

## LEVEL OF AWARENESS AND SEEKING SUPPORT AMONG INDIVIDUALS WITH SUBSTANCE DEPENDENCE

### NÍVEL DE CONSCIÊNCIA E BUSCA DE APOIO ENTRE INDIVÍDUOS COM DEPENDÊNCIA DE SUBSTÂNCIAS

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#### Abstract

Substance use disorders represent a significant public health and societal challenge, characterized not only by biological and psychological determinants, but also by deficits in self-awareness, stigma, and delayed help-seeking. The level of awareness of substance-related problems plays a critical role in recognizing the need for treatment and initiating timely medical and psychosocial support. This article examines the relationship between awareness of substance dependence and the adequacy of medical and psychosocial help-seeking. Drawing on contemporary theoretical models of addiction, including the Transtheoretical Model of Behavior Change and the concept of insight in addiction, the article integrates evidence from international research on stigma, motivation for change, and mindfulness-based interventions. Particular attention is paid to the role of awareness as a mediating factor between substance use severity, perceived stigma, and engagement with health and social services. The results of the author's study show that insufficient awareness and internalized stigma significantly hinder help-seeking behavior, while higher levels of insight and motivation are associated with earlier intervention and better treatment outcomes. Mindfulness-based and psychosocial interventions are discussed as promising approaches to increase self-awareness, emotional regulation, and readiness for change among people with substance use disorders. The article emphasizes the importance of integrated medical and psychosocial support and highlights the role

#### Resumo

Os transtornos relacionados ao uso de substâncias representam um desafio significativo para a saúde pública e a sociedade, caracterizado não apenas por determinantes biológicos e psicológicos, mas também por déficits de autoconsciência, estigma e demora na busca por ajuda. O nível de conscientização sobre os problemas relacionados às substâncias desempenha um papel fundamental no reconhecimento da necessidade de tratamento e no início do apoio médico e psicossocial oportuno. Este artigo examina a relação entre a conscientização sobre a dependência de substâncias e a adequação da busca por ajuda médica e psicossocial. Com base em modelos teóricos contemporâneos de dependência química, incluindo o Modelo Transteórico de Mudança de Comportamento e o conceito de insight na dependência química, o artigo integra evidências de pesquisas internacionais sobre estigma, motivação para mudança e intervenções baseadas em mindfulness. É dada atenção especial ao papel da consciência como fator mediador entre a gravidade do uso de substâncias, o estigma percebido e o envolvimento com serviços de saúde e sociais. Os resultados do estudo do autor mostram que a consciência insuficiente e o estigma internalizado prejudicam significativamente o comportamento de busca de ajuda, enquanto níveis mais altos de insight e motivação estão associados a uma intervenção mais precoce e melhores resultados de tratamento. Intervenções baseadas na atenção plena e psicossociais são discutidas como abordagens promissoras para



of social work in raising awareness, reducing stigma, and promoting access to appropriate services. These findings contribute to a more comprehensive understanding of help-seeking behavior for substance use disorders and offer implications for prevention, treatment, and social policy development.

**Keywords:** Substance Use Disorders, Awareness of Addiction, Help-seeking Behavior, Psychosocial Support, Stigma.

*umentar a autoconsciência, a regulação emocional e a prontidão para a mudança entre pessoas com transtornos relacionados ao uso de substâncias. O artigo enfatiza a importância do apoio médico e psicossocial integrado e destaca o papel do serviço social na conscientização, redução do estigma e promoção do acesso a serviços adequados. Essas descobertas contribuem para uma compreensão mais abrangente do comportamento de busca de ajuda para transtornos relacionados ao uso de substâncias e oferecem implicações para a prevenção, o tratamento e o desenvolvimento de políticas sociais.*

**Palavras-chave:** Transtornos relacionados ao uso de substâncias. Conscientização sobre o vício. Comportamento de busca de ajuda. Apoio psicossocial. Estigma.

## 1 INTRODUCTION

Addiction to psychoactive substances represents one of the most complex medical, psychological, and social phenomena of contemporary society, requiring comprehensive intervention. Individuals suffering from addiction often do not fully recognize the severity of their condition, which leads to delayed or entirely absent seeking of professional help (Miller & Rollnick, 2013). According to data from the World Health Organization (WHO), substance use disorders affect more than 36 million people worldwide aged 15 to 64.

One of the key factors influencing the effectiveness of prevention, treatment, and rehabilitation in addiction is the level of problem awareness among affected individuals. As a psychological capacity, “awareness” is defined as “the awareness that arises through purposeful attention to the present moment, without judgment” (Kabat-Zinn, 2013). The level of awareness is a critical factor determining motivation for change and participation in therapy and includes recognizing the presence of a problem, accepting the need for change, and readiness to seek professional help.

A lack of or low level of awareness leads to postponement of treatment, interruption of the therapeutic process, and deepening of the negative consequences of

substance use (Prochaska & DiClemente, 1983). Addiction to psychoactive substances represents a serious public health and social problem, the consequences of which affect not only the individual but also the family, work environment, and community. Practice shows that despite the availability of medical and social services, a large proportion of individuals with substance dependence do not seek timely help and reject assistance offered to them. One of the key reasons is the low level of awareness regarding their own condition and the consequences of substance use.

In this context, the relationship between the level of awareness of addiction and the adequacy of seeking medical and psychosocial assistance becomes particularly significant. Medical interventions aimed at detoxification and the treatment of comorbid somatic and mental disorders are significantly more effective when combined with psychosocial support, including counseling, psychotherapy, social work, and community support (Miller & Rollnick, 2013).

The aim of this article is to examine the theoretical aspects of awareness in substance addiction and its role as a factor in seeking medical and psychosocial assistance, with an emphasis on the importance of an integrated approach in working with individuals with substance dependence.

## **2 THEORETICAL FOUNDATIONS OF SUBSTANCE DEPENDENCE**

Dependence on psychoactive substances is defined as a chronic, relapsing condition characterized by compulsive substance use, loss of control over intake, and continued use despite the presence of harmful consequences (American Psychiatric Association, 2013). The biological mechanisms of addiction are associated with changes in brain structures and neurotransmitter systems, while psychological and social factors include personality characteristics, family environment, socioeconomic conditions, and cultural attitudes. Contemporary models of addiction emphasize the need for a holistic approach that takes into account the interaction between biological, psychological, and social determinants. It is precisely this biopsychosocial model that forms the basis for the development of combined medical and psychosocial interventions (Engel, 1977).

The treatment of substance dependence requires the application of an integrated approach, including medical detoxification, psychiatric assessment (especially in cases of

dual diagnoses), individual and group psychotherapy, social rehabilitation, and participation in relapse prevention programs. According to the WHO (2023), an integrated approach increases the likelihood of sustainable recovery.

### 3 AWARENESS AND MOTIVATION FOR CHANGE

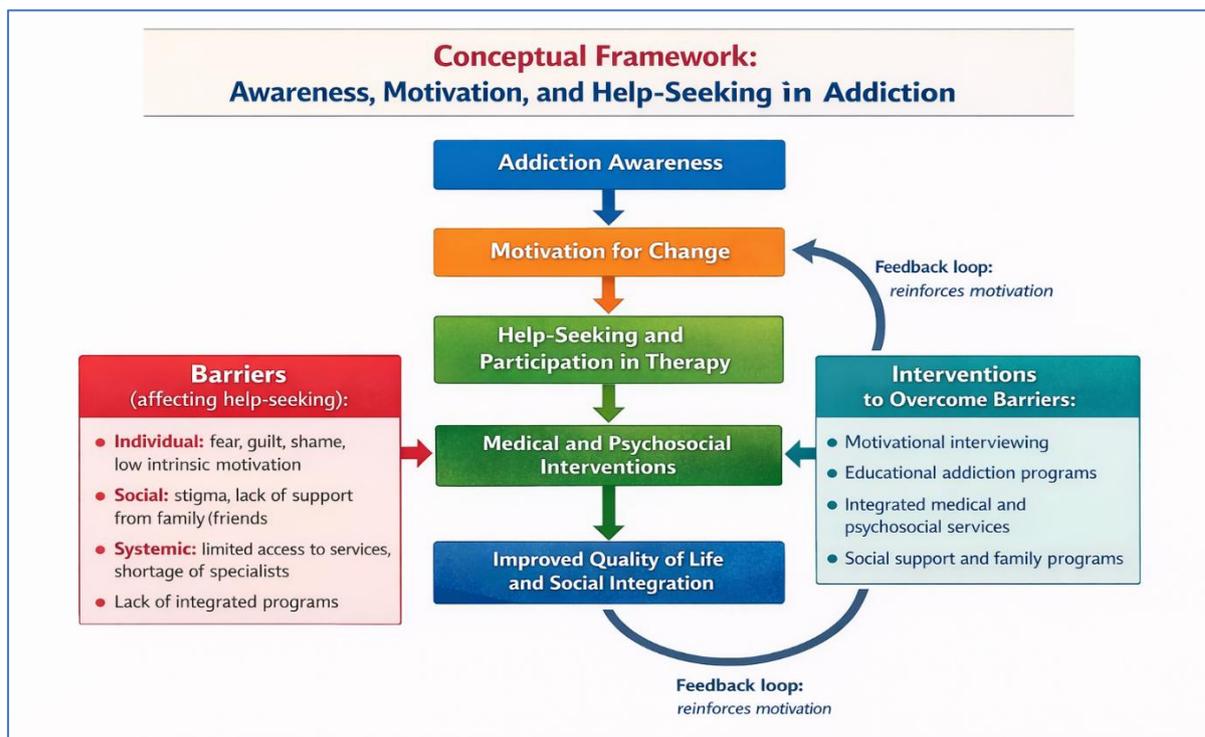
Awareness of addiction is closely linked to motivation for change and readiness to engage in the treatment process. Awareness of addiction includes: recognition of behavioral patterns; awareness of physical and psychological dependence; assessment of harms and consequences; and readiness to initiate change.

In the scientific literature, awareness of addiction is associated with acknowledging loss of control, perceiving harm, and readiness to undertake change (DiClemente, 2003). There is substantial scientific evidence that the Transtheoretical Model of Change (TTM), developed by Prochaska and DiClemente (1983), is particularly applicable in analyzing the behavior of individuals with addiction in order to assess their readiness for treatment. The model describes change as a process that passes through several stages: precontemplation, in which the individual does not recognize the existence of a problem; contemplation, during which the individual experiences ambivalence about the presence of a problem; preparation, in which the intention to change emerges; **action**, when treatment begins; and maintenance, a stage in which sustaining change is required.

Experts identify the precontemplation stage as the most critical and reversible, as individuals often do not perceive substance use as a problem, which significantly reduces the likelihood of seeking help. As awareness increases and individuals progress to the contemplation and preparation stages, readiness to seek professional support also increases. In this sense, awareness functions as a key mediator between the presence of addiction and actual engagement in medical and psychosocial services.

Help-seeking in addiction is a complex process influenced by individual, social, and institutional factors. Stigma, fear of social rejection, and lack of information about available services often hinder timely consultation with professionals (Corrigan et al., 2014).

Figure 1 illustrates a conceptual model developed by the author of addiction awareness, motivation for change, and appropriate interventions.

**Figure. 1***Conceptual model*

Source: Author's own conceptual model, based on theoretical frameworks of motivation for change, help-seeking behavior, and interventions in addiction (Prochaska & DiClemente, 1983; Miller & Rollnick, 2013; WHO, 2014).

#### 4 FACTORS INFLUENCING AWARENESS

Based on an analysis of the literature, the main factors influencing awareness of addiction can be differentiated and grouped as follows:

- Psychological factors – with exceptionally strong impact. A commonly observed defense mechanism among individuals with developed addiction is denial and minimization of the problem. The work of professionals aimed at helping individuals accept the existence of a problem often constitutes the largest relative share of the entire therapeutic process. Another important factor is ambivalence. Low self-esteem and feelings of hopelessness are characteristic of people with addiction. Once they become aware of the existence of a problem, they often enter the phase: *“I know it is harming me, but I cannot stop.”* At the stage of recognizing the problem, fear of stigma, labeling, and social rejection is also added. These factors are strongly inhibiting and have a powerful

influence on individuals' willingness to disclose the problem, seek help, and begin therapy (Corrigan, 2004).

- Social environment

The family environment plays a particularly important role in the initiation of substance use, the development of risky use, and addiction. There is substantial evidence of the positive influence of a supportive family environment in coping with the effects of addiction, as well as evidence of the opposite - namely, the effects of a risky family environment and so-called dysfunctional family models in exacerbating the problem. Socioeconomic factors such as poverty, unemployment, and lack of a supportive environment are also of particular importance when identifying factors that trigger addictive behavior. The influence of peers and peer pressure - especially from friends who already use substances - is likewise significant for both initial and subsequent substance use, as well as for awareness of one's behavior.

- Cultural and societal attitudes

Among the factors influencing awareness of substance dependence are negative stereotypes toward people with addiction - societal perceptions that view them as "to blame" rather than as individuals in need of treatment - as well as insufficient information about support services and the confidentiality of their work.

Based on the factors outlined above, existing barriers to help-seeking among individuals with addiction can also be identified. These barriers can be categorized as individual, family-related, and systemic. Among the most significant individual barriers, researchers highlight fear of treatment side effects, lack of trust in institutions, and lack of internal motivation (Miller & Rollnick, 2013). Barriers arising from the family system include insufficient support, the presence of comorbid addictions within the family, and fear on the part of family members of the "disclosure" of the problem. Systemic factors originate from society as a whole, and depending on the level of societal awareness of the problem, they may vary, including limited access to services in small settlements, insufficient capacity of treatment centers, shortage of specialists, weak coordination between medical and social structures - formal rather than integrated interaction between institutions - and a lack of developed and practically implemented long-term treatment and rehabilitation programs.

A review of the scientific literature shows that numerous scales measuring awareness of substance use disorders have been developed and applied in practice, along with results from empirical studies (Yurtsever & Arabacı Baysan, 2021; Ünal Demir et al., 2022). One such scale that has found wide application in practice is the Substance Use Disorders Awareness Scale, developed by Özey Köse and Gül in 2018 to measure awareness of substance use disorders. It consists of four factors (Support and Legal Regulations; Symptoms and Effects of Substance Use; Personal Attitudes and Opinions; and Factors Causing Addiction) and 27 items (Özey Köse & Gül, 2018). In practice, achieving optimal outcomes from applied interventions requires a thorough understanding of risk factors in the treatment of substance use disorders, as well as ensuring that the patient/client is aware - i.e., has self-knowledge and understands the goals of the intervention(s) (Verdejo-García & Pérez-García, 2008). In 2023, Turkish researchers from Üsküdar University developed and published two scales that can provide insights into rehabilitation standards by assessing awareness among individuals with or without alcohol- and substance-related use disorders (Tarhan, Demirsoy, & Tutgun-Ünal, 2023).

There is substantial evidence in the scientific literature supporting the effectiveness of mindfulness in the treatment of addiction symptoms (Alizadehgoradel et al., 2019), including its specific effectiveness in methamphetamine dependence (Chmiel, Malinowska, Rybakowski, & Leszek, 2024; Zhai et al., 2022), in relapse prevention (Carroll & Lustyk, 2018), in improving recovery outcomes following increased awareness of the problem (Garland et al., 2019; Lorenzetti et al., 2023), and in the effects of mindfulness-based relapse prevention therapy on drug craving and emotional regulation among clients of therapeutic community centers (Hosseini, Eftekhar Saadi, & Johari Fard, 2023). Chinese researchers, through a meta-analysis of the effectiveness of mindfulness-based interventions on empathy, confirm the positive impact of mindfulness on treatment and rehabilitation outcomes (Hu et al., 2022). Sinem Aytop and Maral Kargin examine the correlation between mindfulness and relapse prediction among individuals with substance use disorders and conclude that as the intensity of substance craving increases, the likelihood of use also increases, while the level of mindfulness decreases with increasing craving intensity and probability of substance use (Aytop & Kargin, 2025).

Among individuals with substance dependence, motivation for behavioral change is one of the most effective factors for treatment retention. Motivation for behavioral change consists of better recognition of the problem, higher levels of action-taking, and reduced ambivalence in decision-making.

## **5 ANALYSIS OF THE RESULTS OF THE AUTHOR'S EMPIRICAL STUDY**

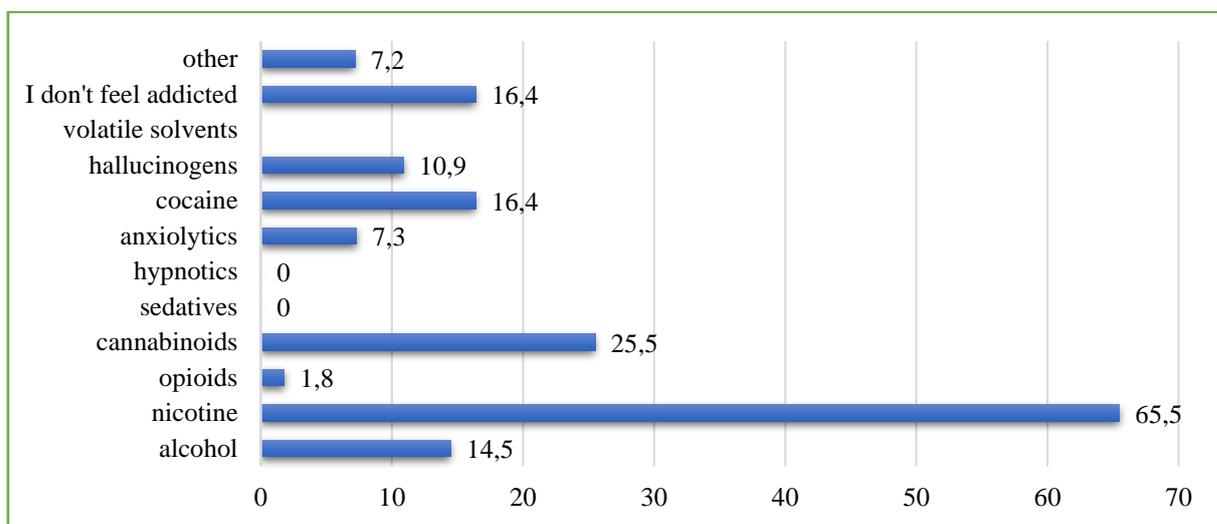
A review of the scientific literature on publications related to awareness of addiction, the need for treatment and rehabilitation, and motivation for change among individuals with substance dependence shows that, at a global level, the problem has been only limitedly and insufficiently studied. No studies conducted in Bulgaria and published by Bulgarian researchers were identified. During the period 2024–2025, the author conducted an online survey distributed through electronic resources to adult Bulgarian citizens who were subjects of secondary prevention. The aim of the study was to determine the level of awareness of substance dependence, attitudes toward seeking medical and psychosocial assistance, and skills related to seeking such support. The inclusion criteria were as follows: participants had to be adults, Bulgarian citizens, subjects of secondary prevention regarding substance dependence and its consequences, and to have participated voluntarily in the study. The research instrument was developed by the author and was intended exclusively for this study. The study was conducted between July 2024 and November 2025. Over a period of seventeen months, a total of 528 adult Bulgarian citizens participated voluntarily and anonymously. The study focused on substance dependence, while behavioral addictions were not included within its scope.

It is alarming that 83.6% of the study participants reported feeling addicted to a substance. This can be explained by the fact that the individuals included were subjects of secondary prevention and, through this screening, were assessed by specialists as potentially dependent. As expected, the largest proportion of respondents indicated dependence on nicotine (65.5%). Surprisingly, the proportion of participants reporting dependence on cannabinoids (25.5%) was higher than those recognizing dependence on alcohol (14.5%). This may be explained by the fact that, within Bulgarian cultural psychology, alcohol consumption is deeply embedded in everyday life, and for many citizens alcohol intake is not perceived as the use of a psychoactive substance. Figure 2

presents a visual distribution of respondents by type of substance used. Based on the results, it can be concluded that the majority of the studied individuals are aware that there already exists, or that there is reason to believe there exists, a problem related to the use of a particular substance. This constitutes a prerequisite for awareness of the problem and suggests a potential readiness to disclose it to a professional and to engage in treatment and/or rehabilitation programs.

**Figure 2**

*Intake of a specific type of substance*

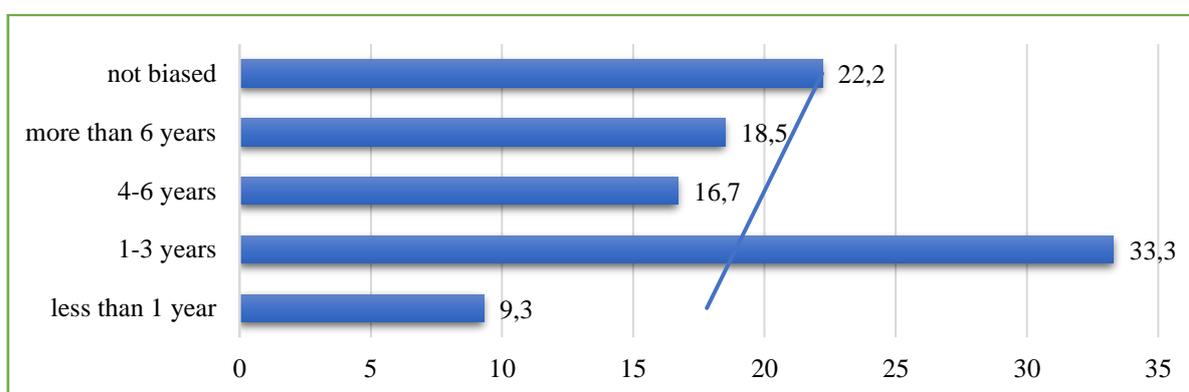


Of research interest is the duration of use of these substances, and especially how long respondents believe they have been addicted - that is, have a use they recognize as already harmful and have likely experienced negative consequences from. The largest proportion is of individuals who indicated that the duration of their addiction to a particular substance is 1 to 3 years – 33.3%. Next in number are those with the longest-standing addiction, more than 6 years. 18.5% of respondents recognize that they have an addiction to a substance of this duration. Close to this is the proportion of individuals who reported experiencing addiction lasting between 4 and 6 years – 16.7%. It is concerning that a total of 68.5% of respondents recognize that they have long-term (more than one year) use that is likely already harmful, due to the fact that they are subjects of secondary prevention. The reasons for prolonged use - whether treatment and/or rehabilitation were undertaken, and the reasons why use was not discontinued - would be interesting to

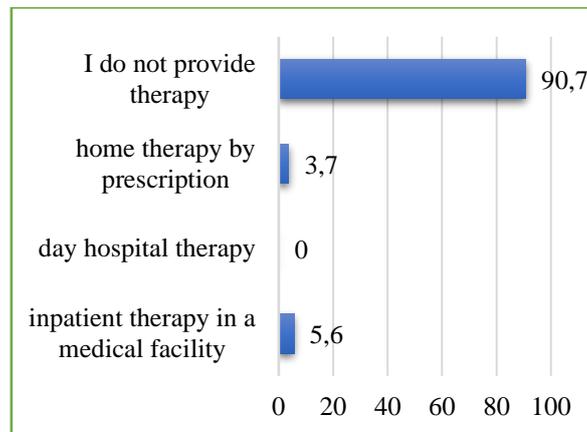
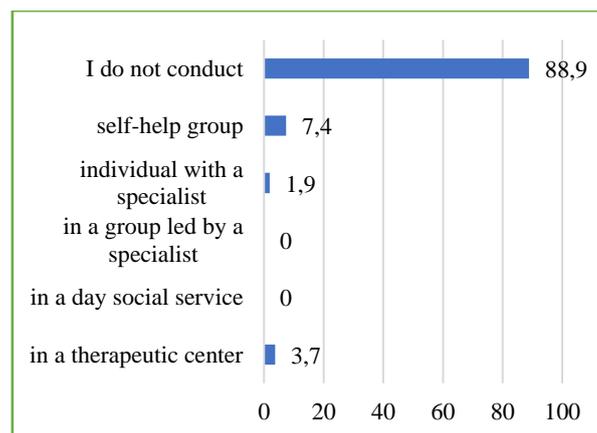
explore. 22.2% of those surveyed responded that they do not consider themselves addicted to any substance. The interpretation of the reason they gave for this answer is that they are more likely not yet aware of their risky use/abuse as problematic, but such use does exist in their case, as they were identified for screening by specialists. Figure 3 graphically shows the distribution of respondents by the duration of addiction they recognize.

**Figure 3**

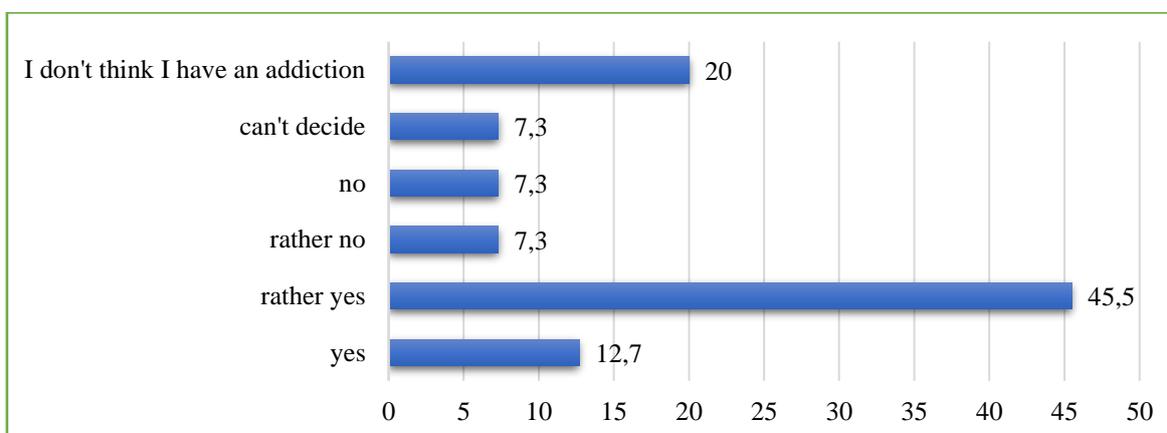
*Duration of Addiction*



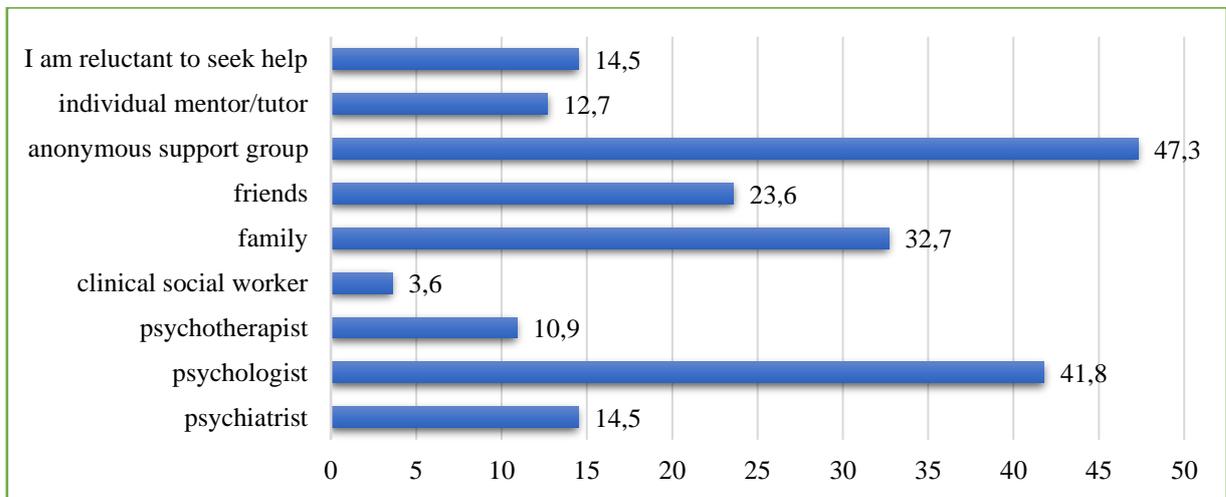
Awareness of an existing problem in individuals dependent on substances is fundamental for initiating medical treatment and the rehabilitation process. The results presented so far in the study show that a large portion of participants recognize the existence of a problem. How many of them have undergone any form of treatment or rehabilitation so far is reflected in the answers to the following questions. The largest proportion indicated that, at the time of the study, they were not undergoing medical treatment for their addiction (90.7%) **and** not participating in any form of rehabilitation (88.9%). Only 5.6% were receiving inpatient therapy, 3.7% were undergoing therapy prescribed by a doctor at home, 3.7% were in rehabilitation at a therapeutic center, 1.9% were undergoing individual rehabilitation guided by a specialist, and 7.4% attended mutual-help groups. The percentage distribution of responses to these two questions is presented in Figure 4 and Figure 5.

**Figure 4***Therapy Undergoing***Figure 5***Rehabilitation Undergoing*

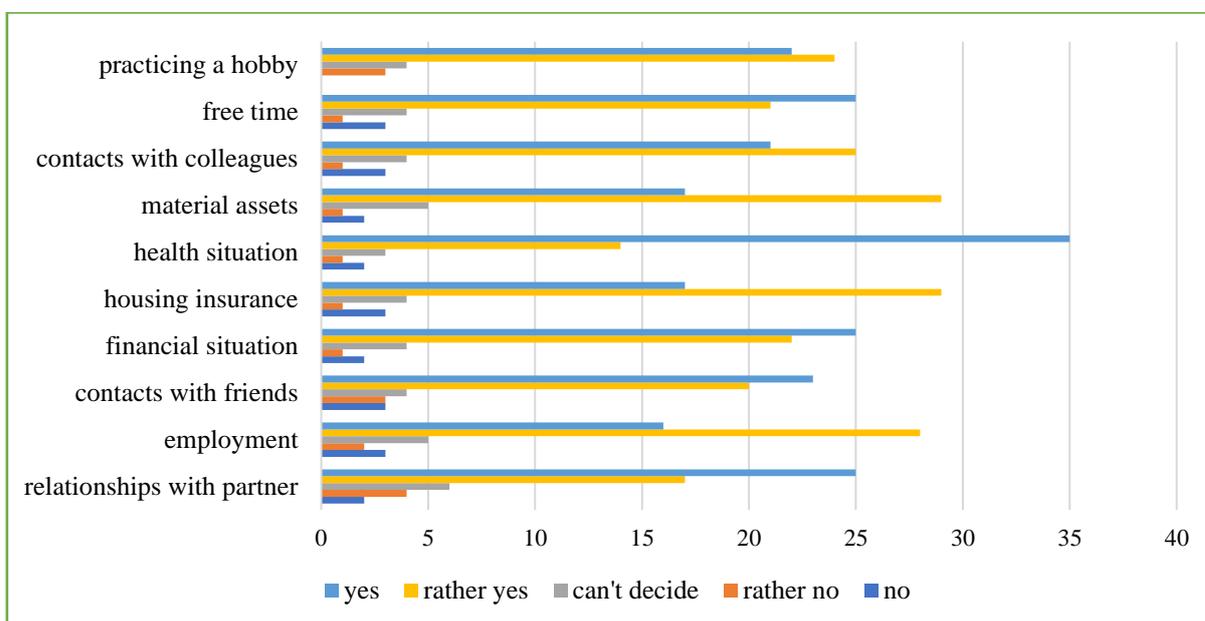
The answers to these two questions clearly show that a large portion of individuals who, based on previous questions, were found to recognize a problem with the use of a particular substance, are not undergoing treatment or rehabilitation. The reasons for this can vary - stigma, fear of revealing the problem and its consequences, shame, external pressure, lack of a supportive environment, and others. This is further explored in one of the following questions: “*Do you experience feelings of guilt due to your addiction?*”, to which 12.7% responded affirmatively, and another 45.5% responded affirmatively with some hesitation (Figure 6).

**Figure 6***Experienced Feelings Related to Addiction*

The results show that these respondents not only recognize the existence of problematic use on their part, but also perceive its negative consequences and experience feelings of guilt. Yet, a contradiction emerges: despite this awareness, they do not undergo treatment or rehabilitation. The reasons for this may lie in the feelings of guilt, shame, fear of losing authority or employment, or insufficient knowledge about available treatment and rehabilitation options. The study also aims to determine respondents' awareness regarding whom they can turn to when they recognize a need for support in coping with addiction. Among specialists working with addictions, psychologists are the most preferred: 41.8% of respondents indicated that they would share their problem with this type of professional. They are followed by psychiatrists (14.5%) and psychotherapists (10.9%), while the least preferred - or less common in our context - is the clinical social worker (3.6%). Among non-specialists, anonymous support groups are the most preferred (47.3%), followed by family, friends, and an individual mentor/guide. These responses again confirm the previously stated point: individuals who recognize a problem with addiction experience anxiety and fear social stigma, making it difficult for them to seek help, treatment, or support. Additionally, 14.5% of all surveyed individuals categorically stated that they would not turn to a specialist or acquaintance. The relative proportions of responses are presented graphically in Figure 7.

**Figure 7***Attitudes Toward Seeking Help/Support*

The study finds that individuals with substance dependence, surveyed at the screening stage, recognize the existence of a problem caused by substance use, but due to various presumed reasons, they find it difficult to seek help or support to address the issue. Despite this, they are convinced that treatment for addiction would improve their quality of life, either definitively or with some hesitation, across various aspects. Specifically, they believe their relationships with their partner would improve (25%), contact with colleagues (23%), financial situation (25%), health (35%), and quality of leisure time (25%). After stopping substance use, and with some hesitation, they believe their quality of life would improve regarding: employment (28%), housing security (27%), material possessions (29%), and time for hobbies (24%). Respondents were allowed to select more than one option for this question. The relative proportions of all responses are visualized in Figure 8.

**Figure 8***Perceived Impact of Substance Addiction on Quality of Life*

The chart shows that respondents clearly recognize the impact of addiction on their quality of life. They are aware that cessation of substance use would significantly improve their quality of life in all areas indicated in the survey. The remaining question is why individuals with addiction, despite being aware of the harms of their addiction, being informed about treatment and rehabilitation options, and understanding the impact of addiction on various aspects of their quality of life, still find it difficult to seek help and support. Research indicates that substance addictions are subject to more public stigma than most physical or mental illnesses. Numerous studies in the scientific literature highlight that stigmatization of individuals with addictions in contemporary society is much greater than that toward other mental health conditions such as depression, dementia, and obsessive-compulsive disorder. Evidence of this is presented in the publication by Kilian et al. (2021), who reviewed 24 studies comparing public attitudes toward substance use disorders with other mental health conditions (Kilian, C. et al., 2021).

A recent study by Christina Galanis and colleagues (2025) analyzed published research on behavioral stigma and substance addiction in the scientific literature over the past 20 years. They concluded that:

- Public stigma and self-stigma are associated with greater psychological distress;
- Addiction diagnoses are associated with more stigma than other mental and physical health conditions;
- Substance-related addictions are more stigmatized than behavioral addictions.

Greater familiarity with addiction conditions is linked to lower levels of stigma. Although the frequency of stigmatization varies significantly, these findings indicate that people experiencing addiction perceive stigmatizing attitudes and behaviors, which can be internalized as harmful self-stigma (Galanis, C. et al., 2025).

## 6 DISCUSSION OF THE RESULTS FROM THE EMPIRICAL STUDY

The discussion of the results can be presented from several perspectives:

- Influence of Awareness on Motivation for Treatment

The results of the empirical study show that despite a high level of awareness regarding the presence of addiction among a large portion of respondents, the actual seeking of medical and psychosocial help remains low. This highlights the gap between cognitive recognition of the problem and active motivation for change.

According to the Transtheoretical Model of Change (Prochaska & DiClemente, 1983), even when individuals recognize their addiction (the “contemplation” stage), they may remain in the “precontemplation” or “ambivalence” stage due to fear, denial, or distrust of treatment. Our data indicate that around 88–90% of respondents are not undergoing psychosocial or medical therapy, supporting these theoretical assumptions.

Awareness of addiction is a critical factor for stimulating motivation. Individuals who are more aware of the consequences of substance use on health, social, and professional life show a higher readiness to participate in therapy, even if they have not yet taken concrete action. This aligns with findings by Alizadehgoradel et al. (2019), which show that awareness is a predictor of active rehabilitation and relapse prevention.

- Role of Stigma and Social Factors

Stigma remains one of the most significant social barriers to seeking help. Individuals with established addiction often fear negative judgment from society, family, and colleagues. Empirical data show that even in the presence of guilt or hesitation, a

significant portion of respondents turn for support to anonymous groups, family, or friends rather than specialists.

This is consistent with the findings of Kilian et al. (2021) and Galanis et al. (2025), which emphasize that social stigma toward addiction is often stronger than that toward other mental disorders, hindering access to therapeutic services. Social and cultural attitudes play a key role in shaping behavioral patterns and active help-seeking.

- **Biopsychosocial Approach and Integrated Interventions**

The study supports the need for an integrated approach combining medical, psychotherapeutic, and social support. The absence of such an approach often leads to premature termination of therapy and relapses.

Data show that the most preferred specialists are psychologists (41.8%) and psychiatrists (14.5%), while social workers are significantly less preferred (3.6%). This suggests that the role of social services and clinical social work in supporting individuals with addiction is still underappreciated. Awareness of the need for comprehensive interventions can be promoted through awareness campaigns, integrated programs, and specialist training.

- **Awareness and Quality of Life**

Empirical data show that individuals are aware of the negative impact of addiction on various aspects of their lives - health, family relationships, contact with colleagues, financial situation, and leisure time. This confirms that awareness is not limited to recognizing the problem, but also includes an assessment of its consequences, which serves as an important motivator for change.

Comparing these results with the literature (Garland et al., 2019; Carroll & Lustyk, 2018), it becomes clear that the development of awareness is associated with increased motivation, better engagement in the therapeutic process, and reduced risk of relapse.

## **7 CONCLUSION**

The results of this study of adults subject to secondary prevention for substance dependence in the Republic of Bulgaria show that the majority of respondents are aware that:

- They have an existing problem related to addiction;

- The duration of this problem exceeds one year, with most respondents reporting between 1 and 3 years, and some reporting use of more than 6 years;
- A very large proportion do not undergo medical treatment and/or psychosocial rehabilitation;
- In recognizing the presence of the problem, respondents report feeling personal guilt;
- Individuals with addiction are aware of the impact of addiction and addictive behavior on quality of life in the following areas: family relationships, housing security, financial stability, employment, contact with colleagues, communication with friends, leisure time, and engagement in hobbies.

Raising the level of awareness about addiction is a fundamental prerequisite for effectively seeking medical and psychosocial support. The study shows that a large proportion of individuals subject to secondary prevention for substance dependence have already recognized their problem. At this stage, they face social stigma related to substance use and abuse, which makes seeking help and support more difficult. Once the difficult path toward recognizing the problem has been taken, it is essential to facilitate the transition to the next steps. A comprehensive approach is needed, including individual, family, and institutional support. Investment in prevention, early intervention, and integrated services is key to reducing risks and supporting successful recovery.

This review highlights several areas for further research. An important area is understanding how individuals who have already recognized their addiction-related problem can be motivated to seek help and support. Research is needed to assess the prevalence of addiction-related stigma and to explore its real effects on help-seeking behavior. Further studies could determine the extent to which public stigma leads to self-stigma, shame, and embarrassment, and how this subsequently affects treatment and rehabilitation outcomes, including help-seeking behaviors. Research could also evaluate whether the development and implementation of educational programs that increase knowledge and understanding of addiction could reduce public stigma and improve attitudes toward those affected.

Future research could focus on:

- The influence of cultural and regional differences on awareness;

- The effects of training programs and motivational interviewing on behavior change;
- The long-term relationship between awareness, rehabilitation, and social integration.

### ACKNOWLEDGEMENT

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### **Authors' Contribution**

All authors contributed equally to the development of this article.

### **Data availability**

All datasets relevant to this study's findings are fully available within the article.

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