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DEPARTMENT OF SOCIOLOGY

AUGUST 2024

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VAN YÜZÜNCÜ YIL UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES

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MASTER'S THESIS

A SOCIOLOGICAL RESEARCH ON THE INDIVIDUAL AND SOCIAL CONSEQUENCES OF SUBSTANCE ADDICTION: THE CASE OF ERBIL

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SOSYAL BİLİMLER ENSTİTÜSÜ
SOSYOLOJİ ANABİLİM DALI

MADDE BAĞIMLILIĞIN BİREYSEL VE TOPLUMSAL SONUÇLARINA YÖNELİK SOSYOLOJİK BİR ARAŞTIRMA: ERBİL ÖRNEĞİ

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M.Sc. THESIS

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VAN - 2024

ACCEPTANCE AND APPROVAL PAGE

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In this thesis study, which I prepared in accordance with the Thesis Writing Rules of YüzüncüYıl University, Institute of Social Sciences;

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VAN YÜZÜNCÜ YIL ÜNİVERSİTESİ
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MADDE BAĞIMLILIĞIN BİREYSEL VE TOPLUMSAL SONUÇLARINA YÖNELİK SOSYOLOJİK BİR ARAŞTIRMA: ERBİL ÖRNEĞİ

ÖZET

Bu araştırma, Erbil'deki cezaevlerinde mahkûm olan 18-35 yaş arasındaki gençlerin madde bağımlılığının bireysel ve toplumsal sonuçlarını sosyolojik bir bakış açısıyla incelemeyi amaçlamıştır. Araştırma, nitel ve nicel yöntemin birlikte kullanıldığıkarma bir yöntem kullanılmıştır. Dolayısıyla araştırmada hem nitel hem de nicel veri toplama ve analiz tekniklerikullanılarak araştırma veriler elde edilip analiz edilmiştir. Araştırmada, madde bağımlılığının gençler üzerinde ciddi biyolojik, psikolojik ve sosyolojik etki ve sonuçlara yol açtığına ilişkin bulgulara ulaşılmıştır. Ayrıca madde bağımlılığın gençlerde zayıflamış bağışıklık sistemi, beslenme bozuklukları ve kronik hastalıkları gibi sağlık sorunlarına, depresyon, anksiyete ve düşük benlik saygısı gibipsikolojiksorunlara ve aile içi çatışmalara, sosyal izolasyona, eğitimve iş hayatı gibi sosyal yaşam alanlarında farklı sorunlara yol açtığı bulgulanmıştır. Böylece araştırmada,madde bağımlılığının gençler arasında yaygınlaşması toplumsal güvenliği tehdit ettiği, suç oranlarını artırdığı,genç nüfusun üretkenliğini azaltarak ekonomik büyümeyi olumsuz yönde etkilediği ve sağlık hizmetlerine yönelik ekonomik yükü artırdığı gibi olumsuz bireysel ve toplumsal sonuçlara ulaşılmıştır. Araştırmada, madde bağımlılığının olumsuz bireysel ve toplumsal sonuçlarıyla mücadele için genç bireylere yönelik bilinçlendirme odaklı eğitim programların yaygınlaştırılması, toplumda madde bağımlılığına karşı farkındalığın oluşturulması, ailelere yönelik destek programlarının oluşturulması, tedavi ve rehabilitasyon hizmetlerine erişilebilirliğinin artırılması, sivil toplum kuruluşları, yerel yönetimler ve devlet kurumları arasında işbirliğinin güçlendirilmesi gibi öneriler sunulmuştur.

Anahtar Kelimeler: Bireysel ve Toplumsal Sonuçları, Erbil Örneği, Madde Bağımlılığı, Sosyolojik Bir Araştırma.

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A SOCIOLOGICAL RESEARCH ON THE INDIVIDUAL AND SOCIAL CONSEQUENCES OF SUBSTANCE ADDICTION: THE CASE OF ERBIL

ABSTRACT

This research aimed to examine the individual and social consequences of substance addiction of young people between the ages of 18-35 who are incarcerated in prisons in Erbil, from a sociological perspective. The research used a mixed method in which qualitative and quantitative methods were used together. Therefore, research data was obtained and analyzed using both qualitative and quantitative data collection and analysis techniques. The research found findings that substance addiction causes serious biological, psychological and sociological effects and consequences on young people. In addition, it has been found that substance addiction causes health problems such as weakened immune system, nutritional disorders and chronic diseases in young people, psychological problems such as depression, anxiety and low self-esteem, and family conflicts, social isolation, and different problems in social life areas such as education and business life. Thus, the study found negative individual and social consequences, such as the prevalence of substance addiction among young people threatening social security, increasing crime rates, negatively affecting economic growth by reducing the productivity of the young population, and increasing the economic burden on health services. In the research, in order to combat the negative individual and social consequences of substance addiction, dissemination of awareness-oriented training programs for young individuals, raising awareness against substance addiction in the society, creating support programs for families, increasing accessibility to treatment and rehabilitation services, cooperation between non-governmental organizations, local governments and state institutions. Suggestions such as strengthening cooperation were presented.

Keywords: A Sociological Research, Erbil Example, Individual and Social Consequences, Substance Addiction.

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SYMBOLS OF ABBREVIATIONS

Some abbreviations used in this study are presented below, along with their descriptions.

Abbreviations	Description
GABA	Gamma-Aminobutyric Acid
PTSD	Post-Traumatic Stress Disorder
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

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PREFACE

Substance addiction is an escalating issue in Erbil, impacting not only those afflicted by addiction but also the wider social structure. This study seeks to examine the personal and societal ramifications of substance addiction in the region, emphasizing its effects on physical and mental health, interpersonal interactions, and social roles. The study aims to furnish policymakers and healthcare practitioners with critical knowledge to effectively tackle addiction concerns and enhance recovery initiatives. This research employs a data-driven methodology to enhance comprehension of the intricate impacts of addiction on individuals and society in Erbil.

First and foremost, I am profoundly grateful to Allah for His guidance and support throughout my academic journey. I extend my sincere thanks to Assoc. Prof. Dr. Abdurahman MENGİ for his exceptional supervision and invaluable insights. I owe a deep debt of gratitude to my parents, whose unwavering support and encouragement have been a constant source of strength; words cannot fully express my appreciation for their sacrifices and love. Additionally, I wish to thank all those who have offered their assistance and encouragement, no matter how small, as their contributions have been instrumental to my success.

2024

Aram MEZWRI

1. INTRODUCTION

Illicit substance abuse and addiction are among the important health problems in the world. As in many countries, the rate of substance addiction is increasing day by day in our country. Substance addiction is a disorder resulting from various effects of psychosocial, biochemical and genetic factors (Reichert et al., 2021). Substance use disorder is characterized as excessive use of nicotine, alcohol and other illicit substances leading to impairment in social, academic and occupational functioning. The development of substance use disorders negatively affects the individual, his/her family, environment, society and the economic and legal functioning of the society (Ripanda et al., 2022).

In the last 10 years, researchers have conducted studies to understand the causes of substance addiction and the factors that sustain addiction. According to Ögel et al. (2012), problematic family and environmental structure leads to the emergence and continuation of addiction. In a recent study revealing the experiences of individuals with substance addiction and their family members regarding addiction, it was stated that traumatic experiences, search for meaning, family conflicts, social environment and peer influence have an important role in substance use. In addition, it was emphasized that individuals with substance addiction face social, physical and legal problems (Piatkowski et al., 2024).

In the literature, individual factors are considered as self-esteem, personal problems and coping skills, while parental control, family management, family attachment, family attachment, family concerns and negative life events are considered as familial factors, and situations such as social environment and school environment are considered as social environmental factors (Nannatt et al., 2022).

In past studies, researchers have started to focus on protective factors for substance addiction. It is observed that home environment, family relationships and parenting styles are considered as risk factors and protective factors in most of the studies targeting family effects (Swadi, 1999).

Protective factors are expressed as the state of resisting negativity associated with factors that prevent risks that may cause negative consequences. These factors are among the characteristics that improve the individual's and family's ability to resist negative

situations. Open communication and positive family support in relationships with parents in childhood have a preventive role for substance use (Belcher and Shinitzky, 1998).

Positive self-esteem, self-control, assertiveness, social competence, academic success, fulfilment of religious duties and sense of morality increase resistance to substance use (Chebet, 2023).

Protective factors are stated as individual characteristics that contribute to the individual's resilience and coping with life difficulties. Low novelty-seeking behavior, avoiding friendship with criminals and high intelligence level of the individual with this characteristic are associated with resilience in the face of difficulties (Daniilidou, 2023).

In the literature, various studies have been conducted to reveal protective factors against substance abuse. In a systematic review conducted in a recent study, it was found that personal optimism, high awareness, having social anxiety, having strong beliefs against substance abuse, desire to protect health, high awareness of the father about substance abuse, school engagement, structured activity and having strong religious beliefs were found to be protective factors against substance abuse (Nawi et al., 2021). In this direction, protective factors in the literature are discussed under three headings as individual, familial and social. Accordingly, Wingo et al. (2014) considered psychological resilience as individual protective factors. In addition, Shahzad et al. (2014) considered perceived special person social support, perceived friend social support and perceived family social support.

It was stated that the underdevelopment of protective factors increased substance abuse and also constituted a risk factor for substance abuse. However, it was emphasized that the strength of these factors played a preventive role in substance addiction. In this context, it was suggested that biological, psychological and environmental factors should be studied separately or comparatively (Aghaii et al., 2012). When similar studies were examined in the literature, Walton et al. (2003) investigated the effects of individual and social factors on addiction after treatment. Likewise, it was investigated whether the presence of social factors would override the absence of individual factors (Gyarmathy and Latkin, 2008).

It has been observed that substance abuse and addiction has become an important problem in our country and the age of substance use is decreasing day by day. There is a need for studies that the protective effects of individual and social factors, which have a

preventive role against substance addiction, should be considered more prioritized in preventive mental health interventions in addiction. This study aims to make a sociological analysis of the individual and social consequences of substance addiction with inmates between the ages of 18-35 in prisons in Erbil, a city of the Iraqi KRD.

Erbil, often referred to as Hawler, serves as the capital of the KRI Iraq. It is situated in the northeastern region of the country, roughly 350 kilometers north of Baghdad. Erbil is located on a fertile plain, bordered by the Zagros Mountains to the northeast and the Tigris River to the west. The city's advantageous location has historically established it as a pivotal center for trade routes connecting the East and the West. Recent estimates indicate that Erbil has a population of roughly 1.5 million individuals. The city's population is heterogeneous, predominantly comprising Kurds, alongside Arabs, Assyrians, Turkmen, and Armenians. In recent decades, Erbil's population has increased markedly, attributed to internal displacement, migration from other regions of Iraq, and its emergence as a regional economic hub.

In Erbil, as in several areas, this topic has gained increased recognition in recent years. Although precise figures may differ, reports indicate an increasing tendency in substance abuse, especially among youth. Factors contributing to this increase encompass societal, economic, and psychological influences.

The prevalence of drug addiction in Erbil and the wider KRI of Iraq has increasingly become a significant concern in recent years. Data reveals a substantial rise in drug consumption and associated criminal actions. In 2023, more than 3,000 individuals were apprehended in the KRI for drug-related crimes, indicating the escalating issue of addiction and trafficking. The cooperation between Kurdish and Iraqi officials has resulted in increased arrests and the breakup of multiple narcotics networks.

The problem is intensified by the region's nearness to nations where drug trafficking is rampant. Initiatives to address this situation have involved new legislation and the creation of rehabilitation institutions; yet, challenges persist due to constrained capacity and resources.

In the first part of the study, the general introduction and purpose of the study are presented. The second part of this study provides an in-depth understanding of the phenomenon of addiction by comprehensively addressing the theoretical framework of addiction. By emphasizing the history and concept of addiction, both psychological and

physical addictions are explained in detail. The sub-headings of physical addiction, such as withdrawal, tolerance, and intoxication, are detailed. In addition, the diagnostic criteria for substance addiction and the types and effects of psychoactive substances are discussed in a broad framework. The effects of substances such as cannabis, hallucinogenic substances, inhalants, opioids, stimulants, and benzodiazepines are examined in detail. The chapter discusses the epidemiology of substance abuse and the various theories that explain this phenomenon, namely psychodynamic, psychosocial, behavioral, biological, and cognitive theories. Furthermore, the role of psychotherapy in substance abuse and social factors, especially multidimensional social support and protective factors in the family, are discussed. In the context of individual factors, the importance of coping strategies, psychological resilience, self-control, and emotion regulation is emphasized. Finally, the relationship between substance addiction and individual and social factors is examined, and the effects of factors such as multidimensional social support, protective factors in the family, coping styles, psychological resilience, self-control, and emotion regulation on substance addiction are explained. The topics addressed in this chapter provide important theoretical information that will help us understand the multidimensional structure of addiction. The third part of this study includes a comprehensive literature review to understand the existing knowledge on the phenomenon of addiction in depth. In this section, academic studies, research findings, and theoretical approaches to addiction are analyzed and the existing knowledge in the field is evaluated. The fourth part of the study includes qualitative and quantitative data analyses and the findings of these analyses to examine the individual and social effects of addiction in the case of young people between the ages of 18 and 35 who are inmates in prisons in Erbil. In this section, the data obtained as a result of extensive research on inmates is analyzed in detail. Both qualitative data, i.e., personal experiences and interviews of inmates, and quantitative data, i.e., statistical analyses and survey results, are presented to help us understand the individual and social effects of addiction on young inmates. In the conclusion part of the study, the results of the research and the evaluation of these results are presented. In the conclusion part, in light of the findings, inferences are made on the individual and social effects of addiction, and recommendations are presented in this context. This chapter summarizes the general findings of the study and

provides important information for future studies and policy development on combating addiction.

2. LITERATURE REVIEW

A literature review involves examining existing research and findings to deeply understand the individual and societal impacts of substance addiction. This review serves as a foundation for comprehending the extensive effects of substance addiction on both individuals and society and for developing effective interventions.

Walton et al. (2003) aimed to identify individual and social/environmental predictors of alcohol and drug use 2 years after substance abuse treatment. Individual factors (coping, self-efficacy, resource needs, and sober leisure expectations), social/environmental factors (craving, exposure, negative social influences, and participation in substance-using leisure activities), and background characteristics measured at the time of treatment were used to predict alcohol and drug use during a 2-year follow-up using significant variable regression analysis. Results indicate that lower self-efficacy, greater participation in substance-using leisure activities, being single, and lower income directly predicted alcohol use, whereas greater resource needs and participation in substance-using leisure activities, minority status, and being single directly predicted drug use.

In their study, Gyarmathy and Latkin (2008) aimed to examine individual and social factors associated with participation in treatment programmes for substance abusers. Injecting and non-injecting drug users (2002-2004; N = 581) were recruited as part of the Self-Help in Eliminating Life-Threatening Disorders (SHIELD) study in Baltimore, MD, and were administered a structured questionnaire. Results of the analysis show that compared to people who did not plan to stop using and did not have friends encouraging them to start treatment, those who planned to quit substance use or whose friends' encouraged treatment were more likely to participate in a 12-step programme.

Aqrawi and Humphreys (2009) investigated the reasons for increasing substance use in Iraq. As a result, the country is in a state of conflict, geopolitical situation, economic situation, weakness of state authority and border security weakness due to the destruction of the country's youth caused by substance use. It is stated that the solution of this problem will be done by reorganising the state institutions and with the help of national and international NGOs.

Salehyan et al. (2011) stated in their study that women whose spouses were substance abusers had higher rates of psychological disorders, and that the mean scores of somatic symptoms, anxiety, sleep disturbance, social function and depression scales were above the normal range. In addition, the findings obtained from demographic information showed that women whose spouses were affected by substance abuse had low occupational and educational level, early marriage, unemployment, living in unsafe rental houses, low income and family history of substance abuse.

Hamdi et al. (2013) aimed to determine the prevalence of substance use in Egypt and to examine its sociodemographic correlates. A total of 44,000 subjects were interviewed in 8 provinces by stratified sampling method and a questionnaire derived from the Addiction Severity Index was applied. According to the findings of the study, lifetime use of any substance ranged between 7.25% and 14.5%, and one-month prevalence was found to be between 5.4% and 11.5%. Substance use was more prevalent in males and the highest rates were found in the 15-19 age group. The prevalence of substance abuse was particularly high among men of Bedouin origin, in coastal areas with low education levels and in certain occupational groups. The most commonly abused substance was cannabis, while alcohol was the second most commonly abused substance. These findings suggest that substance use in Egypt is related to demographic characteristics and substance accessibility and differs from Western countries.

Nesif et al. (2014) aimed to determine the prevalence of substance use in Iraq using data from the Iraqi National Household Survey on Alcohol and Drug Use (INHSAD). As a result of the study, women showed significantly lower prevalence for substance use compared to men. It was noted that psychoactive substance use is generally low in Iraq, with Iraqi women using significantly less substances than Iraqi men, which may be related to cultural gender norms.

Atadokht et al. (2015) investigated the role of the emotions expressed by the family and the social support perceived by the patient in the addiction treatment process in predicting addiction relapse. In the study conducted on 80 individuals who applied to addiction treatment centres in Ardabil, data were collected using the Multidimensional Perceived Social Support Scale and Pearson correlation coefficients and multiple regression analyses were applied. The findings showed that there was a positive relationship between the emotions expressed by the family and the frequency of relapse,

while a significant negative relationship was found between perceived social support and the frequency of relapse. Multiple regression analysis revealed that these factors explained 12% of the variance in relapse frequency. These results emphasise the importance of family support and perception of social support in addiction treatment and point to the potential to play an important role in increasing the success of the treatment process.

Sutherland et al. (2015) examine the prevalence of property and violent crime among drug dependent individuals, the relationships between these offences and their motivations for offending. Data were analysed using a cross-sectional sample of 887 drug addicts obtained from the 2013 Illicit Drug Reporting System. According to the findings of the study, 18% of the participants committed a property offence in the past month, while 3% committed a violent offence. Opioid dependence was strongly associated with property offences, while those under the influence of benzodiazepines tended to commit property offences for opportunistic reasons. Violent offences were generally associated with stimulant dependence and the majority of these offences were committed under opportunistic circumstances. The majority of those who committed both property offences and violent offences reported being under the influence of drugs at the time of the offence, and the type of influence varied according to the type of offence.

Ali S. et al. (2015) stated in their study that characteristics such as age, education level, economic status, urban and/or rural status all have an impact on the rate of drug use and criminal commitment and recurrence of substance use among inmates in Erbil/Iraq. Accordingly, young age, low socioeconomic status and urban residence showed a relationship with offending tendency. The prevalence of substance abuse and dependence, although highly variable, is typically much higher in prisons than in the general population. Substance abuse and dependence in prison emphasizes the need for effective treatment while in custody and follow-up to release.

Gázquez et al. (2016) investigated the relationship between drug use, social support level and aggressive behaviours among adolescents. In the study conducted on 822 high school students, it was found that drug use was significantly associated with reactive and proactive aggressive behaviours. It was also observed that with increasing substance use, the level of social support perceived by the students' peer group decreased and family support was an important factor. The findings highlight the importance of

social support mechanisms and family support for reducing substance use and preventing aggressive behaviours.

Al-Hemiary et al. (2016) focus on a survey conducted in youth centres in Baghdad in 2009. The aim of the research is to examine whether substance use is increasing in Iraq. It was observed that substance use was higher especially in the 24-35 age group. The study emphasises that high household density and low education level have significant effects on substance use.

Massah et al. (2016) investigated the relationship between perceived social support and family functioning and the tendency to use illicit substances among students of AllamehTabataba'i University in Tehran. In the cross-sectional study, the level of perceived social support, family functioning and students' tendency to use illicit substances were analysed through questionnaires on 156 students. The findings showed that there was a significant relationship between perceived social support and students' propensity to use illicit substances and that family functioning had a strong correlation with students' propensity to use drugs. Multiple regression analyses revealed that perceived social support and family functioning were important variables in predicting the potential for illicit substance use.

Oktay (2017) aims to examine the causes of substance use and addiction among high school students in terms of different variables. According to the results of the study, a significant increase in cigarette, alcohol and drug use was found among high school students in Mustafa Kemalpaşa district. Regarding substance use, it was determined that the prevalence of smoking and alcohol use in students' families was effective on substance use among students. In addition, it was emphasized that there was a significant relationship between the educational level of students' families and substance use.

Baysan Arabacı et al. (2017) study reveals that substance use among children and adolescents increases the tendency to crime and causes mental problems. The study emphasises that mental disorders in young people who use substances can have serious consequences and that nurses play an important role in preventing this situation. The study sheds light on a critical issue in the field of health care by emphasising the importance of nurses in the processes of detecting, treating and preventing the problems of children and adolescents related to substance use.

Şenormancı et al. (2019) examined emotional expression, psychiatric symptoms, burnout, hopelessness and depression in first-degree relatives caring for individuals with substance addiction in comparison with the control group. Interpersonal sensitivity, somatization, depression, anxiety scores of the addicted relative'sgroups were reported to be significantly higher than the control group. It was concluded that being a relative of an individual with addiction problems was associated with burnout, depression, hopelessness and the risk of developing mental illness.

In a study conducted by Di Sarno et al. (2020) through a review of articles, quantitative findings show that relatives of people with substance use are exposed to increased stress and burden and their mental health deteriorates. It was reported that relatives of substance abusers had physical problems and experienced some medical conditions more frequently than the control group. Affected family members report higher stress and strain if they are female, live in lower socioeconomic families and live with more severe substance users. Qualitative research also shows that stigmatization, self-blame and social isolation are common. It is suggested that affected family members of substance users represent a population at higher risk for adverse health outcomes and that working with family members should be included in the treatment goal.

In their study, Sasman Kaylı et al. (2020) developed a scale to measure the attitudes and behaviours of the society towards individuals who use addictive substances, which play an important role in the formation and treatment of addiction. The research was carried out with 396 people reached in eight neighbourhoods in Manisa city centre, and test-retest method was applied with 66 undergraduate students for validity and reliability analyses of the scale. The findings showed that the scale had a single-factor structure, the fit indices were high and the scale had strong reliability (Normed Fit Index = 0.91, Comparative Fit Index = 0.93, Kaiser-Meyer-Olkin value = 0.92, Cronbach Alpha coefficient = 0.923). As a result, it was concluded that the Attitudes and Behaviours Towards Individuals Using Addictive Substances Scale can be used as a valid and reliable tool to evaluate the attitudes of the society towards substance addiction.

Erkoç et al. (2021) aimed to determine the reasons for substance addiction of individuals between the ages of 18-65 living in Yalova according to the social perspective and to reveal how these reasons vary according to demographic characteristics. The study was conducted on 416 participants and a three-dimensional questionnaire form was used

to measure the social perspective on substance abuse: family, socio-cultural environment and close distant environment. The findings showed the effects of these dimensions on substance abuse and gave the mean scores of the participants on these factors: the score for the immediate environment factor (for 4 questions) was 13.63±4.77, the score for the family factor (for 7 questions) was 24.58±7.21, and the score for the socio-cultural factor (for 7 questions) was 24.57±6.66. As a result, the study is considered as an important step towards understanding the social perspective on substance abuse and developing effective intervention strategies in this context.

Acar et al. (2022) aimed to explore the role of social support systems in the treatment processes of alcohol and substance addicted individuals. In the study, which was conducted using qualitative research method, in-depth interviews and observations were made with 18 addicted participants in the treatment process, and the data obtained were analyzed by descriptive analysis method. The findings showed that social support systems were effective on addicts' making treatment decisions, increasing their motivation to continue treatment, prolonging their sobriety and favourable course of treatment. In addition, it was revealed that there was a strong relationship between social support systems and prolonged remission periods of addicts. As a result of the study, it was emphasized that family, friends, self-help groups, religious beliefs and work life stand out as important support systems for addicts.

In their study, Nalbantoğlu and Tuncay (2023) aimed to understand this process comprehensively by examining the experiences of substance addicts and family members regarding the addiction process in depth. In the study, which was carried out using qualitative research method, as a result of interviews with 9 recovering addicts and 4 relatives of addicts, the effects of factors such as social environment, traumatic experiences and family problems that cause substance use were revealed. Social, physical and legal problems experienced by addicted individuals were also emphasized. In addition, it was stated that family members who learnt about their relatives using substances were disappointed and did not have enough information about the treatment process.

In their study, Yılmaz Tuncel et al. (2023) aimed to determine the attitudes and behaviours of the society towards women who use substances and to examine how these attitudes are related to sociodemographic variables. In the study, which was carried out

using quantitative cross-sectional method, data were collected through questionnaires with 410 participants. The findings showed that men had more negative attitudes towards women who use substances, negative attitudes decreased with increasing educational level, and those living in villages or towns had more negative attitudes than those living in cities. In addition, it was found that increasing negative attitudes towards substance use increased the thoughts that women deserve violence, that it is difficult for them to receive treatment and that men's substance use is more acceptable.

In their study, Şen and Sapancı (2024) aim to determine the factors that play a protective role in this process by examining the effects of individual and social factors in the prevention of substance abuse. In particular, the study focussed on the evaluation to determine which factors are more effective. As a result of the study, it was found that perceived social peer support, impulsivity, focusing and expressing emotions were the protective factors that best explained the severity of addiction. In addition, social protective factors were found to have a higher explanatory power for substance addiction than individual protective factors.

Yeşiloğlu et al. (2024) aimed to reveal the effect of impulsivity on quality of life in individuals with substance use disorder (SUD). In the study conducted in a hospital in Kırşehir, data were collected on 45 alcohol-substance users and 43 volunteer participants using the Barratt Impulsivity Scale (BDI-11) and the WHO Quality of Life Scale (WHOQOL-BREF). The findings showed that individuals with MDD had higher impulsivity and lower quality of life compared to the control group. In particular, impulsivity level was found to have a significant negative effect on social relationships and psychological health subscales. The results suggest that interventions targeting impulsivity levels may improve quality of life and positively affect treatment adherence in the treatment of MDD.

The contribution and uniqueness of this study to the literature lies in its examination of the individual and societal consequences of substance misuse specifically among young prisoners aged 18-35 in Erbil. While most of the literature on substance abuse focuses on the general population or specific at-risk groups, this study fills an important gap by focusing on the experiences of young people in prison. In addition, a mixed methodology was employed, using both qualitative and quantitative methods of analysis, which allowed for a more comprehensive and in-depth assessment of the impact

of substance abuse. This research differs from existing studies in the literature by highlighting the physical, psychological and social problems experienced by young prisoners in Erbil. The findings highlight the serious impact of drug addiction not only on individuals but also on social structures and dynamics, and contribute to more targeted and effective interventions and policies in this area.

3. THEORETICAL FRAMEWORK

3.1 History of Addiction

The history of alcohol and other substances other than alcohol dates back to the Paleolithic Age (Guerra-Doce, 2015). People have used various substances for thousands of years for both medical and social purposes. These substances have become an integral part of human life throughout history. For example, opium, known as opium, has been used for medical purposes for at least 3500 years. This herbal medicine is particularly known for its pain-relieving and sedative properties. The medical use of cannabis, a Chinese herb, is also documented in historical sources (Sadock et al., 2015). In China and India, there are written records of cannabis being used by doctors in the field of medicine. Similarly, it has been documented that opium was used in Egypt and Sumerians due to its cheering and pain-relieving effects (Quinones, 2015). In 18th century America, addictive substances such as cannabis, opium, heroin and cocaine could be sold freely without a prescription. These substances were easily available in various sales units and were widely consumed. In the Ottoman Empire, substances such as alcohol, opium and tobacco were banned during the reign of Murat IV. Those who did not comply with these prohibitions were subjected to severe penalties, including the death penalty (Steiker and Steiker, 2020). Historically, these substances, which vary according to the different purposes of use of cultures far from each other, have spread all over the world over time with sociological phenomena such as trade, war and migration (Buchanan, 2020). This spread has led to the development of different traditions and practices in various societies by expanding both the medical and social use of substances.

In the 1960s, substance misuse was not recognized as a serious danger by society. In this period, there was a general lack of social awareness and concern about substance abuse. However, in the following years, it was observed that substance abuse caused serious behavioral disorders and social problems in individuals and this situation was accepted as a problem that needed more attention by society and governments. In the 1980s, comprehensive research on the causes of substance abuse and how this problem could be prevented began to be conducted. These studies have shown that substance abuse leads to serious consequences at individual and social level. The increase in substance abuse, especially among the young population, was identified as an important public

health problem in this period. One of the biggest factors for the need to treat substance addiction was the use of morphine by American soldiers during the Vietnam War. Morphine was widely used among the soldiers as an anti-anxiety and relaxing substance. Many soldiers who returned home after the war had great difficulties in coping with the traumatic effects of the war and addiction due to substance abuse. The American government had to struggle with the addiction problem of approximately 200 thousand soldiers during this period (Crandall, 2020). The difficulties experienced by soldiers returning from the Vietnam War in adapting to the society increased the awareness of substance abuse in the American society and led the government to take serious steps in this regard. In this context, various programs and policies have been developed for the treatment and prevention of substance abuse. Addiction treatment centers were established, rehabilitation programs were implemented and campaigns were organized to raise public awareness. In addition, research on the biological, psychological and social causes of substance addiction gained momentum in this period. These studies have revealed that addiction is not only an individual problem, but also social and environmental factors play an important role. Accordingly, holistic approaches have been adopted and multidisciplinary strategies have been developed for the prevention and treatment of substance abuse.

3.2 The Concept of Addiction

From past to present, addictive substances have been subjected to various classifications according to their effects and types. These substances can lead to addiction after a certain period of time, regardless of their initial purpose of use. Physical and mental problems have emerged in the majority of individuals who have become addicted and this situation has also caused deaths (Duke et al., 2023). The concept of addiction is derived from the Latin word ‘addiction’. This word means ‘to devote oneself to something or someone else’. The Latin word ‘addictus’ means to be given as a slave in case an individual cannot pay his/her debts, and in this context, addiction can also be interpreted as a kind of slavery. In other languages, addiction generally suggests the desire for self-harm (Davis and Lewis, 2019).

Addictive substances are usually categorized according to their effects. These classifications vary according to the effects of the substances on the nervous system and the psychological state of the individual (Zou et al., 2017). For example, there are categories such as substances that stimulate the central nervous system (stimulants), substances that depress the central nervous system (depressants) and substances that cause hallucinations (hallucinogens). Stimulants increase an individual's energy level and alertness, while depressants depress the nervous system by providing relaxation and sedation. Hallucinogens, on the other hand, cause changes in perception and often lead to altered consciousness. Each of these substances carries different addiction risks and health problems. Addiction can cause not only physical but also serious mental health problems (Szerman et al., 2019). Addicted individuals may experience depression, anxiety, paranoid thoughts and various other psychiatric disorders due to substance abuse. These psychological problems negatively affect the individual's social relationships, work life and overall quality of life. Addiction is often caused by a combination of psychological, social and genetic factors (Wang et al., 2020). For example, stressful living conditions, traumatic experiences, genetic predisposition and the influence of the social environment may contribute to substance abuse and addiction. Therefore, multidisciplinary approaches are important in the fight against addiction. Treatment processes should include psychotherapy, social support programmers and rehabilitation services in addition to medical interventions.

The definition of the concept of addiction has changed over time. In the first definitions, it was stated that addiction was the same as physical addiction and was traditionally described as a reaction to the substance used by the individual or a physiological adaptation process against the substance (Rehm et al., 2014). In this context, it was stated that the individual would be exposed to an addiction crisis when he/she did not use the substance. In other words, the physical symptoms of addiction include withdrawal symptoms that occur when the substance is not taken. Initially, it was believed that addiction would inevitably follow the use of a substance. Therefore, addiction was defined as a state of physical dependence following the repetitive and irresistible use of a substance. This definition remained the basic approach to understanding addiction for many years. However, today the definition of addiction has significantly expanded and changed. Addiction is no longer limited to physical

dependence, but is also considered as a syndrome characterized by intense cravings and repetitive behaviors towards a particular object or behavior (Heather, 2017). According to this modern definition, addiction occurs against certain actions that involve pleasure and can be directed not only to substances but also to behaviors. In this regard, various behavioral addictions such as gambling addiction, sex addiction, food addiction, and internet addiction have been identified. These addictions manifest as repetitive and uncontrollable behaviors that negatively impact an individual's quality of life, disrupt daily functioning, and impair social relationships. Addiction is associated not only with physical symptoms but also with psychological and social problems (Zou et al., 2017). For instance, gambling addiction is characterized by the continuation of gambling despite significant financial losses and the inability to control this behavior despite it causing significant problems in one's life. Similarly, sex addiction is defined by the uncontrollable nature of sexual acts and their negative impact on an individual's social life. Food addiction, on the other hand, manifests particularly as an uncontrollable desire for high-calorie and unhealthy foods. Internet addiction has also become a prevalent issue today, with symptoms such as spending prolonged periods of time online, negatively affecting social and occupational functioning, and being unable to control internet use. These types of behavioral addictions demonstrate that the concept of addiction is not limited to chemical substances but needs to be addressed in a broad spectrum (Alavi et al., 2012; Zou et al., 2017).

Addiction developed towards psychoactive substances can lead to serious negative consequences in a very short period (Cleck and Blendy, 2008). These substances significantly alter the individual's mental experiences, emotions, thoughts, and behaviors by affecting the central nervous system from the moment of use. Due to the chemicals, they contain, these substances have the potential to induce addiction rapidly. Psychoactive substances directly affect the central nervous system by altering the functioning of neurotransmitters. These alterations affect the individual's mood, perception, and behaviors (Gołembiowska et al., 2016). For instance, stimulants increase brain activity, enhancing energy and attention levels, while depressants slow down brain activity, inducing relaxation and a state of sleepiness. Hallucinogens cause dramatic changes in perception and thought processes. The rapid and potent effects of these substances on the central nervous system can lead users to become addicted quickly. The

development of addiction is influenced by the individual's propensity for addiction and the addictive properties of the substance (Cheverikina et al., 2014). The tendency towards addiction is determined by various factors such as genetic factors, personality traits, stress levels, and social environment. For example, some individuals may be genetically predisposed to addiction. These individuals may have a higher risk of developing a strong addiction even with their first encounter with addictive substances. The addictive effect of the substance is also a critical factor in the development of addiction (Ridenour et al., 2005). Some substances, due to their chemical structures and effects on the brain, have a higher potential for addiction. For example, substances like cocaine and heroin rapidly and intensely affect the brain's reward system, creating a strong sense of euphoria. This sensation increases the user's desire to reuse the substance and leads to addiction in a short period. Another reason for the rapid development of addiction and negative consequences of psychoactive substance use is the withdrawal symptoms associated with these substances. Individuals developing addiction experience various withdrawal symptoms when they do not use the substance (Pergolizzi et al., 2020). These symptoms can manifest as physical discomforts (e.g., tremors, sweating, nausea) and psychological problems (e.g., anxiety, depression, irritability). Withdrawal symptoms reinforce the addiction cycle by increasing the individual's desire to reuse the substance.

3.2.1 Psychological Addiction

A predisposition towards a substance that an individual uses to create a sense of well-being in their mood and personality is a fundamental characteristic of addiction. This condition is characterized by a strong desire and attachment to the substance. Due to this predisposition towards the substance, the individual directs all their interest and attention towards obtaining and using it. Psychological addiction is a condition that arises from the repeated use of a substance. In this type of addiction, the individual feels a strong and excessive desire to continue using the substance. Furthermore, the need to increase the dose of the substance without consideration of the requirement for its use is another significant indicator of psychological addiction. Among the criteria for psychological addiction are continued substance use, the maintenance of use within individual limits,

and the focus of adverse effects typically associated with the type of substance on the individual (Lingford-Hughes et al., 2012).

Several key factors stand out in the development of psychological addiction (Çetin et al., 2021):

- **Repeated Use:** In order to classify it as psychological addiction, the substance must be used repeatedly. This repeated use is characterized by the individual's need for the substance becoming constant.
- **Strong and Excessive Desire:** The individual feels a strong and excessive desire to continue using the substance. This desire may lead the individual to neglect daily life activities and responsibilities.
- **Dose Escalation:** During the continuation of substance use, the individual often requires higher doses. This situation is indicative of the development of tolerance to the substance.
- **Adverse Effects within Individual Limits:** The effects of psychological addiction typically focus on the individual themselves. For example, the individual may experience mental distress, anxiety, depression, or other psychological disorders. These effects can negatively impact the individual's social relationships and work performance.

Psychological addiction, unlike physical addiction, primarily affects the individual's mental and emotional state. While physical addiction relates to the body's physiological need for the substance, psychological addiction refers to the mental and emotional attachment the individual develops towards the substance. Both types of addiction can diminish an individual's quality of life and are serious conditions that require treatment.

3.2.2 Physical Dependence

Following regular use of a substance in both the short and long term, an individual develops a state of tolerance to the effects of the substance (Sinha, 2008). This process, referred to as tolerance, necessitates the individual to use increasingly higher doses of the substance to achieve the same effect. In the state of becoming accustomed to the effects of the substance, various physical and psychological symptoms emerge if the substance

is not taken until the next use or if the amount of substance used is reduced. These symptoms are known as withdrawal symptoms and are a significant indicator of addiction (Piper, 2015).

3.2.2.1 Withdrawal

Withdrawal syndrome refers to the physical and psychological withdrawal symptoms that occur after the sudden reduction or complete cessation of a substance that has been used for a prolonged period (Lerner and Klein, 2019). Withdrawal syndrome emerges as the substance begins to be eliminated from the body and is typically characterized by the individual feeling the need to use the substance again. This process is indicative of both the individual's psychological and physical dependence on the substance, and resorting to substance use again to tolerate a stressful or distressing situation is common.

Withdrawal syndrome varies depending on the type of substance used, and each substance has its own specific withdrawal symptoms. However, generally, withdrawal syndrome is characterized by the following symptoms (Cosci and Chouinard, 2020):

- ✓ **Physical Symptoms:** These occur as a result of the decrease or disappearance of the physical effects of the substance in the body. Symptoms such as tremors, sweating, nausea, muscle aches, diarrhea, and headache are commonly observed
- ✓ **Psychological Symptoms:** These arise in association with the decrease in the substance's effects on the brain. Symptoms such as anxiety, depression, restlessness, irritability, and intense craving for the substance are common.

- **Withdrawal Symptoms Based on Substance Type**
  - **Alcohol Withdrawal**

Due to the sedative, hypnotic, and anxiolytic effects of alcohol, various serious symptoms can occur during alcohol withdrawal (Farrokh et al., 2021):

- Tremor: Trembling in the hands and body.

- Insomnia: Difficulty falling asleep or frequent awakenings.

- Nausea: Discomfort in the stomach and vomiting.

- Hallucinations and Delusions: Seeing or hearing unreal things, detachment from reality.

- Distress and Mood Abnormalities: Excessive restlessness, anxiety, and depression.

- **Amphetamine and Cocaine Withdrawal**

Withdrawal symptoms from amphetamines and cocaine, due to their stimulating effects, typically lead to suppression of the central nervous system (Ciucă Anghel et al., 2023):

- Fatigue and Lethargy: Excessive weakness and loss of energy.

- Depressive Mood: Intense feelings of unhappiness and hopelessness.

- Nightmares: Intense and disturbing dreams.

- Increased Appetite: Increased desire, especially for high-calorie foods.

- Impairment in Psychomotor Activity: Slowing down or lethargy in movements.

- **Opioid Withdrawal**

Withdrawal symptoms from opioids, due to their suppressive effects on the central nervous system, are often severe and widespread (Weber et al., 2024):

- Outbursts of Anger: Uncontrollable fits of anger.

- Anxiety and Fear: Intense feelings of anxiety and fear.

- Nausea and Cramps: Severe stomach pains and nausea.

- Muscle Aches: Widespread muscle and joint pains.

- Watery Eyes and Sweating: Excessive tearing and sweating.

- Diarrhea and Fever: Increased bowel movements and elevated body temperature.

- Insomnia: Difficulty falling asleep or staying asleep.

The management of withdrawal syndrome may require medical supervision. Particularly in cases displaying severe symptoms such as alcohol and opioid withdrawal, medical intervention is vital. Treatment approaches may include (Bahji et al., 2020):

Medication Therapy: Medications such as benzodiazepines, methadone, or buprenorphine may be used to alleviate withdrawal symptoms.

Psychotherapy: Therapeutic approaches aimed at altering the individual's substance use habits.

Support Groups: Groups such as Alcoholics Anonymous or Narcotics Anonymous provide support during the individual's recovery process.

In conclusion, the sudden reduction or cessation of long-term substance use results in severe physical and psychological withdrawal symptoms. Withdrawal syndrome varies depending on the type of substance and the individual's degree of dependence, but generally includes symptoms that significantly reduce the individual's quality of life. Managing this process typically requires medical and psychological interventions.

3.2.2.2 Tolerance

Tolerance, the need for higher doses than previous usage to achieve the same effect, signifies the development of tolerance to the substance used. This condition represents a physical adaptation to the substance and is a significant indicator of substance dependence (Singh and Gupta, 2017).

The development of tolerance typically exhibits the following characteristics:

- **Increased Dosage:** Individuals developing tolerance gradually need to increase the amount of substance used over time to achieve the same effect. For instance, an opioid user may require higher doses over time as their body develops resistance to the effects of the substance.
- **Diminished Effect:** Individuals developing tolerance may not feel the same level of effect when taking the same dose as initially experienced. This phenomenon is associated with an increase in the body's resistance to the substance and a decrease in its effects.
- **Rapid Development of Tolerance:** Tolerance can develop rapidly with some substances. Particularly with certain substances such as stimulants and opioids, users can rapidly develop tolerance and may require higher doses in a short period.

The development of tolerance can have negative effects on an individual's health and overall quality of life, including (Hancock and Mattick, 2020):

- **Health Risks:** High doses of substance use can exceed the body's physiological limits and lead to serious health problems. Particularly with substances like opioids, overdose can be fatal.
- **Risk of Addiction:** Individuals developing tolerance, due to their need for higher doses, are at a higher risk of addiction. This situation can lead to loss of control over substance use and result in addiction.

- **Psychosocial Effects:** Individuals developing tolerance may neglect environmental and social responsibilities to meet their increasing demands for the substance. This can lead to relationship problems, decreased work performance, and social isolation.

To protect the health of individuals developing tolerance and reduce the risk of addiction, some measures can be taken (Kumar, 2020):

- **Dose Reduction:** Individuals developing tolerance can help reduce tolerance and prevent addiction by gradually reducing the amount of substance used.
- **Medical Support:** Seeking support from medical professionals is important in managing tolerance development and reducing the risk of addiction. Doctors can determine appropriate treatment plans for the individual and provide medication assistance if necessary.
- **Psychosocial Support:** Psychosocial interventions such as therapy and support groups can help individuals developing tolerance cope with substance use and make healthy lifestyle changes.

In conclusion, the development of tolerance is an indicator of increased resistance to a substance and an increased risk of addiction. This situation can have negative effects on an individual's health and overall quality of life. The management and treatment of tolerance involve medical and psychosocial interventions and are important for protecting the individual's health and reducing the risk of addiction (Singh and Gupta, 2017).

3.2.2.3 Intoxication

Intoxication is a condition characterized by symptoms resulting from substance poisoning. This condition manifests with symptoms such as confusion, impaired thinking, attention difficulties, and decreased motor skills and spatial awareness, depending on the substance last ingested (Singh and Gupta, 2017).

The symptoms of intoxication include (Hwang and Tsai, 2004):

- **Confusion and Impaired Judgment:** In cases of intoxication, an individual may struggle to organize their thoughts and make logical decisions. Confusion can create uncertainty in time and spatial perception.

- **Attention Difficulties:** Intoxication can lead to distractibility and difficulty in focusing. The individual may struggle to focus on events happening around them and have difficulty paying attention to tasks.
- **Impaired Motor Skills:** Intoxication can affect an individual's coordination and motor control. This can manifest as trembling, loss of balance, involuntary muscle contractions, and irregular movements.
- **Impaired Spatial Skills:** In cases of intoxication, an individual may struggle to accurately assess the spatial location of objects and their surroundings. This can lead to a decrease in spatial awareness, affecting abilities such as object placement or estimating distances.

Intoxication occurs depending on the substance last ingested by the individual. These substances include various substances such as alcohol, drugs, prescription medications, toxic substances, and solvents. The effects of intoxication can vary depending on the substance used, the amount consumed, and the individual's overall health status (Catanese and Labay, 2017).

Seeking immediate medical assistance is crucial in cases of intoxication. Treatment typically involves managing symptoms and stabilizing the individual. This may include monitoring the patient, alleviating symptoms, and removing the substance from the body (He et al., 2024).

The most effective way to prevent intoxication is through careful substance use and prevention of substance abuse. This includes avoiding excessive alcohol consumption, taking necessary precautions to avoid exposure to harmful substances, and refraining from using prescription medications without medical advice.

In conclusion, intoxication is a condition characterized by cognitive and behavioral changes resulting from substance poisoning. These symptoms typically manifest as various symptoms such as confusion, impaired judgment, attention difficulties, impaired motor skills, and decreased spatial awareness. Seeking immediate medical assistance is crucial in cases of intoxication, and treatment usually involves symptom management and stabilization (Singh and Gupta, 2017).

3.3 Substance Addiction

The concept of substance, derived from the French word “drogue”, originally means “dry material”. This term, which began to be used in the 14th century, may have emerged due to the drying of many medicinal drugs from plants at that time. This term, known in English as “drug”, has caused some confusion because it encompasses many different meanings (Langedijk et al., 2015). In scientific literature, the term substance is used in technical and specific senses and generally refers to an “object that can be divided and perceived by the senses”. However, when used in a general sense, the term substance refers to substances that disrupt individuals’ normal physical and mental lives, including psychoactive substances such as tobacco, alcohol, cocaine, heroin, and cannabis, preventing them from performing their normal activities and affecting their well-being. The concept of substance is used in a wide range of medical, psychological, and social contexts and can have different meanings depending on the context of use. This term plays an important role in fields such as addiction, toxicology, medicine, pharmacology, and law. Additionally, it has an impact on public policies and societal norms related to substance use and abuse.

Addiction is defined as a chronic and recurring brain disease. This characterization emphasizes the effects of substances on brain functions and considers addiction solely from a biological perspective (Hammersley, 2014). Recent research tends to associate addiction with the excessive use of substances affecting the brain’s reward system (Koob and Le Moal, 2008). Addiction typically arises from repeated substance use resulting in behavioral, cognitive, and physiological needs. This is evidenced by symptoms such as craving for the drug, difficulties in controlling its use, and persistence in use despite harmful consequences. Various treatment and prevention strategies can be used to reduce and prevent the effects of addiction. Treatment is generally tailored to the individual and may include pharmacotherapy, psychotherapy, support groups, and rehabilitation programs. Prevention efforts typically involve community-level education, increasing awareness, and early intervention strategies.

Substance addiction refers to the physical and psychological dependency that arises as a result of continuous or sporadic use and consumption of substances. In this context, individuals perceive the substance they use as a form of relief, attempting to

alleviate their distress by increasing their body's sensitivity (Hyman and Sinha, 2009). Despite attempts to use substances, as addiction persists, situations such as increasing doses, emergence of withdrawal symptoms upon cessation, continued use despite knowing its negative aspects, shaping life entirely in this direction, and seeking substances become apparent (Lüscher et al., 2020). For the diagnosis of addiction, it is necessary for the individual to continue using the substance for a long time and repeatedly. Additionally, behavioral criteria such as developing tolerance to the substance, experiencing withdrawal symptoms upon reducing or discontinuing its intake, and feeling the need for the substance to prevent these symptoms must be met (Martini et al., 2022). These definitions, focusing on the addictive effects of substances, explain the behaviors and difficulties experienced by individuals in the addiction process. The transformation of substance use into habit and addiction can significantly impact individuals' lives and may require treatment.

Substance addiction is characterized by psychological and physical symptoms resulting from prolonged substance use. This condition adversely affects an individual's personal, social, and professional life. Symptoms of addiction include inability to fulfill responsibilities in work, school, and home life, legal problems, interpersonal issues, and continued use despite the negative consequences (Back et al., 2024). Addiction is recognized as a social problem and has negative effects on society. It is also significant from social and economic perspectives. When a comprehensive view and permanent solutions are not provided to address substance addiction, addicted individuals may continue seeking and using substances. Prejudices and exclusionary behaviors toward addicted individuals are commonly observed in society. This leads to the isolation of addicted individuals from society and may prevent them from establishing relationships with others in similar situations. Consequently, individuals excluded by society may lose their social functionality and encounter psychosocial problems. Psychosocial problems such as mistrust, depression, hopelessness, social isolation, and loneliness can result from this situation. The lack of acceptance by the environment may trigger addicted individuals to resort to substance seeking again (Razaghi et al., 2023). Therefore, it should be noted that substance addiction is not only an individual but also a societal and psychosocial problem.

Substance addiction is a social issue that attracts society's attention and requires multidimensional projects to prevent it. Especially, the frequency of addiction cases among young people and the decreasing age of addiction onset are serious concerns. The increasing variety of substances affects the rates of use and age of onset by facilitating young people's access to these substances. For example, research has found that 75% of those who start using substances do so before the age of 20 (Taylan and Genç, 2017). This situation is considered a problem affecting young people's lives and threatening society's future. The negative effects of substance use at a young age on individuals' physical, mental, and social development and the increased risk of addiction are concerning. Therefore, effective measures should be taken to prevent substance use among young people. Strategies such as education, awareness-raising, and early intervention should be developed to prevent the widespread of substance addiction among young people. Additionally, policies to control young people's access to substances and social programs to garner community support should be implemented. In this way, young people's healthy growth and resilience against addiction can be supported.

3.3.1 Diagnostic Criteria for Substance Addiction

According to the DSM-5, substance use disorder is evaluated under the category of "substance-related disorders", and this disorder is defined based on specific criteria. According to these criteria, for an individual to receive a diagnosis of substance use disorder, they must have at least two of the following symptoms within a twelve-month period. These symptoms should cause clinically significant distress or impairment in functioning (Breen et al., 2022):

- **Using More Than Planned:** The substance is often used in larger amounts or for longer periods than intended. For example, a person who plans to have one drink per day for a week may exceed this plan by consuming several drinks daily or continue this habit for weeks.
- **Unsuccessful Attempts to Quit:** The individual makes persistent efforts to quit or reduce substance use, but these efforts often end in failure. For example, despite numerous attempts to reduce or quit substance use, the individual may not succeed.

- **Spending Excessive Time Obtaining the Substance:** Significant time is spent acquiring, using, or recovering from the effects of the substance, which can cause significant disruptions in daily life. For example, an individual may spend a large part of their day obtaining, using, or recovering from the effects of the substance.
- **Intense Cravings:** The individual experiences intense cravings or desires to use the substance, which can significantly affect their thoughts and behaviors.
- **Neglecting Daily Responsibilities:** Failure to fulfill obligations at work, school, or home. For example, a person may be late for work or experience decreased performance, miss classes at school, or neglect responsibilities at home.
- **Continued Use Despite Social or Interpersonal Problems:** Despite experiencing ongoing social or interpersonal problems due to substance use, the individual continues to use the substance. For example, there may be family conflicts, disruptions in friendships, or problems with colleagues at work.
- **Reduced or Abandoned Important Activities:** Participation in significant social, occupational, or recreational activities is reduced or abandoned due to substance use. The individual distances themselves from activities they previously enjoyed or considered important.
- **Use in Hazardous Situations:** Substance use continues even in situations where it could be physically hazardous. For example, the individual may continue to use substances while driving or operating heavy machinery.
- **Use Despite Knowledge of Physical or Psychological Problems:** Despite being aware of physical or psychological problems caused or exacerbated by substance use, the individual continues to use the substance. For example, they may continue to use substances despite having depression, anxiety, or health problems.
- **Development of Tolerance:** Tolerance to the substance develops, which can manifest in two ways:
    - The need to use more substance to achieve the desired effect.
    - Diminished effect with continued use of the same amount of substance.

- **Withdrawal Symptoms:** Withdrawal symptoms occur when substance use is reduced or discontinued. These symptoms can lead to the individual resuming substance use. Withdrawal symptoms may vary depending on the type of substance but typically include physical and psychological discomfort.

These symptoms are fundamental criteria for the diagnosis of substance use disorder and can have serious negative effects on an individual's life. The presence of multiple criteria helps determine the severity of the disorder and the need for treatment (Connor et al., 2021).

3.3.2 Types and Effects of Psychoactive Substances

Psychoactive substances have been used for thousands of years, with their use dating back to prehistoric times, often associated with spiritual and ritual purposes. While modern medicine defines addictive chemical substances as "psychoactive substances", in foreign sources, these substances were initially referred to as "drugs". This term encompassing both medications and addictive substances has created a significant terminological issue. To address this confusion, addictive substances began to be referred to as "substances" (Lima, 2021).

The concept of psychoactive substances has become prone to misunderstandings due to their illegal and recreational uses, often expressed in colloquial terms such as "soft drugs", "hard drugs", "intoxicants", "tranquilizers", and "club drugs". Psychoactive substances affect the central nervous system, altering functions of the brain and causing temporary changes in perception, consciousness, mood, awareness, and behavior. Due to their pharmacological properties, these substances have numbing effects on the central nervous system, acting as painkillers, while also potentially leading to psychological and physiological dependence (Dinis-Oliveira, 2022).

Addictive substances are categorized into various groups, including tobacco, alcohol, opioids (morphine, heroin), stimulants (amphetamine, cocaine, ecstasy), central nervous system depressants (barbiturates, meprobamate, benzodiazepines), hallucinogens (LSD), volatile substances (glue, solvent), cannabis and derivatives, and phencyclidine (PCP) (Potenza, 2006).

Recent studies indicate the inclusion of new types of psychoactive substances. For instance, substances such as betel nuts (Areca catechu), morning glory seeds (Argyreia nervosa, Ipomoea violacea, and Riveacorymbosa), Ayahuasca (Banisteriopsiscaapi and Psychotriaviridis), and khat (Catha edulis) are among the newly discovered psychoactive substances (Shafi et al., 2020).

The effects of these substances on the central nervous system can significantly alter users' perceptions, levels of consciousness, and moods. For example, opioids are commonly used in medicine due to their potent pain-relieving effects but also possess a high potential for addiction. Stimulants accelerate the central nervous system, increasing energy levels and attention span, but long-term use can lead to serious health issues. Hallucinogens are substances that alter users' perception of reality, often inducing intense sensory experiences (Fiani et al., 2021).

It is known that psychoactive substances have been used for various purposes in different cultures throughout history. These substances, used in religious ceremonies and for medicinal purposes in ancient Egyptian, Greek, and Roman civilizations, continue to be used for similar purposes in modern times. However, the addictive properties and illegal uses of these substances pose significant public health issues. Therefore, research on the use and effects of psychoactive substances holds great importance in both medical and social sciences (Motyka and Al-Imam, 2021).

3.3.2.1 Cannabis (Cannabinoids) and Their Effects

Cannabis, which is obtained from the leaves of Indian hemp through various processes, has been used for many years both for medicinal purposes and for its recreational effect (Tellioğlu and Tellioğlu, 2012; Malabadi et al., 2023). The history of the medical use of cannabis is quite old and its potential benefits in the treatment of various diseases are being investigated in modern medicine. Tetrahydrocannabinol (THC), the active ingredient of cannabis, and other cannabinoids are known to have painkiller, antiemetic (anti-nausea), appetite enhancer and neuroprotective effects (Martínez et al., 2020). It is discussed that it can be used for treatment purposes especially in diseases such as cancer, chronic pain and epilepsy. Research has also been conducted

on the potential therapeutic effects of cannabis in psychiatric disorders, such as depression, anxiety and bipolar affective disorder (Botsford et al., 2020).

According to the World Health Organization (WHO) and other research organizations, approximately 200-300 million people in the world use this substance obtained from the cannabis sativa plant, which shows that cannabis is the most widely used illicit substance worldwide. Recently, it has been observed that cannabis and its derivatives have been introduced to the market in various ways. It has been reported that synthetic cannabinoids are sold in various forms such as powders and liquids in electronic cigarette devices, tablets and capsules similar to ecstasy (Alves et al., 2020; Shafi et al., 2020).

The uses and effects of cannabis vary. Depending on the mode of use, cannabis can be smoked as a cigarette, mixed with food or drinks, or vaporized and inhaled. Psychoactive effects include euphoria, sedation, perceptual disturbances, and negative effects on behavior and memory. It has also been reported that it can lead to disorientation and disorientation. Cannabis use can cause permanent damage to learning functions and cognitive abilities, especially when started at a young age (Breijyeh et al., 2021; Procaccia et al., 2022).

3.3.2.2 Hallucinogenic Substances and Their Effects

Hallucinogens, which have been used in religious ceremonies for centuries, have a long history and have very complex and diverse effects. These substances can cause profound changes in the intellectual and emotional states of individuals and their individual effects can vary greatly from person to person. The effect of hallucinogens can start approximately 30-60 minutes after use and last up to 12 hours (Jenkins and Gates, 2020).

Hallucinogens have a wide range of physical and psychological effects. While physical symptoms include high heart pressure, fever, decreased appetite, nausea and vomiting, psychological effects include hallucinatory perceptual experiences, fear, panic, anxiety and paranoia. These effects vary according to the dose, method of use and individual characteristics of the user (Dos Santos and Hallak, 2020). Hallucinogens are usually taken orally, but indole alkaloids are also used via nasal or intravenous injection.

Symptoms commonly observed after hallucinogen use include dry mouth, facial flushing, increased blood pressure, palpitations, dizziness, tremors, nausea, muscle weakness and sweating. Individuals under the influence of these substances have serious impairments in their insight and reasoning abilities, and in some cases even homicidal behaviors can be observed (Neumann et al., 2024).

Although the history of hallucinogens dates back to their use in religious rituals, in modern times these substances are often used for recreational purposes. However, this use carries serious health and safety risks. The psychological effects caused by hallucinogens include impaired sensory perception, changes in the perception of time and space, a sense of detachment from reality (derealization) and impaired self-perception (depersonalization). These effects can make the user both mentally and physically vulnerable. Apart from the acute psychological effects caused by these substances, the potential lasting effects of long-term use are also important. Long-term use can lead to persistent anxiety disorders, depression, psychotic episodes and impairment of cognitive functions. Therefore, the use of hallucinogens should be carefully evaluated and awareness of the effects of these substances should be raised.

3.3.2.3 Inhalant (Volatile) Substances and Their Effects

Volatile substances consist of various substances such as glue, spray paint, hair sprays, shaving cream, thinner, liquid fuel, etc., which are easily accessible and usually found in households or industrial environments. Among these substances, petrol, uhu, spray paint, solvents, cleaning fluids and other aerosols are the most commonly used types. The use of volatile substances in America and European countries has become a social problem in the 1970s. Since volatile substances are easy to obtain and cheap, their use is widespread among adults and children with low socioeconomic status (Cruz and Bowen, 2021). When taken in low doses, these substances are preferred due to effects such as increasing mobility, euphoria (feeling of happiness), excitement and creating a positive mood. However, when used in high doses, serious effects such as increased courage, delusions, hallucinations and disturbances in bodily perception may occur. In addition, symptoms such as speech difficulties, slowing of speech rate, restlessness, mood swings and memory disorders are also observed in chronic use.

Symptoms such as euphoria, headache, fatigue, increased salivation, nausea and vomiting, loss of appetite, local irritations in the eyes and mucous membranes, impaired balance, increased blood pressure, tachycardia, confusion and intoxication may occur after volatile substance use. These symptoms are caused by the effects of substances on the central nervous system.

The physical and psychological effects during and after the use of volatile substances are very serious. For example, these substances have a direct effect on the central nervous system and can cause irreversible damage to the brain. Long-term use can cause structural and functional changes in the brain, leading to problems such as reduced cognitive abilities, memory problems, and learning difficulties (Antonelli et al., 2020). Inhalation of volatile substances can also increase the risk of heart rhythm disturbances, respiratory problems, and sudden death. These substances also have addictive properties. Volatile substance addiction leads to users developing tolerance to the substance and feeling the need to use higher doses over time. This situation seriously threatens the health of users and can cause serious problems in their social, academic, or professional lives. Various strategies have been developed to prevent the use of volatile substances and reduce the harm of these substances. These strategies include education programs, awareness campaigns, legal regulations, and rehabilitation services. Awareness-raising activities are carried out in schools and communities to prevent the use of volatile substances, which is especially common among young people (Chen et al., 2023).

3.3.2.4 Opioids and Their Effects

The history of opiate use dates back to ancient times. According to researches, Sumerians started to use opium obtained from poppy plant in 4000 BC. The Egyptians in 2700 BC and the Chinese and Indians also have evidence of drugs made from poppy and opium production. These cultures have left important information on the use of opium for both medicinal and ritual purposes. In modern medicine, more than 20 opioids are used clinically worldwide (Sadock et al., 2015).

In developed countries, heroin is the most addictive opioid. Opioid addictions other than heroin usually occur medically and as a result of abuse of prescription drugs. The addictive effects of opioids are quite strong and although these substances cause

visible problems after use, physical, behavioral and cognitive symptoms occur as a result of repeated and continued use. This is characterized as opioid dependence. However, symptoms that cause clinically significant disruption or problems for 12 months are defined as opioid abuse (Manhapra, 2022).

Symptoms of early opioid withdrawal usually begin 8 to 24 hours after the last use. These symptoms include yawning, insomnia, restlessness, abdominal pain and muscle problems. Complete withdrawal symptoms occur 1-3 days after the last use and include symptoms such as tachycardia, hypertension, fever, nausea, restlessness, vomiting, diarrhea and hyperglycemia (Pergolizzi et al., 2020). Opioids used as painkillers in hospitals under the supervision of a doctor usually contain morphine. In addition, other illicit opioids, such as heroin, are frequently injected, which can lead to serious dangers. Heroin addiction is extremely powerful and often causes physical problems such as abscesses, blood clots, gangrene and various cognitive and psychiatric disorders. In addition, heroin use by needle injection increases the risk of blood-borne diseases such as Hepatitis B and C and HIV (Lukić et al., 2021).

The effects of opioid use on adolescents and their behavior patterns are quite complex. The behavior patterns related to opioid use in adolescents are called heroin behavior syndrome. These behavior patterns vary depending on the underlying problems and psychosocial factors. Low self-confidence, fear of failure, passive aggressive impulsivity, hopelessness, deterioration of peer relationships and masking emotions by using heroin are among the symptoms of this syndrome. These problems are usually caused by the psychosocial environment of adolescents (Pielech et al., 2020).

The addictive effects of heroin and other opioids stem from the potential of these substances to alter brain chemistry. Opioids increase the release of neurotransmitters such as endorphins and dopamine in the brain, creating an intense feeling of happiness and relaxation in users. However, these effects are short-lived and continued use disrupts the brain's natural chemistry, leading to addiction. When addiction develops, users experience strong cravings to take these substances and experience withdrawal symptoms when they cannot fulfil these cravings. The treatment of opioid addiction is a complex and long-term process. Treatment usually includes medical and psychosocial interventions. While medical treatment is carried out with medications such as methadone or buprenorphine, psychosocial interventions are carried out through therapy and support

groups. During the treatment process, it is very important that addicted individuals are supported and continuously monitored to prevent relapse (Mazzeo et al., 2023).

3.3.2.5 Stimulants and Their Effects

Stimulants are known as synthetic substances that create various effects such as euphoria, increased energy and self-confidence, decreased sleep and appetite due to their effects on the central nervous system. These substances can generally be used orally, intravenously, snorted or smoked (Bravo et al., 2022).

Cocaine is a white, crystalline alkaloid obtained from the leaves of the coca plant (Erythroxylum coca), which is widely cultivated especially in Peru, Bolivia, Ecuador and many other South American countries. Cocaine is obtained in different forms such as crack and cocaine hydrochloride through various processes. Cocaine has oral, intravenous and nasal forms of use. When used orally, absorption takes a long time and shows its effects within 45-60 minutes. Due to its rapid effect, intravenous use is the most common form of use. After use, it creates effects such as alertness, feeling of well-being, euphoria, decreased hunger and sleep requirement. Cocaine withdrawal shows symptoms such as depression, anxiety, intense desire, weakness, increased desire to sleep and excessive desire to eat (Schwartz et al., 2022). The effects of cocaine inhibit the brain's reuptake of neurotransmitters such as dopamine, serotonin and norepinephrine, causing these chemicals to accumulate in the synaptic gap. This creates an intense feeling of well-being and increased energy in users. However, these effects are short-lived and continued use can lead to addiction and serious health problems. Cocaine addiction causes users to develop tolerance and feel the need to use higher doses over time. In addition, intravenous injection of cocaine increases the risk of infection and can lead to serious health problems such as heart attacks and strokes.

Amphetamine and its derivatives are substances in phenylethylamine structure such as amphetamine, dextroamphetamine and methamphetamine. Amphetamines show beta sympathomimetic effect in the central nervous system and cause prolonged psychoactive effects (Docherty and Alsufyani, 2021). Just like cocaine, these substances can be used by mouth, nose or intravenously. Amphetamines increase the release of norepinephrine and dopamine in the brain, causing effects such as alertness, increased

energy, decreased appetite and euphoria in users. Methamphetamine is a more potent derivative of amphetamines and its effects are longer lasting (Siefried et al., 2020). Long-term use of these substances can lead to addiction and permanent damage to the brain's dopamine receptors. This can lead to serious side effects in users, such as anhedonia (lack of pleasure), depression and impaired cognitive functioning. Withdrawal symptoms of amphetamine and its derivatives include fatigue, depression, intense drug seeking, sleep cravings and excessive food cravings. These substances have a high potential for addiction and long-term use can lead to serious health problems. Psychological dependence leads to the inability of users to perform normal daily functions without the substance and serious impairment in their social, professional or academic life (Docherty and Alsufyani, 2021).

The various routes of use of stimulants and their effects may differ. Oral use causes the substances to be absorbed more slowly and take longer to take effect, while intravenous use allows rapid absorption and the effects are felt immediately. Nasal use provides rapid absorption through mucous membranes, but may damage nasal tissue. Stimulants smoked in the form of cigarettes are also fast-acting, but may damage the respiratory tract. Although the use of stimulants provides an increase in energy, euphoria and alertness in the short term, it leads to serious health problems in the long term. The risk of cardiovascular diseases, neurological disorders, psychiatric disorders and infections increases with the use of these substances. In addition, stimulant addiction can cause social and economic damage to users and societies (Chen et al., 2023).

3.3.2.6 Benzodiazepines Sedative, Hypnotic, Anxiolytics and Their Effects

Benzodiazepines are widely prescribed drugs used in the treatment of anxiety, convulsions and sleep induction. They are preferred because they are safer than barbiturates. These drugs modulate the function of neurons by binding to gamma-aminobutyric acid (GABA) receptors. They potentiate and prolong the effects of GABA. By activating chloride channels, they allow chloride ions to enter neurons, which increases the inhibitory effect of GABA and decreases neuronal activity. Through this mechanism, benzodiazepines provide sedative, hypnotic and anxiolytic effects by making neurons less active (Andrade and De Michelli, 2016).

Benzodiazepines are used in the treatment of various medical conditions (Sanabria et al., 2021):

Anxiolytic Effect: They are used in the treatment of anxiety disorders. By increasing the effect of GABA, they slow down brain activity and reduce anxiety.

Sedative Effect: They are used in the treatment of insomnia. They accelerate sleep induction and improve sleep quality.

Muscle Relaxant Effect: They are effective in the treatment of muscle spasms and cramps.

Anticonvulsant Effect: They are used in the treatment of epilepsy and other seizure disorders.

Long-term use and abuse of benzodiazepines can lead to dependence and various side effects (Pielech et al., 2020):

Side Effects: Euphoria, drowsiness, slowed breathing, constricted pupils, nausea, psychomotor impairment and memory impairment may occur after the use of benzodiazepines. Long-term use may result in symptoms such as psychomotor slowdown, memory impairment, decreased speech and thinking, attention problems, emotional instability and impaired social functioning.

Addiction: Long-term and high-dose use increases the risk of developing addiction. In case of addiction, serious withdrawal symptoms may occur in individuals during their efforts to quit the substance.

Withdrawal Symptoms: Sudden discontinuation of benzodiazepines can lead to severe and potentially fatal withdrawal symptoms such as seizures, hallucinations, vomiting, cramps. Therefore, medical supervision is essential during withdrawal.

Withdrawal from benzodiazepines in individuals who develop dependence is a process that needs to be carefully managed. Withdrawal symptoms usually begin several hours after the last dose and can last for days if left untreated. These symptoms may include (Day and Daly, 2022):

Seizures and Hallucinations: This is one of the most serious symptoms that may occur in case of sudden withdrawal.

Physical Symptoms: Physical discomfort such as vomiting, cramps, headaches and muscle aches.

Psychological Symptoms: Psychological problems such as anxiety, irritability, sleep disturbances and depression.

Benzodiazepines are effective and widely used drugs for the treatment of anxiety, convulsions and sleep disorders. However, their long-term use and abuse can lead to serious dependence and side effects. Therefore, caution should be exercised in the use of these drugs and individuals who develop dependence should be treated under medical supervision. The development of effective strategies for the prevention and treatment of benzodiazepine addiction is of great importance for public health (Dubovsky and Marshall, 2022).

3.3.3 Epidemiology of Substance Addiction

According to the United Nations Office on Drugs and Crime (UNODC) 2023 drug report, approximately 296 million people between the ages of 15 and 64 use drugs worldwide. This represents an increase of 29 per cent compared to the last decade. It has been observed that drug use is particularly prevalent among young people and occurs at higher rates than the previous generation (UNODC, 2023).

According to recent studies, 5.8 per cent of the world's population has experienced substance use at least once. More than 35 million of 296 million drug users need treatment for health problems related to substance use (UNODC, 2023). Drug use-related mortality rates account for 5.5 per cent of all deaths (UNODC, 2023).

It is possible to explain drug use by age groups as follows:

In studies conducted between 2016-2020, the rates of cannabis use among older adults are as follows (Han and Palamar, 2020):

Over 50 years of age: 3.5

50-59 age group: 6.1

over 60 years of age: 1.3

According to 2021 data, the rates of cannabis use are as follows (Kaufmann et al., 2022):

50-54 years old: 8.1

55-59 years old: 7.2

60-64 years old: 4.6

Over 65: 1.2%.

In a study conducted in 2020 on a sample of 75,000 people, the rates of illicit substance use of individuals over the age of 12 were determined as follows (Esser et al., 2021):

Use in the last year: 10.3% (2020), 10.0% (2021).

Alcohol, tobacco and cannabis are the most commonly used substances in Europe. According to a recent survey of 110,000 people (Dubovsky and Marshall, 2022):

Easy Access: In the Netherlands, Denmark, the Czech Republic, Slovenia and Slovakia, access to cannabis is between 47% and 53% easier.

Difficult Access: Kosovo (12 per cent), Ukraine (14 per cent), Romania (17 per cent) and North Macedonia (20 per cent) are countries where access to cannabis is more difficult.

Gender Differences: It has been determined that men have 36% easier access to cannabis than women.

These data reveal that substance abuse is a serious public health problem on a global scale and shows regional differences. The increase in drug use, especially among young people, requires more intensive and comprehensive measures to be taken in this area. Combating substance abuse is of great importance for both the health of individuals and the general welfare of society (Cicero et al., 2020).

3.3.4 Theories Explaining Substance Addiction

In this section, psychodynamic, behaviorist, biological and cognitive theories associated with substance addiction are discussed.

3.3.4.1 Psychodynamic Theory

Psychodynamic theory suggests that the unconscious processes of the individual have a significant impact on substance abuse. According to the classical psychoanalytic perspective, alcohol or substance abuse replaces compulsive behaviors such as satiation of infantile pleasures and masturbation (Fuchshuber and Unterrainer, 2020).

Sigmund Freud's Views: Freud suggests that addiction is a result of unresolved conflicts and instincts experienced by individuals in early childhood. Substance use serves as a method for gratifying unconscious libidinal and aggressive urges.

Karl Abraham's (1926) Views: Abraham argues that alcohol consumption, particularly in men, assists in reducing sexual inhibition, thereby facilitating the expression of these urges. According to him, substance use represents an expression of unconscious sexual and aggressive impulses.

Views of Knight et al. (2002): Knight and others posit that alcohol addiction towards an overly nurturing mother figure is a retrospective manifestation of unconscious libidinal and sadistic urges. They emphasize the significant role of aggressive and sadistic behaviors in addiction.

Object Relations Theory: According to this theory, the cause of addiction lies in the process of obtaining and losing objects (people, relationships). Individuals with impaired object relations experience feelings of insecurity and anxiety instead of comfort and trust when the effects of alcohol wear off. This oscillation between the two processes perpetuates addiction. The involvement in such a relationship with alcohol is often seen as a consequence of traumatic experiences during childhood. These perspectives offer valuable insights into the underlying psychological dynamics of addiction, shedding light on the role of unconscious processes, early life experiences, and interpersonal relationships in shaping addictive behaviors.

Childhood Traumas: Traumatic events experienced during childhood can predispose individuals to substance addiction later in life. These traumas weaken the individual's coping mechanisms, leading them to turn to substance use.

Impact of Psychodynamic Approach on Treatment: Psychodynamic therapy aims to uncover the underlying causes of addiction by addressing the individual's unconscious conflicts and traumatic experiences during childhood. By helping the individual understand their past experiences and relationships, this therapy strengthens their ability to cope with addiction.

The psychodynamic theory provides a perspective on substance addiction by delving into the individual's internal world and unconscious processes. This approach aims to understand the individual's psychological makeup and past experiences, providing a comprehensive outlook during the treatment process.

3.3.4.2 Psychosocial Theory

The psychosocial theory emphasizes not only individual psychological characteristics but also social and environmental factors when explaining individuals' substance use. Although a specific character structure among substance users has not been clearly defined, certain common psychological and behavioral traits have been observed. These characteristics include feelings of excessive insecurity, tendencies towards addiction, weak self-concept, anxiety, panic, depression, extreme fatigue, weakness, resistance to failure, and tendencies to violate social norms and rules. Environmental factors also play a significant role in substance use. For instance, factors such as peer group and peer relationships, availability of drugs in easily accessible environments, and the drug inducing a sense of power or superiority in the individual can encourage this behavior. Social norms and rules are also important factors influencing substance use. If there is a strong societal response against substance use, this can contribute to lower levels of substance use (Trucco, 2020).

Communities and healthcare professionals often exhibit stigmatizing attitudes towards individuals who use alcohol and drugs (Bielenberg et al., 2021). These labeling behaviors can lead to the development of negative feelings towards themselves in substance-using individuals, reluctance to seek treatment, or less benefit from treatment. Consequently, these individuals may resort to hiding their substance use and may even escalate it. Mood disorders can be significant factors contributing to the development of substance dependence. Individuals may develop cognitive distortions about themselves and others, which can lead them to resort to substance or alcohol use to cope with depressive moods. Similarly, it is noted that individuals may start using substances or alcohol to cope with anxiety disorders (Saleh et al., 2023).

3.3.4.3 Behavioral Theory

Behavioral theory emphasizes the significant role of personality in the acquisition and maintenance of individuals' behaviors and habits. Conditioned responses play an important role in the learning of both beneficial and harmful habits (LaRose et al., 2003). Effects such as euphoria, reduction of tension, and enhancement of psychological and

physical functions experienced by individuals after substance use function as positive reinforcers behaviorally. Even withdrawal symptoms can play a role as positive reinforcers in initiating or maintaining substance dependence (Wise and Koob, 2014).

Addiction is explained within the framework of behavioral theory through classical conditioning, operant conditioning, and social learning theories (Begun, 2020). Classical conditioning is the process by which a neutral stimulus becomes a conditioned stimulus by being repeatedly paired with an unconditioned stimulus, resulting in the emergence of a conditioned response. For example, the positive feelings experienced by an individual when using a substance turn that substance into a conditioned stimulus, reinforcing their dependence on the substance. Operant conditioning, on the other hand, is a process where behaviors are shaped by their consequences. Positive consequences following a behavior (positive reinforcers) increase the likelihood of that behavior being repeated, while negative consequences (negative reinforcers or punishments) decrease the likelihood of that behavior being repeated. Positive experiences following substance use lead to the continuation of this behavior (Bhanji et al., 2021).

Social learning theory posits that individuals learn their behaviors by observing others. According to this theory, people learn by modeling individual and social behaviors. Particularly, young individuals may learn and adopt substance use by observing their peers or family members in their environment. Behaviors learned through observation play a significant role in the initiation and maintenance of addiction (Belin et al., 2009).

The behavioral theory also offers various methods for the treatment of substance addiction. Therapies aimed at changing conditioned responses, management of behavior with positive and negative reinforcers, and social skills training can be effective in addiction treatment. These approaches aim to change individuals' behaviors leading to substance use and the underlying learning processes behind these behaviors.

3.3.4.4 Biological Theory

Studies investigating the effects and underlying causes of substance addiction on the brain have been ongoing for many years. These studies have examined which neurotransmitters and receptor substances affect nerve endings. For example, it has been

found that opioids and their derivatives affect opioid receptors. These substances can alter the number and function of receptors by affecting them (Sripada, 2022).

Substance abuse induces pleasurable feelings due to its effects on brain neurochemistry, leading individuals to reshape their behaviors to experience these feelings again. This phenomenon is associated with neurochemical reward activation. The brain's reward system is naturally stimulated by endogenous activators, which are associated with fundamental behaviors such as eating, drinking, sex, and social interaction. Substance abuse hijacks this reward center, producing intense activation and creating a pleasure sensation that cannot be compared with natural rewards. The maintenance of substance abuse leads to permanent and altered genetic consequences in the brain and the accumulation of stress-related factors such as corticotropin. The high presence of these substances in the brain suppresses the reward mechanism and activates the internal stress response. As a result, a general state of dysphoria emerges. This process of change is persistent and can lead to the recurrence of substance use even after long-term abstinence (MacNicol, 2016). Additionally, research has emphasized that individuals with a family history of substance use may carry this susceptibility through genetic transmission, leading to substance addiction (Palomo, 2004). Genetic factors are important contributors to addiction risk. For instance, certain gene variants have been found to increase the risk of substance addiction. This genetic predisposition provides a biological basis that increases individuals' likelihood of developing addiction.

Understanding the effects of substances on neurotransmitter systems in the brain is also crucial in understanding addiction mechanisms. For example, changes in the levels and functions of neurotransmitters such as dopamine, serotonin, and norepinephrine play a significant role in the development and maintenance of substance addiction. Dopamine, in particular, is associated with reward and pleasure sensations, and it is known that substance use directly affects this system, leading to addiction.

3.3.4.5 Cognitive Theory

The cognitive-social theory is based on the interactive relationship between environmental, individual, and interpersonal behaviors (Heydari, 2014). According to this theory, individuals' behaviors are influenced by their motivations, which determine how

their beliefs regarding desired expectations will be activated. The social-cognitive theory explains substance addiction through individuals' inadequate coping styles (Alexander and Ward, 2018). According to this theory, the core beliefs a person holds can be triggered by a traumatic event, leading to the formation of intermediate beliefs associated with addiction. These intermediate beliefs increase the individual's desire to use substances. As the desire for substance use increases, intermediate beliefs that trigger addictive behaviors or permit these behaviors become more prominent (Sripada, 2022).

When addiction develops, related beliefs become distorted, and these distortions pave the way for maintaining and repeating substance use. These beliefs reinforce beliefs in substances to maintain mental and emotional balance. Individuals believe that substances will enhance social and cognitive functioning, eliminate feelings such as pleasure and excitement, increase energy, and relieve anxiety, depression, and tension. Additionally, the expectation that things will worsen if withdrawal is not alleviated perpetuates substance use (Volkow and Blanco, 2023).

The cognitive theory focuses on cognitive processes to understand substance addiction. Individuals' beliefs regarding substance use have a decisive impact on the continuity of this use. These beliefs often consist of expectations related to the positive outcomes associated with substance use. For example, individuals believe that substance use will decrease stress, make them feel more comfortable in social situations, or make them more energetic and happier. Such beliefs encourage substance use and contribute to the maintenance of addiction (Weinandy and Grubbs, 2021).

Cognitive processes associated with substance addiction are reinforced by the emotional and physical experiences individuals undergo during substance use. When initial usage experiences are generally positive, individuals may sustain substance use by recalling and repeating these experiences. This process not only strengthens feelings of temporary relief and pleasure provided by substances but also reinforces individuals' beliefs regarding substance use (Cooper et al., 2016).

In addiction treatment, cognitive approaches aim to restructure individuals' beliefs and expectations regarding substance use. These therapies help individuals recognize and change negative thought patterns. For example, cognitive-behavioral therapy (CBT) encourages individuals to question their misconceptions about substance use and develop healthier and more realistic thought patterns in their place. In this way,

individuals can reduce their dependence on substance use and develop more sustainable coping strategies (Komasi et al., 2017).

3.4 Psychotherapy in Substance Abuse

Due to the multidimensional nature of addiction, it has been emphasized that a multidisciplinary approach including medical, psychological, social, and environmental factors should be employed in the treatment process. In this context, it has been noted that working in a single area is not sufficient in the treatment of addiction. Addiction treatment is described as a time-consuming process that involves passing through specific stages. It is stated that different psychosocial interventions are needed at each of these stages (Shields el al., 2020).

In short-term treatment processes, it has been stated that although the addicted individual adapts to living without drugs, relapse to drug use occurs shortly thereafter. Success in reducing relapse rates in short-term treatment processes has not been achieved worldwide. However, long-term treatments aim to directly intervene in reducing relapse rates and reducing addiction. Psychosocial treatment interventions aim to improve the psychological and social well-being of addicted individuals and to completely prevent substance use, although these interventions vary from institution to institution. In our country, treatment interventions are also provided by municipalities, healthcare institutions, and non-governmental organizations. These organizations provide services that include psychological support, social support, and educational opportunities for addicts (Şahiner, 2017).

Various psychotherapy practices have been developed against addiction in the last five years. One of these is group therapy, where the positions and transferences of members in the group, norms, mutual listening, tolerance, respect, time management, and tolerance situations differ from individual therapy. In this treatment model, individuals within the group, taking the place of the family as a transference object, have the possibility to address and resolve family issues arising from addiction through this transference. Group interaction in addiction treatment is crucial for accepting the problem and motivation in treatment. The application of psychodrama methods such as role

reversal, mirroring, and empathy development increases the awareness of the addicted individual (Giacomucci, 2021).

Schema therapy was developed by Jeffren Young based on the cognitive-behavioral therapy model. It is stated that exposure to traumatizing or threatening experiences arising from parents, other caregivers, and school life leads to the emergence of severe protective or nurturing attitudes. This situation results in a traumatizing outcome due to the failure to meet the needs that should be met in childhood. Schemas developed during childhood and adolescence are in harmony with the environment. However, as age progresses, they appear as repetitive behaviors that are not harmonious or functional in life. In this context, the recurrence of alcohol and substance use is attributed to early schemas (Sinha et al., 2023). It has been suggested that individuals with substance addiction use substances to cope with the current problem due to early maladaptive and dysfunctional schemas. It has been emphasized that individuals with alcohol and substance use have early dysfunctional and maladaptive schemas more frequently compared to the normal population. Therefore, it is emphasized that treatment methods that can be applied within the framework of these schemas will positively affect well-being and treatment outcomes (Renner et al., 2013).

In addiction treatment, therapies that involve family members are discussed in three models: the family disease model, the family systems model, and the behavioral model. To explain these models, the family disease model considers addiction as a family disease, and family members living with the addict also have addiction, and symptoms such as expression, fear, and emotional numbness are observed in these members. Therefore, it is a model that aims to individually support family members and treat addiction in the family by including family members. According to the family systems model, the focus is on the fact that the addict, who has a function within the family, distances family members from the main problem with drinking behavior and avoids confronting the main problem. In this model, during the treatment process, not only the addict is focused on, but all family members are included, and the existing main problem is confronted and solutions are sought. According to the behavioral model, alcohol and substance addiction are learned behaviors. This acquired behavior is shaped according to positive and negative reinforcements from communication with family members. It

attempts to prevent behaviors that sustain and support addiction based on positive and negative reinforcements from communication within the family (Roozen et al., 2010).

Another treatment method for addiction is mindfulness therapy. Mindfulness-based treatment practices rooted in Eastern philosophy have begun to gain acceptance in the treatment of some psychiatric disorders (Murphy, 2016). Mindfulness is an approach that focuses on attention and accepting emotions without judgment. It aims to help individuals stay present by focusing on the moment and preventing various feelings related to the past and future from occupying the individual's mind. The primary goal of mindfulness therapy in addiction is to reduce intense cravings for alcohol and substances by helping the individual stay present (Vadivale and Sathiyaseelan, 2019). Mindfulness therapy for substance addiction was first used by American psychologist Alan Marlatt in 1980. According to Marlatt, in individuals with high addiction severity, he aimed to prevent 125 substance cravings using vipassana meditation, focusing on the breath to regulate attention, and targeting thoughts in the individual's mind against strong alcohol or substance cravings to help them accept these thoughts. Through this practice, individuals are helped to transform their thoughts into an observing role while being on autopilot, thus assisting them (Roozen et al., 2010).

In a recent study on substance addiction, intervention programs were developed for individuals with any substance use. In this intervention program, a four-session psychoeducation program was implemented. According to the 6-month intervention, a reduction in addiction-related symptoms was reported among individuals with substance addiction. Furthermore, according to another recent study focusing on psychosocial interventions for substance addiction, cognitive-behavioral therapy, and educational and behavioral counseling were stated to be more effective than conventional treatment approaches (Schaub et al., 2012).

The results of a study examining social support systems in starting and maintaining treatment for individuals with alcohol and substance addiction revealed that having enhanced social support systems increases the willingness of addicted individuals to seek and maintain treatment. In this context, family, friends, social support groups, religious affiliation, and employment were identified as the strongest supportive factors (Merino, 2014).

3.5 Social Factors

3.5.1 Multidimensional Social Support

The role of social relationships is of paramount importance in human life. All individuals interact with others in their environment to sustain their lives, and the need to be with and interact with these individuals continues throughout their lives, starting from birth. The social and psychological support obtained by a person within their environment is defined as social support (Schwarzer et al., 2004). Studies have emphasized the effectiveness of social support in coping with stress. Accordingly, family, extended family, friends, romantic partners, teachers, coworkers, neighbors, religious and ethnic groups, and the society in which one lives are identified as sources of social support for individuals. Changes in individuals and their resources affect the level of social support. For example, situations such as the loss of a family member, loss of employment, family conflicts, loss of a spouse, sexual deviations, migration, and illness, are indicated to be influential in reducing social support.

The state of awareness in the face of experiences and stimuli is referred to as perception. Perceived social support, on the other hand, is defined as the individual's own assessment of the adequacy of social support functions (Sekar et al., 2013). Feeling loved and valued by others, having support when needed, and feeling satisfaction in relationships with people indicate that the individual perceives high support. This concept is also linked to how much the individual values themselves. From another perspective, it can also be considered as whether the social support provided from the environment is perceived as adequate or not (Feeney and Collins, 2015).

The supportive function of social support, which reduces negative perceptions of stressors and helps to cope with problems, plays a supportive role in eliminating stress that adversely affects physical and mental health. It has been stated that in the buffering model; by reducing the harmful effects of stressors on individuals, social support increases their well-being. According to the buffering model, the impact of social support mechanisms on low levels of stress is emphasized to be more effective compared to high levels of stress (Schwarzer and Knoll, 2007).

The role of the family holds a significant place in the concept of social support. It has been emphasized that the open and continuous interaction among family members

and their support for each other have a significant impact on drug consumption, along with other factors (Zimic and Jukic, 2012**)**. It has been indicated that having one family member addicted and involving other members in treatment contributes to problem acceptance and prevention of relapse. Especially, the presence of strong social support mechanisms has been emphasized to have a positive effect on reducing high levels of alcohol consumption, and environments without alcohol use contribute positively to treatment (Uchino et al., 2018).

Research conducted on young individuals over the last 10 years has shown that emotional problems such as depression, social withdrawal, low self-esteem, and loneliness are predominant. The weak social support for young people is seen as a factor in the emergence of these problems. It has been emphasized that social environments or settings make very little effort to provide social support and guidance to young people transitioning from childhood to adulthood, and there is negligence in instilling a sense of responsibility toward the child during adolescence (Le Sage and De Ruyter, 2008).

3.5.2 Protective Factors in the Family

Protective factors, which are components of resilience, play a crucial role in reducing the impact of risky behaviors, keeping individuals away from behaviors that may harm them, or directing them towards more positive behaviors. Protective factors are considered mechanisms that primarily mitigate or eliminate the negative impact of an adverse situation, alleviate or eliminate negative effects, and contribute to the removal of negative situations, allowing positive outcomes to emerge (Schwarzer et al., 2004).

Families are described as having protective factors within the family that contribute to resilience and adaptability by continually enhancing the family's strengths, indicating the readiness of all family members to cope with change, adversity, or conflict. Additionally, the term family resilience refers to the development of robust mechanisms to support family members in coping with challenges posed by life stressors and activating these mechanisms (Bonanno et al., 2015). Family resilience plays a significant role in enabling the family to regain its former functionality and return to normal functioning levels in the event of a crisis. Researchers emphasize the existence of protective and healing factors effective in crises and challenging life conditions. These factors include compromise, celebrations on special occasions, open and supportive

communication, economic status, flexibility, the physical and mental health of family members, activities on leisure days, character structures, customs, and traditions (Crespo et al., 2013). Stressors encountered by families in the course of their lives, developmental transitions, and tensions are accepted as natural aspects of this process. Therefore, families with resilient structures create a protective system by utilizing resources to facilitate the adaptation process during times of change, both as a whole and for individual family members. Strong family dynamics, positive support within the family, adequate parental supervision, love and closeness between parents and children, consistent parental behavior, family financial status, parents' educational level, relationships with neighbors, and participation in school activities have been emphasized as protective factors. It is highlighted that families demonstrating such behaviors serve as significant protective factors against deviant behaviors such as delinquency and substance/alcohol abuse (Muchiri and Dos Santos, 2018).

3.6 Individual Factors

3.6.1 Coping Strategies

According to the World Health Organization (2021), stress is defined as any change that leads to physical, emotional, or psychological tension. It is described as the body's response to any stimulus that requires attention and action (WHO, 2021).

Lazarus and Cohen (1977) identified three types of stressors. The first involves major disasters resulting from natural and human factors. The second includes stressors such as close loss, divorce, job loss, and serious physical illnesses. The third category encompasses background stressors experienced in the workplace, daily hassles, and similar situations. Lazarus later assessed the variables he referred to as stressors and categorized them as threatening problems, losses, and daily hassles. Additionally, research has considered genetic predisposition, personality type, and lack of social support as stressors (Lazarus and Launier, 1978).

The causes of stress can be environmental as well as related to the individual's internal dynamics (Shahsavarani et al., 2015). Variables such as exposure to violence, neglect, divorce, marital conflict in children (Cicchetti and Toth, 2005), workload, mobbing in the workplace, job loss, and injury are considered stressors (Bhui et al., 2016).

To support well-being in response to perceived stressors, individuals employ cognitive and behavioral coping strategies (Lazarus and Folkman, 1984). Coping strategies are considered responses to a specific threat, and it is noted that they may possess situation-specific qualities. Accordingly, it is emphasized that the ability of individuals to use different coping methods together reflects a coping flexibility-based approach. It is suggested that individuals may benefit from problem-focused coping strategies or emotion-focused strategies for resolving the stressor quickly (Freire, 2020). While emotion-focused coping mechanisms are used to reduce and control emotional pressure, problem-focused coping mechanisms are used to change the solution to the problem and the source of stress (Herman and Tetrick, 2009). For example, when experiencing a loss, individuals tend to use more religious coping and emotional expression coping styles, whereas when exposed to a threatening stimulus, they tend to use positive reappraisal more.

Coping styles have been classified in the literature as follows (Morris et al., 2018):

- Problem-focused coping: active coping, planning, using beneficial social support, suppressing other activities, distancing.
- Emotion-focused coping: using emotional social support, religious coping, positive reappraisal, and growth, humor, and acceptance.
- Dysfunctional coping: focusing on the problem and venting emotions, mental disengagement, behavioral disengagement, denial, alcohol/substance use.

Researchers categorize coping strategies as cognitive coping and behavioral coping. Cognitive regulation involves changing thought patterns to alleviate worry or promote understanding, such as cognitive reappraisal, positive thinking, self-blame, and self-criticism. On the other hand, behavioral coping encompasses efforts to reduce or alleviate the effects of stress, such as social isolation and avoidance of problems (Ferreira et al., 2021).

Ceylan and Türkcan (2003) listed various coping skills for preventing substance abuse and addiction as follows:

- Pre-prepared behavioral coping skills: avoiding triggers (control of stimuli), seeking help from others about ongoing prevention tactics, maintaining alternative activities.

- Pre-prepared cognitive coping skills: keeping personal records, staying constantly vigilant against personal triggers, making future plans.
- Immediate/applicable cognitive coping skills: self-restraint, considering consequences, waiting for the impulse to dissipate and the emotion to subside, shifting attention to another area, avoiding self-punishment.
- Immediate/applicable behavioral coping skills: moving away from triggers (control of stimuli), refusal, engaging in alternative activities or usage, immediately seeking help from someone.

3.6.2 Psychological Resilience

Psychological resilience is defined as the successful adaptation process in the face of a very serious negative situation and adverse experiences during developmental periods. In another definition, it is characterized as protective mechanisms or special circumstances that demonstrate positive adaptation to risks encountered during the developmental process (Satapathy et al., 2022). Additionally, it is regarded as a concept related to a child's coping with stress and recovery from trauma. This involves the association of positive coping with resilience, hope, competence, and future orientation (Marsay, 2020).

Psychological resilience has been considered in three different states: the ability of children in risky environments to perform better than expected, to maintain positive adaptation to stressful life events, and to show good recovery after experiencing trauma. In the context of these three different states of resilience, there is a threat. While the concept of threat is important in defining psychological resilience, the quality of adaptation as "good" is emphasized as the criterion (Brodzinsky et al., 2022).

When faced with adversity such as divorce, terrorism, natural disasters, disruption of family order, or migration, psychological resilience is evidenced by the individual's ability to adapt to changes in life within the dynamic process resulting from the interaction of protective and risk factors (Denckla et al., 2020).

Individuals who show resistance to stress are characterized as psychologically resilient or individuals who do not show physical or emotional problems in stressful situations. According to recent studies, individuals who lack adequate levels of resilience

and coping skills during stressful events (including disasters, calamities, and disease outbreaks) are more likely to develop psychological problems. Support provided by peers, colleagues, and family members has been indicated to help individuals maintain emotional balance in the face of threatening and stressful events (Labrague, 2021).

3.6.3 Self-Control

Self-control is defined as the ability to change oneself and/or adapt to oneself and the environment for better harmony. Each individual possesses different levels of self-control. Individuals with low self-control and those with high self-control have different lifestyles (Baron et al., 2007).

In the literature, self-control and self-regulation are used interchangeably. Individuals regulate themselves according to their goals, priorities, and environmental desires. Accordingly, individuals with high self-control exert control only when necessary (e.g., preparing for exams and adhering to a diet plan). However, they relinquish control when necessary (e.g., postponing work when losing a loved one) (Lian et al., 2017).

Self-control plays a regulatory role in managing emotions, thoughts, and impulses, maintaining attention and control, determining the direction of behavior, and implementing decisions. The theory of self-control aims to explain behavioral problems in individuals with low self-control. Freud suggested that self-control provides a foundation for the “pleasure principle”, where the ego seeks personal pleasure and avoids pain. Thus, self-control is associated with an individual’s ability to delay gratification when making decisions or striving for larger goals (Uziel, 2018).

Variables such as impulsivity, choice of simple tasks, seeking risk, choice of physical activity, self-centeredness, and quick anger form a stable structure for self-control. Particularly, risk-seeking behavior, impulsivity, self-centeredness, and quick anger have been emphasized to predict negative habits such as alcohol abuse and gambling (Cross et al., 2011). Additionally, behaviors such as drug use, excessive spending, seeking satisfaction, coming home late and sleeping late, lying, and breaking rules are associated with low self-control. Studies on self-control have linked lower incidences of behaviors such as anger, criminal behavior, spending money excessively, and eating problems, as well as lower consumption of alcohol, substances, and nicotine,

with better self-control. Furthermore, good self-control has been associated with mental well-being, academic success, and good interpersonal relationships (Tangney et al., 2018).

3.6.4 Emotion Regulation

Emotion regulation is defined as the experience and expression of emotions, as well as the time when emotions arise. Another definition of emotion regulation regards it as the process by which individuals influence what emotions they have when they have them, and how they experience and express these emotions. The importance of these definitions lies in the emotional processes occurring within the individual. Therefore, the fundamental aim of emotion regulation is to alter emotional responses (Gross, 2015).

Researchers have mainly focused on the regulation of emotion by considering defense mechanisms, stress and coping, attachment, and emotion theories (Shaver et al., 2008). The notion that emotions are harmful suggests the existence of emotion regulation processes that reduce or enhance multiple components of emotion, and sustain them. In other words, it consists of internal and external reactive stages used to monitor, evaluate, and change intense and transient emotional responses especially when pursuing one's goals, and active efforts expended to manage emotions (Karnaze and Levine, 2020).

Emotion regulation comprises a five-stage model, classified as situation selection, situation modification, attentional deployment, cognitive change, and response modulation. Situation selection involves choosing whether or not to engage in an action that will elicit positive or negative effects. Situation modification entails altering one's environment to prevent a negative event from occurring. Attentional deployment involves redirecting attention away from a negatively impacting situation when emotional change is not possible. Cognitive change involves reinterpreting a situation or changing one's perspective to focus on positive emotions. Response modulation entails changing one's expressive behavior, physiological response, or vital suppression (Bahl and Ouimet, 2022).

Cognitive reappraisal is described as choosing among multiple themes connected to the event after focusing on one aspect of the event, primarily used to reduce emotional response. Difficulties and challenges in experiencing and regulating emotions are associated with non-acceptance of emotional responses, difficulty in maintaining goal-

directed behavior, impairments in impulse control, limited access to emotion regulation strategies, and lack of emotional awareness and clarity (Bodrogi et al., 2022).

3.7 Relationship between Substance Addiction and Individual and Societal Factors

In this section, we will examine how substance addiction interacts with individual and societal factors. We will address the impact of individual factors on addiction and how societal factors shape addiction.

3.7.1 Relationship between Substance Addiction and Societal Factors

Under this heading, we will explore the effects of societal factors on substance addiction. We will evaluate the role of social environment, economic conditions, and cultural norms in the development of addiction.

3.7.1.1 Multidimensional Social Support and Substance Addiction

Studies in the literature have investigated the role of perceived social support in the prevention and treatment of relapse in substance addiction. It has been suggested that interventions such as supportive structures, psychological support, and family support play a significant role in supporting treatment goals in drug addicts and preventing relapse. Perceived social support influences addiction and relapse rates in addicted individuals (Baluku et al., 2020).

In a study investigating the predictive role of family emotions and perceived social support in addiction relapse, a low significant negative relationship was observed between relapse frequency and perceived social support, family support, support from significant others, and friend support. Regression analysis conducted to examine the predictive effect of relapse revealed that all predictor variables except perceived social support from friends and significant others significantly predicted relapse frequency. Therefore, it was emphasized that individuals undergoing treatment in addiction centers express their emotions and achieve successful outcomes in treatment when supported by their families

and professionals. The influence of professionals working in addiction centers on these results was highlighted (Simon et al., 2020).

Another study examined the relationship between family functioning, perceived social support, and tendencies towards illegal drug use, revealing a significant relationship between perceived social support, family functioning, and tendencies towards illegal drug use. Based on multiple regression coefficients, it was observed that perceived social support and its sub-dimensions, along with family functioning, were strong predictors of potential illegal drug use. Thus, it was suggested that improving family functioning and enhancing social support could reduce tendencies towards illegal drug use. However, it was noted that unhealthy social relationships, lack of communication in social relationships, and stressful family environments lead young people towards substance use (Amaro et al., 2021).

In a study involving 97 participants focusing on family functionality and perceived social support among substance-dependent individuals, it was found that both family functionality and social support perception were low in individuals with substance addiction. The research concluded that family, friends, and social support play an important protective role in substance addiction, contributing positively to preventing relapse both during and after treatment (Jia et al., 2024).

In another study aiming to identify preventive family factors for alcohol use among Spanish youth, it was revealed that intrafamily factors (including family cohesion, parental monitoring, and parental attitudes towards alcohol use by children) are particularly associated with alcohol use among Spaniards. Furthermore, the results of this study underscored that improving parent-youth connections could have long-term positive effects on reducing alcohol use and increasing resistance (Spoth et al., 2019).

Research on reducing alcohol use through social support and religious involvement was conducted at a protective religious university in America. The study, which involved a total of 760 university students, found that religious involvement played a predictive role in reducing alcohol use. Additionally, it was observed that social support did not have a predictive effect on reducing alcohol use (Moon et al., 2019).

3.7.1.2 Substance Addiction and Protective Factors in the Family

The psychosocial impact of environmental and familial factors on individuals has been emphasized to be associated with substance use. In child-rearing, certain family dynamics such as intrafamilial conflicts and weak communication between parents and children have been highlighted in the emergence of addictive behaviors in children and adolescents. It has been found that trust and positive relationships between parents contribute to children's development, playing a preventive role in the onset of substance addiction (Mihic et al., 2013). Studies on substance addiction underscore the importance of the quality of relationships between parents and children. This highlights the crucial role of exceptional family bonds in preventing substance addiction. The quality of a child's attachment to their parents, as well as the positive values, attitudes, and behaviors exhibited by parents, are considered key factors in internalizing prevention against substance addiction. Research in this context has emphasized that good family relationships, harmony between parents and children, parenting attitudes, and the adequacy of information related to activities with children serve as protective factors in preventing substance abuse. Individuals from families with healthy dynamics are stated to have a lower likelihood of starting alcohol, cigarette, and marijuana use in the future (Velleman and Templeton, 2005).

One of the studies aiming to protect individuals from substance use and addiction is the enhancement of protective factors within the family. The monitoring and supervisory behaviors of families with children are effective in preventing substance use. This skill is developed through the establishment of education and disciplinary rules. Skills such as monitoring behaviors, tracking activities participated in, providing praise for correct behavior, employing moderate and fair disciplinary practices against crossing family boundaries, and guiding children on the harmful effects of substances through parental education and awareness have been identified to provide preventive measures against substance use (Velleman and Templeton, 2005). However, some research has yielded results indicating that protective factors within the family do not prevent substance use. For instance, a study conducted in Croatia in 2013 involving 623 children found no difference in family protective effects between those who used LSD and ecstasy and those who did not. The study concluded that individuals who frequently use

substances have fewer protective factors in their families compared to those who do not engage in substance use (Mihic et al., 2013).

3.7.2 Relationship between Substance Addiction and Individual Factors

Under this heading, the impact of individual factors on substance addiction will be addressed. Individual elements such as genetic predisposition, personality traits, and psychological states will be examined for their role in the development of addiction.

3.7.2.1 Substance Addiction and Coping Styles

It has been noted that inadequacy in problem-solving skills plays a significant role in individuals resorting to substance use. Substance abuse is generally regarded as a coping behavior aimed at preventing stress and alleviating emotional distress. This type of coping mechanism aims to temporarily alleviate the negative effects produced by some stressors by focusing on emotions, but in the long term, it may lead to the need for repeated substance use, resulting in more serious problems (Nation and Heflinger, 2006).

Avoidance-based coping styles are viewed as an unhealthy coping method for the initiation and maintenance of substance use. This style is characterized by individuals preferring to avoid problems rather than solve them, and substance use emerges as an extension of avoidance behavior. On the other hand, problem-focused coping styles are considered a protective factor against substance use and are associated with better psychological health. Problem-focused coping involves individuals directly addressing and attempting to solve problems using active strategies in the process, which is generally regarded as a healthier and more sustainable coping method (Capella and Adan, 2017).

In the study conducted by Erbay et al. (2016), the coping styles of individuals with alcohol and substance addiction were examined. A total of 141 addicted individuals were included in this study. According to the results, among the least utilized coping styles by addicted individuals were positive reinterpretation and growth, problem-focused coping, emotional expression, active coping, and religious coping. In contrast, coping styles such as denial, humor, and behavioral disengagement were found to be more commonly used.

It is observed that individuals with substance addiction are insufficient in developing effective coping strategies and therefore resort to more unhealthy coping

methods. Turning to substance use to cope with emotional distress may provide short-term relief, but in the long run, it leads to addiction and other psychological problems. Avoidance-based coping styles lead individuals to avoid problems rather than solve them, contributing to the maintenance of addictive behaviors. On the other hand, problem-focused coping styles encourage individuals to directly address and seek solutions to problems. These strategies are considered more sustainable and healthy coping methods. Developing positive coping strategies is considered an important step in the treatment of addiction. Cognitive-behavioral techniques can be used in therapies to help individuals improve their coping skills. These techniques assist individuals in identifying and changing negative thoughts and behavior patterns.

3.7.2.2 Substance Addiction and Psychological Resilience

Psychological resilience refers to individuals' ability to adapt and endure stressful and challenging life events. It can be defined as the capacity of individuals to recover, cope with stress, and deal with difficult situations. This capacity may assist individuals in avoiding harmful behaviors such as substance addiction.

Psychological resilience is determined by an interaction of various internal and external factors:

Individual Factors: Personal attributes such as self-confidence, optimism, problem-solving skills, and internal locus of control.

Social Support: Emotional and practical support received from family, friends, and communities.

Environmental Factors: Living in a healthy environment, having access to education, and employment opportunities.

Research indicates a strong relationship between psychological resilience and substance addiction. Psychologically resilient individuals are observed to be more resistant to substance addiction. This relationship can be examined under several main headings:

- **Coping with Stress**

Stress and Substance Use: Individuals employ various methods to cope with stress. Psychologically resilient individuals use more effective coping strategies, whereas individuals with lower resilience may turn to substance use to cope with stress.
Coping Strategies: Healthy coping strategies include problem-solving and seeking social support, while unhealthy strategies may involve harmful behaviors such as substance use. Psychological resilience helps individuals adopt healthy coping strategies.

- **Social Support and Flexibility**

Social Support: Social support from family, friends, and communities can assist individuals in coping with stressful situations. Social support helps individuals feel valued and important, thereby reducing the risk of substance addiction.
Flexibility: Flexibility refers to individuals' ability to adapt and endure stressful situations. Individuals with high levels of flexibility are more likely to resort to healthier coping methods instead of substance use.

- **Psychological Resilience and Addiction Treatment**

Resilience in Treatment: Psychological resilience also plays a significant role in addiction treatment. Individuals with high psychological resilience may exhibit more resilience and determination during the treatment process.
Reducing Relapse Risk: Psychological resilience is effective in reducing the risk of addiction relapse. Resilient individuals are more resistant to addiction triggers and tend to be more successful in the post-treatment process.

The results of studies in the literature clearly demonstrate the relationship between social support and psychological resilience. Research highlights the significance of flexibility and social support among youth prone to emotional issues, emphasizing that the development of flexibility processes in youths could effectively reduce emotional problems and psychological stress (Nikmanesh and Honakzehi, 2016). These findings indicate that the positive relationship between flexibility and social support plays a crucial role in preserving individuals' emotional and psychological well-being. In another study, a positive and significant relationship between social support and flexibility was found among individuals with substance addiction, suggesting that social support mechanisms

could enhance the flexibility of addicted individuals and thereby reduce addiction behaviors. Social support enhances individuals' coping abilities in stressful situations and fosters psychological resilience (Labrague, 2021).

In a study conducted by Fadardi et al. (2010), the relationship between psychological resilience, motivational structure, and substance use was examined among 120 individuals. The findings of the study revealed that psychological resilience and motivational structure had a negative predictive effect on substance addiction. This indicates that psychologically resilient and motivated individuals have a lower risk of developing substance addiction. Psychological resilience enhances individuals' capacity to cope with stressful and challenging situations, thus reducing tendencies toward substance use.

A study investigating the developmental characteristics of behavioral control and psychological resilience from early childhood to adolescence and their early effects on substance use included 514 alcoholic individuals. According to the findings of the study, individuals with weaker behavioral control tended to have higher tendencies to use alcohol and other substances, whereas those with stronger behavioral control exhibited lower tendencies toward alcohol or substance use (Wong et al., 2006). This finding clearly illustrates the impact of an individual's capacity to control their own behavior on substance use.

3.7.2.3 Substance Addiction and Self-Control

Impulsivity and attentional deficits are conceptually linked to poor behavioral control, low psychological resilience. Thus, there is some indirect evidence suggesting that low behavioral control and low psychological resilience predict alcohol and drug use. Weak impulse control has been suggested to be effective throughout almost all stages of the substance abuse cycle. Accordingly, initiation of substance abuse, rapidly escalating substance use, and failure to reduce substance use may be linked to lapses in impulse control (Jentsch et al., 2014).

Studies on the crime theory indicate a relationship between low self-control and alcohol and substance abuse, with consistent results across all studies (Piquero et al., 2002; Conner et al., 2009; Ford and Blumenstein, 2013; Vazsonyi et al., 2017; Burt, 2020; DeLisi et al., 2022). Particularly in studies conducted on university students, a positive

significant relationship has been reported between low self-control and substance abuse, with low self-control being identified as the best predictor of substance abuse. Another study evaluating this theory suggested that university students experiencing a lack of self-control were more likely to engage in drinking and substance use behaviors, smoking, and other negative behaviors (Ford and Blumenstein, 2013).

Another study by Ford and Blumenstein (2013) investigated the generalizability of self-control concerning smoking, marijuana use, prescription drug use, and other illicit drug use among 1000 college students. The study findings revealed that individuals with low self-control exhibited higher rates of smoking, marijuana use, prescription drug use, and other illicit substance use.

Individuals experiencing self-control issues are suggested to struggle with making future plans, unable to calculate the potential consequences of their behaviors, and unable to control themselves against involvement in crime. It has been suggested that individuals with self-control issues are not only prone to criminal incidents but also to similar actions such as illicit substance use, smoking, and gambling (Dennison et al., 2021). According to a study in the literature, on a sample of 650 male students, a positive significant relationship was observed between self-control and smoking, history of substance use, propensity to use substances, and attitude towards substances, aiming to understand the relationship between self-control and substance addiction (Mathna et al., 2020).

3.7.2.4 Substance Addiction and Emotion Regulation

Individuals experiencing difficulties in emotion regulation have been noted to struggle with controlling impulsive behaviors, maintaining goal-directed behavior, and achieving adaptive emotion regulation skills. In this context, coping strategies with negative emotions are seen as significant reward mechanisms in alcohol and substance addiction. It has been suggested that individuals with weak coping skills for negative emotions tend to resort to addictive substance use to avoid confronting unregulated emotions, thus facing the risk of addiction (Khantzian and Albanese, 2008).

Individuals with substance use disorders are thought to have impaired emotion regulation. For instance, it has been observed that men with lifelong heroin use exhibit lower rates of cognitive reappraisal and higher rates of emotional suppression (Decker et al., 2016) compared to non-drug users.

Estévez et al. (2017), citing Sayette (2004), highlighted that individual experiencing emotion regulation problems are more likely to resort to addictive substances and struggle with actions aimed at discontinuing ongoing addictive behaviors. According to these findings, individuals with substance addiction tend to increase substance use to cope with difficulties, aiming to improve their emotional experiences (Pettersen et al., 2019).

The results of a study involving 472 young participants in Spain indicated a predictive role of emotion regulation in alcohol and substance addiction (Estévez et al., 2017). In another study involving 335 outpatient individuals with addiction, it was found that experiencing difficulties in goal-directed behavior, impulse control, lack of emotional awareness, and lack of emotional clarity had a positive significant relationship with addiction risk. Additionally, a negative significant relationship was observed between self-control and addiction risk among individuals with substance addiction. These findings underscore the importance of teaching self-control and emotion regulation techniques to individuals with addiction, in addition to methods addressing withdrawal symptoms, in reducing addiction (Weiss et al., 2017).

Another study examining the relationship between emotion regulation and relapse in individuals with substance misuse revealed a negative significant relationship between difficulties in emotion regulation and resuming substance use. Additionally, a positive significant relationship was found between difficulties in cognitive reappraisal and suppressing substance use, as well as between emotion regulation and preventing resuming substance use (Clarke et al., 2020).

In the United States, the impact of daily mood on evening and subsequent-day substance use was investigated. According to the results of the study involving 1640 college students, daytime distraction, reappraisal, and problem-solving skills had predictive effects on evening marijuana use. Thus, it was suggested that emotion regulation strategies may be associated with substance use (Weiss et al., 2017).

In another study, the relationship between positive emotions and alcohol and substance misuse was examined. The results of the study involving 311 university students indicated that higher levels of difficulty in regulating positive emotions were associated with increased alcohol and drug use. Therefore, addressing problems related

to difficulty in regulating positive emotions was recommended in treatments aimed at reducing alcohol and substance use (Weiss et al., 2018).

4. METHOD

4.1 Model of the Research

In this study, explanatory sequential design, which is one of the mixed research methods in which quantitative and qualitative methods are used together, was used. Creswell and Creswell (2018) stated that mixed method involves the combination or integration of qualitative and quantitative research and data in a research study. The main reason for choosing this design is to examine the results of quantitative data in more detail with qualitative data. Bryman (2006) stated that qualitative and quantitative research have strengths and weaknesses, so combining them allows the researcher to balance the errors and benefit from the strengths of both. Gürbüz and Şahin (2017) stated that the main purpose of the explanatory design is to reveal the causal relationships between variables. In explanatory sequential mixed methods, the researcher first conducts quantitative research, analyses the results and then supports them with qualitative research to explain the results in more detail (Creswell and Creswell, 2018).

4.2 Data Collection Tools

In accordance with the explanatory sequential design, the questions prepared by the researcher were used in the quantitative part, which was the first stage of the study. In the qualitative study in line with the quantitative data, the scenarios developed by the researcher were applied on young inmates and semi-structured interviews were conducted. The stages of the research process are given below:

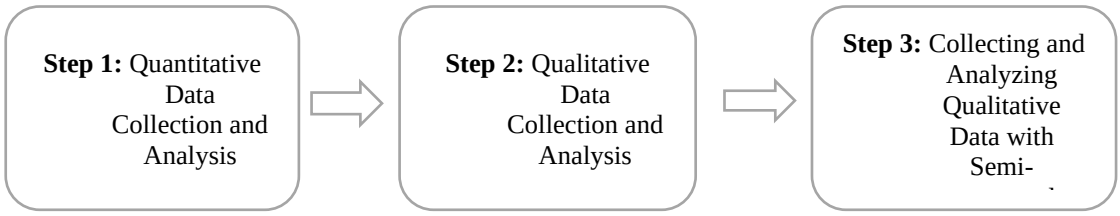

Figure 4.1 Figurative representation of the research process

4.3 Population and Sample

The population of this research includes young people living in Erbil. Erbil is an important city in the KRDof Iraq and its demographic structure is rich in terms of young population. In line with the aim of the research, the young population in Erbil constitutes the research population in general. The sample of the research consists of young people between the ages of 18-35 who are inmates in two prisons in Erbil. These prisons have been selected due to their relevance to the issue of drug addiction. This sample group included in the research consists of 151 inmates in total. These young people represent a group that requires special attention and scrutiny due to their living environment and socio-economic status. Purposive sampling was used as the sampling method in this study. Purposive sampling is done by selecting a specific group from the research population in line with certain criteria (Mweshi and Sakyi, 2020). In this method, individuals who are suitable for the purpose of the research and who can provide the necessary information are selected. In this study, young inmates between the ages of 18-35 in two prisons in Erbil were determined as a suitable sample group that can answer the research questions and achieve the objectives of the research. Purposive sampling method is frequently preferred, especially in research that requires a detailed examination of a specific subgroup. In this context, the study was carried out with the idea that examining young people in prison can provide unique data on their social problems and rehabilitation processes, particularly concerning drug addiction.

The descriptive statistics of the young inmates aged between 18-35 years included in the study are as follows:

Table 4.1 Descriptive statistics

Age	Frequency	Percent
18-23 years old	40	26.5
24-29 years old	58	38.4
30-35 years old	53	35.1
Total	151	100.0
Gender	Frequency	Percent
Male	109	72.2
Female	42	27.8
Total	151	100.0
Education	Frequency	Percent

Table 4.1 Descriptive statistics (continued)

Illiterate	37	24.5
Primary Education	54	35.8
Secondary- High school	53	35.1
Undergraduate	7	4.6
Total	151	100.0
City	Frequency	Percent
Erbil	121	80.1
Douhok	2	1.3
Sulymanya	4	2.6
Kurkuk	2	1.3
Other	22	14.6
Total	151	100.0
Marital Status	Frequency	Percent
Married	88	58.3
Single	46	30.5
Widow	17	11.3
Total	151	100.0
Family Members	Frequency	Percent
1-3	42	27.8
4 to 6	72	47.7
7 to 10	35	23.2
11 and above	2	1.3
Total	151	100.0
Child Number	Frequency	Percent
between 0-3	138	91.4
4 to 6	12	7.9
7 to 10	1	0.7
Total	151	100.0
Number of Addicted Individuals in Family	Frequency	Percent
Non	121	80.1
One	22	14.6
More than one	8	5.3
Total	151	100.0
Number of Working Family Members	Frequency	Percent
Non	50	33.1
One	60	39.7
More than one	41	27.2
Total	151	100.0
Number of Individuals Involved in Crime in the Family	Frequency	Percent
Non	133	88.1
One	16	10.6
More than one	2	1.3

Table 4.1 Descriptive statistics (continued)

Total	151	100.0
Economic Status of Family	Frequency	Percent
Poor	47	31.1
Moderate	85	56.3
Good	19	12.6
Total	151	100.0

The table 4.1 show that the highlight a diverse sample in terms of age, gender, education, and economic status, with a significant portion of participants coming from Erbil and a majority having smaller family sizes and moderate economic status. The table show 26.5% of participants were aged 18-23, 38.4% were 24-29, and 35.1% were 30-35. The sample comprised 72.2% males and 27.8% females. Regarding education, 24.5% were illiterate, 35.8% had primary education, 35.1% completed secondary-high school, and 4.6% were undergraduates. Most participants were from Erbil (80.1%), with smaller percentages from Douhok (1.3%), Sulymanya (2.6%), Kurkuk (1.3%), and other areas (14.6%). Marital status showed 58.3% were married, 30.5% single, and 11.3% widowed. Family sizes varied, with 27.8% having 1-3 members, 47.7% with 4-6, 23.2% with 7-10, and 1.3% with more than 11. The majority of families had 0-3 children (91.4%), 7.9% had 4-6, and 0.7% had 7-10. Regarding addiction in families, 80.1% had no addicted individuals, 14.6% had one, and 5.3% had more than one. For working family members, 33.1% had none, 39.7% had one, and 27.2% had more than one. In terms of crime involvement, 88.1% of families had no individuals involved, 10.6% had one, and 1.3% had more than one. Economically, 31.1% of families were poor, 56.3% moderate, and 12.6% good.

4.4 Findings

4.4.1 Findings Related to Satisfaction with Drug Use

Table 4.2 presents the results of an ANOVA test examining satisfaction with drug use across different age groups. The mean satisfaction scores, standard deviations, and standard errors are shown for each group:

Table 4.2 Satisfaction with drug use by age

	N	Mean	Std. Deviation	Std. Error	F	Sig.
18-23 years old	40	1.9250	0.26675	0.04218	1.691	0.188
24-29 years old	58	1.8276	0.38104	0.05003		
30-35 years old	53	1.9245	0.26668	0.03663		
Total	151	1.8874	0.31713	0.02581		

The ANOVA test yielded an F-value of 1.691 and a p-value of 0.188. Since the p-value is greater than 0.05, there is no statistically significant difference in satisfaction with drug use among the different age groups.

Table 4.3 displays the results of a t-test comparing satisfaction with drug use between males and females:

Table 4.3 Satisfaction with Drug Use by Gender

	N	Mean	Std. Deviation	t	df	Sig. (2-tailed)
Male	109	1.8807	0.32560	-0.416	149	0.678
Female	42	1.9048	0.29710			

The t-test results show a t-value of -0.416 and a p-value of 0.678. Since the p-value is greater than 0.05, there is no statistically significant difference in satisfaction with drug use between males and females.

Table 4.4 shows the results of an ANOVA test analyzing satisfaction with drug use by educational status:

Table 4.4 Satisfaction with drug use according to educational status

	N	Mean	Std. Deviation	F	Sig.
Illiterate	37	1.9459	0.22924		
Primary Education	54	1.8519	0.35858		
Secondary- High school	53	1.8868	0.31988	0.663	0.576
Undergraduate	7	1.8571	0.37796		
Total	151	1.8874	0.31713		

The ANOVA test results show an F-value of 0.663 and a p-value of 0.576. Since the p-value is greater than 0.05, there is no statistically significant difference in satisfaction with drug use among different educational levels.

Table 4.5 presents the results of an ANOVA test analyzing satisfaction with drug use by city or hometown of residence:

Table 4.5 Satisfaction with drug use according to city/hometown of residence

	N	Mean	Std. Deviation	F	Sig.
Erbil	121	1.8843	0.32120		
Douhok	2	2.0000	0.00000		
Sulymanya	4	2.0000	0.00000	0.28	0.89
Kurkuk	2	2.0000	0.00000		
Other	22	1.8636	0.35125		
Total	151	1.8874	0.31713		

The ANOVA test results show an F-value of 0.28 and a p-value of 0.89. Since the p-value is greater than 0.05, there is no statistically significant difference in satisfaction with drug use among residents of different cities or hometowns.

Table 4.6 presents the results of an ANOVA test analyzing satisfaction with drug use by marital status:

Table 4.6 Satisfaction with drug use according to marital status

	N	Mean	Std. Deviation	F	Sig.
Married	88	1.9091	0.28913	3.234	0.042
Single	46	1.9130	0.28488		
Widow	17	1.7059	0.46967		
Total	151	1.8874	0.31713		

The ANOVA test results show an F-value of 3.234 and a p-value of 0.042. Since the p-value is less than 0.05, there is a statistically significant difference in satisfaction with drug use among different marital status groups. This suggests that marital status has a notable effect on satisfaction with drug use.

Table 4.7 presents the results of the Tukey test for post-hoc comparisons following the ANOVA test:

Table 4.7 Tukey test results

	Mean Difference (I-J)		Std. Error	Sig.
Married	Single	-,00395	,05686	,997
	Widow	,20321*	,08279	,040
Single	Married	,00395	,05686	,997
	Widow	,20716	,08870	,054
Widow	Married	-,20321*	,08279	,040
	Single	-,20716	,08870	,054

The Tukey test results show, Married vs. Single: Mean difference of -0.00395, p-value of 0.997, indicating no significant difference. Married vs. Widow: Mean difference of 0.20321, p-value of 0.040, indicating a significant difference. Single vs. Widow: Mean difference of -0.20716, p-value of 0.054, which is close to significance but not statistically significant at the 0.05 level. Thus, the Tukey test reveals a significant difference in satisfaction with drug use between married individuals and widows, but not between married and single individuals or between single individuals and widows.

Table 4.8 presents the results of an ANOVA test analyzing satisfaction with drug use based on the economic status of the family:

Table 4.8 Satisfaction with drug use according to economic status of the family

	N	Mean	Std. Deviation	F	Sig.
Poor	47	1.9362	0.24709	1.482	0.231
Moderate	85	1.8824	0.32410		
Good	19	1.7895	0.41885		
Total	151	1.8874	0.31713		

The ANOVA test results show an F-value of 1.482 and a p-value of 0.231. Since the p-value is greater than 0.05, there is no statistically significant difference in satisfaction with drug use among the different economic status groups.

4.4.2 Findings Related to the Idea of Quitting Drug Use

Table 4.9 presents the results of an ANOVA test analyzing the thought of quitting drug use by age group:

Table 4.9 The idea of stopping drug use according to age

	N	Mean	Std. Deviation	F	Sig.
18-23 years old	40	1.1000	0.30382	0.143	0.867
24-29 years old	58	1.1034	0.30720		
30-35 years old	53	1.0755	0.26668		
Total	151	1.0927	0.29100		

The ANOVA test results show an F-value of 0.143 and a p-value of 0.867. Since the p-value is greater than 0.05, there is no statistically significant difference in the thought of quitting drug use among the different age groups.

Table 4.10 presents the results of an independent t-test analyzing the thought of quitting drug use by gender:

Table 4.10 The idea of stopping drug use according to gender

	N	Mean	Std. Deviation	t	df	Sig.
Male	109	1.1009	0.30261	0.577	149	0.579
Female	42	1.0714	0.26066			

The t-test results show a t-value of 0.577, degrees of freedom (df) of 149, and a p-value of 0.579. Since the p-value is greater than 0.05, there is no statistically significant difference in the thought of quitting drug use between males and females.

Table 4.11 presents the results of an ANOVA test analyzing the thought of quitting drug use by educational status:

Table 4.11 The idea of stopping drug use according to educational status

	N	Mean	Std. Deviation	F	Sig.
Illiterate	37	1.0811	0.27672		
Primary Education	54	1.0926	0.29258		
Secondary- High school	53	1.0943	0.29510	0.088	0.967
Undergraduate	7	1.1429	0.37796		
Total	151	1.0927	0.29100		

The ANOVA test results show an F-value of 0.088 and a p-value of 0.967. Since the p-value is greater than 0.05, there is no statistically significant difference in the thought of quitting drug use among different educational levels.

Table 4.12 presents the results of an ANOVA test analyzing the thought of quitting drug use by city or hometown of residence:

Table 4.12 The idea of stopping drug use according to the city/hometown of residence

	N	Mean	Std. Deviation	F	Sig.
Erbil	121	1.1157	0.32120	0.949	0.438
Dohuk	2	1.0000	0.00000		
Suly Manya	4	1.0000	0.00000		
Kirkuk	2	1.0000	0.00000		
Other	22	1.0000	0.00000		
Total	151	1.0927	0.29100		

The ANOVA test results show an F-value of 0.949 and a p-value of 0.438. Since the p-value is greater than 0.05, there is no statistically significant difference in the thought of quitting drug use among residents of different cities or hometowns.

Table 4.13 presents the results of an ANOVA test analyzing the thought of quitting drug use by marital status:

Table 4.13 The ıdea of stopping drug use according to marital status

	N	Mean	Std. Deviation	F	Sig.
Married	88	1.0909	0.28913	0.072	0.93
Single	46	1.0870	0.28488		
Widow	17	1.1176	0.33211		
Total	151	1.0927	0.29100		

The ANOVA test results show an F-value of 0.072 and a p-value of 0.930. Since the p-value is greater than 0.05, there is no statistically significant difference in the thought of quitting drug use among the different marital status groups.

Table 4.14 presents the results of an ANOVA test analyzing the thought of quitting drug use by economic status:

Table 4.14 The idea of stopping drug use according to the economic status of the Family

	N	Mean	Std. Deviation	F	Sig.
Poor	47	1.0851	0.28206	4.006	0.02
Moderate	85	1.0588	0.23669		
Good	19	1.2632	0.45241		
Total	151	1.0927	0.29100		

The ANOVA test results show an F-value of 4.006 and a p-value of 0.020. Since the p-value is less than 0.05, there is a statistically significant difference in the thought of quitting drug use among the different economic status groups.

Table 4.15 presents the results of the Tukey test, which identifies significant differences in the thought of quitting drug use between economic status groups:

Table 4.15 Tukey test results

		Mean Difference (I-J)	Std. Error	Sig.
Good	Moderate	0.02628	0.05187	0.868
	Poor	-0.17805	0.07757	0.060
Moderate	Good	-0.02628	0.05187	0.868
	Poor	-,20433*	0.07241	0.015
Poor	Good	0.17805	0.07757	0.060
	Moderate	,20433*	0.07241	0.015

The Tukey test reveals a significant difference in the thought of quitting drug use between the "Moderate" and "Poor" economic status groups. Differences between other pairs of economic status groups are not statistically significant.

4.4.3 Findings Related to Attempting to Quit Drug Use

Table 4.16 presents the results of an ANOVA test analyzing attempts to quit drug use according to age:

Table 4.16 Attempting to quit drug use by age

	N	Mean	Std. Deviation	F	Sig.
18-23 years old	40	1.0750	0.26675	0.758	0.471
24-29 years old	58	1.1207	0.32861		
30-35 years old	53	1.0566	0.23330		
Total	151	1.0861	0.28143		

The ANOVA test results show an F-value of 0.758 and a p-value of 0.471. Since the p-value is greater than 0.05, there is no statistically significant difference in attempts to quit drug use among the different age groups. This suggests that age does not have a notable effect on attempts to quit drug use.

Table 4.17 presents the results of an independent t-test analyzing attempts to quit drug use according to gender:

Table 4.17 Attempting to quit drug use according to gender

	N	Mean	Std. Deviation	t	df	Sig.
Male	109	1.1009	0.30261	1.043	149[	0.299
Female	42	1.0476	0.21554	1.208	104.128	0.230

The t-test results show that the p-values for both genders are greater than 0.05. This indicates that there is no statistically significant difference in attempts to quit drug use between males and females.

Table 4.18 presents the results of an ANOVA test analyzing attempts to quit drug use according to educational status:

Table 4.18 Attempting to quit drug use according to educational status

	N	Mean	Std. Deviation	F	Sig.
Illiterate	37	1.0270	0.16440		
Primary Education	54	1.1111	0.31722		
Secondary- High school	53	1.0943	0.29510	0.792	0.5
Undergraduate	7	1.1429	0.37796		
Total	151	1.0861	0.28143		

The ANOVA test results show an F-value of 0.792 and a p-value of 0.500. Since the p-value is greater than 0.05, there is no statistically significant difference in attempts to quit drug use among different educational levels. This suggests that educational status does not have a notable effect on attempts to quit drug use.

Table 4.19 presents the results of an ANOVA test examining whether there is a significant difference in attempts to quit drug use based on city or hometown of residence:

Table 4.19 Attempting to quit drug use according to city/hometown of residence

	N	Mean	Std. Deviation	F	Sig.
Erbil	121	1.0909	0.28868		
Douhok	2	1.5000	0.70711		
Sulymanya	4	1.0000	0.00000	1.358	0.251
Kurkuk	2	1.0000	0.00000		
Other	22	1.0455	0.21320		
Total	151	1.0861	0.28143		

The ANOVA test yields an F-value of 1.358 and a p-value of 0.251. Since the p-value is greater than 0.05, this indicates that there is no statistically significant difference in attempts to quit drug use among individuals from different cities or hometowns. This

suggests that city or hometown of residence does not have a notable effect on attempts to quit drug use.

The Table 4.20 presents the results of an ANOVA test examining whether there is a significant difference in attempts to quit drug use based on marital status:

Table 4.20 Attempting to quit drug use according to marital status

	N	Mean	Std. Deviation	F	Sig.
Married	88	1.0909	0.28913	0.244	0.784
Single	46	1.0652	0.24964		
Widow	17	1.1176	0.33211		
Total	151	1.0861	0.28143		

The ANOVA test results show an F-value of 0.244 and a p-value of 0.784. Since the p-value is greater than 0.05, this indicates no statistically significant difference in attempts to quit drug use among individuals with different marital statuses. This suggests that marital status does not have a notable effect on attempts to quit drug use.

Table 4.21 presents the results of an ANOVA test examining whether there is a significant difference in attempts to quit drug use based on the economic status of the family:

Table 4.21 Attempting to Quit Drug Use According to the Economic Status of the Family

	N	Mean	Std. Deviation	F	Sig.
Poor	47	1.0638	0.24709	4.508	0.013
Moderate	85	1.0588	0.23669		
Good	19	1.2632	0.45241		
Total	151	1.0861	0.28143		

The ANOVA test results show an F-value of 4.508 and a p-value of 0.013. Since the p-value is less than 0.05, this indicates a statistically significant difference in attempts

to quit drug use among individuals with different economic statuses. This suggests that economic status has a notable effect on attempts to quit drug use.

Table 4.22 presents the results of the Tukey test, a post-hoc analysis used to determine which specific economic status groups show significant differences in their attempts to quit drug use**:**

Table 0.2 Tukey test results

		Mean Difference (I-J)	Std. Error	Sig.
Poor	Moderate	0.00501	0.05000	0.994
	Good	-,19933*	0.07478	0.023
Moderate	Poor	-0.00501	0.05000	0.994
	Good	-,20433*	0.06980	0.011
Good	Poor	,19933*	0.07478	0.023
	Moderate	,20433*	0.06980	0.011

The Tukey test shows that there are significant differences in attempts to quit drug use between the Poor and Good economic status groups (p-value = 0.023) and between the Moderate and Good economic status groups (p-value = 0.011). There is no significant difference between the Poor and Moderate groups (p-value = 0.994).

4.4.4 Findings Related to Age of Drug Use

Table 4.23 presents the results of an independent t-test analyzing whether there is a significant difference in the age at which drug use was initiated, based on gender:

Table 4.23 Age at drug initiation by gender

	N	Mean	Std. Deviation	t	df	Sig.
Male	109	1.5413	0.7268	-1.927	149	0.056
Female	42	1.8095	0.8621			

The t-test results show a t-value of -1.927 with 149 degrees of freedom and a p-value of 0.056. Since the p-value is slightly greater than 0.05, this indicates that there is no statistically significant difference in the age at which drug use was initiated between males and females.

Table 4.24 presents the results of an ANOVA test analyzing whether there is a significant difference in the age of drug initiation based on educational status:

Table 4.24 Age at drug initiation by educational status

	N	Mean	Std. Deviation	F	Sig.
Illiterate	37	1.4595	0.1067	1.872	0.137
Primary Education	54	1.5741	0.1109		
Secondary-High school	53	1.6981	0.10635		
Undergraduate	7	2.1429	0.3400		
Total	151	1.6159	0.0629		

The ANOVA test results show an F-value of 1.872 and a p-value of 0.137. Since the p-value is greater than 0.05, there is no statistically significant difference in the age of drug initiation among individuals with different educational backgrounds. This suggests that educational status does not have a notable effect on the age of drug initiation.

Table 4.25 shows the results of an ANOVA test examining whether there is a significant difference in the age of drug initiation based on city or hometown of residence:

Table 4.25 Age at drug initiation by city/hometown of residence

	N	Mean	Std. Deviation	F	Sig.
Erbil	121	1.562	0.7401	0.873	0.482
Douhok	2	1.5000	0.70711		
Sulymanya	4	1.7500	0.95743		
Kurkuk	2	2.0000	1.41421		
Other	22	1.8636	0.88884		
Total	151	1.6159	0.77340		

The ANOVA test yields an F-value of 0.873 and a p-value of 0.482. Since the p-value is greater than 0.05, this indicates that there is no statistically significant difference

in the age of drug initiation among individuals from different cities or hometowns. This suggests that city or hometown of residence does not have a notable effect on the age of drug initiation.

Table 4.26 presents the results of an ANOVA test analyzing whether there is a significant difference in the age at which drug use was initiated based on marital status:

Table 4.26 Age at drug initiation by marital status

	N	Mean	Std. Deviation	F	Sig.
Married	88	1.3864	0.0655	0.608	0.713
Single	46	2.0652	0.8538		
Widow	17	1.5882	0.7952		
Total	151	1.6159	0.7734		

The ANOVA test yields an F-value of 0.608 and a p-value of 0.713. Since the p-value is greater than 0.05, this indicates that there is no statistically significant difference in the age at which drug use was initiated among individuals of different marital statuses. This suggests that marital status does not have a notable effect on the age of drug initiation.

Table 4.27 presents the results of an ANOVA test examining whether there is a significant difference in the age of drug initiation based on the economic status of the family:

Table 4.27 Frequency of drug use according to economic status of the family

	N	Mean	Std. Deviation	F	Sig.
Poor	47	1.7447	0.8461	2.017	0.137
Moderate	85	1.5059	0.6835		
Good	19	1.7895	0.9176		
Total	151	1.6159	0.7734		

The ANOVA test results show an F-value of 2.017 and a p-value of 0.137. Since the p-value is greater than 0.05, there is no statistically significant difference in the age at

which drug use was initiated based on the economic status of the family. This suggests that economic status does not have a notable effect on the age of drug initiation.

4.4.5. Findings Related to Frequency of Drug Use

Table 4.28 displays the results of an ANOVA test that investigates whether there is a significant difference in the frequency of drug use based on age groups:

Table 4.28 Frequency of drug use by age

	N	Mean	Std. Deviation	F	Sig.
18-23 years old	40	2.1000	1.19400	0.904	0.407
24-29 years old	58	2.0690	1.09002		
30-35 years old	53	2.3396	1.12563		
Total	151	2.1722	1.12997		

The ANOVA test results show an F-value of 0.904 and a p-value of 0.407. Since the p-value is greater than 0.05, there is no statistically significant difference in the frequency of drug use among different age groups. This suggests that age does not have a notable effect on the frequency of drug use.

Table 4.29 presents the results of an independent t-test examining whether there is a significant difference in the frequency of drug use between genders:

Table 4.29 Frequency of drug use by gender

	N	Mean	Std. Deviation	t	df	Sig.
Male	109	2.2294	1.15175	1.002	149	0.318
Female	42	2.0238	1.07040			

The t-test yields a t-value of 1.002 and a significance level (p-value) of 0.318. Since the p-value is greater than 0.05, there is no statistically significant difference in the frequency of drug use between males and females. This suggests that gender does not have a notable effect on the frequency of drug use.

Table 4.30 displays the results of an ANOVA test conducted to determine whether there is a significant difference in the frequency of drug use based on educational status:

Table 4.30 Frequency of drug use according to educational status

	N	Mean	Std. Deviation	F	Sig.
Illiterate	37	2.0541	1.12906		
Primary Education	54	2.3148	1.17881		
Secondary-High school	53	2.0377	1.05543	1.214	0.307
Undergraduate	7	2.7143	1.25357		
Total	151	2.1722	1.12997		

The ANOVA test results show an F-value of 1.214 and a p-value of 0.307. Since the p-value is greater than 0.05, there is no statistically significant difference in the frequency of drug use among individuals with different levels of education. This suggests that educational status does not have a notable effect on the frequency of drug use.

Table 4.31 shows the results of an ANOVA test conducted to assess whether there is a significant difference in the frequency of drug use based on the city or hometown of residence:

Table 4.31 Frequency of drug use according to city/hometown of residence

	N	Mean	Std. Deviation	F	Sig.
Erbil	121	2.1405	1.12772		
Douhok	2	1.5000	0.70711		
Sulymanya	4	1.7500	0.50000	0.847	0.498
Kurkuk	2	3.0000	1.41421		
Other	22	2.4091	1.22121		
Total	151	2.1722	1.12997		

The ANOVA test results show an F-value of 0.847 and a p-value of 0.498. Since the p-value is greater than 0.05, there is no statistically significant difference in the frequency of drug use among individuals from different cities or hometowns. This

suggests that the city or hometown of residence does not have a notable effect on the frequency of drug use.

Table 4.32 presents the results of an ANOVA test to determine if there is a significant difference in the frequency of drug use based on marital status:

Table 4.32 Frequency of drug use according to marital status

	N	Mean	Std. Deviation	F	Sig.
Married	88	2.1591	1.19276	0.578	0.563
Single	46	2.2826	1.08859		
Widow	17	1.9412	0.89935		
Total	151	2.1722	1.12997		

The ANOVA results yield an F-value of 0.578 and a significance level (p-value) of 0.563. Since the p-value is greater than 0.05, there is no statistically significant difference in the frequency of drug use among individuals with different marital statuses. This suggests that marital status does not have a notable effect on the frequency of drug use.

Table 4.33 presents the results of an ANOVA test to determine if there is a significant difference in the frequency of drug use based on the economic status of the family:

Table 4.33 Frequency of drug use according to economic status of the family

	N	Mean	Std. Deviation	F	Sig.
Poor	47	2.1064	1.10796	0.786	0.458
Moderate	85	2.1412	1.13550		
Good	19	2.4737	1.17229		
Total	151	2.1722	1.12997		

The ANOVA results show an F-value of 0.786 and a significance level (p-value) of 0.458. Since the p-value is greater than 0.05, there is no statistically significant difference in the frequency of drug use among individuals with different economic

statuses. This suggests that economic status does not have a notable effect on the frequency of drug use.

4.4.6. Findings Related to the Type of Substance Used

Table 4.34 shows the results of an ANOVA test to investigate whether there are significant differences in the type of drugs used based on age:

Table 4.34 Type of drug used by age

	N	Mean	Std. Deviation	F	Sig.
18-23 years old	40	2.850	1.387	1.502	0.433
24-29 years old	58	3.603	1.695		
30-35 years old	53	2.962	1.556		
Total	151	3.178	1.596		

The ANOVA results provide an F-value of 1.502 and a significance level (p-value) of 0.433. Since the p-value is greater than 0.05, there is no statistically significant difference in the type of drugs used among different age groups. This suggests that age does not have a notable effect on the type of drugs used.

Table 4.35 presents the results of an independent t-test to determine if there is a significant difference in the type of drugs used between genders:

Table 4.35 Type of drug used by gender

	N	Mean	Std. Deviation	T	df	Sig.
Male	109	3.4037	1.6505	2.854	149	0.005
Female	42	2.5953	1.2889			

The t-test results yield a t-value of 2.854 and a p-value of 0.005. Since the p-value is less than 0.05, there is a statistically significant difference in the type of drugs used between males and females. This suggests that males use a wider range or different types of drugs compared to females.

Table 4.36 provides the results of an ANOVA test to evaluate whether there is a significant difference in the type of drugs used based on educational status:

Table 4-36 Type of drug used by educational status

	N	Mean	Std. Deviation	F	Sig.
Illiterate	37	3.378	1.604		
Primary Education	54	3.000	1.590		
Secondary-High school	53	3.207	1.621	0.430	0.732
Undergraduate	7	3.285	1.603		
Total	151	3.178	1.596		

The ANOVA results show an F-value of 0.430 and a p-value of 0.732. Since the p-value is greater than 0.05, there is no statistically significant difference in the type of drugs used among individuals with different educational levels.

Table 4.37 presents the results of an ANOVA test examining whether there is a significant difference in the type of drugs used based on city or hometown of residence:

Table 4.37 Type of drug used by city/hometown of residence

	N	Mean	Std. Deviation	F	Sig.
Erbil	121	3.297	1.615		
Douhok	2	4.000	2.828		
Sulymanya	4	2.750	1.500	1.290	0.277
Kurkuk	2	2.000	0.000		
Other	22	2.636	1.398		
Total	151	3.178	1.596		

The ANOVA test results show an F-value of 1.290 and a p-value of 0.277. Since the p-value is greater than 0.05, there is no statistically significant difference in the type of drugs used across different cities or hometowns of residence.

Table 4.38 presents the results of an ANOVA test conducted to assess whether there is a significant difference in the type of drugs used according to marital status:

Table 4.38 Type of drug used by marital status

	N	Mean	Std. Deviation	F	Sig.
Married	88	3.397	1.615	2.011	0.138
Single	46	2.869	1.572		
Widow	17	2.882	1.452		
Total	151	3.178	1.596		

The ANOVA test results yield an F-value of 2.011 and a p-value of 0.138. Since the p-value is greater than 0.05, there is no statistically significant difference in the type of drugs used among individuals with different marital statuses.

Table 4.39 shows the results of an ANOVA test examining whether there is a significant difference in the type of drugs used according to the economic status of the family:

Table 4.39 Type of drug used by economic status of the family

	N	Mean	Std. Deviation	F	Sig.
Poor	47	2.914	1.380	0.938	0.394
Moderate	85	3.305	1.683		
Good	19	3.263	1.694		
Total	151	3.178	1.596		

The ANOVA test results show an F-value of 0.938 and a p-value of 0.394. Since the p-value is greater than 0.05, there is no statistically significant difference in the type of drugs used among individuals from different economic backgrounds.

4.4.7. Findings Related to the Reason for Starting Drug Use

Table 4.40 provides the results of an ANOVA test examining whether there is a significant difference in the reasons for starting drug use across different age groups:

Table 4.40 Reason for starting drugs by age

	N	Mean	Std. Deviation	F	Sig.
18-23 years old	47	2.8723	1.15377	1.303	0.275
24-29 years old	85	2.9882	1.13907		
30-35 years old	19	3.3684	1.06513		
Total	151	3.0000	1.13725		

The ANOVA test results show an F-value of 1.303 and a p-value of 0.275. Since the p-value is greater than 0.05, there is no statistically significant difference in the reasons for starting drug use among the different age groups.

Table 4.41 presents the results of an independent t-test used to determine if there is a significant difference in the reasons for starting drug use between genders:

Table 4.41 Reason for starting drugs according to gender

	N	Mean	Std. Deviation	T	df	Sig.
Male	109	3.0550	1.02591	0.958	149	0.340
Female	42	2.8571	1.38936			

The t-test results show a t-value of 0.958 with 149 degrees of freedom and a significance level (p-value) of 0.340. Since the p-value is greater than 0.05, there is no significant difference in the reasons for starting drug use between males and females.

Table 4.42 presents the results of an ANOVA test used to assess whether there are significant differences in the reasons for initiating drug use according to educational status:

Table 4.42 Reason for initiation of drug use according to education level

	N	Mean	Std. Deviation	F	Sig.
Illiterate	37	3.0541	1.07873		
Primary Education	54	3.0556	1.12295		
Secondary- High school	53	2.9245	1.17423	0.182	0.908
Undergraduate	7	2.8571	1.46385		
Total	151	3.0000	1.13725		

The ANOVA test results show an F-value of 0.182 and a significance level (p-value) of 0.908. Since the p-value is greater than 0.05, there is no statistically significant difference in the reasons for initiating drug use among different educational levels.

Table 4.43 presents the results of an ANOVA test examining the reasons for starting drug use according to the city or hometown of residence:

Table 4.43 Reason for starting drugs according to city/hometown of residence

	N	Mean	Std. Deviation	F	Sig.
Erbil	121	2.9917	1.10677		
Douhok	2	3.0000	1.41421		
Sulymanya	4	2.5000	1.73205	0.269	0.898
Kurkuk	2	3.0000	1.41421		
Other	22	3.1364	1.24577		
Total	151	3.0000	1.13725		

The ANOVA test results show an F-value of 0.269 and a significance level (p-value) of 0.898. Since the p-value is greater than 0.05, there is no statistically significant difference in the reasons for starting drug use among individuals from different cities or hometowns.

Table 4.44 presents the results of an ANOVA test to determine if there is a significant difference in the reasons for starting drug use according to marital status:

Table 4.44 Reason for initiation of drug use according to marital status

	N	Mean	Std. Deviation	F	Sig.
Married	88	3.0341	1.05535	0.095	0.91
Single	46	2.9565	1.21026		
Widow	17	2.9412	1.39062		
Total	151	3.0000	1.13725		

The ANOVA test results show an F-value of 0.095 and a significance level (p-value) of 0.91. Since the p-value is greater than 0.05, there is no statistically significant difference in the reasons for starting drug use among individuals with different marital statuses.

Table 4.45 presents the results of an ANOVA test to determine if there is a significant difference in the reasons for starting drug use according to the economic status of the family:

Table 4.45 Reason for starting drugs according to economic status of the family

	N	Mean	Std. Deviation	F	Sig.
Poor	47	2.8723	1.15377	1.303	0.275
Moderate	85	2.9882	1.13907		
Good	19	3.3684	1.06513		
Total	151	3.0000	1.13725		

The ANOVA test results show an F-value of 1.303 and a significance level (p-value) of 0.275. Since the p-value is greater than 0.05, there is no statistically significant difference in the reasons for starting drug use among individuals from families with different economic statuses.

4.4.8 Findings Related to Place of Drug Use

Table 4.46 displays the results of the ANOVA test to examine if there is a significant difference in the place of drug use according to age:

Table 4.46 Place of drug use by age

	N	Mean	Std. Deviation	F	Sig.
18-23 years old	40	2.7250	1.43201	2.174	0.117
24-29 years old	58	2.7931	1.36058		
30-35 years old	53	2.2642	1.46958		
Total	151	2.5894	1.42955		

The ANOVA test results show an F-value of 2.174 and a significance level (p-value) of 0.117. Since the p-value is greater than 0.05, there is no statistically significant difference in the place of drug use among the different age groups.

Table 4.47 provides the results of the independent t-test examining whether there is a significant difference in the place of drug use according to gender:

Table 4.47 Place of drug use by gender

	N	Mean	Std. Deviation	T	df	Sig.
Male	109	2.9358	1.36270	5.195	149	0.000
Female	42	1.6905	1.19935			

The t-test results show a t-value of 5.195 and a significance level (p-value) of 0.000. Since the p-value is less than 0.05, there is a statistically significant difference in the place of drug use between males and females.

Table 4.48 presents the results of the ANOVA test to determine whether there is a significant difference in the place of drug use based on educational status:

Table 4.48 Place of drug use according to educational status

	N	Mean	Std. Deviation	F	Sig.
Illiterate	37	2.5676	1.40516	1.285	0.282
Primary Education	54	2.5185	1.43725		
Secondary-High school	53	2.7925	1.44593		
Undergraduate	7	1.7143	1.25357		
Total	151	2.5894	1.42955		

The ANOVA results indicate an F-value of 1.285 and a significance level (p-value) of 0.282. Since the p-value is greater than 0.05, there is no significant difference in the place of drug use according to educational status.

Table 4.49 presents the results of the ANOVA test to determine if there is a significant difference in the place of drug use based on the city or hometown of residence:

Table 4.49 Place of drug use according to city/hometown of residence

	N	Mean	Std. Deviation	F	Sig.
Erbil	121	2.6694	1.42822	1.169	0.327
Douhok	2	2.0000	1.41421		
Sulymanya	4	1.7500	1.50000		
Kurkuk	2	1.0000	0.00000		
Other	22	2.5000	1.43925		
Total	151	2.5894	1.42955		

The ANOVA results show an F-value of 1.169 and a significance level (p-value) of 0.327. Since the p-value is greater than 0.05, there is no significant difference in the place of drug use according to the city or hometown of residence.

Table 4.50 presents the results of the ANOVA test to determine if there is a significant difference in the place of drug use based on marital status:

Table 4.50 Place of drug use according to marital status

	N	Mean	Std. Deviation	F	Sig.
Married	88	2.8977	1.37331	5.909	0.003
Single	46	2.2826	1.42459		
Widow	17	1.8235	1.33395		
Total	151	2.5894	1.42955		

The ANOVA results show an F-value of 5.909 and a significance level (p-value) of 0.003. Since the p-value is less than 0.05, there is a significant difference in the place of drug use based on marital status.

Table 4.51 presents the results of the Tukey test, which is a Post-Hoc analysis used to identify which specific groups have significant differences in the place of drug use based on marital status:

Table 0.3Tukey test results

	Mean	Difference (I-J)	Std. Error	Sig.
Married	Single	,61512*	0.25198	0.042
	Widow	1,07420*	0.36691	0.011
Single	Married	-,61512*	0.25198	0.042
	Widow	0.45908	0.39310	0.474
Widow	Married	-1,07420*	0.36691	0.011
	Single	-0.45908	0.39310	0.474

The Tukey test results show significant differences between married and single individuals (mean difference = 0.61512, p = 0.042) and between married and widowed individuals (mean difference = 1.07420, p = 0.011). No significant differences are found between single and widowed individuals.

Table 4.52 presents the results of the ANOVA test examining the significance of differences in the place of drug use according to the economic status of the family:

Table 4.52 Place of drug use according to economic status of the family

	N	Mean	Std. Deviation	F	Sig.
Poor	47	2.6383	1.40536	1.893	0.154
Moderate	85	2.6941	1.43944		
Good	19	2.0000	1.37437		
Total	151	2.5894	1.42955		

The ANOVA results show an F-value of 1.893 and a p-value of 0.154, indicating no significant difference in the place of drug use based on the economic status of the family.

4.4.9. Findings Related to Knowledge of Drug Use in the Neighborhood

Table 4.53 presents the results of the ANOVA test examining the significance of differences in awareness of drug use in the neighborhood according to age:

Table 4.53 Knowledge of drug use in the neighborhoods by age

	N	Mean	Std. Deviation	F	Sig.
18-23 years old	40	2.850	1.176	0.248	0.780
24-29 years old	58	2.379	1.225		
30-35 years old	53	2.358	1.210		
Total	151	2.410	1.201		

The ANOVA results show an F-value of 0.248 and a p-value of 0.780, indicating no significant difference in awareness of drug use in the neighborhood according to age.

Table 4.54 presents the results of the independent t-test examining the significance of differences in awareness of drug use in the neighborhood according to gender:

Table 4.54 Knowledge of drug use in the neighborhoods by gender

	N	Mean	Std. Deviation	t	df	Sig.
Male	109	2.495	1.206	1.402	149	0.173
Female	42	2.190	1.173			

The t-test results show a t-value of 1.402 with 149 degrees of freedom and a p-value of 0.173, indicating no significant difference in awareness of drug use in the neighborhood between males and females.

Table 4.55 displays the results of the ANOVA test examining whether there is a significant difference in awareness of drug use in the neighborhood according to educational status:

Table 4.55 Knowledge of drug use in the neighborhoods by Educational Status

	N	Mean	Std. Deviation	F	Sig.
Illiterate	37	2.4324	1.167		
Primary Education	54	2.2407	1.180		
Secondary- High school	53	2.6038	1.230	0.935	0.425
Undergraduate	7	2.1429	1.345		
Total	151	2.4106	1.201		

The ANOVA results show an F-value of 0.935 and a p-value of 0.425, indicating no significant difference in awareness of drug use in the neighborhood based on educational status.

Table 4.56 presents the results of the ANOVA test for the awareness of drug use in the neighborhood by city/hometown of residence:

Table 4.56 Knowledge of drug use in the neighborhoods by city/hometown of residence

	N	Mean	Std. Deviation	F	Sig.
Erbil	121	2.388	1.199		
Douhok	2	1.500	0.707		
Sulymanya	4	2.750	1.500	0.855	0.492
Kurkuk	2	1.500	0.707		
Other	22	2.636	1.216		
Total	151	2.410	1.201		

The ANOVA results show an F-value of 0.855 and a p-value of 0.492, indicating no significant difference in awareness of drug use in the neighborhood based on city or hometown of residence.

Table 4.57 presents the results of the ANOVA test for the awareness of drug use in the neighborhood by marital status:

Table 4.57 Knowledge of drug use in the neighborhoods by marital status

	N	Mean	Std. Deviation	F	Sig.
Married	88	2.454	1.221	0.164	0.849
Single	46	2.369	1.235		
Widow	17	2.294	1.046		
Total	151	2.410	1.201		

The ANOVA results show an F-value of 0.164 and a p-value of 0.849, indicating no significant difference in awareness of drug use in the neighborhood based on marital status.

Table 4.58 displays the results of the ANOVA test for the awareness of drug use in the neighborhood by economic status of the family:

Table 4.58 Knowledge of drug use in the neighborhoods by economic status of the family

	N	Mean	Std. Deviation	F	Sig.
Poor	47	2.319	1.124	0.481	0.619
Moderate	85	2.494	1.230		
Good	19	2.263	1.284		
Total	151	2.410	1.201		

The ANOVA results show an F-value of 0.481 and a p-value of 0.619, indicating no significant difference in awareness of drug use in the neighborhood based on the economic status of the family.

4.4.10 Findings Related to Suicidal Ideation after Drug Use

Table 4.59 displays the results of the ANOVA test for suicidal ideation after drug use by age:

Table 4.59 Suicidal ideation after drug use by age

	N	Mean	Std. Deviation	F	Sig.
18-23 years old	40	1.7750	0.42290	0.6	0.55
24-29 years old	58	1.7069	0.45916		
30-35 years old	53	1.7925	0.40943		
Total	151	1.7550	0.43154		

The ANOVA results show an F-value of 0.6 and a p-value of 0.55, indicating no significant difference in suicidal ideation after drug use based on age.

Table 4.60 shows the results of the independent t-test for suicidal ideation after drug use by gender:

Table 4.60 Suicidal ideation after drug use according to gender

	N	Mean	Std. Deviation	t	Df	Sig.
Male	109	1.8899	0.31445	7.150	149	0.000
Female	42	1.4048	0.49680			

The t-test results show a t-value of 7.150 with 149 degrees of freedom and a p-value of 0.000, indicating a significant difference in suicidal ideation after drug use between males and females.

Table 4.61 shows the results of the ANOVA test for suicidal ideation after drug use by educational status:

Table 4.61 Suicidal ideation after drug use according to educational status

	N	Mean	Std. Deviation	F	Sig.
Illiterate	37	1.8919	0.31480	2.875	0.038
Primary Education	54	1.6852	0.46880		
Secondary- High school	53	1.6981	0.46347		
Undergraduate	7	2.0000	0.00000		
Total	151	1.7550	0.43154		

The ANOVA results show an F-value of 2.875 and a p-value of 0.038, indicating a significant difference in suicidal ideation after drug use based on educational status.

Table 4.62 displays the results of the Tukey post-hoc test to determine which educational status groups have significant differences in suicidal ideation after drug use:

Table 4-62 Tukey test results

		Mean Difference (I-J)	Std. Error	Sig.
Illiterate	Primary Education	0.20671	0.09042	0.106
	Secondary- High school	0.19378	0.09076	0.147
	Undergraduate	-0.10811*	0.17462	0.026
Primary Education	Illiterate	-0.20671	0.09042	0.106
	Secondary- High school	-0.01293	0.08192	0.999
	Undergraduate	-0.31481	0.17019	0.254
Secondary- High school	Illiterate	-0.19378	0.09076	0.147
	Primary Education	0.01293	0.08192	0.999
	Undergraduate	-0.30189	0.17038	0.291
Undergraduate	Illiterate	-0.10811*	0.17462	0.026
	Primary Education	0.31481	0.17019	0.254
	Secondary- High school	0.30189	0.17038	0.291

The Tukey test results show a significant difference in suicidal ideation after drug use between the illiterate and undergraduate groups (mean difference = -0.10811, p = 0.026). No other comparisons reveal significant differences.

Table 4.63 displays the ANOVA test results for suicidal ideation after drug use according to city/hometown of residence:

Table 4.63 Suicidal ideation after drug use according to city/hometown of residence

	N	Mean	Std. Deviation	F	Sig.
Erbil	121	1.8017	0.40041	1.86	0.145
Douhok	2	1.5000	0.70711		
Sulymanya	4	1.2500	0.50000		
Kurkuk	2	1.0000	0.00000		
Other	22	1.6818	0.47673		
Total	151	1.7550	0.43154		

The ANOVA results show an F-value of 1.86 and a p-value of 0.145, indicating no significant difference in suicidal ideation after drug use based on city or hometown of residence.

Table 4.64 shows the ANOVA test results for suicidal ideation after drug use according to marital status:

Table 4.64 Suicidal ideation after drug use according to marital status

	N	Mean	Std. Deviation	F	Sig.
Married	88	1.8864	0.31919	13.224	0.000
Single	46	1.6304	0.48802		
Widow	17	1.4118	0.50730		
Total	151	1.7550	0.43154		

The ANOVA results show an F-value of 13.224 and a p-value of 0.000, indicating a significant difference in suicidal ideation after drug use based on marital status.

Table 4.65 displays the Tukey test results for suicidal ideation after drug use based on marital status.

Table 4.65 Tukey test results

		Mean Difference (I-J)	Std. Error	Sig.
Married	Single	,25593*	0.07281	0.002
	Widow	,47460*	0.10601	0.000
Single	Married	-,25593*	0.07281	0.002
	Widow	0.21867	0.11358	0.135
Widow	Married	-,47460*	0.10601	0.000
	Single	-0.21867	0.11358	0.135

The Tukey test results show significant differences in suicidal ideation after drug use between Married and Single (mean difference = 0.25593, p = 0.002) and between Married and Widow (mean difference = 0.47460, p = 0.000). No significant difference is found between Single and Widow (mean difference = 0.21867, p = 0.135).

Table 4.66 displays the ANOVA test results for suicidal ideation after drug use based on the economic status of the family.

Table 4.66 Suicidal ideation after drug use according to economic status of the family

	N	Mean	Std. Deviation	F	Sig.
Good	47	1.7234	0.45215	2.491	0.086
Medium	85	1.8118	0.39322		
Low	19	1.5789	0.50726		
Total	151	1.7550	0.43154		

The ANOVA results show an F-value of 2.491 and a p-value of 0.086, indicating no significant difference in suicidal ideation after drug use based on the economic status of the family.

4.4.11 Findings Related to Social Exclusion after Drug Use

Table 4.67 displays the ANOVA test results for exclusion from society after drug use based on age.

Table 0.4 Exclusion from society after drug use by age

	N	Mean	Std. Deviation	F	Sig.
18-23 years old	40	1.5500	0.50383	0.895	0.411
24-29 years old	58	1.4138	0.49681		
30-35 years old	53	1.4528	0.50253		
Total	151	1.4636	0.50033		

The ANOVA results show an F-value of 0.895 and a p-value of 0.411, indicating no significant difference in exclusion from society after drug use based on age.

Table 4.68 displays the results of the independent t-test for exclusion from society after drug use based on gender.

Table 4.68 Exclusion from society after drug use by gender

	N	Mean	Std. Deviation	t	df	Sig.
Male	109	1.5505	0.49975	3.57	149	0.000
Female	42	1.2381	0.43108			

The t-test results show a t-value of 3.57 with 149 degrees of freedom and a p-value of 0.000, indicating a significant difference in exclusion from society after drug use between males and females.

Table 4.69 displays the ANOVA test results for exclusion from society after drug use based on educational status.

Table 4-69 Exclusion from society after drug use according to educational status

	N	Mean	Std. Deviation	F	Sig.
Illiterate	37	1.4054	0.49774	1.639	0.183
Primary Education	54	1.4630	0.50331		
Secondary- High school	53	1.4528	0.50253		
Undergraduate	7	1.8571	0.37796		
Total	151	1.4636	0.50033		

The ANOVA results show an F-value of 1.639 and a p-value of 0.183, indicating no significant difference in exclusion from society after drug use based on educational status.

Table 4.70 displays the ANOVA test results for exclusion from society after drug use based on city/hometown of residence.

Table 4.70 Exclusion from society after drug use according to city/hometown of residence

	N	Mean	Std. Deviation	F	Sig.
Erbil	121	1.4876	0.50192	0.744	0.564
Douhok	2	1.5000	0.70711		
Sulymanya	4	1.2500	0.50000		
Kurkuk	2	1.0000	0.00000		
Other	22	1.4091	0.50324		
Total	151	1.4636	0.50033		

The ANOVA results show an F-value of 0.744 and a p-value of 0.564, indicating no significant difference in exclusion from society after drug use based on city or hometown of residence.

Table 4.71 displays the ANOVA test results for exclusion from society after drug use based on marital status.

Table 4-71 Exclusion from the society after drug use according to marital status

	N	Mean	Std. Deviation	F	Sig.
Married	88	1.5909	0.49448	8.083	0.000
Single	46	1.3261	0.47396		
Widow	17	1.1765	0.39295		
Total	151	1.4636	0.50033		

The ANOVA results show an F-value of 8.083 and a p-value of 0.000, indicating a significant difference in exclusion from society after drug use based on marital status.

Table 4.72 displays the Tukey test results for significant differences in exclusion from society after drug use based on marital status.

Table 4.72 Tukey test results

		Mean Difference (I-J)	Std. Error	Sig.
Married	Single	,26482*	0.08701	0.008
	Widow	,41444*	0.12670	0.004
Single	Married	-,26482*	0.08701	0.008
	Widow	0.14962	0.13575	0.514
Widow	Married	-,41444*	0.12670	0.004
	Single	-0.14962	0.13575	0.514

The Tukey test results show significant differences between married and single individuals (mean difference = 0.26482, p = 0.008) and between married and widowed individuals (mean difference = 0.41444, p = 0.004). No significant difference is found between single and widowed individuals.

Table 4.73 displays the ANOVA test results for exclusion from society after drug use based on the economic status of the family.

Table 4-73 Social exclusion after drug use according to economic status of the family

	N	Mean	Std. Deviation	F	Sig.
Poor	47	1.4043	0.49605	1.173	0.312
Moderate	85	1.5176	0.50265		
Good	19	1.3684	0.49559		
Total	151	1.4636	0.50033		

The ANOVA results show an F-value of 1.173 and a p-value of 0.312, indicating no significant difference in exclusion from society after drug use based on the economic status of the family.

4.5 Qualities or Attributes

Attributes or qualities are the key characteristics that define who we are, including our physical strength, personality, and behavior. These traits can change over time, especially due to life experiences like drug use. The following section explores how drug use impacted the participants' attributes, leading to significant changes in their lives.

4.5.1. What has Changed from Your Individual Life after Using Drugs?

As participants reflected on the impact of drug use on their personal lives, their stories revealed a profound and troubling transformation. One individual shared a deeply personal account, stating, “After I started using drugs, my body slowly changed. I don't have the strength I used to have. The energy and vitality that once defined me gradually diminished. Tasks that were once easy became difficult, and my physical health declined noticeably. Each day felt like a struggle as I grappled with the weakening of my body and the consequences of my choices” (M.081).

Another participant described a shift in their social behavior and personality, saying, “When I started using drugs, my personality changed. I preferred to be alone, grew shy with my family, became more aggressive, and avoided meeting new people” (F.056). The changes extended beyond physical and social realms, with one participant expressing a deep internal struggle: “After I started using drugs, I became a bad person and confused. I always wanted to be alone” (F.017). This sentiment was echoed by another, who felt a profound loss of identity: “I didn’t know who I was or what I wanted in life anymore. Everything I once valued seemed meaningless and I lost my personality” (F.043).

These reflections collectively illustrate the negative transformation participants experienced in their personal lives as a result of drug use, highlighting the extensive impact on their physical health, social behavior, and sense of self.

4.5.1.1. How has Your Psychological State Changed?

When asked about changes in their health due to drug use, participants shared harrowing accounts of physical deterioration and suffering. One participant described

their experience vividly: “After I started taking drugs, my health deteriorated. My kidneys were constantly sick, and I developed heart disease. The damage to my organs was severe, and I found myself in and out of hospitals. The once strong and healthy body I had was now frail and weakened, struggling to cope with the consequences of my actions” (F.043).

Another respondent spoke to the broad scope of their suffering, noting, “I suffered all kinds of physical and mental pain as a drug addict” (F.017). The relentless decline in health was also evident in statements like, “Drugs made my health deteriorate day by day. My body weakened, and I endured constant physical pain. Eventually, I lost all my teeth” (F.042). Additionally, one participant highlighted the ongoing struggle with physical pain and weakness, saying, “As a drug addict, I suffer from intense physical pain and profound physical weakness” (F.0108).

These accounts underscore the severe and diverse health impacts of drug addiction, from organ damage and chronic pain to overall physical decline and weakness.

4.5.1.2. How has Your Psychological State Changed?

When participants reflected on how drug use had altered their psychological state, their responses revealed a profound impact on their mental well-being. One individual shared their experience, saying, “Psychologically, the drugs made me feel anxious and powerless in life. I struggled with a constant sense of boredom, unable to find joy or interest in anything beyond the drugs. It felt like I was trapped in a cycle of anxiety and hopelessness, unable to break free from the grip of addiction” (M.081).

Another participant described the emotional toll of addiction, noting, “Drugs made me mentally angry and lonely. The anger often consumed me, making it difficult to connect with others. As a result, I felt increasingly isolated and alone” (M.035). The depth of psychological distress was also captured in a statement about the chaotic nature of thoughts: “After I became addicted to drugs, I went crazy. My thoughts became chaotic, and I struggled to maintain any sense of reality. The addiction consumed my mind, leaving me feeling lost and out of control” (F.056).

These accounts highlight the severe psychological collapse experienced by participants, showcasing a pattern of heightened anxiety, anger, isolation, and a general weakening of their mental state following drug use.

4.5.2. How did Drug Use Affect Your Relationships with Your Family?

Participants described the profound effects of drug use on their relationships with their families, revealing a pattern of estrangement and disconnection. One participant reflected on their experience, saying, “Drugs have greatly impacted my relationship with my family. I frequently left home, avoided spending time with them, and preferred solitude” (F.056). Another participant articulated the depth of their isolation, noting, “Drug addiction has shattered my relationship with my family. I am now estranged from them, feeling completely disconnected and alone” (F.053).

The sense of embarrassment and communication breakdown was also evident, as one respondent shared, “When my family found out that I was using drugs, I felt embarrassed and couldn’t talk to them” (F.095). This estrangement grew more severe over time, with another participant describing the worsening of their familial bonds: “Drugs had a negative impact on my relationship with my family, but as my addiction worsened, our bond began to fray. I don't have anyone left” (F.0108).

These responses collectively highlight the severe and detrimental impact of drug use on family relationships, underscoring the emotional and relational toll of addiction.

4.5.2.1. What has Changed in Your Family Life?

When participants reflected on how drug use had changed their family lives, the responses painted a vivid picture of transformation and deterioration. One participant shared, “When I used drugs, everything changed. Love, trust, and respect—pillars of my relationships with family—began to crumble. The once-strong bond I had with my parents weakened” (F.017).

Another described a deepening rift, stating, “I have been separated from my family because of drug use. The addiction took over my life, driving a wedge between me and my loved ones. I lost their trust and respect, and the distance between us grew with each passing day. Alone and” (M.081). Similarly, a participant noted the profound impact of addiction on their familial connections: “After using drugs, my family doesn't want me. My family doesn't want to visit me. The addiction took over my life, isolating me from those I loved the most. I lost their trust and respect” (F.042).

These accounts highlight significant changes in family life due to drug use, emphasizing the breakdown of fundamental relationships and the increase in emotional distance and isolation. The common themes across these responses illustrate the profound weakening or loss of family bonds as a direct consequence of addiction.

4.5.2.2. How have Your Relationships with Your Relatives Been Affected after Drug Use?

Participants described the severe impact of drug use on their relationships with relatives, illustrating a pattern of deterioration and rejection. One individual recounted, “After using drugs, my relationship with my relatives has weakened. They hate me and don’t want me to be around them” (F.043). Another participant noted a breakdown in communication, stating, “After my relatives found out that I was using drugs, they stopped communicating with me and did not accept me” (F.040).

These accounts collectively highlight the significant negative effects of drug use on relationships with extended family. Participants reported experiencing considerable strain and rejection from relatives, underscoring the extensive impact of addiction beyond immediate family circles.

4.5.3. How has Using Drugs Affected Your Relationships with Your Friends?

Participants shared diverse experiences regarding how drug use affected their friendships, revealing a range of outcomes from initial influence to social isolation. One individual explained, “My friends were the reason I started using drugs, and I still make friends with those who use drugs” (M.081). This statement highlights how drug use can sometimes be initiated or perpetuated through existing friendships.

Another participant described the impact of drug use on their social circle, stating, “I found myself without friends; it was solely my husband who led me into the world of drugs” (F.095). This suggests that drug use not only altered existing friendships but also led to a loss of social connections, with the influence of a partner playing a significant role.

A different perspective was shared by another participant who experienced outright abandonment: “After my friends found out I was using drugs, they left me. I don't have friends anymore” (F.013). This account underscores the social isolation and loss of friendships that can occur as a direct result of drug use.

Overall, these responses illustrate the multifaceted impact of drug use on friendships, ranging from the initial influence of drug-using peers to the subsequent isolation and abandonment experienced by those whose drug use led to estrangement from their social circles.

4.5.4. What has Changed in Your Social Environment since Using Drugs?

Participants described various ways their social environments changed following drug use, offering insights into the shifting dynamics of their social interactions. One individual noted, “After I became addicted to drugs, I found myself increasingly involved with others in my social environment who also used drugs” (F.0113). This highlights how addiction can lead to deeper involvement with a social circle of fellow users.

Conversely, another participant observed a distancing effect, stating, “In my social environment, people started to distance themselves from me upon learning of my drug use” (F.060). This reflects how drug use can lead to social rejection and estrangement.

Another participant shared their experience of disapproval, saying, “After I became addicted to drugs, those around me were deeply unhappy with my substance abuse. They did not accept me, yet they lacked the authority to compel me to stop” (F.013). This indicates a situation where, despite disapproval, the social circle lacked the means or influence to address the problem effectively.

Lastly, one participant described a complete loss of social connections: “I have no social environment and spend my time sitting alone” (F.053). This illustrates the extreme isolation that can result from drug addiction.

Together, these responses reveal a spectrum of changes in social environments due to drug use, including increased association with other users, social rejection, disapproval without intervention, and profound isolation.

4.5.5. How has Drug Use Affected Your Financial Situation?

Participants detailed the severe impact of drug use on their financial situations, describing a range of financial hardships. One individual reported, “Drugs had a devastating effect on my financial situation. I even went bankrupt, spent all my money on drugs” (M.040). This statement underscores the extreme financial strain that drug addiction can impose, leading to bankruptcy.

Another participant shared, “After I started using drugs, I spent all my efforts and earnings on them, which negatively impacted my financial situation” (F.043). This highlights the diversion of resources and efforts away from other financial priorities due to drug use.

A more general account noted, “Drugs have harmed me financially” (F.042), indicating a broad negative impact on financial stability. Similarly, another participant revealed, “It has had a significant impact on my financial situation, and I have even borrowed money for drugs” (F.038), illustrating the extent of financial difficulties, including debt incurred to support drug use.

Overall, these responses reveal that drug use has led to profound financial difficulties for participants, including substantial financial losses, bankruptcy, and accumulating debt.

4.5.6. What Changed About Your Work Life After Using Drugs?

Participants recounted the significant negative impacts of drug use on their work lives, reflecting a range of employment challenges and personal difficulties. One individual shared, “When I became addicted to drugs, I didn’t work most of the time because I lost the strength to continue working” (F.053), highlighting the physical and motivational toll of addiction on employment.

Another participant described the direct consequence of their drug use on their job, stating, “I was fired after my employer found out about my drug addiction, resulting in the loss of my job” (M.040). Similarly, another respondent noted, “I was fired due to drug use” (F.065), pointing to the common theme of job loss linked to addiction.

A further account revealed ongoing employment difficulties, with one participant saying, “After I became addicted, I was fired from my job and no one agreed to give me a job” (F.010). This illustrates not only the immediate impact of losing a job but also the subsequent challenges in securing new employment.

Finally, one participant expressed a profound sense of despair: “After my addiction, I felt there was nothing left to do to survive” (F.038), reflecting the broader impact of addiction on personal well-being and the feeling of hopelessness that can accompany it.

Overall, the responses underscore the severe consequences of drug addiction on employment, including job loss, difficulties in finding new work, and a pervasive sense of hopelessness, demonstrating the profound impact of addiction on work life and overall personal well-being.

4.5.7. What Changed in Your Religious Life After Using Drugs?

Participants described significant changes in their religious lives following drug addiction, revealing a profound impact on their spiritual practices and beliefs. One individual noted, “After I became addicted to drugs, my religious faith weakened significantly. My mind was constantly preoccupied with the need to use drugs, leaving little room for spiritual thoughts or practices” (M.07). This reflects how drug addiction can overshadow spiritual concerns.

Another participant shared their experience of losing religious observance, stating, “When I was addicted, I stopped praying and fasting because I had lost all self-awareness. My mind was constantly preoccupied with thoughts of drugs, leaving no space for spiritual reflection or religious observance. The cravings controlled me” (F.056). This highlights the way addiction can dominate thoughts and actions, leading to a neglect of religious practices.

Further expressing the impact, one participant remarked, “In my view, a drug user does not contemplate religion” (F.053), suggesting that drug use can lead to a disengagement from religious reflection. Another added, “After developing an addiction to drugs, I feel that I am no longer the person I once was” (M.09), indicating a loss of personal and spiritual identity.

Additionally, one participant commented, “After my addiction, I no longer adhere to any religious beliefs” (F.038), while another noted, “I was spiritually weakened because my thoughts were solely consumed by drugs” (F.056). A final response highlighted the complete loss of religious practice: “Many aspects of my life have changed since I started using drugs, including the fact that I no longer pray” (F.010).

Overall, these responses underscore the significant disruption of religious practices and the weakening of faith caused by drug addiction, illustrating how addiction can profoundly alter spiritual perspectives and personal identity.

4.5.8. What Changed in Your Cultural Life After Using Drugs?

Participants reflected on the significant changes in their cultural lives resulting from drug addiction, revealing a deep disconnection from cultural norms and practices. One individual noted, “Drug addiction has alienated me from all the cultural norms and customs associated with life” (M.081). This statement highlights how addiction can lead to a detachment from cultural traditions.

Another participant shared, “Drugs have caused me to lose touch with my cultural norms and customs, leaving me feeling disconnected from any sense of cultural life” (F.013). This illustrates the broader impact of addiction on cultural engagement, resulting in a loss of connection to cultural practices.

A further response indicated a loss of faith in cultural beliefs: “After my addiction, I lost my faith in cultural beliefs” (M.09). This reflects how addiction can undermine personal belief systems tied to cultural identity.

Additionally, another participant expressed, “After my addiction, I’ve become estranged from my cultural identity” (F.042), showing the extent to which drug use can affect one's sense of self in relation to their cultural background.

Overall, these responses underscore the profound ways in which drug addiction can disrupt and erode connections to cultural norms, beliefs, and identities, leading to a heightened sense of alienation and disconnection from cultural heritage.

5. CONCLUSION AND RECOMMENDATIONS:

Drug addiction is one of the most important health problems in our country as well as in the world. This situation deeply affects not only the health of individuals but also social and economic structures. Drug addiction is a disorder resulting from the interaction of psychosocial, biochemical, and genetic factors. Substance use disorder, which leads to serious impairments in social, academic, and occupational functioning, creates many negative effects at both individual and social levels.

Drug addiction poses a serious threat to an individual's physical and mental health. Drug abuse can lead to health complications that can result in chronic diseases, mental health problems and even death. Drug addicted individuals often face social, physical and legal problems. Psychological problems seen in these individuals include depression, anxiety, paranoid thoughts and various personality disorders. Social isolation and deterioration in relationships caused by addiction are also important individual consequences. Individuals with substance addiction face problems such as family conflicts, job loss and loss of social support systems. Addiction negatively affects the individual's self-esteem and self-control, reduces the quality of life and damages their hopes for the future.

Drug abuse causes serious economic and legal problems at the social level. Increased substance abuse in society increases the demand for health care and social services, thus aggravating the economic burden. In societies where substance abuse is widespread, negative economic effects such as increase in crime rates, loss of labor force and decrease in productivity are observed. Social effects of substance abuse include deterioration of family structures, neglect and abuse of children, disruptions in the education system and deterioration of general social peace. Family conflicts and communication problems may put children at risk and increase their likelihood of substance abuse in the future. Lack of protective factors against substance abuse at the social level paves the way for the spread of addiction. Protective factors include positive family relationships, social support networks, academic success, self-control and a sound moral structure. In societies where these factors are strong, resistance to substance abuse is higher and individuals are protected from negative effects.

This research aims to examine the individual and social consequences of substance abuse of young people between the ages of 18-35 in prisons in Erbil from a sociological perspective. In the study, both qualitative and quantitative analysis methods were used to obtain comprehensive data. The findings reveal the effects of substance abuse of young people in Erbil and the social reflections of these effects in detail. The difference of this study from the existing studies in the literature is that it evaluates the effects of substance abuse especially through young individuals in prison. While the literature generally focuses on the general population or specific risk groups, this study focuses on the experiences of young people in prison. The use of both qualitative and quantitative data collection methods provides the opportunity to assess the individual and social effects of substance abuse from a broader perspective. In this way, the effects of substance abuse not only on individual health problems but also on social structure and dynamics are analysed in detail. In conclusion, this study makes a significant contribution to the literature by providing a comprehensive analysis of the individual and social dimensions of substance abuse through analyses of young prisoners in Erbil.

The findings from the independent t-tests and ANOVA tests reveal several significant differences concerning drug use variables. Satisfaction with drug use significantly varies by marital status, with married individuals showing different levels of satisfaction compared to single individuals ($p<0.05$). The thought of quitting drug use is significantly influenced by the family's economic status, with notable differences between those from moderate and poor economic backgrounds ($p<0.05$). Similarly, attempts to quit drug use also differ significantly based on economic status, particularly between individuals from good and poor economic backgrounds ($p<0.05$). Gender differences are evident in the type of substance used and the place of drug use ($p<0.05$). Marital status also affects the place of drug use, with significant variations between married, single, and widowed individuals ($p<0.05$). Suicidal ideation after drug use shows significant differences based on gender, education level, and marital status, with specific differences noted between illiterate and undergraduate students and between married, single, and widowed individuals ($p<0.05$). Social exclusion after drug use also varies significantly by gender and marital status, with married individuals experiencing different levels of social exclusion compared to single and widowed individuals ($p<0.05$). No

significant findings were observed regarding age of drug use, frequency of drug use, reason for starting drug use, and knowledge of drug use in the neighborhood.

The results of independent t-tests and ANOVA tests reveal several important differences in the drug use variables that can be compared with the existing literature. The variation in satisfaction with drug use by marital status is consistent with the findings of Walton et al. (2003), who reported that being single directly predicted alcohol and drug use and that marital status significantly affected substance use behaviours and satisfaction. The effect of family economic status on thinking about quitting drugs and the differences in quit attempts by economic status support the findings of Salehyan et al. (2011) on women with high levels of psychological disorders associated with low income and socioeconomic status. The impact of gender differences on the type of substance used and the place of use is consistent with studies by Hamdi et al. (2013) and Nesif et al. (2014), who found differences in the prevalence and types of substance use by demographic variables. The significant differences in suicidal ideation and social exclusion after substance use by gender, educational level and marital status are consistent with studies by Şenormancı et al. (2019) and Di Sarno et al. (2020), which highlighted the mental health problems and social burdens faced by relatives of substance users. On the other hand, the lack of significant findings on age of drug use, frequency of use, reasons for use and knowledge about drug use in the neighbourhood contradicts the literature in which Oktay (2017) and Erkoç et al. (2021) stated that these factors are effective in substance use behaviour. This contradiction suggests that certain individual and social factors consistently influence drug use, while others may vary depending on the specific context or population studied.

The individual results of the research show that substance abuse has serious physical, psychological and social effects on young people. Physically, addicted young people face various health problems. These problems include weakened immune system, nutritional disorders, chronic diseases and substance-related acute health problems. Psychologically, addiction leads to serious problems such as depression, anxiety, low self-esteem and loss of self-confidence. In addition, it has been observed that addiction causes problems such as impaired cognitive functions, decreased decision-making ability and emotional instability in individuals. Socially, addiction negatively affects young people's relationships with their families, friends and communities. Consequences such

as family conflicts, social isolation and detachment from the circle of friends greatly complicate the social life of addicted individuals. In addition, young people's education is interrupted due to substance addiction and they experience serious difficulties in business life. This situation causes young people to lose their economic independence and increases their criminal tendencies.

Qualitative data analysis reveals the profound and multifaceted impact of drug use on individuals' lives across a range of dimensions. Participants reported significant negative changes in their personal lives, noting physical deterioration, psychological breakdown and personality changes. Their health suffered greatly, with chronic pain, organ damage and psychological distress becoming common experiences. Psychologically, they experienced increased anxiety, isolation and a pervasive sense of hopelessness. Drug use also wreaked havoc on their relationships, leading to estrangement from family, friends and relatives and resulting in social isolation. Financially, drug addiction led to significant hardship, including bankruptcy and debt. Work life was similarly affected, with many participants losing their jobs and struggling to find employment. In addition, drug use disrupted their religious and cultural lives, leading to weakened faith and a loss of connection with cultural norms and practices. Overall, the findings highlight the extensive and detrimental impact of drug addiction on different aspects of individuals' lives, and emphasize the need for comprehensive support and intervention strategies.

The social consequences of substance addiction are also profound. The spread of addiction creates general unrest and security concerns in society. Increased crime rates lead to deterioration of public order and jeopardize social security. Moreover, the increase in health problems related to substance addiction increases the demand for health services and consequently increases health expenditures. This situation increases the burden on the health system and increases economic costs. At the social level, substance abuse reduces the productivity of the young population and decreases labour market efficiency. Declining education level and labour force participation rates have a negative impact on economic growth. Moreover, the deterioration of family structures due to addiction and the inability of children to grow up in a healthy family environment paves the way for the emergence of greater social problems in the future.

This research shows that substance abuse has serious consequences at individual and societal level and that this problem is spreading rapidly among young people in Erbil. This situation calls for urgent intervention and the development of comprehensive strategies. First of all, it is of great importance to take preventive measures to solve the problem of addiction. Awareness-raising and education programmes need to be disseminated to prevent substance abuse among young people. Furthermore, establishing support programmes for families and strengthening communication within the family will help young people to be more resilient against substance abuse. Accessibility of treatment and rehabilitation services should be increased and special treatment programmes for addicted young people should be developed. These programmes should include holistic approaches addressing the physical and psychological dimensions of addiction. In addition, vocational training and employment support should be provided to ensure the reintegration of individuals recovering from addiction into society. At the social level, cooperation between non-governmental organisations, local administrations and state institutions should be ensured in the fight against substance addiction. It is of great importance to raise awareness in all segments of society against substance addiction and to carry out joint efforts to solve this problem.

Substance addiction has considerable societal ramifications, including elevated crime rates that undermine public order and threaten social security. It also strains the healthcare system due to the growth in addiction-related health issues and escalates economic expenditures by diminishing the productivity of the youth and impairing labor market efficiency. Moreover, addiction undermines familial frameworks, resulting in enduring social issues. The study underscores the swift proliferation of addiction among youth in Erbil and stresses the necessity for immediate intervention.

Preventive strategies, including awareness and educational programs aimed at kids, family support activities, and enhanced access to treatment and rehabilitation, are crucial. A comprehensive approach to recovery, encompassing physical, psychological, and occupational assistance, is essential for effective reintegration into society. Collaboration among NGOs, local authorities, and government institutions is essential in addressing substance addiction.

- Enhance Preventive Initiatives: Allocate resources to comprehensive educational programs and campaigns aimed at schools, community centers, and families to mitigate substance usage, particularly among youth.
- Augment Family Support Systems: Establish initiatives that bolster families, emphasizing the enhancement of communication and resilience to mitigate the danger of youth addiction.
- Enhance Accessibility to Treatment: Augment the availability and quality of addiction treatment and rehabilitation services, incorporating specialized programs for youth.
- Comprehensive Treatment Strategies: Ensure that treatment encompasses not only medical care but also psychological support and vocational training to facilitate the reintegration of recovered addicts into society.
- Promote Collaboration: Enhance cooperation among state agencies, NGOs, and local authorities to achieve a more effective and coordinated response to addiction.
- Enhance Societal Awareness: Initiate comprehensive awareness programs to involve the entire community in comprehending and tackling the issue of substance addiction.
- Early Detection and Intervention: Establish programs in educational institutions and communities for the prompt identification of substance addiction behaviors. This would provide prompt intervention prior to the escalation of addiction.
- Peer Support Networks: Create peer mentoring or support groups for those in recovery, enabling them to exchange experiences and offer mutual encouragement. This can cultivate a sense of belonging and responsibility.
- Law Enforcement and Public Safety Initiatives: Enhance law enforcement tactics to diminish drug trafficking and distribution, while prioritizing rehabilitation of convicts above solely punitive actions.
- Mental Health Integration: Integrate mental health care as an essential element of addiction recovery, given the frequent co-occurrence of psychological difficulties with substance abuse. This will guarantee a more thorough approach to treatment.

- Financial Assistance for Recovering Addicts: Offer monetary support or employment placement initiatives to individuals in recovery from addiction, facilitating their reintegration into the workforce and societal contribution.
- Research and Data Collection: Persistently engage in research regarding the efficacy of current addiction programs and methodologies. This will facilitate the adaptation of policies and interventions according to real-time data and evolving social dynamics.
- Community-Based Rehabilitation Programs:Promote the establishment of accessible, inexpensive, and culturally attuned community treatment centers that cater to the distinct requirements of the local populace.
- Public Policy Advocacy:Advocate for enhanced governmental policies that designate increased resources for addiction prevention, treatment, and recovery initiatives, thereby providing sustained support for impacted communities.

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HİZMETE ÖZEL

T.C.
VAN YÜZÜNCÜ YIL ÜNİVERSİTESİ REKTÖRLÜĞÜ
Sosyal ve Beşeri Bilimleri Etik Kurulu

Sayı : E-85157263-604.01-539646 10.06.2024
Konu : 16. Doç. Dr. Abdurrahman MENGİ'ye ait çalışma hk. alınan kurul kararı

Sayın Doç. Dr. Abdurrahman MENGİ

Sosyal ve Beşeri Bilimleri Yayın Etik Kurulu'nun 07/06/2024 tarih ve 2024/11-16 sayılı kararı gereği; Yürütücülüğünü yapmayı tasarladığınız, "Madde Bağımlılığın Bireysel ve Toplumsal Sonuçlarına Yönelik Sosyolojik Bir Araştırma: Erbil Örneği" adlı çalışmanızla ilgili kurulumuz tarafından alınan kurul kararı ekte sunulmuştur.

Bilgilerinize rica ederim.

Prof. Dr. Mehmet Şirin ÇINAR
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HİZMETE ÖZEL
Bu belge, güvenli elektronik imza ile imzalanmıştır.

APPENDIX

Appendix A:

Participant information and consent forms

Dear participants;

This study aims to obtain information on the topic entitled "**A Sociological Study on the Individual and Social Consequences of Drug Addiction: The Example of Erbil**" will be done, which is a master's thesis research at Van YuzunchuYil University, Institute of Social Sciences, Department of Sociology. Research Association. University student Aram Neamat Mzwri led by Research Assoc Dr. Abdurrahman Mangi will be held.Research data are collected from youth aged 18-35 who have been sentenced in Erbil, Iraq.Appendix B interview form (participant interview form) was created for the study. Research data collected through interview forms will be used for scientific purposes only and will not be shared with other people or organizations and your personal information will be kept confidential.Achieving effective and efficient research results will depend on your answers to the questions on this interview form. Dear Contributor, If you agree to contribute your views to this paper, please sign the section below. Thank you for your contributions.

Aram Neamat Mzwr
YüzüncüYıl University Institute of Social Sciences
Department of Sociology Master's Degree Student

I Agree to Meet Within the Framework of the Conditions Specified Above.
Your Code Name:
Meeting Place:
Meeting Date: Signature:

demographic information

Age: ( ) 18-23 ( ) 24-29 ( ) 30-35

Gender: ( ) Male ( ) Female

Educational status:

Your hometown and city( )

Your Marital Status: ( ) Married ( ) Single ( ) Widowed

Number of family members ( )

Number of children and their educational status:

Number of other drug addicts in your family:

Number of Working Members in Your Family and Your Working Status:

Number of people involved in other crimes in your family:

Your family's economic status: ( ) Good ( ) Moderate ( ) Poor

Are you happy with drug use? ( ) Yes ( ) No

Thinking about quitting? ( ) Yes ( )No

Have you tried to quit?( ) Yes ( )No

Are laws a reason to quit drugs? ( ) Yes ( )No

How many times have you been arrested for drug use?

Appendix B:

Semi-structured interview formQuestions related to drug addiction

1. At what age did you start using drugs?

- 18-23 years old
- 23-28 years old
- 28-35 years old

2. How many times a day did he use drugs?

- Once a day
- Twice a day
- More than twice daily
- Several days a week

3. What kind of material do you use?

- Opium
- Crystal
- Herwin
- Hashish
- Marijuana
- Narcotic pills

4. Why did you start using drugs?

- Due to unemployment
- Social problems
- Physical illness
- By the influence of friends

5- How did you learn to use drugs?

- Friend
- Social media
- TV

6- Where or in what places do you use drugs mostly?

- At home
- In the workplace
- In the park
- In a secluded place

7. What motivates you the most to use drugs?

- Friend
- Family problems
- Unemployment
- There was no motivation

8. Who around you knows that you use drugs?

- My family
- My friends

- At the workplace
- Nobody knows?

9. What do you know about the drug law?

- I have information
- I have a little bit of information
- I have no information

10. What do you know about drug addiction treatment centers?

- I have information
- I have a little bit of information
- I have no information

Questions about individual results

11. What has changed in your personal life since using drugs?

- How has your health changed?

-What changes have taken place in your mood?

12. How did drug use affect your relationships with your family?

-What has changed in your family life?

-How much have your relationships with relatives been affected after drug use?

13-How has using drugs affected your relationships with your friends?

Questions related to social outcomes

14. What has changed in your social environment after using drugs?

15. How has drug use affected your financial situation?

16. What changed in your work life after using drugs?

17. What changed in your religious life after using drugs?

18. What changed in your cultural life after using drugs?

19. Have you ever thought about suicide after using drugs?

• Yes

• No

20-Have you been ostracized by society after using drugs?

• Yes

• No

CURRICULUM VITAE

Kişisel Bilgiler

Adı ve Soyadı: Aram Neamat MEZWRI
Uyruğu:
Iraq
Orcid:

Eğitim

Derece	Eğitim Birimi	Mezuniyet tarihi
Bachelor	Erbil Salahaddin University - Institute of Social Sciences - Department of Sociology.	2011
Master	Van Yuzuncu Yil University – Institute of Social Sciences Department of Sociology.	2024
Doctorate		

İş Deneyim

Yer	Görev

Yabancı Diller

Yayınlar

Hobiler

T.C.
VAN YÜZÜNCÜ YIL ÜNİVERSİTESİ
Sosyal Bilimler Enstitüsü

Lisansüstü Tez Orijinallik Raporu

Öğrenci Bilgileri	
Adı-Soyadı	Aram Neamat MEZWRI
Öğrenci No	22920009016
Anabilim Dalı	Sociology
Programı	Sociology
Statüsü	X Yüksek Lisans ☐ Doktora

Tez Bilgileri	
Başlığı/Konusu	A SOCIOLOGICAL RESEARCH ON THE INDIVIDUAL AND SOCIAL CONSEQUENCES OF SUBSTANCE ADDICTION: THE CASE OF ERBIL

Tez Orijinallik Raporu Bilgileri*	
Sayfa Sayısı (Kapak sayfası, Giriş, Ana bölümler ve Sonuç bölümleri)	125
İntihal Tespit Programı	Turnitin
Benzerlik Oranı (%)	14
Tarih	15/08/2024

* Orijinallik raporu, aşağıdaki filtreler kullanılarak oluşturulmuştur:
- Kabul ve onay sayfası hariç,
- Teşekkür hariç,
- İçindekiler hariç,
- Simge ve kısaltmalar hariç,
- Gereç ve yöntemler hariç,
- Kaynakça hariç,
- Alıntılar hariç,
- Tezden çıkan yayınlar hariç,
- 7 kelimeden daha az örtüşme içeren metin kısımları hariç (Limit match size to 7 words)

Van Yüzüncü Yıl Üniversitesi Lisansüstü Tez Orijinallik Raporu Alınması ve Kullanılmasına İlişkin Yönergeyi İnceledim ve bu yönergede belirtilen azami benzerlik oranlarına göre tez çalışmamın herhangi bir intihal İçemediğini; aksinin tespit edileceği muhtemel durumda doğabilecek her türlü hukuki sorumluluğu kabul ettiğimizi ve yukarıda vermiş olduğumuz bilgilerin doğru olduğunu beyan ederiz.

Gereğini bilgilerinize arz ederim.

	Danışman	Öğrenci
Adı Soyadı	Doç. Dr. Abdurrahman MENGİ	Aram Neamat MEZWRI
İmza		
Tarih		

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