

THE NEED FOR A FEDERAL EUROPEAN OR NATIONAL CONCEPT, FOR THE ADDICTIONS APPROACH TO PATHOLOGY

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Abstract

The addictions are characterized by the constant impossibility of controlling substance consumption behavior, despite the knowledge of the negative consequences. In nowadays medicine, it represents a public health problem, because of being widespread throughout the world at all ages and for both genders. The term "addiction" generally refers to problems raised by regular toxic consumption and covers a variety of addictive behaviors with semiological and evolution heterogeneity. The use of both legal and illegal drugs has become a public health problem at international level, and in Romania especially after 1989. Following the usual exposure to the addictive substances and the risk factors, we advocate the Need of a federal concept regarding the common approach to addictions at European and national level, to overcome the consequences of this scourge.

Key words: addiction, federal concept, youth.

INTRODUCTION

According to the World Drug Report 2018, released by the United Nations Office on Drugs and Crime (UNODC) and published in June this year, approximately 275 million people or 5.6% of the world's population aged 15 to 64, have used at least once, during the year 2016, an illegal substance, shown in figure 1. (World Drug Report, 2018)

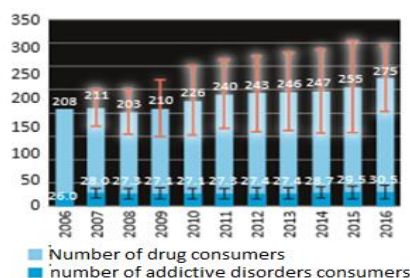


Fig.1. Estimated number of people aged 15-64 consuming drugs during 2006-2016 (World Drug Report, 2018)

In this regard UNODC reported for 2008 drugs usage among people aged 15-64, ranging between 155-250 million people (3.5 to 5.7% of the world population) and for 2012 the figures were estimated at 162-324 million people, representing 3.5 to 7% of the population; the percentage is grossly unchanged. (World Drug Report ,2010, World Drug.Report,2014)

In the past decade there is an established trend regarding drug worldwide, with the exception of the developing countries.

In the case of Romania, the prevalence of illicit drug use has been slightly increasing in recent years. According to the National Anti-drug Agency data for 2013, the experimental life-long use of psychoactive substances in the general population aged between 15 and 64 reached 6.6%. for the year 2016, lifetime prevalence reached 7.6%, in the last year to 4.1% and in the last month to 1.8%, which shows the increase of usage. This is the reason why we should pay attention to studying the evolution of this scourge in our country, in close correlation with the evolution of the global phenomenon. (ANA,2015, ANA,2017)

MATERIAL AND METHOD

We have used statistical data provided by literature from Romania and abroad on illicit drug, which has led us to a comparative analysis of behavioral differences among the population in the countries of America, Europe and our country. Several comparative parameters related to illicit drug use were followed, namely: consumer sex, age, level of education, illicit drug type, installed co-dependencies, socio-familial factors.

RESULTS AND DISCUSSION

Results regarding the gender criterion

An important issue that deserves increased attention is the difference in these consumer trends Psychoactive Substance between users of the different genders. This is essential in part because there are data suggesting that the differences can be explained by the peculiarities of biological, anatomical, endocrine or metabolic between the genders. The consequences are manifested through more complex and serious of psychiatric disorders among women consuming psychoactive substances, as follows:

- men- are more prone to cannabis, cocaine or opiate use,
- women
 - ✓ are prone to the use of opioids and tranquilizers
 - ✓ they start using drugs later than men
 - ✓ they need medical treatment much faster than men
 - ✓ they have a much higher prevalence of psychiatric comorbidities such as anxiety or depression
 - ✓ most commonly use alcohol as self-medication for mood disorders, which is less common among men.

In contrast to the more serious outcomes for females, the results of treatments appear to be similar for both genders.

In Romania, the gender distribution shows that men are misusing twice more the *new psychoactive substances* compared to women:

- along lifetime: men-3,4%, women-1,6%
- along last year: men-1,3%, women-0,6%
- in the last month : men-0,5%, women-0,2%. (ANA,2015)

Results regarding the age criterion

Starting to use illicit drugs, according to age, and in 2016 it would attach next year as follows:

- the average age was 21.3 years
 - ✓ 35% began in adolescence
 - ✓ 43% started between 20 and 24 years.
- the minimum age was 14 years.

The US National Surveys on Drug Use and Health (NSDUH) confirmed that the onset of drug misuse during adolescence is associated with an increased risk of developing addiction as compared to early use in the young adult. Also, the 10-16 age range is marked by the highest risk of trying for the first time alcohol or cigarette smoking, 38% of adolescents starting drinking before the age of 14. (Wittchen, H. U.et all 2008). Most US patients (74%) among those admitted to specialist medical treatment for drug abuse or addiction started drinking at the age of 17 or earlier and about 10% of them used a drug for the first time at the age of 11 or before. (Chen, C.Y.et all, 2009)

Results regarding the criterion level of education

The patients who used their emergency medical services after drug use, have the following levels of education:

- 82.6% had secondary or high school education

- 32.3% were students or students
- 13.7% had higher education (ANA 2017)

Results regarding the socio-familial criterion

Addictive behaviors are installed today for very young subjects 17-18 years old with strong family and school insertion. Young addicts come from dysfunctional families, with poor communication between parent and child, rigid mothering style and with fathers unable to cope, emotionally neglected during childhood, possibly physically or mentally abused, dismissal of psychological troubles during adolescence, poverty, inappropriate school environment, history of addiction / mental illness, excessive consumption of psychotropic one of the parents. (LOOH., 1987)

Results regarding the type of illicit drug used

Concerning consumer preferences, there are peculiarities according to countries or regions, but on the overall picture, it can be said that trends are similar. The cannabis remains, in 2016, as it has been in recent years, the most popular drug globally, consumed by 192.2 million people or 3.9% of the world's population, at least once during the year under review. Compared to 2006, figures are 16% higher. (UNODC,2018)

At European level, in 2016, **cannabis ranks** first with an estimated consumption of 6-7% of adults, or 17.2 million or 14.1% of young adults (15-34 years), as highlighted in figure 2. (Observatorul European pentru Droguri și Toxicomanie, 2018)

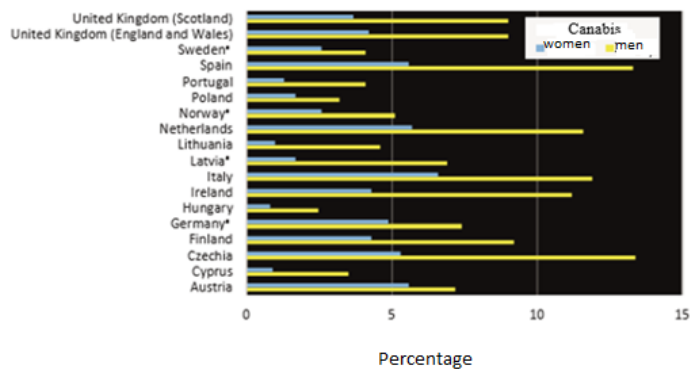


Fig.2.The annual prevalence of cannabis use in 2016 for the 15-64 age group (ANA,2017)

The prevalence of cannabis use is highest in the age category under 35. In contrast to the data recorded at the European level, those obtained in the US show a balance in the lifetime prevalence in age groups 18-25 and 50-54, which is explained by the exponential spread of drug use during the 1960s -1990. However, Ecstasy and other psychostimulants are three times more common among young people than other drugs. Recent medical research confirms what has been said over time, namely that the onset of cannabis use before the age of 16 adds to the risk of developing an increased addictive behavior but also of psychiatric disorders: anxiety, depression, personality disorders, and schizophrenia. The highest rate of current use of any drug in the US in 2010 was 23.1%. (UNODC,2018)

At the European Union level, for 2017, the lifetime prevalence of **amphetamine** and **ecstasy** consumption is two or three times higher among the population under 35 and the prevalence in the last month is even 7 times higher for the same age group. In contrast to these drugs, the lifetime prevalence of **cocaine** among those aged 15-24 and 45-54 years is stable. (Substance Abuse and Mental Health Services Administration-SAMHSA, 2011)

Over the last decade, the use of **new psychoactive substances** has steadily increased; the number has tripled worldwide since 2009 when there were 150 new psychoactive substances, until 2013 when they reported 450. Some of these new substances are represented in the figure below.

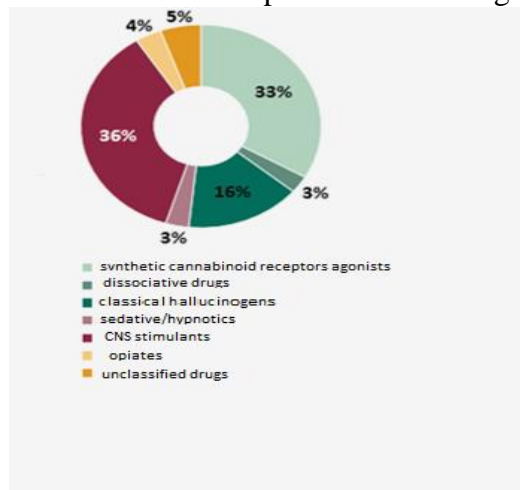


Fig.3. New psychoactive substances depending on the pharmacological properties (United Nations, International Narcotics Control Board, 2018)

The latest data suggest that in 2017 there were globally 796 drug-related psychoactive substances. (United Nations, International Narcotics Control Board, 2018, United Nations Office on Drugs and Crime, 2017)

Synthetic cannabinoids or **ethnobotanics** (Spice, K2 etc) are the most commonly used, most often in combination with other drugs and is more potent than the natural cannabis and causing major psychiatric disorders, organ and metabolic disorders. (UNODC,2013) They represent a legal alternative to cannabis and can be bought from "dream stores" or even from the internet, and their harmful effects are considerable and increasingly associated with serious acute intoxications, sometimes even deaths. (ANA,2017,Observatorul European pentru Droguri și Toxicomanie,2018). Being a heterogeneous group of substances, the greatest challenge for these drugs is the difficulty of identifying and banning them, due to their rapid evolution on their market, but also of the great diversity and variability of the chemical composition. (United Nations, International Narcotics Control Board, 2013)

In relation to dangerous drugs, the use of these substances is not as widespread in Europe (3-4%), but is in a continual ascent in consumers' preferences. In Romania the prevalence is 2.5%, which ranks number 2 in the rankings of the most consumed drug in our country, after cannabis. (United Nations, International Narcotics Control Board, 2018)

In Romania, at the peak of consumer preferences is also the cannabis, the prevalence for 2016 being 3.2% , as in figure 4 , which is significantly below the European Union levels, the top of the list is being held by France, Spain, Italy, the Czech Republic, or the Netherlands. (ANA,2016)

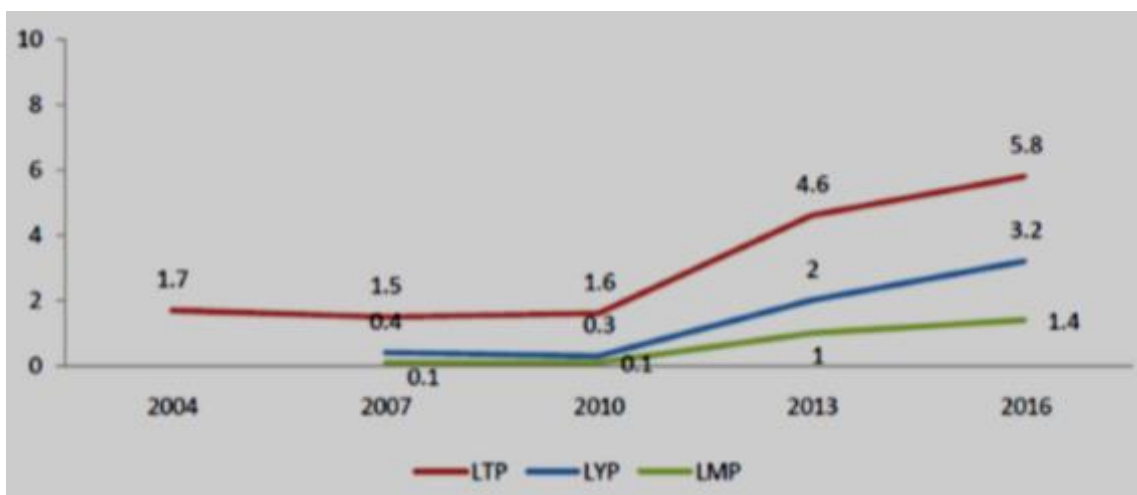


Fig.4.Trends in cannabis usage in general population, 2004-2016(LTP-lifetime prevalence, last year LYP prevalence, LMP prevalence in the last month) (ANA,2017)

Regarding the gender of cannabis users in our country, men are double compared to women:

- 7.9% of men and 3.8% of women have consumed cannabis at least once in a lifetime,
- 4.3% of men and 2% of females have consumed in the past year
- 2.1% of men and 0.7% of women report an ongoing usage of cannabis.
- 10.3% of the boys and 6.1% of girls have misused cannabis below age 16

Compared to previous studies, the use of cannabis increased by 26% for the lifetime and 60% for recent usage. (ANA,2016)

In 2016 there were 543 **medical emergencies** due to medical use of cannabis, most representing 60.3 % of the total admissions, most in Bucharest and in the following counties-Cluj, Timis, Iași. The diagnoses were of poisoning (65.9%), dependency (10.7%), harmful usage (8.7%), mental and behavioral disorders (7.6%), withdrawal (2.9%), and other diagnoses (2.9%). If multiple drugs were used, cannabis was often combined with new psychoactive substances and/or alcohol.(ANA,2017)

Among the total deaths directly associated with drug usage, 3 deaths were reported related to cannabis usage, out of a total of 33 deaths associated with any drug usage in 2014, 1 death out of 20 in 2015 and one of 19 deaths in 2016 in Romania, as shown in figure 5. (ANA,2017)



Fig.5. Distribution of direct and indirect drug-related deaths for 2006-2016 (United Nations Office on Drugs and Crime, 2017)

CONCLUSIONS

The question regarding the reasons of drugs misuse is not recent. Psychosocial research is moving towards finding solutions to stop the excessive substances misuse and to improve the control over the usage, to overcome the clinical, social and organizational negative consequences.

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