







ORIGINAL ARTICLE

Evaluation of the Attitudes and Depression Levels of Families Who Apply to AMATEM Due to Substance Use Disorder Toward the Addicted Member

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Main Points

- Family members of individuals with substance use disorders have a considerable risk of depression.
- Problems occur in family relationships in families with substance use disorders.
- The level of depression in family members of individuals with substance use disorders is related to problems in family relationships.
- It is necessary to develop family-based programs and implement psychosocial interventions for families in the treatment of substance use disorders.

Abstract

The aim of this cross-sectional study is to determine the depression levels of family members of individuals with substance use disorders and their attitudes toward the addicted member, and to examine the relationship between them. The sample of the research consists of 106 family members of individuals with substance use disorder who applied to Manisa Amatem between 21 March 2022 and 20 September 2022 and agreed to participate in the research. Sociodemographic questionnaire, Family Addiction Profile Index Scale (BAPI-A) and Beck Depression Scale were used as data collection tools in the study. It was found that 47% of the family members of individuals with substance use disorder had moderate depression symptoms and 20% of them had mild depression symptoms. It was determined that as the participants' depression levels increased, problems in family relationships, problems in parenting skills, and problems in attitude toward the addicted member also increased. It has been found the depression level was higher in women, the parenting skills of the mothers were more inadequate. This research is important as it shows that substance addicted individuals need psychotherapeutic intervention, rehabilitation programs, psychoeducation, and psychosocial support regarding the addiction process, tailored to the needs of their family members.

Keywords: attitude, depression, family relations, substance use disorder

Introduction

Substance use disorder is becoming more common all over the world day by day and is considered

a social problem because it is related to health, social, and economic areas. In the 2022 World Drug Report published by the United Nations Office on Drug Crime (UNODC), it is stated that the rate of

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substance use in 2010 increased by 22% to 274 million in 2019, and this rate is estimated to increase to 299 million in 2030 (UNODC 2022). Substance use rates are also a problem in Turkey; the number of outpatient treatment applications in 2021 is 247,390 and the number of applications to inpatient treatment centers is 15,497 (Türkiye National Drug Report, 2022).

Substance use has a multidimensional structure that cannot be explained only by individual factors and should be addressed with biopsychosocial factors (Skewes & Gonzalez, 2013). From this perspective, the family can be a risk factor in the process of starting to use substances and becoming addicted and can also be a social support mechanism in the process of receiving treatment and post-treatment adaptation (Harrison & Asche, 2001). Therefore, the family's relationship with substance addiction is two-way.

The inability of an individual with a substance use disorder to fulfill their responsibilities within the family, spending too much time on substance-related issues, and experiencing financial losses may cause the roles within the family to change and the functionality of the family to deteriorate (Petin, 2014). Studies show that having a substance user in the family increases the stress and depression levels of other family members (Ekinçi et al., 2016; Yüncü et al., 2009; Şenormancı et al., 2019). Therefore, substance use disorder is also a family disease (Ögel, 2010). Preserving family functionality and support mechanisms and maintaining healthy communication within the family are crucial factors in the successful completion of the treatment process and the subsequent social adaptation process (Küçükşen et al., 2016). In this context, evaluating the situation of the family in interventions related to substance addiction is especially important to increase the success of treatment. Starting from this point, the aim of this study is to determine the depression levels and attitudes of families of individuals with substance use disorders toward the addicted member and to evaluate the relationship between them. In the research, the answers to questions such as, "What are the participants' depression levels?" "What are the participants' family relationships like?" and "Is there a relationship between the participants' depression levels and their family relationships?" were sought.

Material and Methods

This cross-sectional study examines the depression levels of family members of individuals with substance use disorders and the relationship between family members. Manisa Celal Bayar University Faculty of Medicine Health Sciences Ethics Committee dated 05 February 2020 and numbered 204784860-050.04.04, it was decided that the research was ethically appropriate. Due to COVID-19 pandemic conditions, data could be collected between 21 March 2022 and 20 September 2022.

Sample

The required sample size for the research was determined using power analysis. Using the G*Power program, the sample size was calculated as a minimum of 102 people in a two-way single group when power = 0.85, α = 0.05, d (effect size) = 0.3. The sample consists of all family members of individuals with substance use disorder who applied to Manisa Amatem between 21 March 2022 and 20 September 2022 and agreed to participate in the research without selecting any sampling method. Data were collected by

conducting one-on-one interviews with 106 first-degree family members who voluntarily agreed to participate in the research. The interviews were conducted after providing the necessary information about the research and obtaining informed consent.

Data Collection Tools

Data were collected through a questionnaire containing sociodemographic and substance use disorder-related characteristics created by scanning the literature, and a survey form containing the Family Addiction Profile Index Scale and the Beck Depression Scale.

Questionnaire containing sociodemographic and substance use disorder characteristics

A 19-question form was given to the participants, which included variables such as gender, age, education level, gender of the substance addict, how many times s/he had applied for treatment before, living with the substance addict, and having previously attended a training program on substance addiction.

Family addiction profile index scale (BAPI-A)

The scale was developed by Ögel et al. (2017) and was created as a 3-point Likert-type (Agree – Partly/Sometimes – Disagree) scale consisting of 10 questions for the purpose of evaluating intra-family relationships in families with individuals with substance use disorders. The sub-factors of the scale are family members' rulemaking, responsibility-giving, conflict resolution skills, family ties, and the family's attitude toward the addict. Family members' rulemaking, responsibility-giving, and conflict-resolution skills can be gathered under a single factor titled "parenting skills." Increasing scores on the scale and sub-factors indicate that problems in family relationships are increasing. Although the Cronbach alpha coefficient of the scale is 0.82, the Cronbach alpha coefficient in this study was found to be 0.77.

Beck Depression Scale

The scale developed by Beck et al. (1961) aims to measure depression symptoms. The Cronbach alpha value of the scale, whose Turkish validity and reliability study was conducted by Hisli (1989), was found to be 0.80. The scale, consisting of 21 questions, is in a four-point Likert format, and the questions are evaluated between 0 and 3 points to obtain a minimum of 0 and a maximum of 63 points. According to the scale, 0 – 9 points indicate normal (no signs of depression), 10 – 18 points indicate mild depression, 19 – 29 points indicate moderate depression, and 30 – 63 points indicate severe depression. The Cronbach's alpha coefficient of the scale in this study was found to be 0.87.

Analysis of data

Data were evaluated using descriptive statistics (number, percentage, mean, standard deviation, etc.), kurtosis and skewness values in normality analyses, chi-square test, Mann – Whitney *U*-test, Kruskal – Wallis *H*-test and Spearman correlation test. To detect variables that differed as a result of the Kruskal – Wallis *H*-test, the Mann – Whitney *U*-test was applied in pairwise combinations and evaluated by applying Bonferroni correction. The statistical significance level was set at 0.05.

Results

It was observed that 57.5% of the sample group of the research ($n = 106$) was female. The majority consisted of individuals

Table 1.
Sociodemographic Characteristics of Participants (N = 106)

Variables	N	%
Gender		
Female	61	57.5
Male	45	42.5
Age		
18 – 31 years old	12	11.3
32 – 45 years old	29	27.4
46 – 59 years old	54	51
60 – 72 years old	11	10.4
Mean ± SD	46.77 ± 11.63	
Median (min-max)	48 (18 – 72)	
Educational Status		
Illiterate/literate	10	9.4
Primary school	65	61.3
High school	26	24.5
University	5	4.7
Marital status		
Single	9	8.5
Married	80	75.5
Divorce/Living apart from spouse/ Spouse died	17	16
Degree of closeness to a family member with a substance use disorder		
Mother	37	35
Father	36	34
Sibling	14	13
Spouse	19	18
Employment Status for the last 6 months		
Employee	50	47.2
Nonemployed	42	39.6
Retired	14	13.2
Monthly income assessment		
Low	67	63.2
Medium	30	28.3
Well	9	8.5
Living with family member with a substance use disorder for the last 6 months		
Yes	68	64.2
No	38	35.8
Having received training from an expert on substance use disorder		
Yes	21	20
No	85	80
Thinking that substance use disorder is a treatable disease		
Yes	97	91.5
No	9	8.5

Note: SD = Standard deviation; min = Minimum; max = Maximum.

between the ages of 46 – 59, with the youngest being 18 years old and the oldest being 72 years old, with a rate of 51%, and the highest rate, 61.3%, were primary school graduates. Thirty-five percentage of the participants are the mothers of the individual with a substance use disorder, 34% of them are the fathers, and 64.2% of the participants live with their family member who is addicted to substance use. Eighty percentage of the sample group has not previously attended any training program on substance use disorder, and 91.5% think that substance addiction is a treatable disease (Table 1).

Considering the characteristics of the participants’ family members with substance use disorder, it has been seen that 92.5% were male and 35% had applied to any institution for treatment once before, 36% had applied to an institution for treatment two times before, and 27% had applied to an institution for treatment three or more times before.

When the participants’ BAPI-A mean scores were examined, it was seen that families with addicted members received 8.73 ± 2.73 points from the parenting skills subdimension, 1.61 ± 1.23 from the family ties subdimension, 2.5 ± 1.18 points from the attitude toward the addict subdimension, and 12.88 ± 3.89 from the total scale score. Considering the cut-off points of the scale, within the scope of this research, it was determined that family members had inadequate parenting skills, attitudes toward the addicted individual were inadequate, and there were problems in family relations in general. When the Beck Depression Scale values were examined, it was seen that the mean score was 20.13 ± 9.92 and 47% ($n = 50$) of the participants had moderate depression (Table 2).

It was found that the median scores on the BAPI-A Scale were higher for participants who did not think addiction was a

Table 2.
Distribution of Participants’ Scores Obtained From BAPI-A and Beck Depression Scale (N = 106)

Scales	Subdimensions	Mean ± SD	Min-Max Value
BAPİ-A Scale	Parenting skills	8.73 ± 2.73	0 – 12
	Family ties	1.61 ± 1.23	0 – 4
	Attitudes toward the addicted	2.53 ± 1.18	0 – 4
	BAPİ-A Total	12.88 ± 3.89	2 – 20
Beck Depression Scale	Depression Total	20.13 ± 9.92	3 – 56
		Sayı	%
	No risk of depression (0 – 9 puan)	16	15
	Mild depression (10 – 16 puan)	21	20
	Moderate depression (17 – 29 puan)	50	47
	Severe depression (30 – 63 puan)	19	18

Note: BAPİ-A = Family Addiction Profile Index Scale; SD = Standard deviation; min = Minimum; max = Maximum.

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treatable disease, and these participants had more problems in their family relationships ($U = 262$; $p < .05$; Table 3).

It was observed that there was a statistically significant association between the degree of closeness to the individual with a substance use disorder and the parenting skills subdimension, and that mothers' parenting skills are poorer than those of fathers, spouses, and siblings ($\chi^2 = 9.124$; $p < .05$). However, it was observed that the participants in the group who were illiterate,

literate and primary school graduates had more problems in family ties compared to the participants who were secondary school and university graduates ($\chi^2 = 8.597$; $p < .05$; Table 3).

A statistically significant association was detected between the family structure and the attitude toward the addict subdimension of the BAPI-A Scale, and it was found that participants with nuclear families had less adequate attitudes toward dependent members compared to participants with single-parent families (U

Table 3.
Relationship of BAPI-A Scale and its Subdimensions With Some Sociodemographic Variables

Variables	BAPİ-A Total Median (min-max)	Parenting Skills Subdimension	Family Ties Subdimension	Attitudes Toward the Addicted Subdimension
Gender				
Female	14 (6 – 18)	10 (2 – 12)	2 (0 – 4)	2 (0 – 4)
Male	13 (2 – 20)	9 (0 – 12)	1 (0 – 4)	3 (0 – 4)
<i>U</i>	1263	1250	1342.5	1317.5
<i>p</i>	.482	.429	.843	.716
Thinking that substance use disorder is a treatable disease				
Yes	13 (2 – 20)	9 (0 – 12)	1 (0 – 4)	3 (0 – 4)
No	16 (10 – 18)	11 (7 – 12)	3 (0 – 4)	2 (1 – 4)
<i>U</i>	262	290.5	261	419.5
<i>p</i>	.047*	.95	.40	.842
Degree of closeness to a family member with a substance use disorder				
Mother	15 (6 – 18)	10 (2 – 12)	2 (0 – 4)	2 (0 – 4)
Father	14 (3 – 20)	9 (3 – 12)	1 (0 – 4)	3 (0 – 4)
Sibling	11 (7 – 16)	7 (4 – 10)	1 (0 – 3)	3 (1 – 4)
Spouse	13 (2 – 17)	8 (0 – 12)	1 (0 – 4)	3 (0 – 4)
χ^2	5.522	9.124	2.853	2.423
<i>p</i>	.137	.028*	.415	.489
Educational Status				
Illiterate / Literate	15 (11 – 17)	10 (9 – 12)	2 (1 – 4)	3,5 (0 – 4)
Primary school	14 (2 – 20)	9 (0 – 12)	2 (0 – 4)	2 (0 – 4)
High school	12 (6 – 17)	8 (2 – 12)	1 (0 – 4)	3 (1 – 4)
University	11 (7 – 16)	7 (6 – 11)	1 (0 – 3)	2 (1 – 4)
χ^2	7.688	6.479	8.579	2.031
<i>p</i>	.053	.090	.035*	.566
Family Structure				
Elementary family	14 (2 – 20)	9 (0 – 12)	1 (0 – 4)	3 (0 – 4)
Single parent family	14,5 (3 – 18)	9,5 (3 – 12)	2 (0 – 4)	2 (0 – 4)
<i>U</i>	812	779,5	673	519
<i>p</i>	.391	.295	.252	.004*
Use of tobacco product				
Yes	13 (2 – 20)	9 (0 – 12)	1 (0 – 4)	2 (0 – 4)
No	14 (6 – 20)	9 (3 – 12)	2 (0 – 4)	3 (0 – 4)
<i>U</i>	1139	1269.5	1159.5	1057.5
<i>p</i>	.134	.506	.160	.037*

Note: * $p < .05$; BAPİ-A = Family Addiction Profile Index Scale; min = Minimum; max = Maximum; U = Mann – Whitney U -test; χ^2 = Kruskal – Wallis test.

Table 4.
Relationship Between Beck Depression Scale and Some Sociodemographic Variables

Variables		Degree of Depression								χ^2	<i>p</i>
		No Risk of Depression		Mild		Moderate		Severe			
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
Gender	Female	3	5.0	6	9.8	37	60.7	15	24.6	26.177	<i>p</i> < .001*
	Male	13	29.0	15	33.3	13	28.9	4	8.9		
Marital status	Single	4	44.0	2	22.2	2	22.2	1	11.0	12.016	.035*
	Married	10	12.5	17	21.3	42	52.5	11	13.8		
	Divorce/Living apart from spouse/Spouse died	2	11.8	2	11.8	6	35.3	7	41.2		
Degree of closeness to a family member with a substance use disorder	Mother	0	0.0	1	2.7	23	62.2	13	35.1	46.202	<i>p</i> < .001*
	Father	7	19.4	13	36.1	12	33.3	4	11.1		
	Sibling	8	57.1	3	21.4	3	21.4	0	0.0		
	Spouse	1	5.3	4	21.1	12	63.2	2	10.5		
Living with family member with a substance use disorder for the last 6 months	Yes	7	10.3	11	16.2	35	51.5	15	22.1	6.713	.082
	No	9	23.7	10	26.3	15	39.5	4	10.5		
Having received training from an expert on substance use disorder	Yes	2	9.5	5	23.8	10	47.6	4	19.0	.807	.874
	No	14	16.5	16	18.8	40	47.1	15	17.6		

Note: χ^2 = Chi-square test statistics; * *p* < .05.

= 519; *p* < .05). However, participants who do not use tobacco products have poorer attitudes toward the addicted member of the family compared to participants who do (*U* = 1057, *p* < .05; Table 3).

No statistically significant association was found between the participants' BAPI-A Scale scores and whether they were male or female, married, single, or divorced, number of times the relative of a substance addict applied to treatment, whether they lived in the same house with the addict, and whether they had received training on substance addiction (*p* > .05). While 5% of female participants and 29% of male participants with family members with substance addiction did not have depression, 60.7% of females and 28.9% of males were found to have moderate depression. It was determined that this difference between gender and depression levels was statistically significant, and the depression level was higher in women. Depression levels of the participants according to their marital status are also statistically significant. While 44% of single people do not have depression, 52.5% of married people have moderate depression, and 41.2% of divorced/separated/spouse-deceased people have severe depression (Table 4).

A statistically significant association was detected between the degree of closeness to the individual with a substance use disorder and the depression levels of the participants. While 57.1% of siblings do not have depression, moderate depression is present in 62.2% in mothers, 33.3% of fathers, and 63.2% of spouses. It is seen that depression rates are especially higher in mothers and spouses (Table 4).

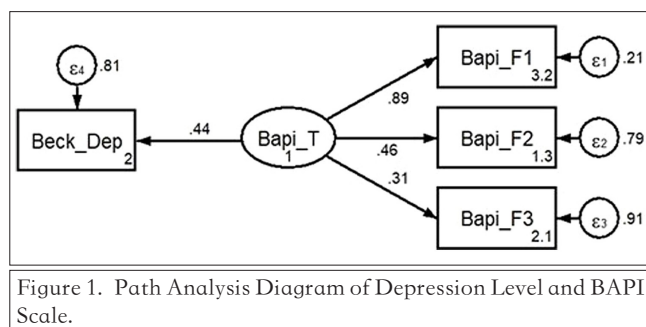
No statistically significant association was detected between the participants' depression levels and whether they lived with a family member with a substance use disorder or received education on substance addiction (*p* > .05).

A weakly positive statistically significant association was detected between the participants' Beck Depression Scale mean scores, BAPI-A Scale score mean, parenting skills subscale mean score, and attitude toward addict subscale mean score. Accordingly, as the participants' depression levels increase, problems in family relationships, problems in parenting skills, and problems in attitude toward the addicted member also increase (Table 5).

Table 5.
Relationships Between Beck Depression Scale and BAPI-A and its Subdimensions

		BAPI-A Scale			
		Parenting Skills Subdimension	Family Ties Subdimension	Attitudes Toward the Addicted Subdimension	BAPI-A Total
Beck Depression Scale	<i>r</i>	.375	.130	.281	.395
	<i>p</i>	<.001*	.185	.003*	<.001*

Note: BAPI-A = Family Addiction Profile Index Scale; *Spearman correlation test *p* < .05.



The effect of participants' family relationships on their depression levels was examined using structural equation modeling. It is seen that the model meets the required goodness of fit values ($\chi^2 = 6.953$, $SD = 2$, $\chi^2/SD = 3.47$, $RMSEA = 0.153$ ($LO = 0.040$, $HI = 0.284$), $CFI = 0.893$, $SRMR = 0.057$, $TLI = 0.680$). The standardized prediction results of the model are shown in Figure 1. It has been found that problems in family relationships have a positive effect on the level of depression and directly affect it ($\beta = 0.44$, $p = .011$). Family relationships explain a total of 20% of the variation in depression level ($R^2 = 0.20$).

Discussion

In this study, which was conducted to determine the depression levels of families of individuals with substance use disorders and their attitudes toward the addicted member, it was found that 47% of the participants had moderate depression symptoms and 20% had mild depression symptoms. In addition, it was determined that family members' attitudes and parenting skills toward the addicted individual were inadequate and that there were problems in family relationships. In the correlation analyses, although at a weak level, it is seen that as the participants' depression levels increase, problems in family relationships, problems in parenting skills, and problems in attitude toward the addicted member also increase. It has been found that problems in family relationships have a positive effect on the level of depression and directly affect it. Family relationships explain a total of 20% of the variation in depression level.

Although it is seen in the literature that research focuses on the family functionality of families with substance use disorders, both studies conducted with family members (Bortolon et al., 2016) and studies conducted with addicted individuals (Hidalgo Carmona et al., 2008; Öngel Atar et al., 2016; Küçükşen et al., 2016) there appear to be problems in family functionality. Studies show that there are symptoms of depression in family members of individuals with substance use disorders (Şenormancı et al., 2019; Ekinçi et al., 2016; Ólafsdóttir et al., 2019; Madiga & Mokwena, 2022).

In our research, it is seen that the depression levels of female participants are higher than those of male participants. There are studies in the literature that support this finding (World Health Organization, 2017; Kendler et al., 2001). However, it should be noted that there are also studies that do not agree with this finding (Ólafsdóttir et al., 2019; Madiga & Mokwena, 2022). It is thought that the cultural structure, family structure, and

intra-family relations of families with an addicted member may affect the depression levels of male and female members of that family in different ways.

There was no relationship between participants living with a family member with a substance use disorder and their depression levels. This finding differs from the literature (Benishek et al., 2011; Lander et al., 2013; Madiga & Mokwena, 2022). Family structure, distribution of roles within the family, and cultural factors may determine the relationship between living with a person with a substance use disorder and depression levels. It is thought that detailed research is needed on this subject.

In our research, it was found that mothers' parenting skills were poorer than those of other family members. Studies emphasize that mothers with substance-addicted children can take on the responsibilities of their children and that the substance user may have difficulty realizing the consequences of his own addiction; therefore, this is not a correct parental attitude (Bortolon et al., 2016; Nalbantoğlu & Tuncay, 2023; Denning, 2010). In addition, parental rejection is one of the frequently encountered problems in the mothers and fathers of individuals with substance use disorders (Pomini et al., 2014; Bircan et al., 2019; Yüncü et al., 2015).

Family ties were found to be insufficient for participants who were primary school graduates and those with lower education levels. There are results in different studies that family functions are perceived as healthier as the education levels of mothers and fathers increase (Küçükşen et al., 2016).

In our study, it was found that participants with nuclear families had less adequate attitudes towards dependent members compared to participants with single-parent families. It was not possible to compare this finding one-on-one, but in Karataş's (2020) study on family functions in families with substance use disorders, it was stated that the family functionality of nuclear families is healthier than single-parent families. Attitudes towards addicted members change according to family type, which may be related to changing family roles and changing family structures during the substance use process. In this context, there is a need for studies examining how the effects of substance use on the family vary according to family type. In addition, empowering families to gain knowledge about addiction and the treatment process by attending addiction training will also change their attitudes towards the addicted individual. However, another factor that positively affects the attitude toward the addicted family member was found to be tobacco product use. This finding can be explained by the fact that people who have similar experiences with substance use and understand the natural structure of addiction can empathize more easily and therefore develop less negative thoughts and behaviors about addicted individuals (Toronto Drug Strategy Implementation Panel, 2010).

Although it is seen that research on the subject focuses on how individuals with substance use disorders perceive their depression levels and family functionality (Karataş, 2020; Öngel Atar et al., 2016; Hidalgo Carmona et al., 2008; Küçükşen et al., 2016; Bidokhti et al., 2006; Selegim et al., 2011), there is limited

information about the depression levels of family members in this process, families' attitudes toward the addicted member, parenting skills, and how they perceive intra-family relationships. Therefore, it is thought that the findings of this study will bring a new perspective to the literature and family-based studies to be applied in the treatment of substance use disorders.

In conclusion, our research findings show that depression symptoms are high in family members of individuals with substance use disorders, family members' attitudes and parenting skills toward the addicted member are inadequate, and there are problems in family relationships. Addiction is a family disease, and it is very important to include the family system in the treatment process. Therefore, conducting research on the functions and characteristics of family systems involved in substance addiction will help strengthen family behaviors and create family-based interventions. Our study findings show that substance-addicted individuals need psychotherapeutic intervention, rehabilitation programs, psychoeducation, and psychosocial support regarding the addiction process, tailored to the needs of their family members.

Limitations and Directions/Suggestions for Future Research

In this study, we consider it a limitation that no structured clinical interviews were conducted at the stage of clinical diagnosis, except for the scales used during interviews with individuals. The fact that the family members of addicts who use any illegal substance instead of a specific illegal substance are included in the research is also a limitation of this study. The advantage of the study is that the research took place in a regional psychiatric hospital where many patients from the Aegean region, the Mediterranean, and the Marmara region were admitted. It is thought that similar studies to be conducted in this area with larger samples and with the participation of different cultures will be useful in determining the areas of psychological and social support needed by family members and in creating the content of the interventions to be applied according to these areas.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

Ethics Committee Approval: This study was approved by the Ethics Committee of Manisa Celal Bayar University Faculty of Medicine Health Sciences (approval number: 204784860-050.04.04; date: 05 February 2020).

Informed Consent: Informed consent was obtained from the patients who agreed to take part in the study.

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