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RESEARCH ARTICLE / ARAŞTIRMA MAKALESİ

A Public Relations-Oriented Policy Approach in Combating Substance Addiction

Madde Bağımlılığıyla Mücadelede Halkla İlişkiler Odaklı Politika Yaklaşım

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Abstract:

This study analyzes the public relations policies countries employ to combat substance addiction. The research population consists of the countries listed in the World Drug Report. The sample includes Türkiye, the United States, Bangladesh, Australia, Spain, and South Africa, selected to represent diverse socioeconomic groups across continents. The scope of the study is limited to the national strategies and status reports on drug control from the last three periods for the selected countries. The study was conducted within this framework, using a concurrent mixed-methods design. The countries' status reports on substance addiction were used as quantitative data and analyzed using document analysis in SPSS 26. Content analysis was applied to the qualitative data, and the strategies countries employed to combat substance addiction were analyzed using MaxQDA. The findings from both studies were compared, and a model for combating substance addiction was developed. The proposed model integrates key elements such as social interaction and dialogue, solidarity, and the establishment of social peace into policy, education, healthcare services, legal regulations, and social support mechanisms. This diversity of approaches is expected to provide a multidimensional strategy for substance use prevention.

Keywords: Health communication, Substance addiction, Social policy, Public relations.

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Öz:

Bu çalışma, ülkelerin madde bağımlılığıyla mücadelede kullandıkları halkla ilişkiler politikalarını analiz etmektedir. Araştırmanın evrenini Dünya Uyuşturucu Raporu'ndaki ülkeler oluşturmaktadır. Çalışmanın örneklemini ise farklı kıtalardan çeşitli sosyoekonomik grupları temsil etmesi için Türkiye, Amerika Birleşik Devletleri, Bangladeş, Avustralya, İspanya ve Güney Afrika oluşturmaktadır. Araştırmanın kapsamı, seçilen ülkelerin son üç döneme ait uyuşturucuyla mücadele ulusal stratejileri ve durum raporlarıdır. Araştırmanın kapsamı, bu ülkelerin son üç döneme ait ulusal strateji ve durum raporlarıyla sınırlandırılmıştır. Çalışma, eşzamanlı karma yöntem deseniyle yürütülmüş; nicel veriler, söz konusu raporların doküman analiziyle elde edilerek SPSS 26 programında değerlendirilmiştir. Nitel veriler ise strateji belgelerine uygulanan içerik analizi yoluyla Maxqda programında incelenmiştir. Her iki analiz sürecinden elde edilen bulgular karşılaştırmalı biçimde yorumlanarak madde bağımlılığıyla mücadelede bütüncül bir model önerisine ulaşılmıştır. Önerilen model, ülkelerin bağımlılıkla mücadelede benimsediği iletişim temelli yaklaşımları, sosyal etkileşim ve diyalog mekanizmalarını, dayanışma kültürünü ve sosyal barışın güçlendirilmesini temel ilkeler olarak ele almaktadır. Bunun yanında, eğitim politikaları, sağlık hizmetleri, yasal düzenlemeler ve sosyal destek sistemleri modele entegre edilmiştir. Böylece bağımlılık sorununu yalnızca tıbbi bir kategori olarak değil, toplumsal, iletişimsel ve yönetsel boyutlarıyla da değerlendiren çok yönlü bir önleme çerçevesi oluşturulmuştur. Bu kapsamlı yaklaşım, ülkelerin benimsediği stratejiler arasındaki farkların daha sistematik bir biçimde anlaşılmasını sağladığı gibi, halkla ilişkiler odaklı politikaların bağımlılıkla mücadelede nasıl işlevsel hale getirilebileceğine dair uygulanabilir bir yol haritası da sunmaktadır.

Anahtar Kelimeler: Sağlık İletişimi, Madde bağımlılığı, Sosyal politika, Halkla ilişkiler.

Introduction

In health communication, preventive strategies for substance addiction are often disconnected from broader well-being policies. This fragmentation, as Shonkoff (2000) argues, neglects important aspects of early intervention, including family dynamics, stigma, and socio-economic factors. Therefore, collaboration between health communicators and addiction specialists is essential to incorporate evidence-based early intervention into program design (McKeganey et al., 2002). Using innovative planning tools can further support this collaboration by linking research and practice and improving policy development.

Various strategies are used to address substance addiction, including parent-focused educational programs and home visitation services that promote positive developmental outcomes. These services support children with limited developmental resources by improving school readiness (Love et al., 2003). Many countries also expand early intervention to strengthen parenting, with the United States, the United Kingdom, and Australia emphasizing approaches that enhance parental skills (Duncan, 2003).

This study investigates public relations–based substance addiction policies in Türkiye, the United States, Spain, Australia, Bangladesh, and South Africa, as outlined in the 2023 World Drug Report. The countries were selected to capture diverse socio-economic contexts and provide a global perspective. National strategy and status reports from the last three reporting periods were analyzed using a concurrent mixed methods design. Quantitative analysis was conducted through document review and evaluated in SPSS 26, while qualitative content analysis in Maxqda explored the strategic approaches of the selected countries. The findings from both data sets were compared and synthesized, contributing to the development of a robust and effective model to combat substance abuse.

Substance Abuse Prevention and Early Intervention Strategies as a Health Communication Policy

Research evaluating social policies for substance abuse prevention shows that continuous, lifespan-based interventions are more effective than those targeting a single stage (Loxley et al., 2004). Such developmentally informed approaches are especially valuable in crime prevention and mental health, highlighting the importance of early and ongoing support. This principle strengthens the effectiveness and inclusiveness of social policies and intervention programs.

Socio-economic risks in education, health, and welfare highlight the need for comprehensive programs and inform policies that support universal child and family services. Core strategies include home visitation focused on education and care (Gordon, 2003). Universal school programs further aim to reduce bullying, develop social skills, and strengthen emotional well-being. When combined with parent training, these approaches help prevent adolescent problem behaviors (Peterson & Rigby, 1999).

Prevention-based interventions play a key role in addressing youth challenges, and school-based drug education must align with the specific problems young people face. Given the economic implications of addiction, investment in early childhood strategies should be supported, as these efforts lay a strong foundation for human capital development (Thadani, 2002).

Social marketing is central to preventing substance abuse, yet mass media alone cannot sufficiently change adult

behavior. More effective outcomes emerge when media strategies are integrated with community and school initiatives (Midford et al., 2001). Education programs must present accurate, research-based information to strengthen resistance to addiction and support informed decision-making (Kumpfer & DeMarsh, 1986). Effective prevention also requires early attention to social and individual risks, monitoring interpersonal dynamics, and understanding patterns of harmful use. Programs should offer comprehensive harm-reduction frameworks, use interactive learning approaches, and ensure that educators are well trained (Vimpani, 2005).

Social Policy and Health Communication Pathways in Combating Substance Addiction

Substance addiction is a growing threat among youth, negatively affecting behavior, physical health, and developing brain functions (Aktan Mutlu, 2019). It also harms academic performance and leads to withdrawal from social activities at a time when young people are expected to be most socially active.

In many countries, substance use is linked to fatal or injurious traffic accidents, suicides, homicides, poisonings, and other forms of harm. It also contributes to domestic violence and family breakdown (Hanson et al., 2005). Furthermore, intoxication increases the likelihood of criminal behavior, creating risks for both individuals and society.

Substance use can harm various organs depending on dosage, side effects, and duration, and injection use is strongly associated with rising rates of AIDS and Hepatitis C (Toumbourou et al., 2007). Efforts to combat addiction are typically structured around four pillars—prevention, harm reduction, treatment, and rehabilitation—which together form a holistic strategy.

Prevention

Prevention of substance use disorders operates on three levels: primary, secondary, and tertiary. Primary prevention aims to stop substance use before it starts by reducing risk factors and promoting healthy habits (Afuseh et al., 2020). Educating youth and developing community programs exemplify this stage.

Secondary prevention focuses on early detection and timely treatment to prevent the escalation of substance use (Nelson et al., 2022). Early diagnosis and rapid intervention are therefore essential. Tertiary prevention addresses individuals already diagnosed with substance use disorders, aiming to reduce harm, prevent worsening, and improve long-term health. This stage includes harm-reduction approaches, treatment programs, and support networks.

Low-cost preventive strategies provide viable alternatives to costly treatment, beginning with identifying at-risk groups and implementing targeted interventions. Education and awareness programs play a key role, while early school-based measures reduce substance use and social marginalization. Home visitation programs for high-risk families also contribute to lowering substance use rates (Toumbourou et al., 2007; Jiloha, 2017).

Harm Reduction

Preventive work is central to addressing substance use, yet many countries now also employ harm reduction strategies, acknowledging that youth use may not always be preventable. Techniques such as altering the scents of inhalants help reduce interest in and potential harm from inhalants (Drucker et al., 2016).

Treatment and Rehabilitation

Dozens of people seek or are referred to treatment centers daily, and the number is steadily increasing. Successful treatment depends mainly on the individual's motivation and on early diagnosis followed by timely intervention. Voluntary participation enhances success, while forced treatment is typically ineffective. Early detection also prevents long-term damage.

Mignon (2014) states that addiction treatment consists of detoxification and rehabilitation. Detoxification includes cleansing the body, managing withdrawal, and treating organ damage under medical supervision due to life-threatening risks. Rehabilitation begins after withdrawal symptoms decrease.

Rehabilitation focuses on addressing psychological issues, promoting workforce reintegration, encouraging healthy hobbies, and distancing individuals from harmful environments (Malhotra et al., 2005). It also underscores that prevention is less costly than treatment.

Medication-Assisted Treatment, widely used in outpatient settings, includes Antagonism, Substitution, and Antabuse therapy. Antagonism blocks drug effects, substitution replaces the substance with a less harmful one, and Antabuse causes adverse reactions when alcohol is consumed (Maqbool et al., 2019; Dar et al., 2023).

Psychosocial treatment includes non-medication interventions that strengthen adherence to medication-assisted therapy and support long-term abstinence. It reduces substance use, improves social integration, and is most effective when treatment duration is sufficient (Malhotra et al., 2005).

Methodology

This study used a mixed-methods approach to analyze global substance addiction policies and outline the foundation of a practical implementation model.

Mixed-method research integrates qualitative and quantitative data to provide a more comprehensive understanding of the research problem (Creswell, 2003).

This study employed Creswell's (2003) Concurrent Triangulation Design, in which qualitative and quantitative data are collected and analyzed simultaneously with equal priority. The separate findings are later merged through triangulation to strengthen credibility, accuracy, and validity.

The concurrent design assumes that qualitative and quantitative data offer complementary insights. Both are collected and analyzed simultaneously, then compared for consistency, with equal methodological weight and integration occurring at the interpretation stage (Toraman, 2021).

This study used a concurrent mixed-method design. Quantitative data were gathered from 55 national reports through a structured Google Forms survey, coded in Excel, and analyzed in SPSS 26. Qualitative content analysis of national strategies was conducted using MaxQDA. The combined findings informed the development of a functional model for addressing substance addiction. As only public documents were analyzed, ethics approval was not required.

Population and Sample

The study population comprises countries that implement social policies on substance addiction, health communication, and public relations. Using purposive sampling, the 2023 World Drug Report was used to select the sample: Türkiye, the United States, Australia, Bangladesh, Spain, and South Africa, representing varied continents and socio-economic settings.

Testing the Validity and Reliability of the Data

This study follows Creswell's (2017) steps for qualitative content analysis: defining the problem, determining the

sample, selecting categories, developing a reliable coding scheme, coding the data, and conducting the analysis.

A coding scheme was created to ensure validity and reliability, and two independent researchers conducted the coding. Codes and subcodes were derived from the data using the literature and analyzed in Maxqda. Inter-coder reliability measured with Cohen's Kappa reached 87%, exceeding the 75% threshold for reliability (Şencan, 2005).

Findings

The findings from the concurrent mixed-methods analysis are presented in this section. First, the thematic analysis of strategic action plans is detailed, followed by the comparative statistical analysis of prevention policies and budget distributions.

Analysis of Strategic Action Plans

Using Maxqda, eight themes were identified in the countries' strategic action plans. The themes were color-coded as follows: Social Dialogue and Interaction (blue), Social Solidarity and Goodwill (orange), Social Peace (green), Social Reconciliation (purple), Social Justice (yellow), Social Welfare and Inclusiveness (pink), Social Security and Sustainability (red), and Social Sacrifice and Community Integration (grey).

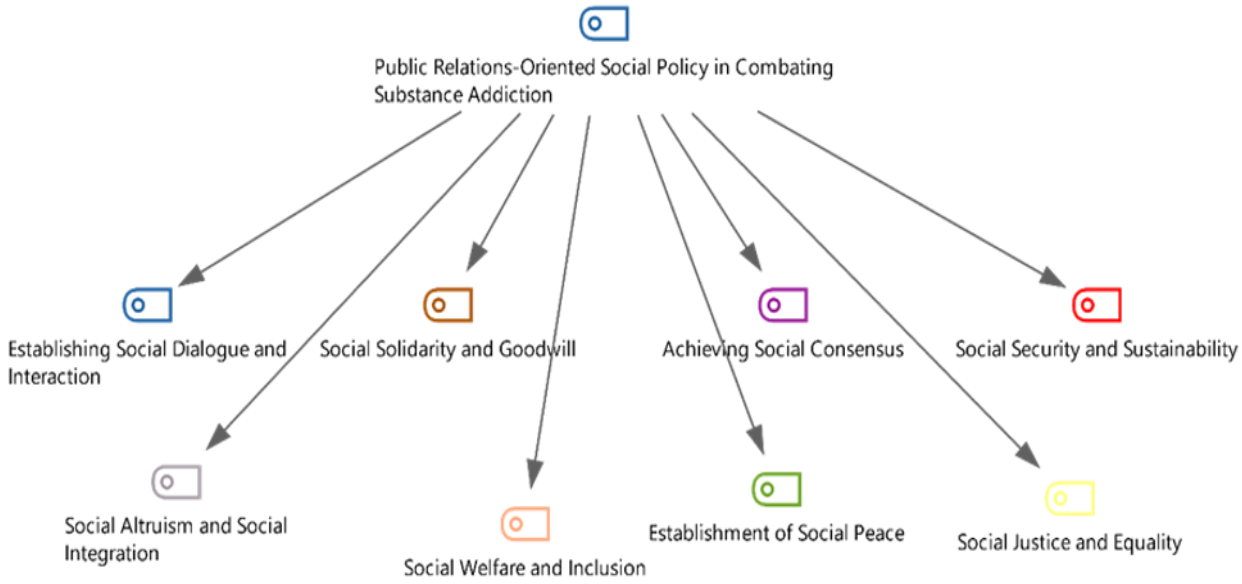

Figure 1. *Public Relations-Oriented Social Policy in Combating Substance Addiction*

Maxqda analysis revealed eight themes, each assigned a distinct color: Social Dialogue and Interaction (blue), Social Solidarity and Goodwill (orange), Social Peace (green), Social Reconciliation (purple), Social Justice (yellow), Social Welfare and Inclusiveness (pink), Social Security and Sustainability (red), and Social Sacrifice and Community Integration (grey).

Primary prevention promotes social dialogue and interaction through school-based education, awareness campaigns, family training, and activity programs. Campaigns may use digital or traditional media, while activities include artistic, sports, and social events.

In this theme, social reconciliation is supported through primary prevention measures, including community programs, public health campaigns, and workplace training.

In fostering social cohesion, primary prevention involves school-based education and programs encouraging sports and training.

Under the principles of social solidarity and goodwill, primary prevention includes policy and legal reforms, early intervention and counseling, healthy lifestyle campaigns, and social support programs.

In this theme, primary prevention relies on restrictive legal frameworks, whereas secondary prevention includes healthcare, counseling, and monitoring mechanisms.

In this theme, secondary prevention focuses on early diagnosis and treatment, whereas tertiary prevention involves rehabilitation, support systems, and equitable access to health and social services.

Under social justice and equality, primary prevention targets early detection, whereas tertiary prevention focuses on rehabilitation and community services.

In this theme, tertiary prevention emphasizes social services, cooperation, and workforce participation to support long-term integration.

Comparative Analysis of Prevention Policies and Indicators

Quantitative data were analyzed using SPSS 26, and Table 1 presents a comparison of prevention policies across countries.

Table 1. *Comparison of Countries in Terms of Prevention Policies*

Countries	Prevention Policies					
	Primary Prevention	Secondary Prevention	All, Including Tertiary Prevention	Pearson Chi-Square Value	df	Asymptotic Significance (2-sided)
Türkiye	9	9	0	47,969[a]	5	,000
America	1	1	9			
Australia	9	3	0			
Spain	1	1	6			
South Africa	7	7	0			
Bangladesh	0	0	13			

Prevention policy distribution varies across countries. Türkiye and Australia prioritize primary prevention; Bangladesh implements measures at all levels, while the United States and Spain focus more heavily on tertiary measures.

Table 2. Comparison of Countries in Terms of Expenses for Prevention and Treatment

Countries	Expenses for Prevention and Treatment						
	Education Programs	Awareness Campaignsları	Legal Regulations	All	Pearson Chi-Square Value	df	Asymptotic Significance (2-sided)
Türkiye	6	2	0	1	50,107[a]	10	,000
America	6	4	0	0			
Australia	8	1	1	0			
Spain	2	1	1	4			
South Africa	7	0	0	0			
Bangladesh	0	0	0	13			

Budget allocations differ widely. Australia, South Africa, Türkiye, and the United States prioritize education programs, while Bangladesh and Spain fund all prevention areas.

Table 3. *Comparison of Countries Based on Performance Indicators of Preventive Practices*

Countries	Performance Indicators of Preventive Practices						
	Treatment and Research Services	Rehabilitation Services	Psychotherapy	All	Pearson Chi-Square Value	df	Asymptotic Significance (2-sided)
Türkiye	9	9	0	0	26,057[a]	10	,004
America	4	1	1	5			
Australia	7	2	0	0			
Spain	2	0	0	5			
South Africa	2	0	2	5			
Bangladesh	5	0	0	8			

Performance indicator allocation differs across countries. Türkiye, Australia, and Bangladesh prioritize treatment, research, and rehabilitation, with limited funding for psychotherapy, while the United States, Spain, and South Africa distribute resources more evenly across all areas.

Table 4. *Comparison of Countries and Collaborations*

Countries	Collaborations						
	With Government Agencies/Ministries İşbirliği	Collaboration with NGOs	International Collaborations	All	Pearson Chi-Square Değeri	df	Asymptotic Significance (2-sided)
Türkiye	9	5	4	4			
America	9	4	2	0			

Australia	8	8	0	0	41,313[a]	10	,000
Spain	7	7	4	4			
South Africa	7	7	7	7			
Bangladesh	12	13	13	12			

Collaborative approaches differ across countries. Türkiye, the United States, and Australia rely mainly on governmental cooperation, while Spain, South Africa, and Bangladesh balance collaboration among government, NGOs, and international partners, with Bangladesh showing the highest NGO and global involvement.

Proposal of the Socio-Integrated Prevention Model (SIPM)

A comprehensive anti-addiction model was developed from the integrated findings.

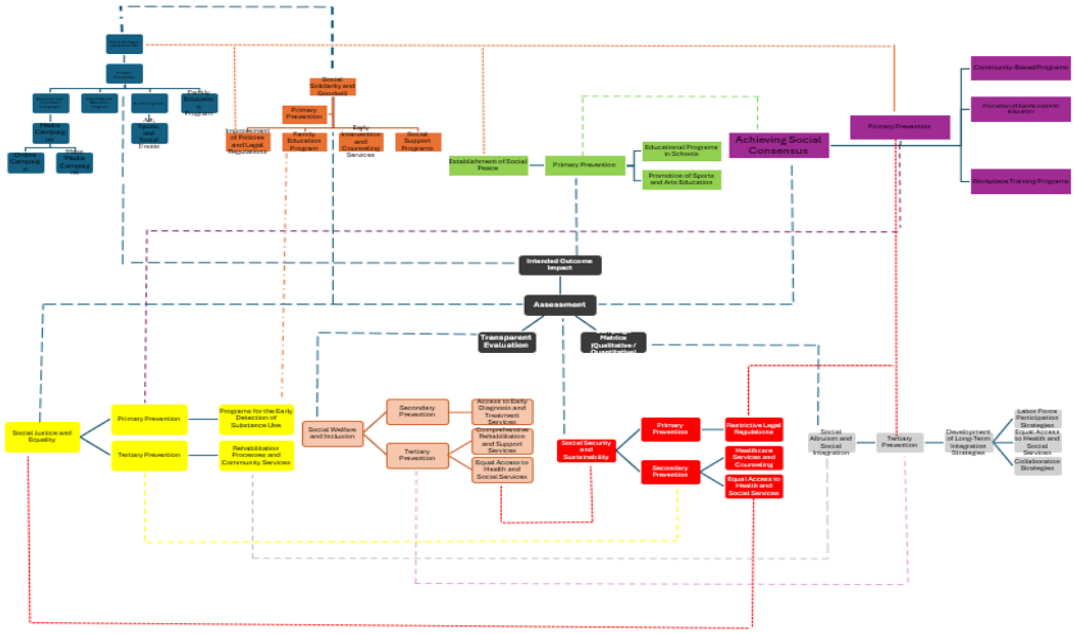

Figure 2. *Dimensions of the 'Socio-Integrated Prevention Model' (SIPM)*

The "Social Dialogue and Interaction" dimension is a key pillar of the SIPM model, focusing on awareness and education to enhance public understanding, especially among youth, of the risks of substance addiction.

Awareness and educational campaigns within the Social Dialogue and Interaction dimension raise public understanding of the risks of substance use and promote healthy lifestyles. This dimension is closely linked to Social Solidarity and Goodwill, as awareness strengthens social support, enabling a more effective fight against addiction.

"Social Solidarity and Goodwill" represents the second SIPM dimension, emphasizing collective social support through policy, legal regulation, early intervention, and healthy lifestyle campaigns. It closely aligns with Social Peace and Social Justice, since legal and policy structures help establish fairness and equality.

The "Establishment of Social Peace" dimension promotes social skills and cohesion among youth. Through education and sports programs that encourage cooperation across diverse groups, it supports social reconciliation and welfare. Integrated with other SIPM dimensions, it strengthens social peace and public well-being.

The "Social Reconciliation" dimension promotes social justice and equality through community programs and workplace training, ensuring fair access to education and healthcare. Fostering integration based on equity supports social harmony and, together with other SIPM dimensions, enhances equal opportunity and social cohesion.

The "Social Welfare and Inclusiveness" dimension ensures fair access to health and social services and supports integration into society. Its connection to “Social Sacrifice and Community Integration” underscores how equal access to services enables active participation and healthier reintegration.

The “Social Sacrifice and Community Integration” dimension emphasizes ongoing inclusion and equal opportunity. Closely tied to Social Justice and Equality, it promotes active community participation and reinforces resilience by ensuring fair involvement of all individuals.

This approach provides a holistic framework that promotes integration and welfare across the SIPM dimensions. The model combines education, health services, legal regulation, social support, and integration strategies that operate collectively to combat addiction. Through this cohesion, legal and educational prevention measures build a sustainable foundation for social solidarity and peace.

Discussion and Evaluation

Addiction is not only an individual condition but a social problem requiring multidisciplinary solutions involving health, education, law, media, and social policy. SIPM reflects this need for coordination. As McKeganey et al. (2022) state, individual rehabilitation is inadequate without considering the wider social context, which supports the model's foundational argument.

The *Social Dialogue and Interaction* dimension—the core of SIPM—aims to elevate awareness and strengthen educational engagement, especially among youth. Rather than functioning only as information channels, communication processes are designed to be participatory. Research confirms that community-based interventions and youth campaigns succeed when interaction is emphasized (Vimpani, 2002; Işık & Erdal, 2015). Thus, SIPM can foster lasting behavioral change through social interaction.

The *Social Solidarity and Goodwill* dimension integrates legal regulation, early intervention, and community support, arguing that prevention is most effective when linked with social solidarity. Research shows that early diagnosis and strengthened social bonds enhance justice and peace, supporting this SIPM dimension (Vimpani, 2002; Toumbourou, 2007).

The Establishment of Social Peace dimension of SIPM promotes youth cohesion through education, sports, and cultural programs, which strengthen interpersonal understanding and reduce conflict. Research confirms that cultural integration and youth programs enhance cooperation and reduce the risk of substance use (Cılga, 2009; Peterson & Rigby, 1999). Thus, this dimension functions both preventively and restoratively.

The Social Reconciliation and Social Welfare dimensions ensure justice and equal access to health and social services through community-based action. This reflects Gordon's (2003) equity perspective, while Dar et al. (2023) show that inclusive healthcare effectively supports addiction reduction.

The final SIPM component, Social Self-Sacrifice and Community Integration, prioritizes long-term inclusion and equal opportunity. Research confirms that community-based, integrated strategies are crucial and especially effective for vulnerable groups (Loxley et al., 2004; Afuseh et al., 2020).

In sum, SIPM extends beyond individual-focused rehabilitation and offers a holistic strategy integrating education, health, law, and social solidarity. By prioritizing participation, early intervention, and collective support, it reinforces social cohesion and justice while activating the strategic power of public relations to improve social welfare.

Conclusion

Evaluating national strategies provides insight into the diversity and effectiveness of global approaches. Türkiye, Bangladesh, South Africa, Australia, Spain, and the United States demonstrate both shared and distinct strategies shaped by their respective social contexts and priorities.

As substance addiction poses a major social threat, this study adopts a multidisciplinary perspective to examine how health communication and public relations shape national policy. By analyzing strategic action plans and status reports, the concepts of addiction, social policy, and health communication were evaluated, leading to the development of the SIPM as a model suited to Türkiye.

The SIPM integrates education, health services, legal regulation, social support, and integration strategies into a unified framework. Through this coordination, a sustainable structure is established that strengthens social solidarity and peace through legal and educational prevention efforts.

The Social Dialogue and Interaction dimension forms a core pillar of SIPM by raising awareness and promoting education on substance addiction, especially among youth. Linked to Social Solidarity and Goodwill, it enhances support networks and collective cohesion, enabling a more effective response to addiction.

As the second SIPM dimension, *Social Solidarity and Goodwill* reinforces societal approaches through policies, legal regulations, early intervention, and healthy living campaigns. Linked to social peace and justice, it supports equality and fairness.

The Establishment of Social Peace dimension enhances youth cohesion through educational and sports programs that promote cooperation and reduce social conflict.

The Social Reconciliation dimension advances justice and equality through community programs and workplace training, ensuring fair access to education and healthcare for all.

The *Social Welfare and Inclusiveness* dimension ensures fair access to services, and the *Social Sacrifice and Community Integration* dimension promotes long-term inclusion and equal opportunity. Combined, they support healthy social integration across diverse groups.

The SIPM unifies interaction, solidarity, dialogue, and social peace with education, healthcare, legal regulation, and social support. This multifaceted structure raises awareness among diverse social groups and promotes justice by ensuring equal access to health services.

The SIPM supports both prevention and treatment, improving social welfare through sustainable strategies and offering guidance for policymakers and practitioners**.**

Limitations

This study is limited to official reports from six countries, making generalization to other socio-economic contexts difficult. It also covers only the last three reporting periods and excludes fieldwork or interviews. Future research could expand the scope by examining more countries and using field-based methods.

Declarations

Ethical Approval
Since this study is based on the analysis of public documents and does not involve human or animal subjects, ethics committee approval is not required.

Conflict of Interests
The authors declare no conflict of interest.

Financial Support:
No financial support was received for this study.

Author Contributions
All authors contributed equally to the study design, data analysis, and writing of the manuscript.

References

Afuseh, E., Pike, C. A., & Oruche, U. M. (2020). Individualized approach to primary prevention of substance use disorder: age-related risks. *Substance Abuse Treatment, Prevention, and Policy*, 15(1), 1–8. https://doi.org/10.1186/s13011-020-00306-0

Aktan Mutlu, E. (2019). Alkol-Madde Bağımlılığı Olan Bireylerin Yaşam Kalitesini Etkileyen Faktörler. *Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi*, 1(Özel Sayı 1), 50–52. https://doi.org/10.35365/ctjpp.19.special1.14

Cılga, İ. (2009). Madde ve madde kullanımı ile mücadelede ulusal politika ve strateji öncelikleri. *Toplum ve Sosyal Hizmet*, 20(1), 7–22. https://izlik.org/JA88DC46BZ

Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Sage Publications, Inc

Creswell, J. W. (2017). *Araştırma deseni: Nicel, nitel ve karma yöntem yaklaşımları* (S. B. Demir, Çev. Ed., 3. Baskı). Ankara: Eğiten Kitap Yayıncılık ISBN:9786054757282

Dar, M. A., Gani, I., & Ara, I. (2023). Overview of substance use disorder and available treatments. *International Journal of Current Research in Physiology and Pharmacology*, 7(2), 3–7. https://doi.org/10.31878/ijcrpp.2023.7.2.02

Drucker, E., Anderson, K., Haemmig, R., Heimer, R., Small, D., Walley, A., ... & van Beek, I. (2016). Treating addictions: harm reduction in clinical care and prevention. *Journal of Bioethical Inquiry*, 13, 239–249. https://doi.org/10.1007/s11673-016-9720-6

Duncan, G. J. (2003). Modeling the impacts of child care quality on children's preschool cognitive development. *Child Development*, 74(5), 1454–1475. https://doi.org/10.1111/1467-8624.00617

Gordon, M. (2003). Roots of empathy: Responsive parenting, caring societies. *The Keio Journal of Medicine*, 52(4), 236–243. https://doi.org/10.2302/kjm.52.236

Hanson, G. R., Venturelli, P. J., & Fleckenstein, A. E. (2005). *Drugs and society* (9th ed.). Sudbury, MA: Jones & Bartlett.

Işık, M., & Erdal, H. (2015). Türkiye'nin madde kullanımı ve bağımlılığı ile mücadele politikasının değerlendirilmesi ve yeni bir model önerilmesi. *Turkish Studies*, 10(2), 461–482. https://doi.org/10.7827/TurkishStudies.7963

Jiloha, R. C. (2017). Prevention, early intervention, and harm reduction of substance use in adolescents. *Indian Journal of Psychiatry*, 59(1), 111–118. https://doi.org/10.4103/0019-5545.202241

Kumpfer, K. L., & DeMarsh, J. (1986). Family environmental and genetic influences on children's future chemical dependency. *Journal of Children in Contemporary Society*, 18(1–2), 49–91. https://doi.org/10.1300/J274v18n01_04

Love, J. M., Harrison, L., Sagi-Schwartz, A., Van IJzendoorn, M. H., Ross, C., Ungerer, J. A., ... & Chazan-Cohen, R. (2003). Child care quality matters: How conclusions may vary with context. *Child Development*, 74(4), 1021–1033. https://doi.org/10.1111/1467-8624.00584

Loxley, W., Toumbourou, J., Stockwell, T., Haines, B., Scott, K., Godfrey, C., ... & Williams, J. (2004). *The prevention of substance use, risk and harm in Australia: a review of the evidence*. (National Drug Research Institute and the Center for Adolescent Health). Canberra: Commonwealth of Australia.

Malhotra, A., Basu, D., & Gupta, N. (2005). Psychosocial treatment of substance use disorders in adolescents. *Journal of Indian Association for Child and Adolescent Mental Health*, 1(1), 4–16. https://doi.org/10.1177/0973134220050

Maqbool, M., Dar, M. A., Rasool, S., Gani, I., & Khan, M. (2019). Substance use disorder and availability of treatment options: an overview. *Journal of Research in Health Science*, 1, 4–10. https://doi.org/10.26739/2523-1243

McKeganey, N., Barnard, M., & McIntosh, J. (2002). Paying the price for their parents' addiction: meeting the needs of the children of drug-using parents. *Drugs: Education, Prevention and Policy*, 9(3), 233–246. https://doi.org/10.1080/09687630210137780

Midford, R., Snow, P., & Lenton, S. (2001). *School-based illicit drug education programs: a critical review and analysis.* Literature review prepared for the Department of Employment, Training and Youth Affairs. Melbourne: Center for Youth Drug Studies, Australian Drug Foundation

Mignon, S. I. (2014). *Substance abuse treatment: Options, challenges, and effectiveness*. New York: Springer Publishing Company.

Nelson, L. F., Weitzman, E. R., & Levy, S. (2022). Prevention of substance use disorders. *Medical Clinics*, 106(1), 153–168. https://doi.org/10.1016/j.mcna.2021.08.006

Peterson, L., & Rigby, K. (1999). Countering bullying at an Australian secondary school with students as helpers. *Journal of Adolescence*, 22(4), 481–492. https://doi.org/10.1006/jado.1999.0242

Shonkoff, J. P. (2000). Science, policy, and practice: Three cultures in search of a shared mission. *Child Development*, 71(1), 181–187. https://doi.org/10.1111/1467-8624.00132

Şencan, H. (2005). *Sosyal ve davranışsal ölçmelerde güvenirlik ve geçerlik*. Ankara: Sözkesen Matbaacılık. ISBN: 975 347 884 4.

Thadani, P. V. (2002). The intersection of stress, drug abuse, and development. *Psychoneuroendocrinology*, 27(1-2), 221–230. https://doi.org/10.1016/S0306-4530(01)00045-8

Toraman, S. (2021). Karma yöntemler araştırması: Kısa tarihi, tanımı, bakış açıları ve temel kavramlar/Mixed methods research: A brief history, definitions, perspectives, and key elements. Nitel Sosyal Bilimler, 3(1), 1–29. https://doi.org/10.47105/nsb.847688

Toumbourou, J. W., Stockwell, T., Neighbors, C., Marlatt, G. A., Sturge, J., & Rehm, J. (2007). Interventions to reduce harm associated with adolescent substance use. *The Lancet*, 369(9570), 1391–1401. https://doi.org/10.1016/S0140-6736(07)60634-1

Vimpani, G. (2005). Getting the mix right: family, community and social policy interventions to improve outcomes for young people at risk of substance misuse. *Drug and Alcohol Review*, 24(2), 111–125. https://doi.org/10.1080/09595230500167389