

THE SOCIO-PSYCHOLOGICAL PROFILE AND ADDICTION EXPERIENCE OF PSYCHOACTIVE SUBSTANCE USERS ON PROBATION IN TÜRKIYE: A QUALITATIVE STUDY

PROFILSPOŁECZNO-PSYCHOLOGICZNY I DOŚWIADCZENIE UZALEŻNIENIA OD SUBSTANCJI PSYCHOAKTYWNYCH U OSÓB W OKRESIE PROBACJI W TÜRKJI: BADANIE JAKOŚCIOWE

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Abstract

Introduction: Drug addiction is a growing concern affecting people of all ages. This research focuses on the socio-psychological profile and experiences of persons with substance use disorder (SUD) on probation.

Material and methods: This study employs a qualitative approach with a case study design, involving 10 male persons with SUD aged 25 to 54 in Malatya, Türkiye. Data was gathered through in-depth, semi-structured interviews with thematic analysis.

Streszczenie

Wprowadzenie: Uzależnienie od substancji psychoaktywnych to coraz większy problem, który dotyka osób w każdym wieku. W badaniu skoncentrowano się na profilu społeczno-psychologicznym i doświadczeniach osób z zaburzeniami związanymi z używaniem substancji psychoaktywnych (SUD) w okresie probacji.

Materiał i metody: W badaniu zastosowano podejście jakościowe na podstawie studium przypadku, w którym wzięło udział 10 mężczyzn z SUD w wieku

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Results: This study identifies several factors influencing substance initiation and continuation. These include social environment, access to substances, peer pressure, escape from social problems and the pursuit of pleasure. Additionally, the false perception of relief from substances, social context of dependence and identity tied to substance use play a role in continued usage. Lack of parental control, delayed parental realisation and residence in disadvantaged neighbourhoods are also influential.

Discussion: The research data reveals a significant departure from conventional beliefs regarding psychoactive-substance use initiation. It highlights an initial, experimental phase preceding addiction among early initiators, while late initiators have distinct reasons for starting. Dependency is not solely on the substance but also on the environment and social connections. Family dynamics and environment play a pivotal role, with larger, less-controlled families potentially fostering substance use.

Conclusions: The consequences of substance use extend beyond the individual and can impact their family, social circle and overall life. It disrupts personal lives, impedes social integration and fosters criminal behaviour. Substance use has profound repercussions, affecting not just the individual but also their broader social network and livelihood.

Keywords: Addiction, Drug addiction, Psychoactive substance use.

od 25 do 54 lat z Malatya w Turcji. Dane uzyskano z wywiadów pogłębionych w formie częściowo ustrukturyzowanej, przeprowadzono również analizę tematyczną.

Wyniki: Badanie to wskazało kilka czynników wpływających na rozpoczęcie i kontynuację zażywania substancji. Należą do nich: środowisko społeczne, dostęp do substancji, presja rówieśnicza, ucieczka od problemów społecznych i pogoń za przyjemnościami. Do kontynuacji używania przyczyniają się ponadto: fałszywe postrzeganie ulgi dzięki zażyciu substancji, kontekst społeczny uzależnienia i tożsamość związana z używaniem substancji. Wpływ ma również brak kontroli rodzicielskiej, spóźnione rodzicielskie działanie i mieszkanie w dzielnicach o niekorzystnej sytuacji społecznej.

Omówienie: Wyniki badania pokazują istotne odejście od konwencjonalnych przekonań dotyczących inicjowania używania substancji psychoaktywnych. U wczesnych inicjatorów podkreśla się znaczenie początkowej, eksperymentalnej fazy poprzedzającej uzależnienie. Późni inicjatorzy mają natomiast zadeklarowane powody, aby rozpocząć używanie substancji. Uzależnienie nie zależy wyłącznie od substancji, ale także od środowiska i powiązań społecznych. Dynamika rodziny i środowisko odgrywają kluczową rolę, a większe rodziny i mniej kontrolujący się wzajemnie jej członkowie potencjalnie sprzyjają używaniu substancji psychoaktywnych.

Wnioski: Konsekwencje używania substancji wykraczają poza jednostkę i mogą mieć wpływ na jej rodzinę, krąg społeczny i całe życie. Używanie substancji zakłóca życie osobiste, utrudnia integrację społeczną i sprzyja zachowaniom przestępczym. Wywiera duży wpływ nie tylko na jednostkę, lecz także – szerzej – na jej środowisko społeczne i jej środki utrzymania.

Słowa kluczowe: uzależnienie, narkomania, używanie substancji psychoaktywnych.

■ INTRODUCTION

Substance use is increasing steadily [1]. In 2021, it was estimated that approximately 296 million people worldwide, the majority of whom were males aged between 15 and 64, used illicit drugs in the past 12 months. This equates to about 1 in 17 individuals within this age group [2]. The most commonly-used

substances within this age group include cannabis, opioids, cocaine, amphetamine-type stimulants and new psychoactive substances [3].

In the European Union, 83.4 million people use substances, with 50.5 million of these being male and 33 million being female [4]. As of 2021, 100,140 individuals in Türkiye were either convicted or detained due to substance use. In the same

year, there were 215,771 incidents related to drug use. Public spending on combating drug addiction in Türkiye reached 2,340,421,544 Turkish Lira (154,503,335 Euro). The number of individuals under supervised release, including drug users, increased to 295,018 in 2021 [5].

Substance use directly and indirectly affects the central nervous system of individuals, leading to physical and psychological harm. Because of this, substance use can cause various social problems [6, 7]. Substance addiction, despite its adverse impacts on individuals, has been the focus of various research studies which have explored specific aspects of the issue. The primary research studies have focused on adolescent substance use [8, 9], volatile-substance use in teenagers [10], risky behaviours in university students [11], cannabis use and addiction [12], demographic characteristics of substance users [13] and substance use among offenders [14]. Boardman *et al.* examined the likelihood of substance use in disadvantaged neighbourhoods [15]. Akbaş and Mutlu evaluated the experiences of individuals who were undergoing substance addiction treatment [16]. Sevin and Erbay studied heroin friendships [17]. Semerci *et al.* examined the effects of the COVID-19 pandemic on substance users [18], and Tuncel *et al.* investigated societal perceptions of women who use substances [19]. Additionally, some studies have focused on the impact of childhood trauma on substance use [20, 21].

Despite numerous research efforts, it has been observed that a significant proportion of the existing literature is quantitatively designed, neglecting the experiences of persons with SUD. Only a limited number of studies have been qualitatively designed [6, 7, 22-24].

In Türkiye, conducting qualitative research with substance users poses various challenges. Firstly, substance use is legally prohibited in Türkiye [5]. In addition, substance use is not approved within socio-cultural value systems, and individuals who use substances are perceived as socially discredited individuals [19]. Furthermore, harmful substance use and intoxication are explicitly prohibited by the Islamic faith. Therefore many individuals refrain from substance use. Additionally, individuals who initiate substance use are also perceived as 'others' in the societal context [22]. Substance users who may be labelled as the other may also hide their substance use [17] for fear of social

rejection, exclusion [19] or legal punishment [5]. This makes it difficult to conduct in-depth face-to-face research with substance users. In this case, it can be stated that research on substance use in Türkiye makes it difficult to benefit from the experiences of substance-user individuals. Accordingly, how persons with SUD initiated substance use, the factors influencing their behaviour, and why they continued using substances have not been adequately investigated.

In this study, attempts have been made to analyse substance use experiences that have been overlooked by previous research through interviews conducted with persons with SUD in the probation process.

■ MATERIAL AND METHODS

Research method and study group

A case study design was applied in the qualitative study [25]. The case study design, also known as a phenomenological approach, focuses on phenomena, of which we are nonetheless already aware, that necessitate a comprehensive and detailed understanding [26]. The main reasons for choosing this research design were the quantitative research focus of addiction-related studies, the neglect of participants' experiences and various other underlying reasons. The study group was determined using purposive sampling, precisely the criterion sampling method [26]. In this context, the criteria for inclusion were being under probation due to substance use according to Article 191/3 of the Turkish Penal Code (TPC), being over 18 years old and voluntarily agreeing to participate in the research. Permission was obtained from the Ministry of Justice to conduct this research. The study group consisted of 10 male individuals with SUD in the probation process in Malatya. The research was terminated when similar responses were obtained from the participants. Participants were subjected to the provisions of probation for one year under Article 191/3 of the TPC due to their substance use. The characteristics of the study group are presented below.

The ages of the participants varied between 25 and 54 years of age. Four of the participants were married, while six of them were single. The participant with the lowest education level dropped out of elementary school, while the participant with the highest education level was a university

graduate. Most participants had four or more siblings, eight had a criminal record and the earliest age of substance use was 11 years of age. All participants engaged in multiple substance use activities, with cannabis being the most frequently used illicit substance (Table I).

Data collection tools

A semi-structured interview form was utilised in this research. The interview questions were formulated based on the existing literature. Furthermore, after gathering opinions from Probation Directorate staff, substance users and academics conducting research in the field, the final version of the interview form was prepared. The semi-structured interview aimed to explore participants' initial substance use, subsequent substance use patterns, outcomes of substance use and the role of family

and environment in substance use. In-depth interviews were conducted with participants through face-to-face meetings. Prior to commencing the interviews, the purpose and theoretical framework of the research were explained to the participants and their consent was obtained. The interviews were recorded with the participants' permission. The research data was collected between February 1st 2023, and May 25th 2023. The interviews took place at the Malatya Probation Directorate; on average, each interview lasted for approximately 40 minutes.

Data analysis and reliability

The audio recordings obtained from each interview were transcribed into written documents by the researcher. Subsequently, the collected data was compiled into a single document. Thematic analysis

Table I. Demographic characteristics of participants

Participant	Age	Marital status	Education level	Siblings	Occupation	Criminal record	Age of onset of substance use	Substances used
P1	25	Single	High school dropout	4	None, irregular employment	Yes	14	Cigarettes, alcohol, cannabis, Lyrica, Xanax
P2	54	Married	Elementary school dropout	10	None, irregular working in construction	Yes	11	Cigarettes, alcohol, cannabis, Lyrica, Xanax, Ecstasy, Neurontin, Rivotril
P3	25	Single	Elementary school dropout	2	None, street vendor	Yes	12	Cigarettes, Bally, alcohol, cannabis, Lyrica, Xanax, Ecstasy, Neurontin, Rivotril
P4	40	Single	Elementary school	4	Quilt maker	Yes	26	Cigarettes, cannabis
P5	26	Single	University	9	Livestock farming and driving	Yes	14	Cigarettes, Bally, alcohol, cannabis, Lyrica, Xanax, Ecstasy, Neurontin, Rivotril, Bonsai, methamphetamine
P6	31	Married	High school	4	Baker	Yes	13	Cigarettes, cannabis
P7	27	Married	Continuing high school	10	Farmer	No	22	Cigarettes, cannabis
P8	28	Single	High school dropout	6	Office staff	Yes	24	Cigarettes, Ecstasy
P9	28	Married	Middle school	4	Ironsmith	Yes	19	Cigarettes, Bally, alcohol, cannabis, Lyrica, Xanax, Ecstasy, Neurontin, Rivotril, methamphetamine
P10	26	Single	University	4	Agricultural engineer	No	18	Cigarettes, cannabis, alcohol

was employed to analyse the documents [27]. After determining the themes, the original expressions used by the participants in the interviews were adhered to, and direct quotations from the participants' statements were used. Various strategies were implemented to ensure the credibility of the research:

- the stages of the research process were detailed explicitly,
- the data obtained from the participants was examined, and the statements of the participants were cross-checked with the staff of the Probation Directorate to verify their accuracy,
- in some cases, ambiguous statements were clarified, and the consistency of the obtained data was ensured by rephrasing the same questions in different ways.

These measures enhanced the credibility of the data obtained from the participants.

■ RESULTS

In this research, using data obtained through semi-structured interviews and in-depth interviews, a total of four main themes were identified. These themes are listed as follows: first-time substance use, continuation of substance use, family and environmental influence on substance use and consequences of substance use.

First-time substance use

The research observed that the participants who initiated substance use started using drugs in their peer group, influenced or pressured by their friends to fit into their environment. Individuals introduced to substances at an early age may have started using drugs because they perceived it as part of a game in their friend circle. In the words of the participants who started using substances at an early age, they did not use substances to "get a good head". (P1) They were not even aware of the substance they were using and how it would affect them.

I started with volatile substances when I was 14 years old. After that, I continued. The following substance was cannabis, and then it became Ecstasy. After using that, I took psychiatric pills like Rivotril, Xanax and others. When synthetic cannabis (Bonzai) emerged on the market, I tried it, and after that, I used methamphetamine. It wasn't for getting a buzz because we were young. It was like a game for us; it felt good. It had hallucinogenic properties. (P5)

I used cannabis when I was 14 (...) When I smoked it, I didn't even know myself. I asked what it was, and they told me it was cannabis. I'm not dependent. (P1) (He was uncomfortable with me using the word <dependent> towards him.)

Since I was 7 years old, I sold pretzels on the streets, did painting, and worked as a weaver; I grew up tough (...) I was 12 years old back then (...) I was using Bally (...) There was an Apo 10 years older than me. Anyway, I was hanging out with him, constantly using ex (Ecstasy), smoke (cannabis), Lyrica, Xanax, Neurontin, Rivotril. (P3)

I first tried it when I was around 13-14 years old (...) The environment was troubled, and you can't really grasp the good and the bad at that young age (...) I used it with my friends. At that age, you could call it curiosity or a desire to fit in; it just seemed like a game anyway. (P6)

Also, recreational substance use is observed among those who start substance use at a later age. In this case, the circle of friends also has an influential role.

My first year of university has just ended... Our friends used to stay home all the time. I went once, then twice, and then I said bring some over, let's have some fun and fool around. I made my first joint. I didn't understand anything. Actually, I'm curious, you see. I'm trying to understand their mindset. After a while, you bond more with them. (P10)

I took Ecstasy first when I was 24 years old. I had a shop, and I used it there with a friend (...) My friend recommended it, saying you feel like soaring into the sky. It was nice getting into the rhythm of the music. Music already makes you feel high. The music that gets you high is the fast-paced tracks (...) I always used Ecstasy and took around 4 pills. I would take the first 2, then when I felt the effects wearing off, I would take another 2. (P8)

Another noteworthy variable in starting substance use is the influence of trauma in a person's life on the initiation of substance use.

I used cannabis when I was 26 years old. I lost one of my brothers in 2012, and my other brother has been in prison since 2009 (...) My mental state was disrupted; suddenly, they put all the burden on me (...) We went through a lot of pain. A friend said, try this; it will calm you down, so we tried it and felt relieved. We didn't find natural relief; the pain remained the same, but it temporarily eased us psychologically. So, we continued. (P4)

Continuation of substance use

This stage can be considered the phase of becoming dependent after the initial experimentation phase. Individuals become dependent on the substance(s) itself and the social environment and context in which the substance is used. It is noted that using one substance can trigger the use of other substances, and users tend to engage in the use of multiple substances.

I tell them I don't want to drink, but now I have a circle of friends. If I don't drink, they say <Hey, what's wrong? You weren't like this before. What happened to you? You used to drink.> I'm not too fond of these kinds of conversations (...) Now, in a social gathering, if someone offers it, just so things don't get awkward and no one thinks badly of you, you might take a drug in one breath because you don't want to ruin the atmosphere or be judged negatively. (P1)

When you use it, you are around others who also use it. You can't relate to regular guys, you can't hang out with someone who doesn't use, and they don't hang out with you either because the mindset is different. (P6)

You used to use it on a Sunday somewhere, but after becoming dependent, everything revolves around this; it becomes your daily activity, and you think about it 24/7. You start believing it's your happiest moment as if you can't live without it. (P9)

It has been observed that individuals who continue to use substances tend to prefer places where their acquaintances are less likely to notice their substance use.

I used Bally in discreet places. (P3)

I was drinking in places my family didn't know about, and I would take a taxi to go and come back. I mostly drank in the mountains. (P2)

With friends from the neighbourhood, in the garden or park area. We used it there so that the elders in the district wouldn't see us. We were afraid they'd get angry, thinking it would disrupt the peace at home. (P9)

Additionally, our research confirms that increased experience with substance use leads individuals to engage with a wider range of substances. This, in turn, is associated with forming social connections with other experienced users. Accordingly, we can say that there is a hierarchy among substance users based on experience.

There was a sort of bragging, like how I drank this, and my mind was like that, how much sub-

stance I could handle. Nothing happened to me; I mixed and drank. Right after starting with cannabis, pills like Ecstasy appeared. Most of my friends were initially scared and didn't take them, but later they did, of course, and I immediately started on them. Once you take Ecstasy, you're not the same as before; it's not like cannabis; things change after entering the realm of chemicals. Starting with chemicals was a turning point for me, precisely at 17. I distanced myself from friends who smoked cannabis and looked down on those who used it; I began hanging out with people who combined pills and cannabis. And if alcohol was part of the social circle, you'd automatically start drinking alcohol, too. (P5)

In the advanced stages of ongoing substance use, it has been observed that medications intended for treatment are also sometimes used as substances.

Do you know, I had an accident at one point, and the doctor prescribed me medication; I used Lyrica (...) It affected me psychologically. Lyrica takes you away from life and makes you forget your problems. I had a weakness for it at one point. It would calm me down, but when I took it, nothing would come to my mind. (P1)

The participant has developed a blaming tone here. (When I stopped recording, they asked me if I could prescribe Lyrica...) In fact, doctors made us dependent on them; they prescribed us psychiatric medications and then got us used to them. We went back and forth to psychiatrists and became drug addicts. They labelled us as addicts. Later, they stopped prescribing those medications, and we started looking for them outside. We have become dependent on these. (P2)

Except for Ecstasy (Ex), I constantly used these psychiatric medications. They had such an addictive effect that I couldn't sleep at night if I didn't take them, especially Lyrica and Neurontin. (P3)

The dependent individual perceives the substance as a means of escaping from negative occurrences in their social environment and thus as a way of finding relief. As a result, substance use becomes normalised and continues as a way to cope.

Now, I'm saying that people go through psychological phases; some break up with their partners, and others lose someone they love, so they have some distress. (P1)

It provides extreme comfort; it gives you a kind of happiness you wouldn't experience otherwise, even if it's temporary. That's why whenever you're

troubled going through a hard time, you find yourself seeking that thing to try to relax. (P6)

So, no worries remain; everything becomes pleasant. The problems weren't going away, but that's how I thought. Whether sad or happy, I find it and use it to clear my mind. (P9)

After my father passed away, I quit everything. I couldn't recover for two years. After that, I increased my substance use. I used them to escape from reality. (P8)

In recreational substance use, individuals tend to exhibit a weak tendency to drink when they are not in those environments, whereas those who use substances to escape their problems in social life tend to show a continuous inclination towards the use of substances.

Have you ever thought about reducing your substance use?

I've thought about it a lot, but when my pain is over, that's when I'll quit. For God's sake, when my brother gets out of prison, I'll even quit regular cigarettes. I'll fulfil my longing and hug him. (P4)

Substance use creates a false sense of self-confidence, courage, and intelligence amongst users.

One of the most prominent features of methamphetamine is the self-confidence it induces in you. When you use it, your mind doesn't fly away, your actions don't give you away, it keeps you alert, doesn't let you sleep, and even suppresses your appetite. You might feel smarter, speaking faster, and your pupils dilate. For instance, users, look at me; I used to weigh 62 kilograms, now I'm 75 kilograms, my face and eyes have changed, I'm unhappy, my nails have grown, my clothes are dirty. But when I use it, I feel like a king, a fake kingdom is in me. You're the king in that realm, on that throne, and everyone is at your command as if they're at your service. (P5)

Influence of family and environment on substance use

It can be observed that a significant proportion of participants grew up in large families, in neighbourhoods or communities where substance use is prevalent. Particularly during childhood, weakened social control within the family and increased exposure to disadvantaged environments can render a child vulnerable to substance use.

In my family, there was a certain degree of freedom. They wouldn't meddle with me much. My father wasn't a strict man. Due to work and other

commitments, he only engaged with me occasionally. Also, I didn't have older siblings; I was the eldest. In the beginning, because you were always out and about, you wouldn't have much knowledge about your family, and they wouldn't know much about you. My family didn't put much pressure on me; my substance use stemmed from this sense of ease I had. (P6)

Let me put it this way: family is essential. Now, as I mentioned, we are nine siblings. My parents, as you can imagine, are much older than me. They're about 40 years older than me. So, when you were out with them when you were little, people would say things like, <Is that your grandpa or your dad?> Even though our home was in 'Dilek,' when we were kids, my older siblings were in the city centre, and we would go there too. So, I grew up far from my parents. We didn't feel much of my father's influence on us. Let's put it that way. That's why it has an impact, you know. I took the older guys from my neighbourhood in 'Kiltepe' as role models. Since our parents were long-haul drivers, my older brother wasn't around much. We were on our own there. (P5)

Actually, the neighbourhood I lived in was a troublesome one (...) Crime is very prevalent in our area. Some people from other districts and even other provinces had formed groups. (P2)

There were many drug users around me then, and I got involved because of my environment. I didn't even smoke cigarettes before. (P8)

It has been observed that parents often learn about their children's substance use much later. When parents become aware, the individual has usually become dependent upon the substance.

It took them about two years to find out that I wasn't going to work, and they caught me sober with drugs in my pocket. (P9)

They didn't really figure it out much. My father was too busy working to notice anything. My family only found out when I got caught. (P6)

In my family, no one uses it. They only have cigarettes. Since they don't engage in it, they only realise something for the first 2-3 years. They didn't even notice I was drinking. They didn't know, they hadn't seen it. (P5)

When I asked Participant K4 if his family knew, he replied, No, absolutely not, my family must not know. (P10)

My family found out when I went to prison. (P4)

On the other hand, it is also expressed that living in a neighbourhood gives individuals a sense of identity.

In general, the neighbourhood you live in is quite essential. Drugs can be found everywhere, but some places are worse than others (...) People here think they are kings, commanders, or rulers. Go to 'Kiltepe'; go to 'Çöşnük; everyone tries to make their own neighbourhood look great; it's a bad thing; as you keep doing this, people keep trying to assert their greatness. For instance, you're from 'Melekbaba,' I'm from 'Kiltepe,' we meet somewhere, you show off, I show off, and then we end up fighting, like, <What happened? You talked about my neighbourhood.>. (P1)

Consequences of substance use

As the quantity and frequency of substance use increase, disruptions occur in the user's social life, leading to an increase in the time spent by the individual in environments where substances are used.

I used to have a good relationship with my children, but now it's not the same. Sometimes, I go to my daughters feeling good, and they look at me like, what has this guy been drinking again? They don't want my name to be associated with substance use. They say he has been drinking again. My brother was the last one to realise. A couple of my friends told him. Their behaviour changed towards me; they started losing trust in me. Before, they used to give me money, but now they give it to my wife. (P2)

During the period when we used Bonzai, I would feel like shadows passing by us. Even though I wasn't using it, the crisis was like that. For instance, when I started using meth, it was like schizophrenia. I was engaged then; my fiancée thought I was cheating on her. She would video call me at home, and I had convinced myself that this woman was cheating on me (...) The point that affected me was that my engagement broke off, and I had also broken up with the girl I loved. Then, after completely quitting, I realised that (...) When I used methamphetamine, the scenarios I would imagine started resurfacing in real life. There's permanent damage. I'm not using anything now, but the same emotional states keep resurfacing as if I were using. It reminds me of that time; the same scenarios persist. I get angry at things that no one would get angry at, and I suddenly get mad. Nothing is going on, but I discharge my energy, so to speak, and then I come back to myself, but by then, it's already too late. (P5)

Looking back, I have yet to live 9-10 years. It's a bad situation; you lose your family, friends, everything (...) After a certain point, you become isolated,

and your behaviour changes towards your family; you become irritable. (P9)

It affected everything; I can't function if I don't take it. That Lyrica, you know, its main ingredient is heroin; it's highly addictive. (P3)

What can I say? It confronted me everywhere. After getting caught, we went through a trauma, and my life deteriorated even more; it became an obstacle. Because my record has been tarnished, you start thinking, well, it's already happened, no need to quit this. (P6)

Substance addiction makes it difficult for individuals to adapt to social life. Additionally, addiction often leads to criminal behaviours or creates a conducive environment for actions like this. 80% of participants have a criminal record.

My first criminal record was for theft. If it were just about using, it would be fine. But what else will they do when someone is desperate for money to get their fix? They'll either steal or resort to robbery. (P9)

I never sold these substances; I always bought them with my money. I used to rob the ones who sold them. When I was around 16 or 17, I would target the elderly; an older adult sitting in a tea house, I would take his medications. If I saw a drug dealer, I would ask nicely first; if he didn't give it, I would rob him. I would pull out a knife and threaten if I were in a good mood. I was small but stabbed and attacked men aged 30-40. My first crime was spiking government officials (...) I stabbed two municipal officers. (P3)

My first criminal record was due to using the drug Lyrica. I spent seven months in prison. (P5).

I was caught driving under alcohol, and they took away my driver's license. I smoked marijuana, and they put me in prison. (P4)

■ DISCUSSION

In this study, the substance-dependent individuals involved in the supervised probation process were investigated in relation to their substance use experiences through semi-structured interview forms. According to the research data, it has been observed that individuals who initiate substance use at an early age have a pre-addiction phase prior to dependency, which can be characterised as an experimental phase. This research finding stands in complete contrast to the existing literature. Previous studies generally emphasise the influence of friends, family and the environment

in initiating substance use [6, 16, 23]. However, beyond these factors, individuals who start using substances at a young age believe that substances will grant them a sense of maturity at an early age. Hence, children observe substance use from experienced users preceding them and imitate these users. Even though young users might not fully comprehend the mind-altering effects of the use of substances at this stage, they engage in substance use as part of a game. This situation can be regarded as a product of incorrect socialisation as criminal behaviours, like any other behaviours, can be learned through interaction with the social environment [28]. According to Gabriel Tarde, criminal behaviours are learned through imitation due to interactions with others. From this perspective, it can therefore be argued that children's increased exposure to substance use in social environments where substance use is prevalent elevates the risk of engaging in substance use [29].

Different reasons for initiation stand out in individuals who start using substances at a later age. The first of these reasons is related to social hurts or hindrances. These research findings align with the study conducted by Macit on cannabis users [12]. Furthermore, the findings obtained by Calpe-López *et al.* support the research outcomes [30]. Accordingly, substance dependency is not only a beginning but also an outcome. It is a way of responding to encountered problems. Simultaneously, it serves as a means for users to forget the crises they face momentarily; in other words, it acts as a transitional object. The second reason appears to be substance use based on recreation. This could be attributed to a characteristic of the environment in which it is introduced. The use of drugs is perceived as a part of having fun, which therefore normalises its use [31].

In ongoing substance use, individuals become dependent not only upon the substance itself but also upon the environment in which the substance is used and the friends who are associated with it. As an individual starts using substances, the circle of friends who use substances tends to expand, while the number of friends who do not use substances decreases. These findings bear similarities to the results of Sevin and Erbay's study on heroin friendships [17]. Similarly, research conducted by Ögel *et al.* with volatile substance users indicates that 90.9% of users' friends also use substances [10]. Therefore the social circle of substance users is pre-

dominantly composed of fellow substance users, resulting in continuous exposure to substances. Consequently, substance use becomes central to an individual's life, fostering a constant cycle where various substances' mind-altering properties are discussed, and individuals introduce each other to different substances, creating an ongoing loop.

Generally, substances are used in places where their acquaintances cannot see them. Users are cautious about the adverse reactions of their acquaintances towards substance use. Some research results in the literature exhibit similarities to the current findings [16, 32]. To protect themselves from these reactions, users initially use substances discreetly. However, as addiction progresses to an uncontrollable stage, users start using substances openly whenever they can. This leads to individuals being labelled as people with a SUD. Being labelled as a person with an addiction creates a negative perception in the social sphere, leading to the stigmatisation of substance users within society. According to Frank Tannenbaum, this situation represents the dramatisation of evil [33]. Once an individual is labelled as a substance addict, it can be said that everyone in the social context becomes attentive to the individual's behaviour related to substance use. This hinders the integration of the person with addiction into society [34], and results in them adopting a 'deviant' way of life.

Amongst substance users, a hierarchy exists, with those who use multiple substances occupying the highest position in the hierarchy. While current research might not explicitly state this, substance users form a subculture of substance use. This can also be referred to as a deviant subculture. Within this subculture, criminal behaviours serve to achieve status, identity, and reputation [35]. In this context, being an experienced substance user bestows a sense of respect within this subculture. Using substances in this subculture is perceived as normal behaviour. Furthermore, individuals who do not use substances can be viewed with disdain within this subculture [36].

Amongst substance users, the use of psychiatric medications like Lyrica, Xanax, Ecstasy, Neurontin, etc., commonly takes place as a way to treat various psychological and physical issues. These medications are often referred to differently in street slang. For instance, within the addict subculture's jargon, 'Roche' corresponds to the medication Rivotril. There seems to be limited research on this matter.

However, it can be suggested that once individuals become addicted, they might use anything as a substance which can alter their mental state. This indicates that substance users could use any available substance to achieve the desired effect. The use of these medications amongst people with an addiction is expected to increase over time.

The substance also provides users with false confidence and qualities like increased intelligence. In other words, substances create a perception that individuals possess the ability to do anything which can lead them towards continuous substance use.

The family and the environment often influence the initiation of substance use. In children raised in large families where weak parental control exists, combined with an environment prone to delinquency, it can create a conducive atmosphere for substance use. Evaluating this situation, according to Cohen and Felson, substance use stems from a 'motivated offender', 'a lack of capable guardianship', and 'a suitable target' [37]. In substance use, individuals selling or providing drugs in the area where someone lives can be seen as the motivated offender, an uninformed individual regarding the harms of drugs as the suitable target, and the absence of adequate family supervision like the lack of capable guardianship. Drug substance use emerges due to the convergence of these three variables.

The conducted research indicates that there is a neighbourhood effect on substance use. Residing in a specific neighbourhood provides individuals with an identity; being associated with a specific neighbourhood like 'Melekbaba' or 'Kiltepe' imposes certain abstract norms on them, and substance use becomes a characteristic of living in that neighbourhood. A study by Boardman *et al.* reveals a significant relationship between disadvantaged neighbourhoods and substance use [15]. Substance use is stated to be one of the most prevalent social problems in these disadvantaged neighbourhoods [38]. In this context, it can be observed that individuals living in neighbourhoods with high substance use rates form a risk group in terms of substance use.

It can be argued that substance use creates conducive conditions for criminal behaviours. The findings from existing research support this proposition [7, 39]. In a study conducted by Saladino *et al.* 61 articles published between 2010 and 2020 were examined, and it was determined that substance-related crimes during adolescence en-

compass economic crimes, carrying firearms and sharp objects, robbery, and drug possession and trafficking offences [40]. In this context, substance use facilitates the commission of other criminal behaviours. Furthermore, another study established that substance use is prevalent among detainees and convicts [14]. In the current research, it was also found that participants developed criminal records after initiating substance use. Drug substances constitute a significant variable in the perpetration of other criminal behaviours.

The current research has certain limitations. In this study, qualitative research methods were utilised and interviews were conducted with a small number of people. Therefore, the findings of the research cannot be generalised. Additionally, the fact that the study group consisted solely of male participants and that the participants were subject to control due to the Turkish Penal Code, create limitations for this study.

Investigating the neighbourhood effect on substance use and the relationship between substance use and criminal behaviour is recommended. Additionally, exploring the relationship between trauma and addiction and investigating the connection between medications used for treatment and addiction is also suggested. On the other hand, in terms of raising awareness about addiction and identifying and rehabilitating disadvantaged and at-risk students within the school system, the 'School Sociologist' project proposed by Bayhan holds significance [41]. In this context, the School Sociologist, in coordination with guidance counsellors, takes on a consultative role in facilitating the acquisition of a new social and cultural environment for identified dependent students. This involves creating elements to replace the deprivation caused by addiction, developing social programmes for societal integration and assessing leisure activities and social and cultural events.

■ CONCLUSIONS

As a result of this study, insufficient parental control, growing up in an environment prone to delinquency, and easy access to substances can be considered risk factors in early-age individuals. Substance use often begins as a form of play at an early age. Social hurt also influences substance use. Additionally, recreational substance use is ob-

served. It can be said that individuals who start using substances not only become dependent upon the substance they use but also upon the environment in which it is used. Amongst substance users, a hierarchy exists, with experienced users often occupying the top tier. Psychiatric medications commonly used in various treatments are prevalent among convicts. Living in a neighbourhood

where substance use is prevalent could increase the risk of substance use. Substance use is associated with criminal behaviour and creates an environment conducive to theft and assault. Therefore what starts as a form of play eventually becomes a pleasurable tool to escape troubles in later life but ultimately negatively impacts the user, their close circle and their entire life.

Conflict of interest/Konflikt interesów

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Ethics/Etyka

Ethical approval and institutional permission for this study have been granted by İnönü University Scientific Research and Publication Ethics Committee on August 10, 2023, no 16.

The work described in this article has been carried out in accordance with the Code of Ethics of the World Medical Association (Declaration of Helsinki) on medical research involving human subjects, Uniform Requirements for manuscripts submitted to biomedical journals and the ethical principles defined in the Farmington Consensus of 1997.

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References/Piśmiennictwo

1. United Nations Office on Drugs and Crime (UNODC). *World drug report 2022: Global overview drug demand drug supply*. New York: United Nations Publication; 2022.
2. United Nations Office on Drugs and Crime (UNODC). *World drug report 2023: Executive summary*. New York: United Nations Publication; 2023.
3. United Nations Office on Drugs and Crime (UNODC). *World drug report 2022: Executive summary policy implications*. New York: United Nations Publication; 2022.
4. European Monitoring Centre for Drugs and Drug Addiction. *European drug report 2022: Trends and developments*. Luxembourg: Publications Office of the European Union, Luxembourg; 2022.
5. Turkish National Police Counter Narcotics Department. *Türkiye Uyuşturucu Raporu: Eğilimler ve Gelişmeler*. Ankara: NDB Yayınları; 2022.
6. Sevin MD, Erbay E. Life experiences with substance use of substance addicts being treated a second time in AMATEM. *Addicta: The Turkish Journal on Addictions* 2019; 6: 689-714. DOI: 10.15805/addicta.2019.6.3.0059.
7. Yaman ÖM. Young Drug Addicts' Perceptions on Family Relations: The Case of Esenler – Bağcılar, Istanbul. *Addicta: The Turkish Journal on Addictions* 2014; 1(1): 99-132. DOI: 10.15805/addicta.2014.1.1.013.
8. Basedow LA, Kuitunen-Paul S, Roessner V, Golub Y. Traumatic events and substance use disorders in adolescents. *Front Psychiatry* 2020; 11: 559. DOI: 10.3389/fpsyt.2020.00559.

9. Thomasius R, Arnaud N, Holtmann M, Kiefer F. Substance-related disorders in adolescence and young adulthood. *Z Kinder Jugendpsychiatr Psychother* 2020; 48(6): 448-52. DOI: 10.1024/1422-4917/a000725 [Article in German].
10. Ögel K, Taner S, Tosun M, Gürol DT, Liman O. Yatarak tedavi gören ergen uçuçü madde kullanıcılarında madde kullanım özellikleri: Cinsiyet ve yaşadığı yere göre karşılaştırma. *Journal of Dependence* 2005; 6(2): 76-83.
11. Atlam DH, Aldemir E, Altintoprak AE. Prevalence of risky behaviors and relationship of risky behaviors with substance use among university students. *Dusunen Adam – J Psychiatry Neurol Sci* 2017; 30: 287-98. DOI: 10.5350/DAJPN2017300402.
12. Macit R. Drug Users and Cannabis. *Journal of Economy Culture and Society* 2020; 61: 141-51. DOI: 10.26650/JECS2019-0042.
13. Çevik M, Kızmaz Z. Demographic characteristics and substance use habits of drug addicts. *Adiyaman University Journal of Social Sciences* 2021; 14(37): 470-506. DOI: 10.14520/adyusbd.823646.
14. Ögel K, Aksoy A. Substance use in delinquent adolescents. *Journal of Dependence* 2007; 8(1): 11-7.
15. Boardman JD, Finch BK, Ellison CG, Williams DR, Jackson JS. Neighborhood disadvantage, stress, and drug use among adults. *J Health Soc Behav* 2001; 42(2): 151-65.
16. Akbaş GE, Mutlu E. Madde bağımlılığı tedavisi gören kişilerin bağımlılık ve tedavi deneyimleri. *Toplum ve Sosyal Hizmet* 2016; 27(1): 101-22.
17. Sevin MD, Erbay E. Heroin friendship: Life experiences of drug addicts from the individual perspective in their environment. *Journal of Dependence* 2021; 22(1): 65-75. DOI: 10.51982/bagimli.799061.
18. Semerci M, Acar B, Yaman ÖM. Use and treatment experiences of alcohol and substance addicts during the COVID-19 pandemic. *Journal of Dependence* 2022; 23(3): 338-50. DOI: 10.51982/bagimli.1008263.
19. Tuncel GY, Kaylı DŞ, Yaraabaş G. Attitudes and behaviors of society towards women with substance use disorder. *Journal of Dependence* 2023; 24(4): 428-37. DOI:10.51982/bagimli.1219073.
20. Brown SM, Shillington AM. Childhood adversity and the risk of substance use and delinquency: the role of protective adult relationships. *Child Abuse Negl* 2017; 63: 211-21. DOI: 10.1016/j.chiabu.2016.11.006.
21. Orak OS, Bilkay Hİ, Zengin Ç. Effect of childhood trauma on substance users' attitudes of coping with stress. *Journal of Dependence* 2023; 24(3): 305-15. DOI: 10.51982/bagimli.1168435.
22. Nalbantoğlu İ, Tuncay T. Exploring the experiences of substance addicts and their families in coping with the addiction. *Journal of Dependence* 2023; 24(2): 207-26. DOI: 10.51982/bagimli.1167503.
23. Semerci M, Karaman H, Yaman ÖM. Bağımlılıkta arkadaş etkisini anlamaya yönelik bir inceleme: Youtube videolarına konuk olan madde kullanıcılarının röportajları üzerinden bir içerik analizi. *Gençlik Araştırmaları Dergisi* 2022; 10(28): 90-105.
24. Usher K, Jackson D, O'Brien L. Adolescent drug abuse: Helping families survive. *Int J Ment Health Nurs* 2005; 14(3): 209-14. DOI: 10.1111/j.1440-0979.2005.00383.x.
25. Fossey E, Harvey C, McDermott F, Davidson L. Understanding and evaluating qualitative research. *Aust NZ J Psychiatry* 2002; 36(6): 717-32. DOI: 10.1046/j.1440-1614.2002.01100.x.
26. Patton MQ. *Qualitative research & evaluation methods*, 3rd ed. United Kingdom: Sage Publication; 2002.
27. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006; 3(2): 77-101.
28. Siegel LJ. *Criminology theories, patterns and typologies*, 10th ed. Belmont: Wadsworth; 2010.
29. Sutherland EH, Cressey DR. *Criminology*, 10th ed. New York: J.P. Lippincott Company; 1978.
30. Calpe-López C, Martínez-Caballero MA, García-Pardo MP, Aguilar MA. Resilience to the effects of social stress on vulnerability to developing drug addiction. *World J Psychiatry* 2022; 12(1): 24-58. DOI: 10.5498/wjp.v12.i1.24.

31. Askew R. Functional fun: Legitimising adult recreational drug use. *Int J Drug Policy* 2016; 36: 112-19. DOI: 10.1016/j.drugpo.2016.04.018.
32. Crapanzano K, Hammarlund R, Ahmad B, Hunsinger N, Kullar R. The association between perceived stigma and substance use disorder treatment outcomes: A review. *Subst Abuse Rehabil* 2019; 10: 1-12. DOI: 10.2147/sar.s183252.
33. Barmaki R. On the origin of “Labeling”. Theory in criminology: Frank Tannenbaum and the Chicago School of Sociology. *Deviant Behav* 2019, 40(2): 256-71. DOI: 10.1080/01639625.2017.142049.
34. Zwick J, Appleseth H, Arndt S. Stigma: How it affects the substance use disorder patient. *Subst Abuse: Treat Prev Policy* 2020; 15(1): 1-4. DOI: 10.1186/s13011-020-00288-0.
35. Newburn T. *Criminology*, 3rd ed. New York: Routledge; 2017.
36. Tracy PE, Wolfgang ME, Figlio RM. *Delinquency careers in two birth cohorts*. New York: Plenum Press; 1990.
37. Cohen LE, Felson M. Social change and crime rate trends: a routine activity approach. *Am Sociol Rev* 1979; 44: 588-608. DOI: 10.2307/2094589.
38. Wilson WJ. *The truly disadvantaged: The inner-city, the underclass and public policy*. Chicago: University of Chicago Press; 1987.
39. Türkmen SN, Epsöylü H. The Impacts of Presence of Substance Abuse on the Crime and Violence Characteristics in Offender and Non-Offender Patients. *J Contin Med Educ* 2019; 23(2): 108-13. DOI: 10.17942/sted.431567.
40. Saladino V, Mosca O, Petruccelli F, Hoelzlhammer L, Lauriolan M, Verrastro V, et al. The vicious cycle: problematic family relations, substance abuse, and crime in adolescence: a narrative review. *Front Psychol* 2021; 12: 673954. DOI: 10.3389/fpsyg.2021.673954.
41. Bayhan V. A new model in the application field of educational sociology: school sociologist and his/her duties. *İstanbul University Journal of Sociology* 2015; 3(30): 255-74.

