

# The Role of Social Workers in the Recovery and Social Integration of Adolescent Substance Users

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## **Abstract:**

The tragedy associated with the consumption and administration of psychotropic substances is a pervasive issue in contemporary society, with young people, particularly teenagers, being the most deeply affected by this form of reality distortion. This period of transition from childhood to maturity often leads adolescents to perceive social norms and rules as inadequate for their personal development. This paper examines the role of social workers in cases involving adolescents addicted to psychotropic substances. The objective of the research is to explore the real effects of drug use on adolescent personality development and to highlight the crucial role of the social worker in facilitating the recovery and reintegration of these young individuals into society. The research utilizes the case study method, analyzing two cases of adolescent substance users, aged 17 and 18, from urban environments. To strengthen the scientific analysis, ecomaps and genograms were developed for each adolescent involved in substance use. In conclusion, the involvement of social workers in the recovery and reintegration of adolescents who use drugs must consider the complex nature of adolescence, a stage characterized by multiple changes. During this period, adolescents seek to affirm their individuality, adopting values and behaviors similar to those of adults, which are essential for their integration into peer groups. Understanding these dynamics is key to supporting their successful recovery and social reintegration.

**Keywords:** adolescent; drugs; recovery; social integration; social worker

## **1. Introduction**

The analysis of adolescence is a topic of significant interest, extensively studied by specialists in fields such as pedagogy, medicine, psychiatry, sociology, and biology. Often referred to as both "the golden age" and "the ungrateful age," adolescence is described by Golu as "the age of the mirror, the period during which the adolescent seeks to reconcile with themselves" (1994: 159). This phase is marked by vulnerability due to changes in multiple aspects of the personality. While adolescence should not be viewed as inherently inappropriate, critical, or problematic, inadequate or superficial education can serve as a fundamental factor in fostering the development of deviant behaviors.

In specialized literature, drugs are defined as "natural or synthetic substances consumed for their effects on the psyche (psychotropic effects), acting as stimulants or sedatives of mental activity, and modifying sensations and perceptions" (Ardelean, 2001: 4).

From a sociological perspective, adolescents involved in psychotropic substance use can be included within the category of vulnerable groups, as they simultaneously face individual, relational, and structural risk factors that affect both social integration and identity development. Vulnerability is not determined solely by individual behavior but results from the interaction between social inequalities,

deficits in family or institutional support, and exposure to marginalizing social contexts. Sociological literature indicates that such situations require multidimensional interventions oriented toward inclusion and social reintegration, in which social work plays a central role in rebuilding social capital and personal autonomy. In this regard, analyses of the social economy and community support mechanisms highlight the importance of alternative approaches grounded in social solidarity and integrated interventions aimed at reducing risks of exclusion and supporting the reintegration of vulnerable groups (Otovescu, Cioacă & Calotă, 2019).

When we discuss addictive substances, we aim to highlight the role, effects, and classification of substances that cause irreversible and detrimental effects on both the psyche and the physical body. In addition to socio-economic challenges, corruption, human trafficking, and prostitution, drug consumption and trafficking are among the most severe social issues. The increasing number of substance users is a documented reality, contributing to the growth of the black economy (Neagu et al., 2008: 22). These psychotropic substances, which go by various names, can be categorized based on their origin, effects, the degree of dependence they foster, methods of administration, and their overall impact on the human body.

## 25. Literature review

By definition, an addict is someone who can only live normally with the help of a substance—either a plant or a chemical—that initially produces a feeling of well-being. Over time, the addict becomes dependent on this substance, feeling unable to function without it. The effect diminishes unless the dose is increased, and ultimately, it harms not only the addict but also those around them (Tintiuc, 2007, p. 834). From the perspective of the effects produced, "drug addiction is like a cancer that not only destroys the body of the drug user but, more tragically, undermines their psyche, leading to a profound disorganization of the human personality" (Banciu, Radulescu & Voicu, 1985, p. 58). Gilles Ferreol further explains that "the effects of drug use can be both expected and unwanted. The expected effects include euphoria, mental stimulation, psychological excitement, and, for stimulants, violent reactions; relaxation, drowsiness, and mental calm for sedatives; and altered perceptions caused by hallucinogens. The unwanted effects, however, include addiction, negative impacts on the central nervous system, the heart, and other vital organs" (Ferreol, 2000: 34).

Recent literature highlights the importance of integrating holistic, context-sensitive approaches in social work practice with vulnerable youth. For instance, Obeng et al. (2023) conducted a systematic review on nature-based interventions aimed at promoting sustainable well-being among young people in precarious situations. Their findings suggest that interventions grounded in ecological and experiential engagement—not only reduce psychological distress but also enhance social connectedness and long-term resilience. The global rise in adolescent substance use continues to generate concern among policymakers and practitioners alike, especially as early onset of drug use is increasingly linked to long-term psychological, social, and educational harm. Recent comparative studies underscore the importance of contextually grounded interventions in addressing this issue (Maha et al., 2024).

An important factor to consider is the lack of emotional and affective support from parents towards their children. In some cases, abuse—whether physical or psychological—can play a significant role. Both situations pose a substantial threat to the adolescent's future well-being, often resulting in apathy, mistrust, rebellion, and disobedience to authority. These emotional challenges can increase the likelihood that the adolescent will be drawn to the use of psychoactive substances, a behavior often seen as a response to emotional neglect, social alienation, and deep emotional frustration.

Inequalities, both social and economic, play a significant role in shaping the experiences and challenges faced by adolescents, particularly those who struggle with substance use, as they often find themselves marginalized and vulnerable within society (Dumitru, 2024). Bullying, whether in school or online, further exacerbates the challenges faced by adolescents, often contributing to emotional distress and leading some to seek refuge in harmful behaviors, such as substance use, as a means of coping with their experiences (Dumitru & Ciucă, 2019).

## 26. Methodology

The aim of this research is to examine the real effects that drug use has on the development of adolescent personalities, to explore the negative consequences and challenges faced by adolescent substance users, and to emphasize the importance of social worker involvement in the recovery and reintegration process of these adolescents into society.

To achieve these objectives, the case study method was employed. The research focused on a target group consisting of adolescent substance users who voluntarily agreed to share information regarding their personal situations. All participants were informed about the purpose of the research and assured of the confidentiality of their personal identification data. The subjects of this study are two adolescents, both 17 and 18 years old, residing in urban areas.

The selection of the two adolescents was based on several criteria: (1) confirmed history of substance use as documented by social services or medical reports; (2) residence in urban areas where structured intervention programs were accessible and where institutional collaboration (schools, NGOs, psychologists) was feasible; (3) voluntary participation and informed consent from both the adolescent and a parent or legal guardian; and (4) willingness to participate in follow-up sessions over the course of one year.

Adolescents from rural or socioeconomically marginalized communities were not included due to the difficulty of ensuring consistent engagement, lack of institutional records, and limitations in local infrastructure for psychological and social work services (Duvnjak et al., 2022). The current study, therefore, provides in-depth, qualitative exploration rather than a representative sample, with the aim of generating insights into intervention dynamics rather than broad generalizations. Data collection was carried out through three separate meetings with each of the subjects, held at the Public Social Work Service in their respective places of residence. Each meeting lasted approximately 40 minutes, allowing enough time for in-depth discussions. During these meetings, all relevant information was carefully documented to ensure no significant data was overlooked, given the sensitive nature

of the topic being addressed. The data was recorded in real-time to preserve its accuracy.

To strengthen the scientific validity of the study, an ecomap and genogram were created for each adolescent involved in substance use. These visual tools provided a comprehensive representation of the adolescents' social environments, familial relationships, and broader support networks. They were invaluable in gaining deeper insights into the context in which the adolescents live and the factors influencing their behavior.

Although not explicitly framed in theoretical terms, the analysis in this study aligns with Bronfenbrenner's ecological systems theory, as it considers the interplay between individual behavior, family dynamics, school environments, and broader institutional responses. Building on this, we propose a practice-informed concept of relational resilience through guided social support—a dynamic triadic framework in which adolescents, families, and professionals co-construct a recovery trajectory. This emergent perspective may contribute to future theoretical refinement by integrating individualized recovery with intersubjective and institutional support systems.

By using the case study method and employing tools such as the ecomap and genogram, this research aims to provide a nuanced understanding of the impact of substance use on adolescents and the vital role that social workers play in supporting their recovery and reintegration into society.

## 27. Presentation of the Case Study

In this section, we present a detailed case study that offers a closer look at the individual experiences of an adolescent struggling with substance use. Through this case, we aim to illustrate the unique challenges faced by adolescents, the influence of family dynamics, and the role of professional support in their recovery process. The case study highlights key factors that contribute to substance use, the consequences it has on the adolescent's well-being, and the steps taken toward reintegration into society. By examining this case, we hope to provide valuable insights into the broader context of adolescent substance abuse and the importance of early intervention and support.

*Case Study 1.* Teenager A. F. is currently 17 years old, born on 04/08/2006, in the city of S., county S. She is enrolled in high school and is in the 10th grade. Behavioral issues linked to substance use were first observed on 25/05/2021, prior to which the teenager had been confirmed to be clinically healthy. The teenager's immediate family includes her mother, C.F., who is 54 years old, and her 30-year-old brother, M.F., who lives with his mother and sister. Her mother works as a nurse at a private health facility in their hometown, while her brother works as a school teacher at a local secondary school. Financially, the family is stable, with a steady income that allows them to maintain a modest standard of living relative to the local economy. Tragically, the teenager's father passed away in a road accident when she was 10 years old. In addition to her immediate family, the teenager's extended family includes a 40-year-old maternal aunt who lives alone in city B.

This case study provides valuable insights into the adolescent's background, family dynamics, and the onset of substance-related behavioral issues, which will be further examined in the results section. The family resides in a privately owned home, inherited by the mother from her own mother, and the household is equipped with all

necessary utilities, with the mother overseeing its upkeep. The maternal grandparents passed away six years ago, and the paternal grandparents died four years ago. Family relations have been tumultuous, marked by frequent quarrels that contributed to heightened stress, nervousness, and anxiety, particularly as a result of the teenager's behavior related to substance use. Following the death of the father, the mother chose not to pursue a new relationship, focusing instead on maintaining the family's well-being. Despite her sacrifices, the teenager feels unappreciated, often criticizing her mother for being overly strict and restricting her freedom. This perceived lack of autonomy has caused the adolescent to feel inferior to her peers, contributing to her sense of isolation within her social group.

*Social history.* From a social perspective, family relationships were generally positive, with good interactions with neighbors, family friends, and close relatives, as well as with local institutions in the city. The family is regarded by the community as cooperative within their means. Socially, the teenager actively participated in events organized by local authorities and had exemplary behavior within her educational institution up until the point she began using addictive substances. Her academic performance, both during study hours and extracurricular activities, was outstanding until 2021, with teachers praising her notable achievements. She completed her first year of studies with remarkable results (9.35), earning admiration from her teachers. Outgoing, dynamic, and emotionally expressive, the teenager had the ability to form close connections and earn the affection of those around her.

As substance use began, the teenager's behavior started to change, even towards her teachers. She began skipping school and was seen by her teachers visiting a 27-year-old man. Along with these signs of disengagement from school and the teaching staff, her classmates observed drastic mood swings, with episodes of euphoria and excessive cheerfulness followed by sudden, unexplained aggression. Recognizing these early warning signs, the school's social worker took immediate action. The case was reported to the teenager's mother and older brother, who agreed to notify the relevant public authorities and the General Directorate of Social Assistance and Child Protection. This marked the beginning of an intervention plan designed to address the minor's needs.

*Specialized intervention.* The specialized intervention began following the notification of the teenager's antisocial and aggressive behaviors, which primarily occurred during school hours. The first step in the intervention process was to inform the mother, who was shocked to learn that her daughter had been leaving the house each morning, claiming she was going to school. Despite maintaining a fairly close relationship with the school, the mother had not intervened earlier because she trusted her daughter. The emotional impact on both the mother and the teenager's brother prompted them to agree to collaborate with the team of specialists to begin the recovery process on 27/10/2021.

The school's social worker, along with a private psychologist, conducted an interview with the teenager, A., to discuss the risks and negative consequences she was facing. During the interview, A. admitted to using various amounts of ethnobotanical drugs, which an acquaintance had provided her, and she had been consuming them with a friend. Although she agreed to accept help from the specialists, A. insisted that she would not reveal the identity of the person who had supplied her with the substances.

The teenager explained her decision to use ethnobotanical substances by stating, *"I often felt alone and isolated because my mother was no longer always there for me, and my brother was preoccupied with his own life. So, I decided to try something new. After a while, I met V., with whom I could talk about my feelings. I can say it was a friendship, and the goal was to feel noticed and understood. Taking these substances allowed me to express myself in a vulgar and violent way without caring what others thought. Eventually, it seemed like no one cared about me."*

With the help of the social worker, the teenager was able to restore her relationship with the school. She was reintegrated, in part because she was under continuous monitoring during school hours. The teaching staff maintained strict confidentiality regarding her behavior, ensuring that her classmates neither discriminated nor criticized her.

In this case, the social worker, in collaboration with relevant state authorities and child protection services, played a key role in facilitating the implementation of a comprehensive medical recovery plan. This plan included a one-month hospitalization for detoxification, followed by ongoing medication treatment at home under the supervision of the family.

The support from the family, particularly the emotional backing provided by the mother, was crucial for the teenager's recovery. To ensure her daughter received the necessary care, the mother made the decision to stop working overtime. However, the teenager's brother struggled to accept the situation, blaming his mother for her perceived lack of emotional involvement in his sister's upbringing and education, as well as the challenges that led to her substance use. This tension led to strained relationships within the family.

To address these issues, the social worker, in partnership with the psychologist, recommended six sessions of specialized family therapy. The goal was to help the family manage the stress caused by the situation, improve communication, and rebuild trust. Along with drug therapy and occupational therapy, these interventions were designed to support the teenager's successful social reintegration.

*Case study 2.* I. B. is currently 18 years old, having been born on 15/02/2005 in the city of B., county B. He is not currently enrolled in any form of education and completed his studies up to grade VIII in his hometown. After that, he engaged in various activities to earn money independently. His family consists of his 45-year-old mother, N.B., who does not work and is struggling with alcohol addiction, and his 14-year-old sister, L.B. L.B. is supported by their maternal grandparents, who are 62 and 65 years old, respectively, with the grandfather being a pensioner. L.B. is currently attending secondary school and maintains a good relationship with her mother despite the latter's alcohol addiction. The involvement of the maternal grandparents in raising and educating L.B. has been instrumental in her development, particularly after I.B. ran away from home. I.B. and L.B. are half-siblings, each born from different extramarital relationships their mother had. They have never met any of their paternal relatives, nor did they have any connection with their biological fathers. At present, their mother is not in any marital relationship and is under the care of specialist doctors for her alcohol addiction.

*Social history.* The teenager I.B. was discovered through a non-governmental organization on the outskirts of the capital. He had been living on the streets for a year, scavenging food from dumpsters. According to his account, he ran away from

home because he felt compelled to work in order to support his sister, as their mother was addicted to alcohol. During this time, the maternal grandparents, who were estranged from their daughter, did provide the children with food and clothing, but little else.

Feeling rejected by his mother and ostracized by the community, I.B. decided to leave home and earn money for both himself and his sister. After several months of living on the streets, he managed to evade capture by the police five times. Realizing the dangers he faced, he reluctantly joined a group of young people who exploited him to distribute drugs to others. In exchange, the leader of the group gave him money and drugs as rewards. I.B. began consuming various substances, ranging from opium to LSD. He claimed that taking the drugs allowed him to forget his problems, providing temporary relief. This cycle continued for nearly a year, during which I.B. became both physically and mentally addicted to drugs.

The teenager revealed that when he had nothing to eat or nowhere to sleep, he was forced to return to the "work" he was doing, as it was the only means of survival within the harsh street hierarchy. His life spiraled further until 14/05/2022, when members of the non-governmental organization approached him while he was administering his drug dose. At that point, the process of specialized intervention began. I.B. acknowledged the severity of his situation and accepted help, realizing that he could not break free from his addiction on his own. This marked the beginning of his journey towards recovery.

*Specialized intervention.* The specialized intervention was carried out by a social worker from the non-governmental organization, who promptly informed and reported the case to both local and regional authorities. After agreeing to the intervention, the teenager was admitted to a psychiatric hospital, where he underwent detoxification and participated in an adolescent-specific rehabilitation program. His hospitalization lasted for six months, after which the non-governmental organization took over his care, providing support for professional training courses and securing temporary housing for him for one year.

In addition to the educational and vocational support, the teenager has continued to receive psychological therapy and occupational therapy. These therapeutic services are aimed at helping him develop coping strategies and behaviors that will enable him to navigate life's challenges more effectively.

Family ties have been restored with his maternal grandparents, his sister, and his mother. Although relationships are currently functional, emotional and affective support from the family remains limited. From the teenager's perspective, it is clear that he never envisioned his life taking such a path, but he is optimistic about the future. He believes that, having gone through this transformative experience, he will be in a better position to help others who are living on the streets, offering guidance to those who find themselves in situations similar to his own.

## 28. Results and Discussions

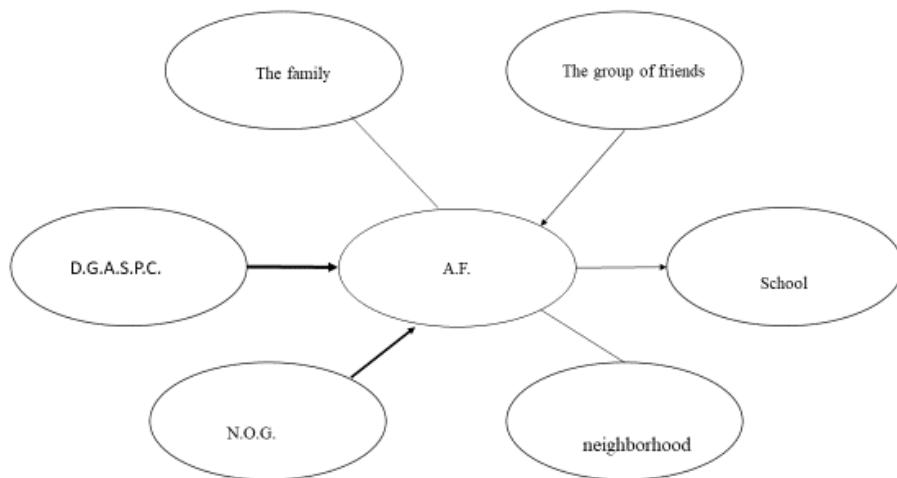
The results of this study offer valuable insights into the complex relationship between adolescent substance use, family dynamics, and the wider social environment. Through the case studies, we were able to identify significant patterns in the adolescents' backgrounds that may have influenced their substance use, as well as the crucial role of the family environment in either supporting or hindering their

recovery. The findings reveal that the effects of substance use on an adolescent's behavior and overall well-being are multifaceted, with both individual and environmental factors playing vital roles. Furthermore, the involvement of a social worker in guiding the recovery process has proven to be essential in helping these adolescents overcome the challenges they face and work towards reintegration into society.

In comparative context, the Romanian intervention model employed in these case studies aligns most closely with abstinence-based approaches emphasizing psychosocial recovery, educational reintegration, and structured family therapy. In contrast, international harm reduction models (e.g., Canada, Portugal) focus on minimizing risks associated with ongoing substance use—such as through safe injection sites, substitution therapies, or supervised housing—while avoiding mandatory abstinence. Although Romania has limited harm reduction infrastructure for adolescents, these international practices highlight alternative strategies that prioritize health stabilization and reduce stigma. This contrast underscores the need for context-sensitive integration of global best practices with culturally appropriate interventions.

The role of the social worker was to monitor the situation, to get involved in providing specialized intervention in collaboration with other specialized institutions, by making quarterly reports related to the case, by consulting and following the individual daily monitoring sheets after the psychological therapy, by following school attendance and the results obtained by the teenager following her reintegration into the study program.

Also, the weekly visits that the social worker made to the teenager's home, the support, the collaboration with the family and the acceptance of the solutions established together with the minor led to the resolution of the case within a period of one year from its referral. The social worker was the specialist who influenced the adolescent to access the dedicated programs, the one who followed the reintegration of the student into the school group previously attended by preserving confidentiality, the one who took into account the recovery of the support of the adolescent's family and the development of intra-family relationships so that all members can overcome the situation of crisis (see Figure 1 and Figure 2).



**Note:** Specific symbolic language used in the application of the ecomap technique:

One sided relationship



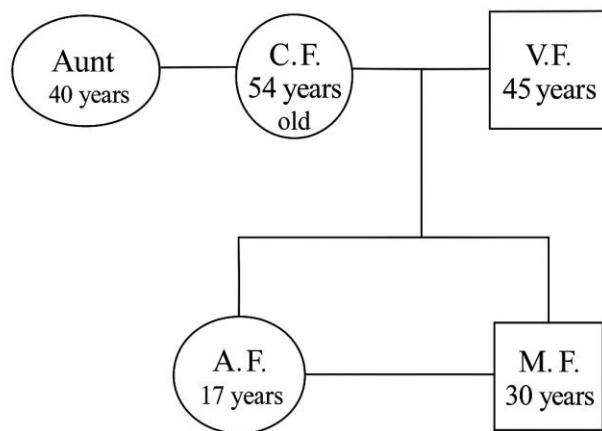
Very strong relationship



Balanced relationship

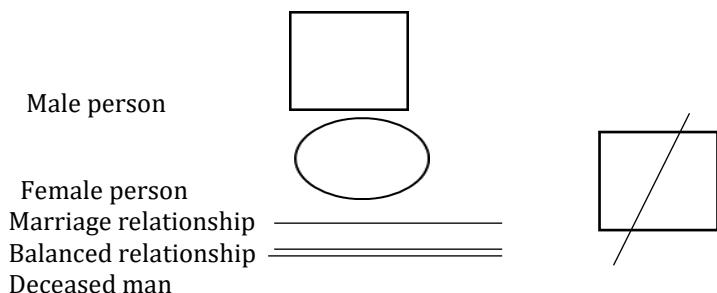


**Figure 1.** Ecomapa Case study 1



Adolescent A.F. before consumption she showed cooperative behaviors, being sociable both at school and at home. During consumption, she became aggressive, vulgar, indifferent to those around her. After the implementation of the intervention, the behavior was redirected, thus the adolescent became cooperative. Family relationships are balanced thanks to the intervention provided by family therapy.

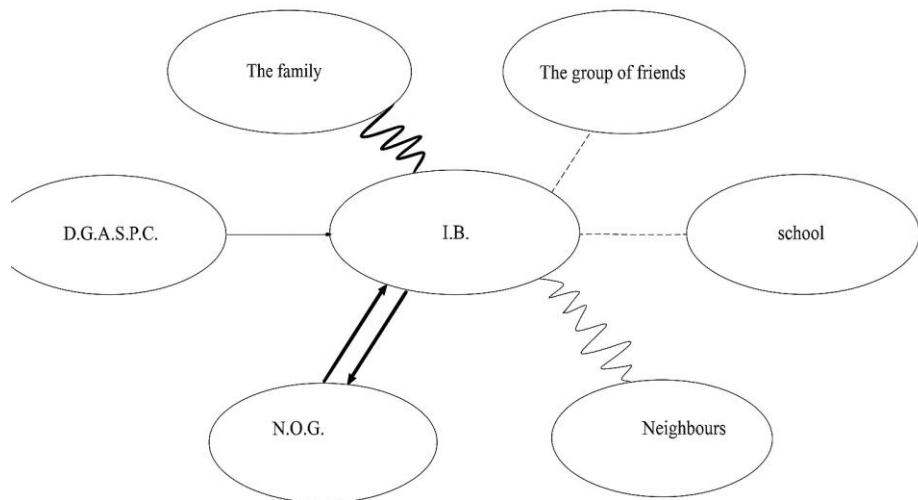
**Note:** Specific symbolic language used in the application of the genogram technique:



**Figure 2.** Genogram Case study 1

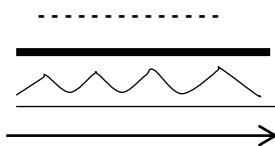
The role of the social worker was to notify the case, monitor its progress, and ensure the application of the individualized intervention plan. The situation is currently being monitored in collaboration with the specialized staff responsible for the recovery and social reintegration of adolescent I.B. After turning 18, I.B. secured a job at a private bakery, where he is now financially independent and lives alone in an apartment near the NGO. Ongoing monitoring is maintained through weekly visits from the social worker, psychologist, and therapist. They continue to compile documentation and produce monitoring reports based on the daily monitoring sheets from the psychological and occupational therapy services that I.B. receives.

The outcomes in this case have been remarkable, as I.B.'s determination for recovery and reintegration into society has been incredibly strong, fueled by his desire to help his sister. Furthermore, I.B. aspires to become a specialist in order to assist others facing similar challenges. His personal growth and commitment to making a positive difference in the lives of others reflect his remarkable journey toward rehabilitation. (see Figure 3 and Figure 4).

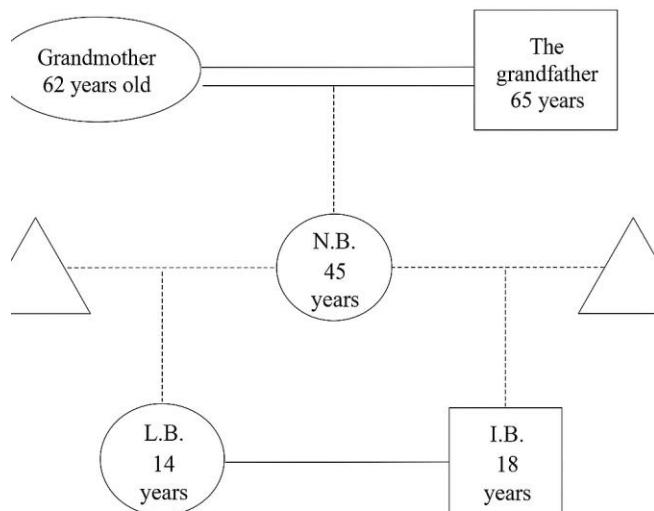


**Note:** Specific symbolic language used in the application of the ecomap technique:

- Stressful relationship
- Very strong relationship
- Strained relationship
- Balanced relationship
- One sided relationship



**Figure 3.** Ecomapa Case study 2

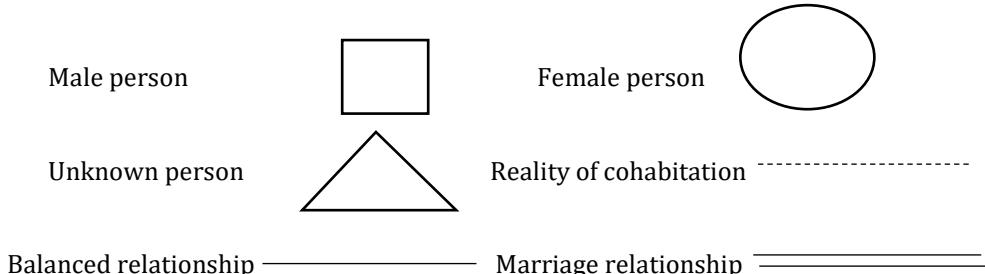


**Figure 4.** Genogram Case study 2

The teenager I.B. before consumption he exhibited antisocial behaviors, being raised in a family where he did not have the support of his mother, and his father never knew him for who he was.

Relationships with sisters and grandparents are balanced. After consumption, the teenager displayed aggressive behaviors, had no friends, and did not attend any school. After the intervention, he becomes sociable, decides to collaborate in order to help his younger sister.

**Note:** Specific symbolic language used in the application of the genogram technique:



In the first case study, the teenager did not exhibit severe behavioral issues nor was she involved in any antisocial groups. However, driven by a desire for attention and the need to stand out, she began associating with certain individuals who introduced her to the use of psychoactive substances. Through the analysis of the genogram and ecomap, it became clear that her problematic behaviors emerged only after she began using these substances, significantly impacting her relationships with school, teachers, friends, and classmates.

In the second case, the presence of antisocial and problematic behaviors was largely a result of the adolescent's challenging family situation. I.B. quickly adopted these behaviors, which eventually led him to leave home. During his period of homelessness, he turned to the use of psychoactive substances, which were given to him as compensation for performing various "services" for different groups. The genogram and ecomap revealed a strained family dynamic, which served as a key factor in his disruptive behavior. This family conflict explains why I.B. repeatedly ran away from law enforcement, preferring to live on the streets and in trash heaps, far from his home.

In the first case, it was observed that the teenager stopped using psychoactive substances and ceased associating with harmful individuals only after the intervention of the social worker from the educational unit, in collaboration with other specialized institutions. The recovery and reintegration of the adolescent within the educational system were achieved through the social worker's involvement. Additionally, the social worker facilitated the provision of support services, including psychological counseling, occupational therapy, and family counseling, to aid in the adolescent's recovery.

In the second case, I.B. only truly accepted his recovery and reintegration—physically, mentally, and socially—under the guidance of the social worker at the non-governmental organization. He became cooperative when he recognized the severity of his situation and understood that he could not resolve it alone. This highlights the essential role of the social worker in the adolescent's recovery process.

and the positive outcomes that followed the cessation of substance use. In both cases, it became evident that the social worker played a pivotal role in the adolescents' recovery.

Key concepts such as "treatment," "recovery," and "rehabilitation" were central to the social worker's approach in both situations. According to phases Yaya Castañeda et al. (2025), social skills are crucial for rehabilitation, stronger skill-change correlation in adolescents.

The social worker's ability to instill a sense of hope, inspire change, and offer the necessary support for a fresh start underscores the importance of their role. These achievements were made possible through collaboration between the social worker and relevant institutions in the fields of social and child protection. Monitoring such situations requires considerable resources, and the specialist's skills must align with the real needs of those in crisis. Repeated visits, mediation of relational conflicts, and coordination with other institutions and specialists for the adolescents' recovery and rehabilitation are just a few aspects of the social worker's involvement in these complex cases.

The findings of this study align closely with the biopsychosocial model (Engel, 1977), which conceptualizes substance use and recovery as the outcome of intertwined biological vulnerabilities, psychological stressors, and social/environmental factors. For instance, the traumatic loss of a parent (Case A) or prolonged neglect and homelessness (Case B) triggered coping behaviors rooted in both psychological distress and environmental deprivation. The social work interventions targeted not only behavioral change but also environmental stabilization, consistent with this integrative model.

Moreover, the analysis reflects principles from structural social work theory (Moreau, Mullaly), particularly in the second case, where systemic poverty, maternal addiction, and institutional neglect created a cycle of exclusion. The social worker's role extended beyond individual rehabilitation to include structural advocacy—securing access to housing, vocational training, and mental health services—thereby addressing root causes of marginalization, not just symptoms. This perspective reinforces the necessity of policy-aware practice in cases of adolescent substance use.

## 29. Conclusions

In conclusion, the effects of drug use are among the most severe, with the addict often struggling to adapt socially and failing to meet basic needs such as food, clothing, and housing. Additionally, they often lack the ability to fulfill their emotional needs, such as forming relationships or maintaining a family. This results in a profound sense of unfulfillment and a failure to achieve a stable social identity, as the addict is unable to sustain a fixed position in the workforce or participate in remunerative activities. These issues are compounded by the long-term, often irreversible, psychological, cognitive, and physical damage caused by substance use. As such, the adolescent addicted to substances is often seen as a victim, caught in conflict with themselves, their family, and society at large.

The social worker plays a critical role in specialized intervention, guided by methodologies approved at the national level by the National Anti-Drug Agency and the Government of Romania. The primary goal of this intervention is to fulfill the objectives outlined in the National Anti-Drug Strategy. Specialized support is

provided to adolescents identified as substance users, with intervention tailored to the severity of each individual case. Access to these services is granted after the case is reported and the adolescent's parent or legal representative is informed.

The process of specialized intervention is defined by the application of case management principles, addressing the crisis situation at hand. The social worker, in collaboration with a multidisciplinary team, focuses on implementing an individualized intervention plan. This plan includes school reintegration to continue education, psychological counseling to foster the adolescent's internal motivation, and social reintegration following detoxification and medicinal therapy. Through this comprehensive approach, the social worker helps guide the adolescent towards recovery and reintegration into society.

The existence of an open, honest relationship between adolescents and their parents or caregivers, coupled with a non-taboo approach to discussing drugs, fosters effective communication. This dynamic can significantly influence the adolescent's personal development and help them navigate their environment more realistically. By engaging in open dialogue, adolescents can learn to recognize and evaluate the risks associated with drug use and other harmful substances. Incorporating cognitive therapies into the recovery process can significantly improve behavioral outcomes, as they help adolescents recognize and challenge negative thought patterns, ultimately reducing inappropriate behaviors and supporting long-term positive change (Dumitru Tăbăcaru, 2024).

Unfortunately, the reality is that drugs will always be a part of society, particularly given the underlying economy that often revolves around these substances. However, the recovery and reintegration of substance users—especially teenagers—must remain a top priority. Adolescents represent the most vulnerable group, and the consequences of neglecting their recovery can result in long-term societal costs. Thus, addressing the needs of young drug users should be seen as an urgent and invaluable investment in society's future, one that prevents the high price of lost potential and ensures that these individuals have the chance to rebuild their lives.

### 30. Limitations

While the findings offer valuable insights into the role of social workers in adolescent substance use recovery, several limitations should be acknowledged. First, the study includes only two case studies, which limits the generalizability of the results. The insights presented may not reflect the experiences of adolescents from different socioeconomic contexts, including rural or marginalized communities. Secondly, data collection relied heavily on self-reported information from adolescents and their families, which may be influenced by memory bias, social desirability, or underreporting—particularly concerning sensitive issues such as substance use and family conflict. Another limitation is the short-term perspective. The one-year monitoring period restricts the study's ability to assess long-term recovery outcomes, including relapse rates and sustained social integration. Moreover, the absence of a control or comparison group limits the capacity to attribute observed improvements solely to the involvement of the social worker, as other concurrent interventions may have contributed to the outcomes. Both adolescents in the study are from urban environments. The lack of representation from rural populations, ethnic minorities (e.g., Roma communities), or youth with disabilities restricts the study's