

INTERPERSONAL RELATIONS AND DRUG CONSUMPTION BY TEENAGERS¹

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This study aimed to understand, in chemical addicted teenagers' perspective, the reasons that made them start taking drugs. It was a qualitative and analytical research, developed in a small hospital and a Psychosocial Care Center: alcohol and drugs. Seven teenagers participated in this research. Live, recorded and transcribed interviews were used for data collection. Data analysis followed the rules of content analysis. The results indicated that adolescent relationships with family, friends, school and communities are crucial for starting drug use or not.

Descriptors: Teenager; Substance Abuse Disorders; Mental Health Public Services; General Hospitals; Interpersonal Relations.

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AS RELAÇÕES INTERPESSOAIS E O CONSUMO DE DROGAS POR ADOLESCENTES

Este estudo objetivou conhecer, sob a ótica de adolescentes dependentes químicos, os motivos que os levaram a iniciar o consumo de substâncias psicoativas. Trata-se de pesquisa qualitativa, descritiva, desenvolvida em um hospital geral de pequeno porte e em um Centro de Atenção Psicossocial álcool e drogas, localizados na região noroeste do Rio Grande do Sul. Participaram do estudo sete adolescentes. Para a coleta de dados, utilizou-se a entrevista aberta, gravada e transcrita. A análise dos dados seguiu os preceitos da análise de conteúdo. Resultados apontaram as relações do adolescente com a família, amigos, escola e comunidades como fatores determinantes para o início ou não do uso de drogas.

Descritores: Adolescente; Transtornos Relacionados ao Uso de Substâncias; Serviços Comunitários de Saúde Mental; Hospitais Gerais; Relações Interpessoais.

LAS RELACIONES INTERPERSONALES Y EL CONSUMO DE DROGAS POR LOS ADOLESCENTES

Este estudio tenía como objetivo conocer, por la óptica de adolescentes dependientes químicos, los motivos por los cuales empezaron a consumir drogas. Investigación cualitativa y analítica, desarrollada en un hospital general de pequeño porte y en un Centro de Atención Psicossocial de alcohol y drogas, de la cual participaron siete adolescentes. Para la colecta de datos se utilizó la entrevista abierta, grabada y transcripta. El análisis de los datos siguió los preceptos del análisis de contenido. Los resultados demostraron que las relaciones del adolescente con la familia, amigos, escuela y comunidades son factores determinantes para el comienzo o no del uso de drogas.

Descriptores: Adolescente; Trastornos Relacionados al Uso de Sustancias; Servicios Comunitarios de Salud Mental; Hospitales Generales; Relaciones Interpersonales.

Introduction

Adolescence is a stage in life that occurs between infancy and adulthood, marked by a complex growth process and bio-psycho-social development⁽¹⁾. It represents one of the most conflicting times in a person's life, and it can implicate in the unbalance of processes and values that were established but are not satisfactory in this stage, with possibility of generating crisis, by the time the teenager realizes this modification. Besides, this stage is characterized by many gains and pleasures, but suffering that when sometimes, are denied, which can lead to anti-social and self-destructive behavior⁽²⁾. In this sense, this stage constitutes in risk for the use of drugs or psychoactive substances. Adolescence comprise a period that

starts at 11 years old and goes all the way to 20 years old, definition used in this study⁽³⁾.

The term drug is defined by the World Health Organization as any substance that is not produced by the body, with properties to act over one or more of its systems, cause alterations in functioning and triggers chemical dependency⁽⁴⁾.

Chemical dependency is constituted by physical and psychological dependency. In the first, a set of cognitive, behavioral and physiological symptoms are seen, which indicate loss of control from drug use, despite the problems generated by the drug. This leads to the need to use the substance to stop the manifestation of unpleasant effects, characteristic from withdrawal syndrome,

caused by the interruption or reduction of the drug use. Physical dependency is developed tolerance, in which the consumption of even higher and more frequently doses is needed of a certain drug, to obtain the same effects. There is also, psychological manifestations, when the user realizes that the drug use is indispensable for maintaining the well being, of the interpersonal relations or the performance in daily tasks^(3,5-6).

Added to that, data from the II Home Survey on Psychotropic Drug use in Brazil, a study involving the 108 largest cities in the country, in 2005, showed that 22.8% of the researched population had already using drugs some point in life, except tobacco and alcohol. It was seen that in the age range from 12 to 17 years old, already there are reports of use of several different drugs, as well as easy access to them and familiarity with users. Besides, 7.8% of the teenagers reported being approached by people with the intent to sell them drugs, and 1/3 of the male population, from 12 to 17 years old, declared undergoing treatment for drug dependency⁽⁷⁾.

Considering the exposed, this study had the objective of knowing, under the point of view of chemically dependent teenagers, admitted in a general hospital or in outpatient treatment, the reasons that led them to start using psycho-active substances.

Methodology

Qualitative research with a descriptive approach developed in a small-sized general hospital and in a Center for Psycho-social Care of Alcohol and Drugs (CAPSad II), located in the Northwest region of the State of Rio Grande do Sul.

Seven teenagers participating in this study were, chemical dependant, five admitted in psychiatric beds of a small-sized general hospital and two as outpatient follow-up at CAPSad II. The teenagers were between 12 to 20 years old, coming from different cities of Rio Grande do Sul.

Regarding religion, one said to be spiritualist, three Catholics, one belonging to the "Assembléia de Deus" (Pentecostal) and two mentioned not having a religion. Regarding education, three were currently in school (one in 5th grade and two in 8th grade), and four did not attend school (one finished high school, one interrupted school in the 6th grade and two in the 9th grade).

In the matter of the first chemical substance used, one mentions alcohol, one tobacco, two marijuana and three crack. When asked about the age they started using the substances, one started at 11 years old, three at 14, one at 15, one at 17 and one at 20 years old. Regarding the origin of drug offer, six pointed out friends and one searched on his own.

Of the interviewees, one has an alcohol and cocaine dependency, another one marijuana and five had a crack addiction, adding that the average time of substance use was from four months to seven years. Asked to disclose on drug use among other members of the family, two reported that do not have users in the family and five do. In relation to the marital status of the parents, four have married

parents and three declared to have separated parents, condition that triggers modifications in the family unit.

It is worth mentioning that all of the subjects in treatment, due to the use of chemical substances, are male. The inclusion criteria of for the subjects in the study were defined as: be a user of psycho-active substances, be in treatment in a general hospital or as an outpatient, be a teenager, not having any mental disorders, besides the chemical dependency, and agree to participate in the study. All of the individuals that have met these criteria, in the period of data collection, were invited and have accepted to participate of this study.

For the data collection, the open interview was used as tool⁽⁸⁾, containing data for the profile identification of the subjects and a guiding/leading question: "What led you to start the drug use?". The information was recorded in audiotape and transcribed in full, which enables to count on the whole material provided by the interviewee⁽⁹⁾.

The content analysis was used to discuss and analyze the data⁽¹⁰⁾. The research project was approved by the Committee in Research Ethics of the Northwest Regional University of Rio Grande do Sul, prior to a consubstantiate opinion n°0154/2008.

Results and discussion

In analyzing the attained information, aspects emerged from the teenager's own point of view, indicators of the reasons that led them to the consumption of psycho-active substances, among them the interpersonal relationship.

Issue – The interpersonal relations and the beginning of drug consumption during adolescence

The data showed that the family interactions must be considered among the reasons that lead the teenager into drug consumption. The family, understood as a private institution, subject today to several types of arrangements, influences in the way the teenagers react to the open offering of drugs in society. The role of socialization performed by the family is to insert their members in culture and in society, since the birth of the child, serve as a protection factor as well as a risk factor, for each teenager it happens differently⁽¹¹⁻¹²⁾.

In the subjects' speech, reports in the relations cultivated during childhood can be clearly seen, experiences referred as a protection factor and other experiences that generate suffering and act as a risk factor. The speech below shows the problems experienced and not resolved during childhood can intensify during adolescence, trigger feelings of revolt, in which associated to the lack of interest and abandonment by the mother, reflect in the use of drugs and delinquent actions: *I revolted. When I was three days old, if it wasn't for them (uncle and aunt), she (mom) wanted to give me away. Sometimes, in my birthday my mother left me to be with him (partner), then I would revolt, cried my eyes out... She cared more about him than me, sometimes she would leave me with nothing...not now, now she has seen how much I've done and now she supports me (BOB).*

The option for consuming drugs brought as benefit for the teenager the approximation of the mother that he did not have growing up, when; in his understanding he was rejected. For a child, rejection can have immediate negative cognitive effects, in the self-image and self-esteem; to another, the same experience can have different long term effects, motivating him to position himself to be accepted⁽¹³⁻¹⁴⁾.

From childhood to adolescence, stage in which the identity is formed, the adults become central figures during the puberty period, since they offer the basis for the composition of the subject, in relation to rules and conduct established by society. They also serve, as role models, most of the times, seen as ideal, in which attitudes and behavior are perpetuated⁽¹⁵⁾. In this sense, the speech below reinforces that the behavior resulting from the use of psycho-active substances, from the parents, is repeated by the children. *She (mother) was hooked in medication when I was little, she had a herniated disk, so they gave her medication that was too strong and she got hooked in this medication (STONES).*

The consumption and the consequence intake of psychotropic medication, by the mother of the teenager, can be one of the factors that influenced the teen to use drugs. Despite the apparent care and dedication, the constant use of medication by the parents can influence the child or the teenager in the matter of substance abuse, giving the idea that it is not possible to endure discomfort and that for every pain and difficulty, there is some remedy. This can lead the child or teen to get used to the sequence “discomfort/chemistry/relief”, it will be embedded in his memory and, further on, when he is facing these situations, he will search for something that provided relief⁽¹⁶⁾.

Another aspect to be observed is that the use of psycho-active substances by family members along with certain individual characteristics determined a higher or lower risk for drug use in teenagers. A history of alcohol abuse in the family would indicate genetic predisposition, theory supported on a studies with adopted children. However, drug use by the parents is not the only risk factor for chemical dependency. The attitudes, the education and the inadequate disciplinary measures with the children, related to drug use, are also factors that can collaborate to addiction⁽¹⁷⁾.

It can also be extracted from the subjects' manifestations, besides the behavior of the parents serving as model for the children, the relationship between them is fundamental for the constitution of the teenager's identity. Facing this, a possible interruption of the inter-relation, and the figures that have the reference role, requires that the teen adapts to the new family dynamics. Therefore, the speech below expresses that importance of maintaining stable relationships in the family context, besides the meaning of the paternal presence, not necessarily represented by the biological father, and the suffering from the separation of this figure for the individual, as one of the predominant factors that led to drug use. *When I was about ten years old, they separated, then I suffered with the separation from this father (stepfather) and not the other (biological father), with the latter I was not even old enough to understand. Mother had also a lot*

of relationships with people, she was separated, then she used to change men, like husbands and wound up leaving and start again with another. I believe that his is the reason, the lack of a father figure I guess, the presence...maybe I missed that (STONES).

The stress caused by separation, divorce, new conjugal unions, unemployment and disease or death of the parents are family factors that could trigger drug abuse⁽¹⁷⁾. The use of these substances by teenagers, who the parents are separated, can be related to social aspects and the emotional interactions from this condition, these factors that affect the well being of the children. There are post-separation factors that favor drug use, such as distancing from from one or both parents, money problems, and changes in residence⁽¹⁸⁾.

The lack of interaction between family members, represented by the difficulty of dialogue, makes the perception of the adverse situation experienced by the teenagers harder and also adopting certain measures to avoid the use of psychoactive substances, like the fragments exposed below. *My father lives far away. I did not see him for 10 years, then one time I saw him and then never again. I do not like him. I do not speak with anybody in the family. The person I speak with the most is my ex-mother-in-law (ERIC). My parents never foresaw my smoking; they thought that only my brother smoked (GUNS).*

Young people that have a harmonious family living situation, with dialogue and guidance, has a lower probability of starting drug use. The lack of communication and comprehension can interfere in the child's well-being, distance them from the family and contributing for the building of interpersonal relation that would favor his entrance in the “drug world”⁽¹⁹⁻²⁰⁾.

Another aspect present in the speeches is the frequent conflicts among the family members; this is reported as probable cause that led the teenager to consume drugs. *One of the things that led me to drug use was the family fights. A lot of fights, among my family, upset with my mother. I believe that this shook my psychological foundations (STONES).*

Generally, the events related to family, be they positive or negative, interfere in the everyday life of its members⁽²¹⁾. A Study has shown that, among the drug users, 26% had a conflicting family environment, and 62.5% saw constant fights between the parents, which seems to have some relation with the consumption of psycho-active substances⁽²²⁾.

Another relevant issue seen shows that the conducts of overprotecting, lack in the establishment of limits and omission by the parents, or one of them, influence in the formation of the individual and the concept of right or wrong, in which later, this can influence in the decision of use or not using drugs. *With the father I did not have the opening to come up to him and say what was happening, it was more with mother and he always caressed my head, always being diplomatic about it. At school when something would happen she went there and defended me, but did not tell my father (JANIS).*

The transgressions of rule and limits imposed by the parents are frequent during adolescence; this corresponds to a period of discovery of their own limitations, the search for new experiences and questions regarding family values and rules⁽²³⁾.

The use of drugs can be linked to rebelliousness

and to the transgressions from this stage in life, and I the old and usual attitude of being against the culture's traditional customs. The family is the source of support and limitations, acts with flexibility and practices the principles of negotiation in the interactions, in adapting the parental authority and balance the supervision that the teen needs.

It is known that the continuous care by the parents is important in regards to their children and the good bond among them, however, when this does not happen, the progenitors, at many times, take a long time to identify in their children behaviors associated to drug use. After the discovery, the parents usually lack the ability to deal with the situation of chemical dependency, sometimes already established in the teen, and that is why, they try solving the problem with violent measures and ineffective speeches, as in the testimony below. *My father use to beat me. So what he said did not help. He used to speak and it did not help and then he put me here in the hospital* (VELVET).

It is worth mentioning that attitudes of violence by the parents, usually, are not effective, and can cause the teen to search for new experiences, among them the drug use.

Some of the testimonies of the subjects of the research, however, they show that, facing the extension of family troubles, the teen searches for a new source of support and trust. Role that can be played by people seen as reference and that has a positive influence in the life of the young man, when these people fight in favor of the construction of life plans for the future. In the speech below, dating had a positive influence in the life of the teen, and the break-up resulted in the relapse and drug consumption, more intensely. *Then I started dating, I had a six months relation, did not use anything, stopped. Then the relationship was over and I intensified, started smoking more, in grams you know, in one, two, three, four, five, ten, twenty, then in grams. The thing that led me to that was the break-up* (ERIC).

The affection bonds established by the teenager with family or significant people are considered important, especially in moments of ambivalence, characteristic of a chemical dependant. Many times, the teenager does not have the intent do stop the drug use, the desire of the other to initiate treatment and maintain abstinence. *For me it is easy to get out of here, then I think... and don't do it because of the ex-girlfriend's family, of other that support me. If it was up to me I wouldn't come, the joy it gave me when I heard them say : It's your future. I did not come willingly, but I can take it* (ERIC).

Chemical dependants have a great difficulty in the regulation of the relations and affections; that is why, generally, they present problems in maintaining the family structures working, they do not have a family or even never make one. Therefore, it is necessary to seek relations of cure in the closest groups formed by them; they use these groups as cohesion and support, which decreases the mechanisms of denial and promote adhesion to the treatment⁽¹²⁾. The more support the drug user can muster, the greater the chances of achieving and maintaining abstinence, as well as modify their behavior.

In this context, the healthcare professional must keep in mind that the teenagers are usually resistant to the

treatment, especially in the initial stages. The most habitual is that the young men will start the therapeutics reluctantly, by pressure from the parents or by court order. The teen, at the same time, wants or not to engage in a treatment, that is, they have mixed feelings in relation to change⁽²⁴⁾.

Therefore, the initial contact must be established directly with the teenager, identifying the aspects related to the levels of existing independence and maturity, entrusting them to take o their role in the treatment, and advising the parents to be honest with their children regarding the reasons for the appointment⁽²⁵⁾.

From the testimonies, it was identified that friends also play a significant role in the lives of the teenagers, This process is associated to their evolution process, in which the establishment of non-parental bonds and the valorization of friendship intensifies, this relation flourishes when there are conflicts at home. *Sometimes I would fight with my wife and the first thing was to look for my friends to take a hit! Sometimes I would spend two days away from home, I would arrive home and there she was mad, then sometime passed, I'd recover, quit drugs, went to work and she would see that I was alright* (BOB).

The influence of the family and friends is one of the most responsible factors for the introduction of psychoactive substances. This is because the family, close persons or a group Fo friends serve as behavioral models; The latter still apply social pressure that subdues and influences, i particularly, teenagers⁽²⁶⁾.

Still in this aspect, the research subjects, in their testimonies, confirm the importance of friends and their influence, to start as well as maintain the use of psychoactive substances. In fear of losing the friendship, of hurting or being rejected by the group, they accept the condition of taking drugs to still be a part of it. *It was the influence from my friends that led me to this, but I also wanted to accept, then I thought it was good. I did not have any money, but I had friends that bought, and we would smoke it together* (GUNS). *My friends offered it to me, I accepted and liked it* (BEN). *Because many people made fun of me and then I started using because there I had friends* (VELVET).

During adolescence, friends fill the void in the independence period in relation to their parents, and are considered by the subjects as the most important in their lives; they form groups of intimacy, they influence in a remarkable way the transmission of social rules, beneficial or not. The teenager seeks social integration, self-affirmation, individual independence and definition of the sexual identity, what triggers him to join a group of friends, and starts to adopt the values and rules of this group⁽¹²⁾.

The group of friends that show tolerance, approval, or drug use, is considered a risk factor for his consumption. On the other hand, a group of friends that do not use drugs contributes so that its members can avoid using, since it strengthen the decision of refusing drugs, without pressure to use them⁽²⁰⁾.

Besides the relations that involve the family environment or the group of friends, the way the individual inserts himself in the social medium, school and work, also interferes in the choices they will make in life. Regarding

school, it is seen in the testimony below that when this environment or in the relations established in there does not have meaning the teenager's life, this condition can contribute to the use of psycho-active substances. *The first time I used, I cut class. School is boring. I do not like to sit there writing* (VELVET).

The difficulties regarding school performance, the failure or the dissatisfaction from a failed and unattractive teaching may constitute in vulnerability factors for drug use, in this age range. However, school lag can be seen as one of the social consequences caused by drug use⁽²⁷⁾.

Besides the aspect related to school, work also appears as a factor associated to the abusive consumption of drugs. The teens have shown, in their testimonies, the devaluation of work together with drug use, as well as the use of employment as a way to financial independence from the parents, which enables them to purchase chemical substances. *When I did not go to work, I would sleep until eleven a.m., at noon and in the afternoon I would GO out on the street to look for someone who smoked so I could smoke too, then when I worked, I spent the whole day working, returned home at night, still would go out to smoke* (GUNS). *I left home when I was 18 years old, served the military and was already living with friends, moved in with my girlfriend, had my work and my own money, did not depend on my parents anymore* (JANIS).

It is worth mentioning that working give meaning to life and serves as an instrument to reach a determined social position, represented the possibility of autonomy development, social integration and professional satisfaction. The income acquired with working can ensure the acquisition and the consumption of psycho-active substances.

FINAL CONSIDERATIONS

It is called the attention that all of the interviewed teens were male and the beginning of the drug use happened when they were around 14 years old. Crack was mentioned by the teenagers as the main substance used. Besides, it is pointed out that drug use by other family members, school lagging and quitting school are considered as responsible for the drug use.

The relations established by the teenagers with family, friends, school, community are determining factors for the development and maintenance of chemical dependency. The family inter-relation is emphasized, once it is the initial base for the other relationships and influence, relevantly, the behavior of the teenagers during their development, and the choices related to drug use.

Besides, the presence of the family also becomes important for the chemically dependent teenager's adherence to the treatment, since that; it is in the family environment where the roots of the dependant behaviors, which indicated the need for monitoring by the family.

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