

## **Personality Traits of Adolescents Addicted to Drugs: A Field Study of Two Cases at a Medium-Care Centre for Addiction Treatment**

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### **Abstract:**

This study aims to identify the dominant personality traits among drug-addicted adolescents, and to understand the role of psychological and personal factors in pushing adolescents towards drug use. To achieve this, the study used the Big Five Personality Traits inventory, developed by Paul Costa and Robert McCrae (1992), on two adolescent subjects aged 16 and 17. The results showed that the prevailing traits in both cases were openness and conscientiousness, alongside other psychological and behavioural traits such as aggression, impulsivity, indifference, mood disorders, and certain depressive features including low self-esteem. These findings highlight the importance of understanding the personal characteristics of drug-addicted adolescents to improve prevention and treatment interventions for this group.

**Keywords:** Adolescence, drug addiction, personality traits, the Big Five personality traits.

### **1. Introduction:**

Adolescence is widely regarded as one of the most significant developmental stages in a person's life. It marks a critical transitional period between childhood and adulthood. During this period, features of self-identity, as well as psychological and social independence, begin to emerge. This stage is characterised by rapidly accelerating changes in physical, cognitive, emotional and social domains, making adolescents vulnerable to environmental influences. Researchers emphasise that healthy psychological development during this period requires a supportive and flexible social and material environment that enables identity to mature and evolve. Conversely, the absence of basic necessities, coupled with mounting pressures and threats, disrupts this development, hindering the formation of a balanced identity (Ben Abderrahmane & Bouraïou, 2022).

The most prominent characteristics of adolescence include physical development associated with sexual maturation and cognitive development, which is manifested through the growth of abstract thinking and intellectual independence. There are also sharp emotional fluctuations and heightened sensitivity. Social transformations also encourage adolescents to expand their sense of belonging beyond the family to include peer groups (guendoussi, 2021). However, these changes can make adolescents more psychologically fragile, potentially leading them to engage in risky behaviours such as drug use. This has become one of the most significant contemporary psychological and social issues.

Addiction is defined as a psychological — and sometimes physical — condition resulting from the interaction between the individual and the psychoactive substance. It is characterised by a

compulsive desire to continue using the substance to achieve the desired psychological effects or to avoid withdrawal symptoms. This is often accompanied by tolerance, requiring an increased dosage over time (Tiaïbiya, 2019). In Algeria, addiction has become an increasingly worrying issue, especially among adolescents. Reports from the National Office for the Prevention and Combating of Drugs indicate widespread use of various drugs, including in educational institutions.

Factors leading to addiction include weak religious commitment, idleness, peer group influence, inadequate family supervision and family-related problems, as well as motives such as curiosity and the desire to experiment (Al-Metiri, 2023). Other factors, such as unemployment, family breakdown and psychological disorders, also increase adolescents' susceptibility to this behaviour.

In this context, studying personality traits emerges as key to understanding addictive behaviour. These traits are defined as relatively stable patterns of perception, thinking and emotion that influence how an individual interacts with themselves and their environment (Belkhir & Mahi, 2018). Furthermore, personality — understood as the dynamic organisation of psychological and physiological characteristics — plays a pivotal role in an adolescent's capacity to cope with pressures, resist temptations, and make informed decisions (Qachachta & Ouain, 2013).

#### **Problem Statement:**

Therefore, investigating the relationship between addiction and personality traits in adolescents has significant scientific and practical value. This can facilitate the early identification of high-risk groups and inform the development of more effective prevention and treatment programmes. Therefore, this study is guided by the following main question: What are the personality traits of adolescents addicted to drugs?

#### **2. Objectives of the study:**

To identify the dominant personality traits among drug-addicted adolescents.

- To understand the role of psychological and personal factors in leading adolescents to use drugs.

#### **3. Methodology of the study:**

Given the psychological nature of our topic, we have adopted a clinical approach. This approach focuses on studying individuals as unique human beings through case studies and life histories, providing an in-depth, holistic picture of each person as a distinctive personality with roots in the past, dimensions in the present, and aspirations for the future. This unique image reflects the person's distinctive personality organisation. To this end, we will use the following tools:

##### **3.1 Semi-Structured Interview:**

This interview provides the clinician with an opportunity to conduct a comprehensive study of the cases through direct conversation.

It also helps to understand individuals and verify the accuracy of certain impressions and hypotheses using other instruments.

##### **3.2 The Big Five Personality Traits Inventory:**

Developed by Costa and McCrae (1992) (Costa & McCrae, 1992), this inventory is considered the first objective tool designed to measure the basic dimensions of personality. It comprises a set of 60 items. These items were extracted using factor analysis from a large number of items derived from various personality tests. The first version of the inventory, published in 1989, consisted of 180 items. Many studies were conducted on different healthy samples. Subsequently, the inventory was modified to reduce the number of items, and the second version was issued in 1992, consisting of 60 items distributed across five factors: Neuroticism, Extraversion and Openness (as presented in the original description), Agreeableness (انسجام) and Conscientiousness (بِقِطَّةِ الضَّمِيرِ).

Each sub-factor includes 12 statements. For each statement, respondents use a five-point response scale: 'strongly agree', 'agree', 'neutral', 'disagree', and 'strongly disagree'. These response alternatives are translated into scores ranging from 5 for 'strongly agree', 4 for 'agree', 3 for 'neutral', 2 for 'disagree', and 1 for 'strongly disagree' for the positive items (33 items). For the negative items (27 items), the scoring is reversed. Respondents choose one response option for each item. Overall, the inventory measures five personality factors, which the developers named the 'Big Five Personality Traits' (Debono Center for Teaching Thinking, 2017). (Debono Center for Teaching Thinking, 2017)

#### 4. Study Cases:

Duration of use	Substance used	Age	The case
Two years	Cannabis	17	Mohammed Ahmed
Two years	Lyrica	16	Abdul Muqit

#### 5. Results of the study:

##### 5.1 First Case:

###### Interview summary with the case

Muhammad Ahmed is a 17-year-old single male. He comes from a family of four and is the youngest of his siblings. He works as a farm labourer alongside his father. He stopped attending school in the second year of secondary education. There is no known family history of addiction, although he personally suffers from hyperactivity and attention deficit disorder, as diagnosed by a school psychologist.

He began using drugs at the age of 15, with "hashish" being the first substance he tried. He attributes his drug use to anxiety and family problems, particularly his strained relationship with his father. He described his psychological state as being unable to calm down unless he takes the drug. He also reported that he feels he cannot control himself without it.

He usually takes the substance alone at night and stated that he consumed it without interruption for about two years. It was not until his mother took him to the intermediate centre for addiction treatment in Al-Khroub that he seriously considered quitting, after which he was referred to the centre in Zouaghi Slimane, even though he was not personally convinced of the benefits of treatment at the time.

Although he did not face any direct legal problems due to his addiction, he mentioned an incident with a teacher that resulted in a disciplinary hearing, ultimately leading to his

withdrawal from school. He described ongoing daily problems with the people around him, especially his father, and reported being mocked.

During his addiction, he described difficult moments such as loss of control after using drugs, and feelings of doubt and suspicion. He stated that his fear that his addiction would lead him to try more dangerous substances was what pushed him to attempt to quit, whereas anxiety and family problems were what initially led him to use drugs. He describes his relationship with his mother as good, saying that he speaks with her openly and does not hide anything from her. In contrast, his relationship with his father is characterised by tension and recurrent conflict. He did not live with his parents during his childhood, but instead was raised in his grandfather's home. His relationships with friends are considered normal, and he knows many people, some of whom also use drugs. His relationships with neighbours are almost non-existent due to the isolated nature of the area where he lives.

In his daily life, he acts without thinking or hesitating, and says he does not regret his actions. When he is angry, he prefers isolation and experiences a desire to harm himself or others. He reported that he had previously had thoughts of suicide. He also indicated a tendency towards violence when provoked and mentioned situations in which he had used weapons to express his anger.

When he experiences psychological crises, he tends to withdraw. He feels that this helps him and allows him to express his feelings in these situations only to his mother, not to anyone else. Regarding his view of the future, he confirmed that he cannot envisage a clear future, but he hopes to be successful. He does not fear the future or death, and believes that making money is his primary future goal. He also mentioned a desire to emigrate illegally, even if it costs him his life.

Analysis of test results applied to the case:

Neuroticism indicates a tendency to experience negative emotions such as anxiety, sadness and anger. The case scored 28 on neuroticism, which is below average, suggesting emotional stability. It does not suggest an excessive tendency towards anxiety or shyness. The individual appears independent and flexible in dealing with pressures, although they remain somewhat sensitive in emotionally charged situations. In this context, the low score may also reflect emotional suppression or a degree of emotional numbing. A reduced neuroticism score may also imply lower perceived danger or consequences, which could contribute to risk-related behaviours, such as substance use.

Extraversion reflects social interaction and the pursuit of external stimulation. The case scored 32 on extraversion, which is slightly below average, indicating that the individual is more isolated and may have difficulty forming positive relationships. They tend to prefer quiet places, dislike drawing attention to themselves, and enjoy spending time alone, though this does not necessarily mean they are completely introverted.

'Openness to experience' relates to a liking for experimentation, intellectual openness, and creativity. The case scored 44, which is high, suggesting that the individual is naturally curious, tends to be drawn towards new experiences, and seeks stimulation and novelty. They view routine and rigid systems as constraining and support change, showing acceptance of risk.

Agreeableness (harmoniousness) refers to the ability to empathise with and cooperate with others. With a score of 37, which is within the average range, the individual is capable of forming relationships. However, they may experience difficulty with trust or resolving conflicts. They can cooperate and show empathy, while also defending their viewpoint or criticising others when necessary. They are also likely to value fairness and mutual respect in relationships.

Conscientiousness (awareness/conscientiousness) reflects organisation, self-regulation and discipline. The case scored 55, which is very high, indicating a strong level of organisation and self-discipline. They set clear goals and work hard to achieve them. This pattern may also reflect an intense internal conflict between an ideal self-image and realistic behaviour that contradicts it, possibly related to addiction.

### **General Case Analysis**

The clinical interview and the results of the Big Five Personality Factors test (Costa & McCrae) reveal that the case of “Mohammed Ahmed” reflects a complex psychological pattern. In the context of social and familial instability, these conditions formed a fertile background for the development of psychological disturbances and the adoption of addictive behaviour as a defensive coping mechanism to escape from reality.

The collected data reveal a personality characterised by internal instability and impairment in emotional self-regulation — defined as ‘a set of processes through which the individual seeks to control and adjust emotional responses according to what the situation or environment requires, whether these responses are socially acceptable or in order to achieve a set of goals’ (Amina Kouider & Fatiha Kerkouch, 2018, p. 257) — as well as weakness in self-control. Additionally, the individual exhibits an interactional pattern characterised by tension and aggressiveness.

Regarding the emotional dimension, the interview suggests that the participant does not display clear signs of anxiety or shyness in his speech. Instead, he appears to manage his feelings to some extent. However, this apparent calm does not necessarily reflect genuine psychological stability, but is more likely to be the result of emotional suppression or emotional blunting. This interpretation is supported by his non-verbal behaviour during the interview, such as touching his neck and avoiding direct eye contact, which may indicate internal tension that he finds difficult to express verbally. Furthermore, the absence of feelings of guilt or regret in his statements, coupled with his apparent indifference to how others evaluate him, may suggest a certain degree of emotional detachment. This detachment could be linked to the accumulation of traumatic experiences and emotional deprivation in early childhood.

In terms of social interaction, the interview suggests withdrawal-oriented tendencies. The individual prefers to spend time alone and has difficulty building stable, emotionally safe relationships, despite having a broad social network available to them. This corresponds with his behavioural pattern of withdrawing during episodes of anger or sadness, as well as his complete reluctance to express his feelings in close relationships — particularly with his father. This tendency towards isolation may be understood as a defensive mechanism aimed at protecting the self from the psychological pain associated with relationships. This is especially plausible given that his relationship with his father is characterised by verbal violence and harshness, while his relationship with his mother appears weak and insufficiently supportive.

Taken together, these experiences suggest that the individual lacks an effective model for managing relationships, which may lead to increased emotional activation and aggressive behaviour. John Kong defines aggression as: ‘the desire to cause harm, wounds, destruction, injury, or anything else’ (Zineb Badoui & Hanan Debar, 2022, p. 99).

On the other hand, ‘Mohammed Ahmed’ shows a clear tendency towards experimentation and a fascination with what is new and exciting. This may partially explain his involvement with drug use. He does not appear to use substances solely to escape suffering; rather, he uses them as a means of exploration and risk-taking, driven by an internal need to break free from routine and reject restrictions. This is reflected in his spontaneous statements, which reveal that he makes rapid, reckless decisions without considering the consequences. Such patterns suggest high impulsivity and a low capacity to delay gratification. This framework may also help to explain his sometimes violent behaviour towards himself, such as his attempted suicide, and towards others — such as the incident with his friend, in which he believed his friend was killed as a result of an episode of uncontrollable anger.

The case also shows a degree of internal tension between an ideal self-image and distorted real behaviour. Although he talks about academic failure and deviant behaviour, there are signs of strict internal standards and a latent, unacknowledged sense of guilt, which may lead to self-blame or withdrawal at times. This aligns with psychoanalytic theory: “When indulging in pleasure becomes possible, the desire for pleasure is satisfied — but only accompanied by guilt and reduced self-esteem. These feelings generate unbearable anxiety, which in turn leads to the repetition of behaviour in an attempt to find relief” (Samia Bournan, 2015, p. 60).

The discrepancy between what should be and what is actually happening creates psychological distress, particularly given the lack of insight into the problem. His motivation for treatment does not appear to be internally driven; rather, it was prompted by his mother. This suggests a lack of internal motivation for change and reduced awareness of the magnitude of the danger he faces. In this context, the individual’s aggression appears multi-faceted: it is directed towards others through verbal and physical violence, and implicitly towards the self through repeated statements expressing a desire for death or bodily harm.

Additionally, his behaviour reflects a form of fragile psychological organisation, in which emotional pressure can quickly manifest as an uncontrolled physical act. This indicates a lack of cognitive control over emotions and behaviour, and therefore a higher likelihood of emotional states translating into action.

From the above discussion, it can be concluded that the case clearly embodies the psychological model of an adolescent with an addiction. Here, elements of an unsupportive family environment intersect with personality traits characterised by impulsivity, aggressiveness, emotional blunting, a tendency towards risk-taking, weak self-awareness, and social detachment. Together, these factors create fertile ground for destructive behaviours such as addiction, particularly when appropriate social and psychological protective mechanisms are absent. This suggests that, in this case, addiction is not just a behavioural deviation, but rather reflects deep psychological distress requiring comprehensive therapeutic intervention that considers both personal and environmental factors.

## 5.2 Second Case

### Interview Summary

The case, Abdulmeqît, is 16 years old, single, and comes from a family of five, where he is the middle child. He is currently unemployed, though he previously worked in a fast-food restaurant and also did dancing, but he did not enjoy it so he stopped. He discontinued his studies in the second year of secondary education after repeating the grade four times, which eventually led to his expulsion. There are no known family or personal histories of substance-related problems.

The adolescent began using drugs at the age of 14. The first substance he mentioned was 'Lyrica'. He reported that his first experience was unremarkable; he tried it for recreation and to enjoy the company of friends during a trip to the beach, and he had no prior problems that pushed him to try it. He used the substance both alone and with others, suggesting that his main motivation was the act of taking drugs itself rather than the company. He also described taking it regularly, stating that his goal was not to feel a specific effect, but rather to consume the substance itself.

He continued using it regularly for about two years. When he tried to stop on his own, his psychological and behavioural state deteriorated, including increased isolation and aggressiveness. His mother noticed the change and took him to the intermediate centre for addiction treatment in Zawaghi, even though he had not yet told her about his addiction or that he was taking drugs.

He has not faced any legal or school-related problems as a result of drug use. However, he exhibited concerning behaviours, including insomnia, social withdrawal, self-harm with a knife, and episodes of anxiety, emotional agitation, and distrust/suspicion towards others.

His relationship with his parents is tense, particularly with his father, whom he describes as neglectful and controlling. However, his relationship with his mother has recently improved. He has a good relationship with his sister, who he considers to be his closest friend, and he opens up to her. His relationships with friends and neighbours are generally normal, and he feels comfortable in his external social environment. However, after he stopped using drugs, he noticed that some of his friends distanced themselves from him.

He tends towards impulsivity: he makes decisions without thinking first, and finds it difficult to wait or delay his desires. His daily behaviours appear automatic; he does not plan for his future.

He stated that he cannot tolerate injustice or mistreatment. He becomes angry quickly and often resorts to violence as a last resort. He has previously been involved in a violent altercation resulting in injury to another person.

- When under psychological pressure, he tends to withdraw and isolate himself, believing this protects him. He only shares his feelings with his sister because he believes that others will reveal his secrets if he tells them. He also uses sleep as a way to forget and move beyond arguments.

Regarding his outlook on the future, he describes it as unclear. He has no ambitions or clear plans. He said he is not afraid of the future and does not plan for it. However, he expressed a desire to work independently and establish his own project.

Analysis of test results applied to the case:

**1) Neuroticism:**

Neuroticism refers to the tendency to experience negative emotions such as anxiety, sadness and anger. The case scored 36, indicating a moderate level. This suggests that the individual is relatively emotionally balanced, without clear signs of anxiety or emotional instability. They also do not exhibit excessive emotional calmness or markedly low emotional reactivity. In Abdulmeqit's case, this may suggest that drugs are not primarily used to escape severe anxiety, but rather for other reasons, such as recreational or exploratory motives (as indicated by the social context and initial use described earlier).

**2) Extraversion**

Extraversion reflects social interaction and seeking external stimulation. The case scored 39, which is slightly above average. This indicates a tendency towards social openness and activity. The individual may seek interaction with others and integration within peer groups. The profile also suggests competitiveness and vitality, and the individual may show some impulsivity or recklessness and enjoy receiving attention from others. This social orientation may have been one of the main factors that initially exposed them to drug use — possibly related to a desire to gain peer acceptance.

**3) Openness to experience:**

Openness to experience relates to a preference for experimentation, intellectual openness and creativity. The case scored 38, which is slightly above average. This suggests that the individual is naturally curious, attracted to new experiences, and tends to seek stimulation. They view routine and rigid systems as constraining and support change, appearing willing to take moderate risks.

**4) Agreeableness**

Agreeableness refers to the capacity for empathy and cooperation with others. The case scored 38, which is slightly above average. This suggests that the individual is capable of forming relationships, though they may still experience difficulty with trust. They can cooperate and show empathy, and they are also able to defend their viewpoint or criticise others when necessary. They are also likely to value fairness and mutual respect in relationships. However, being only slightly above average may indicate difficulty in refusing others and a tendency to please them, which could make the person vulnerable to negative influence from unhealthy peers.

**5) Conscientiousness**

Conscientiousness reflects organisation, self-control, and discipline. The case scored 45, which is high, indicating a relatively strong level of organisation and discipline. This profile may also reflect an intense internal conflict between an ideal self-image and realistic behaviour that contradicts it possibly related to addiction..

**General Case Analysis**

Based on the clinical interview and the results of the Big Five Personality Factors test (Costa & McCrae), Abdelmoukit's case reflects a complex psychological pattern in which traits related to social openness, enjoyment of experimentation, and impulsivity intersect with an internal conflict between suppressed ideal standards and realistic maladaptive behaviour,

within the context of a non-supportive family environment and social dynamics marked by negative influences.

His substance use does not appear to be directly linked to excessive anxiety or an overt emotional disorder. Rather, it seems to express complex internal needs, including the desire for belonging, self-affirmation, and the desire to break free from the constraints surrounding him. In line with the analysis, addiction is primarily interpreted as being rooted in psychological conflicts related to needs such as self-affirmation and security (Bournan Samia, 2015, p. 60). From an emotional perspective, the indicators suggest a degree of apparent balance in emotional expression. While Abdulmeqît does not appear clearly distressed or visibly anxious, he also does not demonstrate genuine emotional calmness. This ambiguity in emotional responsiveness may result from suppression, driven by the lack of a safe space for emotional expression, especially given the atmosphere of family tension and conflict, particularly in his relationship with his father. The interview also suggests that he does not experience clear feelings of guilt.

In terms of the social dimension, Abdelmoukîit's personality appears relatively open, and he is capable of interacting with and integrating into his social environment. This characteristic may make him vulnerable to group influence, particularly if the group engages in deviant behaviours. His tendency to please others, his difficulty in saying no to them, and his need for social recognition may make him vulnerable to peer pressure, which could explain part of his motivation for starting to take drugs. As prior research has noted, peers can have a strong influence on many individuals, particularly during adolescence, and may influence a person's beliefs about right and wrong, as well as drawing them towards substance use (Nacer Mahieddine Malouhi, 2019, p. 115).

In addition, his clear impulsivity, together with his tendency towards risk-taking and experimentation, supports this direction. This also indicates an inability to delay gratification and an inability to make a rational assessment of consequences, particularly in the context of unclear goals and a limited perception of the future.

Conversely, the test results show a high score in conscientiousness (awareness/discipline), which may reflect an internal tension between an ideal self-image and behaviour that is realistically deviant. This contradiction may be a source of unexpressed psychological suffering, generating internal pressure that may sometimes be released through destructive or irresponsible behaviours. Such pressure could also contribute to some of his aggressive or withdrawn behaviours.

In conclusion, the psychological profile of the case is characterised by an interwoven set of traits that form a fertile basis for addictive behaviour, most notably a tendency towards extraversion and social integration, impulsivity and enjoyment of experimentation, need for acceptance and belonging, fluctuation in emotional stability and internal tension resulting from conflict between ideal standards and maladaptive behaviour. The individual also appears to seek excitement and is easily affected by his surroundings. His ability for empathy remains vulnerable to negative peer influence. Taken together, and in the context of an absence of a protective environment and a weakness in self-awareness, Abdulmeqît's case can be understood as an example of psychological fragility that may lead to destructive behaviours such as addiction.

**6. Discussion:**

We initiated this study with the following question: What personality traits are associated with drug addiction in adolescents?

The results of the semi-structured interviews and the Big Five Personality Factors test (Costa and McCrae), applied to the case studies, enabled us to achieve the intended objectives of this research.

Thus, by examining the two cases, we identified a set of prominent personality traits, most notably impulsivity, through the interviews. Both cases showed a clear tendency to make rapid decisions without considering the consequences, whether in everyday life or in behaviours related to substance use. This indicates a weakness in self-control and in the ability to delay gratification.

Adversity manifested in several forms, from overt aggression towards others to aggressive tendencies directed at the self. This took the form of withdrawal, a desire to harm oneself and even suicidal thoughts.

Mood disturbances, which appeared as a shared trait in both cases, were reflected in difficulty managing anger and sadness, as well as shifting from intense emotional states to periods of indifference or withdrawal.

Depressive features, such as pessimism and a lack of hope, were also evident, with each individual having a bleak and ambiguous outlook on the future, accompanied by a sense of life's worthlessness and a clear tendency towards isolation. This was also associated with low self-esteem and a negative view of the self in both cases.

Additionally, affective numbing and indifference were observed; both cases displayed indifference towards the future, characterised by an absence of guilt or regret and reduced emotional sensitivity. This may be explained as a defensive mechanism against psychological pain or as an indicator of depression.

As for the Big Five Personality Factors test, we found that the two cases exhibited an increase in the openness trait. This refers to a love of experimentation, curiosity, an attraction to new experiences and a pursuit of excitement. This trait is also evident in a tendency towards creativity and cognitive openness. However, if this trait is not accompanied by sufficient awareness of consequences or occurs in an environment that encourages deviant behaviours, it can become a risk factor. In such circumstances, the individual may be more likely to try drugs out of curiosity or as a form of rebellion against reality.

We also noted an increase in conscientiousness, which suggests an awareness of internal standards and values. However, this awareness can conflict with behaviour in reality, potentially producing feelings of guilt and internal tension and increasing the need to escape through addiction. In this context, addiction becomes a means of resolving the conflict between the 'ideal self' and the 'real self'.

Regarding the role of psychological and personality factors in pushing adolescents towards drug use, the interview findings suggest that these factors play a significant role in addiction. Impulsivity leads individuals to make rapid decisions without considering the consequences, reflecting a clear weakness in planning ability and a dysfunction in executive functions related

to self-control. It is also associated with an inability to delay gratification, making the adolescent more vulnerable to experimenting with drugs.

Weak family bonds, particularly an absence of a positive relationship with either parent, contribute to feelings of isolation and a lack of belonging. This may lead the adolescent to seek belonging and recognition in alternative environments, such as groups of peers who use drugs, thereby increasing the likelihood of them becoming involved in addictive behaviours. Conversely, when adolescents feel neglected or experience psychological distress due to family issues and lack parental supervision, they may turn to drugs.

Finally, weak coping mechanisms constitute an important factor in explaining why some adolescents turn to drugs, especially given the psychological pressures that characterise this stage of life. An adolescent who lacks effective strategies for dealing with anxiety and family conflicts may turn to drugs as a temporary means of escaping internal suffering.

### **Conclusion**

A deep understanding of addiction reveals that it is a complex psychological and social phenomenon involving multiple factors, rather than merely an individual or behavioural problem. These factors include family, psychological and cultural elements that directly influence the personality development and psychological equilibrium of adolescents. This phenomenon is prevalent in contemporary societies, particularly given rapid social transformations and the decline of traditional family roles and weakening family ties. Consequently, some adolescents have become more susceptible to engaging in risky behaviours, including drug use, which, in certain contexts, can evolve into a subculture associated with proving oneself or seeking social acceptance.

The aim of this study was to identify personality traits in drug-addicted adolescents and attempt to draw a psychological profile of this group, thereby contributing to a deeper understanding of the factors associated with addiction. The results showed that the most prominent personality traits among the cases studied were openness, including a love of experimentation, curiosity, attraction to new experiences and the pursuit of excitement. Other traits identified were impulsivity, aggressiveness, indifference, and social withdrawal, as well as mood disturbances and depressive manifestations, particularly low self-esteem.

The study also indicated that weak family bonds, together with weak psychological coping mechanisms and higher levels of impulsivity, are among the most important psychological and social factors that increase the likelihood of an adolescent turning to drugs. The results of the Big Five Personality Factors scale also showed varying degrees of neuroticism, extraversion and agreeableness in different cases. These findings confirm the specificity and uniqueness of each adolescent addict's psychological experience and highlight the necessity of adopting individualised therapeutic approaches that take account of personal differences.

Based on these findings, the importance of adopting a comprehensive preventive and therapeutic approach is reaffirmed. Such an approach should involve psychological and social specialists participating in awareness and care programmes, strengthening the role of families and educational institutions in early detection and providing proper psychological guidance, and activating psychological counselling units within schools. Community awareness campaigns about the risks of addiction and its psychological and physical effects should also

be intensified. Furthermore, the necessity of developing treatment programmes and reintegrating those who have recovered into society becomes apparent, as well as encouraging scientific research in the field of addiction by establishing specialised research centres. This would contribute to the development of effective prevention and treatment strategies.

In conclusion, addressing adolescent addiction is a collective responsibility requiring the concerted efforts of families, schools, and health and social institutions to protect this vulnerable group and enhance their opportunities for psychological and social growth within safer, more balanced environments.

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