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A Sociological Approach to Drug Use

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Abstract: Lately, the illicit drug market in Romania has shown a continuous dynamics, registering an increase both in the availability of most types of drugs consumed and in the total amount of drugs confiscated, especially cocaine and cannabis. The availability of drugs on the market, including new psychoactive substances, the mild sanctions provided by the specific legislation in the field favour the phenomenon of illicit drug trafficking and consumption. The globalization process has also led to the formation and development of criminal groups responsible for expanding the phenomenon of drug trafficking at European level, thus creating in Romania a multitude of opportunities for the development of illicit drug trafficking and for the intensification of some cross-border criminal groups. Even if the initial impact of drug use occurs at the level of individuals involved in the consumption, the increase in the number of users as well as affecting their health, make this issue a concern of society as a whole. In addition, the contagious nature of drug use is a major argument for society as a whole, which is why the latter must be held accountable and, through the social actors with responsibilities in the field of preventing and combating trafficking and illicit drug use, to proactively intervene in order to reduce and combat this social phenomenon.

Keywords: drugs; addiction; consumption; trafficking

Introduction

Similar to any social phenomenon, in the case of drug use we can talk about a multidimensional approach, the analysis and explanation of the phenomenon of consumption can be made depending on various aspects of social life. In addition to the negative effects of drug use that are manifested as a priority in the biological and psychological plans of each individual, significant negative consequences also occur at social level as, most of the time, the consumer can no longer exercise his profession and commits antisocial acts associated with consumer behaviour, can no longer adapt, becoming labeled and marginalized by family and society.

Content

As far as our country is concerned, the phenomenon of drug use has gradually set in, at the beginning not being very significant, but later growing alarmingly, so that now we can talk about a real social

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phenomenon at national level and not only. In this context, it is very difficult to talk about stopping the consumption, the combined actions of different social actors with responsibilities in the field of preventing and combating illicit drug use should primarily focus on slowing down the development of this phenomenon, respectively on reducing the consumption of such substances.

The main segment of the population which is vulnerable to drug use is represented by teenagers, they being the category most affected by this social phenomenon as, due to the specifics of age, they are in a constant “destabilizing search in essence, of identity in general and social identity in particular” (Mărgineanu, 1999). Therefore, the teenagers who are in difficulty associate the use of banned substances with attempting and attractive alternative culture of the opposites, but opposite to the society they live in and that they are not integrated in. Initially, it was argued that only individuals from disadvantaged social environments became drug addicts, but numerous subsequent studies have shown that people addicted to banned substances come from all walks of life and various fields of activity.

Drug use is not a victimless act, it has effects mainly on the consumer and beyond it, negative consequences upon the family, friends and society in general. According to the most recent national study conducted in the general population (15-64 years), General Population Survey 2019¹, a lifetime prevalence of the use of any type of illicit drug of 10.7% was identified in the general population. Last year's prevalence of this type of consumption was 6%, while for last month's consumption there was a prevalence of 3.9%.²

According to the results obtained from the implementation of this study, in the hierarchy of the most consumed illicit drugs at national level, the new psychoactive substances (NSP) come first - 6.3%, followed by cannabis - 6.1%, cocaine/ crack - 1.6%, over-the-counter drugs - 1.5%, ecstasy - 1.0%, heroin - 0.9%, LSD - 0.5%, amphetamines - 0.2%, solvents/ inhalants - 0.1 %.

Regarding the consumption of new psychoactive substances, at the level of the general population, throughout life, a prevalence of consumption of 6.3% was identified. In the last year, the prevalence of NSP consumption was 3.1%, and for last month's consumption there was a prevalence of 2.5%. Regarding these substances, the lowest age of onset was 12 years, the average age of identified onset was 19.4 years, and the most common age of onset of NSP use was 17 years. Almost three quarters of respondents started this type of consumption at a very young age, respectively under 19 years, while 18.6% of those who were surveyed reported onset of consumption of new psychoactive substances at the age of 20-24 years.

Regarding cannabis use, a lifetime prevalence of 6.1% was identified in the general population, while last year's prevalence of cannabis use was 3.5%, and for last month's consumption, a prevalence of 1.8% was identified. Regarding this drug use, the lowest age of onset declared in the study was 14 years, and the average age of onset was 19.4 years. More than two thirds of the respondents (68.6%) started this type of consumption at a very young age, respectively under 19 years, while 22.8% of those surveyed stated that the age of onset in cannabis use was 20-24 years.

Taking as a reference the results obtained in GPS 2019, Romania is still among the European countries with the lowest drug use, being below the European average of consumption for most drugs.

At the same time, according to the latest study conducted in the school population - *The study in schools regarding alcohol, tobacco and illicit drug use in Romania 2019* (ESPAD 2019) -, among students aged

¹ www.ana.gov.ro – General Population Survey 2019.

² The data collection took place between October and November 2019 and their analysis and interpretation were performed in 2020.

16, it was noted that at the level of national cannabis/ hashish is the most used drug among teenagers - 8.7%, followed by NSP - 3.2%, solvents/ inhalants - 2.8%, cocaine - 1.8%, LSD or other hallucinogens - 1.7%, ecstasy - 1.2%, heroin - 0.7%, crack - 0.6%, methamphetamine - 0.6% and amphetamines - 0.5%. Therefore, the most used illicit drug among teenagers is cannabis/ hashish, followed by new psychoactive substances.

Besides, according to the same study, regarding the perception of the risks of banned substance use, only a third of the responding teenagers considered that a behavior of experimental drug use has negative effects.

There are many consumers, especially teenagers or young people, who resort to a behavior of consumption of prohibited substances to assert their personality, to prove that they are individuals who do not obey the generally accepted social rules, thereby willing to create for themselves the status of rebels or protesters and other teenagers use drugs, especially legal ones, such as alcohol and tobacco, in order to create a false status of independent adults.

Socio-genetic theories in the specialized literature have provided multiple explanations for the emergence and development of drug use. Thus, it is estimated that the social phenomenon of drug use is one of the most important forms of deviance, being in close connection with delinquency and delinquency generator (Marinescu, 2001).

The American functionalist sociological theory, whose origins are found in Durkheim's and Weber's works, defines "human personality and behavior as a result of social experience, an experience that shapes the individual for integration into the social structure or social system. The social structure is made up of cultural values, norms, rules, customs, pre-established roles and social interactions unanimously recognized and mutually accepted and which, in an ideal way, should allow the harmonious functioning of the system and the individuals integrated in it." When the system becomes dysfunctional, disorganized, de-structured, similar to the state of anomie defined by Durkheim, the individual becomes alienated, no longer integrated in the shaping structure of the social system.

In its classical form, the theory of "anomie" was enunciated and developed for the first time by the French sociologist E. Durkheim, who aimed to emphasize the idea that the phenomenon of deviance has a universal character, being involved in any society: "there can be no society in which individuals do not deviate more or less from the collective type; it is inevitable that some of these violations will be criminal in nature." According to E. Durkheim, delinquency, like crime, being related to the fundamental conditions of any social life, plays a "useful" and "necessary" role in the evolution of society, morality and law.

E. Durkheim (Voinea, 2000) introduced in the sociological circuit the notion of anomie, which represents an objective state of the social environment in which individuals and social groups live, being characterized by a disorder of social norms, due to sudden changes, a situation characterized by the absence of precise definitions, of values and goals that guide the behavior of individuals. Anomie is the difficulty of relating individuals to social norms, due to the rupture of social solidarity, a situation in which social mediating institutions (family, school, church, community corporations, etc.) can no longer ensure the normal integration and regulation of individuals in the social community. In their turn, they no longer have clear rules.

Therefore, the anomie is not a state characterized by the total absence of norms, but a social situation in which the basic norms temporarily suspend their functionality. This situation that causes confusion and

disorientation among individuals and social groups, produces the multiplication of deviant and delinquent behaviours, i.e. those behaviours to which society responds through a sense of danger, embarrassment or irritation, rejecting or sanctioning them.

Robert K. Merton, starting from the notion of anomie, defined deviance as the condition of individuals who lose their ability to adapt (Holdevici, 2001). Within the paradigm constructed by R. K. Merton, the anomie results from the contradiction that appears between the social and cultural structure, since the society proposes its members certain goals without offering them the means to achieve them. Defining the cultural structure as an organized set of norms and values that govern the behavior of a society's members, Merton considered anomie as a "break" of the cultural structure: "My central hypothesis is that the aberrant behavior must be sociologically regarded as a symptom of the dissociation between culturally prescribed aspirations and socially structured pathways to achieve these aspirations."

Unable to achieve the goals he aspires to and that the society evaluates, the individual frequently resorts to illicit, illegal means, materialized in the form of deviant or delinquent actions. In Merton's view, delinquency rates actually reflect the mismatch between the objectives, the goals proposed by society and the means that are available to its members to achieve them. Within this theory, it is argued that people who are prone to addiction generally belong to disadvantaged social classes and have some goals in life that are far too high for the society they live in and for the means they have at their disposal to achieve them. Awareness of this aspect can have a major impact on the individual, the answer being given by giving up the social reality he lives in, escaping from his own existence into one that is totally opposite to the everyday existence.

In the long run, this individual will become antisocial, referring to the new reality and the new culture, respectively the one offered by drugs. Richard Cloward and Lloyd Ohlin supported the theory of "double failure", according to which an individual is educated throughout life about legitimate and illegitimate means, being his decision which of them he will use in his own existence (Rădulescu, 1999).

The conclusion reached by the followers of this theory is that social imbalance can generate a deviant subculture, which includes fairly well-defined groups and occupies certain urban areas, where individuals learn certain deviant behaviors including the consumption of substances prohibited by law. In fact, an important place in the category of maladapted, nonconformist individuals is occupied by teenagers, who are the most vulnerable category to drug use.

Edwin Sutherland, a sociologist at Chicago School, was the one who proposed the first theory of deviance as learning. According to this theory, the inclination towards crime is neither innate, nor resulting from acquired psychological dispositions. The terminology of differential association designates that the delinquent individual is confronted with a process of selection of conflicting norms, namely those which refer to criminal behaviour on one hand, and on the other hand those that contradict the types of deviant behavior. In this situation, what is important is the identification by the individual of the position he is in, from the perspective of the norms and assimilated values, some of them defining the hypostasis adopted as representing a legitimate situation. As such, the associations of an individual have a differential character, being actually generated by the context of the existing social organization.

At the same time, Sutherland highlights the element of priority, indicating that the earlier the association with delinquent patterns, the faster "the learning" occurs. The intensity takes into account the "prestige" of the criminal model, i.e. the power of attraction that it exerts on the subject. Therefore, deviant behaviour is neither acquired nor limited, but socially learned in the contact between individuals and groups, through a process of intercommunication represented by gestures, words, expressions, manifestations, exhortations and less through the means of communication in mass (Rădulescu, 1999).

However, the theory of *differential associations* substantiates the possibility of remedying delinquency. In other words, in order to prevent deviant behavior, it would be sufficient to influence the conditions that favour or disfavour the interaction of individuals who have negative conceptions of the legality in force. By analogy, with regard to drug behaviour, various intervention actions could be carried out to strengthen and increase the influence of positive protective factors in the onset and use of such substances, as well as to reduce the influence of risk factors with a triggering or potentiating role in addictive behavior.

The risk factors in drug use are those circumstances that contribute to the increased likelihood that a person will develop a behavioral problem, compared to any other person in the general population, selected at random. According to the literature, risk factors can be grouped into two categories: *large social and cultural risk factors (contextual)* - the legal and normative social framework conducive to consumption and abuse, drug availability on the market, disorganization in the immediate social environment and *individual and interpersonal risk factors* - physiological factors, psychological factors, permissive family attitudes and behaviours towards drug use, family educational dysfunctions and inconsistent parenting styles, absence of emotional-supportive family ties, school failure, low commitment towards school, entourage, favorable attitudes towards drug use, early onset of drug use, etc. Experts in the field claim that one of the strongest influencing factors among young people is the “friend” or “peer”.

Sociologists call *normative social influence* the behaviour by which the member of a group of friends will act in accordance with the requirements of the group, only to be accepted by the group, not to be marginalized and excluded.

A risk factor for maintaining/ resuming the behaviour of banned substances is the rejection of the consumer by society and the lack of any support for it, a situation that causes former consumers to resume their addictive behavior, by lack of motivation to give up drug use. Although the majority opinion in the specialized works is in the sense that there would not be a certain type of personality predictive for drug addiction, certain risk elements can still be identified such as: attention deficit, hyperactivity, chronic suffering, impulsivity, low self-control, difficulties in interpersonal relationships, low abilities or possibilities to imitate positive social models, favourable attitudes towards drug use, the constant search for new sensations.

At the same time, strengthening the influence of protective factors is extremely important, as certain factors can be outlined, factors that reduce the likelihood of the onset of drug use. It is obvious that the action of certain protection factors depends on certain social and normative changes that need to be made: adjusting the thematic legal framework in the sense of tougher sanctions for drug offenses, totally eliminating any form of promotion for tobacco products or for alcohol, increasing prices for them, intensifying prevention activities on the effects of drug use in school, family and community.

In addition, other protective factors are identified, that are in a direct relation with each individual: positive and beneficial management of the adolescent's curiosity in order to distract him from any risky behavior, promoting social, moral values, healthy attitudes and principles of responsibility for one's own health and the community's health, increasing self-esteem in order to reduce the risk of consumption, as an alternative to improving one's self-image, training and developing social skills that represent an attitudinal and behavioral support towards others and to annihilate pressure from peer groups, the proper manifestation of parental authority.

As previously mentioned, in addition to the psychological and physiological effects of drug use, there are a number of important social effects, and when we refer to the social effects of drug use, we must consider both the social effects produced as far as the consumer is concerned, as well as the social effects produced at the level of the macro-group, of the community in general. Drug use induces a social conflict between addicts and community members, the society thus witnessing a negative impact on consensus and social balance.

From the point of view of the consumer of addictive substances, the social consequences can be translated into his labeling and marginalization by the members of the society, in the difficulty of his integration in the community to which he belongs, including his difficulty to integrate in the workplace. Regular drug use leads to limited access to normal social positions and roles in society, thus being a prerequisite for orientation towards marginal positions and deviant careers. Most of the time, drug users themselves become drug traffickers, thus becoming the subject of criminal cases, bearing all the consequences inherent in such situations, consequences with a major social impact.

In addition to the biological, psychological and social consequences for the consumer, the phenomenon of drug use implies social and economic effects for society as a whole, such as, for example: the costs incurred by him to support drug programs of assistance and intervention for consumers, for the implementation of supervision measures for persons who have committed drug offenses, for the support of medical treatments caused by consumption or certain diseases associated with it, for the initiation, promotion and implementation of projects, programs and campaigns. Informing the general population about the effects of drug use, etc. Therefore, the social effects of drug use occur at the level of different social media, respectively among members of peer groups, at school level, at family level, at macro-group level, but also at the level of the whole community.

Awareness and acceptance of the social phenomenon of drug use by the whole society are necessary and preliminary steps must be taken to its accountability in order to prevent and combat drug use. This social responsibility concerns families, school, peer groups, civil society structures, but also public authorities and institutions that have the legal and coercive means to combat this phenomenon.

Conclusions

The phenomenon of drug use is one of the most serious social problems that society faces. Beyond the immediate effects that addiction has on the individual involved in drug use, drug addiction has major effects on society as a whole, including by supporting the costs of healthcare and individualized interventions to recover consumers.

A particularly important role in diminishing and combating this phenomenon is played by the awareness and acceptance of this social problem, as well as the responsibility of all social actors with skills in the field, in order to act in a unitary manner, through policies that are adequate and appropriate to category needs. Society, as a whole, has the responsibility to intervene in this situation, both to limit the effects of consumption, to reduce the effects of drugs and the recovery of the individual.

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