention within the framework of these goals. The first one is the elimination of the addiction and prevention of addiction. The second one is the improve the current life quality of the substance addicted individuals both during and after the treatment and to make them gain once again the skills that have been lost or skills that have their function disrupted. These two processes can be handled as successive stages or can be considered independently of each other.

Addicted individuals are often struggling to cope with the problems they encounter in their personal lives, to communicate correctly and effectively, to manage their time, to express themselves and to perform their observation skills efficiently (Engin and Savaşan, 2012). In the therapy structured with cognitive therapy, the focus is on rehabilitating self-suffi-

ciency and gaining the skills needed to reduce life stress and the likelihood of cycling the problem. It can therefore be argued that cognitive intervention is effective in helping individuals to maintain their therapeutic gains and that to make individual acquire permanent skills.

Sessions of the cognitive intervention study, which is carried out on one to one with substance addicted individuals, are structured as follows (Petry, 2005);

1. Analysis of factors that trigger substance abuse and high-risk situations: The circumstances and conditions in which substance abuse is most prevalent, the individual's tendency to abuse substance is greater, and assessments are accordingly conducted. For example, hanging with the substance addicted friends or the feeling of emotional burnout.
2. To analyse the time periods in which the substance is not used: The time periods in which the substance is not abused are determined and if possible, the possible factors that keep the person away from the substance are detected and addressed. For example, the daylight hours when the sale of alcohol is prohibited.
3. Discovery of alternative activities: Determination of alternate hobbies, occupations, tasks or targets that will reduce individual's substance abuse or will fill the time that will be emptied after the substance abuse. For example, running sport and therefore sports training.
4. Management and planning of triggers related to substance abuse: Identification and regulation of events, circumstances or conditions that are found to cause substance abuse and addiction. In addition, encouraging the individual with rewards and motivation when there is minimal or no substance abuse. For example, reducing the meetings or breaking away the relationships with the substance addicted friends.
5. Paying attention to substance abuse impulses and conducting cost-benefit analyses for these impulses: Taking the bio-psycho-social impulses that drive substance use under control by means of awareness and fight against them and developing the individual's ability to make rational deductions related to the consequences of drug addiction. For example, raising the awareness of individuals such as that "If I smoke this cigarette, my girlfriend will not come back to me, I will cause harm to my own health and I will waste my money".
6. eveloping interpersonal skills: Developing the skill and capacity of the individual to communicate with other individuals. Thus, the individual

will be more resistant to emotional causes that cause substance abuse and to the pressure and insistence of friend circle. For example, showing the courage to say “no” to a friend who is proposing to abuse substance more easily by communication skill and self-confidence.

7. Handling cognitive biases: Taking the biases of the individual about her/his reasons to abuse the substance, the effects and consequences of the substance, the inability to give up the substance, and eliminating or changing these biases. For example, making individuals evaluate their belief about their inability to give up addiction no matter how hard they try.
8. Planning for the future: planning and taking steps covering individuals’ life after they eliminate their addiction. For example, creating conditions that will enable active use of communication skills acquired during drug addiction treatment in the ongoing life.

Revealing the status of individual’s addiction in the light of these successive steps will ensure the determination of right strategies for solution. Strategies applied and maintained during cognitive intervention sessions include making changes to the environment which can trigger substance abuse. In addition, making individual gain skills she/he can use in her/his life is another important aim of the treatment. In particular, in the restructuring of the current reflexive thinking and reaction patterns that trigger the individual’s substance abuse are referred to the cognitive restructuring process.

Another cognitive intervention therapy, which is conducted one to one with the substance addicted individuals, consists of four components. These intervention components which cover a 12-week period are as follows (Bujold, Ladouceur, Sylvain & Boisvert, 1994):

1. Changing false beliefs about coincidences.
2. Presenting the necessary problem-solving training that will provide money and time management to increase the capacity of the individual to cope with drug addiction.
3. Presentation of the social skills training needed to enhance the individual’s social competence. For example; providing the confidence of the individual to refuse the substance abuse demands or to make them gain the ability to cope with relational conflicts.
4. Prevention of relapse.

In this treatment model presented above, behavioural methods are utilized in addition to cognitive tasks as in the previous one. In this way, a more comprehensive scope of intervention is created.

As discussed in the fourth component, relapse rates are very high within 3-6 months after substance abuse disorder treatment. However, a substance addicted individual who has negative thoughts about the substance experiences less pain while withdrawing from the substance and less likely to relapse. Because the self-confidence and self-respect of the individuals increase with their optimism thanks to their success and they take steps for their own good when they get rid of their fears, illness, and worries. In fact, individuals who successfully eliminate their addiction start to pity substance addicted individuals. Individual who thinks “I harm both myself and my environment due to substance abuse, I will be better off if I give it up” will feel the need to give up even after relapse. Thus, the individual will avoid the substance as a behaviour and she/he will seek to give up the substance.

The cognitive therapy model used in substance abuse states that thoughts, beliefs and desires that push individual to the substance abuse occur in specific, common, generally predictable, high-risk situations. Beyond the conditions aforementioned, there are also the effects of some external or internal conditions. A party where narcotic and similar substances/medications are abused could epitomize the external conditions. Internal conditions include disturbing emotional states such as depression, anxiety, or boredom. The individual prefers to abuse substance as an escape way due to the influences of her/his experiences on her/his mood. The individual also turns to the substance abuse due to mislead of her/his friend circle or due to the misconceptions the friend circle creates in the individual. Practices that are frequently mentioned in this chapter, which will give individuals social skills, competence and coping skills, can be considered as a solution method that provides functionality in minimizing the effects of the mentioned conditions on the individual.

The substance addicted individual provides an active contribution to cognitive intervention in all the mentioned processes and principles. Far from the judgement “I will leave myself in the doctors / therapist and they will heal me”, the active attitude of the addicted individual in determining the path and method to be followed, the effort made, the homework given are the factors that directly affect the success of the treatment. Treatment of drug addiction when the individual does not have faith, desire and effort

is rather difficult. There are studies to ensure a certain awareness of the mentioned issues in the individual, but expecting a miraculous result is not a realistic belief unless the individual is actively participating in the treatment process.

Cognitive intervention has a proven functionality and is an effective method that has been used for a long time in the treatment of drug addiction in terms of its process and results. Having an eclectic theoretical basis for the holistic view of the individual's treatment ensures this approach to have an important position among drug addiction therapies.

## Conclusion

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In the cognitive behavioural approach, there are many methods and approaches such as stress inoculation training, dialectical behavioural therapy, problem solving therapy and reaction prevention therapy. Cognitive intervention can be adapted for individuals at different education, age, gender, belief and income levels and is effectively used in individual, group, couple and family therapies. Implementation stages are realized in 3 dimensions; investigation, intervention and evaluation. At these stages, intervention is structured by applying various techniques.

The Cognitive Intervention Approach aims to address the existing cognitive infrastructures of individuals with regard to substance, substance abuse, and drug addiction, and to enable individuals to become aware of them and to replace negative thoughts with new and functional ones. Cognitive intervention is effective and successful in studies which are actively participated, individual-focused, and collaborative. This method is frequently used in substance abuse and addiction.

With cognitive intervention method, the individuals gain a lot of knowledge and skills that can be applied in everyday life such as relaxation during anxiety, development of relations, assertiveness, development of insight, self-control and control ability, awareness of thinking patterns, change and restructuring; in addition to the treatment of drug addiction.

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## 7.4. OCCUPATIONAL THERAPY

*Res. Asst. Nesime Kübra Terzioglu*

The results of the studies on the substance addicted individuals reveal that having an occupation plays an important role in the treatment of drug addiction. Specifically, studies have shown that heroin addicts in the substance abuse category are more concerned about gaining vocational skills and fulfilling those skills (Platt, 1995). The importance of vocational skills in the treatment of the addiction has been widely accepted to be important. Gaining vocational skills in the treatment of addiction is seen both as a desired result and as a tool used in therapy. Acquisition and fulfilment of vocational skills have even been used as a metric by some researchers to understand whether treatment of addiction has been successful (e.g. DeLeon, 1984; Hall, 1984; Hubbard, Rachal, Craddock, & Cavanaugh, 1984; Simpson, 1984).

Having a profession is not common among substance addicted individuals, especially among the heroin addicts. According to Valliant's study conducted in 1988, 80% of heroin addicts in New York were out of a job.

The rate of having an occupation among the substance addicted individuals before starting to the addiction treatment has been low since 1970s and it is about 15% to 35% of all addicted individuals (Platt, 1995). A similar result was reached in the research conducted by Maddux and McDonald in 1973. According to this research, 21% of 100 heroin addicts treated for substance abuse in Texas had a job.

The results of the study conducted by Anglin, Booth, Ryan and Hser in 1988 revealed that about 80% of substance addicted individuals participating in the study had a profession. Approximately 40% of those who were employed had full-time jobs. When the literature was reviewed, it was found that the employment rate of the substance addicted individuals was very low in the 1970s in the USA. Despite the research conducted by Anglin, Booth, Ryan and Hser in 1988, the employment rate didn't drastically change in the 1990s and even in the 2000s. The improvements and the regulations in the economy have not affected employment rate of substance addicted individuals.

Occupational therapy can be used to prevent this situation. Occupational therapy is often seen as the most effective way to redirect substance addicted individuals to the world of work and then to reintegrate them into society (Deren and Randell, 1990).

Occupational therapy allows people to “do daily activities that are important to them” (Neistadt and Crepeau, 1998). Occupational therapy has been developed for individuals at risk. The groups at risk are as follows:

- Substance Addicted Individuals Given Probation Measure
- Individuals with physical disabilities
- Individuals with Mental Deficiencies
- Individuals with Psychosocial Dysfunction Disorders
- Individuals with Mental Illness
- Individuals with Developmental or Learning Disability
- Individuals with Behavioural Disorders
- Other Disorders or Conditions

#### **7.4.1. The Process of Occupational Therapy**

The occupational therapy process can be divided into two stages (Rogers and Holm, 1991). In the first stage, the functional performance of the individual is assessed. The second stage involves solving performance problems or risks through the preparation and implementation of the intervention plan.

**Table 1.** (Moyers, 1999)

<b>1. STAGE</b>	
<b>Routing</b>	<b>Assessment</b>
Guiding Resources Physicians Teachers and school administrators Family or caretakers The individual herself/himself Insurance companies Industry and businesses State and local agencies	The following aspects are assessed by means of interviews, observations and tests: Level of functionality in vocational and other productive activities Occupations, tasks and activities that cannot be performed Objectives of the individual, family and caretakers Participation in meaningful and purposeful occupations Rehabilitation potential Factors that preventing functional performance Factors affecting the profession such as age and sex
<b>Screening</b>	
Data collection to determine the need for assessment and intervention.	

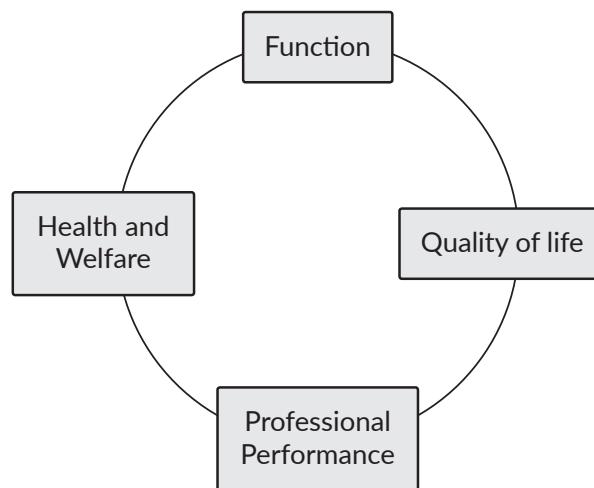
2. STAGE		
Intervention Plan	Intervention / Reassessment	Follow-up
<p>It is developed with the individual, family or caretakers to determine the functional outcomes.</p> <p>Short-term: updated weekly or bi-weekly</p> <p>Long-term: until treatment is finished</p>	<p><b>Improvement / Renewal</b> Changing biological, physiological, psychological or neurological processes Teaching / learning skills, habits and behaviours</p> <p><b>Balancing / Adaptation</b> Adaptation of occupational objects Changing occupational methods Changing the environment Family or caretaker education Preventing Insufficiency Health Promotion</p>	<p>The conditions for terminating of the intervention is as follows:</p> <p>Achieving functional goals Restrictions in participating the intervention Independent application of occupational therapy</p>
	<p><b>Re-evaluation</b> Evaluate the progress in the goals Changing intervention goals Changing the methods of intervention</p>	<p>Additional occupational therapy during follow-up can be needed due to personal interest or age changes.</p>

#### 7.4.2. Occupational Therapy Services

- Carrying and providing the evaluation with the individual, family, caretaker or other people.
- Developing and maintaining skills in profession and other productive activities.
- Defining and facilitating the participation in meaningful and healthy occupations.
- Improving and developing the motor, cognitive and social components necessary to fulfil the profession.
- Educating individuals, families and caretakers to perform appropriate skills.
- Cooperating with groups, programs, organizations or communities to provide broader services (Moyers, 1999).

### 7.4.3. Results of Occupational Therapy

Occupational therapies enable individuals to regain their health and function (Edwards, 1997). Inability to have a profession and inability to participate in the profession cause many negative consequences for the individuals while participation in the professions develops physical, cognitive and emotional well-being positively (Kielhofner, 1992).



**Figure 1.** (Moyers, 1999)

Many vocational rehabilitation programs abroad have been attempted for substance addicted individuals. These vocational rehabilitation programs, which provide a range of interventions such as supported employment, job placement, training in job search skills as well as job readiness training, have resulted in several successes (Platt, 1995). These programs are as follows:

1. **Supported Employment Programs**
  - a. National Supported Work Demonstration Project
  - b. Workforce Demonstration Supported Work Project
  - c. Wildcat experiment
2. **Job Search and Placement Programs**
  - a. Training, Rehabilitation and Employment for Substance Addicted Individuals (TREAT) program
  - b. Employment specialist programs

**3. Occupations for Entreated Addicted Individuals****4. Personal Competence / Skill Development Programs**

- a. Job Seekers' Workshop
- b. Employment Preparation Skill Intervention

**5. Other interventions**

- a. Business Club
- b. Development of Interview Skills

In Turkey, several studies are conducted by public institutions and civil society organizations to provide substance addicted individuals with vocational skills. Despite the vocational rehabilitation studies conducted in Turkey and abroad, the rate of having a profession for substance addicted individuals is low. When studies are examined, it is seen that there is an inverse relationship between the number of substance addicted individuals and vocational rehabilitation (Hermalin, Steer, Platt and Metzger, 1990; Suffet & Brotman, 1976). Apart from these, the studies reveal that the not having a university degree, the presence of criminal record and drug addiction reduce the likelihood of employment of these individuals (Suffet & Brotman, 1976).

**7.4.4 Teaching Car Washing Skill to Substance Addicted Individuals**

Gaining vocational skills is important as it positively contributes to the treatment process of substance addicted individuals, it supports their individual living skills, and it helps them in reintegrating in the society. A 5-day teaching plan that will allow substance addicted individuals to have the “car wash” skill and to transform this skill into a profession is presented below. The program will be implemented in a week, when the individuals are individually and collectively suitable. The program will be implemented for 5 days for a week, between 13:00-15:00. The program will be given by teachers working in vocational training centres and by individuals who have 5 years working experience in car wash. Program will initially be carried out in a classroom/hall arranged after obtaining the necessary permissions for the theoretical part to be explained, and then in a car wash place, which has been arranged beforehand, so that application will take place in the natural environment.

## INSTRUCTIONAL PLAN FOR TEACHING THE SUBSTANCE ADDICTED INDIVIDUALS THE CAR WASH SKILL

Skill Steps in Car Wash (Topsakal and Duzkantar, 2010)

She/he attaches the hose to the fountain.

She/he turns on the water.

She/he grabs the hose.

She/he hoses the car.

She/he fills the bucket with water coming from the hose. When the bucket is full, she/he puts the hose on the ground.

She/he turns off the water.

She/he puts the detergent in the bucket.

She/he takes the brush.

She/he sinks the brush in the bucket.

She/he brushes the car's roof with the brush by moving it back and forth.

She/he cleans the brush in the bucket.

She/he brushes the car's windows by moving the brush back and forth.

She/he turns off the water.

She/he grabs a fabric.

She/he dries the car's roof with the cloth.

She/he dries the car's windows with the cloth.

She/he dries the car's front part with the cloth.

She/he cleans the brush in the bucket.

She/he brushes the car's hood by moving the brush back and forth.

She/he brushes the car's rear by moving the brush back and forth.

She/he cleans the brush in the bucket.

She/he brushes the car's side parts by moving the brush back and forth.

She/he cleans the brush in the bucket.

She/he brushes the car's wheels by moving the brush back and forth.

She/he cleans the brush in the bucket.

She/he puts the brush to the ground.

She/he turns on the water.

She/he grabs the hose.

She/he rinse the car with the water.

She/he dries the car's rear with the cloth.

She/he dries the car's side parts with cloth.

She/he puts the cloth to the ground.

DAY 1 Monday 13:00 - 15:00	Individuals will have a lesson in the first day, in a classroom/hall environment. They will be given information on what the car wash is, why it is important for them, and where to use this skill.
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DAY 2 Tuesday 13:00 - 15:00	On the second day, individuals will take a lessons in the classroom/hall environment about the skill steps in car wash. These skill steps will be introduced to the individuals with videos and photographs.
DAY 3 Wednesday 13:00 - 15:00	Individuals will take a course on how to apply the skill steps of car wash in the classroom/hall environment on the 3rd day. They will be ensured to follow the skill steps with dramatization work.
DAY 4 Thursday 13:00 - 15:00	Individuals will be expected to show their car washing skills individually on the 4th day in the car wash. Individuals will be supervised while they are washing cars in the car wash, by an experienced car wash worker. Experienced worker will correct the individuals if they make a mistake in the skill steps.
DAY 5 Friday 13:00 - 15:00	Individuals will be introduced to contracted/agreed car washers to make the newly gained car wash skills professionally available and individuals will be ensured to referred to these people for job placement.

## Conclusion

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Having a profession and being engaged in work not common among substance addicted individuals. In particular, research has revealed that a significant number of heroin addicts are unemployed. It is known that addicted people are experiencing inadequacies in the skills required to fulfil their profession and that employers are approaching these persons with prejudice. However, the results of the studies on the substance addicted individuals reveal that the occupation plays an important role in the treatment of drug addiction.

Gaining vocational skills in the process of addiction treatment is of great importance. Gaining vocational skills is seen both as a desired result at the end of this process and as a tool used in therapy. For all of these reasons, addicted individuals should be given occupational therapies and trainings so they can have vocation. In addition, employers' attitudes should be changed by means of seminars and addicted individuals should be placed in jobs.

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## 7.5. DYSFUNCTIONALITY, INDIVIDUAL AND ADDICTION

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### Introduction

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Although the notions of function and functionalism are widespread in modern sociology, often with the work of Talcott Parsons and Robert Merton, investigating the community from a functionalist base is founded on a very long tradition (Marshall, 1999, p. 363). Undoubtedly, the most important intellectual ancestors of modern functionalism are Auguste Comte (1798-1857), Herbert Spencer (1820-1903), Vilfredo Pareto (1848-1917) and Emile Durkheim (1858-1917). Comte, Spencer, and Pareto focused on the interdependence of the parts of the social structure / system. Durkheim followed a curriculum focused on social integration, solidarity and anomie phenomena (Wallace and Wolf, 2012, p. 44).

Comte was interested in static (order) and dynamics (progress) in society as a result of his research on the foundations of social order. According to Comte, functionalism is “interdependence”. In this sociology, the mismatch between whole and parts / individuals in the society has been characterized as pathological / non-functional. Pathological condition is in selective proximity with *functional balance* concept. Spencer was regarded as the pioneer of the functionalism with the “concept of differentiation”. Just like Comte, with the concept “differentiation”, Spencer, meant the situation of “interdependence” between the different parts of the system emerging from the development/improvement of societies. Modern functionalists affirm Spencer’s this approach. There are great similarities between Spencer’s approach and Durkheim’s sociology. In social theory, however, the theory of functionalism generally follows the French sociologist Durkheim, not Spencer. Spencer’s insistence on the necessity of evolutionist and social differentiation has distracted Durkheim from his approach. Pareto resembled functionalism analogous to a psycho-chemical system, rather than analogizing it to biological organism. According to Pareto, the molecules of social system is individuals with interests, impulses and emotions.

Durkheim is the most prominent founder of contemporary functionalism. According to Durkheim, integration or, in his own words, social solidarity can only be described with reference to the unusual things: anomie, selfishness, suicide, poor coordination and compulsory division of labour. All of these are examples of social dissolution in Durkheim's approach. Therefore, social solidarity represents the opposite of these conditions. According to Durkheim, progress / functionality in a society takes place when individual passions / actions are organized by the cultural structure connected to the social whole. Durkheim's analysis of social solidarity certainly involves a more general social organization or order theory. Therefore, the concept of "collective consciousness", which is one of the concepts he has developed to explain the social order in general, must be remembered at this stage (Turner, 2010). Parsons and Merton highly honour Durkheim through this theory, and bring new expansions to the theory on structural level. Functionalism essentially turns into a theory dominant in the work of Talcott Parsons, Robert Merton and their students and is named as structural functionalism. The Parsons' sociological evolutionist schema formulates the society as a system that protects its boundaries (Erkilet, 2013, p. 339). This study will focus on an important selective derivation of structural functionalism, the "dysfunctional sociology" also conceptualized by Robert Merton and the selective proximity of this sociology between "anomie", "individual" and "addiction". Therefore, before the analysis, the following section will present a general discussion of structural functionalism and Robert Merton's views on the subject.

### 7.5.1. Structural Functionalist Thought

Structural Functionalism is defined as the analysis of the functions that social and cultural phenomena fulfil in a system. This form of analysis assumes that the given social patterns are "good, right and as it should be" (Erkilet, 2013, p. 341). When we conceptually approach it, in functional sociology, system is a society composed of sequences that are structurally related to each other; when a chance occurs in one of the parts a similar effect on the other parts will be evoked, and thus it is composed of sequences existing in the interaction-response relationship. For example, the change in the legal system will necessarily have similar effects on other parts of the social system (Çelik, 2007, p. 53). This theory is called structural functionalism because it focuses on functional necessities or requirements that must be met in order for a social system to survive and on structures that meet these requirements or necessities.

Structural functionalism has been developed based on the organic system model in biology. It is a macro-sociological theory because it deals with the social structure and the general nature of the institutions on a holistic level. Functionalists focus on three important social elements: first of all, parts of the social system are interrelated and interdependent. Secondly, the social system resembles the normal or healthy functioning of an organism, that is, a sociology of “normal” or “balanced” situation. Finally, social system can rearrange itself to return to normal as a whole. The most prominent proposition here is that the system tends to constantly regulate and maintain balance. Functionalists tend to use commonly accepted standards of values or desires shared in sociology as the focus in analysing how social systems maintain and restore social equilibrium and how they reconstruct it. According to this sociology, the general consensus about values means that the individuals are ethically connected to the society they live in. At this point “value” stands out as a key concept (Wallace and Wolf, 2012, p. 44).

### **7.5.2. Expansion of Structural Functionality: Unpredictable Results**

The American sociologist Robert King Merton (1910-2003), the architect of the dysfunction concept, spent the early years of his sociological career in building a structural functionalist bridge for sociological writings and developing a model or paradigm for structural functional analyses. He rejects postulates of coarse functionalism as intellectual notations expressed as “functional unity of society”, “universal functionalism” and “necessity”. Merton has defined the concepts of dysfunctions, functional alternatives, the non-functional, the net balance of non-functional, functional outcomes and manifest-latent functions, and incorporated them into the boundaries of functional paradigm sociology. Merton’s functionalism also bears the traces early functionalism in areas such as the need to focus on large-scale social phenomena while shifting away from the postulates of early functionalism (Poloma, 2007, p. 64).

Merton’s desire and effort to develop a “paradigm” for functional analysis has an important place in the theory of functionalism. Merton’s original imagination proved itself in the context of focusing on positive functions on structural functionalism in addition to dealing with dysfunctions, even with nonfunctionalities and anomalies. Merton insists, however, that

sociologists must be methodically engaged in the net balance of functions, dysfunctions and the anomie. In other words, he advocates that scientists must move away from global and universal analyses while conducting functional analyses and dissect / model the problem within a specific time and space idea. In addition, Merton adds to his sociological defense that functionalists should be concerned not only with explicit (purposeful) functions but also with hidden (unintended) functions (Ritzer and Stepni-sky, 2014, p. 278).

According to structural functional theory, the social system is in selective proximity to anomie and deviation. Dysfunctionalism has an important position in this context. According to this sociology, the society is treated as a fact which is unique in itself and as a different phenomenon from the parts forming the whole and a greater phenomenon. Accordingly, individuals remain in an abstract position as occupiers of the statuses and roles constituting the structures (Poloma, 2007, p. 64). Individuals exist only when they communicate with each other and as long as communicate with each other. Individuals cannot be social subjects unless they communicate; their participation to society takes place only when they communicate. Individuals become visible through communication in a social sense (Çelik, 2007, p. 58-59).

Individuals who cannot be social subjects are faced with social deviation and various addiction risks. Because, in a social mobilization, sociological actions show that this sociality is in a pathological state to the extent that social integration or solidarity or balance cannot be increased. As a result, the idea that the social structure must undergo various changes must be made in order for the system to return to normal (Turner et al. 2010, p. 356). This sociological opening leads sociologists, and especially Merton, to dysfunctionalist analysis.

### 7.5.3 Dysfunctional Sociology

Sociological function is defined as “observable results that provide harmony or adaptation of a given system”. This definition focuses only on harmony and adaptation. Merton disputes this approach of the functionalists with the concept of dysfunctionalism. According to Merton, there is a clear ideological bias because the system is only focused on its positive results. It is important to note, however, that a social phenomenon may have negative consequences for another social phenomenon. To overcome this

serious neglect in functionalism, “sociology of dysfunctionality” has been developed (Ritzer and Stepnisky, 2014, p. 255). In fact, this is a new opening for structural functionalism. Accordingly, “dysfunctionality” is an act distressing a social system by slowing down functional harmony or adaptation (Merton, 1968, p. 51). For example, an integrative mechanism will result in deviations such as the creation of over-conservative types, with greater importance and emphasis on integration from the instrument and organization level; namely, the level of natural harmony. In this case, the mechanism has a dysfunctional quality in a certain social system (Kızılçelik, 1994, p. 465).

If the subject is brought up and detailed to observe the traces of the social context leading to the addiction from a sociological perspective, the thing that leads to the dysfunction in the social system is the power which ensures the social harmony. Indeed, excessive or inadequate dependence of individuals in the social system will lead to the divergences with different levels of values and norms regulation. According to Durkheim, as a system shows more moderate types of regulation and dependence, pathological deviation rates will decrease and the level of integration of individuals into the system will increase (Turner et al. 2010, p. 374).

The dysfunctional sociology conception involves two approaches that complement each other but differ from each other. The first of these is that a social action may lead to dysfunctional consequences; that is, it may result in disharmony and disorder of the system. The second of these is that the results can vary from person to person. What is important here is the question of which social subject's criterion determines “social function” (Wallace and Wolf, 2012, p. 84). The focus of this study is the first idea, focusing on this function. From now on, we will try to look at this subject through this context.

As is known, Merton cogitates ideal concepts such as “non-functional”, “net equilibrium”, “levels of functional analysis”, “manifest and latent functions” and “anomie” to theoretically support the positive functions and dysfunctions sociology (Merton, 1968; 1938). Among these, the concepts of “manifest and latent functions” provide important contributions to functional and dysfunctional solutions. In simple terms, “manifest functions” are intended actions/results in a system. However, “latent functions” are social actions or outcomes that are not intended. This thought is related to unexpected results of action. Accordingly, actions have both intended and unintended consequences. In social reality it is often this unpredictable

side of action that leads individuals to various types of addictions. People are aware of the intended outcome. Therefore, sociological analysis should primarily focus on unintended consequences (Ritzer and Stepnisky, 2014, p. 255). Because until the latent functions are revealed like manifest functions, the functioning of the system will not be fully understood. In order to be able to explain social change through functional relations, it is necessary to investigate and reveal latent and manifest functions (Erkal, 2011, p. 229).

Unintended results and latent functions are not the same. This can be explained as follows. A latent function is a kind of unexpected or unpredictable result that is functional for the social system in question. There are, however, two other consequences for the unpredictable action: 1) dysfunctioning for a given system, and 2) dysfunctional results that are irrelevant to the system, both functionally and dysfunctionally. Furthermore, in this functionalist analysis, a structure / action may continue its existence even if it produces dysfunctional results for the system as a whole (Ritzer and Stepnisky, 2014, p. 255). As a result, according to structuralist analysis, social agents always face sociological instability, uncertainty, conflicting expectations and choice dilemmas. Social systems are far from being solid and smoothly unified ones; (Coser, 2011, p. 488), they contain disharmony and incompatibility/anomie that prevents their possibility to be handled as structurally smoothly unified whole. This inference will lead us to a different dimension of structural functionalism; namely, to anomie, a concrete link between the individual and the addiction.

#### **7.5.4. Anomie, Individual and Addiction**

Both in early functionalism and structural functionalism, anomie, individual and addiction issues have been discussed at important positions. Durkheim's work "Suicide (2011)" epitomizes this importance. According to this sociology, even the act of suicide is a kind of addiction. We will not dwell on deep discussions in these sociology due to subject limitations. We will look at the issue within the limits of dysfunctionalism. Rather than dealing with the functions of structures, the conceptualization of dysfunctionalism deals mainly with distorted functions, and therefore with phenomena such as anomalies and deviations. Social progress and change are explained through this sociology. Thus, anomie and deviation have important places in this approach (Kongar, 2002, p. 162). In this direction,

the connection of the anomie with the social and individual deviations is established. In this sociology, dysfunctionality is argued to be the reason for the distinction between culture and social structure (Ritzer and Stepni-sky, 2014, p. 260).

As is known, in the context of Durkheim sociology, anomie is usually seen in social transition periods or in the fast-changing parts of a society. In this situations, the existing rules lost their binding over the individuals while the new rules are not accepted as substitutes for old rules. Anomie is defined as the state of relative looseness, confusion and irregularity in which there are no effective social norms for individuals to conform their behaviours and for legitimating their behaviours as well as rendering them authentic (Demir, SBS). This meaning of anomie in the sociology of Durkheim is significantly different from the anomie in the dysfunctional approach. Accordingly, if a social system, while emphasizing cultural goals, does not institutionalize the legitimate ways of achieving these, every path that leads to the goal for humans begins to become lawful. In this case, the instruments are only left to the decisiveness of technical norms. Such societies experiencing “net equilibrium” loss are in anomie situation (Merton, 1968, p. 187).

#### **7.5.4 From Dysfunctionalism to Anomie: An Analysis of Addiction**

Merton wanted to present a sociological account of how the society, social structures and cultural values pressures to conform to each other; and the discrepancies, changes, conflicts, and contradictions or deviations reproduced in the Bourdieusian meaning as a result of this suppression process (Marshall, 1999, p. 33). Therefore, Merton criticizes the concept of anomie developed by Emile Durkheim as somewhat relative. He wants to move the concept to a more specific place in his model. Unlike Durkheim, Merton develops a sociological approach to “anomie” which can occur not only in times of normlessness and lawlessness but also in the stable periods of the social system (Merton, 1938). Accordingly, in order to achieve explanatory findings on this orientation after the increase of addiction in a society, it is necessary not only to look at the chaotic side of social change, but also to the regular / harmonious side.

According to this approach, an anomie in a society arises when there is extreme divergence between the cultural norms and goals and the socially

structured actions necessary for members of the social group / system to behave in harmony with them (Merton, 1968, p. 217-218). In this theory, social harmony / orientation and consensus are overemphasized. This theory has been criticized extensively because of its view of over-integrated society and socialized individuals (Marshall, 1999, p. 33). In addition, dysfunctionalist sociology divides the anomie into two as simple and violent. Accordingly, simple anomie is defined as uneasiness arising from value conflicts in a group or society. Violent anomie means the decay and resolution of the value system of a group or society (Bayhan, 1995, p. 21). Therefore, the level of drug addiction of the individuals involved in these two groups also changes.

In simple terms, anomie / dysfunctional sociology occurs when there is a disconnection or meaning shift between cultural goals and the legitimate / institutional ways of achieving these goals. This dissociation between goals and instruments and the resulting tensions / conflicts will inevitably lead to weakening of the confidence and belief of the individual's to institutionalized instruments used for cultural goals or functioning in the society (Tolan, 1981, p.72). In other words, according to this approach, the social environment is divided into two: the values and norms create the cultural environment, and the human relations create the relational sociology in the ideological sense. When there is a structural disharmony between the social environment and the cultural environment, tensions / deviances / fluidities emerge (Bayhan, 1995, p. 21). By applying this analysis to the US society, Merton states that material success is very important in this system; whereas the legitimate ways to reach this aim were not determined at the same intensity as the aims. The resulting anomie dysfunctions for the American society in general and in other sociologies which doesn't have the instruments for the material success. Therefore, this sociological situation is a source of tension in the system and leads to significant deviations (Wallace and Wolf, 2012, p. 94) and then different addictions.

### **7.5.5. The Causes of Addiction According to Dysfunctionalist Approach**

Causes of dysfunctionality / anomie and hence addiction are sought in socio-cultural structures. In this context, the different (not as pluralistic meaning; but as fragile meaning) values and orientations the social structure contains are transferred to the child in the process of first socialization

which takes place in the social reality/family, and thus the system becomes open to various tensions and conflicts (Erkilet, 1999, p. 64). The problem is that the social habitus is not constructed at the structural level. The main element in Merton's problem is the deviation of the individual from the rules, that is, the anatomy of the deviant behaviour, which is the probable individual result or indicator of the anomic environment. This is one of the important points in this structuralist approach which incorporates the basic features of the American sociological tradition by institutionalizing them to a degree. There are also signs of poor functioning, failure and weakness of private institutions such as the family, which are expected to meet the collective needs of society (Tolan, 1981, p. 62; Swingewood, 1998, p. 272). On the other hand, when we consider this subject within the context of social service problematique, anomie, deviation and addiction are considered to be related to psycho-social functioning. For example, the idea is that the likelihood of individuals contracting various forms of addiction, such as narcotic drug addiction, chronic alcoholism, or refuge in the private world of vagabondism, is linked to the premature socialization phase.

In a detailed analysis, according to the dysfunctionalist approach, the contradictions between the individual's roles are one of the sources of social deviations and conflict/tension. In social structure, namely, in the system, these contradictions must be eliminated in some way. The system should set some priorities and practices between the contradicting roles to balance both social status and stratification conflicts / paradoxes. In this context, Merton, while examining the phenomenon of deviation, pointed out the problems that would arise from giving more emphasis to either cultural aims or norms, and used this analysis to explain social and individual anomic sociology. Changes and developments in societies where societal equilibrium exist do not lead to the destruction of the structure on the functional floor. However, while the cultural goals are emphasized in the system, the society becomes anomic if the legitimate ways of realizing these goals are not emphasized at the same intensity as the goals themselves (Erkilet, 1999, p. 67-68).

Accordingly, deviation / tension is not the result of an individual pathology, but is normal reactions that individuals give to social conditions. The structural conditions which are the target of individuals' normal reactions are characterized with organizational dysfunction. In this case, the system is insufficient to achieve collective and individual goals in comparison with an alternative that is functional. There is an organizational mistake in

this insufficiency. Deviance is an individual response to this irregularity (Erkilet, 1999, p. 68). Essentially, biological and psychological approaches to criminality also assume that the deviance derives from something that is malfunctioning in the individual, not in the society (Giddens, 2013, p. 841). In this context, the relationship between deviation behaviour and anomie and addiction should be questioned. A deviation is a social problem even if it is not an abnormal situation. Deviant behaviour is the product of the efforts of individuals to reduce the gap between cultural and social systems in compliance with the conditions of their statuses (Erkilet, 1999, p. 68).

In this direction, Merton has developed a typology, which can be considered a typology of individual harmony in Weberian meaning and a typology of deviance according to others. Accordingly: 1. Innovation: closing the gap between cultural values and social norms by violating norms. 2. Traditionalism: trying to close the gap between cultural values and norms by being firmly attached to social norms. 3. Withdrawal: Attempting to close the gap between cultural values and norms by rejecting both values and norms. Another name of this sociology is alienation. The grammars that channelled individuals to various drug addictions arise from this problematic. 4. Rebellion: individuals / groups not only reject cultural values and norms, but also suggest alternative values and norms instead of these (Erkilet, 1999, p. 69).

### 7.5.6. Death of the individual: Addiction

Societies, groups and classes, which emphasize the material aspects of social development as a sociological reality, but fail to provide justice and equality in the distribution or use of institutionalized instruments, lead to behaviours deviating from the cultural / moral norms they try to adopt to individuals.

This divergence between material and spiritual structures will lead to practices that are new, but that the collective structure does not desire. In other words, the ways for both ideological and material deviations and addictions will be paved. Therefore, people applying to different prescriptions that are not legally legitimate in order to reach sociological goals and social and economic power that are envisaged in the social system become increasingly prevalent and common. Because such a socialization structure results in serious disharmonies and inconsistencies (Bayhan, 1995,

p. 25). If the individuals alienated to the cultural habitus gain weight in the power / functional balance of the system, the normative structure of social reality is influenced by this change and results in unpredictable sociologies. Clearly, the point to be emphasized in this description is that the excess of tolerance can legitimate various deviances (Erkilet, 1999, p. 70).

In many countries today, we can say that this kind of tolerance lies in the background of the legalization of the use of various addictive substances. Compromises lead to other compromises. The real danger or risk at this point is that the “extraordinary state” turns into a normal state (Günerigök, 2018). The legitimacy of cultural grammar decreases not only for disadvantaged persons in the society but also for other individuals, and even those elements that are not initially affected by simple anomalous environments can be affected more easily by these environments (Bayhan, 1995, p. 25).

According to functional sociology, it is possible for individuals to focus on different sub-socio-cultural environments after the anomie situation arising from the social structure(s). As an indication of this typology, “withdrawal action” is more individualistic than collective, and is more dependent on biophysical factors (Tolan, 1981, p. 82). Particularly, the individuals who fall within the scope of “withdrawal typology” reject sociology, which is socially inherited from the cultural memory; they reject both cultural goals and legitimate means and instruments. These individuals do not recognize the religion, traditions, values and norms, in short, the social memory of the community they live in. A complete state of alienation is in question here (Kargin, 2016, p. 68).

Individuals who escape from the social communities they live in are developing different forms of addiction in the context of the problem of adaptation to new sociologies: pathological sexual acts, drugs, cigarettes, alcohol and various narcotic addictions / habits are just some of the manifestations that will emerge (Bayhan, 1995, p. 26).

As is known, addiction is an irrepressible desire and impulse that causes a set of mental and physical reactions if the substance, which is not aimed for healing an organic disease, is withdrawn, emerges when the substance is abused in the recurrent and increasing doses (Taylan and Genç, 2017, p. 182). As a result, it is possible to encounter such type of addiction, which means the opposite of self-confidence in various sociological contexts (Marshall, 1999, p. 55).

According to dysfunctional structuralism, different aspects of addiction are mostly in urban areas; especially in individuals who are driven out of authentic social structures. Discrete pathological actions / addictions are seen as a symptom of this condition. In modern cities, which are defined as the environment of all kinds of extremes, especially in metropolises, when the distance between the desires of the individuals and the object of desires reaches to an impossible level (Bayhan, 1995, p. 26), anomic situation, alienation and addiction increase.

As a result, the addictions in these neighbourhoods have wide social, not individual, consequences. Because in a place where everything turns into danger, nothing is dangerous anymore. In a world where it is impossible to abstain or to be protected, people do not want to think about danger. This is one of the reasons why substance addicted individuals insist on their actions. This is where the differences and relativity of the legality / objectivity situations of the substances abused in different geographies (psycho-biologically addictive products) arise from.

Summarizing the subject through the addiction problem within the context of social service sector, substance abuse, as defined in the international literature, is more comprehensively defined as the abuse of substances. However, concepts such as "habit", "loss of independence" and "loss of self-control" are used in the definitions of the substance abuse. At this point, it can be said that there is a decrease in human integrity in anomic / dysfunctional process that develops with addiction (Akıncı, 2017, p. 104). Accordingly, from a global point of view today, it is a situation in which an individual enslaves herself/himself with the abuse of substances, that is, the status of being a subject in social life is lost in this process.

Addiction refers to a dysfunctional process established between the individual and the object, which, after a while, removes the autonomy and specificity of the individual. Because of its destructive effects on human attitude and behaviour, the individual makes herself/himself a desperate slave to the object she/he chooses. Thus society is deprived of the contributions/power/labour of the individuals which is in the aforementioned situation and more importantly society is deprived of the individual as a living creature. If we assume that a large population group is shaken by this influence on many nations on earth today, we can easily find out the size of all communities to suffer losses (Doğan, 2001, p. 80).

## Conclusion

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This study has analysed the dysfunctionality, one of the important concepts of structural functional sociology, within the context of anomie, individual and addiction. Merton, the architecture of the concept of dysfunction, has developed, largely from the functionalist approaches of Parsons and Sorokin, his ideas about functionalism. According to him, there are functional, dysfunctional and non-functional sociologies in social systems. Dysfunctionality is a sociology that is at the same time functional for societies. Dysfunctionality stands as an important independent work in modern structural-functional theory. Accordingly, it is emphasized that functionalists should be concerned not only with manifest functions but also with latent functions and unforeseen consequences of their actions in order to get rid of ideological bias.

In this context, the relationship between societal context, both in theoretical and institutional fields, and cultural anomalies, dysfunctionality, deviation and addiction remain on the agenda as an important debate issue in sociology since Durkheim. Dysfunctionality, tensions and strains exist as anomie / dysfunctional agents that tend to be institutionalized in the social level and tend to be dissolved towards balance. Accordingly, in this study, it was concluded that individuals with anomie sociology may orient towards different sub-sociocultural areas and thus develop different addiction types such as pathological sexual acts, drugs, cannabis, heroin, cigarettes and alcohol in the context of problematic adaptation to new sociologies. In addition, the subjects of individual and addiction claim to be a new opening for this sociology.

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# INVESTIGATION OF SUBSTANCE ADDICTED INDIVIDUALS ON PROBATION (FIELD STUDY)

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## **8.1. Research Pattern**

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### **8.1.1. The Subject of the Research and Questions**

The research focuses on the socio-cultural and economic bases of substance-addicted juvenile delinquents (convicts, suspects and accused) followed by the Düzce Probation Directorate.

The research focuses on the socio-cultural and economic bases of substance-addicted juvenile delinquents (convicts, suspects and accused) followed by the Düzce Probation Directorate. Depending on these main questions, the research will also answer the following sub-questions:

1. What are the demographic characteristics of the juvenile delinquents?
2. What are the socio-cultural and economic bases of the juvenile delinquents?

### **8.1.2. The Purpose of the Study**

In the study; it is aimed to understand and explain the socio-cultural and economic bases of substance-addicted juvenile delinquents (convicts, suspects and accused) followed by Düzce Probation Directorate.

Based on the main and sub research questions, the main aim of the study is to understand and explain the criminal profiles the juvenile delinquents (convicts, suspects and accused) by understanding their socio-demographic characteristics, their reasons for committing crime, the socio-economic and cultural factors affecting their crimes, within the context of Bolu Province.

### **8.1.3. Limits and Difficulties**

The research which focuses on the socio-cultural and economic bases of substance-addicted juvenile delinquents (convicts, suspects and accused) followed by the Düzce Probation Department, is limited with the socio-cultural and economic bases of delinquents. The results of the survey are limited with the findings obtained via questionnaire, and the participants are assumed to give correct answers. In addition, the findings are limited to a certain place, a certain time (November 1, 2017-October 31, 2017) and a certain segment of the field, and the questionnaire is answered by substance-addicted juvenile delinquents who are on probation under certain conditions; thus the findings of this research cannot be generalized for all substance-addicted juvenile delinquents who are followed by Probation Directorates all over Turkey.

The attitudes of the delinquents which was sometimes reserved and sometimes suspicious, and mostly the limitations due to the legal regulations of Ministry of Justice and its subordinate institution, Probation Directorate were determined as the most significant difficulties in the research.

### **8.1.4. Research Methods and Techniques**

The research was carried out by employing questionnaire method in the context of field survey method. While carrying out questionnaire, seminars and training studies were conducted with the relevant individuals, and face-to-face interviews were also used in interpretations.

### **8.1.5. Population and Sample**

In social sciences, population means the individuals to whom the findings of the research are desired to be generalized (Karasar, 1995, p. 109); population also means the objects of individuals contained in the observation or investigation area (Arıcı, 2001, p. 9). As it is not possible to investigate the whole population due to the financial and temporal limitations in scientific studies, the most practical solution is including limited number of individuals, events or phenomena with the power to represent the population, to the context of research (Yıldırım and Şimşek, 1999, p. 62). This is called the sample.

The sample of this study consists of approximately 287 (a certain number cannot be given as the number of substance addicted juveniles

followed by the Directorate has changed constantly during the research) substance addicted juvenile delinquents followed by Düzce Probation Directorate starting from November 1, 2017-October 31, 2017. The sample of the study was composed of 112 substance addicted juvenile delinquents who were selected with simple random sampling from this population of delinquents. 112 delinquents chosen with this method conducted the questionnaire, 17 the all questionnaires were excluded due to the incompleteness or incorrectness, the remaining 95 questionnaires were assessed.

### **8.1.6 Analysis and Interpretation of Research Findings**

In the scope of the research, the coding of the data obtained from the questionnaire forms and the data entry form have been performed and evaluated on SPSS statistical program. The data processed in Excel by using SPSS statistical program, have been transformed into tables and interpreted. As the research is supportive to the project and the theoretical information used in this study, the chi-square tests, inter-variable relationships and other details were not dwelled on, and the research was completed with mostly interpretations through frequencies.

### **8.1.7. Basic Concepts**

#### ***8.1.7.1. Probation***

Probation is an alternative punishment and execution system which provides all kinds of services, programs and resources needed for the supervision and follow-up, improvement and the reintegration of the suspect, the defendant or the convict to the society (Regulation of Probation Services). Probation means that the person, who committed a crime and given a verdict of conviction or is arrested, goes under the supervision and control in the society instead of going to the prison. This service is carried out by the probation directorates (Genç, 2016, p. 476).

Probation is operated based on three basic principles which are human dignity and honesty, confidentiality and impartiality. Officers implementing this punishment behave within the boundaries of respect for human rights, honesty and determination; they do not humiliate, degrade or score people serving their sentences. They respect the confidentiality of the suspect, the defendant, the convict and the families of those people, they protect the confidentiality of the information about these people as well as the

report they prepare about these people. They may examine documents related to their documents, but they have to comply with the principle of confidentiality of the inquiry regarding the information they obtain from these documents, they have to avoid behaviours and relationships that would negatively affect their impartiality and they have to be equally distanced to the both litigants (Regulation of Probation Services). Some crimes may be executed under probation and supervision, and part of some crimes may be executed in this way. Probation is one of the procedures set forth in order to prevent complete discrimination of individual from the social life and it is the indispensable element of humanitarian policy (Schöch, H.2006). Probation makes it easier for individuals who are guilty or at risk of being guilty to comply with society, their working life and family environment (Genç, 2016, p. 477).

The history of crime and punishment is as old as the history of humankind, and crimes have been tried to be eliminated with various methods in the past; but they couldn't be eliminated due to various reasons, and they have existed wherever and whenever people have lived. The constant and regular development of civilization also affected the law, and the methods for the punishment of crimes have cumulatively evolved into the rehabilitation of the convicts and the taking preventive measures before the crime emerges. A century after John Augustus proved that an alcoholic criminal could be reintegrated into the society to the lawyers and the society, the rehabilitation of criminals has been institutionalized in the EU and in the USA under the name of Probation and has become a government policy. Turkish Penal Code, entered into force on June 1, 2005 and Law on the Execution of Sentences and Security Measures are the legal foundations of the probation services and centres in Turkey (<http://www.sosyalhizmetuzmani.org/nedendenetim.htm>, accessed on February 12, 2016).

Probation means a society-based practice in which the suspect, defendant or the convict is provided with all the services, programs and sources she/he needs to re integrate with the society under the conditions and time limits the court determines and in direction with the probation and supervision plan". In other words, in Turkish legal system probation means that "the person, who committed a crime and given a verdict of conviction or is arrested, goes under the supervision and control in the society instead of going to the prison". Probation is an alternative execution system. In order to prevent the relapse of criminals and to re integrate them into the society, probation is a society based practice implemented via educational, cultur-

al, social etc. works as well as with the coordination of public institutions and non-governmental organizations when necessary. With probation, the suspect, the defendant or the convict is given freedom under some conditions and she/he is given some responsibilities. The probation is thus an alternative to the prison (Yıldırım, Gebeş and Özen, 2014, p. 1).

### ***8.1.7.2. Deviation and Crime***

İçli defines the deviation as “behaviour that doesn’t conform to the customs, traditions, and legal rules determined by the culture of the society” (İçli, 2004, p. 1). Selçuk assessed the deviation in a wider frame and defines the deviation as “a behaviour which is outside and away from the behaviours, attitudes which are in comply with the norms, examples and expectations in the light of moral, legal, spiritual, cultural, artistic, etc. values adopted by the society. This type of behaviour leads to the at least the disapprovement, condemnation and disappointment of the society. Those who behave in this way are called “deviated”. A deviated person can be described as someone who is against the majority of people complying to the social rules. Deviation, from this viewpoint, is a concept used to explain the conflict between the individual and society (Selçuk, 2010, p. 2).

While deviation means the behaviours contrary to the social norms, crime is defined as the behaviours contrary to the norms of the penal law. In other words, the deviations considered as crime in the legal system are evaluated as criminal (Çakmak, 2015, p. 9).

### ***8.1.7.3. Drug Addiction***

Drug addiction, is the habit leading people to the situations in which they cannot live without the substance they are addicted to. A substance addicted individual remains in a struggle with the substance to which she/he is addicted, for the rest of her/his life. The individual may get rid of addiction by receiving treatment. However, if the individual uses the substance even for once again, the addiction may relapse again. Individuals who receive treatment and eliminate the substance addiction are called “potential substance addicts” (<https://www.aligok.com.tr/kategori/bagimlilik/madde-bagimliliği>, accessed on March 20, 2018).

### **8.1.7.4. Youth**

Youth cultures are part of the transnational youth circle. Youth culture can be differentiated by adults and educators by referring to them as “they”, but it is a whole with its own style, features and characters, modelling to the youth at certain or different time periods (Asutay, 2017, p. 60). According to a classification accepted generally in the world, the population between 14-29 years is accepted as young population.

## **8.2. Findings of the Research**

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This section presents the findings of the research.

### **8.2.1 General Characteristics of Research Participants**

#### **8.2.1.1. Gender**

The below table presents the gender of the participants.

**Table 1:** Gender

	Number	%
Female	21	22.1
Male	74	77.9
<b>Total</b>	<b>95</b>	<b>100.0</b>

As shown in Table 1, 22.1% of the respondents are female and 77.9% are male. The data in the table shows that most of the subjects included in the sample are male convicts.

#### **8.2.1.2. Age**

The below table presents the age of the participants.

**Table 2:** Age

	Number	%
18 to 24	40	42.1
25 to 29	55	57.9
<b>Total</b>	<b>95</b>	<b>100.0</b>

As shown in Table 2, 42.1% of the respondents are from 18-24 age group and 57.9% of the respondents are from 25-29 age group. The target population is the substance addicted individuals from 14-29 age group and the data obtained from these individuals are evaluated.

#### **8.2.1.3. Educational Status**

In general, in social research the level of education is considered as one of the important variables determining the attitudes and behaviours of the individual. Here, the data showing the educational status of the sample is presented in the table below.

**Table 3:** Educational Status

	Number	%
Not literate	6	6.3
Literate but uncertificated	7	7.4
Primary school graduate	36	37.9
Secondary / primary school graduate	19	20.0
High school and equivalent school graduate	21	22.1
Graduated from university/institute	6	6.3
<b>Total</b>	<b>95</b>	<b>100.0</b>

As shown in Table 3, only 6.3% of substance addicts participated in the survey graduated from university/institute while 37.9% of them are primary school graduates, 20.0% of them graduated from secondary or primary school, 22.1% of them graduated from high school and equivalent school. According to the same table, 6.3% of drug addicts who answered the questionnaire were illiterate while the rate of those who stated that they were literate but had no certificate was 7.4%.

The table shows that there is a significant relationship between education and addiction. So, in general, there is a fluctuating course between the education level of the respondents and the substance abuse behaviour. Indeed, among the substance addicted individuals responding to the questionnaire, the rate of convicts who are literate but have no certificate is 7.4%, the rate of illiterates is 6.3%, the rate of secondary school gradu-

ates increases to 20.0%, the rate of high school graduates also increases to 22.1%, and then the rate of university and above graduates decreases to 6.3%. This data shows that a significant relationship between addiction and education level cannot be established within the context of our sample.

#### ***8.2.1.4. Residential Type***

One of the variables that can be influential on the attitude and behaviour of the individual is considered to be the type of the house in which the individual lives. The table below shows the findings of the residence of the convicts who participated in the survey.

**Table 4:** Type of the Residence

	Number	%
Apartment House	33	34.7
Shanty house	25	26.3
Detached house with garden or country house	37	38.9
<b>Total</b>	<b>95</b>	<b>100.0</b>

As shown in Table 4, 38.9% of the substance addicted individuals participating to the questionnaire defined their house as detached house with garden or country house, 26.3% of them defined their house as shanty house, and 34.7% of them defined their house as apartment house.

The data in the table show that the majority of convicts in our sample lives in detached house with garden or country house and apartment house, while less than a quarter of them live in shanty house. Considering the fact that a significant proportion of the respondents stating that they are living in a detached house with garden or country house actually identify detached house with garden with country house, it can be understood that approximately two-third of the respondents live in a neighbourhood with low socio-economic status.

#### ***8.2.1.5. People Respondents Live With***

In social studies, family structure is another variable that determines the behaviour of an individual. This means that family can be nuclear or ex-

tended family. The table below shows the findings of the family structure of convicts who participated in the survey.

**Table 5:** People They Live With

	Number	%
With spouse and children	28	29.5
Single, living with parents	52	54.8
Together with spouse, children and parents	9	9.5
Living alone	6	6.3
<b>Total</b>	<b>95</b>	<b>100.0</b>

As shown in Table 5, 54.8% of the respondents stated that they share the same house with their parents, while more than half (29.5%) of the respondents stated that they live with their spouses and children. According to the same table, 9.5% of the respondents said that they live with their parents, their spouses and children, and 6.3% of the respondents live alone.

The table shows that 29.5% of the substance addicted individuals in the sample live with their core family, 64.3% of them live with their extended family, and 6.3% of them live alone.

#### **8.2.1.6. Number of People in the Household**

The number of people in the household is considered as another variable influencing the attitudes and behaviours of the individual. Starting from this viewpoint, the table below shows the number of individuals in the respondents' families.

**Table 6:** Number of Individuals Living in the Family

	Number	%
2-3 people	32	33.7
4-5 people	38	40
6-7 people	22	23.2
8-9 people	3	3.2
<b>Total</b>	<b>95</b>	<b>100.0</b>

As seen in Table 6, 40.0% of the substance addicted individuals participated in the survey stated that their families were consisted of 4-5 people, 33.7% of them had 2-3 people in their families and 23.2% of them had 6-7 family members and 3.2% of them had 8-9 people in their families.

According to the table, the vast majority of substance addicted individuals participating in the survey had families consisting of 5 or fewer individuals (73.7%). The rate of those who stated the number of individuals in the family as 6 or more is 26.3%.

#### ***8.2.1.7. Monthly Net Income of the Family***

As is known, in today's society, economy is one of the most important determining criteria of social class and stratification. In this context, one of the issues studied in today's sociology is the nature of the relationship between crime and the economy. Starting from this viewpoint, the findings related to the monthly net economic incomes of the families of the delinquents in the sample are presented.

**Table 7:** Monthly Net Income of Family

	<b>Number</b>	<b>%</b>
No income	14	14.7
Between 1-1,750 TL	42	44.2
Between 1,751-3,499 TL	30	31.6
3,500 TL or more	9	9.5
<b>Total</b>	<b>95</b>	<b>100.0</b>

As shown in Table 7, 14.7% of the respondents indicated that there was no income, while 44.2% had income between 1-1,750 TL and 31.6% had income between 1,751-3,499 TL. According to the same table, 9.5% of the respondents stated that their family's net monthly income is 3,500 TL or more.

When the respondents who stated that their families had no income are added to the respondents who had middle and middle-low economic income (75.8%), it can be seen that there is an inversely proportional relationship between the economic income level and drug addiction, within the context of our sample. Accordingly, as the economic income decreases,

the behaviour of substance abuse increases and conversely, as the level of economic income increases, the behaviour of substance abuse decreases. As a matter of fact, the rate of substance addicted individuals stating that the monthly income of their families is 3,500 TL or more is 9.5%.

### **8.2.2 The Relationship Between Social Environment and Substance Abuse**

Another important issue for the researchers in this area is the existence and the kind of relationship between the social environment an individual lives in and the substance abuse of the individual. This section presents the findings related to this issue.

#### ***8.2.2.1. Educational Status of Father***

In order to investigate whether there is a relationship between the education level of social environment and the drug addiction behaviour of individual, the convicts were asked about the educational status of their fathers (What is the educational status of your father?) and the responses to this question are presented in the below table.

**Table 8:** Educational Status of the Fathers of Respondents

	<b>Number</b>	<b>%</b>
Not literate	15	15.8
Literate but uncertificated	3	3.2
Primary school graduate	58	61.1
Secondary / primary school graduate	6	6.3
High school and equivalent school graduate	10	10.5
Graduated from university/institute	3	3.2
<b>Total</b>	<b>95</b>	<b>100.0</b>

As shown in Table 8, 61.1% of the fathers of substance addicted individuals graduated from primary school, 10.5% of them graduated from high school and equivalent school, 6.3% of them graduated from secondary or primary school and 3.2% of them graduated from university or post-graduate school. According to the same table, 15.8% of the fathers of the

substance addicted individuals were not literate, 3.2% of them were literate but have no certificate.

The table shows that in the context of our sample, there is an inversely proportional relationship between the drug addiction and the educational status of their fathers. As a matter of fact, in general, as the level of education of the father decreases, the behaviour of drug addiction increases and while the level of education of the fathers' increases, the addiction behaviour decreases. As a matter of fact, the majority (80.0%) of fathers of substance addicted convicts participating in the survey are either primary school graduates or have no education while the rate of fathers graduated from secondary school or higher education institutions is 20.0%.

#### ***8.2.2.2. Educational Status of the Mother***

The below table presents the educational status of the mothers of the participants.

**Table 9:** Educational Status of Mother

	<b>Number</b>	<b>%</b>
Not literate	35	36.8
Literate but uncertificated	5	5.3
Primary school graduate	46	48.4
Secondary / primary school graduate	3	3.2
High school and equivalent school graduate	5	5.3
Graduated from university/institute	1	1.1
<b>Total</b>	<b>95</b>	<b>100.0</b>

As shown in Table 9, 48.4% of mothers graduated from primary school, 5.3% of them graduated from high school and equivalent school, 3.2% of them graduated secondary or primary school and 1.1% of them graduated from university or postgraduate school. According to the same table, 36.8% of the mothers of the substance addicted individuals were not literate, 5.3% of them were literate but have no certificate.

The data in the table are parallel to the example of the fathers. In fact, there is an inversely proportional relationship between the drug addiction

and the educational status of their mothers, similar to the educational status of their parents. As a matter of fact, in general, as the level of education of the mother decreases, the behaviour of drug addiction increases and while the level of education of the mothers' increases, the addiction behaviour decreases. As a matter of fact, the majority (90.4%) of mothers of substance addicted convicts participating in the survey are either primary school graduates or have no education while the rate of mothers graduated from secondary school or higher education institutions is only 9.6%.

#### ***8.2.2.3. The Relationship Between Drug addiction and Exposure to Violence by Family or Caretakers***

This section presents findings related to substance addicted delinquents' exposure to the physical, emotional and economic violence by the families or caretakers.

Physical violence is the first thing that comes to mind in terms of violence. The table below presents the findings related to the substance addicted delinquents' exposure to the physical violence by their families or caretakers.

**Table 10:** The Exposure Status of Physical Violence by Parents, Siblings or Caretakers

	Number	%
Yes a few times	18	18.9
Yes many times	14	14.7
Yes, constantly	4	4.2
No, never	59	62.1
<b>Total</b>	<b>95</b>	<b>100.0</b>

As seen in Table 10, 18.9% of substance addicted individuals participating in the survey were exposed to the physical violence by their parents, siblings or caretakers a few times, 14.7% of them were exposed to violence many times, 4.2% of them were exposed to violence constantly while 62.1% of them stated they were not exposed to such violence.

A more in-depth analysis of the table shows that a significant proportion (37.9%) of the substance-addicted convicts in our sample were exposed

to physical violence by their parents, siblings or caretakers. This suggests that there is a significant relationship between exposure to physical violence and drug addiction behaviour in the context of our sample. In this context, it would not be so wrong to say that physical violence has a triggering aspect for drug addiction.

Another type of violence is psychological (emotional) violence. Within the context of the research, the participating convicts were asked about their exposure to the emotional violence (Have you been exposed to emotional violence by your parents, siblings or caretakers?). Their answers are presented in the below table.

**Table 11:** The Exposure Status of Emotional Violence by Parents, Siblings or Caretakers

	Number	%
Yes a few times	19	20.0
Yes many times	15	15.8
Yes, constantly	6	6.3
No, never	55	57.9
<b>Total</b>	<b>95</b>	<b>100.0</b>

As seen in Table 11, 20.0% of substance addicted individuals participating in the survey were exposed to the emotional violence by their parents, siblings or caretakers a few times, 15.8% of them were exposed to violence many times, 6.3% of them were exposed to violence constantly while 57.9% of them stated they were not exposed to such violence.

A more in-depth analysis of the table shows that a significant proportion (62.1%) of the substance-addicted convicts in our sample were exposed to emotional violence by their parents, siblings or caretakers. This suggests that there is a significant relationship between exposure to emotional violence and drug addiction behaviour in the context of our sample. In this context, it would not be so wrong to say that emotional violence has a triggering aspect for drug addiction, as in the physical violence example.

Another type of violence is economic violence. Within the context of the research, in order to investigate the existence and the type of relationship between exposure to economic violence and the drug addiction, the

participating convicts were asked about the severity of their exposure to the economic violence (Have you been exposed to economic violence by your parents, siblings or caretakers. The table below presents the answers to the question.

**Table 12:** The Exposure Status of Economic Violence by Parents, Siblings or Caretaker

	Number	%
Yes a few times	15	15.8
Yes many times	13	13.7
Yes, constantly	17	17.9
No, never	50	52.6
<b>Total</b>	<b>95</b>	<b>100.0</b>

As seen in Table 12, 15.8% of substance addicted individuals participating in the survey were exposed to the economic violence by their parents, siblings or caretakers a few times, 13.7% of them were exposed to violence many times, 17.9% of them were exposed to violence constantly while 52.6% of them stated they were not exposed to such violence.

The data in the table shows similar characteristics to the findings of the other two cases of violence. Such that, as in the other two cases of violence, nearly half (47.4%) of the substance-addicted convicts in our sample were exposed to economic violence by their families or caretakers. This suggests that there is a meaningful relationship between economic violence exposure and drug addiction behaviour.

#### **8.2.2.4. Perpetration Status in the Family and Social Environment**

This section presents the findings related to the perpetration status of families and close relatives, friends, neighbours of the delinquents participating in the survey. In addition, the findings related to the effects of perpetration status of families, close relatives, friends, neighbours on the drug addiction behaviour of the delinquents and the interpretation of these findings are presented under this section.

Whether there is a relationship between the status of imprisonment among the family and close relatives of the delinquents and their drug addiction was one of the most important questions in the research. Within this context, the following question was asked to the participants: Is there anybody imprisoned among your family and your close relatives? The table below presents the answers to the question.

**Table 13:** Status of Imprisonment among the Family and Close Relatives

	Number	%
Yes	40	42.1
No	55	57.9
<b>Total</b>	<b>95</b>	<b>100.0</b>

As Table 13 shows, 42.1% of the respondents stated that there were imprisoned people among their families or close relatives while 57.9% of them stated that they had no family member or close relative who were imprisoned.

The data in the Table 13 suggest that there is a significant relationship between imprisonment among family or close relatives and drug addiction behaviour in the context of our sample. So much so that almost half of the respondents (42.1%) stated that there were imprisoned individuals among their families or close relatives. This means that the rate of committing crimes between family members or relatives of substance addicted delinquents in the sample is very high. This reveals the effect of imprisonment among family or close relatives on drug addiction behaviour of the individual.

Within this context, another important question to be investigated was the effects of perpetration status of families, close relatives, friends, neighbours on the drug addiction behaviour of the delinquents. The table below presents the answers related to this issue.

**Table 14:** Perpetration or Criminal Behaviour Status Among Friends

	Number	%
Yes, 1 person	20	21.1
Yes, 2-3 people	27	28.4
Yes, 4-5 people	13	13.7
No, not at all	35	36.8
<b>Total</b>	<b>95</b>	<b>100.0</b>

As shown in Table 14, the rate of respondents who stated that there was 1 criminal person among their friends was 21.1%, the rate of respondents who stated that there were 2-3 criminal people among their friends was 28.4%, the rate of respondents who stated that there were 4-5 criminal people among their friends was 13.7%, and the rate of respondents who stated that they had no criminal friends was 36.8%.

In the context of our sample, the table shows that criminal behaviour is very common around close friends of substance-addicted convicts. As a matter of fact, 64.3% of the responding convicts stated that they had criminal friends. This suggests that close friends are one of the most influential factors in the criminal behaviour of the individual.

In the same way, residence (neighbourhood, village, city, etc.) is one of the most important factors that push the individual to the crime. In order to investigate the effect of residence on the drug addiction behaviour, we asked the participants in our sample the following question: Is perpetration is common in your neighbourhood or environment? The table below presents the answers to the question.

**Table 15:** Prevalence of Perpetration in the Neighbourhood or Environment

	Number	%
Yes	27	28.4
No	68	71.6
<b>Total</b>	<b>95</b>	<b>100.0</b>

As shown in Table 15, while the rate of the respondents who stated that the perpetration is common in their neighbourhood or environment is 28.4%, 71.6% of them stated that the perpetration is not common in their neighbourhood or environment.

The data in the table reveal the rate of perpetration in the neighbourhood or environment of substance addicted delinquents participating in the questionnaire was considerably high. As a matter of fact, 28.4% of the substance addicted delinquents stated that the perpetration was high in their neighbourhood or environment.

The effects of family and friend circle in the drug addiction behaviour should not be ignored when the relationship between drug addiction behaviour and social environment is questioned. The existence of these effects and their degree are important issues. In this context, the substance addicted delinquents participating to this research were asked about the effects or incentives of their families and friend circles in their drug addiction behaviour. Their answers are presented in the below table.

**Table 16:** Effect or Incentive Family and Friends on Drug Addiction Behaviour

<b>Do you think that your family has any effect or incentive in your drug addiction?</b>		
	<b>Number</b>	<b>%</b>
Yes	14	14.7
No	72	75.8
Partially	9	9.5
<b>Total</b>	<b>95</b>	<b>100.0</b>
<b>Do you think that your friends have any effect or incentive in your drug addiction?</b>		
	<b>Number</b>	<b>%</b>
Yes	45	47.4
No	30	31.6
Partially	20	21.1
<b>Total</b>	<b>95</b>	<b>100.0</b>

As shown in Table 16, among the substance addicted delinquents who participated in the questionnaire, 75.8% of them stated their families had no effect or incentive in their drug addiction, 14.7% of them stated a direct effect, 9.5% of them stated a partial effect.

The fact that 24.2% of the respondents stated a direct or partial effect of their families in their drug addiction behaviour is a considerable finding. This means that, approximately one-fourth of the respondents acknowledged the effect or incentive of their families on their drug addiction behaviour, and this appears to be important for the researchers.

According to the data on the same table, 47.4% of the substance addicted respondents stated a direct effect or incentive of their friends in their drug addiction behaviour, 21.1% of them stated a partial effect or incentive of their friends. 31.6% of them stated there was no effect or incentive of their friends in their drug addiction behaviour. This finding reveals the effectiveness of friend circle on the drug addiction, as in the development of all other attitudes and behaviours. So much so that almost two-thirds of substance addicted delinquents participating in the questionnaire stated that their friend circle was totally or partially effective in their drug addiction behaviour.

## Conclusion

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The results of the research have revealed that there is a significant relationship between substance addicted individuals, drug addiction and the socio-cultural contexts of substance addicted individuals. For example, substance abuse behaviours generally increase as the level of education increases, except for those who are educated at primary school level. Another striking finding is that the substance addicted respondents and their parents were mostly primary school graduates or they had lower education.

The findings of the research revealed substance addicted delinquents' exposure to the physical, emotional and economic violence by the families or caretakers. This situation reveals the effect of violence on the drug addiction of the individuals.

One of the most striking findings in the research is the relationship between substance abuse behaviour of delinquents and substance abuse behaviour and perpetration in their social environments. As a matter of fact, a significant number of substance abusers have indicated that substance abuse and perpetration behaviours are common in their family, friends, and social environment.

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# GROUP PEER INTERACTION AND SOCIAL SKILLS DEVELOPMENT

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## 9.1. Peer Interaction

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Peer interaction has begun to form after the concepts such as peer coaching, peer guidance, peer evaluation and peer feedback, first introduced by Vygotsky in the theoretical frame of social constructivism and formed the general of these concepts. Peer is a term that expresses the concept of a group for individuals who are in the same social structure. Gender, socio-economic level, socio-cultural level, occupation etc. can be taken as a common feature of structure forming this group (Bilgiç and Günay, 2014, p. 103).

Peers are the groups that constitute the immediate surroundings of the individual and play an important role in the formation of her/his personality. The existence of peer groups is relevant at every age. The individual shapes her/his life with a family-oriented tendency especially during the primary education period, whereas she/he tends to the peer group more in when she/he is closer to the secondary school, and when she/he is in the youth and adulthood periods. The individual follows her/his development in two different social structures which differ in terms of their structures. The first of these structures is the her/his surroundings/circles consisting of his/her parents, teachers, relatives and neighbours, which are adults and thus different from the individual in terms of age. The second of the structures is her/his peers. While the individual has secondary status in the first structure, in which the members are adults and thus older than the individual, the individual has equal status in the second structure.

During the youth, the peer groups make themselves most evident. Peer groups are more important for young people because their social relationships with their friends are increasing as they move from childhood

to adolescence period. Friendship relations are important throughout the life of the socialization process because different developmental characteristics in adolescence period increase the importance of friendship in this period. Friendships lead social relationships. The only thing that the even the perfect families cannot provide their children is the friendship the peer groups provide to the young people. Since adolescence is a transition period, individual's parents place in the adolescent's life changes and friends participate in this change. Being called, liked and accepted by the friends are important conditions for the self-respect. The individual tests and develops her/his own personality in the peer group. The friends act as a mirror reflecting the personality of the individual, and thus the individual recognize and introduce herself/himself. The acceptance of individual especially by her/his friends during the adolescence period positively affects her/his self-acceptance.

Through peer interaction, individuals share their experience, knowledge and impressions. As a positive result of this situation, it is tried to produce different solutions to the problem situations that emerged from the methods and applications which are wrong and do not serve the structure of the peer group. In addition, peer interaction and communication contributes to the cognitive and social development of the individual.

According to Damon (1984), peer interaction provides individual social benefits, communication skills and different perspectives. In addition, Van Geert (1994) combines disintegration, that is deductive thinking, perception acquisition as well as ideational structure and reasoning as advantages of peer or group interaction.

Peer interaction develops highest in cooperative and collaborative environments. As it is known, in the cooperative learning environments, the structure composing the learner group has a common goal to achieve the targets and outcomes; and the learners are foregrounded while the teachers are in the background. This method supports individual's problem-solving skills and exploratory learning towards each other (Bayrakçeken et al., 2013, p. 2-31).

Since the peer group is an important factor affecting the personality development, the choice of friends also gains importance at this point. Peer groups influence the individual in two different ways; positively and negatively.

### 9.1.1 Positive Effects of the Peer Groups

- First of all, peer groups allow the individual to socialize and to be accepted within the social group structure.
- Individuals are strengthened and provided with the feelings and energies of loyalty, courage and participation.
- The individual is provided with the experience and opportunity to learn by living at the point of equality and justice.
- The individual who is with the peers find a comfortable environment.
- Individual finds a comfortable conversation environment because she/he is away from her/his family and is with her/his peers.
- Many events that cannot do together with family can be easily done together with peers.
- Individuals with leadership skills and competencies gain experience in this subject.
- Individuals gain the ability to cooperate and act in teams.
- The individual's quest for adventure is met in the peer groups, within the necessary boundaries. Especially scouting events and clubs provide this kind of contribution.

### 9.1.2. Negative Effects of the Peer Groups

- Negative situations can occur when the group's purposes influence the psychological, sociological, physical and moral development of the individual. Individual cannot help but turns to negative situations and may exhibit criminal behaviours.
- The forms of wrong non-democratic behaviour in peer groups can cause individuals with weak personalities to be damaged in terms of their personality, and adoption becomes difficult.

Apart from all of these, the influence of the circles on the physical, psychological and social structures of the individual since her/his birth is quite excessive, individual receives this influence via many different elements. From this point of view, today the television, smart phones, namely the electronic media are the primary elements affecting the individual. These media show their effects drastically on the adolescents. Electronic media only covered television in the past, but not the definition has recently been enlarged to cover telephones, tablet computers and smart phones. While

electronic devices, which have become important for individuals during their time, negatively affect socialization, educational and learning environments can become important settings for socialization and interaction with other peers or groups. In particular, the harmful effects of amusement centres are focused not instead of their benefits for the individuals. In addition, most common of harmful effects of electronic devices and amusement centres can be listed as follows: serious communication difficulties, learning disabilities, attention deficit, friends with antisocial behaviour, deterioration in friend and peer relationships, alcohol, cigarettes, substances and addictive synthetic stimulants. In particular, the one-way communication of individual, due to the misuse or the undeliberate use of the mass communication, removes the mutual communication, and creates a structure disconnected from the external world and peers. Especially when the individual is in a developmental process, the individual's linguistic skills begins to deteriorate and faces problems in communication with the outside world. Stimuli, drastically affecting the subconscious processes of children and adolescents in particular, are presented in the television channels. What is important here is to increase peer interaction and enable the individual to move with the social structure.

## **9.2. Social Skill and Its Development**

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As individuals live together in the social structure, they have to communicate and establish relationships with others. Individual's communication and relationships with others, her/his obedience to both written and non-written social rules, her/his successful fulfilment of responsibilities, her/his looking after her/his as well as others rights and accepting these are extremely important for social skill acquisition.

Human structure is a complex entity. This complex structure is composed of different developmental areas such as physiological, sociological, psychological, moral and humorous. Much as each development area has its own unique structure, there are also overlapping between them.

In the Social Development, the individual should first take the right direction to complete her/his socialization. Socialization is an important process at the point of development and self-discovery for the individual. While the current world structure, political and economic order isolate and individualise people, especially in the eastern societies where the communal structure is dominant, social structure is stronger compared to the

western societies. This situation allows the individual to socially act with others and contributes to her/his social development.

In socialization phenomenon, an individual is a direct and indirect member of a certain group. The individual takes the group's sense of value, the behaviour styles, and the beliefs. The most important fact here is that although the phenomenon of socialization starts from birth and continues until death, its effects are most drastical in the first childhood period (Gander et al. 1993: 274).

One of the important goals of the education and training process is to provide the adaptation of individual to the social structure in the fastest and most reliable way. For this, and especially in order to become an effective social member, it is necessary for individual to complete the social development in a healthy and complete manner. What is important here is that the social development in the first childhood period should be right. Because this development lays the infrastructure of the individuals' social behaviours in the later periods.

The most important element in the social development of the individual is that her/his socialization is completed in an appropriate and healthy way. The evidences for the healthy socialization of individuals can be listed as follows: the individual sees herself/himself as a part of the society, the individual sufficiently and correctly defines in the emotional-behavioural dimension, the individual devotes time to social activities, the individual takes up an activator role regarding the external environment, the individual bridge over the external environment and lastly, the individual identifies with someone. The changing qualities of social development personality can be influenced by social structure. All these expressions allow us to express social development as a relationship of the individual with the society and to display behaviours appropriate to the social life. Thus, the social skills training, one of the most important conditions for socialization, is an important concept in the world today. In particular, social skills and social competence are frequently used interchangeably although they actually denote different concepts and definitions. Social skills can be expressed as structures including idiosyncratic behaviours and similar situations. From this point of view, it is not wrong to say that it is part of social competence. At the same time, having good social competence leads to better communication and interaction with the environment. Social competence can also be described as the behaviours individuals exhibit considering the perceptions and values of the society in which they live and taking this into consideration without going against them.

### 9.2.1. Social Skill Education

Positive interaction with family members in the first years of life makes interaction with peers important over time. The individual is in interaction with her/his parents, other people in the circle and peers; she/he learns the social skills in a normal structure, by modelling these people as a result of these interactions. However, some individuals cannot earn enough social skills by observing adults and their peers. They need a systematic teaching of social skills and the opportunity to use their skills (Avcioğlu, 2005).

The abnormally fast changes in the society, migration and individualization are shown as the most important reasons for the emergence of social skills education. The fast changes occurring in the society makes it necessary for individuals to have a lot of knowledge and skills (Bacanlı, 2012).

Social skills training can be considered as an educational method that is performed for the acquisition of social skills; moving mostly from the behaviourism-based approach; performance-based, applied in the process, and can be done both individually and as a group. Inappropriate behaviours arising from an individual's inaccurate learning or lack of experience can be removed with a healthy social skills training. This is the purpose of the education of social skills (Çifci and Sucuoğlu, 2005).

Social skill, which is an important detail at the point of social development, emotional, psychological and humour development of the individual, may not be learned by the individual for some reasons. When the reasons of these situations are questioned, it may be found that the individual is afraid or anxious about the related skill. Another reason is that the person has not been able to set the time and the opportunity to learn skills. According to Goldstein (1980) the social skills training program can be revised taking the current situation of the individuals into account. The reason for this is that the weak and lacking social skills can arise due to multiple factors. The negative self-assessment of the individual, the current state of anxiety, insufficient information about the social structure and norms can be among these factors. The most emphasized phenomenon in the social skills education is performance. Performance phenomenon is the subject of studies adopting behaviourist school theories, foregrounding dynamic studies, and this school's methods (cited in Dikmeer, 1997, p. 26).

The cognitive social learning model describes social skills as the organizing of mental processes and behaviours in order to achieve the social or

personal goals that the individual sets about the environment and himself (Ladd and Mize, 1983, p. 131). In the cognitive social learning model, an individual observes and listens a model, and then represents the cognitive experiences by following the verbal transmissions. The cognitive social learning model has three basic pillars. These pillars are presented respectively as:

- a. Developing the skill concept,
- b. Improving skilful performance,
- c. Protecting and maintaining the skills.

One of the goals in social skills education is to teach the individual the concept of social skills. In social cognitive-based theories techniques such as giving information, regulation and feedback are employed in social learning process. Verbal explanations can be made in the form of verbal information transfer or modelling. The behavioural regulation technique oriented towards the individual, allows the individual to compare her/his performance with standard/normal performances. Through feedback, the individual gets the opportunity to assess her/his own skills. Behaviourism, another theoretical viewpoint to the lack of social skills, mentions the non-acquired performances of the individual in the lack of social skills, from a behaviourist point. That is, it is an important measure whether or not the individual exhibits appropriate behaviour regarding the present situation. According to the behaviourism, the individual should be encouraged to exhibit the behaviour and should be reinforced when she/he exhibits it (Bacanlı, 2000, p. 179). Cognitive approach, another viewpoint to the social skill, expresses that the social skill concept includes the cognitive skills. Cognitive deficiencies cause deficiencies in social skills. That is, the individual lacks social skills because she/he doesn't know what to do in social settings; which is a cognitive deficiency. This approach argues that people have cognitive scenarios in their minds, and that these scenarios mediate their actions and their exhibition of appropriate behaviours (Bacanlı, 2000, p. 178).

The individual should be aware of her/his thoughts and feelings and then exhibit behaviours enabling the social interaction; this is the main element in the social skill education. To achieve this, individuals need to be able to interpret social events, they should be aware of their own feelings as well as the feelings of others, and they should be able to apply different cognitive strategies when necessary (Cartledge and Milburn, 1995, p. 31).

Social skills education is primarily and often based on social learning theory. Social learning theory takes place in four basic stages:

1. Identification and logic,
2. Exhibition,
3. Practice,
4. Feedback (cited in Bacanlı, 2005, p. 54).

Bacanlı expresses that “generalization to the daily life” could be added to aforementioned four stages. (Bacanlı, 2005, p. 54). Children gain positive behaviours by imitating them, and this fact has been expressed as the basis for the aforementioned statement (Bandura, 1977, p. 43).

Social skills education is a therapeutic approach that enables the individuals to deal more effectively with social situations, increases her/his awareness of what is happening in the social interaction process, and provides opportunities for learning communication skills. Social skills training programs focus on three basic assumptions.

1. Individuals who have difficulty in establishing and developing mutually reinforcing relationships have not learned to behave in a way that will receive appropriate and reinforcing responses from others,
2. These people can learn how to behave differently,
3. The individuals who are not socially accepted will be given positive reactions and evaluations from others so much as these individuals learn and exhibit socially accepted behaviours (Priestley et al., 1989, p. 4).

A four-step intervention for social skills deficits has been emphasized.

These stages are;

- a. Helping to acquire skills,
- b. Improving skill performance,
- c. Removing obstructive behaviours,
- d. Helping the behaviour to generalize.

In the process of acquiring skills, individual's learning by modelling is focused. Behavioural rehearsal during the development of skill performance includes providing possibilities for the social behaviour to occur and reinforcement-based works. In the process of removing the obstruc-

tive behaviours, both the reinforcement-based techniques and the process of reducing the inappropriate behaviour are implemented. Finally, the stage of generalization of desired behaviour includes methods such as equalizing stimulus situations, training with different people and changing reinforcement.

Social skills can be explained in terms of social validity - behavioural skills and friend acceptance. Social skill has five basic characteristics. Firstly, a personality development that depends on the rules of the social structure in which the individual lives can be considered as a skill that gets positive reactions when individual enters into social environments. An individual can be assumed to have a normal social skill if she/he is able to act/speak appropriately in different settings and with different people, such as schools, shopping malls and other social settings. If there are problematic situations at these points, it is necessary to teach the behaviours determined by the social rules.

The second main characteristic is that social skills are learned behaviours. Different social rules are seen in cultures where different social structures exist. From this viewpoint, separate social skills for each individual can be mentioned. Therefore, social skills can be taught and transmitted to each individual.

The third basic characteristic is that social skills are goal-oriented, and individuals use social skills in order to achieve their goals. A student can be said to use her/his social skills at the best level if she/he is able to ask questions to the teachers. Similarly, a worker who is able to complete the given tasks exactly in the demanded way is also using her/his social skills at the best level. What is important here is that the individual can determine his / her purpose and create the integrity related to this aim in the social contexts. This will lead to an increase in individual's social competence.

The fourth characteristic is that social skills are behaviours specific to different situations. These behaviours may be different in each different social environment. In fact, the people or the things in the social environment shape our social skills.

The fifth and the last characteristic is that social skills can be observed from outside and they can also have cognitive and emotional qualities that cannot be observed. For example, thanking, sharing, greeting can be evaluated within this framework. At the same time, the individual's gaining susceptibility to something and evaluating a situation can be evaluated again within this framework.

### 9.2.2. Methods used for Social Skills Education

**Basic social skill exercises:** These exercises include the social network, the organization and coordination of complex behavioural expressions such as body language and posture, gestures and mimics, visual communication, touch and speech. Exercises are particularly important in situations where the communication seems to be inadequate.

**Learning from Model:** The individual learns these skills by observing others. At the same time, the individual imitates what she/he observes. On the basis of many of the learnings individuals make, especially social and emotional learnings, models are very important. The model behaviours of our parents and our friends can be mentioned within the framework of these social skills.

**Teaching:** The individual, who is in the process of learning the social skills, is given about contextual information related to the behaviour and performance she/he is going to exhibit. Teaching consists of different dimensions. Firstly, the situation that can be described as verbal teaching includes the teaching and transmission of rules related to the social norms. By this way, the individual can make generalizations related to the social behaviours. Learning by modelling, another dimension of education, divides the desired behaviours into smaller steps and after that, the individual is requested step by step by modelling the behaviour.

**Analysis of key events:** The important events in the individual's life are not ignored, but they are analysed regarding their weaknesses and strengths. Here social events are broken down as much as possible, and they are brought into the analysis process in terms of content and situation.

**Social problem solving:** It can be considered as a sub-dimension of social competence. It is the expression of ways and methods used in the scientific process steps.

- Identifying the problem
- Searching for alternative solutions
- Determining the most appreciable and functional solution path
- Determining the plan for solution
- Reviewing the implementation plan

Acquisition of social skills is a necessary factor at every stage of life, but the foundations are laid primarily in the family, and especially in the school where the individual substantially starts to socialize. Every edu-

tor may experience disappointment when she/he sees a child who does not have relationships with other children, has isolated herself/himself and is excluded by her/his friends. When an individual, a student or a young person is alone in the daily life, in the school, and she/he doesn't interact with groups, people surrounding her/him cannot help but may feel uneasy about this situation. From this viewpoint, it can be said that social skills education should be given most rapidly and widely in school environments.

According to the results obtained from the results of the surveys; children who are excluded by their friends are most likely to experience learning and adjustment problems both in school and out of school and in their later lives. Children who are not much adopted by their circles often want to be together with children who are like themselves or who are younger than themselves. This situation makes it difficult to acquire social skills at an early age. The foundation of this situation is laid in the primary education years and this problem grows bigger over time (Meichenbaum, Butler and Grudson, 1981, p. 127). It is important that educators who work in especially basic education institutions should focus on social skills, considering the above mentioned reasons. For many individuals, basic education period is especially as critical as possible. Individuals who are refused by their friends and circles should be provided with opportunities for learning necessary social skills and behaviours.

The following steps are followed in social skills education:

- Positive approach to the child, avoiding judicial attitudes towards the child;
- Giving information about the behaviour that is determined to be incomplete; giving explanations;
- Identifying the appropriate behaviour
- Emphasizing the benefits and disadvantages of appropriate behaviour
- Sampling, modelling the desired behaviour
- Ensuring that the child implements / practices
- Receiving post-implementation feedback
- Offering repeat or additional application possibilities
- Praising the success
- Reinforcing the implementation with homework (Bacanlı, 2012, p. 46-55).

### 9.2.3. Dimensions of Social Skills Deficiencies

Elliott and Gresham (1990) expressed social skill deficits on five different dimensions:

1. Lack of knowledge
2. Lack of practice or feedback
3. Lack of clues or opportunities
4. Lack of reinforcement
5. Presence of intervening problems

***Lack of information;*** This situation can arise in three different forms. Firstly, the individual or the student may not have learned the appropriate and necessary goals for social interaction and skill as a whole. For example, Hatice (female) may lack information if she is doing something for passing time instead of learning. The important point here is that in case of any situation (this may be a problematic or non-problematic situation), the individual should change her/his attitude. The second point may be that the individual has not learned the specific social skills necessary to achieve appropriate social goals, that is, the individual may not know how to communicate or how to talk while trying to communicate, and finally, the third point may be that the individual does not know how to match social skills with appropriate situation content.

***Lack of practice or feedback;*** Even though the individual has knowledge and content, she/he may not be able exhibit them in her/his behaviours. Elliott and Gresham (1991) found that some social skills work do not include enough practice for the newly learned skills or skills to be learned. As a result, the individual may be very inadequate in terms of skill, even if she/he has enough knowledge.

***Lack of clues or opportunities;*** some people use their social skills when they are faced with some clues. What is important here is that the other factors that are providing clues for the individual are correct, appropriate and reassuring. It is important that these factors are educational and are large in quantity.

***Lack of reinforcement;*** the reinforcement is one of the important concepts for the behaviourist approach which is neutral to the nature of the person and which focuses on the fact that individual is shaped by the environment. If the reinforcement is not used/given, some individuals may feel

alone in exhibiting their social skills. For example, if a person, who cannot control her/his nerves, is not given positive reinforcement when she/he can control her/his nerves and her/his appropriate behaviour is ignored, then the social skill acquisition can be lost after a while.

***Presence of intervening problems;*** some behaviours (e.g., hyperactivity, aggression, anxiety) may reduce learning and the use of social skills.

#### **9.2.4. Evaluating Social Skills**

Due to the fact that social skills contain many complicated constructs, namely behavioural - emotional - cognitive processes, the evaluation process must be multidimensional and many different techniques should be used in its content (Çiftçi and Sucuoğlu, 2005). Bacanlı (2012) classifies behavioural interviews, behavioural observations, self-report measures and other techniques regarding the social skills.

- Behavioural interview: Information regarding the individual's past is gathered by means of interview.
- Self-report measures: Individuals report on her/his own changes, innovations.
- Behavioural observation: In this method, an expert, people close to the individual such as a teacher, or parents reports their thoughts and observations about the individual in different situations and settings.
- Other techniques include techniques such as interaction logs and sociometry (Bacanlı, 2012).

### **Conclusion**

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Many concepts that we can define as social skills training, social interaction and peer interaction are very important for the development of the individual. Social skills, interaction and peer relationships give the individual a sense of power, energy and cohesion. It provides individual with opportunities of learning and personal development. The individuals who are with their peers in social settings find a comfortable environment. Individuals have the opportunity to speak comfortably and express themselves when they are together with their peers. The individuals can do many activities that they cannot do in their immediate surroundings with their peers very easily and comfortably. Individuals with leadership ability have experience in their interactions with their peers in social settings.

They can bring themselves into the foreground. Children gain the ability to move together and in a body.

Other than these positive effects, there may be adverse effects during group interaction or peer interaction. It affects sociological, psychological, physical, moral, humorous development of the individual. From this point of view, individual may learn undesirable behaviours from her/his peers.

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Drug addiction is a fundamental problem which all societies fight against and think over. It negatively affects the individual, family and society; precautions must be taken against this problem. Two main themes should be focused in the fight against addiction; these are drug addicted individuals and their families as well as suppliers and merchants. The primary protective measure in the fight against addiction is to eliminate the elements who desire to get unearned income from addiction by abusing the youth who are at risk; and to implement deterrent measures by developing international policies against drug traffickers and their collaborators. This fight against addiction can be achieved with the coordination of countries.

Opportunities and well-supported institutions should be developed to reintegrate, treat and rehabilitate the drug addicted individuals with scientific methods. The social circle of the drug addicted individual should also be included in the treatment process by including the family of the drug addicted individual to the process in the vocational practices. At the macro level, giving information and raising the awareness in all segments of the society will accelerate the process of fight against addiction.

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