Comparison of drug abuse at two music festivals and the importance of health education

Domokos Lajos*, Ábrám Zoltán*

*University of Medicine and Pharmacy from Targu Mures, Department of Hygiene, Romania

Abstract

Among the countries of the European Union, Romania occupies the fourth place considering the consumption of ethno-botanical drugs with a psychotropic effect. In Targu-Mures town yearly it is organized the festival called “Peninsula Music Festival” where we examined the drug usage habits of young participants by applying a questionnaire. The data were compared with some data obtained at Sziget Festival (Budapest). It was concluded that a high number of participants tried out ethno-botanical drugs and cannabis derivatives, followed by the abuse of medicine with alcohol and amphetamines. The number of cannabis derivative consumers has been growing since 2002 and the number of ethno-botanical drug users increased suddenly since 2009. The practical use of the survey results contribute to underline the importance of the development of health education programs, drug-prevention strategies. The main goals are: 1. to maintain the sensitivity of the society, of local communities which should improve their problem-solving skills concerning the suppression of the drug-problem (community, cooperation); 2. to provide possibilities for the youth to become capable to form a productive lifestyle and to refuse drugs; 3. to help individuals and families who get in contact with drugs and those who fight with drug problems (social work, curing and rehabilitation) ; 4. to reduce the possibility of accessing drugs (cigarettes, alcohol, ethno botanicals and other psychoactive substances).

Keywords: ethnobotanical drugs, legal highs, music festival, health education;

1. Introduction

Romania’s joining the EU (January 1, 2007) brought about such social and economic changes that the population was not properly prepared to receive. The open borders led to new situations of labor market and hundreds of thousands of people from Romania undertook work abroad. Not only did this have positive economic effects but it also had negatives, too (families broke up, home left children brought up by one parent or by grandparents). These social-economic changes were followed by changes in the drug trade, drug policy and drug use habits. From a drug transit country Romania turned into a target country. Ethno-botanical plants appeared in 2008 in Romania under the name of new legal drugs, which have raised immediately the interest of young population, causing a real phenomenon dimension in 2009 and 2010 [1]. During...
2010, in Romania over 400 shops, also known as "dream shops", were registered where different types of psychoactive substances were traded as “legal drugs or ethno-botanical plants”.

A number of favorable internal and external factors and conditions led to illegal drug trafficking in Romania:
- excellent geographic position, gate to European markets and member of the European Union since 2007 [5];
- the rights and liberties won by Romanian nationals following the 1989 [5];
- Revolution; among these, the most important include free traffic and the opening of borders [2];
- social and economic problems generated by deep changes within society[2];
- Increasing drug use among young population due to curiosity, overreaction and lack of knowledge concerning the dangers of narcotics abuse [5];

In Romania drug consumption has increased among young population. Psychoactive substances are easily produced, distributed and consumed outside scientific and medical control. Spice shops selling ethno-botanical plants like Salvia divinorum, Mitragina speciosa, Amanita muscaria and others have become very numerous in Romania. Because they are legal more and more young people are tempted to experiment new sensations. These plants can cause different psychiatric illnesses and their association with alcohol or drugs can also be fatal [6]. Based on the data of international comparative examinations (ESPAD) in 2007 the drug use indicators among Romanian young people are better than the European average. In 2010 Romania was in the fourth place in the EU considering the use of ethno-botanical drugs. The aim of our survey is monitoring the use of drugs and health behaviour of the Romanian youth.

![Figure 1. Lifetime prevalence of psychoactive substances used in Romania 2007-2010](image)

2. Materials and methods

We applied a stratified sampling method. We stratified the sample according to gender, family structure and psychoactive substance use. The basic population for the survey was the participants of the Peninsula Music Festival – 25-28 August 2011. 273 persons were questioned out of which we received 256 appreciable questionnaires (representative sample for “Peninsula Music Festival” visitors). All data were processed with the use of SPSS 17.0 statistical software packages. We used descriptive and Inferential Statistics methods. To judge the level of the significance we applied the next criterion system and notation convention: $P < 0.05$ significant, $P > 0.05$ not significant. Our research report follows a logical order namely that the first part of the chapters present results
considered relevant by the authors, results counted with variable statistical methods: normality test, standard deviation, Chi-square test. The data were compared with some data obtained at Sziget Festival, Budapest.

3. Result

Gender and age distribution of the sample can be seen in Figure 2. Descriptive statistical characteristics: gender distribution: 50.39 % man and 49.61 % woman. Age distribution: Sample Size = 256, Mean age 21.42 years, Median 21, Standard deviation 4.32, Minimum 15, Maximum 34.

Figure 2. Distribution of sample by age and sex

In our sample the drug called “legal highs” has the highest prevalence 19.8% and it is a psychoactive substance (Figure 3.). We are aware of the fact that this survey is not representative on a national level for this age group (ages 15-34) but the measured data at the Peninsula Festival show the tendencies in the country. Legal highs in Romania has the highest prevalence (2%). The second most often used drug is cannabis (16.6%) and this index coincides with EU tendencies where cannabis is a psychoactive substance with the highest prevalence 12.4%. Romania’s equivalent age group population prevalence is 0.6%.
We compared our data with the drug use data measured at Sziget Festival (Budapest, Hungary). Here cannabis (47.1%) was the drug with the highest prevalence and this is followed by amphetamine derivatives (28.6%). The Hungarian indicators coincide with EU tendencies [4].

On figure 4 we see the relationship between socio-demographic indicators and drug use. 27.13% of men and 15.74% of women has already consumed a sort of drug in the last 12 months (Chi-square test, p<0.03). 63.63% of early school leavers and 18.43% of those who finished their school studies has consumed a sort of drug in the last 12 months. Here we also find a significant difference between the two groups. (Chi-square test, p<0.001). 36.17% of disadvantaged families (below 18 years: one or both parents work abroad, above 18 years: the questioned person works abroad and his/her family lives at home) while 5.47% of the ordered families has consumed a sort of drug in the last 12 months. Here we also found a significant difference between the two groups (Chi-square test, p<0.001).
4. Conclusion

The concept of vulnerability has been addressed before in a number of publications produced by EU institutions and the EMCDDA [3]. An important result of our survey is that drug use among music festival visitors is averagely 3.6 times higher than the national (Romanian) prevalence in the same age group. This is why we consider them a vulnerable group with high risk. In order to be able to make an efficient intervention we consider it important to research the protective and risk factors. The most important risk and protective conditions in our research are: disadvantageous families (parents’ substance use problems, intra-familial conflicts, neglect, lack of parental monitoring, lower levels of interaction between young people and their families) and early school leavers. The family cohesion is an important and protective factor.

Intervention at the individual level. Preventive interventions aiming to increase attachment and commitment to school are often accompanied by reductions in problem behaviors [7].

Interventions are effective when they address motivation, skills, and decision-making as well as erroneous normative beliefs - in a similar way to effective universal interventions [8].

Intervention at the family level. Is based to strive to develop strong connections between young people and their family. Intervention at the community level Community-level programs aim to improve general social environment, community cohesion and group identity. We can achieve these aims by focusing on improving interpersonal communication, social skills, expression of feelings, and social support in primary environments: school, work place and family.

References


