TEENAGE DRUG CONSUMPTION

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Abstract

Tobacco, alcohol and illicit drugs consumption is a globally important factor in determining the cause of disease, disability and even death. Statistics show the enormous costs that are allocated to solve or mitigate the consequences of drug abuse in terms of individual health and public health. To this end the constant concerns of specialists to monitor drugs and to identify solutions from multiple perspectives is justified. Thus, they investigate legal, economic, social and educational viewpoints, as well as those concerning public health and the prevention. The paper at hand suggests the defining of a frame for reference and comparison of the drug consumption phenomenon as a starting point for identifying the teenager's representations about drugs and their use.

1. Drug consumption

Drugs and drug abuse are recognized today as a social scourge by specialists and other stakeholders, which are of increasing concern as the number of drug users is on the rise, especially among adolescents and young people.

In our country, the danger lies in the fact that modern Romania lies at the intersection of several Balkan transit routes of drugs mainly from African, Asian and South American countries to western European countries, but also at the transit route of synthetic drugs produced in northern Europe. This threat is also reflected in the outlining of the drug consumption on Romanian territory.

Drug use is the "excessive use, continuous or irregular, inconsistent or unrelated to medical practice" of these substances with special control [1]. The negative consequences of illicit drug trafficking and consumption are today recognized as a problem of the individual, but also as an acute problem of the

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modern world which becomes increasingly alarming as the number of drug users is increasing, especially among adolescents and young people.

Among the consequences of drug use the addiction stands out, which is explained by the individual's compulsive and continuous urge to use the drug to get the desired feeling or to counter the indisposition created by interrupting drug administration. The addicted person is aware of the negative effects of the drugs, but continues to use drugs and turn to all financial and material resources available, or even develops delinquent behaviour in order to procure drugs, as the drug tolerance and the withdrawal syndrome on sudden interruption of their administration increase.

Although many positions postulate drug addiction as a result of moral or personality features of the drug addict, it is however a real condition that must be given enough attention because the addict has to overcome many difficulties in his or her path toward total abstinence.

Viewed from a social perspective, drug use affects individual skills and abilities necessary to fulfil their social roles and hence the quality of community life in terms of health and social security. From this viewpoint the problem of drug use is explained in a socio-cultural and moral-religious context and at the same time in terms of the combined efforts of various national and international institutions or structures in the fight against illicit drug trafficking and consumption.

Illicit drug use as a social phenomenon appeared in the 50s and 60s along with the cultural transformations of the Western European and American world. For post-communist Eastern European countries, drug consumption and drug trafficking has become a social issue with many implications together with the socio-political changes of the 90s.

The danger in drug use lies in the association with the spread of AIDS in many European and Asian countries. According to estimations by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), out of the 136 states which reported the existence of addicts to injectable drugs 93 countries mentioned the existence of HIV infected patients among the drug consumers due to the use of contaminated needles and syringes [2].

Hepatitis B and C complete the picture of infectious diseases encountered at users of injectable drugs. The national reports of various European countries provides different data about the incidence of hepatitis B and C due to their sampling methodology (young users of injectable drugs, new consumers of less than two years, the positive drug tests, etc.) and their sample sizes (national, regional, local) [3].

EU experts argue that there is a priority of preventing infectious diseases among drug users, in a descending order: needle and syringe exchange programs, information, education and communication, individual counselling, early health assistance, easy access to treatment of infectious diseases, immunization against hepatitis, training for safer injecting, routine screening of high risk groups, promoting condoms, educational measures on equality [3, 4].

In EU, EMCDDA adopted a number of key indicators necessary to achieve the unitary reporting of data on illicit drug consumption and trafficking in the general population. These indicators are: prevalence and patterns of drug use, prevalence and problems of drug consumption and trafficking, serious infectious diseases (HIV/AIDS, hepatitis) associated with drug use, deaths from drug use, requests for treatment.

When monitoring patterns of problematic drug use and poly-drug use, we still use the PDU indicator issued by EMCDDA in the 80's. Initially this indicator refers to heroin consumption and injectable drug use, considered to be key elements in estimating drug problems that cannot be measured by survey. Then injectable amphetamine consumption was added in order for the drug use to be evaluated in several European countries. Today the PDU indicator refers to "injectable drug use or heroin, cocaine and/or amphetamine use on a long term and on a regular basis" [4, p. 88].

The PDU indicator is important because it is a concept that includes many definitions of addiction, or of the drug addiction, with emphasis on the behaviours of people believed to have problems, whatever their nature, but relating to drugs. The PDU indicator estimates different drug groups and their modes of administration, but they are not differentiated by a particular criterion.

The evolution of the drug phenomena at European level shows the changes in the spectrum of chronic problems, caused by drug consumption as well as those occurring within the drug culture. This also entails the development and the implementation of new statistical monitoring procedures and methods for the people requesting medical and social services regarding treatment of drug addiction, for the people requesting treatment for the first time and for the hidden population of drug consumers, which for one reason or the other is not adequate for estimating the prevalence of drug consumption.

In this sense, each country has adapted the definition of PDU indicator depending on the characteristics of the local situation, forming a mixed picture of the positions taken when reporting drug use. EMCDDA and other national organizations and experts in the field show a permanent interest for collating information about the overall dimension of the problems of drug use and for monitoring behaviours that separate various elements of the PDU indicator. The goal is to eliminate the incompleteness of information regarding developments and trends in drug use.

In comparison, in the United States, the phenomenon of drug evaluation is based on the annual data collection related to illicit drug use and on the data related to the use of alcohol and tobacco.

In Romania, the major socio-economic changes occurred after 1989 and the lack of a traditional cultural model that includes drug use or lacks of information on the dangers of drugs have created a favourable environment for drug invasion. The problem of drug abuse was seen during the 90s as a mere individual reality, but today trafficking and illicit drugs consumption is recognized as a social problem that can not be ignored. 86.3% of the population

believes that drug abuse is a serious problem in our society and that young people are involved in this problem [5].

Knowledge about the drug phenomenon in our country in the early 90s is minimal and is based on official statistics provided by the various old and new structures of the Health Ministry, the data provided by non-profit organizations or on data provided by experts who made researches in this field. An important moment in the provision of data about the drug phenomenon represents the year 2003 when the National Anti-Drug Agency was founded. The Romanian Focal Point on Drugs was also initiated and this project received EMCDDA financial, logistic and scientific support. Later, old and new governmental health, education and security structures, other NGOs and specialists started participating in convergent actions for the reduction of drug demand.

Illicit drug consumption trends during 1995-1998, have significantly risen according to official statistics, especially among young people, where the average age of 20-22 years went down by the end of 1998, to 17-18 years [6]. The evolution of illicit drug use after 2000, have risen in a similar manner to that of the European level, but the values are under the European ones (Table 1).

Table 1. Drug addicts registered in 2000 and the types of drugs consumed.

Drug Types	Total	New cases	Older cases
Heroin	1995	1335	660
Fortral	23	15	8
Diazepam	21	10	11
Marijuana	14	10	4
Others	81	Unknown	Unknown
Total	2134	1416	718

Source: the MSF annual report for the EMCDDA on drug consumption in Romania (2001).

The National Anti-Drug Agency published in 2004 the first research on drug abuse in the general population. This study regarding the general population is a key epidemiological indicator when assessing consumption, consumers and consumption patterns.

The European School Survey Project on Alcohol and Other Drugs (ESPAD) studies during 1999 and 2003 on illicit drug use among adolescents indicate a comparative increase in the consumption of ecstasy, amphetamines, LSD, hallucinogens, heroin between 40 and 85%, but the prevalence of consumption was less than 1% of the consumption in Europe. Particular attention is given to the use of hashish and marijuana with a prevalence of 3%, more than double the value registered in 1999, and to the consumption of tranquilizers and barbiturates with a prevalence of 5% [7].

In 2007 the ESPAD studies showed that the prevalence of any type of illicit drug is 5% compared to 10% in 1999 [8, 9] (Table 2). A possible argument is the concerted action of public institutions and services and of the NGOs in the fight against drugs on several dimensions: legislative, combating drug production and trafficking, drug abuse prevention, addiction treatment. Another

argument is the development and implementation of the National Drugs Strategy 2003-2004, or 2005-2012 in line with the European strategy in the field.

Table 2. The prevalence of lifetime drug use among teenagers.

Drug Types	Years		
	1999	2003	2007
Cannabis	5	3	4
Cocaine	-	0.2	2
Heroin	-	0.3	0.7
Ecstasy	0	0.6	2
Amphetamines	-	1	1
LSD	-	0	1
Inhalants/volatile substances	1	2	4
Tranquilizers/sedatives	5	6	4
Alcohol with medication	4	3	4
Marijuana/Hashish	9	2	4
Hallucinogenic mushrooms	0	0.2	0.2

Source: The MSF annual report for the EMCDDA 2002, 20-24; 2003, 10-13; 2005, 29-30; 2008, 19-26; ESPAD report 2003, 214; 2007, 372-381.

By collating information from official reports or other scientific research, we can state that the development of illicit drugs in Romania knows a steady growth for several categories of drugs, especially the use of injectable drugs. The increasing danger of the latter is represented by the high co-morbidity associated with infections and the large number of overdose deaths.

2. Teenager representation on drug consumption

In the context of trafficking forced drug use, adolescents continue to constitute a high-risk group, due to the specific characteristics of age and of vulnerability factors. From this perspective, emphasizing social representations of adolescents against drug use and consumers is the premise in the development and implementation of numerous models and programs to prevent drug abuse.

Social representations as cognitive assemblies, as created by Moscovici [10], are more flexible in orienting behaviours. They have a securing role when it comes to the unknown and to different dangers and also allow the understanding and the organization of their configuration processes. The formation and dynamics of social representations related to drug use go by through the two fundamental processes: objectification and anchoring. Under the impact of the pressures from different informational resources, the teen aims to simplify and condense the received information into a set of ideas about the danger of drugs and drug use, which are anchored in their category network to which new social meanings are attached. The patterns of drug use have suffered permanent changes due to the new conditions that favour the increase trends of drug use.

According to *the tripartite model of social representations* (central core theory), promoted by Abric [11], three dimensions characterize social representations of drugs and their related socio-cognitive systems: cognitive, affective and behavioural.

The cognitive component in the social representations of drugs is thus highlighted in all information, knowledge, stereotypes, prejudices about the dangers relating to drugs and their consumption, broadcasted in an often diffuse manner in various formal and informal ways.

Affective and normative implications of drugs and their use as a component of social representations manifest by generating feelings to all those who have had some experience with drugs, but also to those who, for whatever reason, refuse their consumption and/or develop certain behaviours towards addicts. Out of these feelings, *the fear of death or dependency, despair, frustration, pain, boredom and loneliness* are the most frequently mentioned by adolescents.

The behavioural dimension is condensed in drug related experiences and behaviours. The recognition of negative effects and the consequences of drug use have both a descriptive and prescriptive substratum and allow for orientation of the behaviours of the mentioned subjects by defining the limits of what is desirable and permitted. Illicit drug use is recognized by adolescents as forbidden and dangerous, yet alcohol and tobacco are allowed increasingly more because they are considered tolerable and even desirable behaviours.

The structural transformation of social representations - focus on the influence of contextual factors in prescribing and adopting behaviours. The situational context (the nature of constraints and aims of the situation) and the social one stimulate behavioural norms, stress situations, mobilize and polarize the social actors. Other authors argue that although one can not distinguish between social representations and social practices, he may however, recognize that significant changes in the socio-economic, cultural and political conditions produce the transformation of the representational object exactly by the social practices.

If we follow the proposal of a schematic representation of social transformation and the conditions of the transformation [12, 13], we can highlight the social representations related to drugs and drug use.

Significant social practices and representations closely relate to group identity and their associated emotional states [14]. American and European sociological studies show that over time, patterns of drug use have undergone few significant changes.

Initially, medical prescriptions of amphetamines and tranquilizers, intensified advertising on the use of drugs justified drug use as a socially desirable behaviour. The individual adopts this practice later without affecting its ability for adaption and social integration. Then some groups use licit and illicit drugs as a means of affirming attitudes, of an ideology relating to social order and values promoted in society. Out of these, cannabis and hallucinogens are best known for their euphoric effects on the individual and on group

cohesion. Thus the drugs turn into a problematic behaviour performed in a festive and ritualistic setting.

Later develops a behaviour in which the drug does not represent a means, but a solution to obtain a euphoric sensation or feeling joy, after which it gradually diminishes and turns thus to pain and to the need of consuming drugs.

Consumption of sedatives and barbiturate drugs under the form of cocktails is a model of drug use significantly related to the deterioration of life, to the lack of previously existent life benchmarks or rules.

Publicity spots and exaggerated advertising on psychotropic substances created many problems and is still trying to impose a particular model of drug consumption in which the consumption practices are heterogeneous. Consumer environments are increasingly difficult to identify due to the accessibility of drugs and to the plurality of models of transgressing the social norms.

Social representations on drugs by teenagers are a complex construct accelerated or slowed by external circumstances and practices and are the direct determinants of drug use in the sense that these either precede, justify or legitimize them.

The most important researches emphasize the importance of *the external psychosocial circumstances* and of the practices related to drug use. By operating with certain concepts such as disorganization, exclusion, social maturity, self-esteem, lack of socialization, communication, and so on, the authors highlight the following external circumstances [15-17]:

Parents are the ones who directly or indirectly influence their children's education and formation in a positive or negative manner (*parental attitudes*). For the adolescent his parents' behaviour is a cultural model which he mimics or from which he tries to escape when there is a negative family environment. *Undesirable, immoral, dangerous, negative consequences* are attributes by which parents define drug prohibition and justify their attitudes, their disappointment and severity. These tend to contradict the adolescent tendencies to gain autonomy and independence. Teens, while recognizing the negative effects of drugs and their unlawful nature still use them as means to adopt attitudes of rebellion against the constraints imposed by others.

The families in which parents use alcohol, tobacco, tranquilizers and barbiturates creates a positive environment for teenagers to consume alcohol, marijuana or other drugs. Maintaining and strengthening positive attitudes such as parental respect, self-preservation, awareness on the consequences of drug use, establishing real purposes of life, and so on, is achieved by teenagers only in a culturally appropriate educational environment and these in turn favour maintaining and strengthening the attitude of rejecting drugs and their consumption [18].

Social peer pressure on adolescents is generally much stronger than that of the family. A report of equality exists only when the two groups practice the same behaviour. In the group of friends or in that of same age people, drugs have positive affective meanings that help define group identity. From the desire of

belonging to this group the teenager accepts and adopts the values attributed to drugs and the drug consumption patterns promoted by the group [19-21].

In other situations, the positive acceptance towards drugs and their consumption is the result of the adolescent rejection by the parents and the acceptance by the belonging group, which offers a certain isolation and emotional stability. The loss of self identity is positively valued by the adolescents or by young people.

The pressures caused by different events in the lives of adolescents as: social stress, parental divorce, family disorganization, academic failure are the most common problem-situations that may explain the vulnerability of the adolescent when it comes to drug use [22, 23].

Age-specific characteristics are associated in defining significance and acceptance of drugs and drug use by the adolescent. *Curiosity* is the most frequently cited reasons by the adolescent when he justifies the use of drugs as a means to avoid reality.

The personal characteristics of the drug user such as emotional instability, loss or difficulty in recognizing self-identity, impulsiveness, emotions, anxiety, depression, alienation are not explained as group or behaving values, but rather as a hereditary vulnerability predisposition of the adolescent towards tobacco, alcohol and drugs.

Social, economic or other types of discrimination, determine the adolescent to identify drug use as a means of liberating himself from these forms of inequities.

3. Attitudes and opinions of adolescents towards drug use

The following are the findings of a descriptive and exploratory research with the main objective to investigate the attitudes and opinions of adolescents regarding drug consumption. The study involved 372 students (with an error of 3.7%) from two highschools (national college and trade school) in the city of Sibiu, aged between 14 and 18. Note that the conducted study is a starting point in developing an educational program on the prevention of drug consumption among adolescents.

The information was obtained by questionnaire-based survey. The instrument used was a questionnaire consisting of 25 questions relating to knowledge, attitudes and opinions of adolescents towards drug consumption and drug consumers. In order to link it to the social context, the questionnaire contains questions about consumer motivation, educational level and family status.

The questionnaire was completed during the supervising classes and lasted about 30 minutes. The response rates did not vary significantly in the two schools. It also was a testing session of the questionnaire, after which some questions were modified.

In terms of operational concepts the terms 'drug' and 'drug consumption' were defined as follows. The drug is a psychoactive substance of natural or synthetic origin, which has the potential to be addictive, under national control and without prescription. The drug consumption lies in the administration of a drug orally (swallowed, sniffing, inhalation, smoke), by injection or by other means in which the drug reaches the bloodstream.

The survey data were grouped into two categories. The first category refers to: the types of used drugs, the mode of drug administration, drug effects, place of drug consumption, ways of informing about drugs, the effects of educational programs on drug consumption prevention.

The second category concerns an active dimension and includes information about: internal and external causes of drug consumption among adolescents, the degree of consumption, consumption patterns, and protective factors in the onset of drug consumption.

The organization of social representations as socio-cognitive systems characterized by three dimensions: cognitive, affective and behavioural is targeting both causality and centrality. Information, knowledge, stereotypes about the effects and consequences of drugs that adolescents circulates through their group gives meaning and qualitative characteristics to the drugs and drug consumption, such as: a banned and dangerous substance, addictive, diseases, disorders, death and more.

Although teenagers generally know drugs, their forms of presentation and consumption methods, information on the adverse effects of drugs are diffuse and incomplete in the age group of 14-15 years in both schools (high school and trade school). The teenagers from the age group of 16 to 17 years attending the trade school state affirmed in a significant proportion that they did not know about the consequences and adverse effects of drug consumption. According to the adolescents the drugs effects are: euphoria/hallucinations, behavioural disorders, various diseases, death.

Social representations of drugs and drug consumption suffer transformations under the influence of the accompanying practices. Initially, the drugs are included in the permitted substances category like medicine and their consumption is allowed. Later, the euphoric effects that are associated with the consumption, drug consumption practice is the justification of individual and group attitudes.

So, drugs are considered a solution to overcome some undesirable states, feelings, experiences on individual and group level. Drug practices also support essential changes. Experimental consumption practices are determined by internal and external causes such as curiosity or other individual characteristics (desire or thrill of being in the spotlight, looking for self or group identity, etc.). Chronic or moderate consumption practices are determined by internal and external causes such as: reduction of the preservation instinct, reducing the influence or reducing the increased pressure of the peer group and certain beliefs.

The incidence of drug consumption is quite low, but in adolescents respondents recorded a large number of consumers of tobacco and alcohol, between 41% and 48% by age groups and the most affected age group is that of 16-17 years.

The adolescents stated that most necessary and important measures against drug abuse are: fines and penalties, the elimination of trafficking/drug traffickers, more information/education programs, better communication between teens and parents, treatment and admission to medical facilities. Between 14.3% and 53.8% of the total respondents for each age group say they are unaware of any anti-drug consumption measure.

The attitudes adolescents adopt towards drug addicts are different: from disinterest or detachment from the addict (3-11%) up to their readiness to help (24% of the respondents). Over 50% of respondents said they do not know what behaviour to adopt towards addicts.

In adolescents, the incidence to the temptation to drug use is 15.2%. Of all respondents, 30.4% are undecided whether or not to consume drugs. Main arguments of teenagers when they justify the temptation to use drugs are: *curiosity, despair, be obliged/forced or convinced of friends, live thrills or fun.* Also, teenagers believe that the internal factors that motivate the adoption of drug practices, meaningful for them are: *curiosity, loneliness and lack of friends, lack of concern and need to be in the spotlight.*

The most common external causes of drug use known by teenagers are: *entourage/group of friends, deficient family environment, low level of culture/education and poverty.* Among the internal inhibitors factors that prevent adolescents or young people using drugs, in their opinion, are: *love of life, fear of addiction, awareness of consumption hazard, positive personality traits to adolescent, religion, lack of financial resources to purchase drugs.*

Teenagers who come from rural areas have a low participation in educational programs and activities within the school, but they say that they participated in different proportions in educational classes held during V-VIII. The same situation is for teens who come from urban areas and falling in the 14-15 age group.

The most often cited place where the educational programs were conducted by adolescents is during the tuition classes, where the transmission of information is provided by the teacher or another specialist.

The satisfaction degree of teenagers on the quality and quantity of information received by age group is relatively homogeneous for those who answered affirmative.

The sources of information about drugs and drug use in informal network mentioned by respondents are: friends/acquaintances, the media and internet, family environment. A large number of adolescents from rural population and the vocational school say that they obtained information about drugs and drug use from the informal network.

The importance of social representations of adolescents on drugs and drug consumption lies in the knowledge of the functions that they fulfil: knowledge of quantitative and qualitative characteristics of drugs and consumption practices; to define the individual and group identities which are determined by consumption practices or practices that produce consumer, of prescribing and indicating the finality of drug consume, to argument the attitudes and behaviours towards drug use.

In conclusion we believe that the importance of social representations of adolescents about drugs phenomenon results from knowing the functions they fulfil: (1) knowledge of quantitative and qualitative characteristics of drugs and consumption practices; (2) defining individual and group identity in relation to consumption practices; (3) prescribing and indicating of the aims of the drug abuse; (4) motivating attitudes towards drug use.

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