



Multi -Variable Analysis of Substance Use and Accompanying Psychopathologies

Prof . Dr. Derya BERRAK^{1*}, Dr. Ocak Korhan OZDURU²

^{*1} St. Clements University, Head of the Department of Sociology

² St. Clements University, Department of Psychology

Corresponding Author Prof . Dr. Derya BERRAK St. Clements University, Head of the Department of Sociology Article History Received: 10/04/2025 Accepted: 23/04/2025 Published: 27/04/2025	Abstract: This study aims to examine how the psychopathological symptoms that acompany substance use disorders are knocked on a multi -variable plane. In particular, psychological variables such as depression, impulsivity and attention deficit, as well as societies on substance use behavior, were investigated. The research is designed with mixed method approach; Beck Depression Scale (BDO), Barratt impulsivity scale (BIS-11) and Stroop test were used as quantitative data collection tools, and qualitative data were obtained through semistructured interviews. In the analysis, statistical methods such as Pearson correlation coefficient, multiple depression and impulse levels significantly predicate the use of substances, especially in particular, depressive symptoms play a fundamental role in both the onset and maintenance of addiction behavior. In addition, it was found that structural variables such as low education level, unemployment and social exclusion increase and reinforce addiction. Factor analysis results showed that psychopathological spouse diagnoses were clustered to develop individual intervention strategies in treatment planning. Neuropsychological assessments confirm that substance use disorder is not only behavioral, but also a cognitive and neurobiological based structure with findings such as impaired attention processes and impulse control.
	Keywords: Substance use disorder; Psychopathology, spouse diagnoses; Depression, impulse; Attention deficit, neuropsychological evaluation; Factor Analysis, Transdiagnostic Approach; clinical psychology.

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INTRODUCTION

Substance use disorders (MKB) are positioned as a chronic problem area in contemporary mental health literature that requires multidisciplinary examination that requires serious consequences at both individual and social level. According to the World Health Organization (WHO, 2019), drug addiction is not just a habit; It is a health problem with a repetitive course and high relapse rate that leads to deterioration at physical, psychological and social levels. Particularly in the last twenty years, clinical and epidemiological studies are not limited to the repetitive use of an addictive substance; At the same time, the individual's affect, cognitive functioning and interpersonal relationships that occur in the complex pathologies that have been intertwined (APA, 2013; Volkow et al., 2016).

That risk factors related to substance use have emerged from the early adolescence; It is known that biological predisposition, psychological fragility and social environmental factors play a trigger role in this process (Sinha, 2008). In this context, especially the deficiencies in emotion regulation skills, traumatic life stories and inadequacy of coping mechanisms are considered among the basic psychodynamic dynamics that lead individuals to substance use (Khantzian, 1997). For some individuals, substance use can be transformed into a "compatible" strategy to cope with internal conflicts, to provide short -term relief or to regulate impulsive tendencies in the personality structure (Flores, 2001).

Clinical Psychology Literature is not only a behavioral choice of substance addiction; Often, psychopathological spouse (eg depression, anxiety disorders, attention deficit hyperactivity disorder [ADHD], bipolar disorder) are considered as a multi-layered disorder on the ground. Grant et al. (2004) reported that more than 60 % of individuals using substances were diagnosed with at least one psychiatric disorder. In particular, the axis of depression and impulse is among the determining factors in the emergence and maintenance of addiction; The presence of emotional fragility and impulsive behavior patterns increases the risk of chronic use (Moeller et al., 2001; Turner et al., 2006).

In addition to these psychological variables, social risk factors for substance addiction are also very pronounced. It has been found that factors such as socioeconomic inequalities, low education level, unemployment, urban poverty and social exclusion weaken the individual's psychosocial resistance and increase the orientation of risky behaviors (Galea et al., 2004; Room, 2005). These structural variables are not only an individual tendency; It also shows that the social system concentrates at the points of fragility. In particular, factors such as dysfunctional family structure, childhood traumas and lack of safe attachment play a critical role in both the psychological development and addiction behavior of the individual (Stattin & Kerr, 2000; Mikulincer & Shaver, 2007).

When evaluated in the context of Türkiye, psychiatric assessments of substance use have been classified for a long time only through behavioral symptoms, and accompanying psychopathologies are not systematically considered. However, in recent years, domestic studies, depressive symptoms, attention deficit, impulse and social isolation are directly related to addiction (Sarıtaş & Demirbaş, 2017; Bayraktar, 2020). However, it is seen that holistic and multi -variable analyzes are still limited to how these variables interact.

In addition, existing theoretical approaches are mostly based on the DSM-5 criteria, and the administration of transdicnostic or dimensional approaches (eg hitop model) to substance use disorders has not become widespread enough (Kotov et al., 2017). This may cause spousal diagnoses only categorically and ignorance of the emotional, relational and neurological patterns of the individual.

At this point, multi -layered research that analyzes the neuropsychological functionality, sociodemographic fragility and psychopathological patterns of the individual together can contribute to the development of more effective clinical models in both the diagnosis and treatment of addiction. In particular, the researches in which neurological tests, personality traits and psychological disorders are discussed together are of great importance in the planning of individualized strategies for treatment (Verdejo-García et al., 2008; Wilens et al., 2011).

In this context, the main purpose of this study is to examine how the substance use disorders seen in individuals who apply to psychiatry centers in Istanbul and Izmir provinces form a statistically and clinically level of patterns. Especially psychological variables such as depression, impulse and attention deficit; analyzing the effects of substance use with societies such as age, education, marital status and income level; It is aimed to © Copyright MRS Publisher. All Rights Reserved reveal the factor structure of psychopathologies and to test the proposed transdicnostic perspective in the literature.

AIM

The main purpose of this study is to reveal how psychopathological symptoms accompanying substance use disorders are patterned at a multi -variable level and explain how these patterns interact with individual, clinical and societies. In particular, psychological structures such as depression, impulsivity and attention deficit and the procedural effects of environmental factors such as socioeconomic position, level of education, age and gender on substance use behavior are examined.

In this context, the problem of how risk factors that are effective in both structural and individual levels work together; In clinical psychology, it is considered how psychopathologies on the axis of dimensional and transdagnostic approach are clustered in the form of interrelated structures. In addition, the sub-dimensions of co-diagnostics (eg mood -based and impulsivity -based disorders) are also revealed with explanatory factor analysis and regression modeling; It is questioned how these dimensions are linked to areas such as clinical functionality, neuropsychological performance and adaptation to treatment.

In this respect, the study aims to develop a multi -layered model not only defining symptoms of substance use disorders, but also aims to explain the place of the individual at the neuropsychological, psychodynamic and social level. The findings are aimed to contribute to the more holistic understanding of psychopathological co -diagnoses as well as clinical assessments specific to the individual.

METHOD

This research, substance use disorder (MKB) simultaneously emerging psychopathological symptoms in a multi -variable plane aimed at analyzing a doctoral dissertation, St. In the Department of Clinical Psychology at the University of Clements, Prof.Dr. Dr. Derya was carried out under the supervision of Berrak. This study, which established a theoretical bridge between the disciplines of clinical psychology and sociology, aims to address the individual's spiritual patterns not only individual but also in social and cultural context.

The research was carried out between January 2024 -March 2025 in the selected mental health centers in Istanbul and Izmir provinces. The mixed method approach was adopted and both psychometric scale applications and semi -structured interviews were used together. In this way, both the relationships of measurable variables and the qualitative context of individual experiences have been demonstrated.

Research Group

The research sample consists of 225 adult individuals diagnosed with substance use disorder according to DSM-5 diagnostic criteria. In the selection of the participants, the purpose of sampling method was used and a balanced distribution of different socioeconomic levels, age groups and gender was taken into consideration. The ages of the participants vary between 18-55 and were selected from individuals residing in Istanbul (Bakırköy, Esenyurt, Üsküdar) and İzmir (Karabağlar, Bornova, Konak).

Data Collection Tools

Psychometric Scales

• Beck Depression Scale (BDO)

The scale, which was made by the Turkish adaptation of Hisli (1988), consists of 21 items and evaluates the level of depression. Cronbach's $\alpha = .89$ was found in this study.

• Barratt impulsivity scale (BIS-11)

Developed by Patton, Stanford and Barratt (1995) and laugh at Turkish. The scale adapted by (2008) contains three sub - dimensions (motor, attention, cognitive). Cronbach's $\alpha = .83$ in this study.

• Strop Color-Cure Test

Cognitive control measures selective attention and executive functions. Türkiye's standardization was made by Karakaş (2006).

• SCID-5-RV

The semi-structured diagnostic form based on DSM-5 was applied by mental health experts. The reliability between practitioners is determined as Cohen's $\kappa = .76$.

Demographic and Clinical Information Form

A comprehensive information form was applied to the participants including variables such as age, gender, education level, marital status, employment status, substance driving time, age of first use, previous treatment experience, family relationship forms.

Semi -structured talks

The qualitative data collection process consists of semi structured interviews carried out by 30 individuals selected by purposes sampling method. The interviews lasted an average of 30-40 minutes and focused on themes such as mental fragility of the participants, matter motivations, social exclusion experiences, coping strategies and family ties. A feedback was received from field experts in the formation of the interview form; The interviews were recorded in writing and coded for thematic analysis.

PILOT APPLICATION

Before the data collection process was started, pilot work was carried out with 15 people in Istanbul and Izmir provinces. In this pilot application process, the intelligibility of the scales, the cultural validity of the interview form and the logistics of the field application were tested; Vehicles were simplified in line with the feedback.

Data Analysis

- Quantitative data were analyzed with SPSS 26.0 software. Descriptive statistics, Pearson correlation coefficient, multiple regression, hierarchical regression and explanatory factor analysis (EFA) were used. The differences between ANOVA and T-test and demographic groups were evaluated.
- Qualitative data are coded by Nvivo 12 software and Braun and Clarke (2006) model. The coding process was carried out by two independent researchers and the intercoder compliance rate was calculated as 87 %.

Ethical process

This research Approved by the Ethics Committee of the University of Clements (Approval Code: 2024/65188). I was informed of the participants, all data were anonymized and used only within the scope of this study.

Literature Scanning

Substance use disorders (MKB) have a very layered structure that cannot be explained only by the behavioral preferences of the individual. Neurological theories show that functional deterioration observed especially in the dopaminergic reward system, impulse control and emotional regulation mechanisms are decisive in both the onset and maintenance of addiction (Volkow et al., 2016; Koob & Volkow, 2010).

These disorders are often seen with psychopathologies such as depression, anxiety and attention deficit hyperactivity disorder (ADHD). According to the American Psychiatric Association (APA, 2013), approximately 60 % of individuals with substance use disorder, 40 % of anxiety disorders and 30 % of ADHD spouse are diagnosed. This psychiatric spouse shows that substance use behavior is based not only on habit, but also on emotional regulation difficulties at a psychopathological level (Grant et al., 2004).

Impulsion and attention deficit are among the cognitive difficulties that are frequently observed especially in substance use patterns that begin in puberty. Wilens et al. (2011) revealed that high impulsivity levels increase early substance use and difficulty in adaptation to treatment. Stroop test, BIS-11 and Iowa gambling task, such as neuropsychological measurements, decision-making, reward/penalty sensitivity and cognitive flexibility in these individuals show significant deterioration in the fields of cognitive flexibility (Bechara, 2005; Moeller et al., 2001).

Depression is in a bidirectional relationship with both initiating and maintaining substance use. Turner et al. (2006) stated that individuals are directed to matter in order to cope with depressive symptoms; He stated that this leads to serious losses in both psychiatric and social functionality in the long run.

Socioeconomic factors are among the important determinants of the risk of addiction. It has been reported that structural inequalities such as low education level, unemployment and social exclusion triggered substance use and limited access to treatment (Galea et al., 2004; Room, 2005). Social stigmatization and exclusion may lead to the individual's movement from support systems and a decrease in the motivation of treatment (Livingston et al., 2012).

In recent the difficulties in explaining years, psychopathological symptoms through classical DSM classifications have led to the emergence of new models. In this context, Hitop (Hierarchical Taxonomy of Psychopathology) suggests that psychiatric disorders can be evaluated in a dimensional structure based on common factors; In particular, it provides more consistently handling of patterns between substance use, impulsivity and mood disorders (Kotov et al., 2017; Krueger, 1999).

Research in Turkey focuses on both the psychological and social aspects of the MKB. According to Tubim's (2022) report, the age of starting the matter is gradually decreasing; Especially in metropolitan cities, access to matter is easier and participation in treatment processes is limited. Nevzat Tarhan, Sultan Tarlacı and Türker Kılıç named names such as neuropsychiatric dependence in Turkey. These studies have shown that functional disorders, impulsivity and emotional regulation difficulties observed in the anterior region of the brain are of central importance in understanding addiction behavior (Tarhan, 2018; Tarlacı, 2015; Kılıç, 2022).

The contribution of this study is that substance use and spousal diagnoses are not only at the clinical level, but also the individual's vicious narratives and societies with their societies. Thus, both cognitive and social dimensions of psychopathologies are evaluated together.

Conceptual framework

Substance use disorders (MKB) represent a multidimensional phenomenon that affects not only a pharmacological dependence process, but also the psychological and social functioning of the individual. The literature of modern psychopathology is not content with considering addiction to a behavioral level; Neurobiological tendencies, difficulties in mood regulation and social environmental factors as a complex structure formed together (Volkow et al., 2016).

In this context, three basic conceptual planes in understanding the MKB stand out:

Psychopathological components

Depression, attention deficit and impulsivity are the most common clinical indicators with substance use behaviors (APA, 2013). Depressive symptoms are effective in using the substance as a means of escape; Impulsive patterns were found to trigger uncontrolled substance use (Turner et al., 2006; Wilens et al., 2011). These components predict not only the development of addiction, but also the risk of recurrence.

Neurological and executive functions

Neuropsychological test findings reveal significant deteriorations in areas such as attention, decision -making, reward/punishment sensitivity and cognitive flexibility in dependent individuals (Bechara, 2005; Moeller et al., 2001). Particularly in the prefrontal cortex, hypofunction, which is observed in the prefrontal cortex, offers significant neurobiological evidence that explains recurrent orientations (Goldstein & Volkow, 2011).

Sociodemographic and Environmental Factors

Sociodemographic variables such as educational level, unemployment, poverty and social exclusion are defined as both initiator and sustainer risk factors (Galea et al., 2004; Room, 2005). Especially the story of use, low social support perception and traumatic experiences, especially at an early age, increase the permanence of addiction behavior.

In this study, the theoretical structure, in a transdicnostic approach, deals with addictive psychopathologies as dimensional and aims to analyze the clinical symptoms of the individual with neurobiological, psychological and social layers. This approach supports a multi -level understanding that allows not only diagnosis but also to develop individual intervention plans (Kotov et al., 2017).

Theoretical frame

Substance use disorders (MKB) are not only an addiction behavior; It is also a multi -layered clinical picture formed by the interaction of psychopathological symptoms, neurobiological predispositions and environmental risk factors (Volkow et al., 2016). In this context, the study was structured within the framework of transdagnostic psychopathology theories and cognitive-neuropsychological models.

In particular, psychological variables such as depression, impulsivity and attention deficit form highly diagnosis with substance use; It is known that these symptoms play a critical role both in the development and maintenance of addiction (Khantzian, 1997; Wilens et al., 2011). Neuropsychological deterioration weakens the individual's decision -making, inhibition and self regulation skills by forming the cognitive basis of addiction behavior (Bechara, 2005).

This study is designed with a theoretical approach that evaluates the individual's substance use behavior in a biopsychosocial integrity; Clinical symptoms aim to analyze neuropsychological performance and sociodemographic context in a holistic way.

Research and Findings

General Structure of the Study

This research, St. The University of Clements was carried out within the scope of the doctoral dissertation conducted within the Department of Clinical Psychology. Study, St. It was approved in October 2024 by the Presidency of the Ethics Committee of Clements University and implemented between January 2024 and March 2025. Thesis process, advisor faculty member Prof.Dr. Dr. Derya Berrak and the thesis monitoring committee has been shaped in line with the scientific guidance. At the same time, the study was carried out in cooperation with the mental health centers operating in Istanbul and Izmir provinces.

In addition to psychological symptoms, the research was conducted with a multi -layered, interdisciplinary design that deals with the effects of sociodemographic, cultural and social structures. On the basis of clinical psychology, psychiatry and sociology theories, the mental and social patterns of individuals diagnosed with substance use disorder were examined empirically. Clinical interviews and scale practices were performed by experts with one -to -one sessions; Informed consent was received from all participants.

Prior to the data collection process, pilot work was conducted with 15 people; Application flow, question structures and interview times have been optimized. The data is digitally stored by anonymously; It was only used for this study.

Research model

The research was carried out within the framework of a model with cross -sectional design; The relationship between substance use and psychological symptoms and demographic variables and co -diagnosis patterns were examined by factor analysis. The predictive power of psychosocial variables has been tested with multi -statistical techniques.

Working Group and Participants

The sample of the study was diagnosed with substance use disorder according to DSM-5, and 225 adult individuals aged between 18-55 years were formed. The participants were selected from the clinical centers in Istanbul (Bakırköy, Esenyurt, Üsküdar) and İzmir (Karabağlar, Bornova, Konak) districts. Socioeconomic diversity was achieved by purposes for the purpose of sampling, and those with serious cognitive disorder were excluded. The data were collected exactly with valid scales and accompanied by experts.

Structural Characteristics and Reliability Analysis of Scales

Measurement tools used in the study are selected to evaluate psychological symptom levels, diagnostic patterns and cognitive-dignified functions, whose validity and reliability are proven in previous studies. The internal consistency coefficients of the scales were calculated on the sample data obtained in this study and their reliability levels were found to be high. In addition, the consistency between practitioners for the SCID-5-RV form has been tested with Cohen's Kappa.

Scale / Test	Structure / Sub -Dimensions	Substance	Measurement Type	Reliability
		Number		Coefficient
Beck Depression Scale (BDO)	Single -Factor Depression Level	21	Essence	Cronbach's $\alpha = .89$
SCID-5-RV	DSM-5 Diagnostic Criteria (Multidimensional)	-	Semi -Structured Interview	Cohen's $\kappa = .76$
Barratt Impulsivity Scale (BIS-11)	Engine impulse, attention, cognitive indecision	30	Likert Type	Cronbach's $\alpha = .83$
Stroop Color-Cure Test	Selective Attention, Executive Function	-	Performance -Based	Test-retest r \approx .76*

Table: Structural features and reliability indicators of the scales

*The reliability value of the Stroop test was taken from the previous studies (Karakaş, 2006). *Data Collection Tools and Process*

The data collection process was carried out between January 2024 and March 2025 in psychiatry clinics in Istanbul and Izmir. Firstly, a structured questionnaire was developed by the researcher and containing fields such as demographic information, family structure, social support, history of material use, education/economic situation and psychological support history. This form was prepared to evaluate the effect of individual and environmental factors on substance use and was completed by all participants in an average of 10–12 minutes.

For qualitative data, semi -structured individual interviews were made with 30 people selected from the sample. These interviews aim to understand life experiences associated with substance use, emotional fragility and social interactions. The interviews were recorded with detailed notes without sound recording and analyzed by thematic analysis method.

In the pre -field stage, a pilot application was performed with 15 participants to test the applicability of all data collection tools; In this process, arrangements were made in terms of content, time and intelligibility.

Scale Name	Substance Number	Sub -Dimensions	Cronbach's Alpha (α)	Application Type
Beck Depression Scale (BDO)	21	None	.89	Individual - Self
SCID-5-RV (DSM-5 Clinical Form)	Diagnostic Interview	None	κ = .76 (Kappa)	Semi -Structured Interview
Barratt Impulse scale (BIS-11)	30	Engine impulsivity, Attention Impulsivity, Cognitive Indecision	.83	Individual Self
Stroop Color-Cure Test	-	Selective Attention and Cognitive Flexibility	Test-retest r = .76	Neuropsychological Application

Analysis of data

The data obtained in the study were evaluated by SPSS 26.0 package program and thematic analysis method. The analysis process was carried out with a multi -level approach that focuses on the social determinants of both individual psychopathology and addiction behavior. The demographic and clinical properties of the descriptive statistics and the sample are presented in the form of average, standard deviation, frequency and percentages. Pearson correlation analysis was used to determine the relationships

between depression, impulse and attention problems and substance use level.

Multiple regression analyzes have tested the extent to which psychological variables predicted substance use. Hierarchical modeling and the explanatory force of demographic and psychological variables were compared. Opening Factor Analysis (EFA) was carried out in order to reveal structural relations between DSM-5 diagnostic patterns; Before the analysis,

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conformity was tested with KMO (.71) and Bartlett test (p <.001). One-way Anova and independent sample T-tests analyzed whether substance use levels differ according to demographic groups. In addition, the data were analyzed with thematic coding within the framework of Braun & Clarke (2006) based on semi -structured interview notes. Nvivo 12 software was used and the themes obtained are associated with research hypotheses. In all analyzes, significance level P <.05, η^2 for the size of the effect and β values for regression coefficients have been reported. The findings were interpreted in both statistical and clinical contexts.

Comparison of Findings and Findings with the Literature

The data obtained in the study were evaluated in a multi faceted manner and the findings obtained from different data sources were discussed together. The findings obtained in this study have been evaluated in a multidimensional manner through psychological symptoms, sociodemographic variables and individual narratives. While numerical data were analyzed with SPSS, the qualitative data obtained from the interviews were theymatically resolved with Nvivo. The findings were handled with a holistic perspective that reflects the interaction of individual psychopathologies and structural-social factors. The diagnostic and socio-demographic profiles of the participants, the general distributions of measurement results and the relationships between variables were examined numerically. In this context, the effects of basic features such as age, gender, education level and occupational status on substance use level were evaluated; Various comparisons have been made over depression, impulse and care related scores. In addition, patternal relationships between the diagnosis were discovered and how some mental symptoms follow each other or appear together have been analyzed.

Descriptive findings

The data of 225 participants in the study; It was obtained from the mental health centers serving in İstanbul (Bakırköy, Esenyurt, Üsküdar) and İzmir (Bornova, Karabağlar, Konak) districts. All of the participants consist of adults aged 18 and over and are diagnosed with substance use disorder. Participant coding is provided by a research identity assigned to each individual, and the implementing information and interview dates are included in the data set. Age range: It ranges from 18–55 years of age and the average age is calculated as 31.4 (s = 8.9). Gender Distribution: 68 %male (n = 153), 30 %female (n = 67), 2 %gender (n = 5). Number of practitioners: 4 clinical psychologists conducted interviews. Interview Period: It was completed between January 2024 and March 2025. The participants were numbered between 001 and 225.

Demographic Variables

Gender distribution shows that male individuals are dominant in individuals diagnosed with substance use disorder. This is compatible with the findings in the literature (eg Galea et al., 2004; Unodc, 2022).

Gender Distribution:

- Male: 68 % (n = 153)
- Women: 30 %(n = 67)
- Who does not want to specify: 2 %(n = 5)



Age Distribution:

- The youngest participant: 18 years old
- The oldest participant: 55 years
- Average Age: 31.4
- Standard deviation: 8.9



The majority of the participants were collected between the ages of 20-40 (74%). This distribution shows that addiction behavior begins in early adulthood and is more common in the young age group.

Marital status:

- Single: 52 %
- Married: 30 %
- Divorced: 12 %
- Widow: 3 %
- Other: 3 %

Marital Status Distribution



The proportion of single individuals can be considered as a supporting finding between substance use and loneliness, lack of social support and weakness of family bond.

Educational status distribution of the participants

- Primary school and six: 22 %
- Secondary school: 28 %
- High School: 30 %
- University: 16 %
- .Master/PhD: 4 %



80 % of the participants have high school and six education levels. This finding supports research that the level of education may be contrary to the risk of addiction (eg Luthar & Latendresse, 2005)



Professional distribution of the participants

- Unemployed: 36 %
- Flat worker: 25 %
- Self -employment: 15 %
- Student: 10 %
- Retired: 7 %
- Other: 7 %

High professional instability and unemployment rates show that substance use may be associated with economic uncertainty and loss of functionality.

Working Status of the Participants:

- Working: 38 %
- Unemployed: 36 %

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 Outer: J ving Arrangements of Participants With friends/relatives



Living with the family:

- Those who live with family members: 61 %
- SONLENT LIVES: 22 %
- Those who live with friends or relatives: 12 %
- Temporary Housing (Hotel, Pension, etc.): 5 %

Within the scope of the research, data on family structures of the participants, care -giving roles in early childhood and general social support perceptions were evaluated. Since the quality of domestic relations is directly related to the effect of the individual on developmental processes and addiction behaviors, these variables are significant in both clinical and social dimension. While the high rate of life with family members may indicate that supportive social ties continue, it is observed that the risk of substance use increases in individuals living alone.

The person who gives care in childhood (s):

- Mother and Father together: 49 %
- Only Mother: 26 %
- Relative (grandfather, still, aunt, etc.): 12 %
- Training Dormitory / Institution: 7 %
- Other: 6 %
 Primary Caregiver(s) During Childhood



In cases where the maintenance -giving structure is fragmented or institutional, it is thought that the psychological resistance of individuals decreases and the risk of addiction increases in the future of their lives (Bowlby, 1988; Et al., 2006).

The presence of a story of mental disorder in the family is an important variable in terms of genetic and environmental transfers. In this context, it is noteworthy that depression and alcohol/substance use disorders are parallel to the family history.

Primary Caregiver(s) During Childhood



Psychiatric Diagnosis in the Family:

- Yes: 34 %
- NO: 51 %
- Unknown: 15 %





Story of substance use in the family:

- Yes: 41 %
- NO: 47 %
- Not known / did not answer: 12 %

This ratio offers an important clue that addiction behaviors may be learned or normalized in the family environment (Kirisci et al., 2009).

General Social Support Perception:

The high level of substance use in individuals with insufficient social support is consistent with the existing literature (Fratiglioni et al., 2004; Sarason et al., 1990). In particular, social exclusion, loneliness and lack of functional support can be the maintenance of substance use.



"How do you evaluate your social support level?" According to their answers to the question:

- Sufficient: 23 %
- Middle level: 38 %
- Inadequate: 39 %

Substance use story

Substances used:

.

Participants were allowed to specify more than one article:

- Cannabis: 72 %
- Alcohol: 65 %
- Drug pills (ECSTASY, EXTASY): 44 %
- EROIN: 36 %
 - Methamphetamine: 28 %
- Other (volatile, non -prescription drugs, etc.): 14 %



FIRST USE AGE:

- 12–17 years: 43 %
- 18–25 age: 39 %
- 26 years and over: 18 %
- Average first usage age: 17.8

The fact that the age of the first use coincides with puberty shows that early start of risky behaviors plays an important role in the development of addiction (Spooner & Hetherington, 2005).

Frequency of Use (Most Intensive Period):

- Every day: 58 %
- Several times a week: 25 %
- Several times a month: 10 %
- Sparse Usage: 7 %

Drop attempt:

- He never made attempt: 18 %
- 1-2 times: 37 %
- 3 and above: 45 %

SUCCESS PERIOD IN LEAVING:

- Less than 1 month: 28 %
- Between 1-6 months: 42 %
- More than 6 months: 30 %

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The following graph shows the frequency of substance use of the participants diagnosed with substance use disorder according to the first substance age age. The findings reveal that 58 % of individuals who start using substances between the age range of 12-17 years of age use every day, and that 33 % of those who start between the ages of 18-25, and only 9 % of those who start the age of 26 and above are reported at this level. This distribution shows that starting substance use tends to lead to more intense and chronic use patterns. The findings obtained coincide with the literature that adolescence is an important period in the development of risky behaviors, emphasized in the studies of Spooner and Hetherington (2005). These results show that preventive and preventive interventions for adolescence have a decisive role in breaking the dependence cycle.

Reasons for Start (According to Participant Narratives):

- Peer effect
- Domestic Conflicts

Traumatic experiences

• Curiosity and adaptation to the social environment

Environmental Attitudes:

- Supporting: 22 %
- Unstable / non -intervention: 36 %
- Negative / Exclusive: 42 %

These findings are not only individual of substance use; It reveals that it is shaped by social, familial and environmental Dynamics



In the graph, the reasons for the start of substance use of the participants are presented comparatively. Peer effect, domestic conflicts, traumas and search for social cohesion are the most frequently reported causes of starting. These findings show that addiction is not only an individual but also a process shaped by social relationships. In addition, 42 % of the participants stated that they were excluded due to substance use; This has shown that stigmatization is an important social risk factor that maintains addiction.

Mental Diagnosis History and Psychopathology



The mental diagnosis received by the participants in the past was obtained from clinical evaluation forms and their own statements. The most frequently reported diagnoses and rates are given below:

- Depresyon: %64
- Bipolar Disorder: 18 %
- Attention Deficit and Hyperactivity Disorder (ADHD): 22 %
- Anxiety disorder: 16 %
- Post -traumatic stress disorder (TSSB): 11 %
- Psychotic Disorders: 7 %

72 %of the diagnosed individuals participated in the pharmacological or psychological treatment process at least once. The height of depression and impulse -based diagnoses supports the hypotheses of the study and indicates a strong connection between substance use disorder and psychiatric spouse diagnoses (Volkow et al., 2016; Grant et al., 2004). This graph shows the relative prevalence of psychiatric spouses reported in individuals diagnosed with substance use disorder. The most frequently reported diagnosis is depression with 64 %. This follows this with attention deficit and hyperactivity disorder (ADHD) with 22 % and bipolar disorder 18 %. The findings show that psychiatric load is quite high in this sample and coincide with the literature that emphasizes that substance use disorder and other psychological disorders are often seen (Grant et al., 2004; Volkow et al., 2016). This multi -diagnostic pattern indicates the necessity of holistic and integrated treatment approaches.

Depression levels

Beck Depression Scale (BDO) was used to determine the depressive emotions of the participants. This scale evaluates the emotional, cognitive, behavioral and physiological symptoms experienced by the individual in the last two -week period through 21 articles. The total scores obtained from the scale show the severity of the level of depression.

General Average:

- Average Points: 26.4
- Standard deviation: 9.3
- Points Range: 7 53

(Total Points Range: 0-63)

Depression Distribution of Depression (according to BDO standards):

- 0-13 (Minimal Depression): 11 %
- 14–19 (light depression): 19 %
- 20–28 (moderate depression): 33 %
- 29–63 (severe depression): 37 %

It was observed that more than 70 % of the participants showed signs of moderate or severe depression. This ratio emphasizes the extent to which depressive symptoms are common in substance use disorders, and that psychological interventions should be not only addictive, but also mood -oriented -oriented (Khantzian, 1997; Beck et al., 1979). The mean score of depression among female participants was 28.7; It was measured as 25.5 in men. The difference approached statistical significance but remained at the limit level (p = .07). This difference is thought to be caused by gender -based coping.



The graph presents the basic psychosocial and functional challenges determined in individuals who make up the research sample. In 70 % of the participants, moderate and severe depressive symptoms; Social withdrawal and loneliness in 67 %; 62 % of the loss of function in business or education and 57 % of social exclusion and stigmatization experience was reported. These findings are not only an individual behavior of substance use disorders; It also shows that it is an intertwined structure with multidimensional psychological, social and economic effects.

Impulsivity and attention deficit indicators

Two basic tools have been used to evaluate the impulse and attention problems:

- Barratt impulsivity scale (BIS-11)
- Stroop Color-Cure Test

BIS-11 Total Point Average:

- Average: 70.2
- Standard deviation: 10.8
- (Points Range: 30–120)

Average of the sub -dimension score:

- Engine impulse: 24.3
- Attention impulse: 23,1
- Cognitive indecision: 22.8

Total scores indicate the high level of impulse. This supports that there is a strong relationship between substance use disorders and impulse control problems (Verdejo-García et al., 2008).

Strop test results:

- Average number of errors: 6.8
- Average response time: 54.2 sec

Stroop test performance has shown that there are weaknesses in the fields of attention and cognitive control. These findings reveal that distraction and planning difficulties are effective addiction behavior.



The above graph is prepared as a visual representation of the BIS-11 (Barratt impulsivity scale) sub-dimension scores. The average scores of the three sub -dimensions reveal the impulse levels of individuals diagnosed with substance use disorder. As can be seen from the graph, high scores of all sub -dimensions were observed; This supports that difficulties with impulse control are common in dependent individuals.

- Motor impulse: shows the tendency not to think before taking action.
- Attention impulsivity: It is related to the quick disintegration and inability to maintain attention.
- Cognitive indecision: Refers to the variability of the mind flow when deciding.

Daily functionality and spiritual life

Daily life skills, functionality levels and mental good formation of the participants were analyzed with the data provided from the answers to the questionnaire questions.

Forced areas:

- Loss of Function in Business or Education: 62 %
- Domestic role conflicts: 45 %
- Sleep, food, hygiene in order: 51 %
- Social withdrawal and loneliness: 67 %

The most compelling period spiritually:

- Childhood: 21 %
- Adolescence: 38 %

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Young adulthood: 41 %

The majority of the participants are not just a "result" of substance use behavior; It emphasizes that it is a component of ongoing functional losses.

Social exclusion and labeling experience:

• Yes: 57 %

0

Childhood

- No: 31 %
- Who does not want to specify: 12 %

High exclusion experience shows that individuals using substances are at risk of marginalization in society.





Adolescence

Young Adulthood



Socioeconomic Effects: 49 % of the participants had a revenue of TL 5,000 and 64 % stated that income level adversely affects mental health. 47 % stated that they could not get psychological support for financial reasons. It was found that the education level had a limiting effect by 41 %. These data show that socioeconomic fragility both trigger addiction and prevents access to treatment.

Pilot Working Findings: The pilot application with 30 participants has shown that data collection tools are understandable and reliable. Beck was found for $\alpha = .87$ for depression scale and $\alpha = .82$ for barratt impulsivity scale. The most frequently emphasized themes in semi -structured interviews; Domestic conflict, loneliness, trauma and social exclusion.

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Socioeconomic Factors Related to Mental Health and Access to Treatment





Tema	Katılımcı Vurgusu (%)	Örnek Yorum
Aile içi çatışmalar ve sevgisizlik	70%	"Çocukken hiç sarılmadım anneme, şimdi kimseye güvenemiyorum."
Duygusal travmalar (kayıp, istismar)	50%	"Kardeşimi kaybettiğim yıl başladım, her şey birikti o ara."
Yalnızlık ve değersizlik duygusu	63%	"Hiç kimse beni istemedi, hep fazlalık gibi hissettim."
Sosyal dışlanma ve etiketlenme	47%	"Madde kullanınca insanlar yan koltuğa bile oturmuyor."
Bırakma isteği ve başarısız döngüler	55%	"Kendimle yüzleşince bırakmak istiyorum ama sonra yine batıyorum."



Correlation Analysis: Positive and significant relationships were found between depression (r = .61), impulse (r = .54) and attention deficit (r = .49) and substance use. In addition, the level

of education is negatively related to depression (r = -..44), and the income level is particularly impulsive (r = -..31).



Reviews of Regression: The most predicting substance use is the variable depression ($\beta = .46$), followed by impulse ($\beta = .41$) and attention deficit ($\beta = .32$). The explanation of the model is R² = .48. Psychological variables provided 27 % additional variance according to demographic factors.

Factor Analysis: According to EFA results, spouse diagnoses are collected in two dimensions: (1) mood -based disorders (depression, bipolar), (2) impulsive -based disorders (ADHD, antisocial properties). KMO = .71, Bartlett's Test p <.001. Findings support that_psychopathology can be handled in a dimensional structure.

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Anova and T-test findings:

- Men's substance use score was found to be higher than women (p <.001).
- Low education and young age group are associated with higher substance use levels.
- In single and divorced individuals, their use levels are higher than the married people.
- The level of dependence on self -employed and unemployed is higher (p <.01).

Thematic analysis

The main causes of substance use have shown that experiences such as domestic conflict, traumas, loneliness and exclusion come to the fore. 42 % of the participants stated that they had social stamping. The interviews in depth explained the effects of psychological symptoms and environmental factors on the individual.



Semi -Structured Interview Analysis

Emotional fragility: The majority of the participants stated that they had intense emotional difficulties such as depression and loneliness before substance use. This is compatible with self treatment hypothesis (Khantzian, 1997).

• Family dynamics: 80 % of the participants stated that they experienced neglect, violence or parental loss in

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childhood. These data show that insecure attachment patterns can increase the risk of addiction (Bowlby, 1988).

- Social exclusion and labeling: More than half of the interviewers experienced social exclusion, labeling and loss of role after substance use. Findings show that social stigmatization in accordance with labeling theory (Becker, 1963) can reinforce substance use.
- Internal transformation processes: 70 % of the participants attempted to quit; Parenting, Mental Awareness and Support Systems are defined as factors that facilitate this process.

DISCUSSION AND CONCLUSION

This study reveals that substance use is not only an individual behavior, but also a multi -layered experience built with mental fragility and social exclusion. Depressive symptoms, impulsivity and attention problems, not only the accompanying situations: They are also the basic dynamics that maintain and deepen addiction. The findings obtained show that substance use is often an effort to regulate internal regulation and is closely related to the traumas, neglect and social losses in the life story of the individual. Especially when combined with the loss of social roles and the disconnection of emotional contact, addiction turns into a structure that penetrates the identity of the individual. Clustering of clinical symptoms on certain axes shows that the standard treatment protocols should be passed beyond. Not only the symptoms of individuals, but also the worlds of meaning they carry should be taken into consideration; Intervention processes should be restructured accordingly. In this context, strengthening supportive social environments, dissemination of preventive practices at an early age and establishing systems that facilitate post -treatment social integration is the key to sustainable healing. The findings reveal that addiction works in a much deeper structure than visible and requires comprehensive solutions that include not only the individual but also society.

REFERENCES

- 1. American Psychiatric Association. (2013). *Diagnostic* and statistical manual of mental disorders (5th ed.). Washington, DC: Author.
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174–186. https://doi.org/10.1007/s00406-005-0624-4
- Bechara, A. (2005). Decision making, impulse control and loss of willpower to resist drugs: A neurocognitive perspective. *Nature Neuroscience*, 8(11), 1458–1463. <u>https://doi.org/10.1038/nn1584</u>
- 4. Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. Guilford Press.
- 5. Bowlby, J. (1988). A secure base: Parent-child attachment and healthy human development. Basic Books.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa
- Fratiglioni, L., Wang, H. X., Ericsson, K., Maytan, M., & Winblad, B. (2004). Influence of social network on occurrence of dementia: A community-based

longitudinal study. *The Lancet Neurology*, 3(6), 343–347. https://doi.org/10.1016/S1474-4422(04)00703-2

- Galea, S., Nandi, A., & Vlahov, D. (2004). The social epidemiology of substance use. *Epidemiologic Reviews*, 26(1), 36–52. <u>https://doi.org/10.1093/epirev/mxh007</u>
- Goldstein, R. Z., & Volkow, N. D. (2011). Dysfunction of the prefrontal cortex in addiction: Neuroimaging findings and clinical implications. *Nature Reviews Neuroscience*, 12(11), 652–669. https://doi.org/10.1038/nrn3119
- Grant, B. F., Stinson, F. S., Dawson, D. A., Chou, S. P., Dufour, M. C., & Compton, W. (2004). Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders. *Archives of General Psychiatry*, 61(8), 807–816. <u>https://doi.org/10.1001/archpsyc.61.8.807</u>
- 11. Karakaş, S. (2006). Stroop Testi TBAG Formu: Standardizasyon çalışmaları, güvenilirlik ve geçerlik. Ankara: Dizayn Ofset.
- Khantzian, E. J. (1997). The self-medication hypothesis of substance use disorders: A reconsideration and recent applications. *Harvard Review of Psychiatry*, 4(5), 231– 244.
- Kılıç, C. (2022). Ruh sağlığı ve toplum: Türkiye'de ruh sağlığı politikalarının dönüşümü. *Toplum ve Hekim*, 37(3), 195–204.
- Koob, G. F., & Volkow, N. D. (2010). Neurocircuitry of addiction. *Neuropsychopharmacology*, 35(1), 217–238. <u>https://doi.org/10.1038/npp.2009.110</u>
- Kotov, R., Krueger, R. F., Watson, D., Achenbach, T. M., Althoff, R. R., Bagby, R. M., ... & Zimmerman, M. (2017). The Hierarchical Taxonomy of Psychopathology (HiTOP): A dimensional alternative to traditional nosologies. *Journal of Abnormal Psychology*, 126(4), 454–477. <u>https://doi.org/10.1037/abn0000258</u>
- Krueger, R. F. (1999). The structure of common mental disorders. *Archives of General Psychiatry*, 56(10), 921– 926.
- Kirisci, L., Tarter, R. E., & Reynolds, M. (2009). Neurobehavior disinhibition, parental substance use disorder, neighborhood quality and development of substance use disorder in boys. *Drug and Alcohol Dependence*, 102(1–3), 45–53.
- Livingston, J. D., Milne, T., Fang, M. L., & Amari, E. (2012). The effectiveness of interventions for reducing

stigma related to substance use disorders: A systematic review. *Addiction*, 107(1), 39–50. https://doi.org/10.1111/j.1360-0443.2011.03601.x

- Luthar, S. S., & Latendresse, S. J. (2005). Children of the affluent: Challenges to well-being. *Current Directions in Psychological Science*, 14(1), 49–53.
- Moeller, F. G., Barratt, E. S., Dougherty, D. M., Schmitz, J. M., & Swann, A. C. (2001). Psychiatric aspects of impulsivity. *American Journal of Psychiatry*, 158(11), 1783–1793. <u>https://doi.org/10.1176/appi.ajp.158.11.1783</u>
- 21. Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review*, 24(2), 143–155.
- Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1990). Assessing social support: The Social Support Questionnaire. *Journal of Personality and Social Psychology*, 44(1), 127–139.
- 23. Spooner, C., & Hetherington, K. (2005). Social determinants of drug use. *National Drug and Alcohol Research Centre Technical Report No. 228*. University of New South Wales.
- 24. Tarhan, N. (2018). Bağımlılık: Gerçek özgürlük bağımlılıktan kurtulmaktır. Timaş Yayınları.
- Tarlacı, S. (2015). Beyin, bilinç, bağımlılık ve özgürlük. Klinik Psikiyatri Dergisi, 18(Suppl. 2), 9–16.
- 26. TUBİM. (2022). *Türkiye Uyuşturucu Raporu*. Ankara: Emniyet Genel Müdürlüğü.
- Turner, R. J., Lloyd, D. A., & Taylor, J. (2006). Physical disability and mental health: An epidemiology of psychiatric and substance use disorders. *Rehabilitation Psychology*, 51(3), 214–223.
- UNODC. (2022). World Drug Report 2022. United Nations Office on Drugs and Crime. https://www.unodc.org/unodc/en/data-andanalysis/world-drug-report-2022.html
- Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016). Neurobiologic advances from the brain disease model of addiction. *New England Journal of Medicine*, 374(4), 363–371. <u>https://doi.org/10.1056/NEJMra1511480</u>
- Wilens, T. E., Martelon, M., Joshi, G., Bateman, C., Fried, R., & Biederman, J. (2011). Does ADHD predict substance-use disorders? A 10-year follow-up study of young adults with ADHD. *Journal of the American Academy of Child and Adolescent Psychiatry*, 50(6), 543–553. <u>https://doi.org/10.1016/j.jaac.2011.01.021</u>