

Research Article

Psycho-social Factors that Lead to Heroin Addiction among Young Males in Turkey

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Abstract

Heroin has become a subject of growing concern in Turkey due to the rapid increase among young adults using and becoming addicted to it. Thus, the purpose of this qualitative study is to identify the psycho-social factors that lead to heroin addiction in young males based on their life experiences. The sample consists of 18 young males (aged 18-24) who have been diagnosed with heroin addiction and are currently receiving inpatient treatment for substance use disorder. Based on the semi-structured face-to-face interviews, the findings reveal that heroin addiction develops gradually over time as an outcome of various preliminary factors. Such factors include: lack of interest in school and family relationships, growing up in the street culture, a tendency toward addiction, and negative role models/peers. Moreover, the progression of addiction results in physical, mental, social, and economic losses, all of which trigger the desire to quit heroin and seek treatment. The implication of the findings is that, because heroin addiction is an outcome of various factors, multi-dimensional and multi-disciplinary studies on heroin addiction that include the life experiences of heroin addicts are necessary.

Keywords

Heroin • Heroin addiction • Young male heroin addicts • Street culture • Qualitative research

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Substance use disorder is a chronic disease that threatens individuals' physical and mental health, eradicates their personal autonomy and integrity, and has a destructive impact on their attitudes, behaviors, and environments. The prevalence of substance use has recently been increasing on a global scale. According to the United Nations Office on Drugs and Crime (UNODC, 2015), 246 million people worldwide and one out of every 20 people between the ages of 15 and 64 have been estimated to be illicit drug/stimulant addicts for 2013.

Despite the increasing number of studies in other countries, research regarding the nationwide prevalence of substance use in Turkey has been limited, with the majority only focusing on single cases and sub-groups (Ögel, 2005). The first nationwide study was conducted by the Turkish Monitoring Center for Drugs and Drug Addiction (TUBİM) in 2011. The findings revealed that being 15 to 24 years of age, male, and single and using medicine without a doctor's prescription and tobacco or alcohol form a predisposition for increased drug use (TUBİM, 2014). Similarly, research on the development of addiction syndrome shows the 15–24 age group to be an at-risk group, the prevalence of substance use to be higher for males, and younger age groups to have witnessed a dramatic increase in heroin use (Nebioğlu, Yalnız, Güven, & Geçici, 2013; Yalnız et al., 2004).

Heroin is commonly known to be a drug in the highly addictive substance group of opioids. Previous studies have shown that heroin use can have significant individual and social consequences (Weiss et al., 2014). For instance, addicted individuals are prone to withdrawal symptoms such as nasal draining, weakness, insomnia, myalgia, and cramps (Ögel, 2014), while their psycho-social factors include poor school attendance, experiences of child abuse, having friends that use illicit drugs, early-age drug initiation, multiple drug use, (Chiang, Chen, Sun, Chan, & Chen, 2006), having a broken family, desperation, intense anxiety, aggression, and lack of self-confidence (Dilbaz, 2012). In addition, the risk of developing addiction can vary according to the type and purity of the substance, its usage and intensity, as well as the user's physical and mental habits, personal characteristics, expectations, and surrounding societal influences (Ögel, 2014).

Similar to other addictive substances, heroin addiction does not occur immediately but develops over time through various stages. Ögel (2014) argued that substance addiction progresses in gradual steps, starting with a trial use, from occasional use to regular use, and eventually to addiction. Conversely, Bennett and Golub (2012) proposed a four-stage cycle regarding addiction: 1) an incubation period, 2) an expansion/development period, 3) a peak period, and 4) a slump period (Doweiko, 2015).

Meanwhile, Turkish studies on heroin addiction have mostly focused on clinical findings (socio-demographic characteristics, relations with psychiatric disorders, risk factors, treatment methods, etc.). However, they have failed to elaborate on certain factors such as processes, contexts, and personal situations. Therefore, the present

study aims is to identify the psycho-social factors that lead to heroin addiction by conducting semi-structured face-to-face interviews with 18 young males (aged 18–24) who have been diagnosed with heroin addiction and are currently receiving inpatient treatment for substance use disorder. Moreover, the personal narratives of the participants (hereafter referred to as young heroin addicts, or YHAs) and their actual experiences are particularly important, as they provide insights into how the process toward addiction starts and develops, which social factors accelerate its development, and what types of experiences lead to treatment-seeking behaviors.

Method

This qualitative study combines clinical observations with in-depth interviews, which not only allows YHAs to share their ideas and emotions, but it enables the researcher to understand their world. This study was conducted at the Alcohol and Substance Addiction Treatment Center (ASATC) affiliated with the Ankara Numune Training and Research Hospital. The center provides specialized inpatient and outpatient treatment to a large number of alcohol and substance addicts, since it accepts patients from the entire Ankara metropolitan area as well as its neighboring cities. Ethics approval for this study was granted by the Ethics Committee of the Ankara Numune Training and Research Hospital on June 27, 2015.

Participants

The research sample has been selected through purposive sampling, which prioritizes the judgments of the researcher (Sarantakos, 1998). In this regard, the YHAs were selected if they met the following predetermined criteria:

1. Being male.
2. Being 18–24 years of age.
3. Having been diagnosed with opioid (heroin) addiction (under the DSM-IV-TR [American Psychiatric Association (APA), 2000] classification), after a medical and psychiatric evaluation at the ASATC.
4. Currently receiving inpatient treatment for heroin addiction at the ASATC.
5. Having completed detoxification treatment at the ASATC and currently receiving psycho-social treatment.
6. Having provided written consent for participation in this study.
7. Having not been diagnosed with either of the following disorders (under the DSM-IV-TR (APA, 2000) classification) after a medical and psychiatric evaluation at the

ASATC: schizophrenia or other psychotic disorders and mental disorders due to general medical conditions.

Table 1 outlines the definitive characteristics of the YHAs, who consist of 18 young males (aged 18–24) meeting the aforementioned criteria. One should also note that the third co-author of this study (a psychiatrist at the ASATC) has also provided consent for the appropriateness of the research sample.

Table 1
Definitive Characteristics of the Research Sample

Variables	Number
Educational Level	
Primary school	1
Secondary school	11
High school	6
Marital Status	
Married	1
Single	17
Employment Status	
Unemployed	8
Employed: <i>furniture maker, marble processing worker, scrap dealer, plumber, electrician, painter, canteen keeper, hair dresser, salesperson, and turner</i>	10
Disability or Impairment	
Cheese syndrome	1
Medullary deficiency	1
Cataract	1
Hearing impairment	2
Received a Psychiatric Diagnosis apart from Substance Addiction	
Depression	2
Anger management disorder	2
Panic attack	1
Hyperactivity	1
Duration of Heroin Use	
Less than one year	1
1–2 years	1
2–3 years	3
3–4 years	7
4–5 years	5
Six years and more	1
Substance Use in Addition to Heroin	
Cigarettes	18
Cigarettes-crack	3
Cigarettes-cocaine	1
Cigarettes-crack-cannabis	1
Cigarettes-cannabis-ecstasy	1
Cigarettes-cannabis-crack-cocaine	2
Cigarettes-crack-bonsai	1
Cigarettes-volatile substance-cannabis-ecstasy-bonsai	1

Interviews

The data has been collected through in-depth interviews conducted with each YHA. The shortest interview was 42 minutes, while the longest was 67 minutes. All interviews were conducted at the ASATC by the first co-author of the study (a short-term visiting researcher at the center). The data was collected using semi-structured interview forms that include questions regarding the following stages of addiction: 1) the period prior to heroin use, 2) the first use of heroin, 3) experiences related to the advancement of heroin use, and 4) the intention to quit heroin. The topics discussed with the YHAs also covered the substances used, the frequency and amount of heroin used, the age of their first use of heroin, the types of usage, and more. In addition were questions about life experiences such as changes in social networks, disappointments, desperate moments, difficulties in procuring heroin, and other questions for the purpose of revealing the subjective dimension of addiction.

In order to testing the interview questions, the first and second co-authors of this study also conducted a pilot study on two addicted males outside of the research sample. The open-ended questions were directed both comprehensibly and explicitly toward the interviewees, with probing (when necessary) during the course of conversation. The content remained unchanged across all the interviews.

The YHAs were informed about the purpose and content of the research by the second co-author (a social worker at the ASATC), after which their written consent was obtained. Among the 18 interviews, 17 were recorded with the interviewees' consent, while one interview was conducted by means of note-taking (upon that interviewee's request). The interviews were conducted over a three-month period (June 22 to September 25, 2015) in order to provide sufficient time for the research team to hold mid-term evaluations and reviews.

Analysis

Content analysis of the data was conducted by the research team, following a general evaluation of each interview. Each evaluation included a summary of the life story of the YHA, with specific focus on times, locations, characters, remarkable events, and turning points. The voice records of the interviews were completely decoded to create interview transcripts. The thematic research framework was constructed by following the six-stage pattern proposed by [Lichtman \(2014\)](#). First, the transcripts were carefully read and phrases with identical, similar or complementary meanings were identified with a common word or phrase (indicated in brackets). This helped the researchers create a draft set of themes for analysis. Second, the draft set of themes was reviewed in order to eliminate unnecessary themes and combine similar ones. Third, the emerging codes were classified to produce a draft set of categories. Fourth, the draft set of categories was reviewed to combine those that were alike or

eliminate those that were unnecessary. The fifth stage restructured the categories in order to embed them into the developmental stages of addiction, which is in line with the purpose of this study. Finally, the codes and categories were matched with the consistent themes and sub-themes (Table 2).

Table 2
Thematic Framework

Themes	Sub-themes
Coexistence of preliminary factors	Disconnected family relations
	Dysfunctional schools
	Growing up with street culture
	Individual characteristics
Introduction of heroin	Experiences with cigarettes and other substance use at an early age
	Desire and quest for more pleasure
	Propagators with bad intentions and uninformed youth
Life during the use of heroin	Development of tolerance and painful withdrawal experiences
	Pursuit of substance behaviors
	Losses and social isolation
Seeking treatment	Encounters with police and legal procedures
	Unsuccessful attempts at quitting
	Support from the family and community

Following the thematic coding procedures, the research team interpreted the addiction experiences of the YHAs, based on the available literature and on the direct quotes from the narratives. The direct quotes were anonymized by using nicknames, instead of the actual names of the YHAs.

Results

Coexistence of Preliminary Factors

Disconnected family relations. The majority of the YHAs come from nuclear families (middle or lower socio-economic levels) and has ties with close relatives. Because the mothers do not work and the fathers spend most of their time at work in such households, observing traditional gender roles in which the mothers are the primary caretakers of the children is typical, even though they may provide insufficient attention toward them. As a result, these children tended to develop disconnected relations with their family members, especially with their absent fathers.

Most YHAs hold their families responsible for their substance use, which started at an early age and developed into an addiction. As shown in the following quote, some interviewees felt empty due to their family's disinterest:

My parents didn't care about me. That's the basis of the matter. I would come home from school, throw off my bag, and then immediately go out. There was no one who asked me to come back and study. They never showed any interest at all. (Umut, age 23)

That's basically how it happened, sir. I felt like I was left unchecked. They were disinterested in me. I felt empty. (Hasan, age 24)

The parents were also lax in their attitudes toward their children. More specifically, the parents were uninformed about where their children were, with whom they spent time with, and what they did until the late hours of the night. In some cases, they were so indifferent that they did not question why their children had spent excessive money, only noticing their children's substance use after it was too late. In addition, some YHAs preferred spending more time away from home, using their homes only like a hotel:

They totally let me be free. My mother never asked where I was or what I did. In the evenings, I would come back home around 11 at the latest. We played football until then, sir, although sometimes we went to the Internet café after a match. I used to go to the parks and the streets whenever I felt like it. We used to eat out most of the time and never went home. We only went home to go to bed. My father always worked at night, since he has night shifts. This is why I did not have any problems. (Hüseyin, age 18)

Dysfunctional schools. School life was unable to lift the feelings of emptiness and failed to perform its instructive, educative, encouraging, and inspiring functions for the YHAs. As indicated in Umut's narrative, the most remarkable aspect of school was the lack of discipline:

There was no discipline. There was no discipline strict enough to intimidate us. Everything was easy, sir. It was also the same in middle school. (Umut, age 23)

The lack of interest within the family continued in the school environment. As shown in the following quotes, lectures failed to attract students' attention, and the schools were generally casual stop-over locations:

Cross my heart...we studied literature and linguistics in our ordinary classes. However, in the practical or workshop classes, the teachers only taught for 30 or 40 minutes, even though they had up to twice that amount of time. So we just sat idly for the remainder of the class. (Hüseyin, age 18)

It was easy, sir. There was no hardship at school, no administration. There was only administrative control for uniforms, hair, and shaving, but nothing more. Aside from these things, it was easy to do whatever you want. (Sencer, age 20)

The YHAs did not see schools as institutions that valued their lives, helped their personal development, or provided them with a career path. Some of them such as Kemal were unwilling to study, while some volatile substance users such as Gökhan, had difficulties bonding with school:

I had a short school life. I was making nothing of it, sir. When I was younger, I used to skip school and go to the Internet café to play. Ever since I was a child, I just didn't understand things and couldn't work things out psychologically. For example, I used to get bored while the teacher was lecturing, or I didn't want to listen to the lecture altogether. So I just started drawing pictures during the lecture. (Kemal, age 23)

Gökhan: We used to sniff glue, even during class.

Researcher: Didn't you have a teacher in the class?

Gökhan: Because it was a type of vocational school, we had a workshop class where each student had their own work area. So we could sniff glue pretty easily. The instructor was completely unaware of what we were doing.

Growing up with street culture. For the majority of YHAs (16 out of 18), the street became a living space for those who lacked adequate interest and attention from their families and schools, as shown in the following quote:

We were always in the streets, sir. We didn't attend classes, even though we were supposed to. We skipped school all the time (Umut, age 23)

Street corners, parks, Internet cafés, isolated and slum areas of neighborhoods, ruined houses, and coal cellars became frequent hang-out locations for YHAs. Until midnight, they would spend their time in such locations wandering around, cracking sunflower seeds, having a quick bite to eat, chatting with girls, playing soccer, surfing on the Internet, smoking a joint, and so on. As shown in Umut's words, such behavioral patterns were modeled after their elders:

We saw our elder brothers in the neighborhood. They always had time for a chat, some fun, and a laugh. Meanwhile, to my surprise, there was a joint going around. After they smoked, they spoke and chatted so joyfully that we imitated the elder brothers in the neighborhood... 'Can we behave as such if we try this?' we asked. 'Can we talk so joyfully?' This is how we started. (Umut, age 23)

Based on these narratives, street life with its idleness and lack of order can be regarded as one factor that drove the YHAs toward substance use. They also stated that access to such substances was relatively easy in certain districts of Ankara:

I thought we got away from it after we moved out of Şentepe. To my surprise, I found myself falling into the same setting. There were corner dealers everywhere. I even bought drugs from a dealer in front of my house. (Sami, age 18)

Individual characteristics. YHAs' narratives indicate the prevalence of personality and behavioral characteristics such as impulsiveness, impatience, distrust, aggression, risk-taking, sensation seeking, intense feelings of anger, irresponsibility, inconsistency, and more. The majority of YHAs also mentioned self-mutilation behaviors and a lack of anger management:

I am a little neurotic. I'll put it that way. Normally, I am very calm when sitting. But when my buttons are pushed, I go off the chain. My temper is what I hate the most, and it has brought me a lot of trouble. After I get angry, I can never calm down without damaging something. (Erol, age 18)

I used to pick a lot of fights at school. Since the school principal had realized he could not cope with me, he said, "Say nothing to teachers or anyone who says something to you. Come to me... I

am your older brother. Come here and we shall sit and have tea and cake together until you calm down. Then you can go back to class.” (Metin, age 20)

Experiences with cigarettes and other substance use at an early age. All YHAs started smoking cigarettes at an early age (between 10-14 years old). In some cases, the role model for smoking cigarettes was a family member (particularly the father), while for others the model was a friend at school, someone from a peer group, or elders. According to Yalçın:

I first started by picking up cigarette butts...no lie. It was because of curiosity. For example, two or three of us began picking up butts from the ground. Then we began to buy packs of cigarettes with our pocket money. Sometimes, we smoked all of them within half an hour. At that time, we didn't inhale...we just blew the smoke. Because it made us feel dizzy, we thought that it was something good. So, we aspired to do it even more. (Yalçın, age 19)

The peer groups of the YHAs included those who had not only used cigarettes, but those who used volatile substances, alcohol, ecstasy, and cannabis. Their narratives also indicate that smoking joints was as prevalent and ordinary as smoking cigarettes. Moreover, the YHAs witnessed their families, their close relatives, and peers in the streets using alcohol and volatile substances. As expressed by many YHAs, the use of such substances was primarily motivated by imitation and curiosity.

Introduction to Heroin

Desire and quest for more pleasure. The YHAs were eventually introduced to heroin as they searched for more pleasure. For instance, Baran stated feeling bored with using other substances and required a change:

Smoking a joint can get boring after some time. Meanwhile, you have the same feelings and you want to experience something different. It's like when you drive the same car for too long, you get bored with it. So you buy a different, better car. That's how the process continues. (Baran, age 21)

None of the YHAs had an immediate switch to heroin. Instead, they experienced a gradual shift through various substances such as cigarettes, alcohol, volatile substances, ecstasy, crack, cocaine, and synthetic cannabinoid (bonsai). According to Yalçın:

The starting point of everything is the cigarette. You smoke a cigarette, then you drink alcohol. Then you go from alcohol to cannabis, from cannabis to bonsai, from bonsai to drugs. After that, none of them can make you feel high enough. So you resort to heroin, which is the final point. Anyone who says they started directly with heroin is lying. (Yalçın, age 19)

Before their shift to heroin, some substances were also used in various combinations such as cigarette-alcohol-cannabis, cigarette-cannabis-ecstasy, cigarette-cannabis-cocaine, and cigarette-cannabis-cocaine-synthetic cannabinoid. All YHAs clearly remember the first time using heroin, with the first time usually occurring indoors in

an empty, dilapidated house or in an apartment for bachelors and students. They also agreed that heroin has different and powerful effects, based on their experiences of nausea and vomiting, flushing and itching of the face, and dry mouth, etc.

Pushers with bad intentions and uninformed youth. The YHAs started using heroin after receiving offers from friends, older peers in the neighborhood or girlfriends in their social circle who had already used the substance. No YHA had used heroin on their own for the first time, as they had little to no information about the substance. Those who did know about heroin were mostly informed by others in their community, Internet sources, or television. As mentioned in Yalçın's narrative, heroin is mostly known for its single-sided feature (strong narcotizing effect); they were not informed about the withdrawal symptoms or the crisis:

We had heard about it. Everyone said that you can get really high on heroin. They also said that it puts you in crisis and you have to snort it like cocaine, which we didn't know. (Yalçın, age 19)

Some YHAs had used heroin for the first time after being deceived by pushers who described the substance as cheese, milk powder, or horse narcosis (a type of substance derived from ketamine). They also told them that it did not lead to withdrawal and was relatively harmless:

No, I didn't know anything at first. They called it cheese. They said that it would not do any harm except get you high. I never thought it might be heroin. (Fahri, age 18)

A majority of the YHAs did not even consider the intense withdrawal symptoms. As Metin stated, some people started using heroin in order to remove the less severe withdrawal symptoms of another substance:

We were tripping after snorting crack. So, they said that heroin could help overcome this crisis. We absolutely didn't know that we would have additional pains in our joints or backs when we stopped using it. (Metin, age 20)

According to these narratives, the factors affecting the first use of heroin among the YHAs include persistent offers and deceptions by pushers, being uninformed, and being under the influence of other substances during their first heroin use:

Because we were always smoking bonsai, we were not thinking straight. We were like robots. I would have never used heroin if I hadn't been under the bonsai effect. In other words, using bonsai triggered me to try heroin. (Gökhan, age 24)

Life while Using Heroin

Development of tolerance and painful withdrawal experiences. Based on their previous substance use experience, the YHAs easily adjusted to heroin after the first use and began using it regularly. During that time, they quickly learned the foil technique (i.e., heating the heroin on aluminum foil and inhaling its vapor). After

a certain amount of time (approximately two to three months), the YHAs started experiencing withdrawal symptoms, which included deregulation of body temperature (fever, sweats, and chills) nasal flow, diarrhea, shaking hands, watering eyes, stomach aches, joint and muscle aches, and muscle cramps. According to Hasan:

I was high at first, and it didn't put me in a crisis during the first three months. However, after some time, the crisis started. I had problems like joint aches, backaches, sleep disorders at night, and throwing up. (Hasan, age 24)

Because they were unable to identify the first symptoms of withdrawal, the YHAs immediately called their friends who had used heroin or their pushers in order to obtain information about what they were experiencing and what they should do to combat such symptoms. Apparently, the withdrawal symptoms had developed along with the tolerance toward heroin, dragging them into a more advanced stage of addiction:

The more heroin that we snorted, the more doses we needed. I snorted one dose, but it wasn't enough until the evening. I wanted more and more. I snorted up to five grams a day and of course I couldn't afford it. (Tarik, age 24)

For the YHAs trapped in the vicious cycle of heroin use, each attempt to quit resulted in a painful experience laden with unbearable and difficult withdrawal symptoms:

It makes you feel good when you first snort it, but over time, its effects fade. Then, after becoming addicted, you don't snort to get high...you snort to overcome the crisis. So, it quickly changes from a remedy to trouble. (Erol, age 18)

Losses and social isolation. The social relations of the YHAs were terminated (or about to be terminated) during the later stages of addiction. Their narratives frequently reveal experiences of stigmatization in and exclusion from their communities. Moreover, they strayed from their school and work environments due to the unbearable withdrawal symptoms and experienced frequent conflicts with family members, close relatives, and partners. According to two YHAs:

You don't have any social activities. Relatives would come home and I would run from them. If I had an exam to take at school, then I wouldn't take it. I was slowly dying from the crisis. All I would tell myself is "You have stuff, so just snort and go." (Turan, age 19)

For a snorting person, it is difficult to show interest in anything. If there was a choice between taking care of my girlfriend and snorting, then I would choose snorting. (Şahin, age 21)

Changes and losses facing the YHAs were not limited to social relationships. These also occurred in their physical/mental health and behavioral patterns. In addition, their sleeping habits had changed due to their long-term irregular diets, and they could barely perform self-care as they constantly felt weak and exhausted. Further issues include weight loss, collapse, dark circles under the eyes, skin rashes, and swelling and pain in the injection areas. According to Erol:

Let me say this. I had dark circles under my eyes and my face collapsed. I was once a fat boy, a very fat boy. But that changed during my addiction. (Erol, age 18)

As previously stated, the YHAs experienced many behavioral and mental changes due to heroin use, alongside the physical changes. According to their narratives, such changes included quick tempers, changes in value judgments, obtuseness, low levels of self-esteem, amnesia, self-harm, lying, swearing, theft, drug trafficking, stabbing, and suicide attempts. As stated by Baran:

As long as you find heroin, you don't have any change in your character. However, when you can't find it, you say bad things about your friends and family. In other words, your character changes when you can't find it. Then you become desperate and steal. (Baran, age 21)

Pursuit of substance behaviors. Due to their addiction, YHAs had nothing left except for heroin:

It was over. I mean my life was over after getting addicted to heroin. If I may say so, it was as though it was my wife, bread and food... It meant everything to me. (Hasan, age 24)

Overall, the YHAs had only one goal: to obtain heroin in order to avoid the withdrawal symptoms. In this regard, they allocated most of their time to finding the money to pay for heroin. When the money was found, the second problem was getting the heroin. For example, Yalçın did not hesitate to go to dangerous areas to buy heroin, whereas Sencer would get heroin at least eight or nine times during the day because he was worried he would be unable to find heroin at night.

Encounters with police and legal procedures. In Turkey, drugs are illegal to use and to sell. In this respect, the YHAs not surprisingly had frequent encounters with the police. In fact, four YHAs had been sentenced by judicial authorities for alleged drug use (for both using and dealing), while five YHAs had been brought to the ASATC for treatment and control as part of their probation. Moreover, they quickly adapted to a lifestyle in which they would determine where and how to buy the heroin, who the dealers were, how to bring the heroin home without encountering the police, and how to deceive police officers. According to Şahin:

I told them to buy and hide it carefully. This one said that he hid it in his shoe, while that one said he hid it over here or there. I used to tuck the heroin inside some foil and put it under my tongue. They [the police] would frisk me, but they couldn't find anything. I never got caught. (Şahin, age 21)

Seeking Treatment

Unsuccessful attempts at quitting. During the later stages of heroin addiction, the YHAs wanted to remove heroin and its multi-faceted destruction from their lives. They were simply fed up with the constant withdrawal symptoms and the damage to their physical and mental well-being. Despite their lack of knowledge on how to quit,

the YHAs had made some attempts (before obtaining professional help), including temporarily stopping the use of heroin, staying at home, seeking advice or medicine (e.g., suboxone) from users and dealers, sleeping more via sleeping pills, taking frequent cold showers, and taking muscle relaxants. According to Tarik:

I used to take muscle relaxants, painkillers, and sleeping pills in high doses. I would take four or five sleeping pills as I slept for one hour at a time. I also bathed with cold water. This is what I did during the night. (Tarik, age 24)

In general, their first attempts to quit heroin failed, convincing themselves that using heroin “just one more time” was acceptable, or that they couldn’t get addicted again as they had healed their minds and bodies. As stated by Yalçın:

We trusted ourselves to quit. You snort it [suboxone] and you feel confident. You tell yourself, “It’s not that difficult to give up. Can’t I overcome this?” Yet I couldn’t quit. (Yalçın, age 19)

Support from the family and community. The YHAs, realizing the ineffectiveness of their own treatment methods, began searching for more appropriate treatment. As mentioned earlier, the family members were generally aware that the youngsters were using cigarettes, alcohol, and cannabis, but they did not know about their heroin use. In this respect, the YHAs first informed their mothers about their use of heroin when deciding to seek treatment:

I told my mum that I snorted it and I couldn’t stop. I told her that this caused many problems. I told her that it was something very bad and I snorted it because of my friends. I told her that I wanted to receive treatment. (Turan, age 19)

In many cases, the parents were initially confused and surprised to hear that their children had been using heroin, but they immediately looked for treatment opportunities. As revealed in Sencer’s narrative, the fathers were the ones who became devoted to helping their children despite their previous lack of attention:

We were sitting as usual and then my father said, “Look, my son, we shall have you treated. We shall do everything necessary. We don’t want you to fade away. You have lost weight. You have become a bag of bones. Your eyes have become bloodshot. You come home and go to straight to bed.” Then, I told him, “I want to stop.” May God be pleased with him, because early next morning, he called the ASATC. (Sencer, age 20)

In sum, the parents, siblings, and close relatives actively searched for treatment for the YHAs. As a result of their support, YHAs’ motivation to enter and complete treatment was further strengthened.

Discussion

In this study, the use of qualitative methods has allowed YHAs to speak for themselves and describe their perceptions and experiences in detail. The findings

reveal two important institutions (i.e., school and family) had failed to become involved in the YHAs' lives. As for the schools, such failure stemmed from insufficient discipline and counseling services, while the main problem for the families was the lack of communication. In addition, the parents (particularly the fathers) adopted loose, disinterested, and negligent attitudes toward their children. However, according to [Bircan and Erden \(2011\)](#), the fathers are as important as the mothers in parenting. Thus, the interaction/communication between fathers and their children appears to be a determining factor in developing problematic behaviors such as substance addiction.

In their qualitative comparative research on male and female heroin addicts, [Neale, Nettleton, and Pickering \(2014\)](#) found males to not be sufficiently supported, especially during their childhood and adolescence, and such disinterest within the family has an indirect impact on the tendency toward substance addiction. In a qualitative study of 19 young people addicted to heroin, family factors (apart from friends and sexual partners), cost perceptions of heroin-use methods, and the prevalence of injection usage in a close environment were found to also be significant factors among young heroin users. Some individuals have also been shown to become addicted to drugs after using them as a coping mechanism for dealing with stressful events in their lives ([Sherman, Smith, Laney, & Strathdee, 2002](#)).

The YHAs who were deprived of care, counseling, and surveillance during childhood and adolescence gravitated toward life in the streets. However, in the street culture, there were elder drug users who became role models for the YHAs. The prevalence of the use and sale of illegal substances in the streets, particularly cannabis, provided the foundation for substance addiction. According to [Roy, Nonn, and Halley \(2008\)](#), street life and drug abuse among young individuals give rise to early ruptures with primary social institutions and social integration into sub-cultures. Common themes, such as the “downtowner experience,” the “tripper experience,” the “on the go experience,” the “hard-luck experience,” and the “alcoholic youth” can be found among the young people in the street, which extend into their use of substances and eventual addictions.

The YHAs in this study initially smoked cigarettes and then used alcohol as well as more volatile substances. In this respect, cigarettes and alcohol served as the gateway substances ([Shand, Degenhardt, Slade, & Nelson, 2011](#)), which are believed to significantly increase the risk of using illegal substances ([Jung, 2010](#)). The evidence of this study confirms heroin use to generally occur after the use of transitional substances such as cannabis, ecstasy, crack, bonsai, and cocaine ([Coomber & Sutton, 2006](#); [Gandhi, Kavanagh, & Jaffe, 2006](#); [Nebioğlu et al., 2013](#); [Ruiz & Strain, 2014](#)). Although cannabis and other substances have been regarded as effective gateways to using opioids, confirming this hypothesis is difficult as the gateway theory postulates a progressive, hierarchical sequence of stages to exist in drug initiation ([Darke, 2011](#); [Ruiz & Strain, 2014](#)).

A typical example of social learning is the initiation of substance use in YHAs' social circles. Peer groups have been shown to be highly effective in facilitating encounters with substances (Beyazyürek & Şatır, 2000; Shand et al., 2011; Gandhi, Kavanagh, & Jaffe, 2006). In addition, social learning theory partially accounts for the link between an individual's social structure and heroin use (Schaefer, Vito, Marcum, Higgins, & Ricketts, 2015).

Personality traits are another important factor prior to the use of heroin. Previous studies have demonstrated that youngsters diagnosed with alcohol and substance use disorders show significantly negative personality profiles compared to their peers (Başay et al., 2016). However, particular characteristics among those suffering from addiction have been reported to include: distrust, selfishness, an ability to easily lie, lower levels of tolerance, impatience, an inability to withstand uneasy conditions, risk-taking, undertaking spontaneous actions, and experiencing problems in personal relationships (Beyazyürek & Şatır, 2000). The YHAs' narratives in this study include many of these traits.

Combined with a lack of information, two main factors triggered the first use of heroin among the YHAs: the quest for more pleasure and the influence of pushers (e.g., elders in the neighborhood, girlfriends, or close friends). Drugs or stimulants (directly or indirectly) also affect brain and neurological systems and create an artificial state of "feeling good" (Doğan, 2000) and euphoria (Babaoğlu, 2001; Ruiz & Strain, 2014). As mentioned earlier, the YHAs had experienced a false sense of feeling good for a certain period of time, especially after using transitional substances and moving on to heroin. Despite the temporary and artificial feeling, substance use evolved into a habit for those who had felt they were at their wits' ends (Beyazyürek & Şatır, 2000; Doweiko, 2015). The habit then manifested itself into a demand for a more effective substance. Their lack of information should also be noted for contributing to heroin use, as the YHAs had been unaware of the potential withdrawal symptoms and gullible enough to believe that the substance was some type of white cheese. Hence the findings reveal the effects of other substances, risk-taking behaviors without thorough consideration, and lack of information to have impacted their initial decision to use heroin.

In the advanced stages of heroin use, YHAs' mental states had deteriorated, and certain behavioral and personality changes had emerged. In addition to loneliness and a retreat from social life, feelings of uneasiness, tension, and anger escalated, especially during periods of withdrawal. As long as the need for the substance was unsatisfied, certain negative behavioral patterns such as aggression, theft, and deception continued to dominate their lives. Babaoğlu (2001) stated substances in the opioid group to have the potential to completely eradicate a person's ability to show affection. Evidence from previous research on heroin users reveals that they experience a variety of problems and losses, the most significant of which are stigmatization and loneliness. Such issues have a compound impact on the

development of depression (Cornford, Umeh, & Manshani, 2012). In another study on heroin use among street youth, stigmatization and loneliness also causes mental health problems and poses risks for one's physical health (Brands, Leslie, Catz-Biro, & Li, 2005). Their findings also indicate that street youth tend to use multiple substances, exhibit highly dangerous behaviors (e.g., sharing injection needles), and experience psychiatric disorders (e.g., depression, bipolar disorder).

In the later stages of heroin use, in which the YHAs were completely trapped in the substance's vicious cycle, they had practically lost their connection with life. Having literally "hit the skids" (Perry & Hedges Duroy, 2004), they acknowledged their substance use and related problems, and even made several unsuccessful attempts to quit using the substance. At that time, the YHAs, desiring a change, understood that it would be a difficult, painful, and slow process due to frequent fallbacks (DiClemente, 2006). The determined YHAs found no other way but to start receiving treatment for their addiction. Therefore, the findings reveal the lack of alternative solutions as well as guidance and support from families and close relatives (despite the late acknowledgment of their heroin habits) to have contributed to their motivation to seek treatment (Weiss et al., 2014).

Conclusion

The purpose of this qualitative study has been to identify the psycho-social factors that lead to heroin addiction among a sample of young males (aged 18–24), based on their life experiences. Addiction has been revealed to develop gradually over time as the outcome of external environmental conditions and individual factors. More specifically, the YHAs had suffered from a lack of interest, guidance, and counseling from their respective schools and families. This influenced them to become part of the street culture where the sale and use of illicit substances is high and the influences of peers, social circles, and pushers are strong. Already endowed with numerous personality traits of substance users, the YHAs were motivated through "aspiration and curiosity" to start using cigarettes, alcohol, and eventually volatile substances.

Especially during the periods when substance use peaked, YHAs' lives often deteriorated into a state of emptiness. Hitting rock bottom also triggered their intention to quite heroin altogether. After their initial unsuccessful attempts at second-hand, trial-and-error methods, they relied on the support of their families and close relatives; this in turn helped them seek treatment at the ASATC.

In general, YHAs' narratives lacked evidence of professional or institutional interventions on their road to addiction. Indeed, the most effective ways for preventing substance use among youths are multi-dimensional and multi-disciplinary interventions. Thus, the key elements of education, counseling, and guidance services should not only be provided regularly and extensively but should be family-, school-, and community-oriented.

Finally, protective and preventive programs at school for substance addiction in Turkey should be standardized in order to increase their effectiveness over the long run. Psychological counseling and guidance services at schools, especially high schools, should also be integrated with social services. Within the context of preventive and protective interventions, awareness raising and information building must be accompanied by the provision of healthcare and social services. Additionally, measures against substance addiction within the child protection system should be enriched and strengthened. Based on the findings of this study, determining who the at-risk individuals are (either before substance use or before the development of addiction) is of the utmost importance for providing immediate/appropriate interventions and decreasing the prevalence of heroin addiction.

Limitations and Future Studies

Firstly, this study has been conducted on a sample of participants (aged 18 to 24) with low socio-economic statuses and education levels. In addition, these YHAs reside in deprived neighborhoods where both substance use and supply are quite high. However, as the research sample has been constructed according to certain characteristics (as detailed in the Methodology section), the findings are only relevant for this particular sample. Secondly, due to the small sample size, the findings should not be generalized, especially because the research has been restricted to the interviewees' narratives. Thirdly, as this study has primarily focused on the psycho-social context of heroin addiction, future studies should acknowledge the impact other indicators such as biological, psychological, and legal issues can also have on the development of addiction.

Despite these limitations, the findings provide essential clues about the risk of heroin addiction among young people with similar socio-demographic characteristics in Turkey. They also shed light on the importance of protective and preventive interventions. Of course, from a comprehensive and holistic perspective, future studies on heroin addiction should cover population groups with different socio-economic characteristics and their experiences during and after treatment.

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