

ICEEPSY 2022  
13<sup>th</sup> International Conference on Education and Educational Psychology

**PROFILE OF SUBSTANCE ADDICTS IN NORTH CYPRUS:  
ANALYZING ADDICTION CHARACTERISTICS, MENTAL  
PROBLEMS AND PERSONAL FEATURES**

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**Abstract**

This study was carried out to evaluate the personality traits of addicts who are in prison and addicts who are not in prison in Northern Cyprus. When the literature is examined, it is emphasized that the personality traits of addicts directly affect their involvement in crime. This study was carried out to describe the personality traits of addicted people and to reveal whether they affect their involvement in crime. It is thought that taking the necessary steps to ensure personality development and prevent addiction through education will contribute to the solution of the problem. The aim of this study is to describe the substance use characteristics of addicts according to whether they are in prison or not, by comparing their preferred substances, personal characteristics and mental problem situations, and finally their mental trauma status. It is aimed to evaluate the effects of being involved in crime on addicts. By emphasizing personality development, it is aimed to reveal how it is possible to develop personality through education. Thus, it is aimed to reach the findings in the context of prevention of addiction. The research is quantitative. In the quantitative research, the research was carried out in accordance with the descriptive model. The sampling technique of the research was determined as convenient sampling. The sample of the research consists of individuals (67 in prison, 35 not in prison) who received training and consultancy services in 2020-21 under the Support Program of the Northern Cyprus Prime Ministry Anti-Drug Commission. The data in the study were obtained through a questionnaire. Data analysis was done in SPSS, frequency-percentile and chi-square tests were used. When the personality traits of substance addicts are evaluated, it is seen that individuals in prison have a lack of safe behavior and excitement-seeking behaviour. It has been determined that individuals in prison have a high level of psychological traumatic experiences.

2672-8141 © 2022 Published by European Publisher.

*Keywords:* Substance addiction, profile of addicts, personal development, Northern Cyprus, education

## 1. Introduction

### 1.1. The perspective of mental illness in relation to substance addiction

"Dual diagnosis" refers to the phenomenon in which a person is diagnosed with both a primary mental illness and another condition (such as an addiction to alcohol or another substance) at the same time. Research from all over the world has shown that this phenomenon is extremely common in people who suffer from severe (Drake et al., 1989; Drake & Wallach, 1989). Substance abuse is the comorbid condition that occurs with severe mental illness at the highest rate (Drake et al., 2001). Dual diagnosis is a cause for concern due to its large increase in prevalence and association with poorer clinical and psychosocial outcomes. Both of these factors contribute to the problem (Hunt et al., 2002). This comorbidity is a significant risk factor for medication noncompliance, clinical relapse (Swofford et al., 1996), psychiatric hospitalization (Prince et al., 2009), early readmission after discharge, and risk of overdose (Bartoli et al., 2014). Additionally, it has been shown to be associated with the human immunodeficiency (Fazel et al., 2009; Lamb & Weinberger, 1998). Despite this, dual diagnosis is frequently misunderstood, improperly diagnosed, and inadequately treated, leading to frequent and disorganized visits to emergency departments (Curran et al., 2003).

In different mental health settings, studies report rates of alcohol and/or substance use disorder among people with psychotic illness ranging from 20% to 37%. However, figures in addiction settings seem to be lower, ranging from 6% to 15%. It would appear that the rates are particularly high in forensic settings (62%), as well as in inpatient and crisis team settings (38–50%). In terms of geography, it seems that the highest rates are found in the more central parts of cities. Some racial and ethnic groups have a significantly higher proportion of patients in clinical populations who have a dual diagnosis (Carra & Johnson, 2009). The prevalence of substance use disorders among those who suffer from severe mental illness is, on average, higher in the United States than it is in Europe. The Epidemiological Catchment Area (ECA) study found that 47 percent of individuals diagnosed with schizophrenia also had a comorbid substance use disorder at some point in their lifetime (Regier et al., 1990). According to the National Comorbidity Survey (NCS), approximately half of respondents who answered questions for the survey and met the criteria for a substance use disorder at some point in their lives also answered questions for the survey and met the criteria for one or more mental disorders in their lifetime (Kessler et al., 1996). However, in the United States of America, pioneering studies conducted in a variety of mental health settings reported large variations in dual-diagnosis rates, ranging between 20% and 65% among people who suffered from severe mental illness (Cuffel et al., 1994). In addition, rates may differ depending on whether a region is rural or urban (Mueser et al., 2001) as well as the individual's ethnic background.

However, it is possible that differences in comorbidity rates can be attributed to methodological flaws. For example, samples have frequently been selected based on clinical convenience rather than on epidemiological principles (Carra & Johnson, 2009), and assessments of substance use have frequently been less than ideal, with relatively few studies conducting comprehensive diagnostic evaluations (Drake et al., 1993). Additionally, frequency has been described in relation to various factors, including point prevalence, period prevalence, and lifetime prevalence (Goldfinger et al., 1996), and dependence on alcohol

and other drugs is frequently not reported separately, despite the fact that the consequences of each may be different for people who have schizophrenia (Potvin et al., 2006).

### **1.2. The perspective of substance addiction from a sociological point of view**

Psychiatrists often view the use of opiates as an escape from life, and they view addicts as flawed individuals who are trying to compensate for, or avoid, their inferiorities and mental conflict. Those who are addicted to opiates are often viewed as defective (Lindesmith, 1938). In light of the well-known fact that an addict will invariably assert that the only thing the drug does for him is make him feel "normal," the idea that opiates provide an escape from life does not appear to be satisfactory or accurate either. While it is true that during the first few weeks of use the drug may cause pleasure in some cases and may function as a means of escape, once addiction has been established, this no longer holds true, as it is generally agreed upon that the euphoria that is associated with the use of opiates is highly transient in nature. The drug addict, who is supposed to derive some mysterious and uncanny pleasure from the drug, not only fails to do so as a rule, but is also keenly aware of the curse of addiction and struggles to escape it. In other words, the drug addict does not experience the pleasure that is supposed to be derived from the drug. In reality, he is one of the most obviously anxious and miserable beings in our society, despite the fact that he is a long way from being released from his obligations.

### **1.3. Addiction in prison**

A significant number of incarcerated individuals have a previous record of substance abuse as well as a substance use disorder (SUD) (Fazel et al., 2017; UNODC, 2019). The pooled prevalence estimates for substance use disorders was found to be 51% among women and 30% among men, according to a recent systematic review and meta-analysis (Fazel et al., 2017). People with substance use disorders who are incarcerated are more likely than other inmates to have a wider variety of mental and social issues, including lower educational qualifications, lower rates of employment, more difficulties finding housing, poorer physical health, and a greater number of behavioral, psychological, and psychiatric issues (Dolan et al., 2018; Kinner & Rich, 2018).

It is estimated that approximately one in every three people who are currently being held in prisons around the world have tried drugs at least once while they were behind bars (UNODC, 2019). According to estimates provided by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), between 2 and 31 percent of people incarcerated in European countries inject drugs (EMCDDA, 2012). People who inject drugs are at a greater risk of contracting communicable diseases such as HIV and hepatitis (Kinner et al., 2012). This is due to the fact that sharing needles is more common in correctional facilities than in community settings (van der Meulen, 2017). Previous research has also established that injecting drug use (IDU) while incarcerated is a significant risk factor for continuing IDU after release (Winter et al., 2019), and that IDU is an independent risk factor for reincarceration after release from prison. Both of these findings were published in the journal *Addiction* (Winter et al., 2019). Although a significant number of people end up in prison due to issues that are connected to their drug use (Csete et al., 2016), for some, drug use may begin while they are incarcerated. According to the findings of some studies, the use of drugs in prison is a natural progression from drug use and SUD prior to imprisonment, and that patterns of drug use

in prison are a reflection of patterns of drug use prior to incarceration (Cope, 2000; Strang et al., 2006). However, there is a lack of consistency in the research that has been done on this topic, and it has been suggested that the high-risk environment of prisons is particularly conducive to the beginning stages of drug use (Boys et al., 2002).

#### **1.4. Substance preferences**

A lifetime experience rate for cannabis in European countries ranges from 0.7% to 35.6%, with an average rate of 2.8% for cocaine, 2.3% for amphetamines, and 2.5% for ecstasy among people aged approximately 15–64. In addition, the EMCDDA collects data on the prevalence of problem drug use, which is defined as injecting opioids or long-term or regular use of cocaine and/or amphetamines. These rates range from 8.2 to 0.3 and 0.22 to 5.68 per 1000 adults, respectively (Carra et al., 2015).

## **2. Purpose of the Study**

The aim of this study is to describe the substance use characteristics of addicts according to whether they are in prison or not, by comparing their preferred substances, personal characteristics and mental problem situations, and finally their mental trauma status. It is aimed to evaluate the effects of being involved in crime on addicts. By emphasizing personality development, it is aimed to reveal how it is possible to develop personality through education. Thus, it is aimed to reach the findings in the context of prevention of addiction.

## **3. Research Questions**

- i. What are substance use characteristics of addicts in Northern Cyprus?
- ii. Which substances do addicts prefer to use in Northern Cyprus?
- iii. What are the personal characteristics and mental problems of addicts in Northern Cyprus?
- iv. What are mental trauma situations of addicts in Northern Cyprus?

## **4. Method**

### **4.1. Research Design**

The research is quantitative. In the quantitative research, the research was carried out in accordance with the descriptive model.

### **4.2. Participants**

The sampling technique of the research was determined as convenient sampling. The sample of the research consists of individuals (67 in prison, 35 not in prison) who received training and consultancy services in 2020-21 under the Support Program of the Northern Cyprus Prime Ministry Anti-Drug Commission.

### 4.3. Instrument

The data in the study were obtained through a questionnaire. The questionnaire developed by the researchers was used in the study. Substance addicts participating in the study were primarily classified as being in prison or not. Then, questionnaires consisting of multiple choice questions were used for both groups. Survey questions; consists of questions about the addicts themselves and their families.

Questions about the person himself/herself; education level, place of residence, how he/she spends his/her spare time, occupational status, economic status, physical-mental health status, drug use, personality traits.

Questions about the person's substance use; whether his/her friend uses drugs, access to drugs in the environment he/she is in, whether he/she has benefited from probation, whether he/she has been in prison, which drug he/she prefers.

Family related questions; whether he/she has children, with whom he/she has lived for the last six months, if any, what is his/her relationship with his/her wife, how is his/her relationship with his/her parents.

All questions in the questionnaire are closed-ended. No open-ended questions were included.

### 4.4. Procedure

The individuals participating in the study were first informed about the research and given the Information Form, and then the volunteers were included in the study by filling out the written consent forms.

### 4.5. Analysis

The data obtained in the research were analyzed in the SPSS program. Frequency and distribution tables are presented. Since all the variables in the study were categorical, the chi-square test was used to determine whether there was a significant difference between the categorical variables. The significance level was based on a value of 0.05.

## 5. Results

Results are presented in order based on the research questions.

**Table 1.** Status of substance use

	In prison		Not in prison		Total		Ki square	p
	N	%	N	%	N	%		
<b>Addiction intensity</b>								
Low-medium	33	51,6%	18	52,9%	51	52,0%	0,017	0,897
High	31	48,4%	16	47,1%	47	48,0%		
<b>Substance craving</b>								
Low-medium	52	81,3%	20	57,1%	72	72,7%	6,629	0,010

High	12	18,8%	15	42,9%	27	27,3%		
<b>Effect of substance use on life</b>								
Low-medium	35	54,7%	18	51,4%	53	53,5%	0,097	0,756
High	29	45,3%	17	48,6%	46	46,5%		
<b>Substance use intensity</b>								
Low-medium	31	48,4%	13	38,2%	44	44,9%	0,936	0,334
High	33	51,6%	21	61,8%	54	55,1%		

According to the data obtained in Table 1, it was determined that 33 (51.6%) of the individuals in prison had a low-medium level of addiction, and 31 (48.4%) had a high level of addiction. It was determined that 18 (52.9%) of the individuals who were not in prison had a low-medium level of addiction intensity and 16 (47.1%) had a high level of addiction intensity.

When individuals are evaluated in terms of substance cravings, it is seen that 52 of those in prison have a low-medium level and 12 have a high level of substance cravings. In individuals not in prison, this rate was found to be 20 (57.1%) in low-medium levels and 15 (42.9%) in high-level individuals.

When the effect of substance use on the life of those in prison was examined, 35 (54.7%) of those who experienced low-medium effects and 29 (45.3%) of those who experienced high-level effects were determined. 18 people (51.4%) who are not in prison state the effect of substance use on life as low-medium level, and 17 people (48.6%) as high level. The effect of substance use on life is evaluated by measuring many areas such as family and friend relations, work, education, physical health, economic and legal problems.

Considering the intensity of substance use, it is seen that 31 (48.4%) of those in prison have a low-medium level of substance use and 33 (51.6%) have a high level of substance use. 13 people (38.2%) who were not in prison stated the intensity of substance use as low-medium level and 21 people (61.8%) as high level of substance use.

It is seen that the variable of substance demand makes a significant difference in the situation of being in prison and not being in prison. Other variables did not make a significant difference.

**Table 2.** Substance preferences of addicts

	In prison		Not in prison		Total		Ki square	p
	N	%	N	%	N	%		
Synthetic Cannabinoid	18	27,3%	11	31,4%	29	28,7%		
Marijuana	35	53,0%	10	28,6%	45	44,6%		
Ecstasy	2	3,0%	3	8,6%	5	5,0%		
Heroin	1	1,5%	2	5,7	3	3,0%		
Cocaine	4	6,1%	1	2,9%	5	5,0%	12,53	0,084
Pills (akineton, tantum, xanax etc)	0	0%	1	2,9%	1	1,0%		
Alcohol	2	3,0%	5	14,3%	7	6,9%		
No answer	4	6,1%	2	5,7%	6	5,9%		

According to the findings in Table 2, when the substance preferences of the individuals were examined, 18 (27.3%) of the individuals in prison were Synthetic cannabinoids, 35 (53.0%) Marijuana, 2 (3.0%) Ecstasy, 1 (1.5%) Heroin, 4 (6.1%) Cocaine, 2 (3.0%) Alcohol and 4 (6.1%) non-responders. For individuals not in prison, these rates are Synthetic cannabinoid 11 (31.4%), Marijuana 10 (28.6%), Ecstasy 3 (8.6%), Heroin 2 (5.7%), Cocaine 1 (2.9%), Pills 1 (2.9%), Alcohol 5 (14.3%) and 2 non-responders (5.7%).

It was revealed that the substance preference did not make a significant difference in terms of being in prison or not.

**Table 3.** Mental problems and personality traits that cause substance addiction

	In prison		Not in prison		Total		Ki square	p
	N	%	N	%	N	%		
<b>Depression</b>								
No	37	56,9%	11	31,4%	48	48,0%	5,924	0,015
Yes	28	43,1%	24	68,6%	52	52,0%		
<b>Anxiety</b>								
No	32	49,2%	15	42,9%	47	47,0%	0,371	0,542
Yes	33	50,8%	20	57,1%	53	53,0%		
<b>Anger control problem</b>								
No	34	52,3%	9	25,7%	43	43,0%	6,56	0,010
Yes	31	47,7%	26	74,3%	27	57,0%		
<b>Lack of safe behaviour</b>								
No	30	46,2%	8	22,9%	38	38,0%	5,241	0,022
Yes	35	53,8%	27	77,1%	62	62,0%		
<b>Seeking excitement</b>								
No	22	33,8%	9	25,7%	31	31,0%	0,703	0,402
Yes	43	66,2%	26	74,3%	69	69,0%		
<b>Impulsive behaviour</b>								
No	37	56,9%	13	37,1%	50	50,0%	3,56	0,059
Yes	28	43,1%	22	62,9%	50	50,0%		
<b>Mental trauma</b>								
No	35	64,8%	18	52,9%	53	60,2%	1,228	0,268
Yes	19	35,2%	16	47,1%	35	39,8%		

According to Table 3, when the mental problems and personality traits of substance addicted individuals are evaluated, it is seen that 37 people (56.9%) in prison do not have depression and 28 people (43.1%) have depression. It is also stated that 32 (49.2%) of these individuals do not have anxiety, and 33 (50.8%) have anxiety. Considering the anger control problem, it is seen that 34 (52.3%) of the individuals who are in prison can control their anger, and 31 (47.7%) have anger control problems. It is seen that 35 people (53.8%) with a lack of safe behavior and 30 people (46.2%) without a lack of safe behavior. When we look at the presence of sensation seeking behavior in individuals in prison, 22 people (33.8%) who do not seek excitement and 43 people (66.2%) who seek excitement. It was determined that 37 (56.9%) of the individuals in prison did not have impulsive behavior and 28 (43.1%) had impulsive behavior. Considering

the mental trauma status, it was determined that 35 people (64.8%) did not have psychological trauma and 19 people (35.2%) had psychological trauma.

When the mental problems and personality traits of individuals who are not in prison are examined, it is seen that 11 (31.4%) do not have depression and 24 (68.6%) are depressed. Considering the presence of anxiety, it is stated that 15 people (42.9%) do not have anxiety and 20 people (57.1%) have anxiety. It is seen that 9 (25.7%) of individuals who are not in prison do not have anger control problems, and 26 (74.3%) have anger control problems. It is seen that 27 people (77.1%) with a lack of safe behavior and 8 people (22.9%) without a lack of safe behavior. In addition, when we look at the presence of seeking excitement behavior in individuals who are not in prison, 9 people (25.7%) are not excitement seekers and 26 people (74.3%) are excitement seekers. It was found that 13 (37.1%) of these individuals did not have impulsive behavior and 22 (62.9%) had impulsive behavior. Considering the presence of mental trauma, it was stated that there was no psychological trauma in 18 people (52.9%) and that there was psychological trauma in 16 people (47.1%).

When the chi-square results were examined, it was seen that three variables made a significant difference in the case of being in prison or not. Depression, anger control problem, and lack of safe behavior are the three variables mentioned.

**Table 4.** Psychological traumas experienced by substance abusers

	In prison		Not in prison		Total		Ki square	p
	N	%	N	%	N	%		
<b>Have you ever experienced a fire, flood, serious traffic accident or similar disaster?</b>								
No	32	49,2%	15	42,9%	47	47,0%	0,371	0,542
Yes	33	50,8%	20	57,1%	53	53,0%		
<b>Have you ever been physically attacked or beaten?</b>								
No	17	26,6%	12	34,3%	29	29,3%	0,652	0,42
Yes	47	73,4%	23	65,7%	70	70,7%		
<b>Have you been sexually assaulted or harassed?</b>								
No	60	93,8%	29	87,9%	89	91,8%	0,992	0,319
Yes	4	6,3%	4	12,1%	8	8,2%		
<b>Have you experienced the sudden and unexpected loss of a loved one?</b>								
No	23	35,9%	11	31,4%	34	34,3%	0,204	0,652
Yes	41	64,1%	24	68,6%	65	65,7%		
<b>Have you had a gunfight?</b>								
No	42	65,6%	27	77,1%	69	69,7%	1,421	0,233
Yes	22	34,4%	8	22,9%	30	30,3%		
<b>Have you lost a relative to a cause such as murder or suicide?</b>								
No	47	73,4%	21	60,0%	68	68,7%	1,900	0,168
Yes	24	40,0%	20	57,1%	44	46,3%		



<b>Have you ever seen a person injured or killed?</b>								
No	23	35,9%	18	51,4%	41	41,4%	2,238	0,135
Yes	41	64,1%	17	48,6%	58	58,6%		
<b>Did you experience very bad and unbearable events as a child?</b>								
No	36	60,0%	15	42,9%	51	53,7%	2,613	0,106
Yes	24	40,0%	20	57,1%	44	46,3%		

According to Table 4, when mental trauma events are analyzed, 32 (49.2%) of the individuals in prison have not experienced a fire, flood or other disaster or a serious traffic accident to date, and 33 (50.8%) of the individuals stated that they experienced fire, flood or other disaster or a serious traffic accident. Considering the rates of physical assault or beating to date, 17 (26.6%) of those in prison stated that they were not exposed to this situation and 47 (73.4%) stated that they were exposed. In terms of being exposed to sexual assault or harassment, 60 (93.8%) of the individuals in prison answered "no" and 4 (6.3%) answered "yes". It was determined that 23 (35.9%) people did not experience the sudden and unexpected loss of a loved one, and 41 (64.1%) people experienced the sudden and unexpected loss of a loved one. Considering the rates of being under gunfight, it was determined that 42 (65.6%) of the individuals in prison did not experience such a situation, and 22 (34.4%) were under gunfight. In addition, it is seen that 47 (73.4%) of these individuals answered "no" to the question of losing a relative due to murder or suicide, while 17 (26.6%) answered "yes" to this question. Considering that they saw a person injured or dead, 23 individuals (23.9%) in prison stated that they had not seen such a situation, and 41 individuals (64.1%) stated that they had seen a person injured or died. Participants in prison explained that 36 (60.0%) of those had not experienced very bad and unbearable events in their childhood, and 24 (40.0%) had very bad and unbearable events in their childhood.

When the mental trauma events experienced by those not in prison are examined, it is seen that 15 (42.9%) of these individuals have not experienced a fire, flood or a serious traffic accident so far, and 20 (57.1%) have experienced fire, floods so far. Considering the rates of physical assault or beating to date, 12 (34.3%) of those not in prison stated that they were not exposed to this situation and 23 (65.7%) stated that they were exposed. Regarding the rates of sexual assault or harassment, 29 (87.9%) of individuals not in prison answered "no" and 4 (12.1%) answered "yes". It was determined that 11 (31.4%) people did not experience the sudden and unexpected loss of a loved one, and 24 (68.6%) people experienced the sudden and unexpected loss of a loved one. Considering the rates of being in gunfight, it was determined that 27 (77.1%) of the individuals who were not in prison did not experience such a situation, and 8 (22.9%) were under gunfight. In addition, 21 (60.0%) of these individuals answered "no" to the question of losing a relative due to murder or suicide, while 14 (40.0%) answered "yes" to this question. Considering that they saw a person injured or died, 18 individuals (51.4%) who were not in prison stated that they had not encountered such a situation, and 17 individuals (48.6%) stated that they had seen a person injured or died. He explained that 15 (42.9%) of those who were not in prison had not experienced very bad and unbearable events in their childhood, and 20 (57.1%) had very bad and unbearable events in their childhood.

None of the variables related to mental trauma made a significant difference in terms of whether substance addicts were in prison or not.

## 6. Discussion and Conclusion

Based on the research findings, the results for each table were summarized and a discussion was held on the basis of the literature.

When Table 1 is examined and the substance use characteristics of the participants are evaluated, addiction intensity, substance cravings, the effect of substance use on life and the effect of substance use were found to be higher in those who were in prison. However, it is noteworthy that individuals who are not in prison have a higher level of drug cravings than those who are not in prison. This shows that addicts who are not in prison are more comfortable in finding and using substances. Addicts who are not in prison can access the substance much more easily. In a study conducted by Kapakoğlu et al. (2014), the characteristics of addicted and non-prison addicts were examined. Accordingly, the main determining variables are substance use; so that the rate of involvement in crime was higher for addicts with high substance use. However, in addition to the substance use variable, gender and education level were also found to be important variables. It has been revealed that addicts who commit crimes are mostly male and their education level is low.

Motivational interviews with addicts are required for quitting the substance. In addition, psychological support, psychoeducation and methods of coping with substance cravings should be taught to them. It is thought that some problems of addicts can be solved with outpatient treatment (Yoldaş & Demircioğlu, 2020). Special studies should be developed by experts especially for addicts in prison and psychological support should be provided.

When the second sub-problem of the study and the results of the analysis in Table 2 are evaluated, it is seen that the drug choice of people in prison is cannabis, and they prefer synthetic cannabinoid type drugs in their pursuit. It has been determined that synthetic cannabinoid is in the first place as the preferred substance among individuals who are not in prison, but it has almost the same rate of use as cannabis. It is thought that especially the easy accessibility of cannabis increases the usage situation. In a study conducted by Ögel et al. (1999), the relationship between substance use and crime was evaluated. According to the results of the research in question, it was observed that pill users are more likely to commit crime, while heroin users commit more substance-related crimes.

It is seen that individuals who are in prison have anxiety, lack of safe behavior and mood disorder. It was determined that those who were not in prison had depression, anxiety, anger, lack of safe behavior, mood disorder and impulsive behavior. It has been determined that the mental problems of addicts, whether in prison or not, are many and varied. In the study conducted by Mir et al. (2015), it was revealed that affective, personality and anxiety disorders were intense, especially in female prisoners with addiction.

One of the causes of addiction is psychological disorders and mood disorders. It is known that many people struggling with addiction actually resort to alcohol or drugs in order to relieve the symptoms of their psychological disorders. Although the visible problem is addiction, it has been revealed in many studies that the cause of addiction is mostly psychological (Nalbantoğlu, 2021). It is important here to determine whether the mental problems accompanying addiction are caused by the substance or before the substance

use. However, in both cases, the continuation of the treatment of mental problems together with the treatment of addiction gains importance in terms of the effectiveness of the treatment.

When the personality traits of substance addicts are evaluated, it is seen that individuals in prison have a lack of safe behavior and excitement-seeking behavior. In some studies, features such as sensation seeking, impulsivity, and social maladjustment are associated with the quality of the relationship with parents in the first years of childhood. In a study conducted by Cuomo et al. (2008), childhood traumas of substance addict prisoners were evaluated. It has been found that the childhood traumas of substance addicts are much higher than non-substance-addicted prisoners. In addition to causing the initiation and continuation of alcohol-substance use, personality traits also have the power to direct behavior. The existence of a full-fledged rehabilitation center gains importance in order to carry out special studies determined according to the personality characteristics of individuals who are in prison or not, to carry out studies to be carried out with families, and to continue the rehabilitation process for a long time. Hiller, Knight, and Simpson's research (1999) revealed that psychoeducation applied to substance addict prisoners while in prison continues to be effective and reduces crime rates after prisoners are released from prison. When Table 4 is examined, it has been determined that individuals in prison have a high level of psychological traumatic experiences. Similarly, it has been revealed that individuals who are not in prison have had many psychological traumatic experiences to date. Individuals with substance use seem to be more likely to be exposed to trauma. On the other hand, it has been revealed in many studies (Brady, Krebs & Laird, 2004) that the presence of a trauma history also creates a predisposition to alcohol and/or substance addiction. It is thought that psychological and psychiatric support, psychoeducation, and psychoeducation for families should be provided in order to completely treat drug use and addiction, and to treat trauma and addiction together in order to keep the individual away from drug use. Fazel, Bains and Doll (2006) also emphasize that special addiction services for substance addict prisoners will have a significant impact.

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