Family Profile of Substance Addicted Individuals

Madde Bağımlısı Bireylerin Aile Profili

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Abstract

Today, substance use and related risks are increasing day by day, and the influence of the family on substance addiction is important. Studies show that the families' socioeconomic characteristics, structure, and relationship patterns between the members and substance abuse affect the families of substance addicted individuals in various ways. In addition, studies have shown that the attitude and behavior of the family towards substances are effective in the substance use of individuals, especially in adolescence. Furthermore, the breakdown of the family for various reasons is effective in the orientation of individuals toward substance use. The presence of a substance addicted member in the family negatively affects the functioning and health of the family. In this study, the profiles of the families of substance addicts living in Sakarya were revealed by adopting a descriptive screening model, and it was aimed to make some concrete suggestions about this by examining the effects of family characteristics on addicted people. Accordingly, 147 people who reside in Sakarya and have substance addicted

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family members were reached by snowball sampling and survey questions were asked. The data obtained were analyzed with basic statistics and chi-square tests in the SPSS program. According to the findings obtained from the research, it was observed that the economic level of the families of substance addicted individuals was at the lower-middle income level, they did not have regular income, they were the middle-aged, there was no one in the family who had used drugs before, and family relationships and communication were positive. Families think that peer influence is highly effective in substance addiction. When families learn that the addicted person is using drugs, they are shaken economically and psychologically and experience a loss of social reputation. It is noteworthy that family members trained on substance addiction are highly aware of addiction and have a hortative attitude towards the addicted individual.

Keywords: Addiction, Substance Addiction, Family

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Öz

Günümüzde madde kullanımı ve buna bağlı riskler her geçen gün artmakta ve madde bağımlılığında ailenin etkisi önem arz etmektedir. Araştırmalar madde bağımlısı bireylerin ailelerinin sosyoekonomik özellikleri, yapısı, aile üyeleri arasındaki ilişki kalıpları ile madde kullanımı çeşitli şekillerde etkilediğini, ailenin maddeye yönelik tutum ve davranışının özellikle ergenlik dönemindeki bireylerin madde kullanımında etkili olduğunu ya da ailenin çeşitli sebeplerle parçalanmasıyla bireylerin madde kullanımına yönelmesinde etkili unsurlar olduğunu göstermektedir. Ailede madde bağımlısı bir üyenin olması, ailenin işleyişini ve sağlıklı olma halini olumsuz yönde etkilemektedir. Bu araştırmada betimsel tarama modeli benimsenerek Sakarya'da yaşayan madde bağımlılarının ailelerinin profilleri ortaya koyulmuş, aile özelliklerinin bağımlı kişilerdeki etkileri incelenerek buna yönelik bazı somut önerilerde bulunmak amaçlanmıştır. Bu doğrultuda Sakarya'da ikamet eden ve ailesinde madde bağımlısı bulunan 147 kişiye kartopu örneklem yöntemiyle ulaşılmış ve anket soruları yöneltilmiştir. Elde edilen veriler, SPSS ortamında temel istatistikler ve ki-kare testleri ile analiz edilmiştir. Araştırmadan elde edilen bulgulara göre madde bağımlılarının ailelerinin ekonomik düzeyinin alt-orta gelir düzeyinde olduğu, düzenli gelire sahip olmadığı, orta yaş döneminde oldukları, ailede daha önce madde kullanan kimsenin olmadığı, aile içi ilişkilerin ve iletişimin olumlu yönde olduğu görülmüştür. Aileler madde bağımlılığında akran etkisinin yüksek olduğunu düşünmektedir. Aileler bağımlı kişinin madde kullandığını öğrendiklerinde ekonomik ve psikolojik açıdan sarsılmakta, toplumsal itibar kaybı yaşamaktadır. Madde bağımlılığına dair eğitim alan aile üyelerinde bağımlılık bilincinin yüksek olması, bağımlı bireye yönelik tepkilerin nasihat verici tutumda olması dikkat çekicidir.

Anahtar kelimeler: Bağımlılık, Madde Bağımlılığı, Aile

1. Introduction

Addiction, one of the most important problems of today's societies, is a state of having more than the normal willingness to any object. Addiction can be defined as an unavoidable desire for an object, person, or behavior, even if it harms physical and mental health. In the APA Dictionary of Psychology, addiction is a psychological or physical (or both) dependence on alcohol or other drugs. Addiction is the state in which the person wants to quit the substance he/she uses and cannot quit despite making various efforts for this purpose, that withdrawal symptoms appear during the withdrawal efforts or that although he/she knows the harms, he/she continues to use the substance and has to constantly increase the dose of the substance he/she feels the need to use (Genç and Altıparmak, 2018 104). Substance addiction is one of the most damaging types of addiction to individual and community health.

Addictive chemicals that cause physical, behavioral and spiritual changes when they enter the body are called addictive substances. These substances are referred to as psychoactive (psychotropic) substances in medical resources. Volatile substances, marijuana, ecstasy and pills are among the harmful substances used. The use of these substances has consequences such as increased energy, vitality, relaxation, relaxation, increased vision and hearing, impaired reflexes and distraction, headache, nausea, vomiting, obstruction, choking, damage to many organs and sudden deaths (Ögel et al., 2004) The substance, which starts to be used with the idea of "nothing happens at once" for purposes such as adapting to the environment of friends or taking pleasure, captures individuals after a while and makes them unable to stop using it.

According to the 2021 World Drug Report published by the United Nations Office on Drugs and Crime (UNODC), approximately 275 million people worldwide used drugs in 2020, and approximately 500 thousand died due to substance use in 2019 (Yeşilay, 2023).

Substance use is a common problem that all countries struggle with, becoming more dangerous day by day (Mutlu, 2018; Ersoy, 2015), and although it affects people of all ages, it is especially dangerous for children, adolescents and young adults. The age of substance initiation is decreasing day by day, and it is seen that children start to use substances in their early teen years (Yılmaz, 2022). The reasons that lead individuals to substance use can be listed as inappropriate friends, curiosity, presence of someone using in the family or social environment, troubles and troubles, family problems, caring, low level of education and easy access to the substance (Koçak, 2014; Asan, 2015; Avşar, 2016; Nergiz, 2018, Kurşun, 2021, Farook, 2019).

Low academic performance, job instability, pregnancy and sexually transmitted diseases at a young age, theft and violence are observed among substance abusers (Sussman et al., 2009).

Individuals who cannot give up their substance addiction turn to the substances they can access easily or create new substances in their own way when they cannot find the substance they are addicted to (Genç and Taylan, 2017:187). Substance addiction negatively affects the physical, psychological and social health of individuals, reduces the human capital of countries, and causes problems in labor and employment. Addicted individuals are inadequate in knowledge, skills and equipment because they cannot complete their education and work in jobs below their capacity as unskilled personnel. They also have problems being continuous in their jobs and being able to continue their work. All these issues cause addicted individuals to lose income or not have a regular income.

The social sciences try to explain the behavior of substance use from a social perspective, but it starts with the individual's relationship with their family, other people and society (Polat, 2014). The family includes risky and protective substance use factors (Vakalahi, 2001). While the negative attitudes of the family can push the family members to use substances, the healthy and disciplined nature of the family can protect them from being addicted.

Among the reasons for starting to use substances, uneasy family environment, family problems, conflicts with parents, inadequate relationships (Yaman, 2014; Kurum, 2021), decreased family loyalty, inability to take care of children, the negative impact of the family institution in the face of the change, young people seeking artificial happiness and feeling of dissatisfaction, living conditions and difficulty in finding work (Genç and Altıparmak, 2018: 105), fragmented family structures, lack of love and indifference, inconsistent parental relationships, violence against the child, authority gap in the family and the substance habits of the parents are listed. It was found that children who grew up in fragmented families, experienced family unrest, were raised with unhealthy parenting attitudes, and had high psychoactive substance use; similarly, those who were far from family control, those who were in bad groups of friends and those who were weak in school success also used psychoactive substances (Noyan and Şengezer, 2018). The unhealthy family environment, which cannot fulfill its functions and cannot adequately meet the needs of its members, such as love, protection and belonging, causes many other problems and is especially effective in the addiction of its young members to substances.

Individual problems with the family, insecure attachment to the parents, negative parents' attitude, having a disintegrated family, conflicts in the family subsystems and inadequate social

support pose a risk in terms of substance use during adolescence (Cömert and Ögel, 2014; Çelebi and Uslu, 2019; Gökler and Koçak, 2008). In addition, learning about an individual's substance abuse by the family makes relationships with the family worse (Yaman, 2014). The deterioration of family integrity, the absence of controlling the child's circle of friends, the risks of the street and the deterioration of the family communicative relations push the individual to use substances and speed up the process.

Having a substance-addicted family member brings many problems by disrupting the routines and healthily fulfilling the duties of families. Knowing about the families of substance-addicted individuals and the effects of substance abuse on the family is important in the fight against substance abuse. This study aims to construct family profiles with the data collected from family members of substance-addicted individuals, to determine family characteristics and the effects of substance addiction on the family.

1.1. The Role of Family in Substance Addiction

The family is the most basic institution of society, small but very comprehensive and mysterious, with different definitions accepted by everyone. It can be described as the smallest organized unit of society (Genç and Seyyar, 2010), consisting of people connected by kindreds. To define it in general terms, a family is a basic social unit consisting of individuals who are related to each other through kindred ship, marriage and other legal ways and who mostly live in the same household, where the sexual, psychological, social, cultural and economic needs of its members are met. The adaptation and participation of individuals in society are ensured and regulated.

Today's modern family consists of parents and children. It is a nuclear family. However, the internet and virtual environment, which have an effective power in the family, affect the family very much like the family member. Mathematically, suppose we need to add all the elements that affect the family in the first degree to the definition of the family. In that case, If the problems or the factors in the family structure cannot be put forward healthily, then it may not be possible to analyze the family structure fully. This virtual environment, which affects the family internally without making them feel and tries to direct the family members, facilitates substance use and access to substances. Thus, the family positively or negatively affects substance addiction and is also affected by the process.

Initially, while the individual is handled alone in the treatment and rehabilitation of substance addicts, including family members in the process is realized by recognizing the destructive

effects of substance abuse for the family and its members (Mutlu, 2013). Family-based therapies have recently been recognized as among the most effective approaches for adolescent drug use (Rowe and Liddle, 2007). With the inclusion of the family in the process of addiction, the concepts of "addicted family" and "co-addiction" have come to the agenda. Co-addiction involves unhealthy attitudes and behaviors of the addicted individual's immediate environment as they cope with the process. Co-addicted individuals try to close the deficits of the addicted individual and prevent possible conflicts and put the addicted members' needs ahead of their own (Çakır et al., 2022). Individuals who take care of substance addicts experience anxiety, depression, stress and psychological distress, and the burden of care includes anxiety, financial anxiety and stress (Russell et al., 2022). Parents are especially uncomfortable with other family members becoming addicted, worrying, and restless about the individual and the process. The struggle with addiction wears out family members.

The family stands at an important place in preventing the spread of substance abuse and combating substance abuse. Family socioeconomic characteristics, structure, relationship patterns between its members and substance use affect in various ways. When families of addicted people are examined, it is seen that the parents in these families have low education and income level or that there is a chronic patient in the family (Kurşun, 2021; Yılmaz, 2022). Parents with low educational and economic levels cannot keep track of their children's educational life, academic success, grades and adaptation to the school. Especially in families with low economic levels, children are expected to support the home economy by working after school and during the summer holidays. The importance given to the education of children who enter the working life at an early age and earn more than their level is decreasing; thus, absenteeism and drop-out are more common in these children.

Applied parenting attitudes affect children's personality development, behavior patterns, relationships with other individuals, and deviating behaviors such as crime and addiction. Baumrind (1966) classifies parenting attitudes parents practice toward their children as authoritarian, democratic, and permissive. Apgar (2018) adds indifferent parenting to these parenting attitudes. The attention and warmth of authoritarian parents are low when their children have high expectations. The expectation and warmth shown in democratic parents are also high. In permissive families, both expectation and interest and warmth are low. Being raised with an authoritarian or permissive parental attitude is a risk factor for substance abuse (Çelebi and Uslu, 2019). Of course, family types and behaviors are important in addiction, but

family is not the only factor. Since this research is based on the family profile, the study is limited to the family-based perspective.

In authoritarian families, substance abuse behavior in adolescents with oppressive parental attitudes can be seen as "proving that they are growing up or rebelling against authority". It is known that individuals growing up in authoritarian families exhibit more substance abuse behavior than those growing up in democratic families. Children who can communicate with their parents healthily and comfortably and express their thoughts freely have low levels of substance abuse (Ersoy, 2015). It has been observed that individuals with fearful, obsessive or indifferent attachment to their parents have more substance abuse than those with secure attachment (Cömert and Ögel, 2014).

It is seen that children raised with the feeling of "worthlessness" without receiving enough love and respect with pressure adapt to the dynamics of the group in order to feel belonging and value in the group of friends consisting of substance abusers. Due to society's view of substance addicts and their exclusion, the bonds of addicts with these groups are strengthened (Koçak, 2014). The fact that individuals who abuse substances need money to procure substances paves the way for their involvement in other crimes, such as substance trafficking and extortion. Due to social exclusion or an unhealthy family environment, addicted young people involved in street culture with their peers may be involved in different crimes (Kurşun, 2021). Although substance abuse is a social problem, it is seen to be the cause of many problems.

Family attitudes and behaviors towards substances also influence adolescents' substance abuse. The abuse of substances by parents or family members in the family increases the risk of addiction (Tektaş Soy and Kocataş, 2020; Çakır et al., 2022). Approval of substance abuse in the family and smoking and alcohol use are similar risk factors. Although smoking and alcohol use are perceived as innocent with the dimension of addiction, it is a step towards using other substances.

The perception of smoking and alcohol use as indicators of youthfulness in adolescents increases the use rates. Individuals who smoke and drink alcohol have a higher risk of developing addiction to other substances. Therefore, while the use of cigarettes and alcohol is not very important in the fight against addiction at the beginning, it is seen that prevention and awareness studies have been carried out more effectively in recent years (Gövebakan and Duyan, 2015).

The breakdown of the family for various reasons is effective in the case of the well-being of its members. The single-parent family environment poses a risk of substance addiction as in other problems. It has been determined that children from single-parent families have more problematic substance abuse than those living with their parents (Barret and Turner, 2005). The lack of one of the parents in the family creates a lack of authority over the child, and the child who grows up lacking in the roles of the mother or father may face different risks by trying to close that gap from other places.

1.2. The Effects of Addiction on the Family

When the family works harmoniously and healthily as part of a system with all its members, it achieves balance. The distribution of power within the family, communication, the roles undertaken, and the interest shown by the members in each other make the family system balanced. Substance addiction is one of the important problems that disrupt the balance of the family system.

The presence of a substance addicted member in the family negatively affects the functioning and health of the family. After learning about the family member's addiction, the interest is focused on this member and the needs of other members are evaluated in the background. When the addicted individual is a child, the situation affects the parents and siblings, while when he/she is a spouse, it affects other spouses and children. The problems caused by the two situations in the family structure differ. After learning that the child is addicted, the parents feel guilty and become overly interested. When one spouse is addicted, the other spouse assumes the family's responsibilities, which changes the family's balance of power. Domestic violence and divorce appear to be a phenomenon in addicted families (Çakır et al., 2022). The other spouse may not be able to accept the situation of the addicted spouse, which may cause the family problems to multiply and the family to disintegrate. In addition, the addicted parent cannot fulfill his/her parenting responsibilities towards his/her children. Depressive disorder, generalized anxiety disorder, enuresis, ADHD, low self-esteem, and psychiatric disorders are more common in children of substance-using parents (Taylan, 2018; Okasha et al., 2021). Since the side effects of the substance cause the recurrence of different diseases within the individual, it also leads to an increase in health-related problems.

With the negative view of society, the addicted individual and his/her family experience exclusion or stigmatization (Tektaş Soy and Kocataş, 2020; Erbay et al., 2016). It is the problems experienced by the addicted family that the addicted individual takes illegal ways for

the money he needs to obtain substances, gets used to robbery or theft, gets involved in crime, behaves violently or violently towards family members, acts irresponsibly in his/her family roles, has unusual changes in his/her behavior, lies, brings unwanted friends home.

The family and the social environment can observe and notice physical and behavioral symptoms of substance abuse. However, it is seen that families realize substance addiction late. When they learn, disappointment, shock, anger, surprise, panic, denial, hiding from the social environment, and violence are the reactions of families (Çakır et al., 2022). Sometimes, the "excessive interest" shown by the parent who learns that his/her child is addicted delays the normalization of the relationship between the parent and the young person (Yaman, 2014). It can be said that families with addicted individuals do not develop sufficient knowledge, awareness and skills about how to behave and what attitude they should adopt towards the event. In this regard, it is necessary to create social awareness as a preventive policy.

2. Method

This research was designed as an output of the "Causes, Solutions and Preventive and Rehabilitative E-Learning Platform for Substance Addiction" project carried out within the Scientific Research Projects Coordination Office of Sakarya University. Therefore, the research and data analysis were planned and realized within the project design framework.

This section includes the study model, study group, data collection tools, and data analysis.

2.1. Model

The quantitative research method was adopted in this study, and a descriptive design was put forward. Quantitative research is a type of research in which numerical data are used to reveal the relationship patterns of the events examined. The descriptive screening model, on the other hand, is a model preferred by researchers aiming to convey the examined situation as it is (Büyüköztürk et al., 2014). The research aims to reveal the basic profile of addicted families.

2.2. Study Group

The study group consisted of 147 family members who resided in Sakarya province in 2022 and had substance addicted members. Purposeful sampling and snowball sampling were used to determine the family members participating in the study. In the purposeful sample, the suitability of the people to be included in the research for the purpose of the research is taken into account (Ural and Kılıç, 2011). In the snowball sample, the research group is determined by reaching from person to person or from person to situation (Baltacı, 2018). The study aims

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to profile the families of substance addicted individuals. In this context, family members with characteristics suitable for the purpose of the study were determined based on the purposeful sample. Snowball sampling was used to reach more participants with similar characteristics. Thus, more people who could be included in the study were reached. The principle of voluntary participation was adopted to include the reached family members in the study.

Table 1. Findings Introducing the Study Group

Variable		%	Variable		%
Gender	Female	60.5	Housing Type	Apartment House	46.3
	Male	39.5		Slum/Tent	28.6
Age	16- 25	36.7		Detached House	25.2
	26- 35	19.7	Home Ownership	Own house	76.9
	36- 45	12.9		Lessee	20.4
	46- 55	22.4		House of relative	2.7
	56 and above	8.2	Occupation	Student	12.2
Marital Status	Married	61.2		Retired	4.1
	Single	25.9		Housewife	22.4
	Separated/Divorced	8.2		Civil Servant	4.1
	Widow/Spouse deceased	4.8		Engineer	3.4
Education	Illiterate	19.0		Healthcare Professional	2.7
	Literate but uncertificated	2.7		Crafter	4.8
	Primary education	28.6		Worker	14.3
	Secondary/Primary school graduate	7.5		Self-Employment	20.4
	High school and equivalent graduate	17.7		Unemployed	11.6
	University and above graduate	24.5	Living	Working a salaried job	25.2
Affinity Degree	Mother	16.3		Working with a daily income	17.7
	Father	10.2		Livelihoods with social assistance	4.8
	Son/Daughter	9.5		Retired	7.5

	Sibling	19.7		No income (unemployed)	11.6
	Spouse	18.4		Housewife	19.0
	Relative	9.5		Student	9.5
	Other	10.9		Receives support from family	4.8
	In Total	94.6		In Total	100.0

60% of the study group consists of women and 40% of men; more than half (56.4%) are under the age of 35. 61% of the family members interviewed were married, 26% were single, and 13% were divorced or separated. 53.8% of the participants completed the compulsory education process (at least high school graduates), 24.5% had university or higher education, 2.7% were literate, and 19% were illiterate. The ratio of individuals whose first and second-degree relatives are substance addicts (mother, father, child, sibling and spouse) is three-quarters. Most of the families live in their own homes, and almost half of them live in apartments. While housewife constitutes the most weighted segment in occupational distributions with about a quarter, this rate is followed by self-employed workers, workers and students with 20%, respectively. Some individuals in the study group stated they did not have a job at rate of 11.6%. One-quarter of the participants have a fixed monthly income, 17.7% work with daily wages, and 11.6% do not have any income.

2.3. Data Collection Tool

The data collection tool used in the research phase was structured with a project workshop held with the participation of public, university and civil society stakeholders working in the field of substance addiction. The project team finalized the draft that emerged as a result of the discussions during the workshop. Within the scope of the data collection tool, sociodemographic questions, questions about opinions and attitudes toward substance addiction, and questions about opinions and attitudes towards the fight against substance addiction were included.

2.4. Data Analysis

IBM SPSS 25 package program was used to analyze the data obtained as a result of the research. The data analysis performed considering a 95% confidence interval and 5% margin of error, frequencies, arithmetic averages and chi-square tests were included to reveal descriptive statistics.

2.5. Ethical Committee

The ethics committee approval of the research was obtained on 05.05.2021 by the decision numbered 54 taken at the meeting numbered 34 of the Social and Humanities Ethics Committee of Sakarya University. The relevant permission stated that the field research to be carried out within the project's scope, "Causes, Solutions and Preventive, Preventive and Improving E-Learning Platform for Substance Addiction," was ethically appropriate.

3. Results

In this section, in the study conducted with 147 people with substance addiction in the family (household), there are findings related to the history of substance use, the family's involvement in substance use, family communication, thoughts about the support and services needed, substance use according to the affinity degree of the participants, treatment and the friend environment of the addicted person, difficulties in communicating according to the education level of the participants and how they are affected by the addicted person.

3.1. Family History of Substance Abuse

It was found that three-quarters (75.5%) of the family members of the individuals who used substances did not use any substance, 12.9% had a history of substance use, and 11.6% were already using substances (Table 2). According to studies (Tektaş Soy and Kocataş, 2020; Çakır et al., 2022) showing that substance abuse by parents or family members in the family increases the risk of addiction, it can be said that the family risk is low in this study.

Table 2. Family Members' History of Substance Abuse

		%
Substance Abuse	Never used/not using	75.5
	Used it before, not using it now	12.9
	Using	11.6
Treatment Status	Yes	3.4
	No	96.6
Receiving Psychosocial Support	Yes	2.7
	No	97.3
How Participants Learn Substance Use of Relatives	Witnessed	35.4
	Through Friends	16.3
	Through School	.7

	Wife, Friend, Neighbor	21.1
	Through law enforcement forces	2.0
	The relative said it to the participant	24.5
	In Total	100.0

It was determined that most family members (96.6%) were not involved in treatment and psychosocial support related to substance use. Considering the findings on how the participants realized that there was a member who used substances in the family, approximately one-third (35.4%) of the participants said that they saw their relatives using substances as witnesses, while one-fourth (24.5%) stated that they learned from the individual who used substance. It was determined that the families learned that the addicted person used drugs from their friends, school, social environment or law enforcement agencies. Accordingly, it can be said that the families of addicted individuals mostly learn from secondary sources that the person uses substances.

3.2. Effects of Substance Abuse on the Family

Considering how the substance abuser affected the family, nearly one-third (31.4%) of the family members participating in the study stated that they were most economically shocked by this situation. Economic shocks are followed by the weakening of family relations at a rate of 23.1%. 16.4% of the family members stated that their psychology deteriorated, 12.3% stated that they lost their dignity, and 17.1% stated that they were unaffected by the situation. Two-thirds (64.6%) of the individuals in the study group stated that there was no other substance abuser in their families, and 10.9% did not have information about the subject. The remaining one-quarter (24.5%) of the individuals reported that more than one family member used substances (Table 3).

It can be said that the communication between the family members of the substance abuser within the family is quite good. However, it can be said that 85% of them have not received any training on substance use; their periods of spending time together in the family are also partially good.

Table 3. Family aspect of substance use

Variable		%	Variable		%
How Substance Abuse	Family relationships are broken	23.1	Types of Support Needed	Expert Support	29.9

Influenced Family	Shaken economically	31.4		Educational Support Programs	12.9
	Unaffected	17.1		Informative (about the legal process, etc.)	8.8
	Psychologically affected	16.4		Psychosocial support	12.2
	Lost their dignity	12.3		Financial Support	4.8
Are there any other abusers in the family?	Yes	24.5	Difficulty in Communication	Yes	26.5
	No	64.6		No	32.7
	Does not know	10.9		Partially	40.1
Family Communication	Never	17.0	Assessing the Family Impact	Yes	30.6
	Very rare	10.9		No	58.5
	Rare	12.2		Partially	10.2
	Often	29.9	Assessing the Friend's Impact	Yes	87.8
	Frequently	29.9		No	4.1
Training on Substance Use	Yes	15.0		Partially	7.5
	No	85.0	Ability to Provide Support to the Relatives Using Substances	Yes	40.8
Spending Time Together in the Family	Yes	29.9		No	38.1
	No	26.5		Partially	19.7
	Partially	43.5	Evaluating Services to Prevent Substance Use	Yes	27.9
Knowing their circle of friends	Yes	30.6		No	42.9
	No	24.5		Partially	27.9
	Partially	44.9	Finding the Circle of the Relative Abusing Substance Safe	Yes	9.5
Approaching a Relative Using Substance	Advises	45.6		No	77.6
	Applies physical violence	3.4		Partially	12.2
	Economic sanction	12.2	The need for family services	Yes	62.6

	Gets angry	25.2		No	29.9
	Does not react	4.1		Partially	7.5
	Taking to the doctor	9.5			

We can say that family members mostly advise their relatives who use drugs (45.6%) and give anger reactions (25.2%). It was determined that the most needed type of support for the addicted individual was expert support (29.9%); expert support was needed for educational support programs (12.9%), psychosocial support (12.2%), informative activities (8.8%) and economic support (4.8%), respectively.

It is seen that family members have some difficulty in communicating with their relatives who use drugs (40.1%), and families who declare that they have no difficulty in communication (32.7%) are in the majority compared to those who have difficulty (26.5%).

Family members of individuals who use drugs think that the effect of their friends (87.8%) on their relatives' substance use is higher than the effect of families (30.6%); it is found that the rates of supporting (40.8%) and not being able to support (38.1%) their relatives who use drugs are close to each other and that families do not find the environment of their relatives who use drugs safe (77.6%). It is understood that more than half of the family members find substance use prevention services sufficient, and 42.9% do not find them sufficient. It was observed that nearly two-thirds (62.6%) of the families of substance abusers needed the services provided to them, and 29.9% did not need these services.

3.3. Effect of Gender on Substance Use

It is found that 83.1% of the female individuals in the study group did not use any substance, 5.6% used substances in the past but do not use them now, 11.2% currently use substances, 63.8% of male individuals did not use any substance, 24.1% used substances in the past but do not use them now, and 12.1% currently use substances (Table 4).

Table 4. Substance Abuse Status by Gender

Variable		Female	Male
		%	%
	Never used/not using	83.1	63.8

Substance Abuse by Gender	Used it before not using it now	5.6	24.1
	Using	11.2	12.1
Presence of Substance Abusers in the Family by Gender	Yes	25.8	22.4
	No	62.9	67.2
	Does not know	11.2	10.3
Family Communication	Never	12.4	24.1
	Very rare	13.5	6.9
	Rare	12.4	12.1
	Often	30.3	29.3
	Frequently	31.5	27.6

Referring to Table 4, it is found that 62.9% of the female individuals in the study group are not substance abusers in the family, 25.8% are aware of the presence of substance abusers, and 11.2% do not have information about the subject; 22.4% of male individuals are aware of the presence of substance abusers in the family, 62.7% are not substance abusers in the family, and finally 10.3% do not have information about the subject.

3.4. Relationship between Affinity and Substance Use

When Table 5 is examined, it is found that almost all (83.3%) of the mothers of the individuals who use substances have not used substances before or now. There is equality in the rate of mothers who have used substances before and who have shown quitting and current user behavior (8.3%); it is found that the spouses in the study group have never used substances before.

Table 5. Substance Abuse Status by Affinity

Affinity Degree	Never used/not using	Used before Not currently using	Using
	%	%	%
Mother	83.3	8.3	8.3
Father	73.3	13.3	13.3

Son/Daughter	42.9	21.4	35.7
Sibling	69.0	24.1	6.9
Spouse	100	0	0
Relative	71.4	21.4	7.1
Other	68.8	0	31.2

When the rates of individuals who have never used substances and do not currently use them are re-examined, it is seen that the fathers in the study group (73.3%) have the highest rate after the mothers (83.3%), and the ranking continues as relatives (71.4%), siblings (69%), individuals who have not stated the degree of closeness (68.8%) and children. In the study group, the siblings of individuals who have previously used substances but do not currently use substances belong to the highest rate. It is seen that the children of the individuals who use substances have the highest rate among the individuals who currently use substances in the study group (35.7%).

Table 6. Treatment Status by Degree of Affinity

Affinity Degree	Yes (%)	No (%)
Mother	0	100
Father	0	100
Son/Daughter	7.1	92.9
Sibling	6.9	93.1
Relative	0	100
Other	0	100

When Table 5 and Table 6 are examined together, it is found that almost none of the individuals who have used substances before but are not currently using substances or whose substance use behavior continues have any treatment process related to substance use. Although the rates among the individuals who have undergone the treatment process related to substance use are very close to each other, the highest rate is 7.1% for the children of the individuals who use substances. This rate is followed by siblings of individuals who use substances with 6.9%. It was determined that not all of the spouses were currently using substances or had no history of substance use in the past.

In the study group, the rate of individuals who used substances but did not undergo training was 76.5%. This situation also supports the low rate of not receiving treatment, although the individual uses or has used substances before. Considering that addicts do not have sufficient knowledge and awareness of addiction in the absence of treatment, this result is not surprising.

Table 7. Recognition Status of Friends by Degree of Affinity

Affinity Degree	Yes (%)	No (%)	Partially (%)
Mother	12.5	12.5	50
Father	20	20	60
Son/Daughter	21.4	35.7	42.9
Sibling	34.5	24.1	41.4
Spouse	37	22.2	40.7
Relative	28.6	21.4	50
Other	37.5	37.5	25

When Table 7 is examined, it is found that the spouses in the study group are family members who state that the individuals who use the substance know their friends' environment at the highest rate (37%) after the "other" category. This rate is followed by the rates of siblings, relatives, children, fathers and mothers, respectively.

It is understood that the group that stated that they did not know the circle of friends at the highest rate among the relatives of the individuals who used substances was the "other" group, which did not express the degree of affinity. This rate is followed by the children, siblings, spouses, relatives and mothers of the individuals, respectively.

Among the findings of the study, 52.9% of the family members who used drugs did not find the environment of their relatives who used drugs reliable, 63.6% of the family members who did not use drugs did not affect their families' substance use, and the majority (90.9%) thought that the friend factor was more effective on substance use than the family factor. Accordingly, the families of the addicted individual believe that the external environment, rather than the family, leads the individual to addiction. One of the main external factors is the close circle of friends.

3.5. Levels of Consciousness and Education of Families about Substance Abuse

When the study group's education levels and training on substance use are examined, it is seen that individuals who are illiterate and literate but do not have a diploma did not receive education on substance use.

Considering that the rates of individuals who participated in the compulsory education process (primary and secondary education) are low (primary school graduate 7.1%; secondary or primary school graduate 18.2%; high school and equivalent graduate 15.4%), it is concluded that no curriculum content will raise awareness and awareness about the subject in our education system or that the content is not sufficient.

Table 8. Status of Receiving Training on Substance Use by Education Level

Education	Yes (%)	No (%)
Illiterate	0	100
Literate without a diploma	0	100
Primary school graduate	7.1	92.9
Secondary/Primary school graduate	18.2	81.8
High school and equivalent graduate	15.4	84.6
University and above graduate	36.1	0

At university and higher education levels, the rate has almost doubled (36.1%) than the rates in the compulsory education process. Individuals at the undergraduate and higher education levels may be more aware of the training on the subject than others, and this attitude may be exhibited with the understanding of social consciousness. It is estimated that rates may have increased for this reason.

When the parents of the substance users receive any education about substance abuse (23.5%), other hesitations about the appropriateness of the content and quality of the training may be remembered.

Table 9. Difficulty in Communication with the Individual Using Substances By the Level of Education

Education	Yes (%)	No (%)	Partially (%)
Illiterate	40.7	7.4	51.9
Literate without a diploma	25	50	25
Primary school graduate	31	23.8	45.2
Secondary/Primary school graduate	63.6	18.2	18.2
High school and equivalent graduate	11.5	50	38.5
University and above graduate	11.1	52.8	36.1

The highest rate among individuals who express difficulty in communicating with individuals who use substances belongs to secondary school / primary school graduates, with 63.6%. This

is followed by illiterate individuals (40.7%), elementary school graduates (31%), and illiterate non-diploma individuals (25%) (Table 9). Although the relationship between the level of education and the communication skills of the addicted individual is focused, another issue to be considered is how much the substance addicted individual has mastered healthy communication/self-expression skills and the extent to which he can demonstrate this ability. In contrast, the influence of substances affects the difficulty in communication.

More than half (52.8%) of the individuals who stated that they had no difficulty communicating with substance-addicted individuals from their addicted families are individuals with a university or higher education level. Then, literate, non-diploma and high school and equivalent graduates share the second highest rate with equal percentages (50%).

Considering the ratio of illiterate people to difficulty communicating with individuals who use substances (92.6%), it can be said that they are the most difficult. When the additional findings are examined, when the attitudes and behaviors towards the individual who uses the substance are examined, it is learned that the family members who have used the substance before but do not use it now prefer to advise the individual the most (63.2%).

Table 10. The Status of Effect of Substance Abuser Relative on Family by Education Level

Education	Yes (%)	No (%)	Partially (%)
Illiterate	40.7	51.9	7.4
Literate without a diploma	25	75	0
Primary school graduate	31	61.9	7.1
Secondary/Primary school graduate	27.3	54.5	18.2
High school and equivalent graduate	19.2	73.1	7.7
University and above graduate	33.3	5	16.7

Substance use also affects the family's status and life in economic and psychosocial terms. The findings on whether the addicted person affects the family according to the level of education are shown in Table 10. Accordingly, when Table 10 is examined, among the individuals who think that substance users affect the family, the highest rate is 40.7% of illiterate individuals. This rate is followed by individuals who are university and graduate with 33.3%. The information that individuals who are literate and do not have a diploma give a clear answer to the statement that the family is affected if they are individuals/individuals who use substances in the family is obtained since the answer "partially" was not received.

Individuals who think substance abuse does not affect the family are the most literate (75%) and do not have a diploma. This rate is followed by individuals who graduated from high schools and equivalent schools with 73.1%. It was observed that individuals who were a relative of substance users and had never used substances had the highest rate (68.5%) among individuals who stated that they needed services for families.

4. Discussion and Conclusion

60.5% of the participants in this study, in which the profiles of the families of addicted individuals were examined, were women, 39.5% were male participants and mostly young adults under the age of 35. Most participants are married and have at least a high school diploma. According to studies (Barret and Turner, 2005) showing that children from single-parent families have more problematic substance use than those living with their parents, the low rate of unmarried people in addicted individuals in this study is a unique finding for the literature. Most of the families live in their own homes, and almost half of them live in apartments. Considering the occupation and livelihood status, housewives accounted for about a quarter of the participants in the study, followed by self-employed workers, workers and students, respectively. While the rate of those who do not work in any job and have no income is low, it has been observed that the rate of those who have monthly income or pay a wage is close to half. The low-income level is one of the socioeconomic characteristics of the families of addicts. When families of addicted people are examined, it is seen that the parents in these families have low education and income level or that there is a chronic patient in the family (Kurşun, 2021; Yılmaz, 2022). Accordingly, the sociodemographic profiles of the families participating in the study are consistent with the studies in the literature. Considering this similarity in the families of addicted individuals, it is understood that this profile should be improved. Because here, it is seen that the family profile is very important in preventing individuals from becoming addicted. In this sense, the strong interest and communication of parents with family members, the family's income level reaching the minimum conditions, the increase in education levels, raising awareness in the family, and preventing straying will contribute to preventing individuals from becoming addicted.

Most of the family members of substance users stated that they had never used substances, had not been involved in any treatment process related to substance use or had not received psychosocial support. When the findings about how the families noticed this situation of the substance-addicted person were examined, it was determined that they learned it as a witness or from themselves. It was determined that their relatives, who were partially addicted, also

learned about substance abuse from their friends, school, neighbors or law enforcement agencies. Accordingly, families obtain the information that the person using the substance uses the substance from the outside environment. Another indicator of this is that families point to their friends for addiction.

Substance abusers affect families mostly in terms of financial aspects. The weakening of family relationships accompanies this, their psychological impact and the loss of their dignity in society. This result is based on studies that have found that people who are addicted to substance use with a negative view of society and whose family experiences exclusion or stigma (Tektaş Soy and Kocataş, 2020; Erbay et al., 2016). Notably, no one in the family usually uses the substance. Multiple family members' substance use status is almost a quarter. This situation may result in a low probability of learning from and accessing via the family when the addicted person turns to the substance.

It is seen that the family members of the substance abuser have very good communication within the family. However, they have not received any training on substance abuse to a large extent; their time spent together in the family is also partially good. In this study, it was observed that family members generally gave advice and angry reactions to their relatives who use drugs, compared to studies on the fact that learning about substance use by family makes relations with family worse (Yaman, 2014). According to other findings in the literature, the reactions of family members to the substance user manifest as frustration, shock, anger, surprise, panic, denial, hiding from the social environment and violence (Çakır et al., 2022). In this study, it can be said that both protective and sad expressions in families' reactions are associated with the effect of psychological shaking. It is seen that the family members of the addicted individual need expert support, educational support programs, psychosocial support, informative activities and economic support of the type of support they need the most.

Contrary to what is known, family members do not have as much difficulty as expected in communicating with the addicted individual. The number of people who have difficulty in communication is about ¼. This result points to the power of social support mechanisms in the relationships of the addicted person with the family and rethinks the function of the family in the fight against addiction.

Family members of individuals who use drugs think that the effect of their friends (87.8%) on their relatives' substance use is higher than the effect of families (30.6%), it is found that the rates of supporting (40.8%) and not being able to support (38.1%) their relatives who use drugs

are close to each other and that families do not find the environment of their relatives who use drugs safe (77.6%. In addition, it was concluded that family members generally find the services to prevent substance use sufficient and often need the services provided to them. However, more specific research on the approach to peer influence is needed. Families frequently indicate the environment of friends as the factor affecting addiction.

When the family profiles of the addicts were examined according to gender, it was determined that both women and men mostly did not use any substance before. Regarding their own parent families, it was revealed that both women and men were mostly not individuals who used drugs in their families. At this point, no differentiation was detected according to gender. In addition, it can be said that the upper and lower generation effect is low in substance use. The root causes are thought to be of external origin.

It was concluded that the majority of the mothers of the individuals who used substances did not use substances before or now, and the fathers who did not use substances at all and did not use them already had the highest rate after the mothers. In the study group, the siblings of individuals who have previously used substances but do not currently use substances belong to the highest rate. It is seen that the children of the individuals who use substances have the highest rate among the individuals who currently use substances in the study group. It is noteworthy that the addicted person's own parents have a low rate of substance use, while the children are high. In addition, the high rate of individuals who have not undergone any educational process related to substance use despite substance use may be associated with low awareness despite the history of substance use. The spouses of the addicts are family members who know the friends of the substance abusers to a high degree. Family members of addicted people generally do not find the close circle of the addicted person reliable and think that the friend factor is more effective than the family factor in dragging them into addiction. In particular, parents should follow their children's circle of friends due to their responsibilities, or the individual should be sensitive in choosing individuals with whom to make friends.

At university and higher education levels, the rate has almost doubled than the rates in the compulsory education process. Individuals at the undergraduate and higher education levels may be more aware of the training on the subject than others, and this attitude may be exhibited with the understanding of social consciousness. It is estimated that rates may have increased for this reason. However, among our observations, there has recently been an increase in the rate of substance use among educated people. The highest rate among individuals who express difficulty communicating with individuals who use substances belongs to secondary school /

primary school graduates, with 63.6%. This is followed by illiterate individuals, elementary school graduates, and illiterate non-diploma individuals. The highest rate among individuals who struggle to communicate with individuals who use substances belongs to secondary school / primary school graduates. As a result, it was observed that as the level of education increased, the ability to communicate with the addicted person increased. While the highest rate among those who think that addicted individuals affect the family is illiterate family members, individuals who think that they do not affect the family are mostly illiterate family members who do not have a diploma and are high school graduates. As the level of education increases, there is a negative opinion about the effect of addiction on the family. The level of education can be related to the fact that the addiction factor is handled from a broader framework, and families emphasize the external environment and peer factor in the factors affecting addiction. Course curricula should be created by including addiction issues in secondary education institutions, and the awareness levels of young people on this subject should be increased.

In general, it can be said that families choose communication methods to fight against addiction and prefer advice and other communication methods. It was observed that individuals who were a relative of substance users and had never used substances had the highest rate among individuals who stated that they needed services for families. It is seen that especially those who do not use substances are more sensitive and sensitive than those who use substances in the fight against addiction and are distant from the substance.

In the literature, studies on the family profiles of addicts should be expanded based on Turkey. Based on the results of this study, in which the profiles of the families of addicted individuals are revealed, the family should take more responsibility in the fight against addiction and turn to social treatments in cooperation with the family as part of the treatment process.

In the fight against addiction, the specific characteristics of families should be taken into account, and innovative, functional and applicable methods specific to the family should be developed. For this, it is recommended to conduct more detailed and specific research on the families of addicted individuals. It should be aimed to reveal different dimensions of the family in addiction by addressing aspects of the studies such as cultural characteristics, trauma history, relationship with migration and urbanization, and being affected by natural disasters and social events.

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Makale Bilgi Formu

Çözümler ve Madde Bağımlılığından Koruyucu, Önleyici Ve İyileştirici E-Öğrenme Platformu" konulu araştırma projesinin verileri kullanılmıştır. Bu makale ilgili projenin araştırma boyutunun bilimsel çıktısıdır.