



Social anxiety and drug use in adolescents

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Abstract: In order to understand as deeply as possible the evolution of contemporary society, we can not limit ourselves to researching each social phenomenon, but it is necessary to study their correlation, being well known that the social functions as a system of elements that act synergistically and potentiate each other, whose social phenomena are totally different from the sum of the isolated functioning of each element. Although we often think that substance abuse by adolescents is an externalized disorder, the latest research indicates that abuse can also accompany internalized disorders. It is easier to become aware of drug abuse problems when they are present in adolescents or adults with antisocial behavior (e.g., a noisy group of drunken young offenders) than in the context of internalized problems (e.g., a depressed adolescent drinking from alone every night to be able to fall asleep). Because drug abuse problems are often secondary to other co-morbid phenomena, internalized or externalized problems, their initial treatment separately from the latter is indicated.

Usually, young people suffer from both internalized and externalized problems at the same time (for example, the delinquency of a depressed young person). Many depressed or anxious teenagers, as well as young offenders, have problems with drug abuse, especially alcohol. Many researchers consider it very important to distinguish between people living with a single specific problem, without the presence of a secondary one (for example, a depressed teenager who has no other internalized or outsourced problem), people who go through more than one problem in the same category. for example, young aggressive or depressed offenders and anxious at the same time) and people who experience both internalized and externalized problems (for example, depressed offenders). These people followed different paths of treatment. In general, studies show that people with multiple problems had much more negative family experiences than those with a single problem.

Keywords: anxiety, consumption, drugs, adolescents

Defining the concept of drugs

By drug, a word of Dutch origin (droog), is meant in a broad sense any substance used in therapy due to its healing properties, but whose effect is sometimes uncertain and harmful to the human body. However, this definition is too vague and can generally mean all medicines.

According to the definition given by the World Health Organization (O.M.S.), the drug is that substance which, once absorbed by a living organism, can modify one or more of its functions (Dragan, 1994).

From a pharmacological point of view, the drug is the substance used by medicine and



whose abusive administration (consumption) can create a physical and / or mental dependence or serious disorders of mental activity, perception, behavior, knowledge. In this last sense, the term drug does not apply to certain substances that can be designated by the general term psychotropic drugs. International conventions and protocols give the term psychotropic substances a particular meaning, distinguishing them from narcotics, but in reality, in the pharmacological sense of the term, narcotics are themselves psychotropic. According to international documents, drugs must therefore mean some of the narcotics subject to international control, by the Single Convention on Narcotic Drugs, 1961, while psychotropic substances are those whose international control is provided by the Convention on Psychotropic Substances, concluded in year 1971 (Turlea, 1991).

Ways of using drugs and methods of administration

Drugs are distributed in a variety of forms. Thus, cannabis is found in the form of resin (hashish), leaves (marijuana, which contains dry resin) and cannabis oil. Cocaine comes from the coca plant and we find it in the form of crystals, solutions, pastes. Heroin is in the form of a white, gray, pink, brown, dark gray, etc. powder. depending on how refined it is. Morphine is found in the form of compact blocks, white, brown or beige powder, or dissolved in solutions. Opium is sold in powder or bar form. Amphetamines in the form of tablets or capsules, white powders, brandy-scented liquid. LSD-25 is found in the form of a colorless, odorless and tasteless liquid, very concentrated, capsules, tablets, powder, drops absorbed on paper. It is ingested or sometimes injected. At other times, a number of drugs are in the composition of combined products or medicines: analgesics, medicines for colds and coughs (codeine), antihistamines, decongestants, antacids, vitamins, sedatives, stimulants, nutritional supplements, etc. (Rodrigues, 2002).

Regarding the routes of administration, there are a multitude of ways in which drugs reach the brain and exert their effects. Each method has its disadvantages and advantages. Sometimes the form of the drug dictates how it should be administered. For example, crack and "ice" differ from cocaine and methamphetamine because their presentation allows them to be absorbed by inhalation. Or the fact that alcohol is liquid determines its ingestion as a common mode of consumption (Avis, 1993).

Sublingual administration is also used so that the drug is absorbed by the capillaries under the tongue. An advantage of this route of administration is that the drug does not have to pass through the liver filter to reach the blood and organs (heart, brain). Thus, it reaches the liver only after passing through the brain. Another advantage is that the drug no longer irritates the digestive tract (Avis, 1993).

General effects of drug use

Drugs generally have a systemic and relatively strong action. However, their effects depend on several factors: the dose administered, the purity of the drug, the type of drug, the route of administration, the sex of the consumer, his weight and age, his culture level, the race to which he belongs, how suggestible it is (largely replace the effect of the drug), the expectations of the experimenter about the effects of the drug on him, the circumstances in which the person uses the drug, etc. (Avis, 1993).

The effects of the drug are highlighted in the following table, as well as tolerance, the risk of physical and mental dependence (Olaru, 1990). It is important to mention that the effects are not only short-term (highlighted in the table), but there are also long-term effects: heart disease, cancer, accidental falls, road accidents, burns, kidney and liver disease, education



problems (at school), absenteeism, psychological distress, depression, sexually transmitted diseases due to unprotected and multiple sexual partners, combined drug abuse, deviant and dangerous activities, crimes, delinquency, unwanted pregnancies, infant mortality and birth defects, disabilities, abusive behavior and aggression, etc. Thus, drug use also intervenes in the normal development of adolescents, accelerating their adaptation to the increasingly demanding psycho-social tasks of the environment, sometimes with decompensating effects. Experimentation at an early age is much more dangerous than at a mature age, due to the lack of psychological and cognitive maturity needed to reduce consumption to safety limits (Dragan, 1997). The effects of the drug are all the stronger as it is combined with other drugs. For example, the contraceptive pill is a medicine and as such is very likely to interact with other drugs, thus increasing the risk of heart disease, liver disease and high blood pressure.

Risk factors involved in drug use

As the causality of drug use is more difficult to establish, it is more effective to research some risk factors for counteracting and preventing them.

Thus, risk factors are those conditions that predispose people exposed to them to develop drug use behaviors. In general, the nature of risk factors is diverse: cultural, psychological, interpersonal, contextual (situational), age, sex, race, marital status, religion, socio-economic status, etc.

1. Psychological risk factors. It does not refer to the existence of a personality specific to the addict, but most often targets certain individuals "weakened" before meeting the drug and who have: intolerance to frustration, cultural level and low IQ below average, urgent need for satisfaction, anger (anger), excessive risk-taking behavior, impulsivity, increased aggression (sometimes pathological), depression, hedonistic personality, study difficulties, maladaptation that can lead to deviant behaviors, anxiety psychopathological disorders of varying severity (adolescent seizures, psychopathy, schizophrenia), tolerance to drug use in general, tolerance to deviance.

These are the ones who expect alcohol or other drugs to improve their interpersonal relationships. Regarding the risk-taking behavior, if taking a risk can be an element of the personality structure, it must still manifest itself within reasonable limits, without becoming pathological by moving to a repeated action that associates suicidal impulses with the feeling of omnipotence or immortality (Ferreol, 2000). Another predisposing personality trait can be considered anxiety. Anxiety, as a fear of something indefinite, translates into people's lives through disproportionate reactions to events, inadequacy and a lot of stress. Depressive drugs of the central nervous system, which induce a state of relaxation, can be used by anxious people to get rid of this mental suffering. Also, children who have not been denied anything, who receive everything they want without being demanded anything in return, risk developing hedonistic personalities, because life is seen as a series of pleasures and no deeds that would lead to pleasure should not be missed. So hedonism, as a positive attitude towards all that is pleasure, is a risk factor for drug use. Another factor related to the personality of consumers is the tendency of those who use marijuana or so-called weaker drugs, in particular, to switch to the use of stronger and, perhaps, more toxic drugs.

Also, the existence of antisocial behavior prior to drug use is a risk factor and subsequently determines the accentuation of antisocial acts and the installation of drug addiction. Self-image is another factor that can play an important role in the onset and maintenance of drug use. An unfavorable self-image, characterized by self-doubt and inferiority complexes, can underlie either a rebellious attitude or one of social withdrawal and excessive



shyness. The rebellious attitude and the drug are on the same side of the barricade, since using drugs means doing something that is not socially approved, even criminalized. At the other extreme, shyness does not allow for normal and natural relationships and is experienced with maximum discomfort. And if the person discovers that there are substances that make you feel good, become spontaneous and uninhibited, the road to consuming them could be very short. It was also observed that the I.Q. of drug addicts is more likely to be below the general population average; as well as regarding the cultural level objectified during the studies (Mitrofan, 2003).

Interpersonal risk factors.

They are present in those with distant, hostile or conflicting family relationships, disturbed parent-child relationships, often early, in contrast to the lack of risk factors in those who grew up in affectionate families and close relationships. Also, the lack of an intact family environment is marked, being common the situation in which one parent ensures the education of children, the representation of both parental models, male and female, the material income necessary for a decent standard of living, in the situation of lack of stable and significant care. male parent. On the other hand, it is likely that the parents of drug users are more permissive, more uninvolved, neglect or reject their children more than the parents of non-drug children (Steinberg, 1999). Moreover, drug users are more likely to come from families where another member is using drugs or is tolerant of the use of these substances. Individuals who use drugs are also more likely to have friends who use drugs or are tolerant of their use. They are influenced to use drugs, encourage each other and urge increased consumption in the circle of friends, "sink" each other into addiction, tolerate each other, which reduces their sense of social exclusion and guilt towards family and increases harmful addictive behavior (deepening into addiction). Fortunately, abstainers (those who abstain from drugs) also find friends in the same category, managing to defend themselves from relapse into addiction (Ferreol, 2000).

1. Contextual (situational) risk factors. It refers to the social factors that facilitate access to drugs. Thus, adolescents who become drug users most likely live in a social context that facilitates their access to drugs. Other situational factors, apart from drug accessibility, are: community norms regarding and encouraging drug use, the ways of presenting them in the media, social opportunities to use drugs, exposure to messages that transmit tolerance or encourage drug use. (Dragan, 1994).

2. Other risk factors related to the demographic characteristics of consumers (age, sex, race, religion, marital status, socio-economic status), etc. Adolescents and young people are the main categories of risk to the phenomenon of drug use due to the search for an unusual pleasure by transgressing the prohibition and the taste of risk, the search for a spirituality in isolation from the world, a way of protest or exclusive living today.

European studies have shown that:

- ✓ Women who use drugs are in a lower proportion (1: 6 or 1: 7) than men who use them;
- ✓ Dependence is a more significant problem among non-white populations than among white populations;
- ✓ Drug use occurs with a lower probability in those with stable marital status than in those without it (Ferreol, 2000).
- ✓ Drug use occurs more likely in Christians than in non-Christians;
- ✓ Dependents are more likely to belong to poorer socio-economic classes, with a past of poverty and poor social skills, with problems of social non-integration, precariousness and isolation from ordinary social life (Davis, Stasz, 1990).



- ✓ The probability of developing addictive behaviors is much higher in women married to alcoholic spouses, in young women with small children and in those with stressful professional activity;
- ✓ Women who have been sexually abused as children or who come from families with drug-addicted parents have a higher risk than men in the same situation of using drugs (Mitrofan, 2003).
- ✓ Women who abuse alcohol at a young age become much faster alcoholics compared to men of the same age and also have a higher rate of psychiatric comorbidity. Compared to men, women who use drugs have more suicide attempts.
- ✓ These risk factors are particularly important in the activity of primary prevention within the phenomenon of drug use, in order to monitor and correct them permanently by social and educational decision makers (Dragan, 1994).
- ✓

Social anxiety. Conceptual delimitations

In the literature there is a precise classification of social anxiety, the term "social" attached to this concept strictly expressing the object to which the anxiety is directed and not the area of its spread. In other words, social anxiety is not seen as a social phenomenon, it manifests itself in individual contexts of emotional, cognitive, behavioral and physiological experience.

How the most exact conceptual delimitations belong to the Diagnostic and Statistical Manual of Mental Disorders IV made by the American Psychiatric Association Washington DC. In 1994, we will consider this characterization of social phobia, noting that social phobia (phobic disorder) is a type of anxiety disorder along with generalized anxiety disorder, panic disorder, obsessive-compulsive disorder and post-traumatic stress disorder. . As most specialized works do, we will alternatively use the term social phobia, social anxiety or anxiety disorder, all involving different degrees of existence and manifestation of social anxiety that can be classified as mental or clinical normality. Thus, the diagnostic criteria according to DSM IV (1994) of social phobia (severe social anxiety) are the following (André, Légeron, 2001):

- A. Intense and persistent fear of one or more social or performance situations, in which the subject is exposed to careful observation by someone else. The subject is afraid that he will behave (or show signs of anxiety, in a way that will humiliate or embarrass him).
- B. Note: in children, the age at which social relationships are established with family members should be taken into account, and anxiety should also occur with other children, not only in the relationship with adults.
- C. A. Dealing with the dreaded social situation systematically causes anxiety that can take the form of a panic attack that is related to or predisposed to the situation.
- D. Note: in children, anxiety can be expressed through crying, anger, inhibitions, withdrawal from social situations in which unfamiliar people find themselves.
- E. B. The subject acknowledges that his fear is excessive and irrational.
- F. Note: in children, this item may be missing.
- G. C. Social or performance situations that the subject fears are avoided or, if not, are experienced with strong anxiety or helplessness.
- H. D. Avoidance, anxious anticipation or helplessness in social or performance situations, interfere with the functioning of daily life, with the professional functioning (school) or with social activities and relationships. There is a helplessness related to the conscience of having this phobia.
- I.



In subjects under 18 years of age, the duration is at least 6 months.

I. Fear or avoidance are not given by the physiological effects of a somatic disease and do not correspond to a mental disorder (panic with or without agoraphobia, separation anxiety, dysmorphophobia, schizoid personality).

J. If there is a somatic illness or other mental disorder, the fear of criterion A is not related to them. For example, the subject is not afraid of stuttering (if he suffers from stuttering), trembling (if he suffers from Parkinson's disease), or of showing abnormal behavior (if he has anorexia nervosa or bulimia).

Social phobia (anxiety) can have a generalized form: fears refer to most social situations or a limited form, only to certain social situations.

As mentioned, social anxiety can be accompanied by an avoidant behavior characteristic of the avoidant personality, which consists (according to DSM IV, 1994) in a set of social inhibition, feelings of not being up to par and hypersensitivity to a negative evaluation. and which invades the subject. It occurs in adulthood and is present in various contexts (André, Légeron, 2001).

Social anxiety and its manifestations (behavioral, emotional or cognitive) seem to belong to the heritage of the human species: it undoubtedly played an important role in defending the species and it is normal in children between 8 and 10 months. In a number of cases, this legacy of the human species is not too difficult to pass on and there seems to be a predisposition to social anxiety. Hereditary or congenital, some people come into the world with a more or less intense emotion, an emotion that is triggered as a reaction to all kinds of new events. This gives rise especially to physiological manifestations belonging to the vegetative system, similar to the "run or fight" reaction: muscle tension, impatience, tremors, inability to relax, hyperactivity, changes in heart rhythm, changes in pupils (mydriasis), dizziness, possible sweating; as well as cognitive processes related to future dangers, anxious thoughts and expectations, such as: "I will not be able to cope", "Over time things will get worse", etc., all in response to stress (Olaru, 1990). Parental behaviors can facilitate these tendencies or even create social anxiety themselves. Also, cultural components (gender, nationality, historical era) may aggravate or alleviate these symptoms.

Although it is an emotional state that involves physiological arousal, a certain degree of anxiety is healthy and is part of the general and universal type of "fight or flight" reactions. Anxiety becomes a problem only for people who respond to different situations. A certain degree of anxiety is healthy because it indicates a state of attention and interest in the environment, stimulating the ability to adapt. It is natural and healthy to feel a certain uneasiness before playing in a play ("fear of the stage"), before an exam (exam anxiety) or before, say, the wedding ("soften your legs"). In these situations, anxiety indicates a person's willingness to actively approach a challenge and face it. When anxiety becomes a dominant element in a person's daily life, the clinical diagnosis of "anxiety" is made.

Objection

As we have observed from research data so far, a drug-friendly educational environment can lead to the formation of norms and values in which drug use is considered a natural behavior. These positive attitudes toward drugs can predispose to drug addiction. Television, radio and written media are also strong forces of socialization and education in contemporary society, they influence our way of communicating, dressing, food preferences and our social perceptions.

Also, the restricted family and social environment can generate the formation of anxious personality traits. In view of all this, the present research aims at the following objectives:



1. Analysis of the existence of a correlation between the perception of the phenomenon of drug use and social anxiety, on a sample extracted from the population of Constanța.
2. Demonstrating the existence of a significant negative correlation between the perception of the phenomenon of drug use and anxiety as a condition, compared to anxiety as a trait.
3. Creating a valid psychological tool, in order to detect the way of perceiving the phenomenon of drug use (which predisposes or not a person to use), by a relatively simple method.

Study participants

The present research was conducted on a sample of 60 subjects, aged between 16 and 60 years. The composition of the sample was done by randomization method, and it got the following structure, according to several criteria.

In terms of age, 20 subjects were between 16 and 25 years old, 20 subjects were between 26 and 40 years old and 20 subjects were between 41 and 60 years old;

Regarding the level of education, 30 subjects had secondary education (or in the process of finalization) and 30 subjects had higher education (or in the process of finalization).

Research tools

1. The questionnaire of perception of the drug use phenomenon.

One of the main objectives of this paper was to develop a simpler method of measuring the factors related to the perception of the phenomenon of drug use, which predispose the individual to this use. The idea from which the questionnaire was started was that the way people perceive the phenomenon (interested, tolerant, indifferent or rejection of consumption) determines the type of behavior (addictive or non-addictive, with their different nuances). Theoretical notions and previous specialized research have revealed that the first two types of perception, sometimes the third, predispose the individual to consumption in favorable circumstances.

The purpose of this questionnaire is to highlight the correlation between the studied object (perception of the phenomenon of drug use) and social anxiety, aiming to demonstrate its existence and meaning. Also, in the literature was detected a lack of specific psychological tools in the field of studying the social perception of the phenomenon of drug use, despite the major impact of society by this phenomenon; therefore, the need arose to build its own working tool in support of this work.

This questionnaire aims to theoretically operationalize the perception of the phenomenon of drug use and, implicitly, the inclination towards consumption, detecting the following three dimensions and the indicators that derive from them:

1 The cognitive dimension - the ability to perceive, understand and appreciate the favorable factors, the causes of the drug use phenomenon and the health risks involved in consumption, the curiosity to experiment;

2 The affective dimension - the way in which the individual relates emotionally to drug use, to the difficult situations he goes through, the attributions he makes regarding the behavior of drug use;

3 Behavioral dimension - the adoption of consumer behaviors, the extent to which this behavior is activated.



1. STAI-X1 Anxiety Test

The X1 scale of the questionnaire is a sensitive indicator of the level of transient anxiety felt by the subject in a given situation, represented by subjective feelings, consciously perceived, of tension, fear and increased activity of the vegetative nervous system. Evaluate anxiety as a condition (it can fluctuate over time).

2. STAI-X2 anxiety test

The X2 scale of the questionnaire is a sensitive indicator of the level of anxiety as a trait. It refers to relatively stable individual differences in the propensity to anxiety.

Data presentation, analysis and interpretation

In the following will be presented in detail the experimental steps taken to achieve the proposed objectives and validate the hypotheses assumed in this research. To test the hypotheses were used as psychological tools "Questionnaire for the perception of the phenomenon of drug use", the test STAI X1 and STAI X2 (anxiety as a condition and as a trait).

Data presentation, analysis and interpretation

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Table 1. Parametric start indices of the variable "Perception of the phenomenon of drug use."

Statistics		
TEST		
N	Valid	60
	Missing	0
Mean		62.8833
Std. Error of Mean		2.0037
Median		62.0000
Mode		57.00
Std. Deviation		15.5205
Variance		240.8845
Skewness		-.281
Std. Error of Skewness		.309
Kurtosis		-.543
Std. Error of Kurtosis		.608
Range		61.00
Minimum		28.00
Maximum		89.00
Sum		3773.00

From these data it results that the distribution of the results obtained by testing the sample with the help of the "Drug Perception Perception Questionnaire" is a symmetrical distribution, and the height of the frequency curve is slightly flattened compared to normal (platicurtic).

The score that is repeated most frequently in the sample is 57.00. The score that divides the sample into two series is 62.00, the same as the arithmetic mean, which demonstrates the symmetry of the data arrangement as a function of the mean.

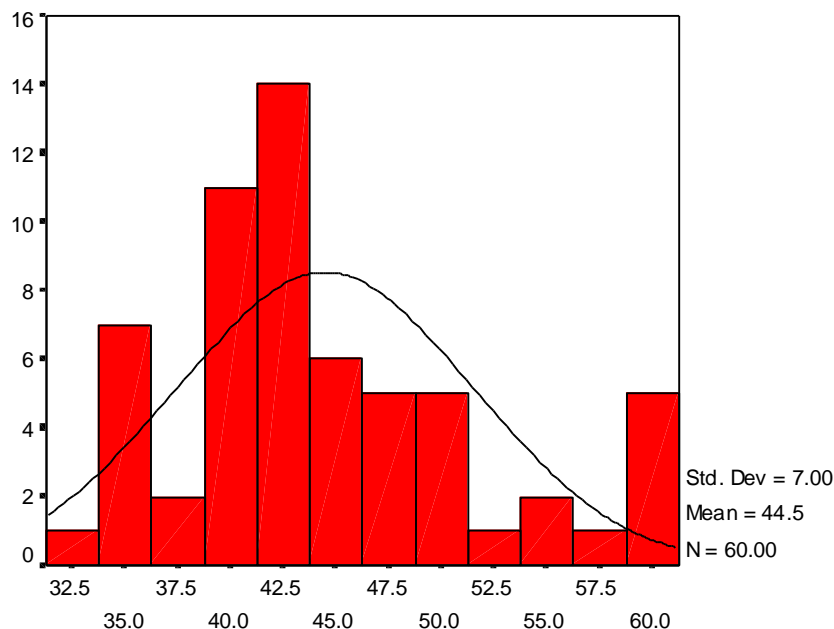


These are pretty much scattered around the average. Also, there is a marked difference between the maximum value obtained and the minimum (61 points), demonstrating the heterogeneity of the subjects' answers regarding the perception of the drug use phenomenon.

There is a proportion of 50% of the answers that reflect the relatively objective perception regarding the phenomenon of drug use, 16.7% answers representing a totally subjective perception, and 33.3% answers corresponding to the correct, realistic perception regarding this phenomenon.

Thus, for the tested sample, there is a proportion of 15.0% of responses that reflect absent anxiety as a condition, 61.7% of responses representing an average level of anxiety, and 23.3% of responses corresponding to high anxiety.

From this histogram (Figure 1) it can be seen that the distribution of the variable Anxiety as a trait is normal (Gauss-Laplace distribution), that the average is 44.5, and the most common values are 42.00 and 43.00. All this shows that the sample tested is in all three levels of anxiety as a trait (absent, medium and high), but the majority, 30 subjects, are included in anxiety as a medium level trait, 10 subjects do not have anxiety as a trait, and 20 subjects have a high level of anxiety as a condition. This arrangement of the obtained values indicates a rather high global level of anxiety as a feature for the population of Constanta (correlated with anxiety as a condition). These rather worrying results highlight the problems faced by the population of Constanta and, perhaps, the entire Romanian social environment.



X2

Figure 1. Graphic distribution in the form of a histogram of frequencies in "Anxiety as a trait".

For the tested sample, there is a proportion of 50.0% of responses reflecting average anxiety as a trait, 33.3% responses representing a high level of anxiety, and 16.7% responses corresponding to anxiety as a missing trait.



Because the distribution of variables can be normalized, we applied a method of parametric calculation of the correlation - by calculating the Pearson correlation coefficient for both Anxiety as a condition and as a trait.

A correlation was made between "Drug Perception" (Test variable) and "Anxiety as a condition" (variable X1), obtaining the Bravais-Pearson correlation coefficient $r = -0.641$ at $p < 0.01$, which reveals a confidence threshold of at least 99% for the acceptance of hypotheses 1, 2 and 3 presumed (Table 2.), with a significant negative correlation.

Table 2. Correlation indicators

		TEST	X1
TEST	Pearson Correlation	1.000	-.641**
	Sig. (2-tailed)	.	.000
	N	60	60
X1	Pearson Correlation	-.641**	1.000
	Sig. (2-tailed)	.000	.
	N	60	60

** . Correlation is significant at the 0.01 level

A correlation was also made between "Perception of the drug use phenomenon" (Test variable) and "Anxiety as a trait" (variable X2), obtaining the Bravais-Pearson correlation coefficient $r = -0.428$ at $p < 0.01$, which reveals a confidence threshold of at least 99% for the acceptance of the presumed hypotheses 1, 2 and 3 (table 3), being present a significant negative correlation.

Table 3. Correlation indicators

		TEST	X2
TEST	Pearson Correlation	1.000	-.428**
	Sig. (2-tailed)	.	.001
	N	60	60
X2	Pearson Correlation	-.428**	1.000
	Sig. (2-tailed)	.001	.
	N	60	60

** . Correlation is significant at the 0.01 level

The experimental approaches of this research led to the following conclusions regarding the objectives initially pursued:

1. The first objective was achieved, proving by the analysis of statistical data the existence of a strong negative correlation between the perception of drug use and social anxiety on a sample extracted from the Romanian population (in this case, that of Constanta);
2. The second objective was completed, highlighting a more pronounced negative correlation between the perception of the phenomenon of drug use and anxiety as a condition,



compared to anxiety as a trait.

3. The third objective was met by the statistical validation of the "Questionnaire on the perception of the phenomenon of drug use", presented in detail in subchapter IV.5.1. of this paper, which demonstrates that it is possible to detect how to perceive the phenomenon of drug use (which predisposes or not a person to use), through a direct scalar method.

Conclusions

This paper tried to highlight the major role of mental balance, psychological well-being in adapting the individual to the environment and his resistance to harmful external stimuli.

Man is built through relationships with others. This "relational food" is as indispensable to us as its material counterpart. The importance of what is called social support is well established in the prevention of all mental difficulties and mental disorders. An individual who has a good quality network of relationships is better protected than one who does not. Thus, the systematic approach to the problems of social anxiety can allow a real progress in the search for human well-being.

It should be noted that in other times, emotional manifestations were better accepted, they were not necessarily assimilated with evidence of weakness or a vulnerable temperament. Nowadays, however, self-control is in vogue. And emotionality in a certain social situation (job interview, public speech, etc.) risks being assimilated with a general deficiency of the individual. Or at least that's what most social anxieties fear. However, emotion is better accepted in women than in men; we do not hesitate then to find a certain charm in it.

Depending on what we know through perception, a relationship of acceptance or rejection is established, expectations are formulated and predictions are made about the subsequent development of the behavior. Also, an important influence is exerted on the way of perception by the social factors (the group's opinion, its attitudes, one's own learned attitudes, goals and other motivational forms adopted by the group). When we refer to the person's perception, we do not consider a simple perceptual process of synthesizing complex external stimuli and identifying the object of knowledge. Personal perception is a complex of cognitive and emotional processes. It does not stop at understanding man as an object, but also involves "judgments on the impressions we form on people as human beings." Personal perception involves actual perception (finding behavioral forms or physical traits), a trial of mental qualities that can be inferred from external expression, and an empathic process of understanding cognitive-affective findings and assessments of all types, including moral, in an impression of the perceived. This would be a simplified trajectory of the person's perception process. Each stage mentioned, however, represents a process in itself, timed, staged, with its own logical-affective implications, and, last but not least, subject to errors of knowledge and judgment.

The strongest influences in achieving social perception come from the direction of cultural factors and concrete interaction of people at the time of their mutual perception. The psychological analysis of the perception by the subject of another person requires, in addition to defining the object of perception, the study of the way in which the structuring of the social stimulus is performed, as well as the deciphering of the mechanisms for achieving this perception. Thus, unlike the objects and events of the material world, people perceive them not as stimuli, but primarily as "centers of action", as beings that generate attitudes, which can do us good or evil, can approve or disapprove of us, seek us or avoid us etc. At the same time, we reflect people as having goals, aspirations, feelings, intentions. Usually, we perceive other individuals aware that they also perceive, observe and evaluate us. As a result, the structuring of the stimulus of social perception is done in time and on the background of the subject's



interaction with the given person.

Because our brain does not function at all according to perfect logic, everyone can be subject to cognitive errors. Each of us arbitrarily selects, draws conclusions without evidence, projects, generalizes, exaggerates, or minimizes events, and reasons in a dichotomous manner. But social anxiety does it in a much more systematic way, and what is only an occasional way of functioning in most people is a favorite reasoning.

In order to change a social perception, one begins by analyzing it and the way in which it was formed, analyzing the person, on the basis of which the perception was formed, descriptive, situational and functional. In the analysis, both variables must be taken into account: internal (strictly related to the perceiving subject) and external (related to the person-object of perception and the environment).

The personality of the consumer is of great importance, together with the motivation underlying drug use, in adopting addictive behavior. Thus, some people seem to prefer stimulants, others euphoric, and others depressive. Moreover, extensive drug use can lead to the combination of drugs of different types and classes, in order to counteract some negative effects of the drug or, as is the case of the combination of cocaine with heroin, barbiturates or alcohol, to prolong the state of euphoria. If before the '70s, "heavy" drug users used only one type of drug, now there is a serious "mutation" in the behavioral pattern of the consumer, who becomes a drug addict. But in order to observe as accurately as possible the personality characteristics that can generate the adoption of an addictive behavior, the personality must be studied before starting the drug use; most studies looked at users who had already come in contact with drugs and their behavior was altered as a result. Studies based on the examination of subjects after drug use showed that they were depressed, passive, or engaged in antisocial and suicidal behaviors, but studies focusing on premorbid personality did not show differences between those who subsequently began using drugs and those who continued not to. consume. As this theory was not practically validated, it was assumed that there was a social maladaptation or psychological abnormalities leading to addictive behaviors. Despite the popularity of this theory, it is not credible because a large percentage of consumers in the general population face this problem, which would mean that all these consumers are deviant. Moreover, those who have occasionally experienced drug use do not appear to be too different from those who have never used it.

This paper gathers the most relevant information on the phenomenon of drug use, explains the formation and determinants (and also deformers) of social perception, current social perceptions of the phenomenon of drug use in contemporary society, proposes directions to follow through its objectification by methods of primary prevention, makes the connection between all this and social anxiety, maladaptive state with a particularly negative influence on all segments of social life of the individual. Also, the second part of this paper, the research part, aims to establish the correlation between social anxiety and the perception of the phenomenon of drug use, thus clarifying some aspects of this issue.

For this, it proposes a psychological tool in order to detect the perception of the phenomenon of drug use (which predisposes or not a person to use) which it validates, analyzes the data obtained by psychological tests of a sample of 60 subjects and determines the correlation significant negative existing between the two psychic phenomena, reason for which the social anxiety can become a predictive factor for the predisposition to drug use. In addition, the much more significant correlation of the perception of the phenomenon of drug use with anxiety as a present mental state compared to anxiety as a trait is highlighted, a particularly important relationship in understanding the motivation underlying the use of psychogenic



substances. From the obtained data it can be seen the major affectation of the sample (and, implicitly, expanding the proportions of the Romanian population) by the phenomenon of anxiety (approximately 80%), as well as the high proportion of subjects with an erroneous or relatively objective perception of the phenomenon. drug use.

There is clearly a covariation between these two phenomena, so people intensely affected by anxiety are likely to consume psychogenic substances, and people without anxiety are not tempted by drug use and correctly perceive the phenomenon.

But the major problem remains the important major percentages of the population located within the limits of the average, on which social factors can have a major influence by directing them to one or the other limit of behavioral patterns (consumption or rejection of consumption, marked anxiety or lack of anxious features).). Although, often, there is the opinion: "The middle way is the best", in this case, having as a desideratum the mental and physical health of the individual, two limits are desirable, compatible with each other, of the two studied phenomena: a social anxiety. limited correlated with a realistic and correct social perception of the phenomenon of drug use, which leads to the rejection of the behavioral model of consumption. Also, the paper highlights once again some fragile and vulnerable mental areas of the Romanian population and raises an alarm regarding the social harmfulness of the phenomenon of drug use.

This paper belongs to the series of those that highlight the major degree of interrelationship and interdependence between the mechanisms, features and dispositions of the human personality, existing in the sphere of social normality. These strongly significant correlations can provide a scientific basis for predicting human behavior; In our case we can say that a person with a high level of social anxiety is prone to the risk of adopting behaviors of psychogenic substances. Likewise, we can say, without fear of making false theories, that a person with low anxiety is less exposed to the risk of using drugs, at least in terms of the anxiety factor. The major difficulties and prevention efforts thus remain at the level of the population with average scores, exposed to a multitude of risk factors difficult to determine and quantify regarding consumption behaviors and states of social anxiety.

Evaluating the psychological research activity so far, we notice that Romanian psychology has been too focused on the isolated subject, it has been interested in the unconscious, the past, fantasies, repression, desires. Maybe it's time to look at the interface of the individual with the environment, especially with the social environment. This finds its justification in the problems of social anxiety and the adoption of drug use behaviors: obviously, the human being does not face only himself during his existence. The peak of human adaptation to the social environment remains, after going through the stages of dependence and human independence, interdependence, as a way of integrated existence of the human personality. At school we learn music, painting or gymnastics. Later, if we wish, we can learn Japanese or transcendental meditation. Like, almost everything that is important in life, the art of feeling good in relation to others, of not adopting behaviors of excessive sensory stimulation, etc. they do not surrender, although they are indispensable to harmonious human existence. All this remains desired for psychologists working in this professional field.

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