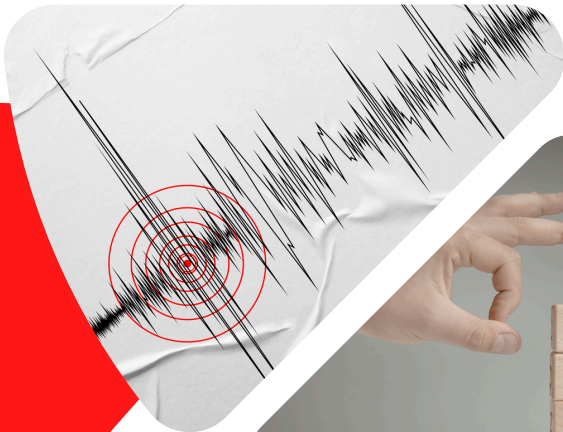




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# GUIDE ON PREVENTING SUBSTANCE ADDICTION DURING DISASTERS AND EMERGENCIES



Reference Number: Erasmus K210 project - 2024-1-TR01-KA210-YOU-000255753

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# About the Guide

This Guide for project was prepared by staff members of the institutions forming the consortia of the Erasmus project, - NGO Cooperation in Combating Addiction in Time of Crisis and Disaster, reference number 2024-1-TR01-KA210-YOU-000255753, with specific contributions from:



**Eskişehir Aile ve Sosyal Hizmetler İl Müdürlüğü**



**Kırıkkale Valiliği**



**Cyber Security, Corporate Security and Crisis Management Initiative**

**Sirius\***

**Sirius - centre for psychological counseling, educational training and research**





# About Our Project

**PUBLIC-NGO COOPERATION IN COMBATING ADDICTION IN TIMES OF CRISIS AND DISASTER** project aims to strengthen collaboration between public institutions and NGOs in preventing substance addiction among young people, particularly during crises and disasters. The project focuses on raising awareness, building psychosocial resilience, improving crisis-response capacities, and enhancing youth work through transnational knowledge exchange and practical training.

It promotes crisis management skills, psychosocial support competences, teamwork, intercultural cooperation, evidence-based policy approaches, and international collaboration among youth workers, public officials, academics, and young people.

At the end of the project, our aim is:

- To increase awareness of substance addiction risks among young people, particularly during disasters and crisis situations;
- To strengthen coping strategies and help-seeking behaviors of youth in emergency contexts;
- To improve cooperation mechanisms between public institutions and NGOs in addiction prevention;
- To enhance the professional capacities of youth workers, public servants, and practitioners working in the field;
- To develop practical tools (infographics and an e-booklet) that guide policymakers and practitioners in crisis-responsive addiction prevention;
- To increase the institutional capacity of partner organizations through transnational networking, knowledge exchange, and sustainable cooperation models.

# Introduction

This guide outlines how addiction prevention should be integrated into crisis management. It highlights that disasters increase substance use risks among youth and that early, trauma-informed intervention is essential.

By combining the authority of public institutions with the flexibility and community trust of NGOs, structured cooperation enables effective prevention, youth engagement, and long-term resilience. Addiction prevention is positioned as a strategic component of public health and crisis response.

## Prevention of addiction



## Cooperation between public organisations and NGOs



## Management of addiction

## Characteristics of good prevention practice



## Crisis management in Addiction prevention



# 1. Why Addiction Prevention Must Be Part of Crisis Management

## 1.1 Crisis as a Risk Multiplier

Disasters and crises—earthquakes, pandemics, armed conflict, mass displacement, and economic shocks—create conditions that significantly increase substance use among young people. Trauma exposure, loss of routine, family disruption, and reduced access to services often lead youth to substances as a coping mechanism.

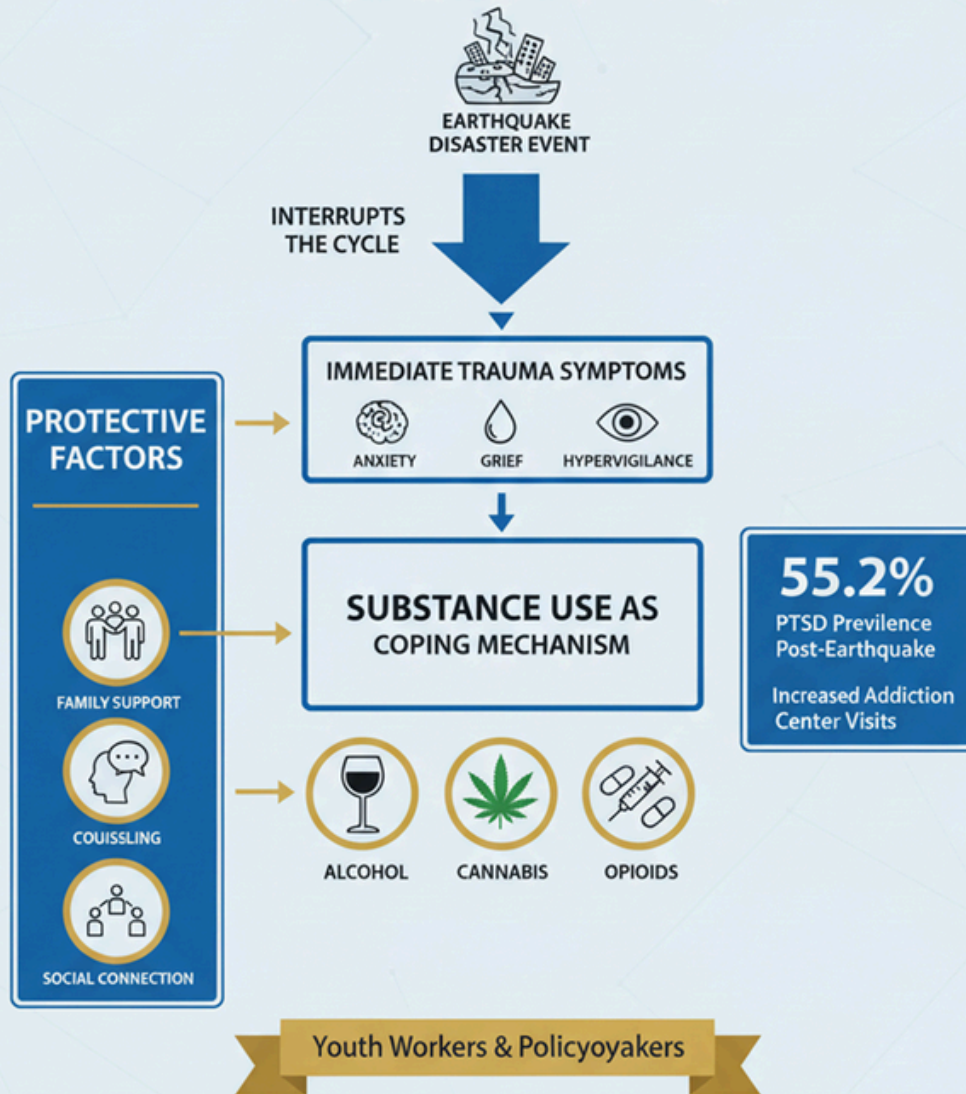
### Key risk factors during crises:

- **Acute and chronic trauma (PTSD, grief, anxiety)**
- **Displacement and breakdown of social networks**
- **Disrupted education and employment pathways**
- **Reduced access to mental health and prevention services**
- **Normalization of risky behaviors in peer groups**

**Young people are particularly vulnerable because emotional regulation and impulse control are still developing, while peer influence intensifies under stress.**



## TRAUMA TO ADDICTION: THE DISASTER CYCLE

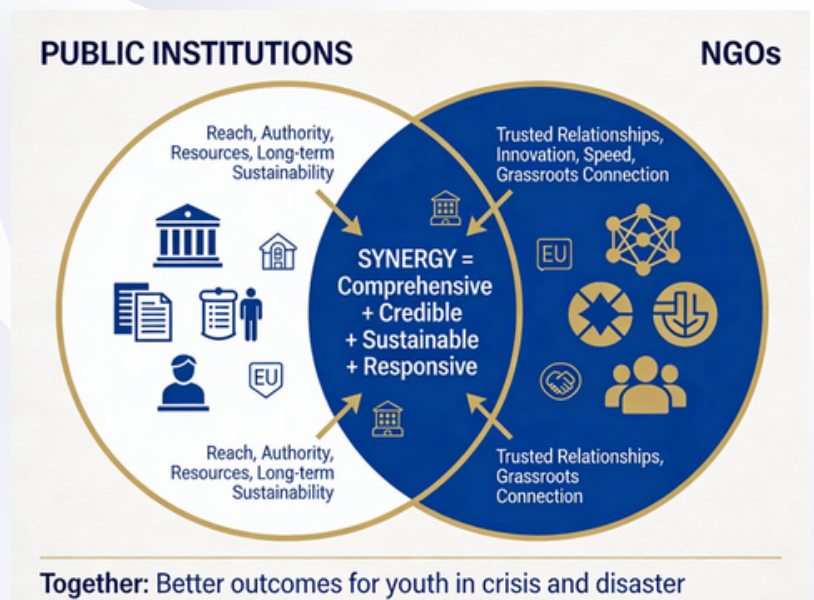


### 1.2 Why Public-NGO Cooperation Is Essential

No single actor can effectively address addiction in crisis settings alone. Public institutions contribute legitimacy, legal mandate, infrastructure, and nationwide reach, while NGOs bring flexibility, innovation, community trust, and rapid response capacity.

When these strengths are combined through structured cooperation, systems can reach at-risk youth more quickly, deliver trauma-informed and culturally sensitive interventions, ensure continuity of care from emergency response to long-term recovery, and embed sustainable prevention approaches within public service frameworks.

## 2. Integrated Crisis Management Framework



This guide integrates three mutually reinforcing pillars: civic engagement, psychological support, and crisis management.

Why it matters:

Youth engagement is not only preventive, but also protective. Participation builds purpose, belonging, agency, and social responsibility, all of which reduce addiction risk.

Key principles:

- Voluntary and meaningful participation
- Inclusion of disadvantaged and at-risk youth
- Recognition of learning and contribution
- Strong safeguarding and supervision

In practice:

- Train young volunteers as peer educators and awareness ambassadors
- Involve youth in designing prevention messages and activities
- Use peer-to-peer approaches to reduce stigma and increase credibility

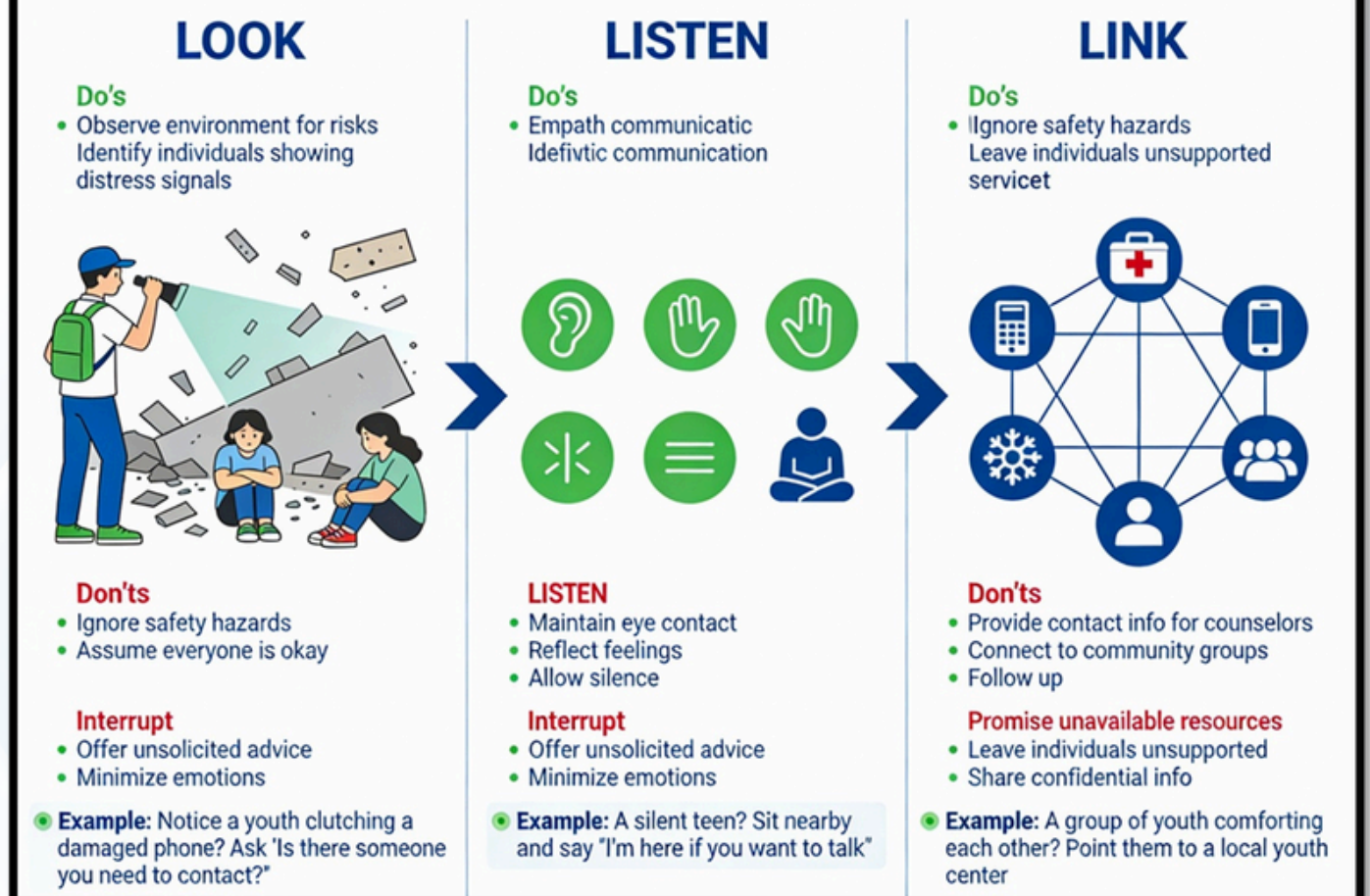


## 2.2 Psychological Support: Trauma-Informed Practice

### Core model: Psychological First Aid (PFA)

- PFA provides humane, non-intrusive support in crisis situations using three actions:
- LOOK – Ensure safety; identify urgent needs and severe distress
- LISTEN – Offer calm, non-judgmental presence; validate emotions
- LINK – Connect people to information, services, and social support

### Psychological First Aid: LOOK-LISTEN-LINK Framework



#### Addiction-specific considerations:

- Substance use is often an attempt to self-regulate trauma symptoms
- Avoid moralizing or demanding abstinence in early crisis phases
- Focus first on safety, stabilization, and harm reduction

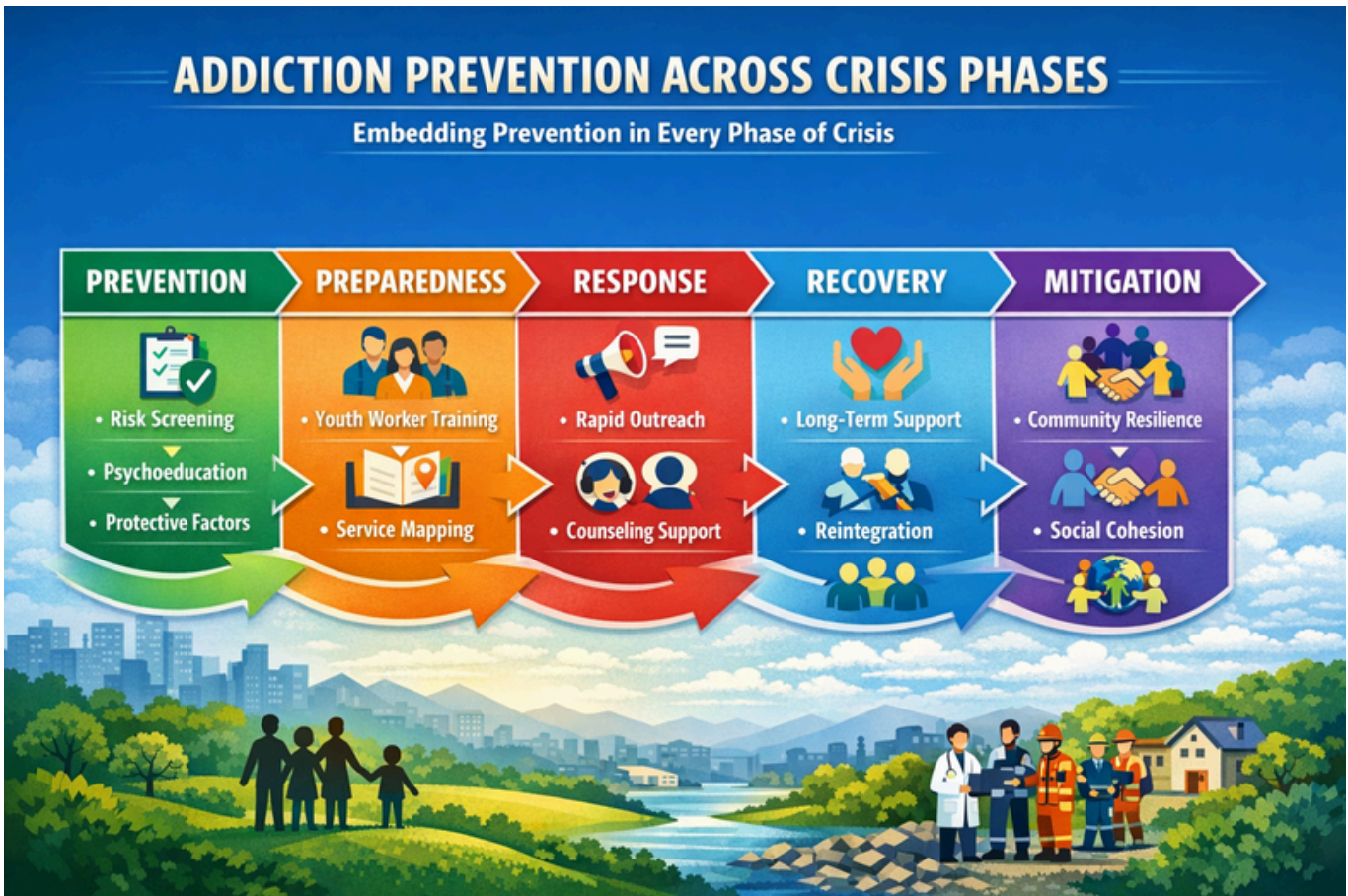
#### Good practice includes:

- Building emotional regulation and coping skills
- Offering alternatives to substance use (sports, art, peer groups)
- Strengthening family and community support systems

# 2.3 Crisis Management and Resilience

**Addiction prevention should be embedded across all crisis phases:**

- Prevention: Risk screening, psychoeducation, protective factors
- Preparedness: Training youth workers in PFA; mapping services
- Response: Rapid outreach, counseling, referral pathways
- Recovery: Long-term psychosocial support and reintegration
- Mitigation: Community resilience, social cohesion, inclusion



## 3. Public-NGO Cooperation Model

### 3.1 Roles and Added Value Public Institutions NGOs

Public Institutions	NGOs
Legal authority and policy mandate	Community trust and accessibility
Stable funding and infrastructure	Flexibility and innovation
Nationwide coverage	Rapid mobilization
Integration into public services	Peer-based and youth-friendly approaches

**Key insight: Sustainability is highest when NGO innovation is embedded into public systems.**

## 3.2 Operational Coordination Mechanisms

Effective crisis cooperation between public institutions and NGOs requires formal structures. This includes Memoranda of Understanding (MoUs), joint crisis coordination committees, clear role distribution and referral pathways, shared communication channels, and data protection agreements to ensure confidentiality and trust.

## 4. Country-Level Adaptation Principles

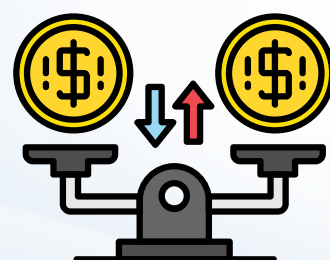
Despite different national contexts, several principles apply broadly. Approaches should be family-centered and culturally sensitive, engaging families as protective factors and respecting local norms. Existing strengths—such as psychosocial services, NGO expertise, and academic research—should be integrated into public systems. Special focus must be placed on vulnerable youth, ensuring accessibility and addressing stigma related to mental health and addiction.

## 5. Volunteer Engagement Framework

A structured volunteer lifecycle strengthens impact. Recruitment should be inclusive and safeguarded, targeting youth aged 16–30. Training should cover Psychological First Aid, addiction basics, ethical communication, stress management, and cross-cultural competence. Volunteers can support awareness campaigns, peer activities, and community workshops under proper supervision. Safeguarding measures, clear codes of conduct, and recognition mechanisms such as Youthpass are essential.

## 6. Sustainability and Policy Integration

For long-term impact, addiction prevention should be embedded in crisis response protocols. Public–NGO cooperation must be institutionalized through policy and funding, youth voices included in decision-making, and research and monitoring used to scale effective practices.



# Key Takeaways for Decision-Makers

Addiction prevention must be recognized as an integral component of crisis management, not an optional add-on. During disasters, armed conflict, pandemics, economic shocks, or displacement, young people face heightened exposure to trauma, instability, and social disruption. These conditions significantly increase the risk of substance use as a coping mechanism. If prevention is not embedded early within crisis response structures, short-term vulnerability can evolve into long-term public health and social stability challenges. Integrating addiction prevention into preparedness, response, and recovery planning protects both individual well-being and national resilience.

Trauma-informed and youth-centered approaches are essential to reducing long-term harm. Substance use in crisis contexts is often linked to attempts to self-regulate overwhelming stress, grief, or anxiety. Policies and interventions should therefore prioritize psychological safety, stabilization, and harm reduction rather than punitive or moralizing responses. Equipping youth workers, volunteers, and frontline professionals with Psychological First Aid skills and basic addiction awareness significantly strengthens early detection and timely referral. Supporting protective factors—such as belonging, purpose, family support, and meaningful participation—reduces risk and fosters resilience.

Effective Public-NGO cooperation combines institutional stability with operational adaptability. Public institutions provide legal authority, infrastructure, coordination mechanisms, and sustainability, while NGOs contribute flexibility, community trust, rapid mobilization, and innovation. Formalized cooperation through memoranda of understanding, joint coordination mechanisms, clear referral pathways, and shared safeguarding standards ensures continuity of care from emergency response to long-term recovery. The most sustainable outcomes occur when NGO-developed



# 2.ADDICTION PREVENTION

## Definition and types of addiction

Addiction is now defined as a chronic, relapsing brain disease characterized by loss of control, intense craving, and denial of the problem, resulting in impaired self-control and impulse regulation. It involves physical adaptation (withdrawal crisis) and psychological need for the substance or behavior (gambling, technology).

### Key characteristics of addiction:

- **Loss of control:** Inability to stop using a substance or stopping a behavior (e.g., gambling, internet use) even with a strong desire to stop.
- **Compulsive craving:** An intense, irresistible need for an addictive substance.
- **Tolerance:** The need for increasingly larger amounts of a substance or more intense behavior to achieve the same effect previously achieved with smaller amounts.
- **Withdrawal crisis:** The appearance of physical and psychological symptoms (irritability, anxiety, nausea, tremors) when consumption is stopped or intake is reduced.
- **Denial of the problem:** Addicts often deny the existence of the problem and fail to recognize the harmful consequences of their behavior.
- **Preoccupation:** Much time is spent acquiring, using, or recovering from substances, while neglecting responsibilities, hobbies, and relationships.
- **Continuing despite consequences:** Use continues despite serious health, financial, legal, or family problems.

Addiction is divided into:

- psychological (feeling of satisfaction and desire to repeat)
- physical (adaptation of the organism to the substance),

According to types of addiction:

- substance addiction (alcohol, drugs, nicotine, medications)
- behavioral addictions (gambling, internet, video games, shopping).

Addiction is considered a "relapsing" disease, meaning that there is a high risk of relapse even after prolonged treatment.



Modern treatment approaches, including personalized medicine, are focused on functional recovery and improving the quality of life of people with addiction experience. Due to the complexity and long-term consequences of addiction, **preventive action remains a key strategy** for preserving individual and social health.

Addiction prevention encompasses a set of planned and systematic activities aimed at preventing or delaying the onset of substance use and reducing risky behaviors associated with the development of addiction. In addition to reducing the consumption of psychoactive substances, prevention also has a broader social purpose – ensuring the healthy, safe and stimulating development of children and young people so that they can realize their potential, talents and life opportunities. Such development is achieved by strengthening positive relationships within the family, school, peer groups, work environment and local community (EUPC, 2020).

Addiction prevention can be seen as an evidence-based socialization process that imparts socially acceptable attitudes, norms, beliefs, and behavioral patterns to young people. The goal of preventive activities is not only to prevent drug use, but also to delay the onset of experimentation, reduce the intensity of use, and prevent the development of problematic behavioral patterns and addiction (EMCDDA). In this way, prevention contributes to the development of self-control, responsible decision-making, and healthy lifestyles.

The field of prevention encompasses problems caused by the consumption of legal and illegal psychoactive substances, including alcohol, nicotine, medications and drugs, as well as behavioral addictions such as gambling, excessive use of the Internet, video games and social networks. Preventive activities also include procedures for the early detection of risky behaviors, including various forms of testing and counseling interventions aimed at protecting the health of the individual and the community.

Prevention is considered the most effective approach in combating addiction because it works before the disease itself develops



# There are three levels of prevention: primary, secondary and tertiary

- Primary prevention - is aimed at preventing the onset of addiction through the creation of healthy living conditions, the development of personal potential and the strengthening of protective factors, primarily within the family.
- Secondary prevention - focuses on early recognition and stopping the development of addiction in people who have already started with risky behaviors
- Tertiary prevention - includes mitigating the consequences of an already developed disease and providing medical, social and psychological support.

Understanding risk and protective factors is the foundation of a modern approach to addiction prevention, as effective preventive interventions stem from recognizing the causes and circumstances that contribute to the development of risky behaviors. Addictive behavior does not arise as a consequence of a single cause, but is the result of a complex interaction of individual, family, school, and social factors.

## Risk and protective factors for the development of addiction

Risk factors refer to all the characteristics of an individual and the characteristics of their environment that increase the likelihood of developing and maintaining risky behaviors, including substance abuse. They can act as an incentive to start experimenting, but also as factors that support the continuation of such behavior and increase the likelihood of developing addiction. The most common risk factors include individual characteristics such as aggressiveness or poor social skills, unfavorable family conditions, peer groups prone to antisocial behavior, poor school performance, and the presence of violence or social instability in the community.

It is important to emphasize that the presence of a single risk factor does not necessarily lead to the development of addiction. However, research shows that the risk increases significantly when two or more risk factors are present at the same time. Because many risk factors are related to past experiences and circumstances that are difficult to influence, they are often referred to as static factors.



In contrast, protective factors reduce the likelihood of first-time use and subsequent abuse of addictive substances and strengthen the individual's resistance to risky environmental influences. Unlike risk factors, protective factors are dynamic, future-oriented and subject to change, which is why they are the main focus of preventive work with children and young people. They act as protective mechanisms that encourage the development of healthy behavioral patterns and the ability to make responsible decisions.

Protective factors are present at several levels:

- Individual level – high self-esteem, developed problem-solving skills, emotional stability and prosocial behavior
- Family level – quality relationships with parents, emotional connection, clear rules of conduct and a stable family environment
- School level – positive attitude towards school, supportive relationships with teachers, clear rules and encouragement of social skills
- Peer level – involvement in positive activities and relationships with peers that do not encourage risky behaviors
- Community level – safe environment, social connectedness and stable socioeconomic conditions.

Risk and protective factors are in constant interaction with each other, and it is their balance that is crucial in the development or prevention of addictive behavior. Since young people are still developing, there is a significant opportunity for preventive action through strengthening protective factors and reducing the impact of risky circumstances.

Research also shows that the same factors that influence substance abuse often contribute to other forms of risky behavior, such as violence, juvenile delinquency, academic failure, or risky sexual behavior. Therefore, modern prevention programs seek to simultaneously strengthen protective factors within the family, school, and community and reduce the presence of risky circumstances.

Addiction can also be seen as an attempt to satisfy the need for pleasure and emotional satisfaction in situations where the quality of life and social environment do not allow the development of healthy sources of a sense of fulfillment. This is why prevention begins in early childhood through education for responsible decision-making, the development of healthy lifestyle habits and the creation of a stimulating environment that supports the psychological and social development of the child. When the family is unable to provide such support, an important role is taken by the school and the wider social community, which, through their programs, can compensate for the protective factors necessary for the healthy development of young people.

Understanding risk and protective factors is the foundation of a modern approach to addiction prevention, as effective preventive interventions stem from recognizing the causes and circumstances that contribute to the development of risky behaviors. Addictive behavior does not arise as a consequence of a single cause, but is the result of a complex interaction of individual, family, school, and social factors.

## Prevention of addiction in the family

The family plays a special role in shaping risk and protective factors, and is considered the first and most important pillar of addiction prevention. Numerous studies confirm the connection between family functioning and the occurrence of addictive behavior. A chaotic family environment, lack of parental supervision, weak emotional connections, or the presence of substance abuse within the family increase the risk of developing problems in young people. Parents shape their child's relationship to psychoactive substances through their behavior, attitudes, and values, creating a kind of "psychological vaccine" that strengthens resistance to risky environmental influences in the long term. Strong family ties, parental involvement in children's lives, consistent rules, and supportive communication act as strong protective factors.

The majority of research in the field of addiction prevention shows that a warm, stable, and supportive relationship between parent and child is the strongest protective factor against the development of addictive behavior.

This includes:

- emotional connection and a sense of security,
- parental supervision and interest in the child's life,
- clear and consistent rules,
- open communication,
- positive parental behavior models.

Children who have close relationships with their parents are less likely to experiment with drugs, engage in risky behaviors later, and are more likely to resist peer pressure. Such relationships develop self-esteem, self-control, and a sense of belonging – key psychological protective mechanisms.

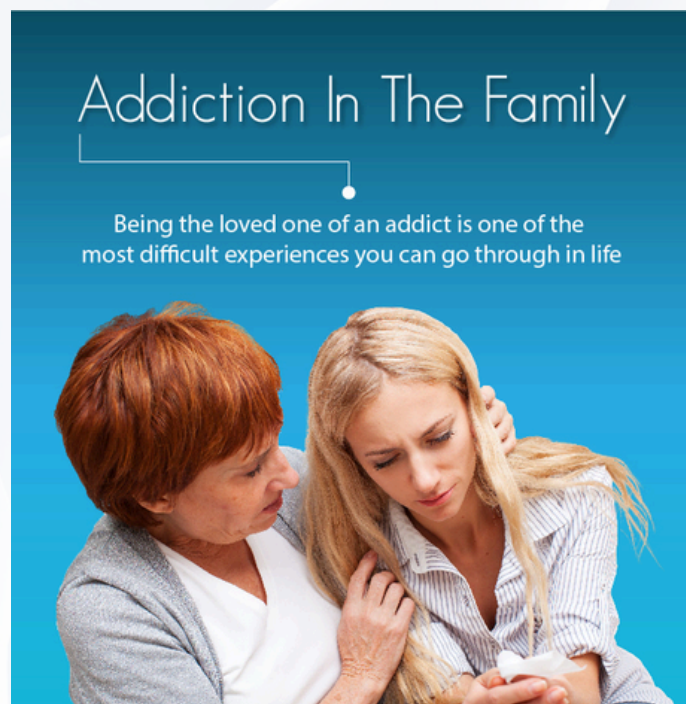
This is why the family is often called the first and most important pillar of addiction prevention.

In contrast, the strongest risk factor is a dysfunctional family environment, especially when it includes: alcohol or drug abuse by parents, weak emotional connection, lack of control and boundaries, chronic conflicts or violence, neglect or inconsistent parenting.

Such an environment increases the likelihood that young people will seek a sense of belonging, regulate emotions, or escape from stress through psychoactive substances or other addictive behaviors.

**The family acts before school, peers and society, and therefore has the longest-lasting influence, shaping:**

- the first patterns of behavior,
- regulation of emotions,
- way of coping with stress,
- value system,
- attitude towards risk and satisfaction.



Parenting styles and the risk of developing addictive behavior  
The family environment and parenting style represent one of the most important developmental contexts in shaping the behavior of children and youth. Numerous studies confirm that the way parents set boundaries, show emotional warmth, and communicate with children significantly influences the development of protective or risk factors associated with addictive behavior. Parenting style shapes the development of self-control, emotional regulation, self-esteem, and social skills – traits that play a key role in youth's resilience to risky behaviors.

Four basic parenting styles are most commonly distinguished: authoritative, authoritarian, permissive, and neglectful (indifferent).

## Authoritative parenting style - a protective factor

- Authoritative parenting is characterized by a combination of emotional warmth and clear boundaries. Parents set rules, but at the same time show understanding, encourage communication, and respect the child's needs. Children raised in such an environment develop greater levels of self-confidence, responsibility, and decision-making skills.

Research shows that precisely the authoritative style is associated with:

- later onset of experimentation with addictive substances,
- less tendency towards risky behaviors,
- better emotional regulation,
- greater resistance to peer pressure.

This is why it is considered the most powerful protective parenting style.

## Authoritarian parenting style - increased risk

- Authoritarian parents emphasize discipline, control, and obedience, with lower levels of emotional warmth and open communication. Rules are strict and often not explained.
- Children raised in such an environment may develop:
  - lower self-esteem,
  - repressed emotions,
  - tendency towards rebellious behavior in adolescence,
  - seeking autonomy through risky behaviors, including the consumption of addictive substances.

## Permissive parenting style - lack of boundaries

Permissive parents show warmth and acceptance, but set few rules and limits. The lack of structure and supervision can make it difficult for children to develop self-control.

This style is associated with:

impulsiveness,

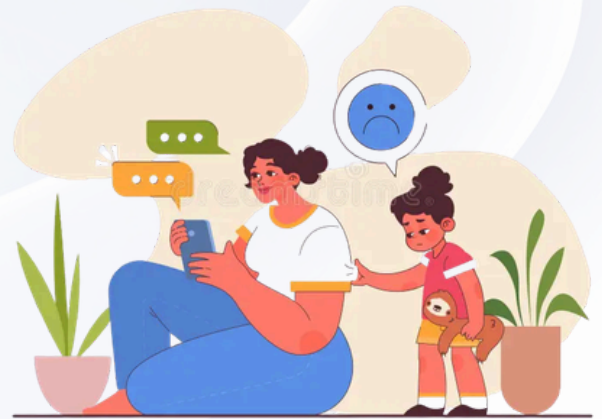
lower frustration tolerance,

a greater tendency to experiment with alcohol, drugs and other forms of addictive behavior.

## Neglectful (indifferent) parenting style - increased risk

It is characterized by low levels of emotional warmth and low levels of control. Parents are often distant, insufficiently involved in the child's life, and rarely set clear rules or boundaries. Children in such an environment receive little support, supervision, and guidance, and often have to deal with problems and make decisions for which they are not yet developmentally ready. Children raised in such an environment are more likely to develop feelings of insecurity, weaker emotional connections with their parents, and difficulties in self-regulation and making healthy life choices.

This style is associated with:  
earlier onset of experimentation with  
addictive substances,  
greater tendency to risky behaviors,  
weaker emotional regulation,  
greater sensitivity to peer pressure.



The demands of parenting are particularly great during adolescence, when parents must maintain a good balance between control (supervision of children's "outside" behavior, which must become less and less subtle from year to year during adolescence) and encouraging the process of separation and social maturation.

In modern families, parents often apply different parenting styles, which can lead to mismatched parenting messages and inconsistent parenting. When parents have different approaches to setting boundaries, disciplining, and emotional support, the child faces contradictory expectations that can make it difficult to develop stable patterns of behavior and self-regulation.

Research shows that the problem is not the difference between parents, but the lack of consistency and a common parenting framework. A child in such an environment often does not develop clear boundaries of acceptable behavior because the rules depend on which parent he is addressing. The result can be reduced internalization of norms and weaker development of self-control, which increases vulnerability to risky and addictive behaviors.

Misaligned parenting styles can operate through several developmental processes:

- Inconsistency of rules – the child learns that boundaries can be circumvented (“one parent allows, the other forbids”).
- Divided loyalties – the child may develop manipulative strategies or a sense of internal conflict.
- Uncertain emotional base – different reactions of parents create uncertainty and increase stress.
- Weaker development of self-regulation – lack of predictability makes it difficult to adopt responsible behavior.

Such conditions may increase the likelihood of seeking emotion regulation outside the family, including experimentation with psychoactive substances or other forms of addictive behavior.

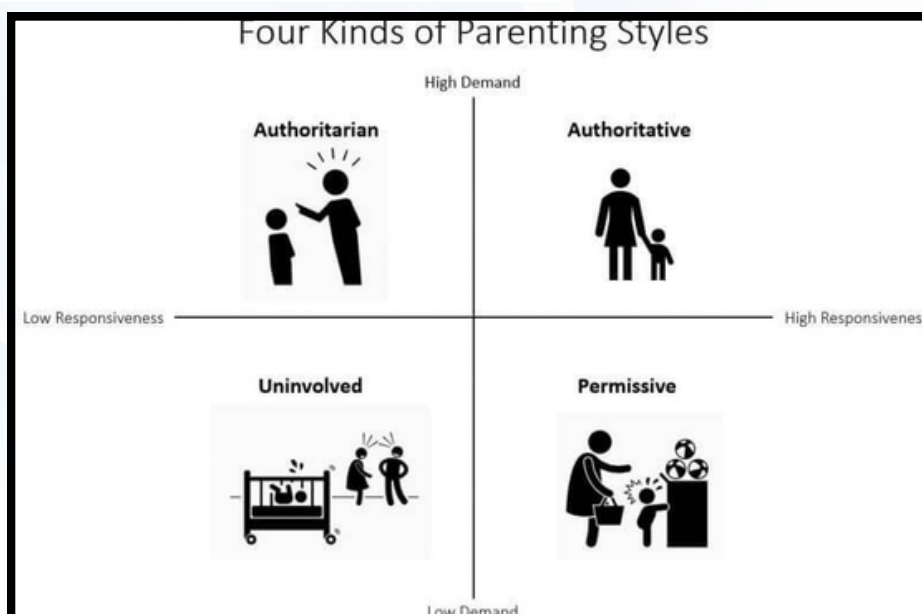
### The highest risk is observed when combining:

- authoritarian and permissive style (one parent strictly controls, the other has no limits),
- involved and neglectful parent (emotional inconsistency),
- frequent parental disagreements about upbringing in front of the child.

In such situations, a child may develop confusion about authority, increased impulsivity, and greater sensitivity to peer influence – known predictors of risky behaviors in adolescence.

It is important to emphasize that different parenting styles are not necessarily risky if there is:

- communication between parents,
- agreement on the ground rules,
- consistent border enforcement,
- mutual support of parental decisions.



When parents act as a coordinated team, personality differences can even be protective because they provide the child with a wider range of emotional support and behavioral models. The key protective factor is not identical parenting styles, but parental cooperation, consistency, and a shared parenting framework that provides the child with a stable and predictable developmental environment.

If a family lives in a city where drugs are easily available and where there are many addicts, the risks are significantly higher. In these environments, it “takes” less family pathology and educational failures for someone to become an addict. Therefore, parents who truly and consciously want to contribute to reducing the risk of drug abuse in their children have a lot to learn and pay attention to. In doing so, it is important to assess the riskiness of the place where they live, the riskiness of the family system, the riskiness related to the personality characteristics of the individual child, and the riskiness in relation to the way in which the educational process was carried out.

# The impact of social crises on the emergence of addictive behaviors in young people

Major social crises, such as the COVID-19 pandemic, natural disasters, wars, and prolonged social insecurity, represent significant stressors that can affect the mental health of children and youth and increase the risk of developing addictive behaviors. Such events disrupt the sense of security, predictability, and social stability, which are key developmental conditions for healthy psychological development in adolescents.

Adolescence is a period of intense biological, emotional and social changes, during which young people develop their identity and strategies for coping with stress. In conditions of social crisis, there is an increased level of anxiety, loneliness, uncertainty and a sense of loss of control, which can encourage the search for quick ways to regulate emotions. Psychoactive substances, but also behavioral addictions such as excessive use of the Internet, video games or social networks, can become available ways to temporarily reduce psychological tension.

## The COVID-19 pandemic and social isolation

The COVID-19 pandemic has brought about abrupt changes in the daily lives of young people, including social isolation, online schooling, reduced extracurricular activities, and limited contact with peers. Research has shown an increase in:

- feelings of loneliness and depression,
- time spent in front of screens,
- problematic use of the Internet and video games,
- consumption of alcohol and other substances among some adolescents.

The absence of a structured daily routine and reduced adult supervision further increased exposure to risky behaviors.

## Natural disasters and traumatic events

Earthquakes and other disasters can cause long-term consequences such as chronic stress, fear and insecurity. Loss of home, change of living environment or disruption of social support networks increase the emotional vulnerability of young people. In such circumstances, addictive behaviors can develop as an attempt to cope with trauma or emotional pain.

## Wars and social insecurity

Wars and political crises further increase feelings of insecurity through media exposure, fear for the future, economic hardship, and increased levels of social tension. Long-term exposure to stress can lead to so-called toxic stress, which affects the development of the adolescent brain, especially the area responsible for impulse control and decision-making, thereby increasing the tendency to engage in risky behaviors.

## Mechanisms of increased risk

Social crises increase the risk of developing addiction through several interrelated mechanisms:

- increased psychological stress and anxiety,
- disrupted family and social routines,
- reduced availability of peer and expert support,
- increased time spent online,
- economic pressures within the family,
- a reduced sense of control over one's own life.

## Protective factors in times of crisis

Despite the increased risk, the negative effects of crises can be mitigated by the presence of protective factors, such as:

- stable family relationships,
- emotional support from parents,
- connections with school and community,
- availability of psychological help,
- developing healthy coping strategies for stress.

Social crises do not directly cause addiction, but they create circumstances that increase the vulnerability of young people to the development of addictive behaviors. This is why in times of crisis, prevention programs should focus on strengthening psychological resilience, social connectedness, and the availability of support, in order to reduce the long-term negative impact of collective stressful events on the development of children and youth.

Although family factors are statistically the strongest for the occurrence of addiction, it is important to keep in mind:

- **Addiction is never the result of just one factor,**
- **The greatest risk arises from the accumulation of several risk factors,**
- **Strong protective factors can neutralize even high risk.**

Studies on the origins of risky behaviors such as substance use have found that the initiation of substance use requires an interaction between personal characteristics of the individual, such as genetic predispositions, temperament, and personality type, as well as differences in the way an individual sees, hears, and feels the environment or people and experiences the world around them.

# Effective ways to prevent addiction

The most effective prevention of addictive behaviors in youth is based on a comprehensive approach that integrates the development of socio-emotional competencies, supportive family relationships, school involvement, and the availability of mental health support, which systematically strengthens protective factors and reduces the need for risky behaviors.

Research shows that social and emotional competencies significantly reduce the tendency to experiment with psychoactive substances. Therefore, programs or projects that develop social and emotional and life skills are very useful:

- self-regulation of emotions
- decision-making
- critical thinking
- resistance to peer pressure
- communication skills

Parental supervision and emotional connection are among the strongest protective factors. Good preventive programs also include working with parents to strengthen their parenting competencies, which lead to:

- a warm and nurturing parent-child relationship
- setting clear rules and boundaries in parenting
- applying a consistent parenting style
- open communication about risks

School involvement in preventive activities and programs significantly contributes to the prevention of the development of addictive behaviors in young people, and involves the application of:

- interactive activities (workshops, discussions, role-playing)
- long-term activities (carried out over several years)
- the focus of activities on the development of competences, and not on intimidation

In addition to working with young people, parents and schools, the involvement of the wider community significantly contributes to reducing the development of addictive behaviors. Young people who feel a sense of belonging, support and have healthy alternatives to risky behaviors are less likely to develop addictions. The community is involved in the prevention of addictive behaviors in the following ways:

- development of sports, cultural and volunteer activities.
- by subsidizing membership fees for sports clubs.
- by opening safe spaces for young people (youth centers, creative workshops).
- by restricting the availability of alcohol, tobacco products and gambling to minors.
- by controlling the advertising of harmful products.
- by financing prevention projects at the local level.
- open conversations about mental health.
- by promoting counseling centers and anonymous helplines.

# Levels of prevention of addictive behavior

1. Based on the time of onset of the problem - they refer to different stages in which action can be taken to prevent the development of addiction or mitigate its consequences.

## 1. Primary prevention

The goal is to prevent addictive behavior before it even develops.

Characteristics:

- aimed at the general population, especially children and young people
- develops knowledge, attitudes and life skills

Examples of activities:

- education in schools about the harmful effects of drugs, alcohol and gambling
- development of social and emotional skills
- encouraging healthy lifestyles (sports, culture)
- strengthening the family and a positive environment

## 2. Secondary prevention

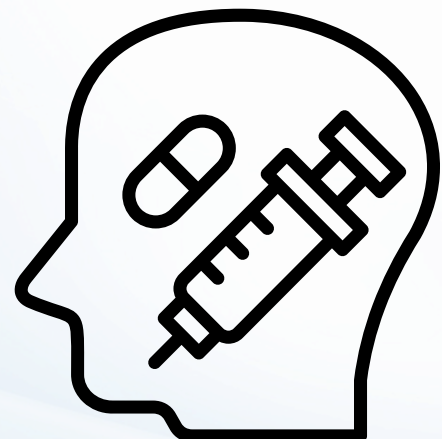
The goal is early detection of risky behaviors and prevention of the development of addiction.

Characteristics:

- targeted at risk groups (e.g. young people with behavioral problems, children from at-risk families)
- seeks to identify the problem at an early stage

Examples of activities:

- counseling and psychological support
- early detection programs in schools
- work with families and individual treatments
- screening and assessment of risky behaviors



# Levels of prevention of addictive behavior

## Tertiary prevention

The goal is to reduce the consequences of an already developed addiction and prevent relapse (return to addiction).

Characteristics:

- aimed at people who already have a developed addiction
- focus on treatment and rehabilitation

Examples of activities:

- addiction treatment (therapy, medical help)
- rehabilitation programs
- resocialization and reintegration into society
- post-treatment support programs

Level of prevention	When is it carried out?	Goal
Primary	before the problem occurs	prevent addiction
Secondary	in the early stage of risk	early detection and intervention
Tertiary	after developing addiction	treatment and reduction of consequences

# Levels of prevention of addictive behavior

## Based on risk level in the population

The division of addiction prevention into universal, selective and indicated is based on which group of people the prevention program is intended for and what is the risk of developing addiction.

### 1. Universal prevention

Universal prevention is aimed at the entire population, regardless of whether individuals have an increased risk of developing addiction.

Goal:  
to prevent the occurrence of addictive behavior in the general population.

Characteristics:

- encompasses a large number of people
- is carried out before the problem occurs
- aimed at promoting healthy lifestyles

Examples:

- school programs about the harmful effects of drugs, alcohol, gambling....
- public campaigns about healthy lifestyles
- workshops on developing social and emotional skills in children community activities (sports, culture, leisure)

### 2. Selective prevention

Selective prevention is aimed at groups that have an increased risk of developing addiction, but for whom the problem has not yet developed.

Goal:  
to reduce risk factors and prevent the development of addictive behavior.

Risk groups may be:

- children from families with addiction
- young people with behavioral problems
- people from socially disadvantaged backgrounds
- young people who are often absent from school

Examples:

- counseling centers for at-risk families
- support programs for children of addicts
- workshops for youth with behavioral problems
- mentoring and individual work with risk groups



# Levels of prevention of addictive behavior

## 3. Indicated prevention

Indicated prevention is aimed at individuals who are already showing early signs of risky or addictive behavior, but do not yet have a developed addiction.

The goal:

to prevent the development of a serious disorder or addiction.

Examples of risk signs:

- experimenting with drugs or alcohol
- frequent gambling or playing games of chance
- behavioral changes (aggression, isolation)

Examples of activities:

- individual counseling
- psychological treatment
- working with family
- early treatment programs

Type of prevention	Who is it intended for?	Goal
Universal	general population	prevent addiction
Selective	risk groups	reduce the risk of developing addiction
Indicated	individuals with early signs of addictive behavior	prevent the development of serious addiction

## Multilevel approach to addiction prevention:

Prevention area	Level of prevention	Key elements	Purpose / expected effect
<b>Early identification and intervention</b>	Individual / school level	<ul style="list-style-type: none"> <li>• emotional difficulties</li> <li>• behavioral problems</li> <li>• school failure</li> <li>• social isolation</li> </ul>	Timely recognition of risk signs enables early professional help and psychological intervention, thus reducing the likelihood of developing addiction and other risky behaviors.
<b>Mental health as the foundation of prevention</b>	Individual / psychological level	<ul style="list-style-type: none"> <li>• prevention of depression and anxiety</li> <li>• development of coping strategies for stress</li> <li>• availability of psychological support</li> </ul>	Strengthening emotional resilience and mental health reduces the need to use psychoactive substances as a way of coping with emotional difficulties.
<b>Social and public health measures</b>	Social / community / public policies	<ul style="list-style-type: none"> <li>• limiting the availability of alcohol and nicotine to minors</li> <li>• marketing regulation</li> <li>• local community prevention programs</li> <li>• safe spaces for young people</li> </ul>	Creating a protective social environment that reduces the availability of addictive substances and encourages healthy lifestyles and positive attitudes

# European standards for addiction prevention(EDPQS)

European Monitoring Center for Drugs and Drug Addiction (EMCDDA) in collaboration with the European Prevention Curriculum and other experts from Europe created a set of guidelines that determine how to plan, implement and evaluate quality addiction prevention programs.

The standards define what constitutes a quality prevention program and are divided into 8 areas.

## 1. Needs assessment

Before starting the program, you need to:

- analyze the problem of addiction in the community
- identify risk groups
- understand the social and cultural context

Available data, such as epidemiological studies, local studies or surveys among young people, school records, etc., can reveal the severity of the problem, trends and specific patterns of consumption and/or behavior.

- It is necessary to identify populations that have an increased likelihood of developing addiction. Identification of risk groups enables the targeting of preventive interventions and increases their effectiveness.
- It is also necessary to understand the broader social, cultural and economic context in which the behavior occurs. This includes social norms and attitudes towards alcohol and drugs, the availability of substances in the community, peer influence, family dynamics and parental supervision, and cultural values and local traditions.
- Such an analysis serves as the basis for defining the goals of the prevention program and selecting appropriate interventions that will be based on evidence, respond to real community problems, and be directed at the groups most exposed to risk.

# European standards for addiction prevention (EDPQS)

## 2. Intervention planning

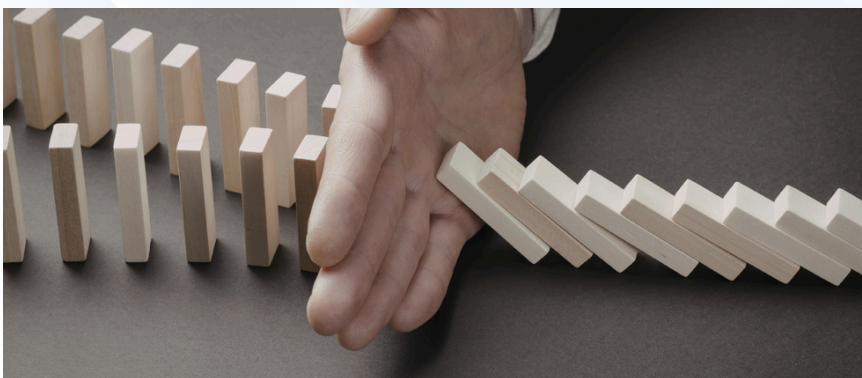
The program must have:

- clearly defined goals
- target group
- scientifically based working methods

Goals should be realistic, measurable, and focused on reducing risk behaviors or strengthening protective factors. Well-defined goals make it easier to monitor the success of a program.

Based on the needs assessment, the exact population for which the program is intended is determined. It is important to adapt the content and working methods to the age characteristics and needs of the target group.

- Methods should be scientifically based and interactive, encouraging active participation of young people.
- In order for the implementation of the program to be successful, it is important to involve various stakeholders in the community, such as schools, non-governmental organizations, parents, the community, and health institutions. Cooperation between institutions increases the reach and sustainability of the prevention program.



# European standards for addiction prevention (EDPQS)

## 3. Program design

The program should be:

- based on scientific evidence
- adapted to the age and needs of the participants

Programs based on scientifically proven methods and research use approaches and interventions whose effectiveness has already been confirmed in practice and research.

Table 2: Overview of major theories in the field of prevention science (taken from: European Prevention Curriculum (EUPC), 2nd revised edition)

Main theories	
Bandura, Social Learning Theory, Theory of Social Learning (1977)	People adopt certain behaviors by observing and imitating others and by demonstrating these behaviors by example (behavior modeling).
Jessor and Jessor , Problem Behavior Theory, Theory of Propensity to Problem Behavior (1977)	Multiple risky behaviors have the same or similar root or foundation, which are the influences of an individual's interaction with the environment.
Bronfenbrenner, Ecology of Human Development, Ecological Systems Theory (1979)	The influence of systems or contexts outside the individual and how they influence individual behavior
Ajzen, Theory of Planned Behavior, Theory of Planned Behavior (1991)	The link between attitudes and behavior and the three sets of perceptions/attitudes that guide behavior: <ul style="list-style-type: none"><li>• beliefs about the outcomes or consequences of behavior;</li><li>• beliefs about the normative expectations of others (or the social acceptability of behavior);</li><li>• beliefs about barriers and drivers of behavior.</li></ul>

# European standards for addiction prevention (EDPAS)

Theories specific to prevention	
<p>Flay and Petraitis: Theory of Triadic Influence, Theory of Triadic Influence (2003)</p>	<p>Three influences contribute to risky behavior:</p> <ul style="list-style-type: none"> <li>• cultural factors (for example, perceived tolerance of adolescent alcohol drinking)</li> <li>• social or interpersonal factors (for example, parents who use addictive substances)</li> <li>• intrapersonal factors (for example, poor impulse control)</li> </ul>
<p>Hawkins et al. Risk and Protective Factors, Risk and Protective Factors (1992)</p>	<p>The risks for the development of substance use are divided into social and cultural factors, which shape legal and normative expectations regarding certain behaviors, and intrapersonal and interpersonal factors (family, school, and peers).</p>
<p>Catalano et al. Positive Youth Development (1999)</p>	<p>The focus is on the importance of encouraging and strengthening positive development.</p>
<p>Werner et al., Resilience Theory, Theory of Resilience (1989)</p>	<p>Some individuals have special competencies for adapting to stressful situations and events.</p>
<p>Biglan and Hines, Nurturing Environments, Encouraging Environments (2009)</p>	<p>It combines many aspects of other theories and focuses on reducing risk and promoting resilience and other positive attributes.</p>

# European standards for addiction prevention (EDPQS)

## 4. Management and organization

It is important to ensure:

- educated experts
- enough resources
- good organization of the program

Even a well-designed program will not achieve the desired results if it is not properly organized and if there are no adequate resources and professional staff for its implementation. One of the key conditions for the successful implementation of a prevention program is the involvement of educated and competent professionals. The people implementing the program should have appropriate knowledge about addiction prevention, as well as skills in working with the target group. Continuous professional development is also important because it allows professionals to follow new trends and approaches in addiction prevention.

An effective prevention program requires a clear organizational structure and good coordination of activities. This includes defining the responsibilities of all involved parties and establishing a system of communication between them. When the program is well organized, it is easier to monitor the progress of activities, resolve potential problems, and adapt the program to the needs of the participants



# European standards for addiction prevention (EDPQS)

## 5. Program implementation

During implementation you should:

- monitor the quality of work
- ensure consistent application of the program
- adapt activities to the needs of participants

During the implementation of the program, it is necessary to constantly monitor the quality of work and the effectiveness of activities. Monitoring allows for timely identification of potential problems and improvement of the program implementation method. This method of monitoring helps to assess whether activities are implemented according to plan and whether they are achieving the expected results.

Activities should be implemented in the manner envisaged in the program plan, without significant deviations that could reduce its effectiveness. If the program is implemented consistently, it is easier to assess its effectiveness and compare results with other similar programs.

While it is important to maintain consistency in the implementation of the program, it is also necessary to adapt the activities to the real needs of the participants. Individual groups may have different interests, levels of knowledge or experience, and sometimes it is necessary to adjust the way of working. Such flexibility allows the program to remain relevant, interesting and understandable to the participants, which increases their motivation to participate.

# EUDAP

European Drug Abuse Prevention

# European standards for addiction prevention (EDPQS)

## 6. Monitoring and evaluation

The program must:

- to monitor during implementation
- evaluate after completion to see if it achieved its objectives

Monitoring and evaluation is the final, but extremely important, phase in the implementation of prevention programs. The goal of this phase is to determine how successfully the program has been implemented and to what extent the planned goals have been achieved.

Systematic monitoring and evaluation enable the identification of program strengths and weaknesses and provide information that can be used to improve future prevention activities.

Program monitoring is carried out during the implementation of activities to ensure that the program is proceeding according to plan. This process allows for timely identification of problems and their resolution before they significantly affect the program's success.

Evaluation is conducted to assess the extent to which the set objectives have been achieved. This process involves analyzing the data collected and assessing the impact of the program on participants.



# European standards for addiction prevention (EDPQS)

## 7. Ethics in prevention

The program must respect:

- human rights
- dignity of participants
- confidentiality and data protection

Prevention programs should promote equal access, inclusiveness, and equity, and ensure that interventions do not stigmatize individuals or groups.

Participants in the program must be treated with respect and consideration. This includes voluntary participation, clear information about the goals and methods of the program, and the ability for the person to withdraw from participation at any time. It is particularly important to avoid approaches that may cause shame, fear, or stigmatization.

All information shared by participants during the program must be kept confidential, and participants should be clearly informed about how their data will be used and protected.

Ultimately, an ethical approach to prevention helps build trust between participants and program implementers, increases the quality of interventions, and ensures that prevention activities truly contribute to the well-being of individuals and the community.

# European standards for addiction prevention (EDPQS)

## 8. Sustainability and development of the program

It is important:

- long-term program maintenance
- expanding successful programs
- continuous quality improvement

Sustainability and program development are important elements of successful prevention because they ensure that the positive effects of the program last beyond the end of the initial project or funding. The goal is not just to implement a one-time activity, but to develop programs that can be implemented in the long term, adapted, and expanded to other communities or settings.

For sustainability, it is necessary to ensure stable resources, institutional support, and trained experts who will implement the program.

If the program proves effective, it is important to enable its expansion and application in other environments.

Prevention programs should be regularly monitored and evaluated to determine what is working and what needs to be improved.

A sustainable and well-developed prevention program contributes to the long-term improvement of the health and well-being of the community, as it enables permanent support and continuous improvement of preventive activities

## European standards for addiction prevention (EDPQS)

The most effective prevention of addictive behaviors in young people is possible only through an integrated and cross-sectoral approach that includes coordinated cooperation between public administration, the education system, health institutions and civil society organizations. While public administration provides a strategic framework, legislative support, financing and systematic availability of preventive programs, associations, with their flexible, innovative and community-based approach, enable direct work with young people, the development of socio-emotional competencies and early recognition of risky behaviors.

The synergistic action of these systems contributes to the strengthening of protective factors at the family, school and local community levels and enables continuous, accessible and developmentally oriented prevention that significantly reduces the likelihood of developing addictive behavior patterns

# Management of addiction

Addiction has increasingly emerged as a multidimensional phenomenon that threatens individuals' physical health, disrupts psychological balance, and weakens social relations. This condition negatively affects not only personal lives but also the broader social fabric. Effective addiction management should not be confined to treatment processes alone; rather, it must be approached holistically, encompassing prevention, early intervention, rehabilitation, and mechanisms of social reintegration.

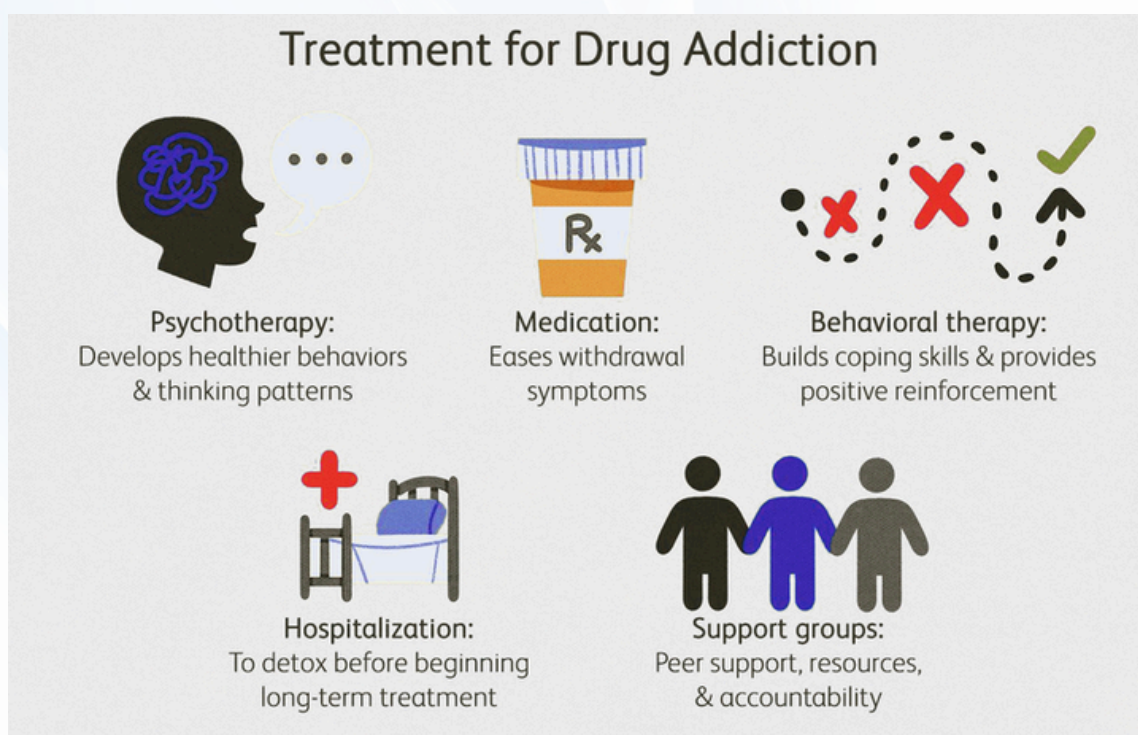
This article discusses how addiction management can be activated during crises and disasters through the Guide on Preventing Substance Addiction During Disasters and Emergencies developed within the Erasmus+ KA210-YOU project and the implementation of the HuzurKöy model in Kırıkkale. The study examines the contributions of activities carried out in collaboration between public institutions and NGOs in reducing addiction risks. Findings highlight the critical role of psychosocial support centers, mobile field teams, awareness campaigns, and data-sharing mechanisms in combating addiction.

The results demonstrate that addiction management can be strengthened not only at the national level but also through international cooperation. In this context, the HuzurKöy model in Kırıkkale provides a concrete example of how community-based approaches to addiction management can be implemented locally. The article emphasizes the importance of multi-actor collaboration in addressing addiction and proposes a guiding framework for future projects.

Addiction is a concept that cannot be reduced solely to substance use; technology addiction, gambling addiction, and other forms of behavioral dependency also fall within its scope. This diversity renders addiction a multidimensional social problem at both individual and societal levels. Addiction not only threatens individuals' physical health but also disrupts psychological balance and weakens social relationships.

During times of crisis and disaster, the risk of addiction increases significantly. Trauma, uncertainty, social isolation, and disruptions in access to services heighten the likelihood of individuals engaging in addictive behaviors. These conditions make addiction management more complex, creating a problem domain that cannot be resolved through individual interventions alone.

The literature frequently emphasizes the importance of multi-actor collaboration in combating addiction. Alexander (2013) identifies resilience as a critical component of disaster management, while Tierney (2019) evaluates the impacts of crises on social structures from a sociological perspective. Paton (2006) argues that resilience at the individual, societal, and institutional levels can only be achieved through coordinated cooperation. In this context, public institutions stand out with their capacity for policy development, resource provision, and coordination, whereas NGOs contribute significantly through flexible field interventions, community-based support, and volunteer networks.



Therefore, addiction management should be approached holistically, encompassing not only treatment processes but also prevention, intervention, rehabilitation, and mechanisms of social reintegration. This comprehensive approach becomes more effective during crises and disasters through collaboration between public institutions and NGOs, generating sustainable solutions in the fight against addiction.

This study is grounded in the Guide on Preventing Substance Addiction During Disasters and Emergencies developed within the Erasmus+ KA210-YOU project, the field experiences of project partners, and data obtained from stakeholder interviews. Designed within a qualitative research framework, the study employed document analysis, field observations, and semi-structured interviews as its primary data collection techniques.



## **Overcoming drug addiction**

involves a combination of determination, support, and evidence-based treatment approaches.

- **Document Analysis:** Reports, meeting minutes, and the aforementioned guide prepared during the project were examined in detail. These documents enabled a systematic evaluation of the methods employed in combating addiction.
- **Field Observations:** Activities carried out by public institutions and NGOs in disaster and crisis zones were observed on-site, and implementation processes were documented. These observations contributed to understanding the challenges encountered in addiction management and the solutions developed in practice.
- **Stakeholder Interviews:** Semi-structured interviews were conducted with representatives from the Eskişehir Provincial Directorate of Family and Social Services, the Governorship of Kırıkkale, Sirius – Centar za psihološko savjetovanje (Croatia), and the Cyber Security Initiative (North Macedonia). These interviews revealed the experiences of national and international actors and highlighted models of collaboration in addiction management.

**Local Case – HuzurKöy:** Operating under the Governorship of Kırıkkale, HuzurKöy was examined as a community-based support model in combating addiction. It was evaluated as a local good practice that strengthens the social integration of individuals with addiction and contributes to rehabilitation processes.

The collected data were analyzed using comparative and content analysis methods. The policy development and resource provision capacities of public institutions were compared with the flexible field interventions and community-based support mechanisms of NGOs. Furthermore, models developed by national and international partners for combating addiction during crises were examined through content analysis.

**Psychosocial Support Centers:** In post-disaster and crisis regions, psychosocial support centers played a critical role in helping individuals cope with trauma and reducing the risk of addiction. These centers strengthened social solidarity through both individual counseling and group activities.

**Mobile Field Teams:** Established through collaboration between public institutions and NGOs, mobile field teams provided rapid intervention capacity during crises. These teams delivered urgent support services, particularly to disadvantaged groups, thereby reducing addiction risks.

- **Awareness Campaigns:** Awareness campaigns conducted during disaster periods enhanced public consciousness of addiction across different segments of society. Educational programs, information sessions, and media campaigns contributed to strengthening social awareness of addiction-related risks.
- **Data Sharing:** Official data from public institutions were integrated with field observations collected by NGOs, enabling the development of more effective policies. This data-sharing process contributed to the creation of comprehensive strategies for combating addiction at both national and local levels.
- **The HuzurKöy Model:** Operating under the Governorship of Kırıkkale, HuzurKöy emerged as a community-based model that strengthens the social integration of individuals with addiction. While supporting rehabilitation processes, it also facilitated reintegration into society, positioning itself as a local good practice in addiction management.

Addiction management cannot be approached as a narrow framework focused solely on individual treatment processes; rather, it becomes more effective when supported by mechanisms of social solidarity and institutional collaboration. The heightened risk of addiction during crises and disasters demonstrates that individual interventions alone are insufficient. Consequently, multi-actor collaboration emerges as a fundamental condition for producing sustainable solutions to addiction at both national and international levels.

The importance of this approach is frequently emphasized in the literature. Alexander (2013) argues that resilience in disaster management must be developed not only at the individual level but also at institutional and societal levels. Tierney (2019) highlights the sociological impacts of crises on social structures, noting that the functions of social institutions become even more critical during such periods. Paton (2006) asserts that resilience at both individual and institutional levels can only be achieved through coordinated cooperation. These findings clearly underscore the necessity of strengthening addiction management through multi-actor collaboration.

The Erasmus+ KA210-YOU project can be considered a practical example that substantiates these theoretical insights. The Guide on Preventing Substance Addiction During Disasters and Emergencies developed within the project contributed to the formulation of applicable strategies during crises, while field practices produced tangible outputs such as mobile support teams, psychosocial centers, and awareness campaigns. In this respect, the project demonstrates that addiction management can be reinforced not only nationally but also through international partnerships.

The HuzurKöy model in Kırıkkale further illustrates the importance of local practices in addiction management. As a community-based approach, HuzurKöy strengthens the social integration of individuals with addiction and supports rehabilitation processes. This example shows that locally developed models, when supported by international cooperation, can become more inclusive and sustainable.

In conclusion, addiction management should not be confined to individual treatment processes; it must be reinforced through social solidarity, institutional collaboration, and international partnerships. The Erasmus+ KA210-YOU project and the HuzurKöy case provide concrete examples of how this approach can be implemented in practice.

Addiction management is not a narrow approach limited to individual treatment processes; rather, it is a multidimensional framework encompassing prevention, intervention, rehabilitation, and mechanisms of social reintegration. The effectiveness of this process can be enhanced through collaboration between public institutions and NGOs. The heightened risk of addiction during crises and disasters makes multi-actor cooperation indispensable.

## Policy Level

- Addiction management should be integrated into national crisis and disaster management plans.
- Joint protocols and coordination mechanisms institutionalizing public–NGO collaboration must be developed.
- Sustainable cooperation models should be supported through international funds and projects, positioning addiction management as part of the global agenda.

## Societal Level

- Prevention programs targeting youth and disadvantaged groups should be expanded and prioritized during crises.
- Raising family awareness and strengthening community-based solidarity networks are vital support mechanisms in combating addiction.
- Good practices should be shared through international partnerships and adapted to local contexts to ensure applicability.

## Implementation Level

- Community-based models such as HuzurKöy should be supported and disseminated to strengthen the social integration of individuals with addiction.
- Mobile field teams and psychosocial support centers should be employed as critical tools to reduce addiction risks during disasters and crises.
- Data-sharing mechanisms should be developed to ensure more effective information flow between public institutions and NGOs.

In conclusion, the Erasmus+ KA210-YOU project demonstrates how addiction management can be strengthened at both national and international levels. The HuzurKöy model in Kırıkkale provides a locally applicable framework, highlighting the importance of community-based approaches in combating addiction. This collaborative model offers a guiding framework for future projects.

# The Role of Public-NGO Cooperation in Combating Addiction During Crisis and Disaster Periods: An Evaluation on Youth

Crisis and disaster situations significantly affect individuals' mental health and increase vulnerability to substance use and addictive behaviors, particularly among young people. Psychological trauma, social isolation, economic uncertainty, and disruption of support services act as major risk factors during and after crises. This study examines the role of cooperation between public institutions and non-governmental organizations (NGOs) in combating addiction during crisis and disaster periods. Drawing on recent statistical data and selected European case examples, the article argues that coordinated public-NGO action contributes to improved access to psychosocial support, enhanced rehabilitation outcomes, and greater community resilience. The findings highlight the importance of integrating addiction prevention and mental health strategies into crisis management frameworks.

**Keywords:** addiction prevention, crisis management, youth, public-NGO cooperation, community resilience

## 1. Introduction

Crisis and disaster periods represent critical moments that test not only physical infrastructure but also social and psychological resilience. Natural disasters, pandemics, armed conflicts, and economic crises have been shown to exacerbate mental health problems and increase the risk of substance use and addiction-related behaviors (WHO, 2023). Young people, in particular, are disproportionately affected due to developmental vulnerability, disrupted social networks, and limited access to support mechanisms.

Recent evidence suggests that addiction patterns emerging during crises may persist long after the immediate emergency has ended, transforming short-term risks into long-term public health challenges (EMCDDA, 2023). In this context, traditional, institution-centered responses are often insufficient. Instead, collaborative governance models that involve both public authorities and civil society actors have gained increasing attention.

This article explores how public-NGO cooperation contributes to effective addiction prevention and intervention during crisis and disaster periods, with a particular focus on youth-oriented and community-based approaches.

## 2. Methods

This study adopts a qualitative and descriptive approach based on secondary data analysis. Data sources include recent reports published by international organizations such as the World Health Organization (WHO), the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the Organisation for Economic Co-operation and Development (OECD), and UNICEF.

In addition, selected European case studies were reviewed to illustrate how public–NGO collaboration functions in practice during and after crises. The analysis focuses on policy frameworks, intervention models, and reported outcomes related to addiction prevention and psychosocial support.

## 3. Results

### 3.1. Crisis Contexts and Addiction Risk

According to the WHO (2023), the prevalence of mental health disorders can increase by two to three times in emergency settings. EMCDDA data indicate that following the COVID-19 pandemic, several European countries reported:

- increased alcohol consumption among young adults (up to 20% in some contexts),
- higher rates of substance use linked to anxiety and depression, and
- reduced continuity of rehabilitation and support services (EMCDDA, 2023).

These findings confirm that crisis periods amplify existing vulnerabilities and create new pathways toward addiction.

### 3.2. Impact of Public–NGO Cooperation

Evidence from OECD (2022) demonstrates that countries with established public–civil society partnerships achieved:

- up to 40% higher access to psychosocial support services, and
- significantly improved continuity of care in post-crisis phases.

NGOs play a complementary role by providing flexible, community-based interventions, while public institutions ensure scale, legitimacy, and long-term sustainability.

### 3.3. Case Examples



#### Finland

A public–NGO partnership focusing on youth mental health and online counseling resulted in a 25% reduction in risky alcohol use and a 60% increase in voluntary help-seeking among young people (Finnish Institute for Health and Welfare, 2022).



#### Italy

Following major earthquakes, community-based rehabilitation centers jointly managed by local authorities and NGOs reduced the demand for clinical addiction treatment by approximately 30%, highlighting the preventive potential of early psychosocial interventions (EMCDDA, 2022).

## 4. Discussion

The findings indicate that addiction during crisis periods should be understood as a multidimensional phenomenon influenced by trauma, social disconnection, and systemic gaps in service provision. Public–NGO cooperation offers a practical framework for addressing these challenges by combining institutional capacity with community trust and accessibility.

For young people, trauma-informed and peer-supported approaches appear particularly effective. Integrating such models into national crisis and disaster preparedness plans can significantly enhance societal resilience and reduce long-term addiction-related harms.

## 5. Conclusion

Crisis and disaster situations intensify addiction risks, especially among young populations. However, these risks are not inevitable. Coordinated action between public institutions and NGOs enables more responsive, inclusive, and sustainable interventions. Framing addiction prevention as a core component of crisis management is essential for building resilient societies capable of recovering from both immediate and long-term impacts of crises.

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