

ADDICTIONS IN THE PERIOD OF THE ADOLESCENCE AND THEIR INFLUENCE ON THE FAMILY LIFE. THE PERSPECTIVE OF THE YOUNG ADULT

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Abstract

Nowadays we are facing a very difficult to understand paradox regarding the adolescent drug use. Although the number of information campaigns and prevention of the consumption are constantly increasing, the information sources on this topic are growing and more complex, the parents are more informed upon the devastating effects of the drugs and upon the way in which they should discuss with their children, the number of people with addictions is growing, the start-up age is decreasing and the types of consumed drugs are more and more diversified.

For the drug use phenomena there are several medical, social and psychological theories. But the drug consume during adolescence has longer effects upon the life of the former user ? Can the members of the family or the family situation favor the adolescent drug use ? The drug consume had left repercussions upon their formation as adults, upon their relationships and their present life ? We tried to find out answers to these questions from former drug users (consumers of cannabis, cocaine, heroin, tobacco) through a qualitative research based on the technique of the individual interview.

Keywords: drug use, adolescent, addiction, family, relationships

Résumé

Actuellement nous sommes devant un paradoxe difficilement compréhensible sur la consommation de drogue auprès les adolescents. Bien que le nombre des campagnes d'information et prévention sur l'usage soient de plus en plus nombreux, les sources d'information sur ce sujet sont plus envisagées et complexes, les parents sont mieux informés sur les effets dévastateurs des drogues et sur la manière dont il faut parler avec leur enfants, le nombre des personnes avec des dépendances augmente et l'âge du début baisse et les types des drogues utilisées sont toujours plus diversifiées.

Concernant le phénomène de la consommation de drogue il y a plusieurs explications théorétiques. Est-ce que la consommation pendant l'adolescence a d'effets prolongés sur la vie d'un ancien consommateur ? Est-ce que les membres du foyer ou la situation familiale peuvent favoriser la consommation de drogue chez les adolescents ? Est-ce que la consommation de drogue a eu des répercussions sur leur formation en tant que adultes, sur leurs relations et sur leur vie ? Nous avons cherché des réponses à toutes ces questions chez les anciens consommateurs de drogues (consommateurs de cannabis, cocaïne, héroïne e tabac), par une recherche qualitative fondée sur la technique de l'entretien individuel.

Mots clés: consommation de drogue, adolescent, addiction, famille, relations

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Rezumat

În momentul actual suntem puți în fața unui paradox greu de înțeles în ceea ce privește consumul de droguri în rândul adolescenților. Deși numărul de campanii de informare și prevenire a consumului sunt tot mai numeroase, sursele de informare despre acest subiect sunt tot mai ample și mai complexe, părinții sunt mai informați despre efectele devastatoare ale drogurilor și asupra modului în care ar trebui să vorbească cu copiii lor, cu toate acestea numărul de persoane cu adicții crește, vârsta de debut scade iar tipurile de drog consumate sunt tot mai diversificate.

Pentru fenomenul consumului de droguri, sunt teoretizate numeroase explicații, de natură medicală, socială, psihologică. Dar oare consumul din perioada adolescenței are efecte îndelungate asupra vieții fostului consumator? Pot oare membri familiei sau situația familială să favorizeze consumul de droguri la adolescenți? Consumul de droguri a lasat repercursiuni asupra formării lor ca adulți, asupra relațiilor și asupra vieții lor actuale? La aceste întrebări am cautat răspunsuri, de la foști consumatori de droguri (consumatori de cannabis, cocaina, heroina, tutun), printr-o cercetare calitativă bazată pe tehnica interviului individual.

Cuvinte cheie: consum de droguri, adolescent, adicție, familie, relații

1. The drugs – a trap for teenagers

The drugs do not have a clear definition. In all historical periods the drugs were defined in many ways and according to several criteria.

Drăgan is defining the drug as „Any substance used for therapeutic purpose, due to some curative properties, whose effect is sometimes, uncertain and harmful for the human body” (1994, 41).

WHO (World Health Organization 2002) is defining the drug as being a substance, which once absorbed by the human body can modify some of its functions.

It is important to underline that no definition can capture all aspects specific to drugs. And yet, these substances are commonly encountered everywhere and Goode (1993) named them a social and cultural construct (Rădoi 2014).

The drug use is a problem at the level of the whole society. In Europe a quarter of the population had tried at least once in their life time a certain type of drug, respectively approximately 80 million people. From this number about 73 million have consumed cannabis, as being one of the most used drugs. Other drugs are: cocaine with 14 million people, amphetamine and ecstasy with around 11 million people. The rate of consumption is different depending on the country (Rădoi 2015, 29).

One saying is well highlighting the effects that the addiction can have in the life of one person, respectively: „The drugs are producing more victims than the mass destruction weapons” (Stanciu, Cotrus 2014).

These substances are for the youngsters either a dare, or a method to get read of the problems of their lives in order to experience life in a “perfect” world. The drugs represent also a challenge for the parents, teachers and a loud alarm bell for the social environment, as the drug means desire and most often is satisfying some needs of those who are consuming. These are more and more present at parties, at schools, at different gatherings and everything that touches upon the adolescent entourage. The emergence of the imitation phenomena which occurs within these groups is favoring the dispersal of the use within all the members of the group and those who are not consuming are facing the danger of the exclusion and in their acute desire of acceptance as well as of affirmation, the adolescent can even change his principles and enter the consume milieu.

There are numerous factors leading towards the use of drugs and many of these are correlated with family, economical, personal, educational or psychological aspects.

The family factors and the parenting style have a great influence upon this type of behavior. Among all these factors we can mention: the unfavorable family environment, the conflicts, poverty, the lack of communication between the parents and their children, a parental style inadequate to the children’s needs, the lack of family habits and networking time between the members of the family, the lack of supervision, too high requirements from the parents and excessive authority.

The individual and economical factors are occupying a vital role in the development of an addictive behavior related to teenagers. Among these we can state: gender, low self-esteem, anxiety, disappointments, failures, the educational path, the personality trait, vulnerability, age, personal experiences, the group of friends, too many financial resources and the social position of the family.

According to the theory of the behavior problems (Rădoi 2015, 114, *apud*, Jesson *et al.* 1998), the recognition of the risk factors as well as of the protective ones is very important both for the parents as well as for the teachers. The theory is based on the interaction of three psychosocial variables: the personality system (attitudes, values and personal beliefs, expectations and orientation towards his/her own self as well as towards the society), the perceptions upon the environment (the whole systems of attitudes belonging to their parents and to their group of friends) and the

behavioral system that can comprise both illicit conducts, such as the drug use, as well as conventional manners such as the implication in religious activities. The connection between these variables will determine the type of behavior to be adopted by the teenager.

The effects of the drugs upon the individual are multiple and can start from the most common ones (headaches, red eyes, tremor, confusion), up to effects with a major impact upon the physical and mental status of the person (chronic illnesses, HIV, serious mental illnesses).

As well the effects are not only individual, as the person is a part of a family and social system; his/hers addiction has consequences upon the family and social stability and here we refer to the weakening of the family ties, major conflicts that can even lead to family breakdown, to epidemics, the increase of the number of people with sexually transmitted diseases, the increase in mortality or of the number of disabled children.

As stated above, initially the addiction is an individual problem but once the family is aware of this situation it becomes a systemic issue. Within the family system the addiction is manifested as a crises and the way in which it is solved vary depending on the family characteristics. It is very important the way in which the parents are approaching the issue and how can they succeed to support the youngster in overcoming the situation. As well it is necessary for all the people to know the signs of the drug use in order to avoid the chronic nature of the addiction and the appearance of the serious effects which can prejudice on long term the individual life.

2. The design of the research

Our research is situated within the spectrum of the qualitative researches due to the use of the semi-structured interview. The selection of the research technique was justified by the fact that it can cover the aspects of the research, as it offers in depth information from the consumer's perspective regarding the addiction problem, explaining the use phenomena as well as its effects.

The type of research allowed the collection of comprehensive information upon the events from the lives of the members belonging to the target group from their teen's period as well as how these events have influenced their lives during their maturity.

The research was carried out for a period of six months, starting with December 2016 and was finalized in May 2017.

The interviews were deployed in meetings face-to-face, on the basis of scheduled programming between the interviewed person and the researcher. The period of the interviews varied between 45 and 70 minutes. Once the consenting form has been signed the interviews were recorded, transcribed verbatim and subsequently reviewed by the analysis.

The sampling is theoretical, the selection criteria took into account the fact that the interviewed person was a drug user and involved in a relationship. There were interviewed five people, all of them former drug consumers. The age of the respondents is between twenty-two and twenty-nine years old, all of them former users of multiple drugs, currently involved in a couple. Their differentiation was based on the main type of drug consumed.

The themes of the discussion were focused on the following aspects: *the debut of the drug use, the individual experience of the consumption, the family circumstances and their influences upon the current period.*

3. Research results

3.1. *The debut of the consumption*

The drug temptation has represented for the teenagers either a way of escaping the daily problems, or a manner of spending their leisure time and to feel accepted and integrated, or a method to attract the attention of the important people in their lives, or simply to create their own “perfect world”.

All the participants of this research were characterized as shy teenagers, impulsive, rebellious, with a desire to have fun and to try as many new things possible, and in all cases the adaptation to the group of friends was a difficult task. This was caused either by changes of their environment or as a result of their insecurity.

The acceptance desire was acute and in order to succeed with the integration they were willing to make sacrifices and to change their behavior and habits depending those of the group they wanted to belong to:

I was never in the center of the attention, I was present, I was called but I never was the first person they were thinking of I have never felt integrated in the society. (T.R., 22 years old, cannabis consumer for 7 years)

... all my friends were smoking and I felt a little ... not just like them, so I started to smoke too. This is how it all started. (G.E. 24 years old, cannabis and alcohol consumer for 9 years)

The family had a significant impact in the initiation of their use as well as the group of friends that during the period of adolescence have a noteworthy influence upon the development of the individual. Therefore the ages of consumption initiation were between ten and fourteen years old for licit drugs and between thirteen and fifteen for illicit drugs.

I think that the first joint I smoked was just before my departure to Italy, respectively around 10 years old. (V.R., 27 years old, heroine consumer for 17 years),

... my very first date I chose to smoke cigarettes, at the boarding school, around 15 years old, with some girls. (G.E. 24 years old, cannabis and alcohol consumer for 9 years)

I think I was somewhere in the eighth class, I think around 14 years old. (R.A., 27 years old, smoker, user for 13 years)

... in the ninth class I started smoking and for the first time it was in the backyard of the school where I was with the whole group. (T.R., 22 years old, cannabis consumer for 7 years)

... on the next agenda was clearly the weed, I started with around 13 years old ... then around 14 years old I switched on cocaine and pills. (V.R., 27 years old, heroine consumer for 17 years)

... around 15 years old I stumbled upon ecstasy ... then, around 16 or 17 years old I have discovered my best friend, heroine, and this changed everything. (V.R., 27 years old, heroine consumer for 17 years)

We discover that the intensity of the drug increased gradually and the pleasure of the consumption made him increase the intakes.

The initiation was an easy one and their information regarding the drugs has been provided by the Internet or their friends. None of those interviewed had a discussion upon this subject with their families and they did not take part in schools to information session about the illicit drugs. The idea with which they started off on the road of the consumption was “I can leave it anytime”, but it was already late when they realized that *anytime* was not a real choice.

3.2. The individual experience of the consumption

The experienced effects varied by reference to each individual and consumed drug. The outcomes presented in the studies (Rădoi 2015, Romania-Ukraine-Republic of Moldova Common Operational Program, 2011) are not always felt by each person, as indicated in *Table 1*.

Table 1

Type of drug	Consequences of the consumption according to the studies	Effects experiences by the consumer from the target group
Marijuana	Redness of the eyes; excessive appetite; a sense of well-being; paranoia; fatigue; tachycardia; pupil shrinking; dry mouth.	A sense of well-being; tachycardia; sensation of suffocation; anxiety; confusion; slow movements; calmness; excessive curiosity; extreme amusement; desire of socialization; a sense of euphoria; drowsiness, heavy body; slow and analytical thinking; dry mouth; pleasure.
Ecstasy	Mental illnesses; psychosis; delirium; depression; hallucination; kidney failure; raised blood pressure; confusion; paranoia; excitation; vasoconstriction; loss of appetite; tachycardia.	Excitability; a sense of well-being; the urge of amusement.
Cocaine	Pupils dilation; limb tremors; dizziness; energy; vasoconstriction; excitation; irritability; intellectual stimulation; decrease of the lucidity; feelings of power; pulse oscillations; weakening of the immunitary system; pierced nasal septum; infections; violence; depression; anxiety.	Nasal smarting; lucidity; energy; excitement; confusion; depressive state; feeling of invincibility; the urge of amusement; prolonged resistance.
Ketamine	Agitation; drowsiness.	Drowsiness; confusion; agitation.
Heroin	Muscle pain; loss of appetite; excessive perspiration; insensibility; judgment decrease; experiencing a feeling of power; pulse oscillations; spasms; malnutrition; pierced nasal septum; nasal diseases; infections; HIV.	Excessive calmness; depression; muscular pain; bone pain; frequent mood changes; browning of the eyes; changing the daily rhythm; indifference; changing the values; watery eyes; temporary immobilization; excessive perspiration; tremor; chills; developed senses; acceleration of the thinking; coherence; dehydration.

The effects, either positive or negative, did not determine the consumers to overcome the experience, but to deepen it, reaching the triggering point of physical and psychical addiction. Initially, none of these people did expect for the addiction to become so acute and to require the drug in order to achieve the desired state of well-being.

After the initiation of the consumption a series of changes have occurred: the modification of the musical style, curiosity for new things, a different

perspective upon the reality, the substitution of school with own-initiative information, open mind:

I began to see things from another angle and not just about what was presented to us, but to search underneath all. (T.R., 22 years old, cannabis consumer for 7 years)

... the heroine made me a lot calmer ... I was never in the mood for trouble, this after you took the shot, before the shot I was very angry from the evil I had, I did not get along with anyone. (V.R., 27 years old, heroine consumer for 17 years)

There is also the possibility that some of these changes are not fully realized:

... no, no ... behavioral, it was just I felt more relaxed and my thinking or my way of thinking was not damaged; besides the cigarettes are not enough to make me aggressive. (R.A., 27 years old, smoker, consumer for 13 years)

3.3. Family circumstances

All members of the group showed, prior to the drug use, tensed family relationships. It is worth noting that the more tensed the family relations, the broader family issues, the more powerful was the type of drug consumed by the teenager.

Nasty. And I do not mean only my teenage period ... for example my father never worked in his life, I said that my mother was a teacher and my father was a street hustler ... my father was a poor drunkard, he used to beat us quite often. He pointed the knife at both our necks and such shit. I never had super ok experiences with my folks. (V.R., 27 years old, heroine consumer for 17 years)

... my relationship with my parents was a good one, as long as I could demonstrate that the school is ok ... I used to run away if I was scolded in a very bad way, with wrong punishments ... it was my way of getting rid of this situation ... and at dinner time ... there were quarrels, but I was not getting myself into, I was bored with all these. (T.R., 22 years old, cannabis consumer for 7 years)

... well, my parents were old-fashioned and they did not really believe it. I couldn't face them with my issues, they didn't understand it. (G.E., 24 years old, alcohol and cannabis user for 9 years)

All these family situations were encountered to each and every one of the consumers of illicit drugs. All those who used legal drugs had completely

different families: harmonious family units based on understanding and trust.

... during my adolescence I had a quite strong bond with my family, they were very supportive ... well, because I was the youngest they told me I had to learn better and take bigger grades. (R.A., 27 years old, smoker, consumer for 13 years)

After a certain period of use, together with the individual changes of each person it comes along a number of modifications that were reflected upon their families. The most pronounced alterations occurred at the level of member relationships and went up to the dissolution of the family unit, when we refer to the illegal drugs. Their incidence took place once it was discovered the issue facing their child within their family.

When my mom discovered that I sold everything from the house and she returned from her job only to find out an empty home then she realized. By then she had only suspicions ... you can realize, she started to cry out loud and ask me what happened. She agreed with me smoking weed and hash but when she heard about marijuana you can figure out. My father kicked us out of the house, we slept in the car and I was very sick because I was in withdrawal ... I could not hold out much longer ... my mother went to a ATM and she took money and gave me to buy some merchandise. If she wasn't giving me I think I would have knocked somebody out. (V.R., 27 years old, heroine consumer for 17 years)

... my relationship with them has not been harmed very much but the relationship between the two was all downhill from there ... it was then when it all started to change ... My folks got divorced, my father returned to Romania and never spoke with me or with my mom. I was left alone with her. (T.R., 22 years old, cannabis consumer for 7 years)

The changes were different in intensity depending on the type of used drug. As the tobacco or the alcohol are more easily accepted by the society, in the families with consumers of illicit drugs the changes were not major and had no influence until the present.

... for the first time they didn't speak to me for one week ... there were repercussions, restrictions on the curfew and on leaving the house. (R.A., 27 years old, smoker, consumer for 13 years)

The consequences in the case of the illicit drug users are very high as the parents are finding out only in the moment the consumption is already quite

high. We can hang everything on the parents' lack of openness or their lack of education upon the topic.

The discussions with them stopped at alcohol and tobacco, they never thought that I could be capable for more. (G.E., 24 years old, alcohol and cannabis user for 9 years)

No, I never spoke, neither about the strongest not about the easiest.(V.R., 27 years old, heroine consumer for 17 years)

... about the cigarettes and stuff like that I was taught all the time that it is not good to smoke. But they never spoken out about drugs, I don't think they have given a second thought that their child can do anything like this. (T.R., 22 years old, cannabis consumer for 7 years)

They have noticed only after they have discovered ... they stitched them together. This is why you had red eyes ... they thought it was from the computer, before they figured out ... by anyhow I was in high spirits, I was talking with them, eating. Maybe if they would have noticed other negatives they would have been more concerned, anyhow I enjoyed leaving hints. (T.R., 22 years old, cannabis consumer for 7 years)

... I was afraid every time I arrived home, if my folks could figure out, I was careful with my walking and talking. (G.E., 24 years old, alcohol and cannabis consumer for 9 years).

As well the existence of a consumption model that used drugs in every family of the target group had influenced their addictive behavior.

The drastic changes from their families left a significative mark of major guilt upon the teens that at times can be noticed by other people, and sometimes remain only internal feelings, thoughts denied and enclosed within.

... and I still feel I am responsible for this change, I never had a discussion with my folks, I am really scared to do this, we are all avoiding this subject. (T.R., 22 years old, cannabis consumer for 7 years)

... I have never felt ok, I was very sorry. (V.R., 27 years old, heroine consumer for 17 years)

3.4. Influences during the current period

Obviously we cannot forget to make a reference to the current situation of these youngsters. The main key issues were: the motives of the continued use correlated with the consume type and frequency reported to the influence upon their lives.

More than just a drug, nowadays the substances they are consuming are considered as vices. The maturation and the responsibilities established in the present are ongoing aspects and giving up these substances “whether we are talking about alcohol or tobacco” is only a remote thought. The experiences from their adolescence made these youngsters to resume only to the use of illicit drugs.

The reasons for their continued use are mostly centered upon their mood and by the fact that they have become conscious of their physical and psychological addiction present in their lives.

In order to change my mood, it is my only reason to get away from my daily routine and to do something else ... I just feel the need. (V.R., 27 years old, heroine consumer for 17 years)

... smoking or drinking is just a habit and I know it is only a psychic addiction, I tried to quit but I failed. (G.E., 24 years old, alcohol and cannabis consumer for 9 years)

The well-being I have after, the relaxation and the passion for life. Because I have a quite stressful life and sometimes I need to get rid of those worries. (T.R., 22 years old, cannabis consumer for 7 years)

With reference to the couple life of the interviewed people, either we speak about identifying a partner who can totally accept his addiction or about the stability of their relationship; this is determined by the limited use of licit drugs. The conflicts that occur are the result of an exaggerated consumption or connected to the reduction or quitting of the quantity of drugs.

... there were moments when my girl friend told me to quit the cigarettes but it hasn't really affected me too much, or more to the point almost no. (R.A., 27 years old, smoker, consumer for 13 years)

... yes, she told me I smoke too much but we have had serious quarrels. (G.E., 24 years old, alcohol and cannabis consumer for 9 years)

... yes, I had, because for her it was an excessive use and I have to consume only in different periods, but in general it is ok, she understood that it is something I enjoy doing. (T.R., 22 years old, cannabis consumer for 7 years)

As for their connection with their family, nowadays this came down, from the moment of their escape of their time of crisis, to phone conversations and periodical visits but without a specific emotional bond. Not even with the group of friends from their adolescence, with whom they have initiated their use, the links were not as cohesive as before:

... yes, I am still in contact with my best friend, but with the other less. (T.R., 22 years old, cannabis consumer for 7 years)

... we are still in touch, we talk with each other, but every one of us played his own life, some of them even got married, other went abroad ... there are other priorities. (R.A., 27 years old, smoker, consumer for 13 years)

I am still talking with only one person who happens to be my best girl friend; the irony is that she never used drugs. Now I have other friends, entirely different, other standards, visions and principles. (G.E., 24 years old, alcohol and cannabis consumer for 9 years)

Like any other experience, this one left both positive but even less satisfying aspects in their lives.

... very much, both positive and negative; for example I enjoyed that I have met a lot of people, the experiences I've had, the things I've done due to the fact that I was open mind and that now I am back in my country. The addiction is the worst thing. (T.R., 22 years old, cannabis consumer for 7 years)

... yes, it taught me that it is not good to start smoking. There are no positive aspects. (R.A., 27 years old, smoker, consumer for 13 years)

I think that the whole experience is a negative lesson: if you do not learn something from these actions you are better dead; as for the positive aspect I can say that I concluded from all I have told you so far the satisfaction that I have succeeded to get over it. (V.R., 27 years old, heroine consumer for 17 years)

Yes, I learned that the drugs are getting you in a lot of troubles, they can make you meet people who are not exactly a good influence for yourself. The best lesson is to stop doing that and to be open with my children ... (G.E., 24 years old, alcohol and cannabis consumer for 9 years)

The traumatic experiences from their adolescence have marked the behavior of these youngsters with serious influences, helping them to become the people they are today.

I had a friend who died of an overdose, I almost died several times ... at a certain point I felt I can't do it anymore so I decided to come back in Romania. (V.R., 27 years old, heroine consumer for 17 years)

Even if the addiction to a high-risk drug is not easy to overcome, one way of succeeding is its replacement with softer drugs.

I came back in Romania and I stayed for 6 months at my grandmother in the countryside ... it helped me a lot. When doing heroine and you want to get

clean, the alcohol is helping you a lot. The first week it was horrible ... I used to get plastered, I was falling down and then I started again ... it was helpful both the air the atmosphere and everything and my grandmother used to come and caress me and she took me with her to do one or the other. I haven't had the stressful environment where my folks were arguing, I haven't got my friends and everything was perfect. (V.R., 27 years old, heroine consumer for 17 years)

4. Conclusions

During the contemporary period it is more and more difficult as a parent to grant more time to parenting as everything about the economic side is of utmost importance. What one can do as a parent in order to avoid or at least to delay the age of the onset are little touches that make all the difference.

As it results from the present research, the families with a user are characterized by a tense and instable atmosphere where the child and later on the teenager do not feel totally understood and integrated. Each family environment is different and this is influencing the type of drug consumed by the teenager. Those who have limited their use to tobacco or alcohol are coming from stable families where the main problem is the communication or the manner in which it is achieved while the teenagers who got to use high-risk drugs are coming from instable families where there are present situations involving verbal and physical violence as well as circumstances where their lives or the lives of their parents were endangered. The more diversified the family issues are, the higher is the risk of having a child who will use drugs during his adolescence.

Even if the teenager is the one using the drugs, the problem of his addiction is a systemic one when the parents are discovering the issue. There is period of setting up and stagnation from the crisis, when the parents are trying to discover the motives as well as the solutions, but in most of the cases they are applying the easiest method in order to resolve the situation (Bărbat 2010). Even if ideally would be to face directly the issue and to engage all family members in order to overcome the situation, unfortunately it is easier for the parents who are over their heads to tolerate the affair (who later may worsen), or to exclude the user from the family, leaving therefore the problem on his shoulders.

The way that is chosen for the resolution of the matter depends also to the family stability but also to the trust of its members. Regrettably, in the case of the youngsters with addictions, we cannot talk about family confidence, and some of the teens are choosing to hide the problem as they are

afraid they might disappoint or be rejected. This situation can be avoided and in the same time will keep away or even shorten the period of consumption if the parents would know how to recognize the signs of a user, which is not always the case. The sensitivity of the subject and the worry to approach such a topic together with the family models of users who are present in each family unit as well as with the social models of users are determining an increase in the number of teens with addictive behavior.

The period of consumption is leaving both positive and negative tracks in the life of the youngster. These are connected to the addiction that had not faded away totally, without whom the youngsters will not even consider a way to overcome the daily concerns, but this is also connected to the family and the guilt that rests with these people, with regard to the deterioration of their own families.

Although all these youngsters are keeping in touch with their families, for the hard drug users the addiction crises was overcome at a lower level than the one of the pre-crisis phase and lead to the destruction of the family ties for a certain period of time. If the original family was affected, the couple relationship was not harmed during that period. The youngsters have discovered in their partners a foothold and a motivation in order to avoid potential relapses and to overcome their class of “junkies” (V.R., 27 years old, heroine consumer for 17 years).

There is still a fear of talking about their past, due to social prejudices, being afraid of exclusion or condemnation, but regardless of their experiences during their adolescence, these people can give an example as they made an impact and the parents and the teenagers can hear about how the drug use can change a life from the very first try. It's all about how we perceive them, whether as people with additions or as people with the power of the example.

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