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From Minor Violations to Alcohol Addiction: An Examination of Alcohol Dependence through the Lens of the Broken Windows Theory

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Abstract   The consumption of alcohol and alcohol-related disorders are increasingly becoming a significant public health issue worldwide. In this context, the purpose of this study is to use the Broken Windows Theory (BWT) to analyze alcohol dependence as a social and psychological issue and to reveal the factors that contribute to its development. The study group consisted of 14 participants (9 males and 5 females) residing in Malatya, Türkiye. Data were collected through face-to-face interviews using a semi-structured interview form and analyzed using thematic analysis. The findings reveal that peer influence functions as the initial "broken window," and the social normalization and promotion of alcohol use contribute to the onset of addiction. Furthermore, family dynamics intensify the issue, with intra-family conflicts and widespread alcohol use fostering further maladaptive behaviors. Additionally, alcohol is employed as a psychological escape mechanism for coping with stress, reinforcing continuous consumption. It was observed that individuals experience regret when their alcohol use becomes uncontrollable, and they engage in a struggle to overcome their addiction. In conclusion, the study highlights the critical role of peer influence, family dynamics, and stress management in shaping alcohol addiction, emphasizing the importance of targeted interventions aimed at these factors.

Keywords   Alcohol · Broken Windows Theory · Alcohol Addiction · Dependency

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While alcohol serves as a means of personal enjoyment and social interaction, it also plays a significant role in the economies of many countries, contributing to employment, tax revenues, and the hospitality industry (Rehm et al. 2024). However, despite these economic benefits, excessive alcohol consumption remains one of the leading causes of premature deaths, injuries, and various non-communicable diseases, such as cancer and liver cirrhosis (OECD, 2021). The consumption of alcohol and related disorders is increasing globally, becoming a significant public health issue. In 2019, alcohol use caused the deaths of approximately 2.6 million people worldwide, including 2 million men and 600,000 women. It is also reported that around 400 million people, representing about 7% of the global population, suffer from alcohol use disorder (World Health Organization (WHO), 2024). Given these serious health impacts, it is important to understand how alcohol consumption levels vary across countries.

These variations in consumption patterns can be clearly seen when comparing different countries' annual alcohol intake levels. Among the countries with the highest annual alcohol consumption are the Czech Republic (14.3 liters), Latvia (13.2 liters), Moldova (12.9 liters), Lithuania (12.8 liters), and Spain (12.7 liters). In contrast, Türkiye's per capita annual alcohol consumption is significantly lower than the European average, at 1.8 liters (WHO, 2021). According to the Turkish Statistical Institute (2023), the percentage of individuals aged 15 and above who consumed alcohol within the past 12 months in Türkiye decreased from 14.9% in 2019 to 12.1% in 2022.

Despite these relatively low consumption rates, alcohol use in Türkiye is associated with various negative social consequences. In particular, it contributes to crime rates and other societal issues. Although alcohol consumption in Türkiye is statistically low compared to other countries, it still has a profound impact on societal structures, intersecting with crime (Uğurlu et al., 2020), violence (Geniş et al., 2022; Gürbüz & Arıkan, 2017), and other substance dependence. Empirical studies support this connection between alcohol use and social harm. A study by Bayhan and Yasuntimur (2023) involving probationers in Türkiye revealed that alcohol is commonly used alongside other substances and often serves as an entry drug in the process of becoming a substance addict. Similarly, Altuner et al. (2009) found a linear relationship between drug use and crime. Therefore, alcohol addiction remains a serious issue in Türkiye. Typically, alcohol addiction manifests as a cycle, encompassing initiation, continuation, dependency, and eventual confrontation with the problems caused by alcohol addiction.

Previous research has highlighted the significant role of peer influence (Erdem et al., 2006; Satan, 2011) and family dynamics (Demircan & Tamam, 2024; Durna et al., 2024) in shaping alcohol consumption behaviors. Studies have also shown that curiosity, entertainment (Özcan & Sever, 2017), and cultural factors influence alcohol use (Arıcı & Yaman, 2021; Özmen et al., 2023). Cultural norms, religious beliefs, and social expectations can determine not only whether individuals consume alcohol but also when, how, and how much they drink, thus directly affecting the risk of developing alcohol dependence (Collins, 2016; Lin et al., 2024; Sudhinaraset et al., 2016). Most notably, a substantial portion of the research on alcohol and substance use in Türkiye focuses on secondary and high school students (Akkuş et al., 2017; Şahin et al., 2023; Yüksel & Tuzcu, 2024), with a smaller portion focusing on university students (Eryılmaz et al., 2020; Kızıltaş & Tuncay, 2021). More recently, there has been an increase in studies on risky alcohol use among women (Goh et

al., 2022) and the stigma or discrediting associated with alcohol use disorders (Atlam et al., 2024; Morris & Schomerus, 2023). Other studies indicate that the average age for first alcohol consumption is 11.6 years (Yenilmez et al., 2004), and that young men between the ages of 15-24 who are single and use tobacco and alcohol are at higher risk for using other substances (Turkish National Police, Department of Anti-Narcotic Crimes, 2023; Pazarcıkcı & Altıntoprak, 2020). In this context, comprehensive and effective strategies are needed to address the multi-faceted problem of alcohol addiction.

In this study, alcohol dependence is examined from the perspective of the BWT, considering it as a multi-dimensional phenomenon. This research aims to examine alcohol dependence as a social and psychological problem using BWT to identify the factors leading to its emergence.

Theoretical Background

The BWT, proposed by Wilson and Kelling (1982), states that addressing minor signs of disorder, such as broken windows, can help prevent more significant criminal activities and broader societal issues. Initially designed to combat urban crime, this theory has also been applied in addiction research. It posits that environments characterized by neglect and disorder, whether in social or familial contexts, can encourage the normalization of problematic behaviors such as substance use. Highlighting how seemingly minor issues can escalate into larger problems, the theory provides a useful framework for understanding how early signs of environmental and behavioral neglect can contribute to the development of addiction (Wilson & Kelling, 1982). In the realm of alcohol addiction, BWT can be used to understand how early signs of environmental and social neglect may lead to more serious alcohol use disorders. According to the theory, environments where disorder and neglect prevail lay the groundwork for developing further behavioral problems. In this context, it can be argued that early exposure to negative behaviors or environments may lead to more serious issues, such as addiction.

Wilson and Kelling (1982) employed the metaphor of an unrepaired broken window, which would eventually lead to all the windows in the building being broken in a short period. They based this view on Philip Zimbardo's (1973) field experiment, which showed that abandoned cars with removed license plates and open hoods were quickly vandalized in both the Bronx area of New York and the Palo Alto area of California. In the Bronx, a high-crime area, the abandoned car became a target for vandals within 10 minutes and was completely stripped within 24 hours. In contrast, the car left in the more affluent area of Palo Alto remained untouched for a week. However, once Zimbardo damaged the car with a sledgehammer, it was quickly vandalized, stripped, and overturned within hours. According to Wilson and Kelling (1982), Zimbardo's experiment demonstrated that in areas where social norms and mutual respect break down, vandalism and more serious crimes quickly emerge. When such events occur, they send the message that "nobody cares," paving the way for more crime.

BWT has also been described as a perspective in which crime spreads like an "epidemic" (Gladwell, 2000). Essentially, crime is contagious and can spread throughout a community via environmental factors. Relatively minor issues, such as aggressive panhandling and graffiti, serve as invitations for potential criminals by signaling that these neighborhoods are suitable spaces for more serious crimes (Welsh et al., 2015). Existing empirical evidence also supports the connections between disorder and subsequent crime (Gau et al., 2014; Weisburd et al., 2011; Weisburd et al., 2024).

Recent research has expanded the application of BWT beyond crime to other fields such as healthcare. For example, Ellis et al. (2020) applied BWT to hospital environments, demonstrating that both physical

and social disorder (e.g., cluttered spaces, poor communication) were associated with higher staff burnout and reduced job satisfaction. Their findings showed that minor signs of disorder undermine collective efficacy, which refers to social cohesion and shared expectations for social control. Similarly, Sampson and Raudenbush (1999) argued that the impact of disorder on communities is mediated by collective efficacy. In neighborhoods with strong social cohesion and mutual trust, the spread of disorder and its negative consequences are limited. Applying this perspective to alcohol use, environments with low collective efficacy may fail to prevent or regulate the normalization of drinking behaviors, thereby increasing the risk of addiction.

However, despite its widespread application, BWT has faced significant criticism. For example, Sampson and Raudenbush (1999) argued that BWT tends to overemphasize the role of environmental disorder while neglecting the deeper structural and individual factors that contribute to social problems. Moreover, Gau et al. (2014) highlighted that strict enforcement policies inspired by BWT, such as zero-tolerance policing, may disproportionately impact marginalized groups, leading to stigmatization and reinforcing social inequalities rather than resolving underlying issues. In this context, it is important to approach BWT not as a deterministic explanation that labels individuals in disordered environments as inherently deviant but rather as a conceptual tool to understand how environmental cues can interact with personal and structural factors in the development of alcohol addiction.

The present research conceptualizes alcohol use as a form of social disorder, similar to physical neglect in neighborhoods or hospitals, where minor norm violations, such as peer pressure to drink or familial tolerance of alcohol, can escalate into habitual and dependent use if left unaddressed.

Method

Research Design

In this study, a qualitative research approach was utilized to gain a comprehensive understanding of the phenomenon being investigated. Qualitative methods, characterized by their exploratory and interpretive focus, were chosen for their capacity to examine individuals' lived experiences in depth and to uncover patterns that quantitative methods may overlook (Neuman, 2012). In line with this approach, a phenomenological research design was employed, as it is particularly effective for exploring socially significant issues that require detailed, experience-based insights (Patton, 2002). Data collection commenced following the approval of the ethics committee (İnönü University Scientific Research and Publication Ethics Committee, Session Date: 06-09-2024, Session No.: 15, Decision No.: 8).

Study Group

The study group consisted of 9 male and 5 female participants with alcohol dependence, all residing in Malatya, Türkiye. Participants were recruited using the snowball sampling technique, which is particularly effective for accessing people who share specific experiences or characteristics relevant to the study focus (Patton, 2002). The recruitment process began with interviews conducted with participants who met the inclusion criteria, and these individuals were then asked to refer others with similar experiences. The inclusion criteria for the study involved regular alcohol consumption within the past two years, self-identification as an alcohol dependence, willingness to participate, and being over 18 years of age. To ensure anonymity, each participant was assigned a code in the format of P1, P2, P3, and so forth. Table 1 presents the characteristics of the study group.

Table 1

Demographic characteristics of the participants

Code	Sex	Age	Age at the Onset of Alcohol Use	Occupation	Marital Status
P1	Male	56	14	Plumber	Divorced
P2	Male	52	38	Dental Technician	Remarried
P3	Male	57	20	Telephone Technician	Married
P4	Male	21	15	Student	Single
P5	Male	38	15	Tradesman	Single
P6	Female	28	21	Cleaner	Divorced
P7	Male	35	30	Store Clerk	Married
P8	Female	30	24	Healthcare Worker	Single
P9	Male	45	15	Civil Servant	Married
P10	Male	32	19	Unemployed	Single
P11	Male	42	13	Liquor Store Owner	Single
P12	Female	22	16	Student	Single
P13	Female	29	18	Teacher	Married
P14	Female	26	19	Teacher	Single

According to Table 1, the participants were aged between 21 and 57 years, and the age at onset of alcohol use ranged from 13 to 38 years, with males generally starting at an earlier age. The participants included technicians, teachers, tradesmen, civil servants, cleaners, healthcare workers, students, and unemployed individuals. Their marital statuses vary, including married, single, divorced, and remarried.

Data Collection Tools

In this study, the research data were collected using a semi-structured interview form. The interview questions were developed based on a comprehensive review of the existing literature. Additionally, feedback was obtained from both experienced alcohol users and experts in the field to improve and finalize the interview form. Interview questions (6 in total) focused on participants' experiences related to starting alcohol use, continuing consumption, encountering problems associated with alcohol use, and feelings of regret. To create a relaxed interview environment, casual introductory chats were conducted before moving on to the main questions. When appropriate, additional follow-up and probing questions were asked to further enrich the conversations. In this context, face-to-face in-depth interviews were conducted, and the research objectives and theoretical framework were explained in detail to the participants before the interviews. Informed consent was obtained from all participants, and the interviews were recorded with their permission. Data collection took place between September 7, 2024, and December 15, 2024, in neutral locations such as parks, cafés, and restaurants chosen by the participants, where they felt comfortable and external influences were minimized. The study was concluded once data saturation was reached. The shortest interview was conducted with a participant for 19 minutes, while the longest interview lasted 80 minutes.
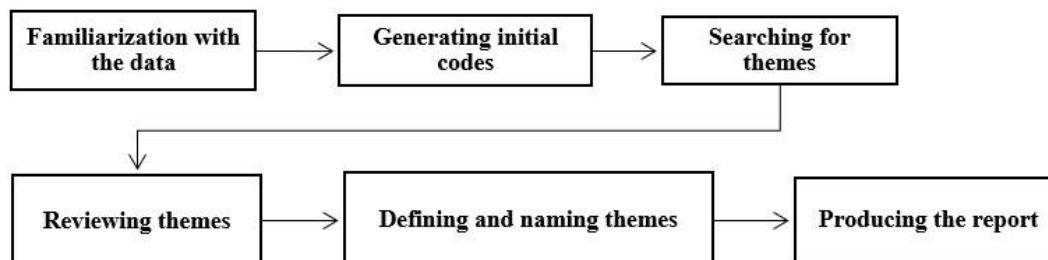
Data analysis and reliability

The researcher transcribed the audio recordings of each interview. After completing the transcription process, the researcher consolidated the data into a comprehensive document. Thematic analysis was performed to analyze the documents. The stages of thematic analysis are presented in Figure 1 (Braun & Clarke, 2006).

Figure 1

Stages of thematic analysis

Two researchers carried out the thematic analysis, independently coding the data to strengthen both trustworthiness and inter-coder reliability. When differences emerged in the identification of themes, reflective discussions were held to resolve these discrepancies and reach a shared understanding, ensuring that the analysis remained thorough and firmly rooted in the data. Multiple strategies were employed to enhance the study's reliability. Each stage of the analysis was meticulously documented, and the participants' data were examined in depth. The participants' statements were compared to identify similarities and differences, ambiguities were clarified, and the consistency of the data was checked by posing similar questions in varying forms. Themes were identified, and the analysis was conducted using direct quotes from the participants, remaining faithful to their original expressions.

Findings

In this study, the thematic analysis of the participants' statements revealed four main themes: The First Broken Window: Peer Influence, The Spread of Broken Windows: Family Influence, Unrepaired Broken Windows: Stress and Escape, and Consequences of Broken Windows: Awareness of Addiction. The themes and example codes are presented in Table 2.

Table 2

Research themes and codes

Theme	Code
The First Broken Window: Peer Influence	Peer pressure to initiate drinking Perceived necessity of alcohol for social inclusion
The Spread of Broken Windows: Family Influence	Familial modeling of alcohol use Domestic normalization and tolerance of drinking behavior
Unrepaired Broken Windows: Stress and Escape	Alcohol as a coping mechanism for stress Use of alcohol for emotional escape and temporary relief
Consequences of Broken Windows: Awareness of Addiction	Regret and retrospective awareness of addiction consequences Realization of life deterioration due to alcohol dependence

Table 2 presents the four main themes identified in the study along with example codes representing the participants' statements. These themes illustrate the factors influencing alcohol use, from peer and family influence to stress-related motivations and eventual awareness of addiction.

The First Broken Window: Peer Influence

Peer influence can be considered the first broken window in individuals' initiation into alcohol use. This begins with the violation of social norms, and once tolerated, can lead individuals to engage in negative behaviors.

"My friends told me it was impossible to have fun without drinking… I started drinking to fit in with them." (P6, female, 28 years old)

"My friends said 'drink to relax,' so I started drinking at 15… I would drink when I felt stressed." (P5, male, 38 years old)

"Initially, I thought alcohol helped me relax… As I met more friends, my consumption increased." (P1, male, 56 years old)

"My friends had already started drinking before me." When I started drinking, we would drink together… We thought it was impossible to socialize without alcohol." (P3, male, 57 years old)

According to the Broken Windows Theory, small violations (such as the normalization of alcohol in peer groups) can lead to larger violations (such as heavy alcohol use). The perception that alcohol was widespread and acceptable in their peer groups supported participants' initiation into alcohol use.

The Spread of Broken Windows: Family Influence

Problems within the family or family members' use of alcohol can lead individuals to see alcohol as a problem-solving tool. This is similar to the spread of broken windows because, as norms are violated, further violations become easier.

"My family would say, 'don't drink again, promise?' every time I came home… I'd promise and keep doing the same thing." (P1, male, 56 years old)

"My spouse was constantly drinking… Eventually, I started drinking to cope with the situation… Tensions within the family increased my drinking." (P13, female, 29 years old)

"We were always fighting at home… I was angry at them, and they were angry at me… I had a car accident… I would drink freely when my spouse wasn't home." (P9, male, 45 years old)

"Alcohol was always available at home… This led me to start drinking… Eventually, I normalized this behavior." (P12, female, 22 years old)

Conflicts within the family and weak reactions to alcohol use have led to the further entrenchment of alcohol use. This resulted in either insufficient or reinforcing reactions from the family members.

Unrepaired Broken Windows: Stress and Escape

Using alcohol to cope with stress functions like unrepaired broken windows in an individual's inner world. This situation leads to the continuous behavior of alcohol use and contributes to addiction.

"Someone told me that alcohol would help me forget my problems… I tried it… Furthermore, it worked, so I've been drinking ever since." (P14, female, 26 years old)

"When I drank, I felt reborn... I believed it wasn't harming me, but actually helping with my problems." (P3, male, 57 years old)

"In stressful situations, the first thing I reached for was alcohol... It became my escape route." (P6, female, 28 years old)

"Drinking allowed me to forget everything temporarily... It became my way of escaping problems." (P2, male, 52 years old)

In the BWT, the failure to address small violations leads to larger social disruptions. Similarly, unresolved stress and emotional distress can lead to habitual alcohol use and more serious problems.

Consequences of Broken Windows: Awareness of Addiction

Participants experienced the consequences of leaving "broken windows" unaddressed when they realized that alcohol use had become uncontrollable. This awareness manifested as regret and the struggle with addiction.

"I deeply regret starting to drink... If I could get my life back, I would never make that mistake." (P6, female, 28 years old)

"I wasted my years, my youth, my money, and my marriage on a curse like alcohol... My advice to young people is don't ever think 'just' one time won't hurt.'" (P1, male, 56 years old)

"I realized too late how big a problem alcohol had become in my life... By the time I realized, it was already too late." (P8, female, 30 years old)

"That's how I began to become addicted... One day, I realized how valuable my life was and understood that I needed to recover." (P10, male, 32 years old)

As in the BWT, small neglects can lead to larger problems over time. Similarly, individuals often realize too late that what initially seemed harmless had negatively impacted their lives. This process demonstrates late awareness accompanied by serious consequences.

Discussion

The findings of this study present a significant framework for comprehensively understanding alcohol dependence through the lens of the BWT. The first finding suggests that the influence of peer groups on alcohol consumption can be regarded as the initial "broken window" in the decision to start drinking. Participants' statements reveal that the normalization and encouragement of alcohol use by peers mark the onset of the journey toward addiction. Previous research findings support this view (Erdem et al., 2006; Satan, 2011). Alcohol consumption spreads among individuals through social relationships. At any stage of the socialization process, an individual encounters alcohol and may ultimately enter a cycle of dependence. Another study investigating peer influence in addiction revealed that friends have various impacts, such as initiating cannabis use, encouraging consumption, and providing reminders (Aka et al., 2021). Friendships have been found to significantly affect individuals' initial experiences with substances. Furthermore, rela-tionships with peers play a critical role in sustaining and recovering from addiction (Semerci et al., 2022). Notably, substance use, including cigarettes and alcohol, is prevalent among high school peer groups (Ögel et al., 2000). Individuals who begin using substances at a young age often believe that these substances will provide them with a sense of maturity. Despite not fully understanding the mental effects of substances at this stage, young users perceive substance use as a form of play and engage in this behavior (Bayhan &

Yasuntimur, 2024). This situation can be considered a product of mis-socialization. In this context, previous research findings corroborate the results of this study.

Family influence also emerged as a significant factor. Conflicts within the family and the prevalence of alcohol use have led individuals to perceive alcohol as a problem-solving tool. This situation reflects the principle of "the spread of broken windows," where the violation of norms facilitates further violations. Previous research also highlights that existing disharmony within families profoundly affects alcohol dependence (Arslan & Bal, 2019; Grevenstein et al., 2020; Kızıltaş & Tuncay, 2021). Studies also indicate that individuals living with their families consume more alcohol (Eryılmaz et al., 2020; Yiğit & Khorshid, 2006). Recent studies have indicated that children experiencing neglect and abuse within families are more vulnerable to addiction (Demircan & Tamam, 2024; Durna et al., 2024; Rusby et al., 2018). In this context, alcohol dependence can be regarded as an outcome. It can be argued that individuals who do not find peace and happiness within their families seek this deficiency externally, filling this void with alcohol. Furthermore, the lack of knowledge among family members about how to respond to addiction and their reliance on dysfunctional coping methods contribute to the persistence and intensification of addictive behavior (McGillicuddy et al., 2001). The prevalence of alcohol use within families also underscores the impact of cultural structures (Arıcı & Yaman, 2021; Özmen et al., 2023). While previous studies have supported the influence of families on alcohol use, the interplay between families and alcohol consumption has been addressed differently across contexts. In Türkiye, alcohol consumption has been increasingly discussed within the framework of the Westernization process and the transformation of cultural structures in recent years. While alcohol use remains limited in societies traditionally rooted in Islamic values, this situation has been changing with increased interaction with Western lifestyles. Some people perceive alcohol consumption as a symbol of modernization and individual freedom in the context of Türkiye's westernization process.

The themes of stress and escape show that alcohol consumption serves a psychological escape function. Participants reported using alcohol as a tool to cope with stressful situations, leading to habitual use. This supports the notion that alcohol consumption can become a permanent coping mechanism. The participants' preference for alcohol consumption under stress underscores its perception as a relaxation tool. Studies conducted during the COVID-19 pandemic further corroborate this finding, revealing that individuals experiencing heightened stress, social isolation, or income loss increased their alcohol consumption (Jacob et al., 2021; Rodriguez et al., 2020). For instance, one study noted that individuals under stress using alcohol as a method of escape gradually transformed this behavior into a habit, making it a permanent coping mechanism (Koob & Volkow, 2016). Another study emphasized that while alcohol temporarily alleviates anxiety and depression, it intensifies these issues in the long term (Sinha, 2008). Using alcohol as a means of escaping social problems indicates that individuals seek temporary relief rather than constructive solutions to their issues. This behavior may play a critical role in the development of alcohol dependence. Moreover, this short-term relief evolves into a long-term need, eventually resulting in addiction (Stein & Friedmann, 2001).

Finally, the themes of addiction awareness and the "consequences of broken windows" highlight the regret and struggle experienced following uncontrolled alcohol consumption. Although deceptive thoughts such as "one time won't hurt," "I am not addicted, I can quit whenever I want," or "I drink for pleasure" are common among users, addiction eventually envelops individuals' entire lives. It leads to irreversible and irreparable biological, social, and psychological harm. These findings align with the literature suggesting

that initially harmless behaviors related to alcohol can result in serious consequences over time (Carr et al., 2024; Erdoğdu et al., 2020; OECD, 2021; WHO, 2024).

This study has certain limitations. First, the research was conducted with a small sample group, making it difficult to generalize the findings to a broader population. Additionally, the study focused solely on the BWT to analyze alcohol dependence, which limits the theoretical scope and prevents the inclusion of other potential perspectives.

Conclusion

This study revealed that alcohol use is deeply rooted in social contexts, family dynamics, and psychological factors rather than being merely a personal choice. The application of BWT highlighted how small norm violations, such as the normalization of alcohol use within peer groups, can gradually escalate into dependency. Peer influence emerged as a major factor in initiating alcohol use, with individuals often starting to drink to gain acceptance and maintain social bonds. Family-related factors also played a significant role. Weak or permissive reactions to alcohol use within families, and in some cases direct exposure to spousal drinking, reinforced the perception of alcohol as a legitimate coping tool. Furthermore, using alcohol to deal with stress created a harmful cycle, where temporary relief led to worsening psychological and social problems over time. The participants' reflections underscored that awareness and regret often arise only after serious damage has occurred, such as loss of health, relationships, economic stability, and self-worth.

Based on these findings, several specific policy and practice recommendations can be proposed. School-based prevention programs should be implemented to educate young people about the risks of alcohol use before initiation occurs, while family counseling services need to be expanded to support families experiencing alcohol-related conflicts and to strengthen parental responses that discourage early drinking. Neighborhood-level early intervention systems, involving community health workers and social services, can identify and assist individuals at risk before dependence develops. Additionally, peer-led awareness campaigns targeting both adolescents and adults may help reduce the social normalization of alcohol consumption by promoting alternative coping and socialization methods. Finally, integrating stress management and mental health programs into addiction prevention policies is crucial to address the psychological factors driving alcohol use.

Future research should involve larger and more diverse participant groups and incorporate different theoretical frameworks to enable a more comprehensive examination of the effects of various social contexts and cultural dynamics on alcohol dependence.

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