

SOCIOLOGICAL PERSPECTIVES ON HARM REDUCTION: DRUGS USE

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Abstract: *Drug abuse has been for many years a factor that automatically led to blaming the user. Social, psycho-social, medical causes etc. they were all analysed lastly, or not at all. The only important aspect was that of labelling, in a negative way, those who became addicted, but these people were not helped. Although some people become drug users due to their high level of curiosity, others, on the other hand, show a psychological predisposition and sometimes even a physical or social predisposition that lead them to become mentally or physically addicted to these substances. Thus, in this paper, we will present the new sociological perspectives regarding this phenomenon of harm reduction in the drug use field, which has gained more attention in recent years. It proved that it has applicability in almost any field, but especially in the field of drug addiction. This study aims to analyse the current situation of drug use in Romania and its development, as well as the methods used to prevent and reduce the number of consumers and the risks associated with the use of psychoactive substances. We will have a look at the campaigns implemented nationally—in hope of reducing the number of consumers. We will also present some examples of good practice that take place at the European level in the field of harm reduction. At the end of the present thesis, we will be able to formulate certain recommendations for future actions, giving openings for new studies in this field.*

Keywords: *Substance Abuse; Drugs; Harm Reduction; Policy; Needle Exchange*

1. Drugs: Definitions and Classifications

1.1 Terms and definitions

For a better understanding of the information presented in this thesis, this chapter will define the main terms used. We will also catalogue all types of substances so that we can understand why it is important to treat them individually and with great care, as they have different effects on the human brain, so the treatment of the consumers must have different approaches.

Drug addiction: "abnormal and prolonged appetite or avidity manifested by certain individuals, for toxic substances or drugs consumed by accident or intentionally for their analgesic, euphoric or energizing effects, an appetite that has quickly become a common habit and which is almost inevitably followed by a progressive increase of doses." (Negrei; Popescu; Stan et al.: 2015).

- Narcotic (drug): "Chemical substance, medicinal or not, characterized by its effects on the nervous system" (https://www.sfatulmedicului.ro/dictionar-medical/stupefiant_2436)
- Narcotic (medication): Substance that causes drowsiness to the consumer - morphine type analgesics or derivatives etc. (https://www.sfatulmedicului.ro/dictionar-medical/stupefiant_2436)

- Ethnobotanicals: "Ethnobotanicals (synthetic drugs) represent a new category of psychoactive drugs, created as a result of experiments and researches conducted on the composition and effects of the already existing psychoactive drugs." (<https://castlecraig.ro/dependentia/droguri/tipuri-de-droguri/etnobotanice>).
- Addiction: "A strong and harmful need to regularly have something (such as a drug) or do something (such as gamble)" (Merriam-Webster Dictionary)
- Drug-dependent: The World Health Organization, in the context of drug use, defines this term as a condition of the individual that is a result of drug use.
- Polydrug use: Using several drugs at the same time.
- Tolerance: "Occurs in the case of regular consumption, when the desired effect can only be obtained by increasing the dose. In case of drugs such as heroin, cocaine, alcohol, ketamine, tobacco or amphetamines, tolerance is the beginning of the problematic use, or addiction. (Romania Harm Reduction Network: 2021)
- Overdose: Too great a dose (as of a therapeutic agent). Also: a lethal or toxic amount (as of a drug)." (Merriam-Webster Dictionary)
- Withdrawal: "Withdrawal is the combination of physical and mental effects that a person experiences after they stop using or reduce their intake of a substance such as alcohol and prescribed or recreational drugs." (<https://www.verywellmind.com/what-is-withdrawal-how-long-does-it-last-63036>)
- Detoxification. "To free from the effects of intoxication or from dependence on intoxicating agents." (<https://www.verywellmind.com/what-is-withdrawal-how-long-does-it-last-63036>)

1.2. Drug classifications

According to the Romanian Harm Reduction Network, drugs can be classified according to their effects, as it follows:

- stimulants (amphetamine, cocaine, ecstasy, caffeine) - agitation, increased energy, disappearance of hunger, loss of sleep, intensification of physical and intellectual strength for a short period of time;
- depressants (alcohol, diazepam, Xanax) - euphoria, relaxation, sedation, drowsiness.
- narcotics (heroin, codeine, methadone) - effects similar to depressants.
- hallucinogens (LSD, mushrooms, mescaline, CFP) - changing the perception of reality; visual, auditory, tactile, olfactory, gustatory hallucinations." (Ibidem.)

Interestingly, there are still discussions about the classification of cannabis, because the effects of this substance, from one individual to another, may differ, but overall, it has a depressant effect that is recognized in several US states, this substance being legalized for medicinal purposes.

It should be noted that a drug is not necessarily illegal; many of the substances we consume daily have a strong impact on our mental and physical condition.

Coffee, tobacco, alcohol, and sugar are very addictive substances; there are many people around us who cannot wake up in the morning if they do not drink their coffee. Also, an illicit drug does not automatically lead to the death of a person. In the statistical

data that we will present in the chapter dedicated to this analysis, we will be able to notice that, in Romania, alcohol and tobacco are just one of the main causes of death. Another important delimitation is related to the immaterial dependence, which can acquire terrible valences, especially among young people. Blue screens (TV, tablets, smartphones etc.) have an effect similar to that of cocaine on young children. Looking around us, it is very easy to notice that at restaurants, in order to keep their children quiet at the table, parents give them their smartphone and they seem to get lost in it.

2. Theoretical concepts and comparative analyses

In order to understand if a particular person became addicted to the substances they use, we must also take into account the frequency with which they use the drug. From this point of view, RHNH came up with the following classification:

- experimental use - consuming a drug to see how it affects you; the drug is used several times, and then the use ceases.
- occasional use - consuming a drug infrequently, there are big intervals.
- regular consumption - consuming a drug frequently; the drug in cause is consumed at regular intervals: once or twice a month, weekly etc.
- problematic consumption - consuming a drug daily; it represents a danger to the health and safety of the consumer; people close to him and / or society in general.
- dependence - consuming a drug continuously, although the negative effects (physical and mental) are obvious; cessation of consumption produces withdrawal.

As the frequency of the consumption increases, most consumers will encounter another problem caused by substance abuse, which refers to tolerance.

As a substance is consumed, its effects decrease, and in order to obtain the initial state, from the first contact, the dose must be increased. The most common drugs, that cause problems globally due to the constant need to increase the quantity, are: heroin, cocaine, alcohol, ketamine, tobacco and amphetamines.

By following the documentation carried out on harm reduction policies, we found out that the main factors involved in the effective implementation of these services at national and European level are:

- social assistance - supported by factors involved in carrying out activities, among them being, in many cases, even the community; NGOs; rehabilitation institutions
- private and local clinics, hospitals etc.; the church and its representatives; police etc.
- special anti-drug units etc.

According to the documents presented on the Romania Harm Reduction Network website, we can define drugs as follows:

"Drug is a term used to designate all psychotropic substances that are at risk of being abused and that can be addictive. A psychotropic substance is any substance that influences and changes a person's mental state." (Romania Harm Reduction Network: 2021)

This definition reveals that when we talk about drugs, their main feature is that they change the mood of the person who uses it, whether we are talking about abusive, recreational or unique cases.

Regardless of the amount consumed, a drug disrupts the mental state of the consumer, and when the amount of this substance is increased, the risks are higher, regardless of their immediate (overdose) or long-term use (development of an addiction).

Octavian Pop clearly defined drugs as follows: *"The drug is a solid, liquid or gaseous substance that, once introduced into the body, changes the image of oneself and the surrounding reality."* (Pop. Unknown year)

Given the two definitions, people who use tobacco, coffee, tea, or any other substances that can activate certain stimuli inside our body, could also be included in the drug use category.

Clinical studies conducted for years in this field show, however, that along biological factors and mental predisposition, society and social factors can determine whether this desire for consumption is born or remains inactive/ latent throughout life.

The National Institute on Drug Abuse (Perlman, 2019) demonstrated in a recent laboratory study led by Dr. Perlman that rats prefer to socialize at the expense of addictive substances, such as heroin and methamphetamine. This study was not supportive, and many others demonstrated the same determining factor in choosing to use drugs. The study thus summarizes the following aspects:

"Showed that rats will forgo heroin and methamphetamine in favour of spending time with another rat.

Highlights the importance of incorporating voluntary choice between drugs and social rewards in drug addiction research and introduces a novel model for studying the impact of social motivation in studies of drug use and addiction." (Ibid.) History has taught us, since 1970, during the US war in Vietnam, that drugs are understudied as we identified interesting aspects about them since that period.

Thus, the study presented by Robins, Davis and Nurco (1974) shows us that the effects of the drugs were more noticeable once the soldiers returned home. Most drug consumers had a bad social, family and / or economic situation, and they consumed drugs even before leaving for Vietnam.

Statistically, from a sample of 451 respondents, 11% of them answered positively when asked if they used any drug before Vietnam, 43% said they used at least one drug during their stay in Vietnam, but only 10% relapsed by consuming at least one drug after returning from Vietnam.

Also, in the case of heroin use, in any form (smoked, injected, ingested etc.), 2% consumed before Vietnam, 34% during the stay in Vietnam and only 7% consumed it after returning from Vietnam.

These percentages are also supported by urine tests performed by researchers to identify the presence of drugs in the body, which reveals a proportion of 10/1 (10% positive during the stay in Vietnam - 1% positive after returning from Vietnam).

The data reveals a truth demonstrated in the laboratory by Perlman (2019) with the help of rats, so it becomes even more important to understand why we should focus our studies on understanding the importance of socio-demographic perspectives in treating addiction, but not on a permanent replacement or elimination of the substance that causes the need for consumption.

It is inevitable that the effects caused by opiate use have terrible physical effects on the human body, once withdrawal is established. These include conditions

such as: vomiting; tremors; excessive sweating; sleep difficulties; trembling; restlessness; muscle pain; irritability; fatigue etc.

Once established, it must be treated very seriously, as the affected person can suffer side effects of astonishing severity, which can even lead to death.

In these cases, we can talk about a mental dependence, and the medical need is a real one, but in cases of drug use for a recreational or trial purpose, the consumer will most likely feel psychic effects, and his current psycho-social condition will determine its behaviour in the medium and on long term.

It is necessary to understand the differences mentioned when we want, as specialists, to identify possible methods of treating people in need. In some cases, these people do not need immediate help, but education.

In 1988, in the USA, the government addressed this issue with excessive severity, filling all rehabilitation centres and almost all prisons with consumers and other people who were found involved in the consumption and distribution of these substances throughout the country.

The medium- and long-term effects continued to confirm researchers' predictions, so that the 1990s are known for how drugs impacted the black market as a result of their indirect marketing through information campaigns conducted by then-officials.

3. Statistical data

According to the statistical data of the Research Institutes, respectively, the National Anti-Drug Agency and the Romanian Anti-AIDS Association, we mention some information extracted from the analysis conducted in 2012.

These are important information for the present study, because they are registered shortly after the spiceshops were closed on the Romanian territory. Thus, in 2012 the National Anti-Drug Agency presented us the following statistical data:

- 31% of the total new cases detected with H.I.V. in 2012 at national level on all risk categories come from injecting drug users.
- 51% of the beneficiaries of the syringe exchange programs declared that they are injecting drug users - 44% heroin.
- 34.8% of all treatment adherents mentioned heroin as the main drug, and 31.7% identified other injectable drugs.
- In Romania, drug use begins at the age of 15-19.
- The increase of the percentage of consumers is alarming, respectively from 25% in 2004 to 34% in 2008.
- 22% of prostitution practitioners use drugs, 80% of them starting drug use before the age of 18.

As it can be seen, the situation in 2012 shows that the need to reduce risks is imminent, it did not look very good, but it was not, at that time, a serious social problem. Harm reduction actions could minimize the stress on the systems for combating drug use and risks in Romania, and statistical data for the coming years will show whether the legalization of certain substances had a beneficial effect or not in reducing the incidence of heavy drug use, like heroin.

It is important to note that these analyses regarding the decrease in the number of drug users (any drug / illegal substance) are not very important when it comes to minimizing risks, because harm reduction campaigns should focus mainly on vulnerable groups, such as injecting drug users and reducing the risks of using them.

Of course, activities to minimize the risks of drug use were also performed for drugs with a slightly lower risk than heroin, such as amphetamines, cocaine etc., which aim to test the substances to identify their purity before use. (<https://www.stuff.co.nz/national/health/109699570/independent-drugtesting-tents-at-festivals-a-fantastic-idea-says-police-minister-stuart-nash>)

Recent reports show the importance of these steps, the most important aspects being related to the presence in very large quantities of mouse poison in a batch of cocaine sold on the market in England, but also in the rest of Europe. (<https://www.bbc.com/news/av/uk-11180899>)

These substances are often used to increase the profit of dealers, having effects similar to the substances they sell, due to the fact that they cause an excess of adrenaline in the body and increase the heart rate per minute, among other things. However, consumed in very large quantities, they can cause death and even speed up and amplify the reactions of an accidental overdose.

Thus, we extracted the most relevant statistical data related to the consumption of hard drugs from the official reports available in Romania (http://ana.gov.ro/wp-content/uploads/2021/01/RN_2020_final.pdf).

- The most consumed drugs in Romania, among common people, aged 15-64, are the new psychoactive substances - 6.3%, 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%. (http://ana.gov.ro/wp-content/uploads/2021/01/RN_2020_final.pdf).
- Regarding the school population, the most used drugs are cannabis - 8.7%, followed by NSP - 3.2%, inhaled solvents / substances - 2.8%, cocaine - 1.8%, ketamine - 1, 8%, LSD and hallucinogens - 1.7%, ecstasy (MDMA) - 1.2%, heroin - 0.7%, crack - 0.6%, methamphetamine - 0.6%, amphetamines - 0.5% and GHB - 0.4%. (http://ana.gov.ro/wp-content/uploads/2021/01/RN_2020_final.pdf).
- A total of 4283 people benefited from medical services / counselling etc. for drug use

"Depending on the type of drug that caused the medical problem for which assistance is requested, the same distribution of treatment requests should be maintained and disputed between the three categories of drugs that dominate the picture of assistance for drug addiction in Romania (cannabis - 54.5%, opioids - 25.4% and new psychoactive substances - 12.2%). Similar to previous years the demand for treatment remains much lower, compared to the three dominant drugs: cocaine - 2.5%, MDMA / ecstasy - 1.8%, inhalants / volatiles - 0.9%, benzodiazepines - 0.6%, amphetamines - 1%, hallucinogens - 0.4%." (http://ana.gov.ro/wp-content/uploads/2021/01/RN_2020_final.pdf).

From a statistical point of view, Romania has the lowest incidence of drug users in Europe, so that in 2019 there were only 45 deaths caused by drug use. Cases of medical emergencies in Romania were, surprisingly, the most common for the consumption of NSP (22.3%).

Another gratifying information is that the cases of HIV infection decreased due to the use of injecting drugs from 32.2% in 2013 to 11% for 2019.

These statistics show that Romania does not have a national problem related to drug use, and the importance of harm reduction actions started intensely in 2012 by

the National Anti-Drug Agency shows an efficiency in reducing the risks regarding injecting drug use.

However, it is worrying to know that Romania, according to statistics presented by the European Commission, has one of the highest mortality rates caused by alcohol consumption - 35% of deaths in Romania have alcohol as a risk factor (2019), the European average being 20%. (European Commission: 2019)

Given that the high share of alcohol consumption is the main cause of deaths caused by risk factors in Romania, the need to implement harm reduction actions may be focused on this sector, being one of immediate importance for increasing nationally the well-being of the population.

4. Harm Reduction: A new social policy

A modern approach to the problem of drug use is the concept of harm reduction, which can be defined, according to the International Harm Reduction Association, as it follows:

"...for a set of policy principles through which society responds to these challenges as well as to define certain types of specific interventions such as syringe exchange programs and substitution programs for drug users." (Buzducea: 2010. p. 517)

This expanding concept made us understand that the pressure on the health system meant to solve an existing problem can be reduced through voluntary activities and stable civil partnerships, by decreasing the probability of occurrence of the problem.

The worst effect of drug use is the transmission of viruses such as HIV and Hepatitis, which cause permanent health problems to the affected individual, and their lives are always dependent on certain treatments or medical services whose expenses Romania, in this case, must support them.

The purpose of harm reduction actions should not be confused with that of informing. These actions aim to prevent the risks that may arise as a result of an activity.

These risks have been detailed since 1970, while some harm reduction campaigns began to take shape in 1980s, internationally - Europe, Australia and some North American states made the first steps recorded in the literature to prevent the risks of drug use.

Although there is a controversy over these practices, the effects were visible even in Romania, in terms of the incidence rate of contacting viruses such as HIV due to misuse of tools for drug use, whereas the rate went down from 32.2%, in 2013, to 11%, in 2019.

Compared to Romania, we can take the example of the situation in the USA, which has always been in the attention of researchers for the very high rate of infection of people with HIV. Since the 1950s, sociological researches have identified an absolute number of infections that counts up to 1.5 million people. (Loue; Lourie; Lloyd: 1995)

"United States public health experts have long expressed concern about the prevalence of the human immunodeficiency virus (HIV) among injection drug users (IDUs). The United States has the largest reported IDU population in the world: 1.1 to 1.5 million. Recent estimates from the Centers for Disease Control and Prevention (CDC) suggest that 50 percent of HIV infection incidents occur among IDUs, with additional infections occurring among their sex partners and offspring. More than 33 percent of new AIDS

cases occur in IDUs, their sexual partners, and their children. Almost one half of all women diagnosed with AIDS in the United States are IDUs. Many of the remaining infected women were infected as a result of sex with a male IDU. ” (Loue; Lourie; Lloyd: 1995)

Thus, these harm reduction campaigns were born, and with them appeared different opinions related to these activities.

The main strengths of these campaigns are:

- Decreasing the number of contaminated needles;
- Reduction of certain social and individual behavioral risks, such as the transfer of used needles between users;
- Increasing the accuracy of the drug users databases , but also monitoring their health;
- Increasing access to information for disadvantaged people and consumers;
- Reducing the possibility of increasing the number of cases of high-transmission infections etc.

The main weaknesses:

- Increasing the accessibility of injection tools;
- The possibility of increasing the injection rate to the detriment of other ways of consuming narcotics;
- Possibility to increase the rate of drug use in the community, by creating a safe space for consumption;
- Increasing financial pressure on taxpayers;
- Creating consumer hot-spots etc.

Considering this comparative analysis between the strengths and weaknesses mentioned by the Drug Rehab platform (Elkins: 2017), we can say that many of the positive attributes outweigh the negative ones, but equally both are probabilistically analysed, and what may apply in one area, may not apply in another.

However, the biggest criticism of these harm reduction programs is related to the illegality of the act committed. So many individuals believe that as long as a thief has to serve his sentence in prison, so must a drug user.

5. National, legislative framework

The current legislation in Romania punishes the trafficking and possession of certain substances, but their consumption is not punished.

In Romania, from the category of substances with psychotropic effect, only alcohol and tobacco are considered legal substances, the consumption of any other narcotics being prohibited. This gives rise to a contradiction, as many of the unregulated substances in the category of ethnobotanicals can be marketed until they are banned and tested by law enforcement.

Also, a very powerful drug that seems to be sold on certain legal and functional websites in our country is Salvia, but also a lot of other substances with strong hallucinogenic effects, an extensive article being written by DW Romania.

Clearly, *“Cultivation, production, manufacture, experimentation, extraction, preparation, transformation, supply, sale, distribution, delivery in any capacity, dispatch, transport, procurement, purchase, possession or other operations relating to the circulation of dangerous drugs, without right, are punished with imprisonment, 2 to 5 years, and the prohibition of certain rights (Law no. 143/2000, art. 2). If the acts mentioned above have as objective high-risk drugs, the punishment is imprisonment, 10*

to 20 years, and the prohibition of certain rights (Law no. 143/2000, art. 2)." (RHNH: 2021).

Article 3 of the same law refers to the punishment of trafficking, which is punishable through the deprivation of liberty of the perpetrator, from 15 to 25 years, among other measures.

Article 4 refers to the use of controlled substances, which appears to be punishable, from 6 months up to 2 years in prison, or a fine, in some cases the penalty may be higher.

The main question is related to what measures are required if a person has consumed certain prohibited substances, without having the drug at him during the identification by law enforcement, but also how could we test whether he has consumed willingly or unwillingly those substances regulated by law?

If consumption is punishable by law, how can we help people who need specialized support?

If a person confesses this to a psychologist, from a legal point of view, he should notify the law enforcement, because his actions are a crime, however, he has a professional obligation to help the patient to solve his problems for which he asked for help.

From a legal point of view, information campaigns could be carried out, but are harm reduction campaigns essentially a lament for the crime of illicit drug use?

Many other questions may be the subject of this confusing legislative analysis, and this legislative tolerance of drug users for treatment may cause the effectiveness of programs generally conducted by state employees.

6. Conclusions

Drug use in Romania is not the subject of a serious social problem, as it is the case in the USA, where the use of opioids and other substances created a national problem.

The effects of drug use in Romania seem to be treated, in general, by the governmental organizations, such as the National Antidrug Agency, but also by other institutions, such as Rahova Penitentiary Hospital, which is one of the most used institutions to treat the effects of withdrawal –these services being, in general, for detainees. However, harm reduction campaigns seem to be placed under a diminished light, as they are mentioned in some reports, but nothing important has been reported in the media.

We need to take this issue seriously and continue to prepare information campaigns, which will create partnerships with local NGOs, in order to identify consumers and their hotspots, thus minimizing the risks of diseases, with a high degree of community transmission, such as HIV or Hepatitis.

This also regulates certain ways in which individuals can seek aid in solving their drug use issues, without worrying that they may be tried, arrested or fined for their illness. From this point of view, harm reduction campaigns can help in generating information about the reasons why individuals do not ask for help from governmental institutions to solve their problem, thus increasing legislative efficiency and bringing more knowledge to the police in order to eradicate the problem, not the effects.

When we discuss the harm reduction campaigns needed in Romania, we must also discuss the need to adapt the principles of risk reduction in order to reduce the number of deaths caused annually by excessive alcohol consumption.

Campaigns to promote responsible alcohol consumption are an immediate necessity in Romania, as are campaigns to reduce the risks of tobacco use, especially since these two substances are included in the category of substances with psychotropic effect and can in turn generate a predisposition to acquire new addictions, such as an addiction to cannabis or cocaine.

Laboratory studies conducted by the National Institute of Health (USA, 2011) used rats to determine a possible link between nicotine addiction and increased possibility of cocaine dependence, forming a theory in which nicotine was shown to be a gateway drug for cocaine.

Alcohol has also been shown in laboratory studies to act as a gateway drug for other substances such as nicotine, marijuana etc.

Thus, it can be concluded that in order to reduce certain risks caused by drug use in Romania, the national strategy should be aiming to create a concrete and coherent legislative framework, continuing the actions taken by national agencies and improving them by linking civil partnerships, so that the costs could be reduced for the country.

However, we also need to develop sustainable activities, through which to develop ways to reduce alcohol and tobacco consumption, by establishing concrete strategies, intended exclusively for this purpose and by establishing civil contracts in order to reduce the risks of alcohol consumption and tobacco.

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