The Economic and Social Effects of Drug Use in Romania in the European Context

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Abstract: Currently, the traffic and drug use has passed the stage of a simple phenomenon and is one of the most exciting and worrying problems facing civilization worldwide. Contemporary Romanian society faces major transformations in all spheres of economic and social life, which generated economic and social insecurity, suspicion and frustration, a sense of discouragement and even inadequacy. Behaviorally, these perceptions and attitudes materialize also in social deviant behaviors, in which a particular place occupies the drug use with negative effects on the state of the individual and on his economic and social relations. Illegal drug use is a recognized factor contributing to the global burden of disease and increased costs to combat this phenomenon. The paper presents a brief comparative analysis of the social and economic effects generated by the drug use phenomenon in Romania and the European Union.

Keywords: drugs; costs; economic impact; marginalization; social exclusion.

Introduction

The analysis of the global drug phenomenon in recent years highlights its complex character, dynamic nature, its expansion across the planet. In this context, drug use is a major social and economic problem as a result of a certain type of influence of society and social media: family, school, group of friends, neighborhood, society as a whole.

In the last two decades, the drug problem in Europe is going through a particularly dynamic phase, and the available data suggest that drug availability is high and in some areas even rising. In this context, new major impediments in the way of existing national and European interventions to combat drug use and related problems.

As with any socio-economic phenomenon, in the case of drug use, it can speak of multidimensionality, and the analysis and explanation of drug use may be regarded in many aspects of social and economic life.

Illegal drug use is a recognized factor that contributes to the global burden of the diseases. This phenomenon is associated with acute and chronic health problems, aggravated by various factors such as substance properties, the route of administration, the vulnerability of the person and the social context in which the drugs are consumed.

Because of the consumption, the individual perceives reality in a distorted way, having visual, auditory, olfactory hallucinations that mark his behavior. In such a context, the drug user is sometimes aggressive with others, endangering their physical or mental integrity. Studies in the domain indicate that there are not few cases where a drug addict person is guilty of committing offenses against the family, such as family abandonment, maltreatment and other such deeds. Substance abuse can lead to traffic accidents, accidents at work, violation of labor protection rules.

Both for policy development and for their assessment, an important role is played by the evaluation and understanding of the cost of action to combat drug use. However, available information on public spending in Europe, both locally and nationally, is still insufficient and heterogeneous. In the last decade, 22
countries have achieved complete estimates of public expenditure on drugs, varying between 0.01% and 0.5% of GDP. Also, treatment for drug and other medical costs represent a large part of expenditures for demand reduction interventions.

1. Drug use in Romania - short presentation

Currently, drug use in Romania as well as in Europe involves a wider range of substances than in the past.

If at EU level it is estimated that over 92 million people aged between 15 and 64 (representing more than 25% of the population of the Union) have tried illegal drugs at some point in their lives in Romania at the level of the general population, identifies the prevalence of use of any illicit drug of 7.6%. Studies carried out in the Member States indicate that there are increases for all types of consumption. The observed trend differences are explained by the renewed interest in new psychoactive substances, but also by the evolution of cannabis use, which, although in Romania has the lowest values in Europe, continues its ascendant trend.

Among the main characteristics of drug consumption and abuse in Romania can be mentioned:

a. spreading the phenomenon throughout the country;

b. extending the use of psychotropic drugs without a prescription, sometimes mixed with alcohol;

c. increasing the number of holders and consumers of drugs like heroin, cannabis, cocaine and increased use of intravenous drugs;

d. increasing the number of alcohol and tobacco consumers to persons aged 15-24;

e. increased amphetamine use among students;

f. the formation of consumer groups and distribution of drugs by age or microgeography;

g. spreading drug use in bars, clubs, campuses, high schools and other places frequented especially by young people.

The most consumed drug in Romania continues to be cannabis (at the level of the general population, identifying in 2016 a prevalence of lifetime of cannabis use of 5.8%). On the second place in the "top" of the most consumed drugs in Romania are the new psychoactive substances (NSP) - 2.5%, then cocaine / crack and LSD - 0.7%, ecstasy - 0.5%, mushrooms hallucinogens - 0.4%, heroin, amphetamines and ketamine - by 0.3%.

Cannabis use is more prevalent among men, with the values being twice as high compared to the observed level for women (Figure 1).

Figure 1 Prevalence of drug use in the general population, according to the analysed period and by sex


= ISSN 2285-0171  ISSN-L=2285-0171
From the general population aged between 15 and 64 included in the sample, 0.7% experienced cocaine/crack consumption, and the percentage of male consumers is almost double that of the female users (0.8% vs. 0.5%) (Figure 1). Cocaine/crack consumption is experienced in both urban and rural areas, with the registered prevalences ratio in the two environments being 4.5. Also, experimental cocaine/crack consumption is recorded at regional level (excluding the South-West Oltenia Region): in the Bucharest-Ilfov Region (1.3%), the West Region (1.1%) and the North-West Region (0.8%), and declining in the West Region (0.6%) and the North-West Region (0.2%).

In the general population, a lifetime prevalence of heroin use of 0.3% was identified, with men having a prevalence of lifetime use of 0.3%, compared to 0.2% in women's turn (Figure 1).

2.5% of the general population aged 15-64 included in the sample experienced NPS consumption, the NPS-consuming male population representing the doubled female population with the same behavior (Figure 1). The highest prevalence of NPS consumption was registered among the young population, especially those with university and postgraduate studies. As with other types of illicit drugs, there is a predominant consumption of NPSs in the urban area and, at the level of the regions, experimental NPS consumption varies from 0.7% in the North-West Region to 4.9% in Bucharest Ilfov.

In the case of ecstasy consumption, 0.5% of the general population aged 15-64 consumed this type of drug at least once in a lifetime. Throughout life, 0.9% of men said they have used throughout life, the proportion of women consumers being 0.1% (Figure 1). The experimental ecstasy consumption is 3 times higher in urban areas than in rural areas, and at regional level ranges from 1.1% (North-West Region) to 0.1% (Central Region and North-East Region).

In 2016, the amphetamines registered in Romania a prevalence of lifetime consumption of 0.3%, the highest being in the age group 25-34 years (0.6%). The prevalence among the male population was 6 times higher than that observed in the female population (0.6% versus 0.1%) (Figure 1). As with the other types of drugs analyzed, the amphetamines are predominantly consumed in the urban environment rather than in the rural areas one where there is a 5-fold higher prevalence (0.5% versus 0.1%), and at the territorial level the most consumers are from Bucharest-Ilfov (0.7%) and North-West Region (0.7%).

2. Drug use among adolescents and young people

Adolescents and young people are the most vulnerable category, as they are more open to new, more prone to different experiences, more permissive in adopting risk behaviors. It is an age characterized by the desire to make discoveries, to explore the environment, a stage that opens an horizon of seemingly limitless possibilities. As a period of confusion, change and search for their identity, young people resort to substance use.

At national level among 16-year-olds, there is a prevalence of consumption of any type of illicit drug (including non-prescription drugs) over the life of 15.7%, this type of consumption being higher in the number of boys - 17.5%, compared to 14% for girls.

Data provided by surveys conducted in the "National School Survey on Tobacco, Alcohol and Drug Use - 2015" [2] revealed that more experienced drugs among 16-year-olds in Romania are cannabis with a prevalence of 8.1% and NSP with a prevalence of 5.1%, with values of approximately 2 times higher prevalence of drug use among boys compared to girls (Figure 2).
Mariana BĂLAN

Figure 2 Lifetime prevalence of drug use among adolescents, by gender and type of drug consumed

Data Source: National School Study on Tobacco, Alcohol and Drug Use. ESPAD - 2015 National Agency Antidrog

New psychoactive substances (NSP), also known as "ethnobotanics", are after cannabis, the most consumed drug among Romanian students. Thus, 5.1% of the 16-year-old students in the sample experienced NSP consumption and compared to the values observed at European level, Romania is above the European averages.

Regarding the onset of drug use for all types of drugs considered, the research showed that the lowest average age of onset is registered teenage male: 11 years in the consumption of opiates, 13 years consumption of antidepressants, 14 years in sedative/tranquilizing consumption, respectively in inhalants, 14.5 years in the consumption of new substances with psychoactive (ethno-botanical) properties, 21.3 years in cannabis use, 22.3 years in heroin consumption, and 21 years in amphetamine use. The average age of onset of drug use for girls is higher, being 15 years old and registering for new substances with psychoactive (ethnobotanic) and antidepressant (Figure 3).

Figure 3. The age of onset in drug use


The analysis of lifetime drug use patterns by drug type for 16-year-olds indicates decreases in lifetime prevalence for consumption of inhaled, amphetamine and tranquilizers and sedatives, lifetime
prevalence increases for consumption of cannabis, cocaine and heroin and a relative maintaining of drug use for other types of drugs.

Consequently, it can be concluded that cannabis continues to be the most consumed drug in Romania, both in the general population and in the school population.

The data provided by the National Anti-drug Agency indicates that in 2016 a maximum was reached in the demand for treatment for drug addiction, the number of beneficiaries reaching 3544 (2.6 times higher than the minimum registered in 2006 - 1350 beneficiaries), distributed between the three types of drugs that dominate the picture assistance for drug addiction in Romania: cannabis, opioids and new psychoactive substances.

3. The economic and social effects of drug use in Romania in the European context

By its effects, drug use is one of the most difficult to counteract. The most serious effects, in terms of scale and duration, are primarily felt in the state of health of the consumer.

At the global level [3], drug-related deaths were 452000 persons in 2016, with a peak in the 30-34 age group (approximately 22%), and deaths from untreated HCV being recorded in a larger age group (55-59 years).

Besides the effects of the consumption of different types of illicit substances, it is harmful also the risk behavior in which these people engage in the procurement and use of drugs. Most of the time, drug use takes place in unsafe conditions, leading to the spread of infectious diseases (especially HIV, but also hepatitis and tuberculosis). To this is added the limited access to the means of prevention and treatment, thus increasing the risk of transmission of these diseases.

The effects of drug use can be grouped into types of disorder: physical (effects that cause the body) or psychic (which have negative effects on the person's balance) [4].

Physical effects include cardiac problems (vegetation on the mitral valve, favoring the onset of heart attack), pulse oscillations, cardio-respiratory arrest, respiratory ailments, nausea, dizziness. Intense consumption (> 10 times/day) can lead to the prevention of golden staph, which causes suppurative infections or septicemia.

In the category of psychological effects are found the memory impairment, attention and logonevroza (stuttering), disorder psychopathology (paranoia, enhancement of depression, hallucinations), behavioral changes, panic, exacerbation of suicide attempts and increased aggressiveness, lower self-esteem, mental addiction. Other authors such as Gilles Ferreol [5] believe that the effects of drug use can be expected and unwanted.

Expected are the joy, the feeling of psychic tension, the psychological excitation, but also the violent reactions caused by the stimulant substances, the relaxation, the sleepiness, the psychic calm, produced by the sedatives and the change of perceptions caused by hallucinogens. The undesirable for consumers would be: dependence, negative effects on the central nervous system, on the heart and other vital organs.

The social effects of drug use must be analyzed according to the social environment: school, group of friends, family, neighborhood, society as a whole. The drug addict is marginalized, stigmatized by the other members of the society who exclude him from their circles. It becomes passive towards social, violent duties, shows a low interest in school, labor is disregarded, no longer integrates into one's own family, etc. The society tolerates legal drug (alcohol and tobacco), but do not show understanding for users of "white powder". The socio-cultural environment in which the individual is living is extremely important, and it can support the person in the struggle with the substances of "death" or, on the contrary, to send it to addiction.

From a psychological point of view, drug use causes emotional and mental problems (anxiety, memory disorders, isolation, loss of self-esteem, etc.) sooner or later. At the same time, the deviant behavior of the addict (psychotic, suicidal, aggressive, paranoid, depressed and vagabondage) is evident.

The monitoring of deaths among drug users provides a concrete picture of the impact of drug use and its consequences. And for 2016, there have been difficulties in collecting data due to drug use to the entire network forensic.
In 2016, 78.2% of people who accessed the emergency services were under 34 years, 18% of people aged between 35 and 64 years, and 2% of people over 64 years. Regarding the consumption pattern in 72.7% of emergency cases was recorded consumption of only one psychoactive substances, while in 18.4% of cases was observed multiple drug use.

**Figure 4** Distribution of deaths and average age development of drug-related deaths by type of death (direct and indirect), number


In terms of geographical distribution of casuistry by economic development region of Romania, has been registered medical emergency, in 2016 there has been a reduction of cases (Figure 5) in the most regions, except North-West Region, which increased by 10.9 percentage points compared to 2015.
Figure 5 Distribution of medical emergencies as a result of the consumption of psychoactive substances in 2016, by Romania's development regions


The economic effects of trafficking and drug use mainly refer to the following aspects:
- creating an underground economy of drugs;
- lack of income, deprivation of addicted people and the feeling of insecurity;
- the security of individuals, from an economic point of view, is also addressed in the context of income inequality and the phenomenon of poverty;
- the medical consequences after consumption can also be translated into the economic costs of the respective society.

It may take into account the economic costs for:
- programs for the assistance and recovery of drug users (treatments with metasona, naltrexone, etc.).
- programs, campaigns and prevention projects among the population;
- border control;
- the detention of persons who have committed drug law offenses;
- supporting the judiciary system for prosecuting offenders.

Drug use not only causes serious physical, social and economic consequences for the individual consumer, but also, imposes enormous costs for society as a whole. People can choose to take drugs to revolt, to escape, to cope, to survive, etc. The global increase in drug use can be linked to the changes in society, including breaking family and community cohesion, rising unemployment and increased feelings of alienation.

There is often a strong correlation between unemployment and drug use, both in developed and developing countries. In their work, Mott and Mirrlees-Black showed that "the difference in drug use among the unemployed was 60% higher than among those employed" [6]. The effect is a vicious circle: the state of poverty and unemployment in a community leads to trafficking, and trafficking often leads to drug use and thus to impoverishment in the end.

Major categories of costs also result from the value of law enforcement against drug trafficking and court costs, costs of imprisonment and preventive, care and rehabilitation, including treatment of patients with Human Immunodeficiency Virus (HIV)-related drugs, or Acquired Immune Deficiency Syndrome (AIDS).
Conclusions

In the 21st century, the trafficking and the drug use have overcome the status of simple phenomena, manifesting themselves as some of the most serious and worrying problems faced by the human civilization.

The drug consumption and trafficking produce direct and indirect effects on humanity, revealing the worrying nature they have. The ensemble of socio-economic, psychological and biological conditions constitute factors of negative influence on the social and biological heredity as well as on the socio-familial, professional and economic state, thus generating effects of insecurity, emotional and economic instability, of transient or lasting inadaptation to social requirements, resulting in rejection and revolt against the customs, traditions and value system practiced in society.

The phenomenon of globalization has gradually become a factor that greatly favors trafficking and drug use around the world, many countries gradually becoming transit points, storage or production points.

At the national level, it can be said that Romania, through its geographical position can be considered more to be a transit country for many of the major drug traffickers.

The drug-related phenomenon has major implications, both psychosocially and economically, giving rise to many other things directly related to drug use.

The drug use and the way of life that it presupposes that lead to limiting access to normal social status and roles in society. For the drug user, the social relations deteriorate, increasing the risk of social exclusion, the chances of social reintegration are decreasing, as well as the insertion on the labor market.

The economic costs related to the drug use should be analyzed together with other areas where they have effects such as health, public safety, crime.

References