

## Family Life Experiences and the Abusive Consumption of Tramadol by Adolescents

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### Abstract

There are increasing worries in many countries worldwide especially in Cameroon as concern the abusive consumption of tramadol and its addictive effects. Experiences within the family have a major influence on the wellbeing of its members, be it child, adolescent or adult. This is what spurred us to question other factors which have harmful effects on those abusing tramadol. This article aims to find how adolescents who have the necessary requirements for an adapted development seek satisfaction in abusive tramadol consumption. The objective was to understand the meaning adolescents who abusively consumes tramadol associate to their family life experiences and also bring out practical information on how adolescent's emotional needs are met. We conducted a clinical study on three adolescents who abusively consume tramadol at the Psychiatric unit of Jamot Hospital Yaounde. Data was collected using semi- structured interview guide. Data collected was analyzed using thematic content and sequential analysis. The results were interpreted mainly based on the attachment theory which has shown that family life experiences are the association and negative interpretations of events experienced by these adolescents. These experiences have engendered a lacking state which the adolescents try to overcome by abusively consuming tramadol. Finding also indicated that family life experiences lead to the difficulties in managing negative counter-transference reactions which interferes with their ability to provide secured based. Perspectives for this research highlighted the lack of research exploring the rate of tramadol abusive consumption in the rural area and the end comparing their prevalence rates.

**Key words:** family life experience; tramadol; abusive consumption; adolescents

### Introduction

The prevalence of health risky behaviors associated with adolescent illicit drug use has attracted growing national and international attention. Unfortunately adolescents under rate the harmful effects of this unhealthy life styles (McMaster and keshav; 1994). These unpleasant activities by adolescents are wide spread in Cameroon and all over Africa; thus giving a lot of concern to the government and general public (Greene; 1980). According to NIDA (2003); adolescents today face many risks; including drug abuse; violence and HIV/AIDS which responding to these risks before they become a problem can be very difficult. Substance Abuse and Mental Health Services Administration (SAMHSA; 2017); indicate that some children as young as 12 or 13years are already involved in abusive drug use; that means some may begin even earlier. Early abused drugs are licit drugs such as Alcohol; Tobacco; Coffee; Inhalants. If drug abuse persist in to later adolescence; abusers typically become more involved with illegal or illicit drugs (cannabis; heroin; cocaine; crack cocaine; Indian hemp; amphetamine; marijuana; barbiturates and tramadol). which a majority of Cameroonian adolescents ignorantly depend on one form or the other for their daily activities. The magnitude of this problem in countries smuggling and growing tramadol in some Africa and west Asian countries is the evidence in the large quantities seized in North; West and Central Africa. In 2010; an increase of non medical use (abuse) of

tramadol was reported in Gaza (UNODC; 2017). In 2013; the highest rate of tramadol abuse was found in adolescents; with 2.8% of all people aged from 12 to 25 taking it at some point for non-medical reasons. While huge attention has been paid to the opioid crisis in the US; where misuse of prescription drugs like fentanyl dominate figures release by UNODC; 2018 has revealed seizures in Africa for opioid now account for 87% of the global total. Unlike in the US; the seizing of opioids is concentrated in West; Central and North Africa; here the seizure largely consisted of tramadol; followed by codeine. The latest UN world drug report (UN; 2018); which noted that opioids were the most harmful global drug trend; accounting for 76% of deaths with drug-use disorders implicated. The report said that while fentanyl and its analogues remain a problem in North America; tramadol used to treat moderate and moderate-to- severe pain has become a growing concern in part of Africa and Asia. In Cameroon; 21% of the total Cameroonian population had tested hard drugs (illicit drugs); 10% of the population uses the drugs regularly and 60% are young people of ages 12 to 24year. The principal primary substances mostly used in Cameroon are cannabis with 58.54%; due to the fact that cannabis the oldest illicit drug well known is cultivated locally thus making it accessible. It is often associated with tobacco; tramadol with 44.62%; due to the fact that tramadol was a prescription only medicine use for medicinal therapy and its abusive consumption has just gain ground recently in our country and it is mostly noticed among



adolescents in the school milieu; with commercial bike riders and drivers. Unlike cocaine with 12.10% consumption due to the fact that is inaccessible and much more expensive to afford. The other drug consumption constitutes traditional fortune with 7.59% consumption; solvent with 7.36% consumption and heroine with 5.70% consumption. As reported from “Comité National de Lutte Contre la Drogue (CNLD; 2018)” Cameroon’s Anti-drug National Committee. The CNLD also specified that more than 12000 young people in Cameroon of ages less than 15 years are concern with the usage of psycho-active substances; narcotics and opioids such as alcohol; cocaine; heroin; amphetamines and psychotropic medicine; where school milieu; quarters; market; streets are used as their trafficking points. The Ministry of Public Health indicate that about 15000 young people between the ages of 13 to 15 have either come in contact with drug abuse or have abuse drug. Concerning the Yaounde adolescents; at the Jamot Hospital Yaounde (JHY); within the period of August 2018 to May 2019; of all the adolescents received at the psychiatric unit of JHY; 70% of them were involved in tramadol abuse. That is out of 100 patients received for psychoactive substance consumption 70% were those who abusively consume tramadol. Following the 2014 Boko Haram crisis in the Far North of Cameroon and the 2016 crises in the North West and South West Region of Cameroon; the government noticed an increase in risk taking behaviors; with a significant rise in cases of drug addiction (Cameroon Tribune; No. 28 of August 2018). One of the drug commonly associated with this trend is Tramadol. According to WHO substance abuse also know as drug abuse is a pattern use of a drug in which the user consumes the drug in the amount or with the method which are harmful to themselves or others. Drug abuse may lead to organize crimes; poor health condition and disruption of normal academic program in adolescent; and according to Mental Health Specialists; a person who abused drugs have also been identified with drug dependence; addiction and suicide attempt as some of the major consequences. Abusive substance use is also characterized by compulsive drug craving seeking behavior even in the face of negative consequences. Despite consistent campaign against drugs and psychoactive substance abuse and the efforts put in place by Cameroon Government; Health & Education Ministers; Mental Health Services and NGO’s there are still increasingly high rates of tramadol prevalence and dependence; and some serious addictions. It is against this back drop that this article intends to understand the family life experience and abusive consumption of Tramadol by adolescents.

## 1. Background

Among the cognitive enhancers are also soft stimuli (such as coffee, energy drinks, sugar, food supplements, herbal preparations), nicotine, alcohol and illegal soft and hard drugs (ie marijuana, amphetamines, Lysergic acid diethylamide- LSD, heroin, cocaine, 3-Methylmethcathinone- 3MMC, psychedelic mushrooms, synthetic cannabinoids and Dimethyltryptamine -DMT) in Tomazič; Anita Kovačič, C. (2019). Actually in Cameroon a new stimulant is use, mostly by adolescents. Tramadol; according to health professionals; is an opioid analgesic (pain killer); medication used to treat moderate to moderately severe pain such as backache or post-operative pain as it acts on the central nervous system to reduce the feeling of pain. Although it has not yet been included in the list of restricted substances by the World Anti-Doping Agency (WADA; 2017)); it has however appeared on the organization’s monitoring programme since 2012. Tramadol is addictive; it acts as a stimulant and produces a feeling of intense euphoria comparable to heroin even at a single dose of 75mg; Food and Drugs Authority (FDA). There is growing evidence of tramadol abuse in some African and west Asian countries considering large seized quantities in North; West and Central African. The issue of abusive drug use is not only a public health problem but also a social concern. Reports by Ghanaian Chronicle (2017); many adolescents between the ages of 10-24 years consume tramadol for non medical reasons. Some these reasons are; to boost their personalities; increase sexual arousal and to boost their immune system. Away from these effects; some consequences have been

observed among these adolescents. As reported by a sport tutor; one of his students collapsed after a race and was rushed to the hospital where it was revealed that he took excess tramadol for extra energy. In Cameroon; it is difficult to find studies carried out on abusive use of tramadol because it has just recently gain ground in our country. For this reason; we shall rely on our observations made in the hospital; using hospital records; the register in the psychiatric unit of Jamot Hospital Yaoundé (JHY); schools record of principals (Government High School Essos; ‘Lycee de Nkolbissong’; COSBY & Government High School Mendong) who have send students away from school or to hospital for tramadol abusive consumption. Doses of Tramadol enable them to understand philosophy lessons; to become first in their class; to succeed in their A-Level at a very young age; to become highly sexually active; to have extra energy and to be courageous. Recently in Cameroon some adolescents lost their lives; precisely in Bertoua Regional Hospital (Block 5). As reported that; their death was caused by abusive consumption of tramadol. Interview on site report on excess consumption of Tramadol in that vicinity (*Cameroon Regional Radio News; 13 December; 2018*). When a drug is abused; it has undesired effects similar to other opiates including; feeling of euphoria; feelings of numbness or detached from one’s body; feeling relaxed and calm. With the low incidence of abuse researchers found a commonality between those that abuse tramadol. In about 95% of the cases; people that abuse the medication are people who have prior history of other substance abuse. This means that people with prior additions may be more likely to abuse tramadol. We noticed that in JHY; out of 100 adolescent patients received at the psychiatric ‘B’ unit; 70 of them were involved in the abusive consumption of tramadol (70%) and 30 of them were mixing tramadol (30%) with other psychoactive substances. This situation of abusive consumption drugs was also observed by Mbassa; Menguene & Benguile (2012) in JHY where out of 108 patients suffering from drug use disorder 75% among them were adolescents. An increasingly alarming phenomenon of tramadol drug abuse and other psychoactive substances has been re-sounding in the Cameroonian community within the last decade (Mental Health Services; 2018). There seem to be an increasing prevalence of drug abuse amongst adolescents despite the efforts of concerned bodies to curb this menace. The opioid abuse crisis does not acknowledge neighborhood; race; religion or class. It is neither limited to backstreets in urban settings nor isolated in rural communities. It impacts every sector of our economy including healthcare; education; business; local government; families etc. Though drug abuse is not actually recent or new in the Cameroonian society; Tramadol abuse is very recent and associated with a wide range of abuse and illegal transactions as it is easily accessible and readily provided at cheaper cost in all quarters and black market in Yaounde and other regions in Cameroon despite its illegal nature.

The family and social experience; physiological; morphological and hormonal changes are also observed at the stage of adolescence which influence the growth or the development of adolescent which bring the need to adapt with the new situation and experience of life which she or he presents. “Also adolescent is at the stage of search or quest of identity; independence and also they are people with intense anguish Erikson (1968). This confirms the fact that “the risks of living with psychosocial problems increases at adolescent as compare to the childhood and adult age” Cloutier (1996). The characteristics of this stage that can lead to family conflict are school dropout and problems; abusive consumption of drugs; addictive behavior; experience of violent situations; Sexually Transmitted Diseases (STDs); unwanted pregnancies; depressions and suicides; Valleur and Matysiak (2002). Among these risky behaviors is the abusive consumption of psychoactive substance (tramadol) and others. At this stage; adolescents need a lot of family support especially the emotional. The Family is a universal institution which responds to the fundamental needs of its members; Malinowski (1913). But nowadays; the situation shows that both parents have to contribute in building a home. Now; both parents engaged in different professions which require that they leave their homes to the job site every day. According to Kostecky (2005) parental involvement is related to adolescent substance



abuse. This busy attitude is for them to be able to pay their children school fee; provide basic needs (feeding; health; clothing; water; shelter; safety). That notwithstanding adolescent needs are not only physiological need; security but also emotional need; lack of this emotional needs can create a gap in a child that needs to be fill. Adolescent learn from their family environment in which they are raised. To understand why adolescent display certain behavior or have particular values it can be traced back to the people who cared and raised them. Which according to attachment theory; Mary Ainsworth and Bowlby (1913); intimated that the relationship between a child and his parent offer a clear survival advantage which is not only limited to childhood but remains important throughout the entire lifespan. The family has the function to provide care; affection; companionship and emotional security; socialization and social identity to it members. These show that; the experiences of adolescent within the family can determine their behavior and intension. The Family plays a key role in the psychoactive substance used by children; not only in its onset but also in the progression toward abuse and dependence (Velleman and Templeton; 2007; Samesa; 2009). Family environment is considered the major underlying factor determining whether adolescent would engage in disruptive behaviors or not. Researchers such as Lookwood (2004); Kosteleck (2005); Dzodzo (2010); wrote on the abusive attitude in adolescent. These researchers were interested on the risk-factor that determined high probability of experiencing this abusive situation and base also on licit drug (alcohol). We also have risk factors related to the individual and those related to the environment. As for what concerns the environment of adolescent specifically the family; researchers such as; Fortin & Strayer (2000); Hoffman (2002); SIPA

(2004); Crano; W.D; (2009); Hemoivch; V. (2009); worked on family characteristics such as family violence; divorce; family structure; single parent upbringing; parent who consumes drug; consumption of drug by the sibling; the psychopathology present in family; marital relation as the genesis of drug abuse.

We noticed that these authors focused their research on the adolescents

who come from broken homes; dysfunctional families or lack the nutritional or physical needs. According to McKeown & al. (2003) experience within the family have a major influence on the wellbeing of its members; be it adult or child. When psychological needs are met healthily we develop thoughts; feeling and behaviors that enable us to feel connected; that we belong and have bond with others. Hence adolescents; who lack this need; experience the negative influence in their wellbeing. The abusive consumption of tramadol by adolescents remains a complex situation that needs to be exploited in a detail manner so as to broaden the knowledge.

## 2. Methodology

The objective of this study is to understand the meaning which some adolescents who abusively consumes tramadol associate it to their family life experiences. This study also brings out practical information on how some adolescent's emotional needs are met. From the Psychiatric unit of JHY; this will be exploited technically through interviews with participants so as to understand their thought.

Participants	Mbanga	Moki	Mundi
Age	16years	19years	19years
Sex	Male	Male	Male
Religion	Catholic	Presbyterian	Protestant
Region	West	South west	Center
Ethnic group	Bambilike	Bakweri	Ewondo
Rank in the siblings	1/3children	2/3chidren	1/2children
Stable or instable family	Stable	Stable	Stable
Level of schooling	Form 5	A-level	Lower sixth
Marital status	Single	Single	Single
Motive of consultation	Tramadol abuse	Tramadol abuse	Tramadol abuse
Duration	2years	4years	5 years

### Characteristic of participants

This study permits us give the feedback on the function of the family life experiences and the abusive consumption of tramadol. In this perspective; the qualitative approach made a wide place to the concept of daily and lived or experiences without which many facets of the psychic realities can't escape our knowledge. To better attain our objective; we chose case study. The expected findings of this study does not intend to be

generalized. The reason that permitted the choice of case study is that it provides the opportunity to put more light on the family life experiences and abusive consumption of tramadol by particular adolescent. We chose semi-structured interview because; it permits the researcher to have more attitude which him or her to adapt to the context (personality of the subject; environment); it favours personal expression of the client's thought and the in-depth reasoning of the answers giving to the researcher



by the client; it permit the collection of information for the adolescent who abuse tramadol and also permitted us to understand the meaning which give to the experiences from their family. An interview guide permitted us to follow a well-defined methodology while watching adequately the behavior of the client during the interview.

### Data analysis technique

The technique of content analysis was used. The entire interviews conducted with our participants were carefully transcribed using Microsoft word. After transcribing these interviews; vital themes or sensible units from the participants' speeches were then retrieved. We also retrieved others which emerged from the data collected thus rendering the analysis more dynamic. In this technique; we shall capture the opinions and attitudes of participants as concern their family life experiences. In this work; the content analysis of the data will be done in two approaches use in a complementary manner. The thematic analysis will be use as the type of content analysis to understand the principal themes and the sequential analysis will be use to complete the thematic analysis since we are exploring the experiences of our participants which is recite; it permits us to understand the events experienced and the manner in which our participants react toward this experienced situation or event.

### Ethical concerns.

In carrying out this study; we took a lot of precaution to keep to the expected tenets of ethical behavior widely accepted within the scientific community. These recommended ethics are:

- The voluntary participation of members. After informing the patients of our intentions to carry out some discussion with them base on the abusive consumption of tramadol; those who show no interest were left alone.
- Informed consent about the aim and objective of the study.
- Anonymity of participants. Though we got the real names of our participants on the field; we made sure that pseudonyms were attributed to them during our analysis.
- Confidentially. A research work of this nature must undertake to maintain the dignity of his or her participants. Our participants also received the assurance that the information collected from them shall be share with anyone else but shall only be used discretely for the purpose for which it was collected

### 3. Findings

We will analyze the addictive behaviors of our participants base on the theory of attachment and particularly the notion of Harlow in attachment. Ainsworth (1978) came up with the classification of the types of attachment (secure; insecure and avoidant) which determine the behavior of the child. According to Bowlby (1988); early attachment relationships serve as a prototype for the rest of the relationships that individuals will experience during their development; so if the attachment style in the childhood is the insecure type; it is likely to continue to be so in adult life. The behavioral theory of attachment would suggest that an infant would form an attachment with a carer that provides nutritional needs. In contrast; Harlow's explanation was that attachment develops as a result of the providing "tactile comfort"; suggesting that infants have an innate need to touch and cling to something for emotional comfort. Hence early parental deprivation leads to emotional damage. The attachment theory is the fundamental and basic needs that provide survival. The suitable environment will allow the child to develop an attachment base on the relationship of trust with the adult and a sense of inner security. This relationship of trust and sense of security will enable him to build a positive identity and regulate his impulses and emotions Bowlby (1988). This permit us to understand that family connectedness had protective effects for emotional distress; illicit drug use; prescription drug misuse;

other health risk behaviors and experiences during adolescence and adulthood.

The emotional bond a child develops with caregivers; and which provides the emotional security that is essential for sound development of the personality. Such security will depend largely on the availability or accessibility and responsiveness of the primary attachment figure; usually the parent. Ainsworth (1978) came up with the classification of the types of attachment (secure; insecure and avoidant) which determine the behavior of the child. According to Bowlby (1988); early attachment relationships serve as a prototype for the rest of the relationships that individuals will experience during their development; so if the attachment style in the childhood is the insecure type; it is likely to continue to be so in adult life. The behavioral theory of attachment would suggest that an infant would form an attachment with a carer that provides nutritional needs. In contrast; Harlow's explanation was that attachment develops as a result of the providing "tactile comfort"; suggesting that infants have an innate need to touch and cling to something for emotional comfort. Hence early parental deprivation leads to emotional damage. The attachment theory is the fundamental and basic needs that provide survival. The suitable environment will allow the child to develop an attachment base on the relationship of trust with the adult and a sense of inner security. This relationship of trust and sense of security will enable him to build a positive identity and regulate his impulses and emotions Bowlby (1988). This permit us to understand that family connectedness had protective effects for emotional distress; illicit drug use; prescription drug misuse; other health risk behaviors and experiences during adolescence and adulthood.

These models are representations about self and about others; which will permit individuals to make decisions about their behavior. In short; they are guidelines for the interpretation of experiences and for orienting attachment behavior that tend to persist over time and operate unconsciously. In case of drug abuse; attachment theory suggests that this would be a clearly maladaptive strategy which individuals use to cope with insecurity of attachment and reduce the distress this causes in them Rosenstein & Hotowitz; (1996). Attachment theory centers on the psychological phenomena that occur when we establish affective bonds with other people. In our participants; the poor rate of attachment relationship contributed to the formation of insecure attachment. For example in the case of Mbanga; the insecure attachment with the mother creates a great vacuum which he intends to fill out of home with tramadol as seen:

*"I am presently living with my father; grandmother and my mother who we don't feel her presence as mother. She is not staying with us now; but after some time she will come back home. Even when she is there; she always abandons us with our grandmother. I have not been experiencing motherly love. My mum and dad are always quarrelling at home; no peace at home. This situation use to stress me up. This is a traumatic scene in my life which pushes me up to look for comfort out of home". Moki said "I was experiencing that emotional lacking. Our father will leave for work and come back after two to three weeks or a month. Since he was working out of the country and our mother too will leave every morning to her salon. We will be there on our own selves; no body to listen to us". Mundi said "My mum and dad consider their work more important than me and my brother. Forget my mum; she is never there. I don't know whether she is conscious of the fact that she is a mother and has children that need her".*

According to Harlow's experiment on attachment; parents of our participants provide nutritional and physical needs which do not bring them any warmth or affection. According to Spitz & Wolf (1947); from the explanatory text plate of the film; adequate physical care was not the issue: all foundlings grew up in an "institution with excellent hygiene; ample medical attention and varied food in adequate quantity was offered to the children" what the children needed; according to Spitz; was parental (motherly) love; because: it is emotional climate created by the parent



which enable the child's mind develop normally. Where this emotional climate is lacking; the child's mind cannot develop properly and if it grows up; the child may become mentally impaired; asocial (like using slangs to their parents as that woman is a witch; that witchcraft) criminal (consumption of illicit drugs); or insane. When adolescent is faced with this situation; it often results to toxic relationship and emotional dependence. As is seen in our participants; they were provided with money and school needs not taking in to consideration of the emotional and psychological need. Mbanga said

*"My father use to give everything that I asked him and have never been there to check how I'm progressing. This was one of the bitter moments for me and my thoughts and feeling was bad".* Moki explained; *"This is where my father came in; he spoilt me a lot; giving me much money; because he was not always there for us; he thought that the money can replace love he was supposed to give us. HMMMM!! He failed".* Mundi also explained; *"Those people (according to our African culture of humility; this is asocial behavior referring to parents as those people) thought that buying me books; sending me to school; paying school fees; feeding and giving money was all I needed. I needed somebody to listen to me; talk to me; and show me love when I'm back home. But unfortunately for me I saw the contrary. Up till date communication with my parents are always conflictual".*

The notion of internal working model (IWM) of Bowlby (1969) is a psychological approach that describes the development of mental representations; specially the worthiness of the self and expectations of other's reaction to the self. This model is a result of interactions with primary caregivers which become internalized; and therefore an automatic process. The adolescent's attachment relationship with their primary caregiver leads to the development of an internal working model. This internal working model is the cognitive framework comprising mental representations for understanding the world; self and others. A person's interactions with others are guided by memories and expectations from their internal working model which influence and help evaluate their contact with others. Bowlby implemented this model in his theory in order to explain how children act in accordance with this mental representation. Such internal working guide future behavior as the generate expectations of how attachment figures will respond to one's behavior. The IWM implies that each person develops his interpersonal relationships from what he experienced in his first bonds and then continued from them to define his subjective relations with others and to give them the singularity form that they had taken with time. During life time each and every one tries to build affective relationship with significant people and look for attachment figure who respond to their security need; the attachment relationship that protect and guarantees individual security; provoke by attachment behavior as the search of supports from the attachment figure Bowlby(1988). This is possible due to the IWM representations that are constructed from the daily interactions that a child builds with a significant person and with others in his environment. This model help to understand and interpret the behavior of it close interactions but also influences in its relations with other people due to the fact that the child will represent the behavior and intention of others in light of what he had within his family. From these representations which result from the first relations between the child and his environment; an affective relation is established with the parental figure; the attachment can be secure or insecure. Secure attachment is established when the child experiences good emotional climate from his parents. Hence the image of trustworthy child is built up in him as well as a self-image of himself; which the ability to separate and explore the environment will be guaranteed by the image of trustfulness Bowlby; (1988). A child whose parent responds at the right time and appropriately to his or her distress; perceives himself as being worthy of the affection and good care of his parent and able to understand their parents' state of internal security well-being. And in the order hand; a child whose parent does not respond sensitively to his or her needs is not certain of his worth or personal values and has difficulty to trust his parent and others.

Gradually; parent-child interactions tend to reinforce the child's internal model; that is the beliefs or expectations that the child develops about his or her relationship will be confirmed. To feel your existence; every human being; especially children must be assured of esteem for others. Early modalities; the values of the surrounding behaviors and the response patterns that result from them; play an essential role in building and maintaining self- esteem; Bowlby (1988). There are parents who don't care to offer constant attention; warmth and immediate satisfaction of their children needs. It is at this moment that the problem of drug abuse is situated. From our interviews; adolescents who are victims of this type of parent who gave them distance or insecure attachment will internalized these experiences and manifest it later by abusing drugs and violence. The lack of secured attachment would lead the child to become attached to object (tramadol). Tramadol would guarantee for the drug addict all the necessary abilities of the attachment figure. Tramadol takes considerable imagination charge which is similar to that of attachment figure; Dzodzo (2010). Tramadol is invested with all the expectations and powers that the addict should have attributed mainly to the attachment figure. Tramadol has no psychic representation and must be perpetually present and real to ensure the essential tasks that an attachment figure failed to guarantee. For example; in the case of our participants who abusively consumes tramadol to reduce the psychic suffering related to the problems they experienced in their family; so tramadol is use as an object of substitution to replace the comforts that allow the adolescent to appease his negatives emotions as explained by Mbanga

*"I frequently consumed good quantity so as to feel fine each time I am tensed up and I felt happy to overcome my problems. The traumatic scene in my life pushes me up to look for comfort out of home. My home was not the best place for me because of the types of thing I was seeing in our house. I was behaving very poor at home when I'm stress. So; one of my friend in school introduced me with tramadol; he said that when he is stress he takes tramadol; it is very good and it calms down bad moments as I also experienced it. My parent was only present physically; that push me to abusive tramadol consumption so as to replace the emotional aspect that was lacking".*

Moki also explained *"tramadol makes me feel good. So when I think about my family experiences; I will take the drug and feel calm.* Mundi said *"This Zaparol that a friend introduces me to it; helps me feel happy and forget my troubles. I am happy I found love in zaparol; it is the only friend I have".*

Secured attachment plays an important role in the emotional balance of the child as it both reduces anxiety and increases the feeling of internal security and protects against possible trauma. Insecure attachment is characterized by problems with emotional self-regulation and the exacerbation of sensitivity to negative affections Dzodzo (2010). Finally; just as in the behavior of a child deprived of his emotional needs; the person with substance abuse problem will protest and experience separation anxiety when he is deprived of substance.

Individuals with addiction have been characterized as having a negative self-concept; an inability to maintain stable interpersonal relationships and a fear of intimacy. Cook (1991) points to the roots of addiction in "early dysfunctional family experiences where representations of self and others come to be internalized and lead the child to develop a sense of self as unworthy; unwanted and inferior". This shows a lack of emotional bonding and closeness in their families which lead them to the view themselves negatively in relation to others. When caregivers are neglectful; children will modify their behaviors to get whatever approximation to attachment that is possible; which our participants uses tramadol to deactivate the attachment feeling and to modulate the negative affection associated with activated attachment needs; Cook(1991).

#### 4. Discussion of results



The objective of this study was to understand the meaning which adolescent who abusively consumes tramadol associate to the family life experience and also brings out practical information on how adolescent's emotional needs are met. The results obtained and analysed suggest that the experience of family life is marked by unavailability of parents and the failure to attend appropriately to their emotional needs which are the situations; deemed difficult by adolescents; hence the source of suffering in these adolescents. Long-term consequences of health risks in adolescence are well documented. It is the fact of associating negative meanings with the lived events which constitutes a source of malaise that adolescent tries to overcome by consuming abusively tramadol. This discussion will be organized on three themes: family context of consumption; initiation of consumption; experiences in the family.

### **Familial Context of Consumption**

From the participants' discussion; we noted familial negative experiences such as unavailability of parents; lack of communication and difficulties in managing negative counter-transference reactions which interferes with their ability to provide secured based; Ekamparam (2008). These participants experienced painful internal conflict and very often attend slow degradation and end up experiencing a real repulsion towards them. They try to distinguish themselves from the other; only to reassure themselves about their fate. They suffer from helpless feeling and make morals which sooner or later cannot help themselves hence introduce social stigmatization (which is the disapproval of personal characteristics or beliefs that are against cultural norms) which often leads to status loss; discrimination; and exclusion from meaningful participation in society. In this study; participants reported that: People treated them differently; others were afraid of them; some of their family members gave up on them; some of their friends rejected them and employers paid them a lower wage; according to Colombo Plan (2017). Stigma can interfere with effective treatment: A person who sees that addiction is stigmatized him may feel shame and be reluctant to seek treatment. Social supports for recovery may not be adequate in a community that stigmatizes addiction. However; the influence of family life experiences and abusive consumption of tramadol by adolescents in to adulthood is not limited to risk and subsequent adverse impact. In the absence of the family (parent) on which the adolescent can be subdued; adolescent uses tramadol as an attempt to forget the suffering he is facing. It is the fact of associating negative interpretations with experienced events which constitutes a source of discomfort that the adolescent tries to forget by consuming abusively tramadol.

### **Initiation to consumption**

Many reasons pushes adolescents to initiates themselves into consumption of tramadol such as ; experimentation; imitation; pleasure; curiosity ; the desire to belong in a certain group of friends; to have more strength or energy to carry out a particular type of job; to overcome phobia so as to perform in the crown but this results shows that abusive consumption of tramadol is done in the aim to forget or reduce the suffering experienced from the perception of negatives events in their lives within their family. According to Baumrind (1991); certain adolescents abusively consumed substances in other to bury their emotions toward aggressions which they experienced in their families.

### **Experiences in the family**

From our participants' discussions; we noted that there was no proximity in their relationship with their parents. Brook and coll. as cited in Chabrol; 1992 also said that adolescents who uses psychoactive substances indicate distance in the relationship; lack of affection and support from their parents . our study is base on the theory of attachment which state that persons who are addicted always expresses in one form or the other ; the different form of insecurity( anxious- ambivalence; anxious-avoidance or disorganized forms). Our study shows that adolescents who consumes abusively tramadol and with the form insecure attachment does not possess adaptive strategy that permit them to deactivate effectively in case

of emotion stress; Lafaye de Micheau (2008). According to the classical perspectives of Bowlby (1979); the emotional security provide by family (mother or caregiver) during childhood serves as the foundation for the formation of the IWM which represent oneself and others that will allow individuals to properly develop their personality and make good decision about their behaviours. From our participants; their trajectories were characterized by initial unsatisfactory conditions experienced within their family. Our study suggest that family connectedness during adolescence may have long-lasting protective effects across a range of adult health outcomes related to mental health; violence; sexual behavior; substance abuse; illicit drug use and emotional distress.

### **Conclusion**

The main objective of this study was to understand the meaning which an adolescent who abusively consumes tramadol can associate to the family life experience. This study also brings out practical information on how adolescent's emotional needs are met. With the help of an interview guide; we conducted semi-structured interviews with the adolescents who abusively consumed tramadol. Our interviews were transcribed and analyzed using the thematic content analysis and sequential analysis to complete the thematic content analysis which permitted us to captured the events experienced by our participants and how they reacted to these lived events. Family life experience came up as a pertinent element to better understand the abusive consumption of tramadol by adolescent. Adolescent is the period of development and growth in humans and is a very difficult stage in life for ; it raises a lot of questions in the mind of the child and when faced with the problem of upbringing from the family or the caregiver. The results permitted us to come out with elements that explained how family life experience arouses abusive consumption of tramadol in adolescents. In view of our results; we can say that the attachment theory remains relevant in explaining the problem posed by this study. Hence; the results shows that association of negative significations to events experienced constitute the source of lacking which adolescent tries to overcome by abusively consuming tramadol. Implication of this study gave us information that create awareness on what the future hold for the adolescents who abusively consume tramadol and also changes their perceptions towards abusive consumption of tramadol. The perspective suggested that Local anti-drug policy and preventive programs should be lunch and include parents and families as their primary target. The state should create addiction or rehabilitation centers with multidisciplinary equips (professionals including clinical psychologists) in other to sensitize; manage and follow-up substance use disorder. The information in this work can provide health sectors with effective strategies particularly with respect to the preventing; screening and ending substance abuse in adolescence. The fight against illicit drugs consumption (tramadol; cannabis; cracks; cocaine; and heroin) sales and abusive consumption of licit drugs such as alcohol by adolescents is part of Cameroon government plan to overcome the ill toward the 2035 emergence plan; which this information will be of great need. An implication of our findings also says that promoting family connectedness is a promising approach to reduce risk behaviors and negative thoughts experienced by adolescent.

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