

Extended Abstract

Substance Dependence: Reinforcing the Individual for a Clean Life

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Abstract

The aims of this study are to define studies that will be conducted for primary prevention within the framework of the struggle with addiction and to present inferences for evaluating and improving prevention programs. Addiction is generally defined as the progressive use of a substance for providing the addictive substance's desired effect or when a decrease effect occurs despite using the same amount of the substance. When reviewing the literature on addiction, forensic or medical interventions alone are unable to offer effective solutions to this problem. Suggestions for studies on preventing and improving life skills have been able to be provided. The primary objective of prevention studies is to raise individual awareness and provide reinforcement before the use of any substance is begun. These studies have attempted to prevent addiction by improving protective factors and decreasing risk factors. Recently, prevention studies that aim to improve life skills in order to prevent addiction have been observed at the forefront and have revealed effective results.

Keywords

Addiction • Risk and protective factors • Life skills

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The aim of this study is to delineate studies that will be performed under the scope of primary prevention in the struggle with addiction and to reveal suggestions directed at evaluating and developing prevention programs. Addiction has been defined in a general sense as an individual's use of a substance in ever increasing amounts in order to provide the desired effect of the substance being used or as a prominently decreased effect emerging in the individual when using the substance in the same amounts.

Addiction is included among the most important illnesses that society struggles with. An estimated 200,000 people a year die in the world as a result of substance use ([The Grand National Assembly of Turkey \[TBMM\], 2009](#)). The number of substance users and addicts is growing steadily, and the average age is dropping. Substance usage in Turkey is seen to be at lower rates when compared to many countries. When considering the youth population, even though these rates are low, it stands out as a rather large figure. According to data from the Alcohol and Substance Dependence Research and Treatment Center (AMATEM) for 2013, the number of problem substance users (excluding cannabis and ecstasy) has been estimated at 59,895 ([EMCDDA, 2014](#)).

On the topic of struggling with addiction, prevention studies are what are important. By having individuals and systems gain healthy behaviors and lifestyles, prevention reinforces them against the difficulties of life events and transition periods ([Center for Substance Abuse Prevention \[CSAP\], 2006](#)). The objective of substance-dependence prevention is to provide (a) minimized alcohol use by drawing it to the legal age limit, (b) the use of prescription and over-the-counter drugs only for their purpose, (c) the proper use of other addictive substances only for their purpose, and (d) the absence of using illegal drugs and tobacco products ([CSAP, 2006](#)). Prevention studies are seen as the most effective and economical method of struggling with substance dependence ([Leshner, 1997](#)). The need for focusing on defining and organizing prevention programs, as well as on the risk and protective factors, has been revealed in addition to focusing on having them be comprehensive, family-oriented, and specific to culture, development, and gender ([Greenberg, 1999](#); [Comprehensive Community Mental Health Services \[CMHS\], 1999](#); [Mrazek & Haggerty, 1994](#)).

Risk is all of the factors that are able to inhibit the social and psychological development of children and youths. Knowing the risk and prevention factors brings forth importance in order to understand the causes of substance dependence, frequency of use, and its prevalence, as well as for studies that will be performed on preventing dependence.

Risk factors are the characteristics that increase the individual's likelihood of experiencing unwanted results especially such as children and youths' substance use, criminal activity, dropping out of school, and more ([Costa, Jessor, & Turbin, 1999](#); [Jessor, Turbin, & Costa, 1998a](#); [Jessor, Turbin, & Costa, 1998b](#); [Jessor, Van Den Bos,](#)

Vanderryn, Costa, & Turbin, 1995; Masten, 1994). Stressful conditions that mitigate or sweep away the effect of risks as well as develop a healthy harmony and individual competences (Masten, 1994) are defined as factors that reduce negative effects and are related to the individual's self or surroundings (Henderson & Milstein, 1996).

Risk and protective factors are generally defined and examined at the levels of individual, family, school, and society (Griffin & Botvin, 2010). Being unaware of risks directed at substance abuse, misperceptions about substance abuse (Khantzian, 1997; Swadi, 1999), low self-esteem, inability to be bold, low self-control, insufficient/incorrect knowledge about pharmacological factors (Saal et al., 2003), personal inclination, desire to experiment, curiosity, proving oneself, thinking about how to grow up, self-insecurity, loneliness, ineffective coping methods, and failure can be shown as examples of individual risk factors (Altıntaş et al., 2004; Özkan, 2002). Effective coping skills, empathy, problem solving, internal control (Alikaşifoğlu, 2005; Spooner, Hall, & Lynskey, 2001) moral beliefs and values, the perception of migratory social control (Jessor et al., 1995), optimism, and healthy living can be shown as examples of individual protective factors that provide harmony (Spooner, Hall, & Lynskey, 2001).

Having a friend who is a substance user has been identified as the most important factor among peer-risk factors (Eker et al., 2013; Galliher, Evans, & Weiser, 2016; Hayatbakhsh et al., 2008; Myers, 2013; Tyler et al., 2016). Groups of friends who do not use substances or who attach importance to the value judgments of society traditionally (Alikaşifoğlu, 2005), strong anti-substance attitudes among friends (Lane et al., 2001), positive relationships with peers and adults, and peer support (Jessor et al., 1995) can be given as examples of protective peer factors.

The greatest risk factors taking place at the family level in connection with social learning as a result of having a substance-using role model include acquiring positive attitudes and behaviors towards substance use, hereditary predisposition, negative parental attitudes, and negative parenting styles (Lochman & Van den Steenhoven, 2002). On the other hand, studies show the family to play an important role in protecting youths from substance usage (Takakura & Wake, 2003; Garnier & Skin, 2002; Tapia et al., 2006). In this context, the parents in the family having effective boundary-setting behaviors, proper supervision, nurturing and supportive attitudes, and effective communication with the children are included among protective family factors (Lochman & Van den Steenhoven, 2002).

Having low attachments with institutions within society, feeling insecure in the environment where one lives, antisocial behaviors being widespread in the environment (Fletcher et al., 2008; Hays et al., 2003), the opportunity of being able to access substances in the social environment where one lives, exposure to violence, and a low socio-economic level (Hawkins, Catalano, & Miller 1992; Lane et al.,

2001; Spooner, Hall, & Lynskey 2001; Tansel, 2006) are included among the risk factors in certain societies. Strong cultural identity and sense of belonging, access to support services, social and cultural norms against violence and substance abuse, opportunities for healthy-living activities, social networks, and strong relations between religious and social institutions are included among the social protective factors related to substance abuse (Spooner, Hall, & Lynskey, 2001).

In terms of substance use, school experiences exhibit importance. While negative school experiences carry the quality of risk factors, positive school opportunities and experiences are also seen to function as protective factors. Factors such as being able to lose ties related to school, peer rejection in the school years, high expectations related to school, a lack of future goals, having low school success, not being able to make friends at school, authoritarian school management, the area where the school is, lack of information about substance addiction and use in schools, teachers having insufficient educational levels on this issue, individual conflicts among students, and the school administration both preventing and avoiding collaborating with the surroundings related to the issue of solving this problem form the risk factors for substance use in terms of school factors as risk factors (Alikaşifoğlu, 2005; Hawkins, Catalano, & Miller 1992; Jessor, 1991; Spooner, Hall, & Lynskey 2001; Vidal, 1998). Included as protective factors are a school's organizational change in the positive direction (special courses, school-university-society cooperation, understanding positive discipline), sense of belonging and commitment to school, positive school atmosphere, pro-social peer groups, deterrent school rules against substance use, successful school performance, and approval of success (Alikaşifoğlu, 2005; Hawkins, Catalano, & Miller 1992; Jessor, 1991; Lane, 2001; Spooner, Hall, & Lynskey 2001; Vidal, 1998).

Many prevention programs exist that have been developed on substance usage and been used in the world. When these programs are generally evaluated, important differentiating qualities also exist alongside their similar aspects. The reason for this stems from the prevention models these prevention programs are based on also being different. The prevention models on preventing substance use are seen gathered in four dimensions (CSAP, 2006). These models are behavioral change models, the public health model, the institute of medicine model (IOM), and the web of influence model.

Through prevention programs, the intent is to have people possess knowledge regarding addictive substances; identify risks; develop a sense of responsibility, decision-making, problem-solving, communication, conflict-resolution, and social skills as well as their self-regulation skills; and gain the skills for dealing with the desire of substances by way of enhancing their existing skills.

While preparing a prevention program, it needs to include applicability and

acceptability, effectiveness on the substance-use behavior, setting measurable goals, the prevention being directed at different stages, the prevention program's targeting of more than one substance, developing gender- and culture-appropriate messages, continuity of the program and its effects, not relying on stand-alone notifications, increasing psychosocial skills, and volunteers (Ögel, 2010).

This study has been performed by carrying out a review of the literature in Turkey with a culture-specific perspective on which life skills youths need to be able to increase their resistance to substance usage. Some inferences have been made regarding this topic with motion from the limited number of studies that have been performed on this topic. These inferences can be shown as a reason for addressing them both comprehensively and systematically in the context of the 35 life skills expressed in the 4H model based on positive youth development, rather than the skills involved in the different programs related to life skills. For this reason, firstly presenting the life skills according to the 4H model will be appropriate. The life skills expressed as 4H consist of dimensions that begin with the English letter "H". These dimensions are Heart (affective domain), Head (cognitive domain), Hand (benefit, contribution), and Health (4-H Organization, 2014).

Life skills contribute to facilitating one's life and increasing the quality of life. In particular, life skills aim to improve individual characteristics such as competence, trust, relations, character, and helping others (Lerner et al., 2005).

Prevention studies have been applied at various levels for many years in Turkey. Certain developmental and preventative approaches need to also be updated along with the changes and developments in the world. Improving and applying world developments and good examples in a culturally specific manner are considered very important. Some suggestions may be offered for programs that can be applied using these means in Turkey. These are listed below.

The time can also be said to have come for Turkey to perform prevention studies with effective programs at the national level.

Identifying all the reasons for substance use and the life skills that can help one be able to cope in encountering one or more of these reasons can be handled as protective and preventative factors in the struggle with addiction.

Having the youths who are at risk of substance dependency consider different risk and protective factors offers importance in terms of achieving effective results.

The 4H model, based on positive youth development, is considered suitable for Turkey. Being able to resist risks in counterpart with reinforcing the positive attributes and skills of at-risk individuals who have used substances based on their experiences

in terms of substance use and increasing their competencies for combatting the risks are targeted by prevention programs that have been prepared based on this model.

Having youths exist in cooperation and in harmony with their family, environment, and communities in which they live and become individuals who are beneficial to humanity are targeted together through this program.

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