

Individuals' Reasons for Becoming Substance Addict According to Social Perspective: A Quantitative Study

Toplumsal Bakış Açısına Göre Bireylerin Madde Bağımlısı Olma Nedenleri: Nicel Bir Araştırma

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Abstract

Objective: This study aimed to determine the reasons for individuals to be addicted to substances based on the social perspective and to reveal whether the results vary according to demographic characteristics.

Method: The study data were obtained from 416 individuals between 18 and 65 who lived in Yalova between 01.10.2020 and 30.11.2020. Data were collected with the support of researchers and pollsters.

Results: The 3- dimensions construct validity of the questionnaire form used to determine the perspective of the society on substance addiction was achieved. These dimensions were named as family, socio-cultural environment, and near-distant environment. The final questionnaire form, consisting of 18 questions, is scored between 0 and 5. The scores of the participants from the final questionnaire form: the immediate environment factor (4 questions) score is 13.63 ± 4.77 , the family factor (7 questions) score is 24.58 ± 7.21 , and the socio-cultural factor (7 questions) score is 24.57 ± 6.66 .

Conclusion: The three dimensions in the final questionnaire form are significant in terms of individuals being addicted to substances.

Keywords: Substance addiction, addiction, reasons for substance addiction

Öz

Amaç: Bu çalışma ile toplumsal bakış açısına göre bireylerin madde bağımlısı olma nedenlerinin tespit edilmesi ve sonuçların demografik özelliklere göre farklılık gösterip göstermediğinin ortaya konması amaçlanmıştır.

Yöntem: Araştırma verileri 01.10.2020-30.11.2020 tarihleri arasında Yalova'da ikamet eden 18-65 yaş üzeri yaş 416 bireyden elde edilmiştir. Veriler araştırmacılar ve anketör desteği ile toplanmıştır.

Bulgular: Analizler sonucunda toplumun madde bağımlılığına bakış açısını belirlemek için kullanılan anket formunun 3 boyutlu yapı geçerliliği sağlanmıştır. Bu boyutlar aile, sosyo-kültürel çevre ve yakın-uzak çevre olarak adlandırılmıştır. 18 sorudan oluşan nihai anket formu 0 ile 5 arasında puanlanmaktadır. Katılımcıların nihai anket formundan aldıkları puanlar; yakın çevre faktör (4 soru) puanı 13.63 ± 4.77 , aile faktörü (7 soru) puanı 24.58 ± 7.21 ve sosyo-kültürel faktör (7 soru) puanı 24.57 ± 6.66 'dır.

Sonuç: Nihai anket formunda geçen üç boyutun bireylerin madde bağımlısı olması bakımından önemli olduğu sonucuna ulaşılmıştır.

Anahtar kelimeler: Madde bağımlılığı, bağımlılık, madde bağımlısı olma nedenleri.

Introduction

Addiction defined by the Turkish Language Association (TDK) as "being addicted, dependence" is defined as the inability of individuals to stop excessive sensitivity towards a behaviour, an object, a person, an event or a substance, although it harms the lives and health of them (1). It is the tendency to initiate and continue destructive behavior patterns and divided into two groups as behavioural and chemical addiction. (2,3). Addiction has types such as technology addiction, gambling addiction, shopping addiction, food addiction, exercise addiction, sex addiction, relationship addiction, and substance addiction. (4,5). Although substance addiction shows behavioural addiction characteristics, it differs from behavioural addiction in terms of external effects and is included in the chemical addiction group (6).

Substance addiction is one of the biggest problems threatening the world of the day. It is a problem with a history as old as human history; In other words, it is not a new problem in the world and our country. The problem of substance addiction occurs in case that individuals use substances for any reason, consciously or unconsciously, to influence or change their mental health, emotions, attitudes, and behaviours (7). This addiction is the intake of substance in an increasing amount and inappropriately due to the fact that they develop intolerance to the substance, although it creates problems in the life of them and causes them to feel withdrawal when they reduce or quit substance use (8). In addition to, it is the use of substances that harm body functions and the continuation of the use of them despite the harms of use. The addicted person increases the frequency and dose of substance use over time and experiences a feeling of withdrawal if he/she stops using the substance (2).

Substance addiction has two components: substance and addiction. The aforementioned substance includes all psychoactive substances such as alcohol, tobacco, ecstasy, heroin, cocaine, cannabis, morphine, bally etc. that cause addiction. Addiction is a syndrome. In The Diagnostic and Statistical Manual of Mental Disorders – IV (9) addiction is defined "as a set of cognitive, behavioural, and physiological symptoms indicating that the individual continues to use the substance despite having significant problems with the substance". For individuals to be diagnosed with addiction, it is sufficient for them the of three of the following behaviours: development of tolerance, withdrawal symptoms, frequent but unsuccessful quit attempts, prolonged spending for the use, supply, or quitting of the substance, decrease or complete disappearance in individual, social and occupational activities due to the use of the substance, use of the substance more than anticipated and for a longer period of time, the continuation of substance use despite the occurrence or increase of psychological or physical problems (10,11).

There are different risk factors that cause substance addiction in the literature. These factors can generally be grouped as individual, environmental (family, friend, etc.), and social risk factors. Genetic predisposition, inadequate anger control, difficulty in establishing relationships, anti-social behaviours, inadequate self-esteem, emotional problems, behavioural problems, curiosity, choosing a role model for a substance user, desire for emancipation, social exclusion, poverty, etc. can be given as examples to the individual risk factors. As an example of environmental risk factors, substance use of family members, positive attitudes and behaviours of family members towards substance use, domestic violence, neglect, abuse cases, excessive repressive attitudes of family members, substance use of friends, positive attitudes and behaviours of friends towards substance use, desire to belong to a group etc. can be given. Examples of social risk factors include a deteriorated social structure, a social structure where access to substances is easy, media's incentive content, societies with high crime rates and substance use, poverty, etc. (12-21).

When the literature on substance addiction is reviewed, it is seen that studies are conducted on individuals using substances or their relatives. Apart from other studies, we aimed to determine why individuals use substances from the perspective of society and what these are from their eyes. For this reason, this study is considered to be of a quality that will shed light on future studies. This study aimed to determine the

reasons for individuals to be addicted to substances based on the social perspective and to reveal whether the results vary according to demographic characteristics.

Method

This descriptive and cross-sectional study was carried out in Yalova between 01.10.2020 and 30.11.2020. The simplified sampling technique was used to collect the data of the study.

Sample

The universe of the study consists of each individual residing in Yalova, who speaks Turkish over the age of 18-65, who we can communicate with, who accepts to participate in the study and is not restricted. Individuals residing in Yalova, between the ages of 18-65, who can speak and understand Turkish, and who volunteer to participate were included in the study. Individuals younger than 18 years old, over 65 years old and those who did not give consent were not included in the study. The sample of the study will consist of individuals who meet the criteria for participation in the study and agree to participate in the study between the specified dates. Simple random sampling method was used in the study. In determining the sample size, the sample size was calculated as 95% confidence interval, 5% margin of error and 0.50 population ratio, and the sample size was determined as 384 (22). 440 people were reached in the study, but 24 forms were filled incompletely or because more than one answer was given in one question, they were not included in the study. The sample of the study consists of 416 individuals. The representative power of the sample after the study was calculated using G-power (3.1.9.4) and found to be 99%.

Procedure

The study adhered to ethical principles. Ethics committee approval was obtained from Uludağ University Faculty of Medicine Clinical Research Ethics Committee with the decision number 2020-17/8 on 30 September 2020. Written consent was obtained from each participant before data collection.

The data were collected through face-to-face interviews with the help of the interviewer between the specified dates. The interviews were conducted with the pollster and the researcher in the city center of Yalova. In the study, all participants were informed, they were asked to mark the most correct one, and the questionnaire was distributed. In the collection of data, the participant information form and the questionnaire form created by Öz and Alkeveli (14) were used.

Measures

Participant Information Form

This form, prepared by the researchers, includes questions among the socio-demographic information of the participant such as gender, age, educational status, marital status and whether he/she works in any job.

Questions Regarding Reasons for Substance Addiction

In this part of the data collection form, the questionnaire form questions created by Öz and Alkeveli (14) are included. However, the explanatory factor analysis of the questionnaire was not done and the construct validity was not provided. In this study, the explanatory factor analysis of the questionnaire form was made. The questions in the questionnaire form were examined in detail by the authors for construct, consistency, comprehensibility, and avoidance of repetition. It then got ready for the validity study. The questionnaire form consists of a 22-question form scored between 1 and 5 (1: Strongly Disagree, 2: Disagree, 3: Undecided, 4: Agree, 5: Strongly Agree).

In this study, we wanted to use the questionnaire form used by Öz and Alkeveli (14) in our study by making a confirmatory factor analysis. EFA (Explanatory Factor Analysis) analysis was performed for the validity of the questionnaire form. Items that do not overlap with the dimension have been removed. 4 items have been removed (7, 12, 13, 15). Except for demographic questions, no new questions have been added.

KMO (Kaiser-Mayer-Olkin) value of the questionnaire form was 0.909 and Bartlett's test was significant ($p < 0.05$). Factorization was found to explain 60,579% of the total variance. As a result of the validity analysis of the 22-item draft questionnaire, a final 18-item questionnaire form with 3 sub-dimensions was created. Appropriate names were given to 3 sub-dimensions created as a result of validity analysis. The created sub-dimensions are named as family factor, socio-cultural factors and near-distant environment factor. In the final questionnaire form, the family dimension consists of 7 questions (5, 6, 8, 9, 10, 11, 14); the socio-cultural dimension consists of 7 questions (16, 17, 18, 19, 20, 21, 22); the near-distant environment dimension consists of 4 questions (1, 2, 3, 4). As a result of the reliability analysis, the Cronbach-Alpha value was found to be 0.91. The Cronbach-Alpha values of the 3 sub-dimensions of the final questionnaire are 0.84, 0.86, 0.84, respectively. There are no questions scored backwards in the final questionnaire form. While the lowest score to be obtained from the final questionnaire form is 18, the highest score is 90.

Statistical Analysis

The analysis of the data was carried out using the SPSS 21.0 program at a 95% confidence level. Skewness-Kurtosis values were examined to determine the normal distribution of the data. Since the values are in the range of +1.5 to -1.5, it was assumed to be a normal distribution. Number and percentage values were examined for the analysis of demographic information. Exploratory factor analysis (EFA), KMO (Kaiser-Meyer-Olkin) - Bartlett Test and reliability analyses of the final questionnaire form were performed. Student t-test and One Way Analysis of Variance (ANOVA) were used. Bonferroni test was used among the Post-Hoc tests.

Results

The distribution of the descriptive characteristics of the participants is given in Table 1. 158 (38.0%) of the participants are women. 220 (52.9%) of them are between the ages of 18 and 25. 95 (22.8%) participants are undergraduates. 148 (35.6%) of the participants are married and 235 (56.5%) do not work in any job.

Table 1. Descriptive characteristics of participants

	n=416	%
Gender		
Female	158	38.0
Male	258	62.0
Age		
18-25	220	52.9
26-35	96	23.1
36-45	63	15.1
46 and over	37	8.9
Educational Status		
High school and below	134	32.2
Associate Degree	176	42.3
Undergraduate Degree	95	22.8
Graduate Degree	11	2.6
Marital Status		
Married	148	35.6
Single	268	64.4
Job Status		
Working	181	43.5
Not Working	235	56.5

In this study, factor analysis method was used to determine the construct validity of the scale. As a result of the item analysis process, factors related to 18 items and item load values are given in Table 2. It was determined that 3 sub-dimensions appeared in the final questionnaire form.

Table 2. Factors and item load values

Final Questionnaire Form Items	Dimensions		
	Family Factor	Socio-Cultural Factor	Near Environment Factor
2.6. Broken families	.762		
2.8. Abuse or neglect within the family	.757		
2.10. Improper methods of discipline (oppressive/disinterested family)	.725		
2.11. The parents taking care of the life of the teenager	.699		
2.14. Inability to feel belonging (difficulty connecting to family and society)	.667		
2.5. Inability of family members to communicate properly	.636		
2.9. The absence of an individual in the family that the young person can identify with	.636		
2.19. Low socioeconomic level		.772	
2.20. Poor physical condition		.717	
2.22. Ease to reach the substance		.620	
2.16. Failure at school or lack of connection between school and student		.617	
2.21. Living in an environment with high crime and substance abuse rates		.604	
2.18. Physical or mental illnesses		.562	
2.17. Getting to know alcohol and drugs at an early age and positive attitudes and beliefs about it		.561	
2.2. Peer group attitudes approving substance use			.872
2.1. Substance abuse by friends (Smoking, alcohol)			.760
2.3. Substance use of one of the parents (smoking, alcohol)			.759
2.4. Parents' attitudes approving smoking and alcohol use			.680

One of the most used methods for sampling adequacy in factor analysis is the Kaiser-Meyer-Olkin (KMO) criterion. According to Table 3, the KMO statistical value calculated for the purpose of determining the "View of the Society on Substance Addiction" was determined as 0.909. It means that the sample size of this value is sufficient. According to the Barlett test results, it was determined that there are good correlation relations between the items. Therefore, it can be said that the data show multiple normal distribution ($X^2=3893.581$; $p=.000$).

Table 3. KMO and Bartlett Test results according to the analysis of the Final Questionnaire Form

Test		
Kaiser-Meyer-Olkin (KMO) coefficient		.909
Barlett test	Approx. Chi-Square (X^2)	3893.581
	df. (SD)	153
	Significance	.000

When Table 4 was examined, a constitute consisting of 18 items and three factors was obtained, which explains 60.579% of the cumulative variance as a result of the explanatory factor analysis. As seen in Figure 1, the constitute becomes horizontal after 3 factors. At the end of all these analyses, it can be said

that the 3-factor final questionnaire provides the construct validity in determining the "View of the Society on Substance Addiction".

Table 4. Factor analysis results regarding the final version of the model, 18 items

Factor No	Eigen Values			Distribution of Squares of the Factors Loaded			Rotation Sums of Squared Loadings		
	Total	Variance %	Cumulative %	Total	Variance %	Cumulative %	Total	Variance %	Cumulative %
1	7.671	42.615	42.615	7.671	42.615	42.615	4.345	24.138	24.138
2	1.887	10.482	53.097	1.887	10.482	53.097	3.382	18.787	42.925
3	1.347	7.483	60.579	1.347	7.483	60.579	3.178	17.654	60.579

In Table 5, the comparison of the final questionnaire total score and sub-dimension scores has been made with demographic features. The average score given by the female participants to the sub-dimension of the family is 25.29 ± 7.234 , and the score given by the male participants to the socio-cultural dimension is 24.67 ± 6.442 . There was no significant relationship between the final questionnaire dimensions and gender ($p > 0.05$). Participants in the 18-25 age range have a mean score of 13.25 ± 4.846 from the near and distant environment sub-dimension. The average score of the participants aged 46 and over from the final questionnaire is 63.30 ± 13.894 . No significant relationship was found between the final questionnaire dimensions and age ($p > 0.05$). In the near and far environment dimension of the final questionnaire, the participants' undergraduate and graduate education status score averages are 14.36 ± 4.021 and 10.27 ± 6.182 , respectively. A significant relationship was found between the dimensions of the final questionnaire and education, and it was found that this relationship was between undergraduate and graduate groups ($p < 0.05$). The score that single participants got from the family dimension was 24.01 ± 7.583 , and the score that married individuals got from the near and distant environment dimension was 14.39 ± 4.762 . It was found that there is a significant relationship between the family and near-distant environment dimension of the final questionnaire ($p < 0.05$). No significant relationship was found between working status and final questionnaire dimensions ($p > 0.05$). The total score that all participants got from the final questionnaire is 62.78 ± 15.78 . The scores of the participants from the final questionnaire form: the immediate environment factor (4 questions) score is 13.63 ± 4.77 , the family factor (7 questions) score is 24.58 ± 7.21 , and the socio-cultural factor (7 questions) score is 24.57 ± 6.66 . Considering the total scores, it was concluded that society's perspective on substance addiction is important in all three dimensions of the final questionnaire.

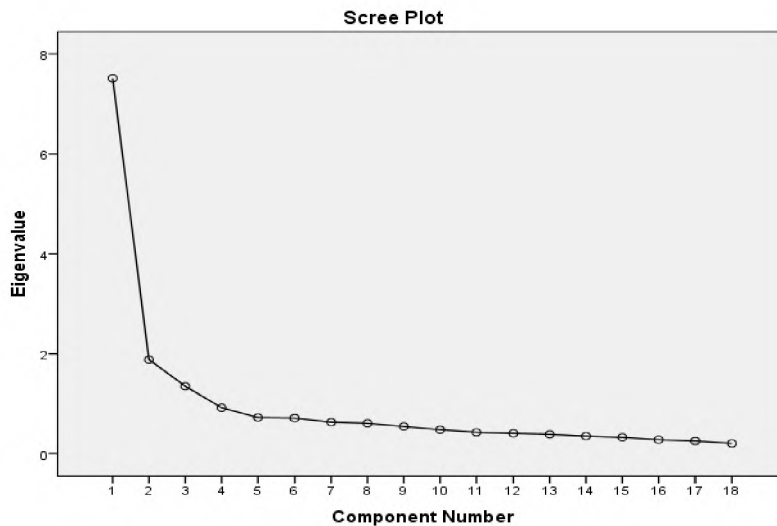


Figure 1. Slope line graph of the Final Questionnaire Form

Table 5. Comparison of the total scores and sub-dimension scores of the Final Questionnaire with demographic features

Variable	Family Dimension	Test p	Socio-Cultural Dimension	Test p	Near and Distant Dimension	Test p	Total Score	Test p
Gender								
Female (158)	25.29±7.23 4	t=1.566 p=.118	24.41±7.047	t=.390 p=.697	13.87±4.992	t=.794 p=.428	63.57±16.059	t=.808 p=.419
Male (258)	24.15±7.18 4		24.67±6.442		13.48±4.645		62.30±15.636	
Age								
18-25 (220)	24.00±7.66 6	F=1.648 p=.178	24.40±6.935	F=1.202 p=.309	13.25±4.846	F=1.185 p=.315	61.65±16.752	F=1.611 p=.186
26-35 (96)	24.61±6.96 1		24.30±6.618		13.79±4.382		62.71±15.060	
36-45 (63)	26.19±6.59 6		26.00±5.935		14.38±4.740		66.57±14.081	
46 and over (37)	25.27±5.79 1		23.86±6.272		14.16±5.357		63.30±13.894	
Educational Status								
High school and below (134)	24.55±7.11 1	F=.700 p=.553	25.56±6.829	F=1.704 p=.166	13.72±4.962	F=2.780 p=.041	63.84±15.913	F=1.003 p=.391
Associate Degree (176)	24.22±7.56 8		24.35±7.070		13.36±4.845		61.94±17.153	
Undergraduate Degree (95)	25.44±6.90 3		23.78±5.536		14.36±4.021*		63.58±12.964	
Graduate Degree (11)	23.36±5.29. 7		23.00±6.293		10.27±6.182*		56.64±13.147	
Marital Status								
Married (148)	24.01±7.58 3	t=2.249 p=.025	24.46±6.882	t=.457 p=.649	13.21±4.752	t=2.423 p=.016	61.67±16.542	t=1.951 p=.052
Single (268)	25.67±6.40 1		24.77±6.296		14.39±4.762		64.82±14.200	
Job Status								
Working (181)	24.29±7.51 3	t=.935 p=.350	24.66±6.891	t=.311 p=.756	13.35±4.873	t=1.323 p=.186	62.31±16.395	t=.696 p=.487
Not Working (235)	24.96±6.81 7		24.46±6.384		13.98±4.640		63.40±14.986	

* Groups resulting from significance

Construct validity results showed that there were three dimensions in the scale. These dimensions were named as family, socio-cultural environment, and near-distant environment. As a result of the comparison between the three dimensions and the scores obtained from the final questionnaire, it was determined that the participants who got the lowest score from the final questionnaire had a graduate education, and the group with the highest score was between 36 and 45 years old. Accordingly, among the age groups, the group that most think that all three dimensions in the final questionnaire cause substance addiction are the participants between the ages of 36 and 45.

Discussion

In recent years, addiction has become a problem that society, public institutions, non-governmental organizations and international organizations are trying to focus on and find solutions more and more. There are different risk factors that cause substance addiction in the literature. These factors can generally be grouped as individual, environmental (family, friend, etc.), and social risk factors. This study aimed to determine the reasons for individuals to be addicted to substances based on the social perspective and to reveal whether the results vary according to demographic characteristics. However, when the literature was examined, it was observed that there were not enough articles about substance addiction from the perspective of the society, and that the studies were generally on subjects such as substance abuse rates, prevalence, effects on adolescents, and institutions and organizations. Therefore, the study has become

more important in two respects. Owing to this study, it will be possible to determine the reason why individuals become addicted to substance from the perspective of society, and new studies can be conducted with the final questionnaire form of the view of the society on the substance addiction validated.

Koçak (23) stated that the bottom of the iceberg, which is seen as drug addiction, is basically the lack of education or wrong raising styles and emphasizes that it is not only formal education provided in schools, but the education, culture, horizon and goals that an individual will receive from his/her family from the day he/she is born, especially until the age of his/her character formation and beyond. Parents are unaware of the behavioral changes and physical changes that occur in their children/relatives who abuse substances. Many families realize the substance addiction of their children or relatives too late. In our study, the final questionnaire form score of the view of society on substance addiction received by female participants is higher than male participants did. Accordingly, among the gender groups, the group that most think that all three dimensions in the final questionnaire cause substance addiction are the female participants.

Considering the scoring among age groups, participants aged between 18 and 25 are the group with the lowest score from the final questionnaire. When looking at the scoring among education groups, it was observed that participants with high school and below education level got the highest score from the final questionnaire, while participants with graduate education level got the lowest score from the final questionnaire form. Considering the scoring based on marital status, it was found that married participants got the highest score from the final questionnaire. Considering the scoring based on the employment status, it was determined that the working participants got the lowest score from the final questionnaire. In direction with the answers given by the participants, it was concluded that the three dimensions in the final questionnaire form are significant in terms of individuals being addicted to substances. In the study of Özmen and Kubanç (24), school administrators and school counsellors attribute the reasons of drug use mostly to the family factor (47%). It is stated that children turn to drugs due to lack of interest in the family, problems in the family, and the division in the family. Again, in the same study, children using drugs defined their families as generally poor and uneducated. Families struggling with their livelihood due to economic difficulties may find it difficult to spare time for their children. School administrators and teachers mentioned friend effect (26.0%) in the second place after family (24).

Polat and Kök (15), in the scale study they developed to measure the perception of substance addiction in the society, found that 4 factors were effective on the initiation and continuation of drug use. These are the individual conditions and the family, environment and friends, community attitude and the struggle of institutions and organizations. It has been reported that the attitudes of individuals, family, environment, friends and institutions have an impact on the initiation and continuation of substance addiction. In their study, Öz and Alkeveli (14) emphasized that raising the standards of family life and achieving family satisfaction should be considered as the first step in order to prevent or minimize substance use and addiction.

This study has several limitations. It is a limitation that the study was carried out only in the province of Yalova. Another limitation is that the study was conducted only with individuals aged 18-65. The last limitation is that there is a Covid-19 pandemic during the course of the study and therefore the participants do not spend too much time for the study.

As in this study, substance addiction does not have a single dimension. Family and environment are as important as the person. Just as we consider the individual from a holistic perspective in every situation, it is necessary to consider the individual in all dimensions regarding substance addiction. In the light of this information, the following suggestions can be given, to organize anti-substance addiction trainings for individuals, families, and society, to provide training for addictions from an early age, to include addictions in the curriculum, to encourage professional groups such as public institutions and organizations, private sector, non-governmental organizations, universities, local administrations, health care workers, social workers, etc. to work in coordination in order to prevent addictions and reintegrate addicts into life.

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Ek 1

Değerli Katılımcı; Bu anket formuyla, toplumun bireylerin madde bağımlısı olma nedenine dair bakış açılarının tespit edilmesi amaçlanmıştır. Elde edilecek veriler bilimsel bir çalışmada kullanılacak olup; başka bir amaçla kullanılmayacaktır. Çalışmamıza yapacağınız önemli destek ve katkılarınızdan dolayı teşekkür ederiz.				
1. DEMOGRAFİK ÖZELLİKLERE İLİŞKİN BİLGİLER				
1.1. Cinsiyet	Erkek	Kadın		
1.2. Yaşınız?	18-25	26-35	36-45	46 ve üzeri
1.3. Eğitim durumunuz?	Lise ve Altı	Ön Lisans	Lisans	Lisans Üstü
1.4. Medeni durumunuz?	Bekar		Evlü	
1.5. İş Durumunuz?	Çalışmıyor		Çalışıyor	
2. MADDE BAĞIMLILIĞINA BAŞLAMA NEDENLERİ İLE İLGİLİ İFADELER				
	Kesinlikle Katılmıyorum	Katılmıyorum	Kısmen Katılmıyorum	Katılıyorum
2.1. Arkadaşların madde kullanması (Sigara, alkol)				
2.2. Arkadaş grubunun madde kullanımını onaylayan tutumları				
2.3. Ebeveynlerden birinin madde kullanımı (sigara, alkol)				
2.4. Ebeveynlerin sigara, alkol kullanımını onaylayan tutumları				
2.5. Aile bireylerinin sağlıklı iletişim kuramaması				
2.6. Parçalanmış aileler				
2.7. Aile içinde istismar ya da ihmalin bulunması				
2.8. Aile içinde gencin özdeşim kurabileceği bir bireyin olmaması				
2.9. Uygun olmayan disiplin yöntemleri (baskıcı/ilgisiz aile)				
2.10. Ebeveynlerin gencin yaşamıyla ilgili olmaması				
2.11. Kendini bir yere ait hissedememe (aile ve topluma bağlanmada güçlük)				
2.12. Okulda başarısızlık veya okul ile öğrenci arasında bir bağın olmaması				
2.13. Alkol ve madde ile erken yaşta tanışma ve bununla ilgili olumlu tutum ve inançlar				
2.14. Fiziksel veya ruhsal hastalıklar				
2.15. Düşük sosyoekonomik düzey				
2.16. Kötü fiziksel şartlar				
2.17. Suç işleme ve madde kullanım oranı yüksek çevrede yaşamak				
2.18. Maddeye ulaşmanın kolay olması				