

**BASIC ADDICTION EDUCATION PROJECT
FOR
NON-GOVERNMENTAL ORGANIZATIONS**

2024

Final Report



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INTRODUCTION

Addiction is a global issue that deeply impacts not only individuals' physical and psychological well-being but also social structures. In this context, the role of non-governmental organizations (NGOs) in combating addiction is of vital importance. With their ability to develop and disseminate community-oriented projects, NGOs play an active role in raising awareness, prevention, treatment, and rehabilitation processes regarding addiction.

With this understanding, the Basic Addiction Training Project for NGOs was implemented. The project aimed to enhance the knowledge and skills of NGO workers, encourage a multidisciplinary approach, and strengthen social solidarity to create a strong foundation for the fight against addiction.

This report covers the content of the training sessions, participant profiles, implementation methods, results obtained, and forward-looking recommendations. Organized with the mission of creating sustainable social benefits, these training sessions aim to deliver impactful outcomes at both individual and institutional levels in the long term.

We extend our gratitude to all stakeholders, experts, and participants who contributed to our project and hope that this report will inspire new initiatives in the fight against addiction.

SUMMARY

The Basic Addiction Training Project for NGOs was designed as an educational program aimed at raising awareness about addiction and enhancing the capacity of non-governmental organizations in this field. The project addressed the physical, psychological, and social dimensions of addiction, providing participants with essential knowledge and skills to play an active role in combating addiction.

The training content was based on a theoretical foundation starting with the causes, types, and effects of addiction. It then detailed methods that can be used in prevention, treatment, and rehabilitation processes. Additionally, the training emphasized how NGOs can actively participate in these processes, supported by multidisciplinary approaches.

The project laid the groundwork for participants to develop a more effective, informed, and solidarity-driven approach to combating addiction. Interactive workshops, case studies, and group discussions were utilized throughout the training to transform theoretical knowledge into practice.

A total of 75 NGO employees and volunteers from 29 different NGOs participated in the project. In the short term, it aimed to enhance participants' individual knowledge levels, while in the long term, it sought to strengthen their institutional capacities in the fight against addiction. The project's outputs included the preparation of resource materials serving as a practical guide for NGOs on addiction and the presentation of the training as a replicable model for different regions.

This project marked an important step in raising societal awareness about addiction and strengthening the effectiveness of NGOs in this field.

PARTICIPANT INFORMATION

GENDER DISTRIBUTION

75 participants from 29 different NGOs across Istanbul.

GENDER	NUMBER	PERCENTAGE (%)
FEMALE	43	57.3
MALE	32	42.7
TOTAL	75	100

PARTICIPANT INFORMATION

AVERAGE AGE

AGE RANGE	AVERAGE AGE
18 - 55	29.7
One participant did not specify their age.	

PARTICIPANT INFORMATION

EDUCATION LEVEL

EDUCATION LEVEL	NUMBER	PERCENTAGE (%)
Primary School	2	2.7
Middle School	3	4.0
High School	8	10.7
Associate Degree	1	1.3
Bachelor's Degree	43	57.3
Master's / Ongoing	12	16.0
Doctorate / Ongoing	4	5.3
Not Specified	2	-
TOTAL	75	100

PARTICIPANT INFORMATION

PROFESSION DISTRIBUTION

PROFESSION	NUMBER
Psychologist/Clinical Psychologist	10
Social Service Specialist/Social Worker	6
Educator/Teacher	5
Housewife	7
Student	8
Addiction Counselor	3
Sociologist	3
NGO Staff	3
Other (Engineer, Writer, Accountant, etc.)	30
TOTAL	75

PARTICIPANT INFORMATION

PROFESSIONAL EXPERIENCE DURATION

PROFESSIONAL EXPERIENCE DURATION	NUMBER	PERCENTAGE (%)
0 - 2 Years	38	%50.6
3 - 5 Years	10	%13.3
6 - 8 Years	5	%6.6
9 - 11 Years	9	%12
12 Years and Above	6	%8
Not Specified	7	%9.3
TOTAL	75	100

PARTICIPANT INFORMATION

Have you received addiction training before?

STATUS	NUMBER	PERCENTAGE (%)
YES	19	%25.3
NO	53	%70.7
Not Specified	3	-
TOTAL	75	%100

PARTICIPANT INFORMATION

BAĞIMLILIK HAKKINDAKİ BİLGİNİZİ NASIL DEĞERLENDİRİYORSUNUZ?

LEVEL	NUMBER	PERCENTAGE (%)
Very Good	1	%1.3
Good	11	%14.7
Medium	27	%36.0
Low	23	%30.7
Very Low	2	%2.7
Not Specied	11	-
TOTAL	75	100

PARTICIPANT INFORMATION

Have you ever been in contact with a dependent individual before?

STATUS	NUMBER	PERCENTAGE (%)
YES	21	%28.0
NO	51	%68.0
NOT SPECIFIED	3	-
TOTAL	75	100

PRE-TEST & POST-TEST ANSWERS

We applied a 'Pre-Test' and 'Post-Test' to measure the participants' knowledge level before the training and observe the increase in their knowledge level after the education.

The answers you see under the title 'Pre-Test & Post-Test' are the responses given by our participants before and after the education.

Pre-Test: Responses given before the education

Post-Test: Responses given after the education

PRE-TEST ANSWERS

PRE-TEST		
	NUMBER	PERCENTAGE (%)
Economic Well-being	53	%70
Loss of Control	3	%4
Tolerance	13	%17
Withdrawal	1	%1
Empty	5	%6
TOTAL	75	100

WHICH OF THE FOLLOWING IS NOT A BASIC COMPONENT OF ADDICTION?

POST-TEST ANSWERS

POST-TEST		
	NUMBER	PERCENTAGE (%)
Economic Well-being	56	%91
Loss of Control	0	%0
Tolerance	3	%5
Withdrawal	2	%4
Empty	0	%0
TOTAL	75	100

PRE-TEST ANSWERS

WHAT CONDITION IS CODEPENDENCY MOST COMMONLY ASSOCIATED WITH?

PRE-TEST		
	NUMBER	(%)
Developing unhealthy behavior patterns by family members of a dependent individual	12	%16
Genetic transmission of addiction	3	%4
Being addicted to multiple substances	48	%66
Two people being addicted to the same substance	10	%14
TOTAL	73	100

POST-TEST ANSWERS

POST-TEST		
	NUMBER	(%)
Developing unhealthy behavior patterns by family members of a dependent individual	21	%35
Genetic transmission of addiction	1	%2
Being addicted to multiple substances	34	%55
Two people being addicted to the same substance	5	%8
TOTAL	61	100

PRE-TEST ANSWERS

WHAT IS THE CORE APPROACH OF THE ALCOHOLICS ANONYMOUS PROGRAM?

PRE-TEST		
	NUMBER	(%)
Following the 12-step program	12	%16
Gradually reducing alcohol consumption	3	%4
Using only medication treatment	48	%66
Only individual therapy	10	%14
Toplam	73	100

POST-TEST ANSWERS

POST-TEST		
	NUMBER	(%)
Following the 12-step program	30	%44
Gradually reducing alcohol consumption	26	%38
Using only medication treatment	5	%8
Only individual therapy	6	%10
Toplam	59	100

PRE-TEST ANSWERS

PRE-TEST		
	NUMBER	(%)
Probation	58	%82
AMATEM/ÇEMATEM	5	%7
Counseling Centers	4	%6
YEDAM	3	%5
Toplam	70	100

WHICH OF OUR
COUNTRIES DOES
NOT PROVIDE
TREATMENT SERVICES
IN THE FIELD OF
ADDICTION?

POST-TEST ANSWERS

POST-TEST		
	NUMBER	(%)
Probation	52	%85
AMATEM/ÇEMATEM (Addiction Treatment Centers)	1	%1
Counseling Centers	8	%14
YEDAM (Support Center for Addiction)	0	%0
Toplam	61	100

PRE-TEST ANSWERS

PRE-TEST		
	NUMBER	(%)
Amphetamine	9	%13
Bonzai	15	%22
Methamphetamine	41	%61
Captagon	2	%3
TOTAL	67	100

WHICH DRUG IS THE
MOST COMMON IN
TURKEY LATELY?

POST-TEST ANSWERS

POST-TEST		
	NUMBER	(%)
Amphetamine	3	%5
Bonzai	3	%5
Methamphetamine	55	%90
Captagon	0	%0
TOTAL	61	100

PRE-TEST ANSWERS

PRE-TEST		
	NUMBER	(%)
TRUE	2	%3
FALSE	43	%65
I DON'T KNOW	22	%32
TOTAL	67	100

THE DAMAGE THAT DRUGS CAUSE TO THE BRAIN IS NOT PERMANENT.

POST-TEST ANSWERS

POST-TEST		
	NUMBER	(%)
TRUE	6	%10
FALSE	52	%90
I DON'T KNOW	0	0
TOTAL	58	100

PRE-TEST ANSWERS

ADDICTION IS A
PROBLEM OF
WILLPOWER. THOSE
WITH STRONG
WILLPOWER DO NOT
BECOME ADDICTED.

POST-TEST ANSWERS

PRE-TEST		
	NUMBER	(%)
TRUE	16	%22
FALSE	48	%66
I DON'T KNOW	10	%12
TOTAL	72	100

POST - TEST		
	NUMBER	(%)
TRUE	7	%12
FALSE	48	%86
I DON'T KNOW	1	%2
TOTAL	56	100

SOME ANSWERS

We reinforced our training and test with open-ended questions for the NGO representatives who attended our training. We would like to share some of the responses to the open-ended questions with you.

SOME ANSWERS

Explain the fundamental processes in addiction treatment.

- Meeting basic needs, detoxification, psychoeducation (for both the family and the addict), psychotherapy, group therapy
- Psychological support, detoxification, social support, rehabilitation (complete isolation)
- Acceptance, detoxification, social support, relapse prevention
- In the initial phase, removing the substance from the body, medication treatment, and psychotherapy can go together. Group therapies provide significant support.
- Interview, determine the level of addiction. If necessary, refer to Amatem (for medication and inpatient treatment). If not, refer to Yedam if needed. Family interviews. Follow-up.
- Interview, persuade for treatment, hospitalization when necessary. Detoxification, psychotherapy.
- Individual's willingness and application to the institution, applications and evaluations of institutions/organizations, determination and initiation of the treatment method, follow-up of the process.

SOME ANSWERS

Someone who says they are addicted comes to you. How would you approach them?

- First, I would make sure they are certain they want to quit. I would talk to their family and arrange an appointment with an expert psychologist or a well-known NGO to start the treatment.
- My first action would be to ensure they get in touch with the relevant institutions and receive support from professionals.
- I would calmly approach them and learn what substances they are using and at what level. Then, I would immediately share the situation with their family and refer them to an appropriate institution depending on the situation.
- I would listen actively without judgment, validate their desire to seek help, and then refer them to institutions like YEDAM or AMATEM, depending on their needs.
- I would prefer open communication first. I would empathize, build a trust relationship with them, and get to know them. Then, I would refer them to counseling centers or YEDAM, and encourage them by letting them know they can succeed.
- First, I would ask them to consult a psychiatrist to monitor their health condition. I would refer them to psychologists and NGOs working with addicts for individual therapy. I would also aim to facilitate motivational interviews with NA and Nar-Anon groups, and make appropriate referrals.
- First, I would listen to them and try to provide individual support. I would look for reasons for them to quit, and if I feel I am not helping, I would refer them to an expert or an institution specializing in addiction.
- If they have just used substances, I would call an ambulance and ensure they are directed to the appropriate hospital. Otherwise, I would listen and empathize. I would express that I understand them and refer them to a place that deals with such issues. Afterward, I would follow up.

SOME ANSWERS

As an NGO representative, what kind of work do you think you could do in the field of addiction?

- Prevention and awareness programs, social support groups, activities aimed at meeting basic needs.
- As an NGO, we focus more on identifying issues and providing referrals. We plan to establish a better follow-up system to ensure proper guidance and support.
- Drawing young people into the right environments to prevent them from being dragged into environments of addiction.
- Providing informational public education programs, particularly for young people and families, as well as one-on-one programs with young people.
- We could plan and implement awareness training in the context of preventive services, with support from partner institutions.
- Researching awareness resources and engaging in reading. Conducting awareness seminars. Team meetings.
- Organizing events like concerts, theater performances, and meet-up days related to addiction.
- We could create seminars and educational programs on family-child relationships in our district. We can reach out to families battling addiction in our surroundings and offer support.

QUESTIONS RECEIVED

We would like to share with you some of the questions asked by our participants to the trainers during the education session.

QUESTIONS RECEIVED

- What is the percentage of adolescents who start using drugs after starting smoking?
- At which stage of the substance addiction cycle is the risk of suicide higher?
- While treating substance addiction, other medications are given through medical methods. Are there alternative treatment methods possible? (Acupuncture, cupping, etc.)
- How do people professionally continue gambling without becoming addicted?
- Things related to betting and horse racing seem very complex. They do this with passion. Does this mean their minds are working well?

QUESTIONS RECEIVED

- What should the method be for students in dormitories? How can we discuss this topic with students? (Pornography)
- What kind of language should we use when talking about addiction with our children? Should it be the parents or do grandparents have roles in this as well?
- What is the gender distribution in sexual addiction?
- How is the progress of treatment monitored?
- I encounter examples of this on the street (dealers, homeless). How can we encourage them to seek treatment in a more effective way?
- In group work, do you differentiate between behavioral and physical addictions?

QUESTIONS RECEIVED

- Are treatment methods effective without a psychiatrist or psychologist?
- NGOs can identify addicts on the street, but we can only observe and detect addicts in families through their symptoms. How can we prove this and intervene?
- In the video we watched, even those who have been clean for 12 years say they are still addicted. Why is that?
- It seems that people using substances think more clearly. Is that true?
- When fighting addiction, are you at potential risk? Is there a situation where you might be harmed?
- Do people fighting addiction face risks from dealers who see them as obstacles?

THANK YOU.