

Evaluation of the management of the Huzur Köy Project for substance use disorder

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ABSTRACT

Aims: This study aims to retrospectively evaluate the treatment outcomes of individuals at the Huzur Köy Addiction Treatment and Social Reintegration Center in Türkiye and to identify sociodemographic and treatment-related factors associated with post-discharge abstinence.

Methods: In this retrospective descriptive study, the medical records of 152 individuals treated at the center between 2022 and 2024 were analyzed. Sociodemographic characteristics, substance use history, treatment process details, and post-discharge follow-up data were examined. Staying clean was defined as the complete absence of psychoactive substance use following discharge.

Results: The mean age of participants was 28.6 years, and the post-discharge abstinence rate was 30.9%. Statistically significant associations with abstinence were found for marital status (higher rates in married individuals, $p=0.037$) and positive family relationships ($p=0.035$). Crucially, the length of stay was a significant predictor of success ($p<0.001$). The staying clean rate for individuals who stayed 3–6 months was 45.3%, compared to 20.5% for those who stayed 0–3 months ($p=0.001$).

Conclusion: The findings of this retrospective analysis indicate that a longer duration of inpatient rehabilitation is strongly associated with higher rates of staying clean. Furthermore, social support systems, specifically being married and having good family relationships, appear to be significant protective factors. These results highlight the importance of long-term, structured rehabilitation programs and suggest that interventions aimed at strengthening social support may improve treatment outcomes in Türkiye.

Keywords: Substance use disorder, rehabilitation, treatment outcome, retrospective study, length of stay

INTRODUCTION

Substance use disorder is a highly prevalent public health problem worldwide and a leading cause of significant disability.¹ Substances involved in this disorder include alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics, anxiolytics, stimulants (such as amphetamine derivatives, cocaine, and other stimulants), and tobacco.² These substances are addictive psychoactive agents that possess both stimulant and euphoric effects as well as depressant properties on the central nervous system.³

Substance use disorder is recognized as a major health issue on a global scale. According to the 2023 World Drug Report published by the United Nations Office on Drugs and Crime (UNODC), an estimated 284 million people aged 15–64 worldwide used drugs at least once between 2021 and 2022.⁴ A nationwide survey conducted in the United States reported that approximately 14.5% of individuals aged 12 years or

older were diagnosed with substance use disorder, with 10.2% meeting criteria for alcohol use disorder and 6.6% for illicit drug use disorder.⁵ Furthermore, data from the National Center for Health Statistics of the U.S. Centers for Disease Control and Prevention (CDC) indicate that during the twelve months ending in December 2023, 107,543 individuals died from drug overdose.⁶

Similarly, substance use disorder represents a serious health concern in Türkiye. A study conducted by the Turkish Statistical Institute (TÜİK) estimated that, as of 2022, approximately 2.7 million people (4% of the population) in the country had used drugs at least once in their lifetime.⁷ The increasing number of individuals receiving treatment services is also noteworthy. In 2013, 218,574 outpatients and 7,897 inpatients were treated, whereas in 2018 these numbers rose to 251,593 and 13,841, respectively.^{8,9} In 2022, the number

of outpatients receiving treatment reached 302.911, and the number of inpatients was 18.187.¹⁰ In 2023, outpatient visits numbered 349.393, while admissions to inpatient treatment centers totaled 16.291.¹¹

The harms caused by alcohol and substance use disorders extend beyond the individual's health, producing multidimensional legal, social, and economic consequences that affect the family, social environment, and society at large.¹ These disorders represent one of the most costly health problems for healthcare systems, creating a significant burden both at the individual and societal levels. Treatment expenses, loss of workforce, decreased functionality, increased substance-related crime rates, and traffic accidents constitute the main components of these costs.¹² The increasing prevalence of substance addiction, both globally and in Türkiye, threatens not only the individual's social functioning but also public health.

Various studies conducted in Türkiye on addiction reveal that the current health service provision is mainly focused on crisis intervention and treatment centres are inadequate in number and limited in terms of capacity. In addition, it is reported that treatment periods are short and the methods applied are inadequate in terms of effectiveness.¹³

The Huzur Köy Addiction Treatment and Social Reintegration Center is a full-time rehabilitation facility operating under the auspices of the Governorship of Kırıkkale and managed by the Kırıkkale Provincial Health Directorate. It provides inpatient care for individuals with substance addiction. Eligible participants are male, aged 18 years or older, able to communicate in Turkish, free of any physical health conditions that would prevent participation in communal living, and have voluntarily completed at least three weeks of detoxification treatment at an Alcohol and Substance Addiction Treatment Center (AMATEM).

The Huzur Köy Model adopts a holistic case management approach that focuses not only on the treatment process but also on the long-term social reintegration of individuals. This approach aims to facilitate access to necessary services, encourage active participation in the process, and promote sustainable recovery. Rehabilitation programs are structured into 3-and 6-month modules, with the 6-month program being recommended. Participation is voluntary, and individuals may choose to withdraw from the program at any time.

The center provides regular psychotherapy sessions and family meetings, with monitoring by a multidisciplinary team of psychologists, social workers, and physicians. With the support of the Provincial Mufti's Office, values-based education is offered to address spiritual needs. Operating under the governorship, the center collaborates with public institutions to provide comprehensive support to participants.

To facilitate social reintegration, vocational courses, entrepreneurship training, sports activities, and planned social events are organized throughout the rehabilitation process.

The aim of this study is to evaluate the effectiveness of the Huzur Köy Project, a strengths-based, case management-oriented intervention model for individuals undergoing treatment for substance use disorder.

METHODS

This study is a file-based, retrospective descriptive study in which the records of individuals receiving treatment at the Huzur Köy Addiction Treatment and Social Reintegration Center. All individuals who had received treatment services at the center since its establishment and whose medical records were accessible were included in the study. A total of 152 clients' data were evaluated. No specific inclusion restrictions were applied, and only individuals whose records could not be retrieved were excluded.

The study was conducted after obtaining approval from the Non-interventional Clinical Researches Ethics Committee of Kırıkkale University (Date: 12.05.2025, Decision No: 2025.01.06) and official permission from the Kırıkkale Provincial Health Directorate. All procedures were carried out in accordance with the ethical rules and the principles of the Declaration of Helsinki. Data were manually collected from the institution's patient record archives by the researcher. A data collection form developed by the researcher was used, which included headings on sociodemographic characteristics, substance use history, treatment process, participation in vocational courses, disciplinary status, and post-discharge follow-up. In this study, "staying clean" was defined as the complete absence of psychoactive substance use during the follow-up period after discharge from the center. Remission was considered as a period entirely free from substance use.

Statistical Analysis

Data analysis was performed using IBM SPSS Statistics, version 25.0. Descriptive statistics included frequency, percentage, mean, and standard deviation values. Independent samples t-test was used for comparisons of continuous variables between groups. Pearson's Chi-square test was applied to evaluate relationships between categorical variables; in cases where expected cell counts were insufficient, Fisher's Exact test and Yates' corrected Chi-square test were employed. A significance level of $p < 0.05$ was considered statistically significant for all analyses.

RESULTS

In this study, the medical records of a total of 152 individuals treated at the Huzur Köy Addiction Treatment and Social Reintegration Center between 2022 and 2024 were retrospectively reviewed. The mean age of participants was 28.6 ± 5.6 years, and the mean age of initiation of substance use was 17.3 ± 5.5 years. Of the participants, 80.3% were single and 19.7% were married.

Family relationships were self-rated as "good" by 55.3% of participants, "moderate" by 28.9%, and "poor" by 15.8%. A family history of substance use was present in 15.1% of participants. Among them, 87.5% reported having previously attempted to quit, with a mean prior staying clean duration of only 10.3 ± 14.5 weeks. Before admission, 17.1% had received subcutaneous implant treatment, and 25.7% had benefited from psychosocial support services. Suicidal ideation prior to admission was reported by 24.3% of individuals.

The mean length of stay at the Huzur Köy facility was 67.6 ± 49.5 days. The most frequently attended vocational

courses were greenhouse cultivation (34.2%), pastry and culinary arts (21.7%), and ceramic tile painting (21.7%). While 59.2% of participants did not receive any disciplinary penalties, 36.2% accumulated penalty points, and 4.6% were expelled from the center due to disciplinary action.

Post-discharge, 40.1% of individuals completed the treatment program, 50% left voluntarily, and 9.9% were discharged due to disciplinary measures. During follow-up, the employment rate was 46.7%, and the staying clean rate was 30.9%.

Statistically significant relationships were determined with some variables affecting the cleanliness of individuals after discharge. A significant relationship was found between marital status and staying clean ($p=0.037$); the rate of staying clean was found to be higher in married individuals. Similarly, family relationships were significantly associated with staying clean ($p=0.035$); the rate of staying clean was significantly higher in individuals who rated their family relationships as good.

No significant associations were found between staying clean status and other variables such as educational level, psychosocial support, family history of substance use, previous quit attempts, subcutaneous implant therapy, or suicidal ideation. The relationship between staying clean status and participants' sociodemographic characteristics is presented in [Table](#).

The relationship between the length of stay in Huzur Köy and their ability to stay clean after discharge was found to be statistically significant ($p<0.001$). While the average rehabilitation period of the individuals who managed to stay clean was 93.38 ± 51.31 days, this period was calculated as 56.05 ± 44.29 days in individuals who could not stay clean. In addition, when the individuals were divided into two groups according to the time they spent in rehabilitation (0-3 months and 3-6 months), it was observed that 45.3% of those who stayed between 3-6 months remained clean after

discharge, whereas this rate remained at 20.5% in individuals who stayed 0-3 months ($p=0.001$). These findings suggest that individuals who received treatment in Huzur Köy for a longer period of time were significantly more likely to remain clean after discharge and that the duration of treatment may be a determining factor in rehabilitation success.

DISCUSSION

Substance use disorder is a multidimensional public health issue that adversely affects not only an individual's physical and mental health but also social functioning, family structure, and community relationships.¹ In recent years, models focusing solely on medical interventions in addiction treatment have proven insufficient; instead, comprehensive rehabilitation approaches that address the psychosocial aspects of the individual have gained increasing importance. In this context, recovery-oriented therapeutic community models in Europe such as San Patrignano (Italy), Parceval (Germany), and the United Kingdom stand out for their long-term, inpatient, individualized, multidisciplinary, and vocational skill-building approaches.^{14,15} In Türkiye, institutions such as AMATEM, BAHAR, and YEDAM are developing both outpatient and inpatient service models for addiction treatment.¹⁶ The Huzur Köy Addiction Treatment and Social Integration Center examined in this study represents a unique application in Türkiye. This center offers long-term inpatient treatment combined with psychosocial support, vocational training, and social integration simultaneously, showing structural similarities to therapeutic communities in Europe.

In this study, the sociodemographic characteristics, treatment processes, and post-discharge cleanliness outcomes of individuals treated at Huzur Köy were evaluated, and the findings show parallels with both national and international literature. The predominance of young adults (mean age 28.6 years) and single individuals (80.3%) among the participants indicates that substance use is more common in younger

Table. Relationship between sociodemographic variables and staying clean

Variable		Not clean (n=105)	Clean (n=47)	Total (n=152)	p
Marital status	Single	89 (73.0%)	33 (27.0%)	122 (80.3%)	0.037
	Married	16 (53.3%)	14 (46.7%)	30 (19.7%)	
Family relationships	Poor	16 (66.7%)	8 (33.3%)	24 (15.8%)	0.035
	Modarete	37 (84.1%)	7 (15.9%)	44 (28.9%)	
Education level	Good	52 (61.9%)	32 (38.1%)	84 (55.3%)	0.092
	Primary school	4 (40.0%)	6 (60.0%)	10 (6.6%)	
	Secondary school	40 (67.8%)	19 (32.2%)	59 (38.8%)	
History of receiving psychosocial support	High school and above	61 (73.5%)	22 (26.5%)	83 (54.6%)	0.67
	Yes	28 (71.8%)	11 (28.2%)	39 (25.7%)	
Family history of substance use	No	77 (68.1%)	36 (31.9%)	113 (74.3%)	0.301
	Yes	18 (78.3%)	5 (21.7%)	23 (15.1%)	
History of quit attempts	No	87 (67.4%)	42 (32.6%)	129 (84.9%)	0.551
	Yes	93 (69.9%)	40 (30.1%)	133 (87.5%)	
Subcutaneous implant application	No	12 (63.2%)	7 (36.8%)	19 (12.5%)	0.654
	Yes	17 (65.4%)	9 (34.6%)	26 (17.1%)	
Suicidal ideation	No	88 (69.8%)	38 (30.2%)	126 (82.9%)	0.556
	Yes	27 (73.0%)	10 (27.0%)	37 (24.3%)	
	No	78 (67.8%)	37 (32.2%)	115 (75.7%)	

age groups. Although 87.5% of individuals had previously attempted to quit, the average duration of cleanliness remained short (10.3 weeks), highlighting the chronic and relapsing nature of addiction. The National Institute on Drug Abuse (NIDA) defines addiction as a brain disease that requires long-term monitoring and multicomponent intervention.¹⁷

Within the treatment model applied at Huzur Köy, individuals receive structured cognitive behavioral therapy (CBT) throughout their stay. CBT aims to identify biased thoughts and cognitions related to substance use and replace them with functional alternatives, as well as recognize and restructure behavior patterns that trigger substance use.¹⁸ Literature has shown that CBT produces small but significant effects in the treatment of substance use disorders compared to other psychosocial interventions.^{19,20} Long-term inpatient programs, such as those at Huzur Köy, provide individuals not only with short-term psychoeducation but also prolonged, systematic, and repetitive exposure to CBT. This therapeutic continuity facilitates the internalization of behavioral change and reduces relapse risk.

One of the most striking findings of this study is the positive and statistically significant relationship between the length of stay at the center and cleanliness outcomes ($p < 0.001$). This finding shows that the rehabilitation process, i.e. its duration, is of critical importance in terms of the individual's integration into treatment, the development of coping skills, and the ability to break away from old habits. In the Iowa Case Management Project conducted by Hall and colleagues,²¹ it was emphasised that clients' active participation in the treatment process was decisive for the outcomes; the concept of 'participation' was highlighted. The fact that individuals who stayed longer at Huzur Village were able to remain clean at a higher rate suggests that they were exposed to the treatment content more extensively and were able to reinforce the skills they learned. Similarly, the literature indicates that long-term inpatient rehabilitation increases sustainability and that the duration of treatment is associated with behavioural change.^{22,23}

Studies evaluating the effects of long-term rehabilitation services for substance dependence in Türkiye are quite limited. The only comprehensive follow-up study in this field in the literature is the study evaluating the 2-year data of the BAHAR Centre affiliated with the Erenköy Mental and Nervous Diseases Training and Research Hospital. In this study, 52% of the 179 individuals who applied to the centre were enrolled in a part-time rehabilitation programme, while 48% were enrolled in a full-time programme. Of these, 75 individuals completed the first three-month programme and 54 individuals completed the six-month programme in remission and in a compliant manner. However, only 19 individuals were reported to have completed the one-year programme in remission. These findings indicate that participation rates in rehabilitation programmes remain limited and that success rates decrease with long-term follow-up.¹⁶ Compared to Huzur Köy data, a total of 152 individuals have been admitted to the program since its inception; only 10 completed the six-month program, and 51 completed the three-month program. Approximately 50% of participants withdrew voluntarily, while 9.9% left due to disciplinary reasons. Although the continuation rates were

low, individuals who completed the program demonstrated significantly higher post-discharge cleanliness rates.

While the Huzur Köy model shares structural similarities with the BAHAR model, the fact that a significant portion of participants left before three months indicates the need for strategies to improve retention in rehabilitation. Enhancing motivational interviewing, actively involving family support, and establishing individualized treatment goals early could be effective interventions to increase program success and continuity.

Social support systems emerged as a significant determinant in this study. Marital status (being married) and good family relationships significantly increased staying clean rates ($p = 0.037$ and $p = 0.035$). Family support is known to enhance motivation, act as a buffer against relapse, and help individuals develop a sense of belonging and responsibility.²² Hall et al.²¹ reported that case management positively influenced family functioning and parenting attitudes. The critical role of family in post-inpatient reintegration into society has also been highlighted in the study by Çölgeçen et al.²⁴

In this study, variables such as educational level, receipt of psychosocial support, subcutaneous implant use, family history of substance use, and suicidal ideation were not significantly associated with staying clean outcomes. This suggests that comprehensive and structured inpatient rehabilitation models, such as Huzur Köy, can have a strong impact on behavioral change regardless of individuals' initial risk profiles. Hall et al.²¹ similarly observed significant reductions in substance use during the first three months of treatment across all clients, indicating that treatment content may be more influential than individual differences.

Additionally, the Huzur Köy model not only provides external support (counseling, referrals, etc.) but also offers hands-on vocational training (greenhouse work, cooking, pastry making, etc.), which enhances self-efficacy and social integration. These structured, skill-oriented interventions can foster hope, productivity, and identity in individuals, thereby reducing relapse risk. Even the Iowa study reported limited but positive effects of case management on employment, supporting the notion that employment and productivity can serve as strong protective factors in addiction rehabilitation.^{14,21}

Limitations

This study has several limitations. In particular, the retrospective design, the absence of a control group, and the reliance of variables solely on recorded documents should be considered as constraints. Nevertheless, despite these limitations, the study provides important findings suggesting that various aspects of the Huzur Köy model may be effective in addiction treatment based on real-world data.

CONCLUSION

This study highlights that treatment duration, social support systems, and structured interventions aimed at developing vocational skills are critical factors in addiction management. Holistic models such as Huzur Köy offer a recovery-oriented approach that targets not only substance use but also all areas of an individual's life, enabling long-term success. The

wider implementation of such models across the country, as well as future controlled, prospective, and long-term studies to systematically evaluate their effects, is of significant importance.

ETHICAL DECLARATIONS

Ethics Committee Approval

The study was conducted after obtaining approval from the Non-interventional Clinical Researches Ethics Committee of Kırıkkale University (Date: 12.05.2025, Decision No: 2025.01.06).

Informed Consent

Because the study was designed retrospectively, no written informed consent form was obtained from patients.

Referee Evaluation Process

Externally peer-reviewed.

Conflict of Interest Statement:

The authors have no conflicts of interest to declare.

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Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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