

DIMENSIONS AND SOCIAL CONSEQUENCES OF SMOKING AND ALCOHOL USE

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Abstract:

Alcohol, smoking and other drugs usage (ASOD) poses a major risk to society. According to World Health Organisation (WHO), alcohol and smoking is among 10 major health risk factors worldwide, while illegal drugs usage is among 10 major health risk factors in developed countries. Beside health problems, psycho-active substance usage is reflected in many severe social problems. Interpersonal violence related to ASOD usage includes crimes, violence on a sexual background and a wide range of family violence. Consequences of child violence and their neglect as a result of substance abuse also influence their longterm sequela and eventually, on society as a whole. Crimes committed to provide or deliver illegal substances pose another serious threat to community well-being. Social harm related to illegal drugs usage such as crime, public disobedience and workplace problems affect individuals, community and the whole society in different ways. Some of these problems are consequence of psychopharmacological effects of the used drug, which as you may recall, are included in the first category described by (Goldstein, 1985). Problems for other people, which are related to drug usage, include even injuries or harm as a result of vehicle accidents and violence.

Key Words: *Social consequences, community, smoking, alcohol use.*

JEL Classification: *I1, Z13*

1. Introduction

Long transitional period in Albania in the last two decades has been associated with a constant political, economical and social crisis, causing great changes and historic overturns to its all society. The fall of the previous regime in the country and immediate connection to other countries brought about a

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thorough change in values and beliefs, breaking and degenerating of social and education services, higher unemployment rates and poverty, increase of past problems and other problems development such as: drug abuse and trafficking, children and women trafficking, illegal emigration, spread of HIV/AIDS, criminality and suicide increase, birth rate decrease and infant mortality increase, increase of dropouts from school and the spread of sexually transmitted infections. All of the above-mentioned problems have caused a complicated, chaotic and frustrating situation for Albania in general, and for the Albanian youth in particular.

Like any other country in Europe and in the world, even in Albania people use a variety of psychoactive substances, including both legally available substances like alcohol and tobacco and those substances which are not allowed or forbidden by law to be used. As it was considered thoroughly above, the majority of psychoactive substance users consists of young and middle-aged adults. Also, experimenting with psychoactive substances at a young age is in itself a risk factor to continue and abuse with them later in life. For this reason, it is very important to monitor the tendencies of psychoactive substances use among teenagers and adults. One of the most sensitive and dangerous problems to the Albania youth today is drug abuse and trafficking. Taking into consideration that Albania is a transiting place, and sometimes a place where drug is produced, there is data and reports which show that the number of drug users is increasing. And the youth are the most vulnerable by this tendency.

According to the report of the Interior Ministry a number of around 25 000 – 30 000 people use drugs currently, mainly young people, of which 10 000 dwell in the capital. So, Tirana gives more opportunity to limit or hide the identity of drug users, or narcotic substances users in many public places such as cafes, nightclubs, pubs and discos. However, this can serve as a clear reference to types, drug kinds and the frequency of their use.

2. Situation related to alcohol, tobacco and illegal drugs use in Albania

In recent years some research has been carried out to evaluate psychoactive use prevalence, mainly among the youth. Here, ESPAD and Youth Risky Behavior Survey (YRBS) can be mentioned. ESPAD study was carried out in 2011 in a large sample representative of 15-16-year-old students attending the school, whereas the last YRBS study was carried out in 2009 and

targeted a large sample of students aged 15-19 in Albania. The two studies have provided a clear view on the prevalence of psychoactive substance use among the youth in secondary and high schools in Albania, being a valid monitoring tool to the dynamics of psychoactive substance use and risky factors for their use throughout time. In this aspect, our study is important as it contributes to the continual monitoring of these tendencies and the dynamics of drug use in Albania, providing a useful aid to the appropriate policy drafting based on scientific facts. Besides, this study includes even people aged 19-34, a cohort less studied since most of the serious studies in Albania aim secondary and high school students. Also, our study employs the same definitions of alcohol use, smoking and other illegal drugs which are recommended by EMCDDA and have been used in other studies carried out in Albania. As a consequence, our results are easily comparable to those reported by other studies of this kind in our country.

If alcohol, smoking and other psychoactive substances have been studied in a satisfactory way among the youth at schools, mainly secondary and high schools, information related to alcohol use, smoking and especially illegal psychoactive substances among young adults is less studied. Studies on illegal drug use among people aged 15-64, which are reported in EMCDDA, are based on a variety of resources and actors that provide the information related to these aspects, including the Interior Ministry, Department of Clinical Toxicology and Addictology in “Mother Teresa” University Hospital in Tirana, Forensic Medicine Institute, Public Health Institute and a large number of non-governmental associations, which have different functions related to pharmacological, psychological and social support to drug users.

Regarding alcohol use prevalence, YRBS study among students aged 15-18 concluded that 71.1% of high school students had used at least one kind of alcohol drink in their lifetime in 2009, whereas ESPAD study in students aged 15-16 reported a prevalence of 72.4% in 2011. On the other hand, lifetime prevalence of smoking was 59.1% in 2009 according to YRBS study and much lower in ESPAD study (39.7%).

It should be kept in mind that the number of illegal drug users usually represents an assessment and not a precise measurement, since these phenomena reporting is a very sensitive issue and for this reason a wide variety of indirect techniques are used to evaluate this number (capture-recapture, snowball). According to the latest assessment, the total number of people aged 15-64 who

had tried an illegal drug at least once in their lifetime, varies from 40 thousand to 60 thousand (lifetime prevalence between 2% and 2.8%), showing a considerable increase compared to 1995 (182). YRBS study reported that 7.4% of the students aged 15-19 had experimented with cannabis, 4.2% with ecstasy, 1.2% had tried heroine and 3.2% had tried cocaine at least once (183). While ESPAD study reported slightly lower prevalence among students aged 15-16 and actually lifetime prevalence of cannabis use was 4.4%, followed by ecstasy with a prevalence of 3.5%, whereas cocaine use prevalence was 1.6% (Hibell, et al., 2011). While the number of problematic users of the drug is estimated to be between 4 thousand and 6 thousand. The prevalence of illegal drug use in the general population is reported as following: 2.9% cannabis, 0.3% heroine. 1.7% cocaine (EMCDDA, 2011).

Law perspective on policies related to drug is rich. Albania has adhered in three UNO conventions related to drug through some specific Acts (182). Also, different forms of punishment are predicted by law for those participating in activities related to illegal drugs. For example, punishment for the production, purchasing, distribution and possession of illegal drugs varies between 5-10 years imprisonment, whereas it's trafficking is punished with 7-15 years imprisonment. Other forms of punishment are applied to the cultivation of narcotic substances and trafficking of substances that help psychoactive substances production. But possession of only a single dose for daily use is not punished in law.

Legislation enforcement related to illegal drugs is under the supervision of the Division against Narcotic Substances, as part of General Directory of Police. Also, in 12 districts of the country Sections against Narcotic Substances function. For the law enforcement order police officers, border police officers and customers police officers have been engaged. Then, General Directory of Police cooperates with the Prosecution in different aspects of drug-related crimes, sentencing the wanted people, etc. (EMCDDA, 2011). In Albania drafting of the strategy against drug 2012-2016 has finished, a contribution of an interdisciplinary group work, including WHO consultants, civic society representatives and experts from various fields. This strategy is based on the legality principal, respecting the basic human rights and freedom, lifesaving, individual health and safety, community and application of balanced and integrated models based on responsibility taking and partnership.

Regarding the social and economic consequences of psychoactive substances use in Albania, there isn't still any study of this kind, which can

document direct and indirect real cost to the government, family and society. However, based on the international literature and other countries experience, it can be said that definitely social and health cost related to psychoactive substance use is a huge burden to the finances of the Albania government.

3. Smoking and alcohol consumption models in the international arena

Alcohol use models have been widely studied and reported. Prevalence of alcohol use, in general, is higher among males and females (SAMHSA 2006; Moore AA, 2005; Dawson DA, 1995; Fillmore KM, 1987; Pomerleau J, 2005; Leifman H, 2002). For example, one study concluded that, among the youngsters of age twenty, the ratio males/females of daily alcohol use during 2001-2002 among American males and females, over the age 18 were very similar (44.4% and 43.2%, respectively) (Falk DE, 2006). National Cohort Study on Alcohol Epidemiology in the USA in 1992 reported that 44% of adults in the USA consumed alcohol (Dawson DA, 1995) and, alcohol consumption at the moment was higher among males, among people who had been to school (SAMHSA 2006; Dawson DA, 1995), among those who currently had a job (SAMHSA 2006), among those with high incomes and among unmarried people (Dawson DA 1995). Another American study showed that in 2001-2002 two third of American adults used alcohol (Falk DE, 2006). Three years later, National American Study in 2005 reported that more than half (51.8%) of the Americans over 12 years old were current alcohol users.

It has been reported continuously and consistently that, smoking prevalence is higher among males than females (SAMHSA 2006, Tobacco use among adults – United States, 2005; Vardavas CI, 2006; Ismail Sh, Rosen B. Smoking Among the Arab Population in Israel; Global Youth Tobacco Survey Collaborating Group, 2003; Samet JM, 2001; Gilmore A, 2004). In the USA for example, males were 1.3 times more likely to smoke currently, compared to females (respectively 23.9% versus 18.1%) (Tobacco use among adults – United States, 2005). Male-female difference related to smoking prevalence is higher in some countries compared to the USA. For example, in Greece about 40% of adults were smokers and the prevalence was higher among males (57%) than among females (23%) (Tobacco use among adults – United States, 2005). In some cultures (i.e Islamic culture), smoking by females is unacceptable and thus, smoking prevalence in this population is much lower (Ismail Sh, Rosen B.

Smoking Among the Arab Population in Israel). There are many other studies which have not evidenced statistically significant differences related to smoking prevalence.

An American study reports that, smoking prevalence was very similar among males and females (Falk DE, 2006). Smoking Global Study among the youth showed that, among people aged 13-15 there was no statistically significant difference in smoking prevalence in most of 121 centers, in 76 countries, where the study was conducted (Global Youth Tobacco Survey Collaborating Group, 2003). It is likely that the lack of gender difference for smoking reported by the last study, is explained by the great effects the tobacco advertisement has on females in developing countries, as well as great efforts of large tobacco industries to target this part of population in these regions (Samet JM, 2001). General tendency related to smoking prevalence shows that, it is higher among younger ages and middle ages and decreases with age (Falk DE, 2006; Tobacco use smoking adults – United States, 2005; Gilmore A, 2004, 63). In the USA, smoking prevalence is higher among people aged 18-24 and those aged 25-44 (respectively, 24.4% and 24.1%) and decreases among people aged over 65 (about 8%-9%) (Tobacco use among adults – United States, 2005). In Russia and other countries of former Soviet Union, smoking prevalence shows unclear trends among males and females aged 18-59, but after that, the prevalence decreases considerably with age (Gilmore A, 2004). Studies in the USA showed that, smoking prevalence was negatively linked with education level (SAMHSA, 2006; Tobacco use among adults – United States, 2005; Giovino GA, 1995); higher among divorced or married people (Giovino GA, 1995) and among unemployed compared to those who had a job (respectively, 44% versus 27%) (SAMHSA 2006). The study conducted in Russia and in some countries of former Soviet Union noticed that, in general, most of the males started smoking before age 20 and smoked more than 10 cigarettes a day, whereas a lower number of females started smoking before age 20 and most of them smoked less than 10 cigarettes a day (Gilmore A, 2004).

4. Dimensions and social consequences of smoking and alcohol use

In some cases alcohol is the main cause of certain social events, like road accidents. Alcohol is a chemical substance with some certain properties. Alcohol influences our behavior through changes in biochemical, metabolic, psychomotor and cognitive processes, which are later responsible for a variety

of social consequences caused by alcohol use. Alcohol toxicity causes psychomotor damages, slower stimuli reaction, judgment worsening, emotional changes and decrease of response to social expectations. The consequences of psychomotor capability damage are not merely health consequences. Alcohol is a considerable contributor to a wide variety of negative social events for the individual and society as a whole, even though it rarely defines in itself these negative conditions. As a result, alcohol is usually considered to be a substance which increases the risk of negative events.

The way alcohol is perceived varies considerably, while individuals progress through their life course and social norms to its acceptability change. Alcohol consumption could be an independence or rebellious behavior sign in adolescents, but different societies in the world are worried about harmful consequences of alcohol use in youth. Therefore, the majority of the society, even that following the most liberal policies, has agreed upon the idea that alcoholic drinks could be unavailable to children and adolescents.

Also, cultural meaning of alcohol consumption is different for males and females. Although alcohol consumption has been mainly a male “domain”, in many countries of Europe gender difference of alcohol consumption prevalence is not great (Simpura & Karlsson, 2001).

Today, females consume one fifth to one third of alcohol in the majority of developed countries (Bloomfield, Gmel, Neve, & Mustonen, 2001).

The decrease in prevalence of alcohol use with age is even a reflection of social norms. The elderly are not supposed to attend events where people get drunk or do “non-appropriate” acts to society. This activity could be more acceptable by the youth. However, with the increase of lifespan and health improvement, these perspectives related to alcohol consumption by the elderly can change.

On the other hand, production the purchasing of alcoholic drinks is an economically important activity for many countries, generating incomes for the producers, marketers and funders. As such, it creates workplaces and generates money for the government through taxes. As a result, alcohol is an important good with a complex chain which creates workplaces and incomes with a broad spectrum of actors of society. But, as it was observed previously, economical benefits that come from the production, purchasing and alcohol use are accompanied by an extraordinary cost on the society. The dual nature of

alcohol as a good with economical value and as a main source of harms should be taken into consideration (Edwards, Arif, & Hodgson, 1981).

5. Alcohol consumption and social harms

Apart from negative consequences directly related to individual health (heart diseases; cancer: head, neck, breast cancer, etc; neuropsychiatric harms: alcohol abuse, depression; infective diseases: tuberculosis, pneumonia; birth-related maternal undesired conditions: low birth weight, fetal alcohol syndrome; accidents: road accidents, falls, drowning, burning, workplace accidents; self-injuries: suicide and violent deaths) (Lonnroth, Willimas, Stadlin, Jaramillo, & Dye, 2008), alcohol is related to a wide variety of social problems or harms.

Before considering social problem treatment, we will observe the suicide problem as a phenomenon frequently encountered in our country. The relationship between alcohol and suicide is proved well among those consuming large amounts of alcohol (Rehm & Rossow, 2001). Although the strength of this relationship varies according to different cultures, studies show that “explosive” models of alcohol use (spur, irregular consumption) are related to a higher incidence of suicide. Some studies report a linear relationship between the amount of alcohol consumed and toxicity frequency from alcohol and risk of suicidal behavior (Dawson, Grant, Chou, & Pickering, 1995) and (Rossow, 2001). Probable hypotheses about this relationship are social disintegration, which is caused by alcohol and social losses and mental conditions play the role of mediating factors (Murphy, 2000).

Although public controversy is usually focused on health effects of alcohol, the latter is related to its social consequences, which are usually called “the forgotten dimension” (Klingemann & Gmel, 2001). In this dimension are included:

- a) Violence
- b) Vandalism
- c) Public disobedience
- d) Family problems: divorce/marital problems, child abuse.
- e) Other interpersonal problems
- f) Financial problems
- g) Problems at work, apart from accidents
- h) Educational difficulty
- i) Social cost

Clearly, alcohol consumption causes harm not only to the individual who consumes alcohol, but is accompanied even by external consequences (for the others) through the above mentioned points.

a) Violence: Different studies prove a causal relationship between alcohol consumption and violence (Pernanen, 2001); (Room, 2001), whose bond depends on the culture where it is encountered. Models of alcohol consumption, especially alcohol toxicity, play a major role in violence generation. Violence to intimate partners is strongly related to the amount of alcohol used.

b) Divorce and marital problems: epidemiological data on a causal relationship between alcohol consumption and family problems such as divorce are few. In many countries, binge drinking by the male partner is used as a justification for divorce (Rehm, Frick, & Bondy, 1999). But facts about a causal relationship between these two phenomena are very few. Different studies have shown significant, positive relationships between binge drinking and divorce (Leonard & Rothbard, 1999).

c) Child abuse: Different studies have shown that, violence and abuse is greater in children whose parents use large amounts of alcohol (Barber & Gilbertson, 1999).

d) Work-related problems: There is a relationship between alcohol consumption and different consequences at workplace such as lack of a job, including exhaustion and early leaving of the workplace because of disciplinary measures or decrease of productivity at work; stealing and other crimes; bad and unprofessional relationships with colleagues and poor morale at workplace. Most of the findings show complex interactions between individual characteristics and environmental factors, including work characteristics as responsible for these relationships and consequences (Rehm & Rossow, 2001).

e) Social costs: Studies related to social costs of alcohol report direct costs that are related to health costs of alcohol users and indirect costs or social services, which are used by people who have alcohol-related problems. It is believed that social cost to cope with these situations is greater for the social welfare system and justice system, than for the health system. For instance, one study has shown that health care cost on alcohol-related problems are about \$160 million , social service costs are about \$140 million and justice and firefighting system costs are estimated to be about \$400 million (CATALYST, 2001). Whereas in another study, people with “problematic alcohol use” who ask help in one of the systems, are distributed like this: 41% for treatment in

justice system, 8% in social services, 42% in primary health care, 3% in mental health system and 6% in public agencies for drug and alcohol treatment (Weisner, 2001).

Another way to assess social costs is through individual reporting by alcohol user or their relatives. One study through telephone, for example, showed that, 7.2% of Canadians were hit or attacked by someone who had drunk alcohol, 6.2% had broke up friendship with someone as e consequence of another person who used alcohol and 7.7% claimed to have family or marital problems caused by alcohol consumption by their partners and/or other people (Eliany, Giesbrecht, Nelson, Wellman, & Wortley, 1992).

Other illegal psychoactive substances. Like alcohol and smoking, other illegal psychoactive substances have a common feature: the great potential to create addiction to them. The effects these substances have on the individual or society will depend on various factors, including pharmacological characteristics of each drug, the way they enter the organisms, their cultural meaning in everyday life, the reasons for their use, as well as harms related to their abuse. Public controversy about policies of psychoactive substances should take into consideration these complex elements, because simplistic thought that “all the drugs are the same and are equally dangerous” limits the understanding of the problems related to drug, as well as our ability to develop appropriate policies to respond to these worries.

Great developments in many life aspects, such as psychiatry, psychology, neurobiology, cultural anthropology, epidemiology and other disciplines have considerably added our knowledge about psychoactive drugs, their actions and abuse.

To better understand the complex nature of drug use, we should refer to three important distinctions. The first distinction is if a certain drug is natural or synthetic. Until XIX century, almost all psychoactive substances were used in their natural form. With the development of modern chemistry it was possible to identify active components of these natural products. This knowledge led to powerful extract production such as morphine and cocaine. Then it was possible to create synthetic forms of many psychoactive substances such as heroine and heroine crack, and to produce one or more very powerful substances, like lysergic acid diethylamide (LSD), benzodiazepines and opioides. Similar to distilled alcoholic drinks, the ability to produce very concentrated forms of natural substances increased considerably the availability, distribution and addiction-creator potential.

Second distinction: when we talk about psychoactive substances we refer to the way they are administered. The most usual manners of drug intake are: orally in their natural form (coca leaves) or synthetic products (i.e. drugs used as pain relievers); mucosal membranes absorption, like cocaine in dust form, heroine through nose; substance inhalation, like cannabis and crack inhalation; and through intravenous injection, like heroine. Drugs that can be injected intravenously spread immediately in organism and have a quicker effect, which increases considerably the potential for their abuse, addiction to them and various harms.

Third distinction is related to the fact whether a certain psychoactive substance has a medically acceptable use or not. Many of the substances listed below (i.e. sedatives and opioids) were initially developed for medical purposes. In many countries, their use has been limited by law and they have been sold only as prescribed by the physician. Some of these substances continue to be available as legal medicine, but in a monitored way (e.g. morphine, amphetamines and barbiturates). Others are not considered medicine anymore, regardless of the fact that initially they were developed for therapeutic purposes (i.e. LSD, cocaine and heroine). As it will be seen below, substances which can be used only as prescribed by the physician in fact, have been used for purposes and other manners or in greater amounts than those recommended by the physician. In these cases, their use presents the risk of physical, psychological and even legal problems.

On the other hand, the classification of substances that is used by these international conventions reflects historical settings, cultural factors and scientific facts. For these reasons, not always there is an agreement between expert opinion and laws, or national and international conventions regarding the risk or harms that certain substances cause. For instance, many experts think that tobacco products represent a greater risk than cannabis, but again tobacco is legal in most of the countries, whereas cannabis is not.

Three above mentioned distinctions are necessary, but not enough to understand the complex nature of drug use. For this, diversity, role and specific risks of different models of drug use, and combined effects of drugs should be taken into consideration, overdoses or risky situations (i.e. driving after a long stay in a club, exhaustion after stimulant use, etc) and participation in risky behavior (i.e. having unprotected sex during the “well-being” phase after cocaine use).

6. Models of concomitant alcohol use and smoking

Although alcohol and smoking are two of the most widely used substances (and which are mostly abused with, too) at all times, only a few studies have studied models of concomitant alcohol use and smoking, compared to the great number of researches that have studied models of alcohol use and smoking separately. An American study in 2005 declared that, 61% of the people over 12 years old who use considerable amounts of alcohol, smoke as well, compared to 17% smokers among those who do not use alcohol. Among current smokers, 68% use alcohol concomitantly, compared to 47% smokers among those who do not use alcohol (SAMHSA 2006). Another study noticed that, 22% of American adults aged over 18 used alcohol and smoking concomitantly (Falk DE, 2006). Males were more likely than females to use both substances (28% of males and 16% of females used alcohol and alcohol) (Falk DE, 2006). The prevalence of both substances use (alcohol and smoking) is higher among people aged 18-24 (35% of males and 26% of females used alcohol and smoking) and the prevalence decreased with age (Falk DE, 2006). Also, smoking prevalence increases with alcohol use increase in both genders and being lower among those who never used alcohol (13% of males and 8% of females who did not use alcohol, smoked) reaching a climax among those who used great amounts of alcohol (66% of males and 60% of females who used a lot of alcohol smoked, too) (Falk DE, 2006).

Similar positive trends between alcohol use and smoking have been seen even related to alcohol amount and daily smoking. Greater amount of alcohol consumption is significantly related to greater number of cigarettes in that session (Falk DE, 2006). Another study related to the way nicotine intake affects alcohol use, evidenced that, nicotine effects change considerably among males and females regarding consumed alcohol amount. Nicotine increases alcohol consumption in males and decreases its consumption in females (Acheson A, 2006). Besides, a research that concentrated on alcohol use and smoking during adolescence, concluded that, using alcohol but no smoking is usual, smoking and not using alcohol is very rare (Orlando M, 2005).

7. Conclusions

The study noted the opinions of the participants related to ASOD usage, perceived risk of their usage, easiness to find them and problems that may result from ASOD usage through a new technique, which allows description of

opinion trends according to different risk factors and analysing of the link between these.

The prevalence of use of alcohol, tobacco and illicit drugs in Albania in general is comparable with other countries in the region, but lower than European Union countries.

Despite the existence of a comprehensive legal framework on limiting the use of alcohol, tobacco and illegal drugs ban, adolescents and young again able to obtain these products.

Vulnerable groups in the use of alcohol, tobacco and illegal drugs are males. Aged 19-34 years, residents of large urban centers and those with high monthly income. Education connection is inconsistent: higher education is a risk factor for smoking, drugs, but not for alcohol, cannabis and other types of illegal drugs.

Men, 19-34 years old persons and residents of large urban centers tend to accept more risk behaviors related to the use of psychoactive substances. This group age have it easier to find these substances in general and therefore engage in addition to these situations, having a higher risk to get involved in problems of different nature. Therefore, possible interventions should target these population groups.

Alcohol use, smoking and illegal drugs prevalence in Albania in general is comparable to other regional countries, but lower compared to EU countries.

Despite the existence of a complete legal frame related to smoking and alcohol use limitation and banning of illegal drugs, again teenagers and youth are able to find these products.

High-risk groups for alcohol use, smoking and illegal drugs are males, aged 19-34, living in large urban areas and those with high monthly incomes. Relation to education is non-coexistent: high education is a risk factor for smoking, sedatives, but not for alcohol, cannabis or other types of illegal drugs.

In Albania, in years a low prevalence (compared to European countries) of psychoactive substances among teenagers has dominated and continues to dominate, fluctuating slightly from 2005 to 2011.

On the other hand, prevalence of psychoactive substances' use among adults has been increasing over a 10-year period of time in Albania. Lifetime smoking prevalence has increased over 30% in 2011 compared to 2001, while data on smoking prevalence trends are very few. Also, assessment of illegal drugs use trends is difficult because of few official reliable resources. Compared

to 2010, it has been noticed a slight increase in the prevalence of illegal drugs use among the youth in our country.

Alcohol, smoking and cannabis use prevalence monitoring is very important, because smoking and alcohol onset is usually followed by cannabis use, which then could lead to experimentation with other “heavy” illegal drugs such as amphetamines, heroine and cocaine, as suggested by “pathway” theory. In this context, taking measures to strengthen the law, regarding teenagers’ access to alcohol and smoking products is an imperative duty of public authorities. On the other hand, one in ten teenagers aged 13-34 have used cannabis at least one. This level of prevalence is translated into thousands individuals, exposing those to increased risks to experimentation with other illegal drugs according to pathway theory. Thus, monitoring and keeping under control of this narcotic substance should be a center of attention for corresponding authorities.

A considerable percentage of individuals aged 13-34 started experimentation with alcohol at the age of 12 or younger. Since starting alcohol and smoking at a younger age implies a greater likelihood to continue using them, their abuse and starting other illegal drugs is more likely. According to pathway theory, it is necessary to regulate preventive programs at schools so that average age at the onset of these substances increases.

Main places where alcohol, smoking, ecstasy, cocaine and heroine are used are undoubtedly cafes or different clubs in the country. Since alcohol should not be served to individuals under 18 and smoking is not allowed to be used by all ages in public places, it is implied that law is not in its highest level. Since studies showed that strict law can lead to the reduction of these substances, then this represents a relatively simple and effective way in this direction.

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