



ROMANIAN ACADEMY

ADVANCED STUDY SCHOOL OF THE ROMANIAN ACADEMY

„FRANCISC I. RAINER” INSTITUTE OF ANTHROPOLOGY

**HEALTH STATUS AND PSYHOACTIVE SUBSTANCE USE AMONG YOUNG
PEOPLE IN ROMANIA**

SUMMARY

ADVISOR

Constantin Bălăceanu Stolnici

PhD student

Mihai Copăceanu

Bucharest

2019

1. Motivation and purpose of the research

Young people consume tobacco, alcohol and drugs in a way that can be harmful to personal, family and social health. Concerning the research on the consumption of psychoactive substances in Romania, there are some deficiencies.

First of all, there is a medical approach focusing on the addiction and treatment disorder and, at the same time, a series of prevention campaigns addressing the general population. What is lacking in research is precisely addressing the issue from a consumer perspective to the risk and assessing the short-term effects on young people's health, taking into account psychological aspects (e.g., suicidal ideation) or the relationship of teenagers with parents. Moreover, when young people with mental health problems are not accessing mental health services, most young people use abusively modern technology, the question arises whether social media can become a way to get in touch with young people.

We have not identified studies to propose to evaluate the opinion of young people about the opportunity to use an on-line application to reduce the negative effects of substance use. In Romania, the Alliance for the Fight Against Alcoholism and Drug Addiction has developed an Alcohelap application, a self-help program for people with problematic alcohol consumption, but the popularity is not very high.

The purpose of this research is to assess the health status and the consumption of psychoactive substances among young people in Romania. Thus, to achieve this goal, 4 studies were developed, each study representing a stage in the research. Both qualitative methods and quantitative methods, methods of direct interaction with participants as well as methods using online platforms have been used.

Study I covered the focus group with students aged 14-17 (20 participants). The questions in the sessions focused on the perception of alcohol consumption among colleagues, acceptability of alcohol use and influence of the peer group, the influence of media advertisements on alcohol products, the first experience with alcohol and how it influenced the following consumer occasions, the relationship with parents, the use of the Internet, the short-term negative effects of alcohol consumption, and finally the acceptability of an online application to reduce the negative effects of alcohol consumption and their solutions.

The objectives of the study II were: evaluation of attitudes and knowledge in a group of pupils from 5 schools in the city of Sibiu. Self-administered pen-paper self-administered

questionnaires were used for young people aged 14-17 years and a total of 253 adolescents were finally selected.

Based on the analysis of the first results, the third stage was the development of an online questionnaire exclusively for parents. There were 1,235 participants from all counties of the country and abroad (e.g. Chişinău).

Finally, the latest study (study IV) was a broader survey, over 10,000 young people (10,144) responded to an online questionnaire addressing tobacco, alcohol, drugs, suicidal ideation, short-term effects of substance use, and sexual behaviour.

The present research aims to use modern online technology to interact with as many young people as possible by developing online questionnaires to be distributed to the widest possible population through social media sites so widely used by adolescents. The results were surprising at least from the perspective of the large number of respondents (over 10,000).

2. The content of each chapter

Chapter 1 covered the issue of drugs in the history of humanity with references from the period of the grave stone age. The origin of drug use can still be known from the Palaeolithic for therapeutic effects (sedative, hypnotic analgesics) as well as for various magico-religious purposes. Several Egyptian settlements have been identified - the study of mummies, China, Africa, Europe.

Chapter II examined the anthropological outlook of drug use. Until the early 1970s, anthropology has not developed an explicit tradition of motivated drug research, and anthropology has sought to understand normative behaviour in different cultural contexts rather than what has come to be called a deviant behaviour in sociology. years after the outbreak of the pandemic, the potential contribution of anthropology to the study of the links between drug use and HIV infection and disease progression has been recognized and ethnographic methods have gained value in public health efforts.

Chapter III is dedicated to the cultural aspect of drug use enumerating some of the cultural explanatory theories. The social context is a factor that can alter the effect of a drug despite chemical toxicity. Also, with regard to drug culture, topics such as drugs, sharks and shamans, music, religion, sexuality as well as modern issues, such as online drug culture, are addressed.

Chapter IV deals with drug issues globally, in Europe and in Romania from the point of view of drug trafficking, with emphasis on political, economic and criminal implications.

The fifth chapter is dedicated to the medical aspects of substance use emphasizing aspects of neuropsychology and neurobiology of addiction and the physical and mental effects of substance use.

Chapter VI deals with the treatment of addiction by specifying the main psychotherapeutic interventions, of course cognitive-behavioural psychotherapy, group therapy, family therapy and marital counselling and spiritual recovery.

The last theoretical chapter (**Chapter VII**) is totally dedicated to drug issues during adolescence. The reasons why young people are attracted to substances and for which they are a vulnerable category are explored. Next, the risk factors and protective factors, the role of personality and, finally, the negative effects of alcohol and drug use for children and young people are analysed. The connection between drug use and sexual behaviour is discussed and as a discussion the measures of the Romanian Government as compared to effective measures to reduce the consumption of substances among young people.

The research part (**Chapter VIII**) begins with I-focus groups, continues with study II for young people, study III for parents and IV study national study for young people. Each of these studies has a heading dedicated to the limits of the study. The last subchapter in the thesis presents an in-depth interview with a consumer.

3. Essential Results-Selection

During the discussions in the first study (2 focus groups in Sibiu) the majority of young people agreed that alcohol is a problem among students of the same age (14-17 years old). Students were delighted with the subject and because they had the chance to support their claims through personal examples. In their view, entourage can have a great influence on alcohol consumption, bigger than the family, unless the person concerned is allowed to influence. For a large part of them, entourage does not have a role of influence explained by the fact that either their casual consumption is accepted and they are not abused, or the pupils have the ability to refuse.

With regard to family influence, if the young person's family does not consume drugs or alcoholic beverages, it influences the sense of abstinence. There is a situation of responsible consumption as well as the situation of prohibitions that play an important role. In the case of smoking, if both parents smoke, there is a risk that the teenager will smoke. Positive emotional relationships are closely related to the abstinence and the feeling of happiness that adolescents live in the family (more often the answers are to girls).

What surprisingly came out was the following: ads on alcohol products have an influence in one situation, if they offer an offer on a product, "like two beers at the price of one" (then the students would buy, otherwise the advertisements do not influence the amount of alcohol consumed). This answer deserves to be analysed in what concerns the policy on the marketing of alcoholic beverages.

Study II

Phase II of the research included the conduct of a local study in 2018 in 5 educational institutions in Sibiu County, namely 3 high schools and 2 gymnasium schools. A questionnaire with 30 questions (closed and opened) in the pen-paper version. The questions of this study were: a) students are aware of the alcohol problem among them; b) students have

misconceptions about the effects of alcohol and marijuana; c) students who are abstaining have fewer wrong ideas than those who consume; d) parents are permissive about alcohol consumption among minors.

In total, 253 adolescents aged 14-17 participated in this study. All four research questions have been confirmed. More than half (73.05%) of the participating students said that alcohol consumption is a problem among young people, the main reasons being the following: entourage first, personal problems second, family problems followed by family problems curiosity or getting a good state. Students, in large numbers, are aware of the issue of alcohol among their peers.

Students are aware of the effects of alcohol intoxication, but there is an attitude that needs to be addressed through educational programs. Some of them are prejudiced about the effects of alcohol consumption (73% of students responded positively to the question: I can drink and control) and marijuana (marijuana does not add dependence). It has been found that students who are abstinent have fewer wrong ideas than students who have declared alcohol. In the respondents' opinion, parents are permissive about alcohol consumption among minors. Most of the students said the first solution in case of problematic alcohol consumption is open parent-student communication. The study did not have this end, but could we ask if their solution is not a need for communication expressed in general with parents?

Unfortunately, the study confirms another Romanian reality, namely physical punishments are still present in Romanian culture and considered as educational methods. Regrettably, specialist intervention is not identified as a priority solution (only 5% of students said they would contact a physician or psychologist in the case of consumer problems).

What does this study do?

First of all, in this group of students it was found that the most drunk drink is beer, followed by wine and the third vodka. The question remains whether further research can deeply investigate the significance of these substances for a particular group of young people for the reasons of consumption, the type of behaviour, and especially if specific consumer-specific interventions can be developed depending on the type of drink.

Secondly, parents 'permissiveness to minors' alcohol consumption is a risk factor confirmed by this study, with a large number of positive responses (74% of respondents said they know parents who allow their young children to drink alcohol). Thirdly, the results of this study confirm the data from the scientific literature that considers the availability of alcohol as another risk factor. Thus, about 95% of the answers revealed that juveniles can easily obtain alcoholic beverages, and the most common answer was "from any street corner shop / non-stop". Consistent with this specific Romanian reality (children can easily buy alcohol) are the solutions described by some pupils to reduce consumption, namely to ban the sale of minors' alcohol.

The study confirms the lack of specialized community services to assist young drug users and the inadequacy of anti-alcohol programs in the school. Educational approaches,

proposals to introduce these programs into the educational curriculum and intensification are some of the practical needs.

Study III

From October 15, 2018 until February 20, 2019, the third phase of research, namely collecting data through an online special questionnaire designed for parents (50 items), took place. The goal was to evaluate parents' perception of adult permissiveness to the minor's alcohol consumption, the relationship between parent and child (communication, knowledge, time spent together), parental and child's consumption of substances and methods of protecting the child.

The questionnaire was distributed only online on social networks (Facebook, Instagram), researcher's blog and e-mail, comprising respondents from all counties of the country, with a total of 1,235 responses. Responses through online questionnaires can often be quite simple, making it difficult to obtain complex and detailed answers. In this regard, we introduced a separate column where parents could introduce their comments and opinions in a free manner.

Results:

Responses were received from 1,235 parents from over 40 counties in the country, 54.5% of respondents aged 40-50, 68.25% urban and 31.8% rural, and level of studies - 38.3% higher education. The only gender variable was not proportional, with 90.4% of the participants being female.

A) With regard to alcohol

- 1) 88.7% of parents think that young people under 18 cannot consume alcohol
- 2) 57.8% declare that under no circumstances can the parent allow his minor child to drink alcohol
- 3) Among the situations where parents make an exception are: the majority/parties/(24.3% of the respondents), family consumption (14.2%), friends' home (0.6% %) or at any time (0.2%);
- 4) Specifically, 21% of parents allowed their child under 18 to consume alcohol;
- 5) Responsibility for alcohol abuse among minors is shared between parents (44.1%), entourage (45%), the minor himself (6.2% of parents) and society (4.6% of respondents);
- 6) 72.2% believe that parents are the most responsible for solving the problem of alcohol consumption among minors, 24.3% believe that specialists (doctors, psychologists) and 3.5% believe that the juvenile himself;
- 7) If their child had problems with alcohol, 26% of parents are confident that they would do it alone, but 66.7% of respondents would let the specialists solve this problem. 2.1% of parents would punish their child, while 4.6% would not know what to do;

- 8) 91.6% are of the opinion that specialists should create an online application to help children who have problems with alcohol consumption;
- 9) 33.4% of parents say that their own child has never drunk alcohol, 29.1% say he tried (but tasted), but 34% say he consumes occasionally (at New Year's Eve, parties, etc.), while 0.3% say that their own child often consumes and has had problems. There is also a percentage of 0.6% of respondents who believe that their own child is dependent on alcohol;
- 10) 45.7% know that their child's friends consume alcohol;
- 11) 32.1% of respondents do not consume alcohol, 29.4% consume alcohol occasionally, 33.4% very rare and 3.8% frequently, but without problems. Those who consume alcohol daily have a weight of 0.6% of the sample, while those who consume excess, having a problem in this respect, have a weight of only 0.1%;
- 12) The bivariate Chi square test (χ^2) indicated the presence of a significant association between alcohol consumption by the child and the child's permission to consume alcohol.
- 13) Parents in the urban area are more permissive than those in rural areas about alcohol consumption of their child under 18 (22.7%) versus (17.5%);
- 14) Parents with higher education allow a higher percentage of alcohol consumption by minors compared to parents without higher education;
- 15) Parents with children over 14 years of age allow to a greater extent the consumption of alcohol by minors than those with children under the age of 14;

B) Smoking

- 1) 87.6% of the parents do not allow their child to smoke
- 2) 75.6% believe that their own child does not smoke, 7.7% do it occasionally, 7.4% daily, 2.9% know that they smoke daily more than 10 cigarettes. 5.7% of respondents do not know if their child smokes;
- 3) Nearly 60% of respondents do not smoke (37.5% have never smoked, and 21.8% have smoked, but now do not smoke). Those who smoke a lot have a share close to 30% (12.5% smoke daily less than 8-10 cigarettes, 14.2% smoke daily 10-15 cigarettes, and 3% smoke daily over 20 cigarettes daily). 6.1% smoke extremely rarely (occasionally), 3.2% smoke relatively frequently but without problems, while 1% smoke electronic cigarettes;
- 4) There is a significant association between the permission to drink and the permission to smoke. Thus, 93.1% of those who do not allow the child to drink alcohol, do not allow smoking, while 31.3% of those who allow the child to drink alcohol allow him to smoke;

C) Drugs

- 1) 93.3% would be bothered if they find out that their own child is smoking marijuana
- 3) 93.7% say that their own child has never used drugs, 4.2% say he once tried, 0.8% consumes occasionally and has no problems. 0.6% of respondents say their own child has problems with drugs;
- 2) 44.6% began talking to their children about the effects of alcohol and drug use 12 years ago, 23.7% when they were 12 to 13 years old, 16.8% when children were 14-15 years old, and 5.9% when they were 16 years old. 8.3% of alcohol and drug use, but this is also due to the still too young children;
- 3) If problems with substance use arise, 68.2% of parents think that the most effective solution is to call a psychologist. 20.7% think that a doctor, 2.1% to a priest, and 1.1% think they need to get help from the police. 5.3% think that they should not appeal to anyone because everyone has to solve their own problems;
- 4) 96% of the parents do not use drugs, 3.1% have tried long ago, 0.2% consume but have no problems, while 0.2% admit that they have a problem with drug use;
- 5) 93% believe that school should provide more education and prevention of substance use or even study a discipline dedicated to this aspect;
- 6) 67.4% believe that the best way to protect their own child from substance use is to communicate / communicate / inform the child about the risks.
- 7) 20% of parents who do not see their child every day, their children have used drugs at least once in their lives,
- 8) 88.5% agree with sex education in school

D) Internet

53.5% think that the internet could have a negative influence on the consumption of substances in the case of their own child

E) Relationship with the child

- 1) 56.4% think that if their child would have trouble with alcohol or the drugs they would first say to them. 25.1% do not think their own children would address them, while 12.4% think that they would say to their friends for the first time
- 2) 81.1% claim that they can communicate about anything with their child and that he tells them everything;
- 3) 87.8% say that they have provided their child with sufficient information on the risks of consumption, how to avoid and how to react;
- 4) Only 21.8% are of the opinion that if parents have strict rules, children will not consume;

- 5) 74.1% opt for an attitude of permissiveness contrary to the total ban;
- 6) 75.9% feel comfortable talking to their child about the risks of sexual behaviour
- 7) 44.6% began talking to their children about the effects of alcohol and drug use before reaching 12 years, 23.7% when they were between 12 and 13 years old, 16.8% when they were 14-15 years old, and 5.9% when they were 16 years old. 8.3% did not talk to their children about alcohol and drug use, but this is also due to the age (too young children);
- 8) 87.2% think that they would recognize in their children the (medical, psychological, behavioural) signs of drug use
- 9) 61.4% feel able to talk to their child about drugs
- 10) 59.3% say they know everything their child does
- 11) 45.5% communicate with the child more than 2 hours a day, 29.7% between 1 and 2 hours, 12.8% less than one hour. 0.1% never discusses with their child

F) Education, the background and the age of the parents who were discussed with the child matter

The result of the chi-square test ($\chi^2 = 42,088$; $df = 12$, $p < 0.001$) confirms the presence of a significant association between drug use and the age at which parents talked to their children about the effects of alcohol and drug use.

Also, 70.7% of parents who spend more than 2 hours a day with their children say they know everything they do, compared to those who spend less than an hour a day and who declare 59.5% that they do not I know everything their child does.

The majority (93.1%) of those who do not allow the child to drink alcohol, do not allow smoking, while 31.3% of those who allow the child to consume alcohol allow him / her to smoke. The intensity of the relationship between the two variables is moderate (Cramer's $V = 0.305$).

There are significant associations between the parent's living environment and permission to consume alcohol by children under the age of 18 ($\chi^2 = 4,287$; $df = 1$, $p = 0.038$). The share of parents in urban areas that allow their children under 18 to consume alcohol is higher (22.7%) than in rural areas (17.5%). However, the link between the two variables is very low (Cramer's $V = 0.059$).

It is noted that people with higher education allow for a higher percentage of alcohol consumption by young children compared to those with lower education, as demonstrated by the chi-square test result ($\chi^2 = 7,970$; $df = 3$, $p = 0.047$). However, the association between the two variables is very low in intensity (Cramer's $V = 0.081$).

Child alcohol consumption and total ban on alcohol?

To test the association between alcohol consumption by the minor child and the total ban on drinking alcohol, I used the whole chi-square test.

Since $p < 0.001$, the H1 hypothesis is accepted. The Chi square test (χ^2) indicated the presence of a significant association between alcohol consumption by the minor child and the total ban on drinking alcohol ($\chi^2 = 91.457$; $df = 5$, $p < 0.001$).

G) Consumption of alcohol by the parent and child

In the case of the relationship between alcohol consumption by the parent and alcohol consumption by the child there is a statistically significant association ($\chi^2 = 260,168$; $df = 25$, $p < 0,001$), but of small intensity (Cramer's $V = 0,207$). Children have adult-like behavior. Thus, 47% of children whose parents do not consume alcohol have never used alcohol (in the opinion of their parents).

Study IV

Between February and May 2019, the last phase of the research took place. After analysing the answers of the young people in the questionnaire, the results of the focus group sessions and the parents' responses, a new, more complex questionnaire for young teenagers distributed exclusively online was designed to reach a much larger population. The aim of the online questionnaire was to assess tobacco consumption, alcohol consumption, drug use, short-term effects of substance abuse, internet consumption, alcohol-related behaviour and sexual behaviour (unprotected sex, sexual assault, rape) and the relationship of young people with their parents.

The questionnaire, drafted by the doctoral student, contained a set of 127 questions and finally a permanent line of suggestions, which was constantly checked. In order to increase the response rate and attractiveness to the questionnaire, some representative images were included in each section. No identifying elements such as name, surname, contact details (phone, email) were required to encourage as honest answers as possible. In the introduction there was a briefing of the participants where the purpose of the research was clearly presented, the use of the data (purely quantitative) and the preservation of the confidentiality of the data. Instructions on how to respond are provided so that there are no blurs or confusion. Finally, participants were encouraged to stay in touch with the researcher's blog to learn the results of the study.

The research hypotheses are:

H1) there is a statistically significant association between the age at which respondents first smoked and the age when they first consumed alcohol

H2) there is a statistically significant association between the age at which respondents smoked the first cigarette and the parental smoking behaviour

H3) there is a statistically significant association between the age at which respondents smoked the first cigarette and the fact that they are currently smoking

H4) there is a statistically significant association between the age at which respondents smoked the first cigarette and the fact that their friends smoked

H5) there is a statistically significant association between the main reason young people smoke and the fact that their friends are smokers

H6) there is a statistically significant association between youth smoking and the number of hours spent on the Internet

H7) there is a statistically significant association between the main purpose for which subjects use the Internet and the age at which they first used alcohol

H8) there is a statistically significant association between the age at which young people first consumed alcohol and verbal or physical aggression on someone when the respondent was under the influence of alcohol.

H9) there is a statistically significant association between the age at which young people first used alcohol and the amount of alcohol proposed to be consumed at one occasion

H10) there is a statistically significant association between young people who first consumed alcohol 15 years ago and young people who first consumed alcohol after the age of 15 with regard to the main reason they consume alcohol.

H 11) there is a statistically significant association between the respondent's marijuana consumption and the fact that it has friend's marijuana

H12) there is a statistically significant association between marijuana consumption and the frequency of alcohol consumption in the last year.

H13) there is a statistically significant association between suicide attempts and the high consumption rate of over 6 units of alcohol

H 14) there is a statistically significant association of suicide attempts and marijuana use

H15) there is a statistically significant association between the age of sexual intercourse and alcohol dependence

H16) there is a statistically significant association between the age of the beginning of sexual life and the fact that you feel loved and supported by the family

H17) there is a statistically significant association between the age of starting sexual life and the consumption of marijuana

H 18) there is a statistically significant association between feeling loved and sustained by the family and the chance of becoming pregnant

H19) there is a statistically significant association between the number of sexual partners and the consumption of alcohol or marijuana

H 20) there is a statistically significant association between condom use every time during sexual intercourse and marijuana use.

H 21) there is a statistically significant association between the attitude of parents and the consumption of more than 6 units of alcohol per day

H 22) there is a statistically significant association between the attempted suicide and the feeling of being loved and supported by the family

RESULTS

An extremely high response rate was obtained, namely 10,144 people with an average age of 18.97 years (standard deviation of 3,698). The mode (modal value) is 17. This means that the most common age in study subjects is 17 years. Although it was requested by introductory information as a minimum age of 16 years, the data analysis showed that there were respondents who did not meet this criterion, which could not be controlled. Thus, it was found that in the end, the minimum age is 13 years, and there were respondents who scored the age of 69 (maximum age).

Regarding the distribution of the sample, there are answers from all the counties of the country, Moldova (146) and the Netherlands, Great Britain and Germany, most of whom were Sibiu (1365), followed by Bucharest (1280) and Iasi (683).

Adolescents, when consuming, consume excess. 43.6% consumed between 3 and 9 units and 5% consumed 10 and over 10 units, which is a very large amount for this age segment. Surprisingly, of the total of responses, only 11.7% said they were abstinent, and we are talking about young people aged 17 years and over.

Curiosity remains the main reason why someone who has never consumed drugs and does not consume drugs nowadays, and this curiosity can be difficult to manage in some situations for the following reason: recreational drugs are first offered free of charge, I receive from friends or acquaintances (43.6% received at least once free of charge drugs for consumption) most often in social, relaxation or fun situations such as meetings, parties. Most of the respondents (65.3%) found themselves at least once in the places where drugs were consumed and almost half of the respondents (46.3%) said their friends were taking drugs.

Which means we conclude that recreational drug use is easily socially acceptable by Romanian adolescents and can play the same role as smoking or alcohol, a role of integration, acceptance, socialization and cohesion for the group (the replica of a student "the first cigarette always is given from one person to another"). The percentage of those who bought the drugs was 22.4% (2,244), which further explains the acceptability of the drugs. The

question was not addressed, but other studies confirmed that consumers would be willing to pay up to a 25% higher price for the same drugs.

Most respondents said they had started their sexual life at the age of 16, which was recognized by almost 40% of the respondents. However, there was a total of 21.8% who started their sexual life at the age of 15 and under 15 years. The results confirm the decline in age for starting sexual activity, according to other 18.1-year research (SD = 1.92) at 17.1 years (Iordanescu et al., 2015).

Regarding condom use, 29.5% of participants said they did not use the condom at first sexual intercourse. Percentage increases dramatically in later sex, and 45.9% of adolescents say they do not use condoms every time they have sex. Concerning the non-condom use decision, the state of pleasure is the most important thing (29.9% saying it is a reason not to use a condom, "I want to feel good, more pleasure").

Comparing girls and boys with condom use, it is found that 39.7% of boys use condoms when they have sex, compared to only 28.2% of girls doing this.

In the case of rape, this research has found that 304 people (3%) said they were victims of rape committed by your partner (or another person) who had consumed alcohol. The percentage of those who declared the rape of their relatives or friends was 2.4%, meaning that 60 people did not tell anyone about rape, and worse, only 102 people filed a complaint with the police.

Data analysis

In the study, statistical analysis and graphical representations were performed using the SPSS 20 (Statistical Package for Social Sciences) program. SPSS is a modular line of fully integrated products for the analytical process - planning, data collection, access, data preparation and management, analysis, reporting and presentation of results. Besides the descriptive analysis of the variables (mean, median, modal value, standard deviation, minimum and maximum) considering their type and objectives, we used the cross-table and the χ^2 (chi-square) test.

There is a statistically significant association between condom use and marijuana use. More than half of those who do not use condom (55.4%) have consumed marijuana.

It is noted that there is a statistically significant relationship between the age of starting sexual life and the consumption of marijuana ($\chi^2 = 1140,551$; $df = 6$; $p < 0.001$). Thus, no less than 63.8% of those who started their sexual life before the age of 15 consumed marijuana, whereas for those who started their sexual life after 15 years, the proportion of those who consumed marijuana is 51.3%, and for those who have not yet started their sexual life, the proportion of marijuana consumers is 21.4%.

Suicide and marijuana use

In the case of suicidal attempts to marijuana consumption, there is a statistically significant association ($\chi^2 = 66,327$; $df = 3$, $p < 0,001$), but of very low intensity (Cramer's V = 0,081).

In the case of people who consume marijuana more often, there is a higher proportion of those who have attempted suicide (between 23% and 30%) compared to those who do not consume marijuana and where the share of those who have even had an attempt of suicide is 17.7%.

While 43.9% of respondents who said they did not feel loved and supported by the family had at least one suicidal tendency, only 15.3% of those who feel loved and supported by the family have ever had a suicide attempt.

There are significant differences between those who first consumed alcohol before 15 years and those who first consumed alcohol after the age of 15 with regard to the main reason they consume alcohol.

Thus, 63.1% of those who consumed alcohol for the first time before 15 years have the main reason for drinking alcohol and feel good compared to those who first consumed alcohol after 15 years and who have the same main reason - fun and well-being - but whose share is only 50.5%, other reasons being socialization (13.2%). It is also noted that almost a quarter (24%) of those who first consumed alcohol after 15 years now does not consume it, while this is only valid for 11.4% of those who have consumed for the first-time alcohol before 15 years.

There was a statistically significant association between the age at which alcohol was first consumed and the amount of alcohol proposed to be consumed. More than half of those who consumed alcohol for the first time before the age of 15 (56.5%) have at least once exceeded the amount of alcohol they have intended to consume.

The result obtained by applying the chi-square test shows the existence of a statistically significant association ($\chi^2 = 211,712$; $df = 2$, $p < 0.001$) between the age at which alcohol was first consumed and the verbal or physical aggression on someone when the respondent was under the influence of alcohol.

Smoking motives and smoker friends

The result obtained by applying the chi-square test shows the presence of a statistically significant association ($\chi^2 = 554,806$; $df = 6$, $p < 0.001$) between the main reason to smoke and the fact that friends are smokers.

Does it matter if my parents smoke? Does my smoking (or my abstinence) fluctuate?

There is a significant association between the age at which respondents smoked the first cigarette and the fact that their parents smoked ($\chi^2 = 230,032$; $df = 14$, $p < 0.001$). For example, 38% of the non-smoker parents are smokers, but 60% of the parents who smoked the first cigarette 12 years ago are smokers.

Thus, it is noticeable that in the case of minors who have tried the first cigarette at younger age the share of those with smoker parents is higher, reaching up to 60%. Minors whose parents are not smokers tried the first cigarette at older ages.

Does the first cigarette count?

To test the association between the age at which respondents smoked the first cigarette and the fact that they are currently smoking, we used the whole chi-square test. Since $p < 0.05$, the H1 hypothesis is accepted. The Chi square test (χ^2) indicated the presence of a significant association between the age at which respondents smoked the first cigarette and the fact that it currently smokes ($\chi^2 = 4131,707$; $df = 14$, $p < 0.001$).

Does it matter if my friends smoke?

And in the case of the relationship between the age at which respondents smoked the first cigarette and the fact that their friends smoked there was a statistically significant association ($\chi^2 = 448,282$; $df = 7$, $p < 0,001$), but of small intensity (Cramer's $V = 0,212$). People who have tried the first cigarette have overwhelming (over 90%) smokers, compared to non-smokers, with a smoking smoker's share of 79.7%.

Smoking and the Internet

The Chi square breed test (χ^2) did not indicate the presence of a significant association between smoking and the number of hours spent on the internet

Why Online Questionnaires? Advantages and disadvantages

Online questionnaires were built and used as they are easy to make and fill in confidentiality without requiring any identification information at any time of day and night when it feels comfortable, the respondent can safely access the link for responding, which encourages the sincerity of the responses compared to the traditional methods. Online survey projects are shorter than research methods that rely on data collection using pen and paper materials, and the blur of receiving responses and time efficiency are other benefits. The information is provided automatically, no additional time is required for collecting paper questionnaires. Thus, online questionnaires reduce research costs, are cheaper, easier to analyse, with just one click you have all the data on your computer. There is no need to use paper resources, traditional mail, and manual entry of data into a database. Responses are automatically processed and results are accessible at any time on any computer. It also reduces the human error that is common with manual data entry.

What does this work bring?

First of all, we present the answers of over 10,000 teenagers (10,114) in Romania to the most burning issue in defining their identity, the temptation of substance use in relation to the development of their personality and their implicit health status with the associated risks, together with the answers 1,235 parents, a number of respondents not at all negligible. I think it is the largest research on this subject in Romania so far.

The results are needed in understanding the profile of the young consumer born at least 15 years ago, which differs from the consumer in the communist and even post-communist years, a period of growing technology, the predominance of online relationships to

the detriment of real-world relationships. The results may be useful in developing new policies at national level, effective strategies to reduce the risks associated with the abuse of psychoactive substances among young people. Research is worthwhile as well, as it alerts the phenomenon and can be a good argument in public actions, presentations in high schools and faculties, discussions at the level of organizations and national institutions for preventive purposes.

Finally, at the individual level, for psychologists, doctors, social workers, teachers working with adolescents, the results are necessary in understanding the reality of the young Romanian contemporary.

Reading the hundreds of remarks at the end of the questionnaires (some included in the appendixes), I found with delight that both the young and the parents were delighted with this research. On the one hand, the young people expressed the joy that they had the opportunity to expose their opinions and read every question to take into account some risks associated with substance use, on the other hand, the parents were grateful that there are such preoccupations, even exposing their personal experiences with substance abuse, others asking for help or additional information.

All of the tools used were included in the annexes: the youth paper questionnaire (30 items), the parent questionnaire (50 items), the expanded youth questionnaire (123 items) along with the qualitative answers of the parents and some answers from the focus- groups.

For the elaboration of the thesis, online resources, books, articles, 54 books and over 150 scientific articles were consulted. Part of the study's results were published in an article in the Romanian Sociology magazine, and in the theoretical part a very successful book titled "Drugs. A Compulsory Book "(2018).

CONTENT

1. Introduction

| | | |
|----|--|------|
| 7 | 1.1. Motivation of the work | p |
| | 1.2 Purpose of the paper | p 8 |
| 12 | 1.3. Drugs in the history of humanity | p |
| | 1.3. 1. Palaeolithic (the age of the gravel) | p 14 |
| 20 | 1.3. 2. Old Testament | p |
| 24 | 1.3. 3. Egypt - study of mummies | p |
| 25 | 1.3. 4. China | p |
| 26 | 1.3. 5. Africa | p |
| 26 | 1.3. 6. Europe | p |

Bibliography

| | | |
|----|---|------|
| | Chapter 2. Drugs - an anthropological perspective..... | p 33 |
| | 2.1 Anthropology and Shamanism | p 36 |
| 37 | 2.2 Anthropology of Tobacco and Alcohol Consumption | p |
| 39 | 2.3 Mircea Eliade and Ioan Petre Culianu | p |

Bibliography

| | | |
|----|--|---|
| 43 | Chapter 3. The Cultural Aspect of Drug Use | p |
|----|--|---|

| | | |
|----|--|------|
| 43 | 3.1 Cultural explanatory theories | p |
| 47 | 3. 2. Drugs, sharks and shamans | |
| | 3.3. Drugs and culture: music, religion, sexuality | p 49 |
| 52 | 3. 4. Drugs in Romanian culture: | p |
| 53 | 3.5. A New Culture: The Online Drug Culture | .p |

Bibliography

| | | |
|----|---|-------|
| 56 | Chapter 4. Drugs today a global problem | ... p |
| | 4.1. Drugs in Europe and in Romania | p 57 |

Bibliography

| | | |
|----|--|------|
| 60 | Chapter 5. Medical aspects of substance use | p |
| | 5.1. Diagnosis of addiction | p 62 |
| | 5.2. Neuropsychology and Neurobiology of Addiction | p 65 |
| 69 | 5.3. Physical and psychological effects of substance use | p |

Bibliography

| | | |
|----|---|------|
| 79 | Chapter 6. Dealing with theft | p |
| 81 | 6.1. Psychotherapeutic interventions | p |
| 84 | 6.2. Cognitive Behavioural Therapy | p |
| 85 | 6.3. Group therapy | p |
| 86 | 6.4. Family therapy and marital counselling | p |
| | 6.5. Spiritual Recovery | p 88 |

Bibliography

| | |
|--|-------|
| Chapter 7. Drugs and Adolescence | p |
| 92 | |
| 7.1. Why do young people use drugs?Why are young people a vulnerable category?p | |
| 92 | |
| 7.2. Risk factors and protective factors | p |
| 97 | |
| 7.3. What role does personality have? | p |
| 105 | |
| 7.4. The negative effects of alcohol and drug use on children and young people ... | p |
| 108 | |
| 7.5. Effects on mental health | |
| 110 | |
| 7.6. Social Effects, Accidents and Violence | p |
| 113 | |
| 7.7. Drugs and sexual behaviour | p |
| 114 | |
| 7.8. How and how much does young people consume? | p |
| 115 | |
| 7.9. Measures of the Government of Romania | p 120 |
| 7.10. Effective measures to reduce substance use among young people..... | p |
| 121 | |
| Chapter 8 Research | .p |
| 139 | |
| 8.1. Study I- focus groups | p |
| 139 | |
| 8.1.1. Conclusions | p |
| 145 | |
| 8.1.2. Limits | p |
| 147 | |
| 8.2. Study II - for young people | p |
| 148 | |

| | | |
|-----|--|--------|
| 150 | 8.2.1. Methodology and participants | p |
| 149 | 8.2.2. Results | p |
| 161 | 8.2.3. Conclusions | p |
| 164 | 8.2.3. Limits | p |
| | 8.3. Study III - For Parents | p. 163 |
| | 8.3.1. Data collection | p 165 |
| 168 | 8.3.2. Research hypotheses | p |
| 169 | 8.3.3. Results | p |
| 192 | 8.3.4. Data analysis..... | p |
| 207 | 8.3.5. To remember..... | p |
| 210 | 8.3.6 Study limits | p |
| 212 | 8.4. Study IV - National Youth Study | p |
| 213 | 8.4.1. Research hypotheses | p |
| 215 | 8.4.2. Results | p |
| 255 | 8.4.3. Testing Hypotheses | p |
| 285 | 8.4.4. Conclusions | p |
| 286 | 8.4.5. Study limits | p. |

| | |
|---|-------|
| 8.5. In-depth interview with a consumer | p. |
| 288 | |
| Annexes..... | p |
| 296 | |
| Bibliography | p 338 |

Bibliography (selection)

Books

1. Baciu, A., *Aspecte antropologice privind influența drogurilor asupra tinerilor în societatea modernă*, Antropologie și Societate, colecția zilele Rainer, 2015, coord Andrei Kozma, Cristina Glavce
2. Bălăceanu-Stolnici, C., Papari, C.A., Papari, A., Cozaru G.C., Iomandescu I.B. (2012), *Tentație și dependență*, Ed. Fundației ”Andrei-Șaguna”, Constanța
3. Bălăceanu Stolnici, C., Glavce, C., Berescu M., Borosanu, A. (2010), *Antropologia între știință și cultură*, Ed Pro Universitaria, București
4. Bălăceanu, Stolnici C. (2014), *Lobul prefrontal uman. Considerații antropologice, Antropologie și Interdisciplinaritate*, Colecția Zilele Rainer, coordonatori, Andrei Kosma, Cristiana Glavce, Constantin Bălăceanu-Stolnici, Niculescu
5. Blume, A.W. (2011), *Consumul și dependența de droguri. Ghid practice de evaluare, diagnostic și tratament*, Ed. Polirom
6. Clerget, S. (2012), *Criza adolescenței. Căi de a o depăși cu succes*, trad. de Corina Cojocaru, Ed. Trei
7. Copăceanu, M. (2018), *Drogurile, o carte obligatorie*, Ed. Eikon, București
8. Dafinoiu, I., Varga, J. L. (2005), *Psihoterapii scurte. Strategii. Metode. Tehnici*. Ed.Polirom.Iași

9. Dănilă, C.G (2010), *Strategii terapeutice în consumul și dependența de droguri*, teză de doctorat, Universitatea de Medicină și Farmacie "GR. T. Popa", Iași
10. Eliade, M. (2014), *Șamanismul și tehnicile arhaice ale extazului*, trad Brindusa Prelipceanu și Cezar Baltag, Humanitas, București
11. Griffith, E. (2006), *Drogurile- o tentație ucigașă*, trad. de Octav Ciucă, Ed. Paralela 45
12. Goldberg, R, (2016), *Dependențele copiilor și tinerilor. Lupta pentru libertate*, Ed. Univers Enciclopedic, București
13. Graysong Henry, (2004) *Mindful Loving. 10 practices for creating deeper connections*. Gotham Books. New York
14. Oișteanu, A. (2016), *Sexualitate și societate. Istorie, religie și literatură*, Ed Polirom, Iași
15. Prelipceanu, D., Victor V. (2004), *Abuzul și dependența de substanțe psihoactive. Manual pentru studenții în medicină și medicii rezidenți psihiatrii*. Ed.Info Medica, București
16. Rășcanu R. (2004). *Alcool și droguri: «virtuți» și capcane pentru tineri*, București, Editura Universității din București
17. Watts, A. (2017), *Cosmologia voioasă*, trad Marian Stan, Ed Herald, București
18. Webber, M., (2008), *Pașii transformării. Un preot ortodox vorbește despre cei 12 pași*, trad Nicoleta Amariei și Claudia Varga, Ed. Kolos, Iași,
19. West, R., Smyth, C., West, J. (2014), *Formula antifumat. Calearevoluționarăde a te lăsa de fumat*, trad Constantin Dumitru- Palcus, Lifestyle Publishing
20. Zorin, K.V. (2014), *Dependența de computer, de jocuri, de nicotină*, traducere de Adrian Tănăsescu Vlas, Ed Sofia, București

Articles

1. Baci, A., Laslo, C., Guja, C. (2012), *Infecția HIV/SIDA - fenomen antropologic*, *Studii și cercetări de antropologie*, nr 2, 8-13
2. Bălăceanu Stolnici, C., *Mecanisme neuropsihologice ale consumului de droguri*, Alocuțiune susținută în cadrul simpozionului Consumul și dependența de droguri. Aspecteantropologice, juridiceși medico-sociale (25 ianuarie 2012), Biblioteca Academiei Române
3. Bégouën, É., Bégouën F. M.-B. (2013), *New discoveries in the Sanctuary of LesTrois-Frères cave (Ariège)*, *Quartär* 60: 107-114

4. Carod-Artal FJ (2015), Hallucinogenic drugs in pre-Columbian Mesoamerican cultures, *Neurologia*, 30(1):42-9. doi: 10.1016/j.nrl.2011.07.003.
5. Damee C, D., Otab, S., Watanukia, S. (2015), Does cigarette smoking relieve stress? Evidence from the event-related potential (ERP), *International Journal of Psychophysiology* 98, (3), 470-476
6. Hallgren, M., Leifman, H., Andréasson, S., (2012), Epidemiology. Drinking Less But Greater Harm: Could Polarized Drinking Habits Explain the Divergence Between Alcohol Consumption and Harms among Youth? *Alcohol and Alcoholism* Vol. 47, No. 5, pp. 581–590
7. Iordănescu, E., Iordănescu, C., Drăghici, A. (2015), Time and gender influence in sexual behavior of Romanian adolescents, *Procedia - Social and Behavioral Sciences* 187 (2015) 757 – 761
8. Kalambayi, F. Toth, A., Jderu, G (2015), Studiu privind normele sociale care influențează comportamentele de risc ale adolescenților din România 2014 ; UNICEF România, Fundația Romanian Angel Appeal/Buzău
9. Kastner, P., Silbereisese RK (1984). Drogen gebrauch Jugendliche rauaentwicklungs psychologischer Sicht. In *Bildun Und Erziehung*; 37 : 271-285
10. Kelly TM, Donovan JE, Chung T, et al. (2009), Brief screens for detecting alcohol use disorder among 18-20 year old young adults in emergency departments: comparing AUDIT-C, CRAFFT, RAPS4-QF, FAST, RUFT-Cut, and DSM-IV 2-Item Scale. *Addict Behav.*;34:668-674.
11. King, SM, Iacono WG, McGue M. (2004), Childhood externalizing and internalising psychopathology in the prediction of early substance use, *Addiction*, vol. 99, pg. 1548-59
12. Kristjansson AL, Sigfusdottir ID, James JE, Allegrante JP, Helgason AR (2010), Perceived parental reactions and peer respect as predictors of adolescent cigarette smoking and alcohol use, *Addict Behav*;35(3):256-9. doi: 10.1016/j.addbeh.2009.10.002.
13. Koning IM, Eijnden J, Engels R, et al. (2010), Why target early adolescents and parents in alcohol prevention? The mediating effects of self-control, rules and attitudes about alcohol use, *Addiction*, vol. 106 (pg. 538-46)
14. Kodjo et al (2004) as cited in National Health and Medical Research Council. Australian guidelines to reduce health risks from drinking alcohol. Commonwealth of Australia. (2009) Available from: URL: www.nhmrc.gov.au

15. Li, W., Li, Q., Zhu, J., Qin, Y., Zheng, Y., Chang, H., Zhang, D., Wang, H., Wang, L., Wang, Y., Wang, W. (2013), White matter impairment in chronic heroin dependence: a quantitative DTI study. *Brain Res* 1531:58-64.
16. Mason WA, Hitchings JE, Roth RL. (2007), Emergence of delinquency and depressed mood throughout adolescence as predictors of late adolescent problem substance use, *Psychol Addict Behav*, vol. 21 (pg. 13-24)
17. McCambridge J, McAlaney J, Rowe R. (2011), Adult consequences of late adolescent alcohol consumption: a systematic review of cohort studies, *PLoS Med*, vol. 8 pg. e1000413
18. Moskalewitz J, Room R, Thom B. (eds) (2016), Comparative monitoring of alcohol epidemiology across the EU. Baseline assessment and suggestions for future action. Synthesis report; <http://www.rarha.eu> accesat la 13 aprilie 2018.
19. NHS Health Scotland, (2014), Alcohol screening and brief interventions for young people
20. Rada C., (2014), Sexual behaviour and sexual and reproductive health education: a cross-sectional study in Romania. *Reproductive Health*, 11:48 doi:10.1186/1742-4755-11-48
21. Rada, C., Ispas, A.T (2016), Alcohol consumption and accentuated personality traits among young adults in Romania: a cross-sectional study, *Substance Abuse Treatment, Prevention, and Policy*, 11:36 <https://doi.org/10.1186/s13011-016-0080-3>
22. Sun, M., Jiang, Y., Sun, C., Li, J., Guo, X., Lv, Y., Yu, Y., Yao, Y., Jin, L. (2019), The associations between smoking and obesity in northeast China: a quantile regression analysis, *Scientific Reports*; 9: 3732.: 10.1038/s41598-019-39425-6: a meta-analytic review, *Arch Pediatr Adolesc Med*, vol. 164 (pg. 85-91)
23. van Heerden, A., Tomlinson, M., Skeen, S., Parry, C., Bryant, K., Rotheram-Borus, M.J. (2017), *Innovation at the Intersection of Alcohol and HIV Research AIDS Behav* 21(Suppl 2): 274–278. doi: 10.1007/s10461-017-1926-z
24. Welch KA, Carson A, Lawrie SM. (2013), Brain structure in adolescents and young adults with alcohol problems: systematic review of imaging studies, *Alcohol Alcohol*, vol. 48, 433-44
25. Winstock, A. (2019), Global Drug Survey, key findings report, <https://www.globaldrugsurvey.com>