

# DEVELOPING PERSONAL AND SOCIAL LIFE SKILLS TO PROTECT CHILDREN AND YOUTH FROM SUBSTANCE ADDICTION

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## Abstract

This article focuses on life skills training within the scope of substance abuse prevention programs. The paper clarifies prevention programs and their importance within the scope of teaching life skills to children and youth. Life skills, and life skills training programs and approaches specifically related to addiction prevention in America and Turkey are briefly covered. This paper presents an extensive and in-depth literature review of the information from pertinent documentation related to substance abuse, life skills, life skills training and the effective implementation of such programs in a number of countries. Finally, based on the textual analysis, recommendations on life skills education on addiction prevention are offered for application in Northern Cyprus.

*Keywords:* Substance addiction, prevention programs, life skills, teaching life skills, North Cyprus

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## 1. Introduction

Substance abuse is a very difficult condition to treat once it becomes habitual. The effort and cost spent in the process (treatment and rehabilitation) to overcome substance abuse is far greater than the amount spent on prevention. The cost, both financial and manpower needed, to create physical spaces for long-term treatments, employing personnel, opening rehabilitation areas, and finding jobs is considerable (Ögel & Barşah, 2007). Two types of prevention methods are generally employed to overcome substance abuse: a) 'Prevention Activities to Reduce Demand', b) 'Prevention Activities to Reduce Supply' (Availability). As the fight against supply includes the efforts undertaken by security forces and judicial authorities, the scope of this article focuses on the 'Activities to Reduce the Demand'.

According to the approach implemented in Public Health, prevention steps can be classified as:

- a. Universal Prevention – Intervention in the General Population: Universal prevention strategies are aimed at the population at large (such as the local community, students at school, entire families). The main purpose of universal prevention is to prevent the risk of substance abuse or to delay abuse by providing all necessary knowledge and skills to target audiences. According to universal prevention, the risk of initiating substance abuse in society is equal for everyone. In this context, the programs prepared without distinguishing the risk group are applied to the entire society.
- b. Selective Prevention – Intervention with Risky Groups: Selective prevention is undertaken among groups where the risk of substance abuse or addiction disorder may occur. This prevention efforts are applied to individual who are at risk due to their ethnic or social class, or the region they live in. Studies show that the risk of substance abuse increases, especially in groups experiencing social exclusion (young delinquents, school dropouts, truancy, low academic achievement, disciplinary problems at school, homeless, immigrants, having a substance abuser in the family).
- c. Indicative Prevention – Intervention with Risky Persons: The scope of the determined prevention includes individuals with characteristics that would accelerate the development of substance abuse (such as those who are involved in crime, truancy, exclusion from parents, school and positive peer groups, ADHD, antisocial disorder, suicide attempt) or have displayed early signs of problem substance abuse, but who have not been diagnosed with addiction in terms of clinical criteria. In this case, the individual may or may not have experienced substance abuse; however, this individual is considered high risk due to certain criteria exhibited within the personality structure that may lead to abuse. The purpose of this designated prevention program is not to merely prevent initiation of substance abuse. It also tries to prevent the rapid development of addiction, reduce the frequency of, and/or prevent substance abuse from progressing to more harmful habits such as intravenous administration (Burrow-Sanchez & Hawken 2007).

Apart from these three approaches, environmental strategies can be mentioned. These strategies aim to change the cultural, social, physical and economic environment of individual to make the right choices about substance abuse behavior. This perspective does not look at the problem only in terms of personal characteristics, family and school-based practices but from a wider perspective. Tobacco and alcohol bans, age controls, promotion bans, national rules and regulations regarding substance abuse, as well as taxes can be evaluated within this framework (EMCDDA, 2011).

The US based National Institute on Drug Abuse – NIDA published its first guideline “Preventing Substance Abuse Among Children and Adolescents” in 1997 which was revised in its final form in 2003 where sixteen prevention principles were included based on prevention research. NIDA (2003), which acts as a guide for educators, community leaders and parents, includes the basic principles of substance abuse prevention, explains how to think about it, how plans and choices are made, and at what stages the programs are implemented. An examination of this guideline reveals that substance abuse prevention programs are categorised as:

- a. All Substance Abuse Prevention Programs for Children and Adolescents,
- b. Family-Based Substance Abuse Prevention Programs,
- c. School-Based Prevention Programs with Specific Knowledge and Practice for Each School Level,  
and
- d. Community Based Education Programs.

Although these programs are welcome in the fight against substance abuse, some improvements can be made with regard to aspects pertaining to the inclusion of to strengthen the efficacy of the programs. For instance, studies have shown that prevention programs that begin in middle school but do not continue in high school do not produce the desired results. Prevention programs should also include training of trainers. Prevention programs are more effective when they are implemented interactively. For example, peer discussions and psychodrama-based parent games make it easier for children to obtain information about substance abuse and to develop positive attitudes towards abuse. Effective prevention programs that are research-based are more cost-effective (Evcin, 2016).

### *1.1. Life Skills as a Protective Factor in Substance Abuse*

Recent studies on the prevention of substance abuse have emphasized the importance of protective factors as well as risk factors. According to the World Addiction Report (2018), the risk factors are; trauma, negative childhood experiences, poverty, mental health problems, peer substance abuse, easy access to substances, negative school climate and excitement seeking. Protective factors are parent involvement and monitoring, health and neurological development, coping skills and affective regulation, physical safety, social inclusion, safe neighborhood, and quality school environment. Protective factors are considered the basic pillars that enable the individual to live in a safe zone and resist substance abuse. Life skills are considered among the individual protective factors that protect the individual against high-risk behaviors such as substance abuse.

The World Health Organization (WHO) defines life skills as “adaptive and positive behaviors that enable one to cope effectively with the necessities and challenges of daily life” (UNICEF, 2012). Therefore, the nature and definitions of life skills may vary according to context and culture (WHO, 1997) and their scope and diversity are not limited. The focus of life skills is psychosocial and inter-individual skills. These skills include the coping and self-management skills that individual need to make decisions, communicate effectively and lead a healthy and productive life (UNICEF, 2012). This is based on the premise that most individuals who are considered at risk for substance abuse are deprived of various life skills or suffer an inadequacy in their current skills (Botvin et al., 2006; Spoth et al., 2008). It is observed that such individuals are deficient in problem solving, impulse and anger control, coping with stress and resisting environmental

pressure (Yaprak, 2006). Similarly, it is noteworthy that children with low self-efficacy levels display more pronounced behavior of trying and maintaining substance abuse due to their lack of external control; in other words, they are more open to negative effects from the environment (Özbay et al., 2019).

### 1.2. Definition of Life Skills

According to Koran (2020) who cites the World Health Organization (1993), life skills are categorized as:

a. *Decision-making*: this skill is defined as the individual's evaluation of the available options and choosing the most appropriate one among the options.

b. *Problem solving*: this refers to the individual's ability to reach the desired state by using a series of mental activities from the situation that causes discomfort and is perceived as a problem.

c. *Creative thinking*: this is when individuals use their imagination in the processes of creating ideas, solving problems, evaluating options, and evaluating their own and others' thoughts.

d. *Critical thinking*: this refers to the individual's ability to analyze information objectively by investigating the source, the motivation and worldview of the information.

e. *Effective Communication*: this refers to the individuals' verbal or non-verbal expression of themselves in accordance with their situation.

f. *Inter-individual relationships*: this involves two or more individuals establishing a short or long-term relationship which can be established with partners, family or friends.

g. *Self-awareness*: this refers to the individual's awareness of his/her unique identity and capacity to be the object of one's own attention and focus.

h. *Empathy*: this refers to the process of putting oneself in the place of the other individual and looking at things from his/her perspective, experiencing and understanding the feelings and thoughts of that individual correctly.

i. *Coping with emotions*: this refers to developing unique mechanisms to handle all emotions, be they positive and negative, experienced by the individual.

j. *Coping with stress*: this refers to developing unique mechanisms to deal with situations caused by stress.

The Pan American Health Organization, classified life skills under three headings (Mangrulkar et al., 2001)

a. *Social Skills*: comprising communication skills, negotiation skills, assertiveness skills, inter-individual relations collaboration skills, empathy and perspective taking.

b. *Cognitive Skills*: comprising decision making, problem solving skills and critical thinking.

c. *Coping Skills with Emotions*: comprising coping with stress, coping with emotions, especially anger. These refer to skills that can improve one's emotional control.

### 1.3. Life Skills Education Programs and Approaches

The Life Skills Training program includes three key components. These are;

a. the individual competence component that teaches self-management skills;

b. the social competence component that teaches a group of social skills;

- c. the substance-resistance component that teaches health-related content, resilience skills, and healthy living attitudes (Botvin & Griffin, 2004).

Some approaches are offered below:

UNICEF's LIFE Skills Training Program: In this UNICEF developed program, at risk of substance abuse facilitation, communication, decision making, confidence, skills development, awareness and stress coping skills are implemented by conducting small group studies (Özbay, 2017).

Positive Youth Development Model: aims to highlight positive developmental assets (developmental assets) of children and adolescents in areas categorised as 5C: competency, confidence, character, caring (social interest) and contribution (Lerner et al., 2005). One of the programs implemented in tandem with the 5C competencies aligned to the Positive Youth Development approach is the 4-H Life Skills Program. The 4-H Program is symbolized by the four-leaf clover, which represents the head, heart, hands and health to cover these four areas of individual development. The 4-H Life Skills Program, the leading examples of which were developed through studies conducted at Tufts and Colorado Universities, focuses on eight main dimensions (management, thinking, relationship, social interest, giving, working, being and living) based on four basic pillars which are cognitive, social, affective and health as stated above and focuses on 35 life skills (Özbay et al., 2019).

The eight main dimensions related to the 4-H core area and the skills defined in each dimension are presented in Table 1.

**Table 1.** Positive Youth Development Model

4 - H	Dimensions	Life Skills
Head	Manage	Purpose setting, Planning/organisation, Keeping notes, Resilience, Effective use of resources
	Think	Learning to learn, Decision making, Problem solving, Critical thinking, Learning to serve
Heart	Relationship	Managing differences, Conflict resolution, Cooperation Social skills, Communication
	Social Interest	Caring for others, Sharing, Empathetic relationships
Hands	Give	Volunteering for community services, Leadership, Responsible citizenship, Contributions to group work
	Work	Work/Work life skills, Teamwork, Self motivation
Health	Be	Self-esteem, Individual responsibility, Managing character emotions, Self-discipline
	Live	Stress management, Disease prevention, Living Healthy, Individual safety

4H, which includes experiential learning programs, aims at providing the life skills that young individuals need for their development. These programs, which started in rural areas at first, have been implemented in more than 80 countries (4H Organization, 2014). 4H, whose emblem is the green leaf clover, aims to develop young individuals in science, art and social relations exemplified by practical application in programs like Cloverkids, 4H Adventurers, Cloverbuds, Elementary Education Members, Mini 4-H programs for the age group of 5-8 (Özbay, 2017).

#### *1.4. An Example of a Prevention Program Based on Life Skills Education in the USA*

The Life Skills Training Program (LST), which is within the scope of universal prevention programs in the USA, generally aims to teach individual and social skills, as well as develop substance-resistance skills and gain self-management skills. This universal program consists of a three-year prevention curriculum for primary school students comprising eight sessions for grades 4-5 and 5-6. In order to prevent the abuse of cigarettes and alcohol in primary school classes, different applications were developed. The continuation of this program consists of a three-year prevention curriculum for secondary school students. It was found to be the most effective method as applied in fifteen different sessions for grades 6-7, ten sessions for grades 7-8, and five different sessions for grades 8-9. In the last 20 years, the program was found to reduce the risk of smoking, alcohol, and substance abuse by as much as 50-87%. Finally, this universal program consists of a one-year prevention curriculum for high school students. It was found to be highly effective when applied in ten different sessions for grades 9-10 in high schools. The long-term results revealed that the program managed to reduce the risk of substance abuse by 66% in high school and beyond (Botvin & Griffin, 2015).

#### *1.5. An Example of a Prevention Program Based on Life Skills Education in Turkey*

“Make a Difference” Life Skills program, was conducted by the Istanbul Directorate of National Education as the project owner, with the Fatih Sultan Mehmet University, the Istanbul Police Department Narcotics Branch Directorate, and the Istanbul Provincial Directorate of Youth Services and Sports involved as project partners, as a new study covering the latest developments in the prevention of substance abuse. This program, initiated in 2015 as an Istanbul Development Agency project, aimed to identify problems that would arise with the substance abuse of children and youth in advance and to enable the necessary interventions to be made. The program was meant to pave a way out for youth who have just started substance abuse, who are considering starting, or who are considering quitting.

This program, developed for different age and target groups, would contribute to the development of a new model of life skills training with awareness-raising studies and, with this model, to produce young individuals who are safe from the risk of substance abuse and behavioral addiction. The activities in the Life Skills Training Programs such as animation and video-based applications for every lesson apart from drama-based applications, trainings organised, handbooks for distribution, are expected to result in positive behavioral changes which would create good role models among young individuals by enhancing their sense of responsibility towards social problems and ensuring their active participation as part of the solution. The drama, visual and narrative-based trainings, would aid society to recognize in advance the risks and take the necessary precautions. This will enhance the the level of awareness of the members of the society about the factors that can cause social exclusion resulting in the increase in inter-institutional cooperation in line with these studies findings, being directly related to the priorities of the program. This will not only enhance the skill competencies of young individuals, but also protect young individuals by enabling them to avoid the risks (İstanbul İl Milli Eğitim Müdürlüğü, 2016).

## **2. Research Objective**

The objective of this paper is to present pertinent information on life skills approaches and programs and their effective application in several countries to combat substance abuse in several countries and using that information make some recommendations for the application of life skills in North Cyprus.

To this end, an extensive and in-depth textual analysis was made of selected documents pertinent to substance abuse and life skills programs. In essence, the paper presents a detailed literature review of the practice of substance abuse and how proper life skills training programs are utilized to identify at risk children and youth and reduce the chances of risky behaviour by equipping them with the right life skills.

## **3. Recommendations on implementing Life Skills Prevention Program in Northern Cyprus**

The issue of addiction has afflicted human society for a long time, and as a result, individuals and society have always suffered materially and spiritually (Bazrafshan et al., 2020). The most significant social catastrophe in our nation and one of the four worldwide crises is the drug usage problem, which is intimately tied to other economic and cultural aspects of the nation (Dom et al., 2016). Unfortunately, drug abusers and addict offenders are becoming prevalent in many of the nation's prisons (Khalooei et al., 2016). Additionally, disturbing data on the prevalence of substance abuse in society over the past three decades, particularly among teenagers and young individuals, have been made public (Sohrabi & Moghimi, 2009; Sadock et al., 2011). Statistics show that more than 15% of young individuals in the United States over the age of 15 struggle with addiction (Sadock et al., 2011). The risk of substance usage has escalated in the younger population today, gravely endangering their mental health. According to reports, young individuals in society are susceptible to a range of psychosocial problems and run the danger of abusing drugs and alcohol (Chakravarthy et al., 2013; Dow, & Kelly, 2013; Schulte & Hser, 2013). Unhealthy development conditions, different underlying variables, and special intervention and characteristics—the basis of which is within the family and subsequently in society—are necessary for someone to start using drugs and keep using them. However, a variety of psychological, familial, and biological factors play a role in the field of addiction (Lander et al., 2013). Society needs to pay substantial attention to the development of more effective preventive techniques due to the negative pharmacological, health, socio-economic, and legal impacts of substance abuse (Sohrabi & Moghimi, 2009). Making the correct stress management decisions can enhance one's physical and emotional wellbeing (Bavojudan et al., 2011; Chen & Gilmore et al., 2017). A lack of awareness, difficulty in making decisions, poor judgment, lack of insight, lack of problem-solving abilities, job skills, social and individual skills, and negative self-perceptions are just a few of the cognitive and lifestyle issues that are common among individuals with drug abuse problems. Such individuals often also have poor levels of self-esteem and self-evaluation in terms of their cognitive, behavioral, moral, and family connections (Glenn et al., 2008).

To help overcome risks related to substance abuse, Life Skills training is a highly recommended approach that researchers advise. The word "life skills" refers to a broad range of psychosocial and inter-individual abilities that individuals can employ to make wise decisions, communicate clearly with others, gain comfort in their physical, mental, and social well-being, and successfully meet the demands and obstacles of daily life (Lolaty et al., 2012). In general, life skills training is a thorough program based on research, and it actually influences how individuals can develop the abilities they need to function in daily life. The most crucial ideas in these trainings include building self-awareness, empathy, appropriate

communication, decision-making, problem-solving, anger control, and stress-coping techniques (Mohammadkhani & Hahtami, 2011).

However, despite the best intentions, many cases of abuse and relapse are common. Most relapses, according to research, happen during the first six months after quitting professional therapy. Relapse does not, however, have to be a part of the victim's ongoing narrative. The victim can establish and maintain sobriety after rehab when given the proper, individualized treatment and the necessary life skills for recovery.

The following are the life skills that have been found to be most effective for a long-term recovery:

*a. Self-Care:* Recognizing the value of self-care, which includes taking care of oneself and doing what makes one happy, is the first step towards a healthy recovery. This could be keeping one's home tidy, getting one's hair done, or doing yoga frequently. One may stay optimistic throughout one's rehabilitation process by focusing on the things that will make one feel good inside and out.

*b. Healthy Routines:* Healthy routines and habits should be established during the healing process to support self-care. This could entail maintaining good individual hygiene, engaging in regular exercise, maintaining a balanced diet, getting enough sleep, or regularly socializing and attending support groups. This establishes routines that will improve different facets of one's life as part of one's therapy program. It is crucial to stick to these routines throughout the recuperation duration to keep on track to recovery.

*c. Managing time:* Routine creation and time management go hand in hand. In the past, procuring drugs, using drugs, or getting clean from drugs probably occupied the majority of one's time. Establishing a schedule will help one stay on top of the things that matter now that one has control over one's life again (work, school, mediation, meetings). To avoid becoming a substance abuser, individuals should keep busy with work or leisure activities." Too much "down time" can be a trigger.

*d. Social Abilities:* peers could have been probably taking drugs and drinking before the therapy started therapy. It is crucial to build stronger relationships with those who will assist in the recovery process. However, particularly among teens and young adults, many substance abusers in recovery experience social anxiety and insecurity. As such, social skills are crucial to the healing process. In recovery, developing social skills can increase self-assurance, self-esteem and make meeting new individuals. Through meetings with support groups and counseling sessions, a sober social network can be created while in treatment.

*e. Fiscal Accountability:* as without a doubt, substance abuse can have a significant financial impact, this is a "must-have" life skills for individuals in recovery, which can be learned with the correct commitment. It's critical to look for a career that would pay a suitable salary after recovery. For advice on financial management, trusted family members, mentor, a member of the support team, or a sponsor in treatment can be consulted for advice, such as how to budget, control a credit card, and settle debts.

*f. Stress and Emotion Management:* stress and unpleasant feelings are catalysts for substance abuse. Many individuals abuse substances as an escape from their anguish or grief. Learning how to control



emotions and stress is crucial to recovery. This entails developing self-control and constructive coping mechanisms to deal with challenging situations. Exercise, meditation, art or music therapy and writing are just a few examples of coping mechanisms. This particular recovery skill set can be developed through a Cognitive Behavioural Treatment (CBT)-based treatment program.

*g. Goal-setting:* setting goals is a crucial recovery skill to motivate individuals to move ahead. Setting goals gives individuals direction, enhances their sense of value, and inspires them to optimise the fullest potential.

Studies have demonstrated that enhancing life skills, such as coping mechanisms and psychosocial competencies, has a significant positive impact on life circumstances. Individuals' psychosocial competencies enable them to successfully navigate life's challenges and triumphs. These skills allow individuals to act responsibly and favorably toward other individuals, society and the environment, as well as to maintain their mental health (Mohammadkhani & Hahtami, 2011). According to Bandura, each of the three factors—individual, environment, and behavior—has an impact on the others and is interconnected. According to Bandura's theory of social learning, learning is also an active process based on environmental experience; as a result, during active learning and training, individual and children acquire practical life skills and engage with their surroundings. Therefore, in this kind of training, techniques that encourage individual to actively participate in the development of social skills and interindividual and individual communication are employed (Bandura & Walters, 1977; Ennett et al., 2010; Fryling et al., 2011). Beigi and Shirazi, who studied 32 patients receiving methadone treatment in Shahroud City in 2012 with the goal of determining the effectiveness of life skills training on enhancing their quality of life, revealed that life skills training was effective, indicating that individuals who were trained in life skills, such as effective stress management techniques, decision-making and problem-solving skills, and effective communication skills, significantly improved their quality of life. Additionally, life difficulties were connected to and amplified the contribution of life skills to effective inter-individual communication and the development of problem-based coping mechanisms (Ghodsbin et al., 2013). The effectiveness of these trainings contributes to the decline in smoking, drinking, and substance abuse (Jahanbin et al., 2017; Moshki et al., 2014), to the prevention of violence and delinquency (Matjasko et al., 2012) and to the reduction of suicide (Clarke et al., 2014).

The goal of the life skills training program is to protect against social harm and advance mental wellness. This program's primary goal is to offer possibilities for boosting life skills in addition to professional job skills, and its fundamental premise is based on research on psychological and social harms. Therefore, this study was done to underscore the importance of life skills training in preventing the recurrence of addiction among young individuals since the lack of basic life skills triggers the potential for social harm. The effectiveness of life skills training has been measured on a number of factors. Mahdavi-Haji et al. (2011) looked at how well individuals could control their emotions, improve their quality of life, and be happier. The results of this study show that a life skills training program enhances individuals' feelings of happiness, enhances their quality of life, and strengthens their capacity to control their emotions (Mohammadkhani & Hahtami, 2011). Mohammadi (2011) found that providing young individuals with these abilities boosts their level of life happiness. Researchers also looked at how life skills training affected

students' mental health in a study, and concluded that the experimental group's mental health had been significantly and favourably impacted by these trainings (Jamali et al., 2016).

In general, the following categories can be used to categorize the skills required to prevent relapse in young individuals:

*a) Self-awareness:* Individuals are aware of both their strengths and flaws (Brody et al., 2016; Zlotnik, & Toglia, 2018).

*b) Understanding emotions:* Individuals understand the situations and feelings of others in a way that allows them to empathize with that individual's circumstances by considering the situation from that individual's point of view (Halpern, 2003; Srivastava, & Das, 2016; Weiner, & Auster, 2007).

*c) Anger Management:* This behavior is directly tied to elements like stress and animosity (Blair, 2012; Orth & Wieland, 2006), in tandem with feelings of dissatisfaction (Williams, 2017). Following this kind of excitement, a number of uncontrollable physiological reactions, including elevated blood pressure and heart rate, occur (Jennings et al., 2017; Todd, & Machado, 2019). When rage is unchecked and destructive, it severely impairs one's ability to work, interact with others, and generally live a productive life (Richardson & Halliwell, 2008).

*d) Stress management techniques:* These are techniques that individual can employ to lessen actual stress or improve their capacity to deal with life's challenges; (Ghodsbin et al., 2013).

*e) Coping mechanisms:* In order to lessen the negative impacts of stress, individuals must employ effective coping mechanisms in order to be able to handle the demands and problems of life better (Baqutayan, 2011);

*f) Strengthening social support:* Lonely individuals are more likely to fail when faced with challenges; as a result, social assistance from community health and support networks can aid in the management of stress;

*g) Inter-individual Relationship Skills:* Communication is the means by which an individual introduces themselves to others and by which information is exchanged in every social activity. Hence this competency is invaluable in building a network of social support that can be drawn upon to assist an individual when a relapse or the need to abuse substances arise.

*h) Problem-Solving and Decision-Making Skills:* It goes without saying that every decision, regardless of how simple or complex it is, puts an individual under some level of stress. As a result, having problem-solving skills is thought to be crucial for coping with stress, minimizing it, and feeling content with the decision-making process (D'zurilla et al., 2003).

#### **4. Conclusion**

This paper has presented via a literature review the issues pertaining to substance abuse and the importance of life skills training to overcome the risks of such abuse by young individuals. Examples of current rehabilitation centers and effective practices being implemented via life skills programs have also been covered. Real life examples of the efficacy of such programs in several countries have also been provided to highlight such programs' tangible benefits. The paper ends with a recommendation for such life skills training to be implemented in North Cyprus. The paper may foster some urgency among relevant

government and/or private agencies to implement such programs formally in educational and certain work places to save young individuals from wasting their potential productiveness, which can be a massive loss to the state, the nation, and society.

## References

- Bandura, A., & Walters, R. H. (1977). *Social learning theory*. Prentice-hall Englewood Cliffs, NJ.
- Baqutayan, S. (2011). Stress and social support. *Indian Journal of Psychological Medicine*, 33(1), 29-34. <https://doi.org/10.4103/0253-7176.85392>
- Bavojdan, M. R., Towhidi, A., & Rahmati, A. (2011). The relationship between mental health and general self-efficacy beliefs, coping strategies and locus of control in male drug abusers. *Addiction & health*, 3(3-4), 111.
- Bazrafshan, M. R., Delam, H., & Kavi, E. (2020). The importance of life skills training in preventing addiction recurrence between January and February 2020: A narrative review article. *Journal of Health Sciences & Surveillance System*, 8(2), 58-62.
- Blair, R. J. R. (2012). Considering anger from a cognitive neuroscience perspective. *Wiley Interdisciplinary Reviews: Cognitive Science*, 3(1), 65-74. <https://doi.org/10.1002/wcs.154>
- Botvin, G. J., & Griffin, K. W. (2004). Life skills training. Empirical findings and future directions. *The Journal of Primary Prevention*, 25(2), 211-232.
- Botvin, G. J., Griffin, K. W., & Nichols, T. R. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science*, 7(4), 403-408. <https://doi.org/10.1007/s11121-006-0057-y>
- Botvin, G. J., & Griffin, K. W. (2015). Life skills training: A competence enhancement approach to tobacco, alcohol, and drug abuse prevention. In L. M. Scheier (Ed.), *Handbook of adolescent drug abuse prevention: Research, intervention strategies, and practice* (pp. 177-196). American Psychological Association. <https://doi.org/10.1037/14550-011>
- Brody, L. R., Jack, D. C., Bruck-Segal, D. L., Ruffing, E. G., Firpo-Perretti, Y. M., Dale, S. K., Weber, K. M., & Cohen, M. H. (2016). Life lessons from women with HIV: Mutuality, self-awareness, and self-efficacy. *AIDS patient care and STDs*, 30(6), 261-273. <https://doi.org/10.1089/apc.2016.0031>
- Burrow-Sanchez, J. J., & Hawken L. S. (2007). *Helping students overcome substance abuse*. The Guildford Press.
- Chakravarthy, B., Shah, S., & Lotfipour, S. (2013). Adolescent drug abuse-Awareness & prevention. *The Indian Journal of Medical Research*, 137(6), 1021. <https://doi.org/10.1037/a0031065>
- Chen, J. A., Gilmore, A. K., Wilson, N. L., Smith, R. E., Quinn, K., Peterson, A. P., Fearey, E., & Shoda, Y. (2017). Enhancing stress management coping skills using induced affect and collaborative daily assessment. *Cognitive and Behavioral Practice*, 24(2), 226-244. <https://doi.org/10.1016/j.cbpra.2016.04.001>
- Clarke, J., Proudfoot, J., Birch, M. R., Whitton, A. E., Parker, G., Manicavasagar, V., Harrison, V., Christensen, H., & Hadzi-Pavlovic, D. (2014). Effects of mental health self-efficacy on outcomes of a mobile phone and web intervention for mild-to-moderate depression, anxiety and stress: Secondary analysis of a randomized controlled trial. *BMC Psychiatry*, 14(1), 1-10. <https://doi.org/10.1186/s12888-014-0272-1>
- Dom, G., Samochowiec, J., Evans-Lacko, S., Wahlbeck, K., Van Hal, G., & McDaid, D. (2016). The impact of the 2008 economic crisis on substance abuse patterns in the countries of the European Union. *International Journal of Environmental Research and Public Health*, 13(1), 122. <https://doi.org/10.3390/ijerph13010122>
- Dow, S. J., & Kelly, J. F. (2013). Listening to youth: Adolescents' reasons for substance abuse as a unique predictor of treatment response and outcome. *Psychology of Addictive Behaviors*, 27(4), 1122. <https://doi.org/10.1037/a0031065>
- D'zurilla, T. J., Chang, E. C., & Sanna, L. J. (2003). Self-esteem and social problem solving as predictors of aggression in college students. *Journal of Social and Clinical Psychology*, 22(4), 424. <https://doi.org/10.1521/jscp.22.4.424.22897>
- EMCDDA European Monitoring Centre for Drugs and Drug Addiction (2011). European drug prevention quality standards: A manual for prevention professionals. Luxembourg, Publications Office of the European Union. <http://www.emcdda.europa.eu/publications/manuals/prevention>

- Ennett, S. T., Foshee, V. A., Bauman, K. E., Hussong, A., Faris, R., Hipp, J. R., & Cai, L. (2010). A social contextual analysis of youth cigarette smoking development. *Nicotine & Tobacco Research, 12*(9), 950-962. <https://doi.org/10.1093/ntr/ntq122>
- Evcin, U. (2016). Substance abuse from the perspective of prevention strategies and a school-based sample application: Life skills training program [Doctoral Thesis]. İstanbul University.
- Fryling, M. J., Johnston, C., & Hayes, L. J. (2011). Understanding observational learning: An interbehavioral approach. *The Analysis of Verbal Behavior, 27*(1), 191-203. <https://doi.org/10.1007/BF03393102>
- Ghodsbin, F., Rostami, K., Sharif, F., Jahanbin, I., & Keshavarzi, S. (2013). The effects of teaching stress management skills on the quality of life in ICU nurses. *Journal of Advances in Medical Education & Professionalism, 1*(3), 94-99.
- Glenn, M. K., Huber, M. J., Keferl, J., Wright-Bell, A., & Lane, T. (2008). Substance abuse disorders and vocational rehabilitation. *VR Counselor's Desk Reference*. Wright State University RRTC on Substance Abuse and Vocational Rehabilitation, Dayton, OH.
- Halpern, J. (2003). What is clinical empathy? *Journal of General Internal Medicine, 18*(8), 670-674. <https://doi.org/10.1046/j.1525-1497.2003.21017.x>
- İstanbul İl Milli Eğitim Müdürlüğü. (2016). Anti-Addiction Financial Support Program. "Make a difference" life skills training program to combat addiction, İstanbul.
- Jahanbin, I., Bazrafshan, M. R., Akbari, K., Rahmati, M., & Ghadakpour, S. (2017). The effect of life skills training on social communication of clients referring to drug abuse clinics. *Jundishapur Journal of Chronic Disease Care, 6*(4). <https://doi.org/10.5812/jjcdc.13798>
- Jamali, S., Sabokdast, S., Nia, H. S., Goudarzian, A. H., Beik, S., & Allen, K. A. (2016). The effect of life skills training on mental health of Iranian middle school students: A preliminary study. *Iranian Journal of Psychiatry, 11*(4), 269.
- Jennings, J. R., Pardini, D. A., & Matthews, K. A. (2017). Heart rate, health, and hurtful behavior. *Psychophysiology, 54*(3), 399-408. <https://doi.org/10.1111/psyp.12802>
- Khalooei, A., Mashayekhi-Dowlatabad, M., Rajabalipour, M. R., & Iranpour, A. (2016). Pattern of substance abuse and related factors in male prisoners. *Addiction & Health, 8*(4), 227.
- Koran, N. (2020). Definition and importance of life skills. In *Life Skills*. In A. Ummanel (Ed.). İstanbul University, İstanbul.
- Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance abuse disorders on families and children: from theory to practice. *Social Work in Public Health, 28*(3-4), 194-205. <https://doi.org/10.1080/19371918.2013.759005>
- Lerner, R. M., Almerigi, J. B., Theokas, C., & Lerner, J. V. (2005). Positive youth development. A view of the issues. *Journal of Early Adolescence, 25*(1), 10-16. <https://doi.org/10.1177/0272431604272461>
- Lolaty, H. A., Ghahari, S., Tirgari, A., & Fard, J. H. (2012). The effect of life skills training on emotional intelligence of the medical sciences students in Iran. *Indian Journal of Psychological Medicine, 34*(4), 350. <https://doi.org/10.4103/0253-7176.108217>
- Mahdavi-Haji, T., Mohammadkhani, S., & Hahtami, M. (2011). The effectiveness of life skills training on happiness, quality of life and emotion regulation. *Procedia - Social and Behavioral Sciences, 30*, 407-411. <https://doi.org/10.1016/j.sbspro.2011.10.080>
- Mangrulkar, L., Whitman, C. V., & Posner, M. (2001). Life skills approach to child and adolescent healthy human development. Pan American Health Organization. Retrieved from <https://pdfs.semanticscholar.org/21c0/bd2ae0f7df5fa9ef209f6c7e44fc2fe8ff36.pdf> (21st of June 2022)
- Matjasko, J. L., Vivolo-Kantor, A. M., Massetti, G. M., Holland, K. M., Holt, M. K., & Cruz, J. D. (2012). A systematic meta-review of evaluations of youth violence prevention programs: Common and divergent findings from 25 years of meta-analyses and systematic reviews. *Aggression and Violent Behavior, 17*(6), 540-552. <https://doi.org/10.1016/j.avb.2012.06.006>
- Mohammadi, A. (2011). Survey the effects of life skills training on Tabriz high school student's satisfaction of life. *Procedia-Social and Behavioral Sciences, 30*, 1843-1845. <https://doi.org/10.1016/j.sbspro.2011.10.356>
- Moshki, M., Hassanzade, T., & Taymoori, P. (2014). Effect of life skills training on drug abuse preventive behaviors among university students. *International journal of preventive medicine, 5*(5), 577.
- National Institute On Drug Abuse- NIDA. (2003). *Preventing Drug Abuse Among Children and Adolescents. A Research Based Guide*. Second Edition.

- Orth, U., & Wieland, E. (2006). Anger, hostility, and posttraumatic stress disorder in trauma-exposed adults: a meta-analysis. *Journal of Consulting and Clinical Psychology*, 74(4), 698. <https://doi.org/10.1037/0022-006X.74.4.698>
- Ögel, K., & Barşah, Y. (2007). Children and adolescents with risky behaviors: Information for those working in the field. In K. Ögel (Ed.), *YENİDEN Sağlık ve Eğitim Derneği* (pp. 299-308). İstanbul.
- Özbay, G. (2017). The effects of positive youth development based class guidance program on life skills of primary school students [Doctoral Dissertation]. Ankara University.
- Özbay, Y., Büyüköztürk, Ş., Tomar, İ. H., Eşici, H., Aliyev, R. Yancar, C., & Kurnaz, Z. (2019). Protective and preventative factors in struggling with addiction: The role of life skills. *Addicta: The Turkish Journal on Addictions* 6, 907–961. <https://doi.org/10.15805/addicta.2019.6.1.0005>
- Richardson, C., & Halliwell, E. (2008). *Boiling point: Problem anger and what we can do about it*. Mental Health Foundation.
- Sadock, B. J., Sadock, V. A., & Ruiz, P. (2011). Alcohol-related disorders. *Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (10th ed.). Philadelphia (PA): Lippincott Williams & Wilkins, 1472.
- Schulte, M. T., & Hser, Y. I. (2013). Substance abuse and associated health conditions throughout the lifespan. *Public Health Reviews*, 35(2), 1-27. <https://doi.org/10.1007/BF03391702>
- Sohrabi, F., & Moghimi, S. F. (2009). Investigation of the effect of assertive skills training on attitude towards substance abuse in Tehran and Allame Tabatabayee university students. *Scientific Quarterly Research on Addiction*, 3(9), 67-100.
- Spoth, R. L., Randall, G., Trudeau, L., Shin, C., & Redmond, C. (2008). Substance abuse outcomes 5 1/2 years past baseline for partnership-based, family school preventive interventions. *Drug and Alcohol Dependence*, 96, 57–68. <https://doi.org/10.1016/j.drugalcdep.2008.01.023>
- Srivastava, K., & Das, R. C. (2016). Empathy: Process of adaptation and change, is it trainable? *Industrial Psychiatry Journal*, 25(1), 1. <https://doi.org/10.4103/0972-6748.196055>
- Todd, W. D., & Machado, N. L. (2019). A time to fight: Circadian control of aggression and associated autonomic support. *Autonomic Neuroscience*, 217, 35-40. <https://doi.org/10.1016/j.autneu.2018.12.008>
- UNICEF. (2012). *Global evaluation of life skills education programmes*. Evaluation Office, New York. Retrieved from <https://evaluationreports.unicef.org/GetDocument?fileID=241> (21st June 2022).
- Weiner, S. J., & Auster, S. (2007). From empathy to caring: Defining the ideal approach to a healing relationship. *The Yale Journal of Biology and Medicine*, 80(3), 123.
- Williams, R. (2017). Anger as a basic emotion and its role in individuality building and pathological growth: The neuroscientific, developmental and clinical perspectives. *Frontiers in Psychology*, 8, 1950. <https://doi.org/10.3389/fpsyg.2017.01950>
- World Health Organization. (1993). Life skills education for children and adolescents in schools: Introduction to life skills for psychosocial competence. Guidelines to facilitate the development and implementation of life skills programs (No. WHO/MNH/PSF/93.7 A. Rev. 2). Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/63552/WHO?sequence=1> (21st of June 2022)
- World Health Organization. (1997). *Dengue haemorrhagic fever: Diagnosis, treatment, prevention and control* (2nd ed.). Geneva: World Health Organization.
- World Drug Report. (2018). UNODC, Vienna. Retrieved 21 June, 2022 from [https://www.emcdda.europa.eu/drugs-library/world-drug-report-2018\\_en](https://www.emcdda.europa.eu/drugs-library/world-drug-report-2018_en)
- Yaprak, G. (2006). The degree of the having symptoms of using psychoactive drugs of second level primary school children and their success [The education program offers to prevent the using of the children who are under risk] (Master thesis). Niğde University.
- Zlotnik, S., & Togliola, J. (2018). Measuring adolescent self-awareness and accuracy using a performance-based assessment and parental report. *Frontiers in Public Health*, 6, 15. <https://doi.org/10.3389/fpubh.2018.00015>