
A DYNAMIC TEAM'S TEN YEARS ON THE FIELD REPORT ON THE DECADE-LONG ACTIVITY OF *INDEPENDENCE ZONE*

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Abstract. In Romania lack of psychosocial services available in drug-rehabilitation and detoxication cure is making most of drug users to turn away from asking for help. Efforts directed towards drug prevention in Romania are in the same conjecture. The *Independence Zone*, a drug prevention initiative based in Cluj-Napoca, has performed its' activities in this area for ten years. The activity of *IZ*, since 2004, has taken place during the main festival that youths attend in Transylvania, subjecting its' sharing of multitude prevention-efforts as well as of field work results in order to provide useful guidance and coaching for pedagogues, teachers and the target group in Romania. In this article we present main professional achievements, highlighting a few of the insightful research data sourced from fieldwork studies carried out in the last decade at several festivals in the region.

Keywords: drug prevention; drug policy; prevention organization; nicotine, alcohol and drug dependence;

Introduction

As it has been ten years since the start of a unique collaboration in the field of drug prevention, we thought that we should mark such an occasion by briefly summarizing the narrative that has been uninterrupted for the last ten years. The prevention organisation named *Independence Zone* is first and foremost renowned for its activities carried out at the *Félsziget / Peninsula Festival*, having had a constant presence since 2004. Today, *Independence Zone* (henceforth, also *IZ*) is facilitated by a growing network of organisations in its goal to prevent drug dependence, while it has also been invited, besides *Félsziget*, to other famous events and set up a complete, year-round on-line support aimed at those who might require further assistance.

In the first part of the article, we will examine the significance of the organisation from the Romanian drug-political perspective, and then we will mention publications that have previously introduced the activity of *IZ*. Afterwards, we will introduce the modus operandi of fieldwork that we have adhered to for years, and analyse the most important data collected through fieldwork as well as on-line surveys.

What is Independence Zone?

Independence Zone is a unique professional collaboration in the field of prevention, having been an outstanding free-time drug prevention method in Transylvania for ten years now. The participating non-profit organizations have been working together since 2004 within the frames of *Félsziget / Peninsula Festival*.

Csaba Dégi L., associate professor at the Babeş–Bolyai University, Faculty of Sociology and Social Work, founded the *Independence Zone* in 2004. He has been promoting this initiative ever since. The partners that joined him and the volunteering students were non-profit organisations with thorough experience and genuine vocation on this field. Along with the *Faculty of Sociology and Social Work*, a chief partner is the *Caritas Prevention Office of Satu Mare* as well as the *Greek Catholic Caritas of Cluj-Napoca – Drug Prevention, Evaluation and Counselling Centre*. Throughout the years, seven more organisations took part in the prevention activities, namely the *Bonus Pastor Foundation*, *Benone Association*, *Pro Karma Association*, the *National Anti-Drug Agency* and its offices in Cluj-Napoca and Târgu Mureş, the *Hungarian Youth Organisation of Sighetu Marmătiei* and the *Nordica Association*. As this list illustrates, aside from the governmental and civil preventive organisations, churches also take a significant part in achieving the goals of the *Independence Zone*. The centres of Caritas in Cluj-Napoca and Satu Mare have been constant and constructive actors in the preventive movement, providing financial aid, generous time and academic understanding.

The situation of drug policy in Romania

In order to observe the circumstances of the *Independence Zone*'s efforts, it is necessary to understand the drug-political atmosphere of Romania, especially in the context of the past 10-15 years. Dégi (2014) emphasises that the needs for prevention have grown and the situation has worsened in Romania. Financial limits were proven to be a hindrance in professional preventive intervention in the past decade. The preventive policies of the country are questionable, which is supported by two factors. First, the attempts to treat addicts have relapsed while the deaths related to drug use have increased in the past years. Aside from these problems, the author stresses the fact that the authorities mistreat the cases of people who are proven to have committed a crime related to drug use: even today, they treat drug problems as criminal cases and use restrictive methods, sanctions against them.

In his study, Dégi (2014) describes the effects of Romanian drug policy on drug supply and demand, on the conditions in health care and on the financial support of preventive measures – based on the national and European drug policy papers and legal documents. Further, he particularly emphasises the approximately ten-year-long activity of the Romanian National Anti-Drug Agency. He argues for the continuous use of the “best practice” examples and directives known from the EU and elsewhere – despite the constant financial challenges. Below, the drug policy of Romania will be presented based on his perspective.

In the post-communist Romanian society, an idealistic, Western-oriented perspective is most dominant regarding drug use; this is accompanied with ignorance, condemning attitude and hardly efficient preventive culture. The country is declared to be under the threat of intensive drug use, as it is part of the so-called “Balkan Route of Drug Trafficking”, while the financial and human resources are limited. The country has been a member of the European Union since 2007; however, economically compared to most member states, it still lags behind. An illustrative example of this is that Romania has one of the highest inequality indexes in the region. This is exceptionally noteworthy in drug use as well (Dégi, 2014, 2), as the increase of social inequalities also brings the risk of decrease in social health situation and prosperity – which is in close relation with the rise of drug use.

The public administrations of Romania as well as its institutional capacities are not very advanced compared to most EU-countries, and this affects the treatment of drug problems as well. Although the anti-drug strategy (scheduled to 2005-2012) proposed the proper biological, psychological and social treatment of drug users, this has been set to practice on low intensity. In the last years, most of the anti-drug programs could not pursue their objectives due to lack of financial support. Despite the fact that the HIV and Hepatitis C (HCV) are clearly common among drug users and this means a great problem, the provided health and psychosocial care does not reach the prerequisite level. According to

data from 2012, these problems are relevant to 17,000-24,000 drug users in Bucharest alone (EMCDDA, 2011).

The situation of prevention is just as much problematic as the treatment. It is characteristic of the Romanian preventive culture that only the informative method is used, mostly via the media, adopting methods meant to raise awareness; the targeted population is especially the school-aged youth. These may be effective in reaching goals set by them, but their actual utility is minimal. It is also characteristic that – Romanian studies reveal – in the European context this country shows a condemning behaviour towards the use of prohibited drugs, alcohol and cigarette; yet the data reveal a soaring level of drug use among young people in Romania (Dégi, 2014).

Aside from these traits, the lack of development is presented in the profile of the country in the European Exchange on Drug Demand Reduction Action (EDDRA). Here, Romania undertook only the minimal quality conditions in the area of prevention, and it joined a European association that also introduced only minimal standards in the reduction of drug use. It is also highly indicative that the EDDRA claims that Romania does not have a preventive programme qualified as “best practice” despite the steps taken in this direction. These reveal that drug prevention in Romania remains a marginalised political and professional priority (Dégi, 2012, 4).

The drug prevention policy of the country was institutionalised in 2007, when the National Anti-Drug Agency was founded. The organisation created 47 preventive centres in the country and worked in this form until 2008, when it dissolved. From 2009, it became part of the Romanian General Police Inspectorate. Simultaneously with this organisation form, legally producible and sellable psychoactive drugs reached the market in great amount. Between 2010 and 2011, 200 companies sold a so-called “Legal Highs” (spice) in approximately 400 shops. With this, Romania reached the top on-line retailers on the market of new synthetic drugs. As a reaction to this situation, the authorities prohibited 44 psychoactive drugs, and imprisoned drug traders and users in shocking numbers. From 2011, the National Anti-Drug Agency works again as a legal governmental organisation.

Currently, the Romanian preventive policy has three main objectives:

1. Disseminate information on drugs
2. Enlarge the preventive network and develop the participating organisations
3. Set the standards of preventive work

The preventive work mostly takes place in schools where – in 2010 – more than 700 preventive activities occurred, 562,500 people were addressed. Consequently, the preventive programmes still focus on spreading the information regarding drugs, despite the opinion of many professionals who claim that other methods could be significantly more effective.

In Dégi's view (2014, 7), the greatest question regarding preventive activity is whether it has practical, quantifiable utility. As he points out: in the second half of the 90s, in four years, the ratio of those who have ever tried some sort of illegal drug has quadrupled among the school-aged (1995: 2.7%, 1999: 11.9%). With the creation of the National Anti-Drug Agency and the anti-drug programmes it launched, in 2007, this number reverted to 4.7%; however, its disintegration in 2008 as well as the legal drugs on the market has drastically increased the ratio of those who tried drugs, both among the school-aged and the older youth as well.

Regarding the type of drugs, the most popular is cannabis, followed by ecstasy, heroin and cocaine. The use of these – and other types – is so far connected to particular groups of the society. It is difficult to estimate the size of these groups as the society approaches the drug users with hostility. This statement is supported by the public barometers, according to which out of four people, three would not make friends with or live in the neighbourhood of a drug user. Out of two adults, one claims that the appropriate solution to drug problems would be harsh measures against users. This stigmatising social attitude is one of the main reasons why it is challenging to measure the level of drug use in Romania.

Although drug use is not considered an offensive behaviour in the country, the possession of drugs is punishable by law. Having illegal drugs and/or using them results in financial punishment, but in a

more severe case it may be imprisonment. This is often a legitimate action, but the main problem is what Dégi (2014, 8), too, accentuates: the imprisoned addicts do not automatically receive medical treatment or any sort of rehabilitative service during the time spent in prison. The author mentions a few more revealing records that make the Romanian drug situation even clearer.

Based on a survey done among Romanian young people, it has come to light that 50% of the people asked would use harsh sanctions against drug users, while the ratio of those who would support rehabilitative service is merely 33%. The drug users are therefore marginalised in the country, and this limits their options of seeking help.

One of the most problematic parts of Romanian drug policy is the amount, the efficiency and the appeal of rehabilitation centres. From the 2000s, the amount of clients who turn to these centres has decreased. In 2009, there was a 14% decrease of demands for drug treatment services compared to the previous two years. This does not imply that drug use – and, accordingly, the amount of addicts – has decreased, but it suggests that less people choose rehabilitative treatment with trust, as quality is insufficient in many places. As a summary, it may be stated that in Romania the coverage of specialised drug treatment facilities is very sporadic; it lacks psychosocial and detoxification therapies. These programs are estimated to be available to less than half or to a minority of those who need it (Dégi, 2014, 9).

It is crucial to note that – contrary to misconceptions – Romania proves the thesis that drug use and abuse are strongly connected to poverty and unemployment. It is telling that in 2010 more than 50% of those who received drug therapy were unemployed or without occupation (Dégi, 2014, 9).

Regarding deaths caused by drug use, in 2010, there were 34 registered deaths, which is the highest national record in Romania (up until 2012), though similar numbers had been recorded in previous years. The trends show that most of the deaths is that of men; the average age is 31 (Dégi, 2014, 9). It is also a fact that between 2005 and 2006, when a significant decrease occurred in admission for drug treatment in rehabilitation centres; and when compared to earlier data, more people were imprisoned due to drug-related issues; the deaths caused by drugs were significantly higher than in previous years.

Currently, the drug addiction treatment is institutionally organised by the Ministry of Public Health, within which the General Healthcare and Programme Department is responsible for rehabilitation treatment. The organisation is done by the National Anti-Drug Agency.

To summarise the drug policy in Romania based on Dégi (2014), it can be claimed that a re-organisation and re-conceptualisation of the national preventive and control programs would be desirable. Although the drug policy goals are harmonised with the relevant strategy of the European Union, more prevention and treatment services would be needed. In order for these programs to work appropriately and successfully from the professional point of view, the authorities should involve the professional sphere in the development period as well. With such measure, with the aid of research and detailed professional insight, the targeted groups could receive more diversified and focused preventive programs.

Fieldwork during the Félisziget/Peninsula Festival

The *Peninsula Festival* has been one of the greatest festivals of Transylvania for eleven years. It takes place annually in the neighbourhood of Târgu Mureş, on the so-called *Weekend-field*. The exception was 2013, when the festival occurred in the Valea Gârbăului, near Cluj-Napoca. The *Independence Zone* has been part of this for 10 years (almost from the beginning) as a preventive force targeting HIV, nicotine, alcohol and drugs during the festival.

In the previous years, constant partners were the Babeş–Bolyai University, the Roman Catholic Caritas from Satu Mare and the Greek Catholic Caritas of Cluj-Napoca with their respective preventive offices. It seems that the Romanian Caritas has been a fruitful partner in approaching young people with preventive activities.

What IZ offers is:

“*Measure yourself!*” – self-reflective questionnaires used in the prevention tent as well as on the field; questionnaires that provide individually considered answers on nicotine, alcohol and drug dependence.

“*Guidance*” – personal opinion-shaping discussions take place in the framework of counselling. The goal of counselling is to be at the very heart of establishing a positive reflection of the future, a picture that is then corroborated with the results of the survey on dependence, and positive self-reinforcement can be drawn at the present, or in the reassured future. The process of counselling focuses on the things that must be achieved for a drug-free, independent life or in some cases for a controlled and conscious consumption to take place.

“*Morphing facet of drugs*” – short presentations about drug dependence in the present and in the future both in a positive as well as in a negative manner

“*Free Quiz*” – an interactive multi-environment drug preventive game, which raises questions relating to the effects of drug consumption on the body, psyche, and companionship, ultimately society at large, as well as providing a raised level of awareness to participants

“*Q & A*” – questions intended to measure the awareness and attitude of partakers; to encourage debate in the sphere of drugs, HIV/AIDS, which facilitate an enriched flow of information

“*Books at the first glance*” – related specialized as well as belles-lettres books can be read and glanced through

“*Ditch drug, choose school*” – participants can purchase from the *IZ* team, since 2013, bracelets with the inscription “Ditch drugs, choose school”, which is in turn a charitable contribution to the launch of the Caritas Organisations’ peer-to-peer program in Cluj-Napoca and Satu Mare. The goal of this peer-to-peer training is the empowerment of educated youth, who in turn could spread drug prevention in their surrounding environment, their friends and acquaintances, what could stop, or inhibit youth drug consumption to a large extent.

Every year, the members and volunteers of the participating organisations form on average a group of 15-20 people. It is due to their co-ordinated, harmonised work that the preventive activities can occur. Along with the volunteers, social workers, psychologists and addictologists take care of those who wander into – or are invited to – the prevention tent of *Independence Zone*. The invitation happens via questionnaires, when the person to fill out the form is also invited to the tent in order to show him or her the results of his or her own “Measure yourself” test. If they do visit the prevention tent, they can participate in a completely private, supportive and aiding discussion with a professional, based on their questionnaire answers.

Years of experience show that the participating young people – and not only them – turn with interest and openness to the *Independence Zone* and its professionals. Those who are willing to take part in the discussion are surprisingly fast at opening up: they reveal personal stories that in normal circumstances require more time to be brought to the surface (and often with the help of different psychological techniques). This opportunity for advice provided during the festival is easy to approach and brings more sincerity and curiosity than expected. The more approachable circumstances do not mean the loosening of methodological or ethical duties; it is the welcoming area meant for discussion, advice and the lack of formal frames is what creates a friendly atmosphere and brings promising results. Here, those who require guidance do not need to seek professionals who work behind closed doors. The fact that, as they approach the prevention tent, those interested can see the counsellors during work makes the professionals feel more humane. The volunteers also work to lighten the tension between counsellor and client. A few years ago, the discussion of the participants’ outlook on their own future was also added to the service. First, they are reluctant to grab a coloured pencil and write or draw how they imagine themselves in a few years’ time, but once they get into the spirit of the activity, it gets more interesting to them. Some people create quite detailed pictures and they eagerly tell a lot about what they would like to achieve. It is an unfortunate result that many young people have vague plans about their future; they do not have concrete ideas or hopes, let alone goals to pursue. As such, they struggle with finding out what they could do to reach such uncertain goals.

Those who – despite drug use – did not show the signs of addiction were happy to share their experience that had helped them to restrained consumption: unpleasant situations, frightening examples. They were often proud to talk about their own personal traits that had helped them to stay sensible. In this case, the advisors' role was to strengthen these factors. In many cases, when comparing plans of the future and the current drug use habits, it became clear that not many young people deem the harmful effects of drug use important in regard to their future plans. Their general conviction is that they can influence and control their consumption, which in the long run will not cause a problem or hindrance in reaching their goals. At the same time, they acknowledge that should the current case worsen, it can have negative repercussions (Botházi, Ozsváth, Krecsák and Dégi, 2013).

Publications on the activity of the *Independence Zone*

From 2009, we publish the results of our questionnaires in the “Hungarian Public Education” - Magyar Közoktatás – a journal of Communitas Foundation, Cluj-Napoca with educators and teachers as its target audience. We deem it important to publish these results in order to help educators and other professionals gain insight on the drug use habits of today's generation, and to show how they approach their addictions and what psychological resources they have, what forthcoming plans they have. On the other hand, we also hope to help with useful advice, offering opportunities and recommending preventive services, activities.

We believe that preventive methods should be used by psychosocial professionals working in schools: teachers, social workers, psychologists, social pedagogy members, tutors, advisors, those educators who spend the most time with children.

One of these methods is deterrence: this highlights the physical, psychological, social and criminal consequences of drug use. However, those young people who have tried drugs before do not believe in the efficiency of this. Another option is serving accurate and genuine pieces of information, and leaving the freedom of decision to them. It is an effective method to teach young people in such ways that they become harmonic individuals with good sense of self-worth, communicative skills, stress management means. Such young people will be able to solve the problems that life brings, will be able to find the sources of joy in the world of reality. Should they try a drug, chances are, they will be less likely to be addicted. It is vital that every young person finds a community with appropriate age where they feel comfortable and can open up, where they receive words of affirmation and evaluation. Thus, professionals on the field of pedagogy should aim at involving young people in clubs, organisations, workshops, associations and sports groups.

Methodology

Our database is composed of the answers given to our questionnaires during the fieldwork between 2007 and 2013. As the questionnaire used between 2007 and 2010 does not completely correspond to the one used between 2010 and 2013, the data will be presented separately. In the first form, the test concerned alcohol and contained 20 questions; if the client answered with 6 affirmative responses, s/he was qualified with having severe alcohol problems. In the new form, this theme only contained 4 questions and the critical threshold was two affirmative answers. In this form, drug-related questions were added as well (the previous one only contained two questions regarding this topic), and the threshold of clinical case was two points. On the topic of smoking, the novelty brought by the new form was (compared to a previous self-evaluation test) that the degree of the nicotine addiction was also measured.

About the questionnaire form used between 2007 and 2010

This form inquired not only about the basic demographic data, but also about such pieces of information like the amount of money they could spend monthly, free time activities and recreation habits. They were followed by three control questions that inquired if the person smoked, tried illegal drugs and if he/she deemed necessary to introduce needle exchange services on the *Peninsula*. Those

who answered with yes to the drug-related questions were also asked what type of drugs they have tried. The question concerning needle exchange was taken out of the questionnaire in 2011.

The second part of the questionnaire measured alcohol-related habits with 20 inquiries. A few examples of the questions: "Has it ever happened that in company you have drunk more than others and it was not visible on you?"; "When illuminated, have you ever said or done something that put you or your family in an unpleasant, shameful situation?"; "Do you desire alcohol when you are upset, angry or irritable?" Based on the affirmative answers, the clients could learn how potentially dangerous alcohol addiction was for them. If they answered 4 or 5 questions affirmatively, they were considered susceptible to alcohol addiction, and if at least 6, they were struggling with severe alcohol problems.

About the questionnaire form used between 2011 and 2013

This questionnaire can be divided into five large parts. Similarly to the previous one, this also recorded demographic data such as age, sex, marital status, location (county), living conditions, the marital status of the parents at the age of 14, and also about abuse in the family concerning drugs, alcohols or prescription medications. The second, third and fourth part of the questionnaire focused on the attitude towards nicotine, alcohol and drugs, and measured the degree of addiction. Every part was opened with a control question that sought whether the client actually consumed the mentioned drug. This is in itself a bit problematic, as clients often wonder if consuming drugs once in a while qualifies for an affirmative answer. The smoking habits were measured with the help of the Fagerström Nicotine Dependency Test (Heatherton, Kozlowsky, Frecker and Fagerstrom, 1991), while alcohol consumption was measured with the Cage Alcohol Test (Ewing, 1984). Relation to drugs was measured with the Cage-AID Drug Test (Brown and Rounds, 1995).

Romania joined the European Union (EU) in 2007, but economically it is still poorer than its Western and Central European neighbours and it reports one of the highest income inequality indexes in the region. The value for Gini coefficient in Romania was 33.20 as of 2012 (Eurostat, 2013). Unequal societies adversely affect people's health and well-being, including depression, being associated with higher drug use and abuse, too (WHO, 2008). This is why the final part of the questionnaire asked about the symptoms of depression, which was measured with the shortened, 9-question Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock and Erbaugh, 1961; Rózsa, Szádóczy and Füredi, 2001). The signs and symptoms of depression were, for instance, social introversion, inability to decide, insomnia, fatigue, extreme anxiety about physical symptoms, pessimism, inability to feel joy, guilt and self-blame. The shortened BDI creates the following categories: 0–9: indicates minimal depression; 10–18: indicates mild depression; 19–25: indicates moderate depression; above 26: indicates severe depression. Based on the clinical validation, the threshold of the clinical level of depression is 19 points (Rózsa, Szádóczy and Füredi, 2001).

Trio 2012

By the year 2012, the *Independence Zone* team had acquired a well-established reputation and popularity, even though in the last years it had operated only in the time-wise limited framework of *Félsziget Festival*; nevertheless, two years ago, it has received invitation to partake in two different festivals organised in Transylvania. Thus, we were present at both the *Hungarian Cultural Days of Cluj* as well as the *fiERD Camp*. This leads us to conclude that the preventive efforts championed by the organisation are valued, and its place is considered to be a necessity by the organising team of the festivals. In the analysis of the tables, we will pay special regard to the data uncovered in the course of the fieldwork that took place in 2012, observing how the somewhat differing nature of the events affected the population and mean of the comparative data.

The *Hungarian Cultural Days of Cluj* is a yearly event since 2010, which focuses on the Hungarian inhabitants of Cluj-Napoca. The target audience of the cultural event that lasts for several days are not exclusively the young citizens due to the encompassed wide array of other recreational programs as well as the concerts, which are appealing to members of all age-groups. In 2012, the *IZ* drug use prevention tent was also included in the civilian-aimed programs. The history of the *fiERD Camp* has

been written since 2009; the event took place at the Bözödi-lake near Erdőszentgyörgy in 2012. *IZ* participated on this sole occasion at the Camp, and in front of its relatively young crowd.

The analysis of the data

Our analysis is separated into two sub-groups: firstly, the data uncovered during seven years of fieldwork is under scrutiny and only later on are we to observe and interpret the questionnaires fulfilled in the on-line environment. An important detail that should be kept in mind is the data belonging to the first sub-group and its representation in tables and charts: the years always show the results of the fieldwork done during the *Félsziget Festival*; the “*KMN*” stands for the *Hungarian Cultural Days of Cluj*, while *fiERD* for *fiERD Camp*.

a. The analysis of the questionnaires filled out at festivals

i. The number and nationality of participants in the survey

Table 1. The number of questionnaires and languages analysed by date and location

	2007	2008	2009	2010	2011	2012	2013	<i>KMN</i> (2012)	<i>fiERD</i> (2012)
<i>Questionnaire (piece)</i>	67	177	428	454	524	703	605	109	176
<i>Romanian (%)</i>					43.9	29	48.6	9.3	14.9
<i>Hungarian (%)</i>					56.1	71	51.4	90.7	85.1

From the data at our disposal since 2007, we can state, even at first glance, that the survey taken during the *Félsziget Festival* has reached a gradually higher percentage of the participants; while in 2007 only 67 people fulfilled it, by 2009 this amount has nearly doubled. The upward tendency continued in 2011 with 524, while in 2012 a record number of 703 answers were registered in the database. During the most recent *Félsziget Festival*, which took place near Cluj-Napoca, the *Independence Zone* team managed to address 600 respondents despite the lacklustre participation at the particular event.

The nationality of the respondents has only been recorded since 2011; however, as it becomes clear from observing the data, in 2011 as well as in 2013, the participants were present roughly in equal amount. In 2012, we can see this rate tilting towards the Hungarian participants, who accounted for almost three quarters of the respondents.

If we are to analyse the data source from 2012, we can observe that the 703 participants that took part in the survey are number-wise visibly superior to those achieved at either the *Hungarian Cultural Days of Cluj* or at the *fiERD Camp*. The situation of the latter is in large part explained by the limited reach and number of participants on the festival itself. In terms of the public, the popularity of the *Hungarian Cultural Days of Cluj* is similar to the *Félsziget Festival*; however, in the year under study, the attendance of the *IZ* tent was the lowest.

ii. The mean age of the respondents

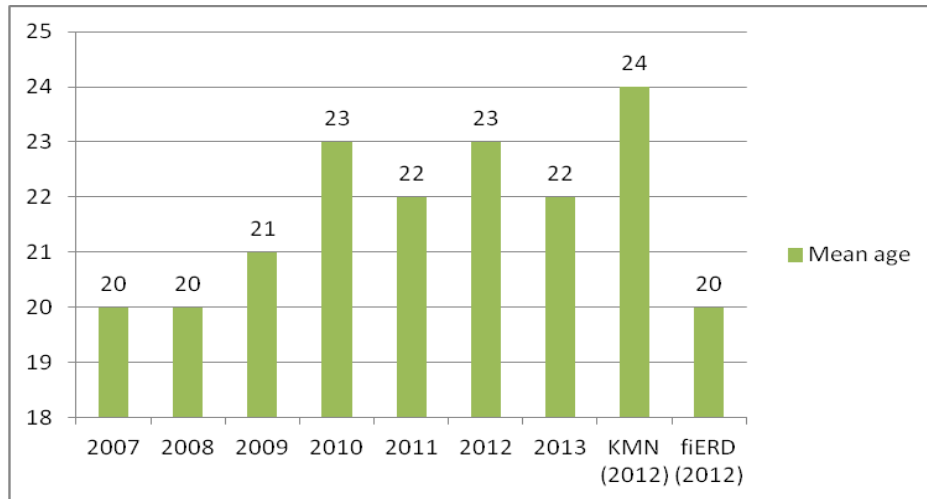


Figure 1. The mean age of the respondents by years and locations

The facilities and the program offered by *IZ* were most successful amongst people belonging to the age group between 20 and 24 years of age, a fact clearly visible on Figure 1. During the fieldwork at the *Félsziget Festival*, which began in 2007, in the first three years, the mean age of the participants was either 20 or 21, and in the last four years of the activity the mean age has increased to 22.5. If we are to consider the great increase in the number of participants that has been experienced in relation to the *Independence Zone* survey at the *Félsziget Festival* in the last four years, we can conclude that the bulk of the respondents is made up of either university students in their final years of study or of such participants who are not university students, but have already finished high-school approximately four years before.

From the other two places, research was conducted in year 2012: the participants of *fiERD* are younger – on the average, they are 20 years of age –, whilst at the *Hungarian Cultural Days of Cluj* (later on, termed under the abbreviation *KMN*) people were somewhat older than at the *Félsziget*, with an average of 24 years regarding those who contacted our drug prevention tent.

iii. *Distribution by gender*

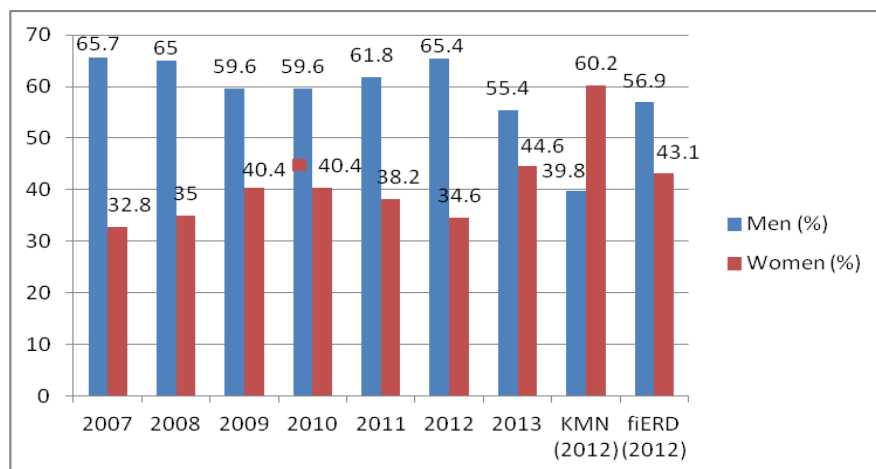


Figure 2. Respondents based on their gender with respect to location

The distribution of the respondents by gender shows a peculiar picture. Between 2007 and 2012, among those who took part in the survey, the percentage of males was always higher than 60 percentage, in two of those years reaching almost two-thirds; however, in 2013, we were able to address a larger sample group of females in comparison with the previous years, reaching a gender-based distribution of almost equal proportions. The same male majority can be observed to be valid for the *fiERD Camp*, while *KMN* can be regarded as a general exception due to the fact that the same 60% is inversely proportionate in the respondents here, women having attended the survey in larger numbers.

iv. *Consumption and dependence on alcoholic beverages*

Table 2. The number of consumers, and alcohol-dependants in percentages with regard to location and time

	2007	2008	2009	2010	2011	2012	2013	<i>KMN</i> (2012)	<i>fiERD</i> (2012)
<i>Do you consume alcoholic beverages? (%)</i>					85.4	82	86.8	76.9	89.7
<i>Alcohol-dependence (%)</i>	54.5	57.9	50.7	47	24.1	28.2	26	20.7	47.5

As we have already established in the modus operandi, the questionnaires that were used between 2007 and 2010 are different from those which have been employed between 2011 and 2013; furthermore, we have also presented that in the first period, in relation to alcohol consumption, the respondents were required to answer 20 questions, out of which if they had six affirmative responses, they were categorized as being dependent on alcohol. With this scale, roughly half of the participants were considered to be dependent on alcohol regarding the first four years of measurement, while in three out of the four years under scrutiny the values even exceeded 50%.

Starting from 2011, a different measurement was put in practice, according to which approximately a quarter of the respondents could be considered to be dependent on alcohol. An interesting observation that can be made is that having employed the same type of questionnaires still resulted in almost half of the respondents of the *fiERD Camp* to be considered as dependent, while only 28.2% of the participants at *Félsziget* could be accounted as such.

From 2011 on, the question of whether a person consumes alcohol at all was added to the survey, to which almost 90% of the respondents from the *fiERD Camp* replied with yes, while the ratio was four-fifth regarding the people from the *Félsziget Festival* in all three years under study. Due to the small number of participants in the survey at *KMN* – even though they have almost an identical distribution with the ones exhibited on the *Félsziget* –, we cannot conclude relevant conclusions with certainty.

v. *Use of drugs and dependence*

Table 3. The percentage of the respondents who tried and who are dependent on drugs with regard to location and year

	2007	2008	2009	2010	2011	2012	2013	<i>KMN</i> (2012)	<i>fiERD</i> (2012)
<i>Have you tried using drugs? (%)</i>	29.9	38.4	36.4	40.5	18.3	19.7	21.1	1.9	12.9
<i>Dependence on drugs (%)</i>					5.6	19.4	7.2	1.8	26.7

This question requires further specification. While in the first period (2007–2010) the exact formulation was “Have you ever tried the use of illicit drugs”, in the second period (2011–2013), it

was “Do you consume drugs?” The respondents in the first period were gradually increasing in number year by year, saying they have tried illicit drugs, their numbers ranging from 29.9% and reaching 40.5% by the end of the period. In comparison with the shifted weight of the question, in the new questionnaires, only one-fifth at the *Félsziget*, one-tenth on the *fiERD* and virtually no one on *KMN* admitted to have been using drugs.

Similarly to the case of measuring alcohol dependence, starting from 2011, the team members of *IZ* have been using a similar scale to measure drug dependence. The outcomes show that one-fifth of the people who took the survey in 2012 are considered to be a drug addict; in the other two years, however, only over 5% of the respondents are regarded as addicts. This number was of little or no importance at *KMN* and it was not at all the case at the *fiERD Camp*, where the results of the tests showed that from those who had consumed drugs over one quarter was addicted to them.

vi. *Smoking habits and levels of dependence*

If we screen through the data in all of the available years and locations, we can see that in almost every instance half of the respondents are smokers, with the highest value of 60% reached at the *Félsziget Festival* in 2013 and the lowest 38% at the *KMN*.

The level of nicotine dependence has been measured since 2011; the gross majority of the respondents in every year are made up of those who cannot be accounted for as addicts, with a minimum of 43%; however, at times, more than two-thirds of the people belonged to this category. Only one-tenth of the respondents were strongly or extremely strongly dependent, this ratio, at times, decreasing even to 2-4%. The remainder of the respondents has exhibited either mild or moderate dependence.

Table 4. Representation of smokers by location and year. The distribution of the five levels of dependence amongst the respondents with regard to location and year

	2007	2008	2009	2010	2011	2012	2013	<i>KMN</i> (2012)	<i>fiERD</i> (2012)
Smoker (%)	46.3	46.1	53.3	53.3	52.8	54.3	60.6	38	53,2
No dependence (%)					69.9	43.8	67.2	55.8	49.4
Mild dependence (%)					15.8	26.4	14.5	23.3	25.8
Moderate dependence (%)					10.2	19	10.2	18.6	14.6
Strong dependent (%)					2.9	8.7	7.1		7.9
Extremely strong dependence (%)					1.2	2.1	1.1	2.3	2.2

vii. *The level of depression amongst the participants*

Table 5. Indicators of depression based on severity by location and year

	2007	2008	2009	2010	2011	2012	2013	<i>KMN</i> (2012)	<i>fiERD</i> (2012)
Not depression (%)					76.4	71.4	65.4	79.8	74.9
Mild depression (%)					17.4	21.3	25.8	12.5	18
Moderately strong					3,7	4.4	6	3.8	6

<i>depression (%)</i>									
Chronic depression (%)					2.5	2.9	2.8	3.8	1.2

Since 2011, the measurement of depression has also been considered as important; thus, specialists, who could point out whether signs of depression were present or not in the respondent and could assess its severity if it was the case, assembled a four-level scale. At least two-thirds of the respondents at *Félsziget* have not exhibited any signs of depression. In 2011, this was true for three quarters of the respondents. The data is similar for the *fiERD Camp* as well as the *KMN*; in the latter case, four-fifths of the respondents were exempt of symptoms of depression, while mild depression was present in only 12.5% of them. However, this number surpassed 20% at *Félsziget* in the last two years.

viii. Number of people requiring counselling

Since 2011, those who fill out the survey in the three above-mentioned locations have the opportunity for person-centred counselling with a prevention specialist in the *IZ*-tent and can ask for expert advice relating to their specific issues and grievances. The greatest participation on this service was registered at *Félsziget* in 2011, when 30% of the respondents opted to try out this particular service. One year later, only one-third of this number chose to consult with a specialist; however, this can be attributed to the fact that in that respective year the *IZ*-tent was available for only a part of those who were at the festival, specifically those who lived in the territory of the campsite. Last year, over one quarter of the surveyed participated in a private counselling. Participation rate was approximately of 30% at the *KMN* as well as at the *fiERD*. On the whole, we can state that every fourth respondent opted for the counselling.

Table 6. Number and ratio of respondents requiring specialized consultation with regard to time and location

	2011	2012	2013	<i>KMN</i> (2012)	<i>fiERD</i> (2012)
<i>Require counselling %</i>	30.5	9.7	24.3	28.8	33.7
<i>Nr. of people</i>	159	68	147	30	59

b. The results of the on-line surveys

The questionnaire is also available, besides the on-the-spot opportunities at these three events, at www.independenczone.ro, where the same specific survey related to dependence can be filled out in three languages. One of the most important pieces of advice that members of *IZ* have related to these is that the respondents' answers are not automatized but given by specialists who operate in the background, and the results are personalized for each individual. There is also an on-line counselling session available for those who feel their dependence to be far too burdensome, or who would like to talk to someone understanding and impartial. In February of 2012, after a press conference held at Cluj-Napoca on the aims and the growing activity of the *IZ*, having also detailed the availability of the on-line surveys, hundreds of respondents chose to fulfil the survey. The next section will encompass the data derived from these surveys.

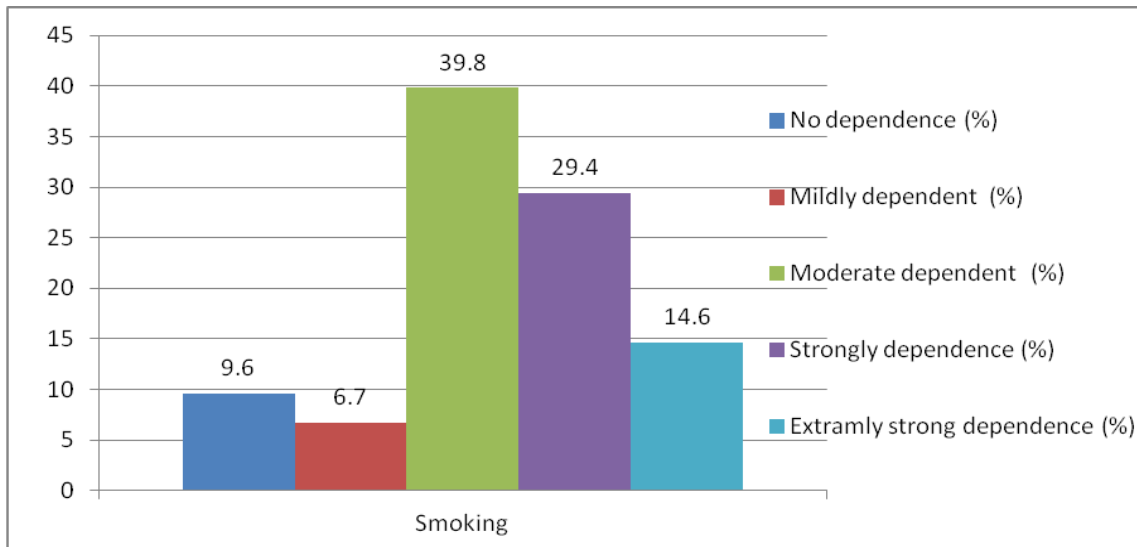


Figure 3. The results of the on-line surveys on the proportions of nicotine addiction

The survey related to nicotine addiction was filled out by the highest number of people, numerically 460, with a mean age of 28 years, showing that the on-line environment is generally used by an older age-group than the one attending the festivals. On the other hand, the distribution by gender is quite similar, almost two-thirds of the respondents being male.

A second distinction shown by Figure 3 is that the number of those who are mildly or not at all addicted to nicotine is drastically lower than that of those belonging to virtually any other group. 40% of the respondents are moderately addicted and 30% have a strong dependence. Considering the fact that the remaining 15% exhibits extremely strong dependence, we can conclude that the majority of the on-line respondents have moderate or strong problems with nicotine addiction.

The second most-sought after survey was the one related to alcohol dependence, which was filled out 280 times. The mean age is 31 years, which is higher than in the case of nicotine, and three quarters were male respondents. In this case, the dependence was not measured according to a scale, but rather the individual assessment of dependence was the issue to be resolved; hitherto, 37.1%, or more than one-third of the respondents were qualified as dependent on alcohol.

Questionnaires related to drug dependence were filled out 119 times, by a mean population age of 29 years. Similarly to the ratio we have seen in the nicotine survey, almost two-thirds of the applicants were male, leading us to the conclusion that, solely in the experience of the *IZ*, males suffer more commonly from addiction and dependence. Out of a population of 119 people, 40% can be characterized as drug dependent, which is a stark increase in comparison to those who have been surveyed during the festivals, in which cases the number was 26% in those groups alone where they have consumed drugs or narcotics (see Table 3).

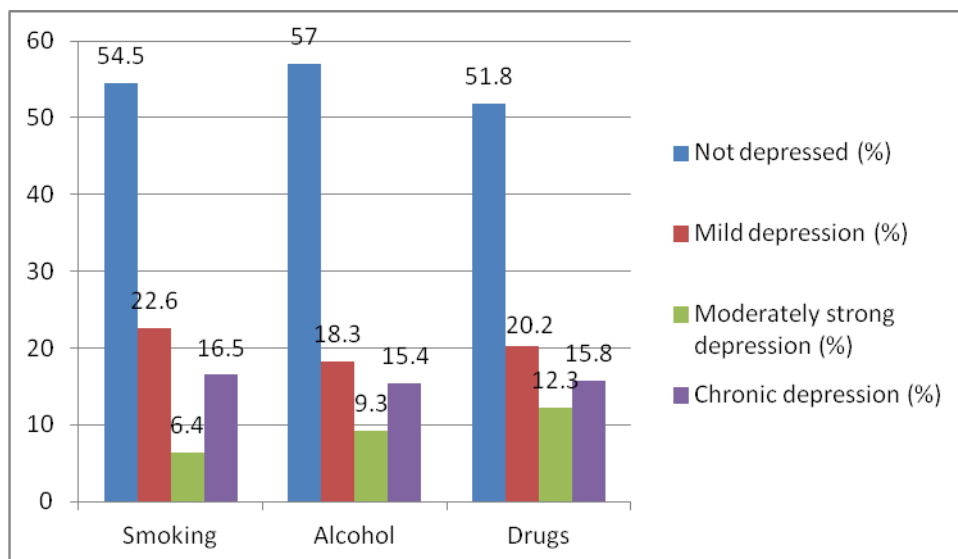


Figure 4. The scale of depression measured amongst on-line respondents

An as of yet not mentioned dimension of all three above-mentioned surveys are the concealed and apparent questions that aim at assessing the respondents' level of depression. Although in all three groups, over half of them do not exhibit depressive traits and thoughts, without a shadow of a doubt – as Figure 4 shows; the signs of mild depression are shown by one-fifth of all respondents in the case of all the survey types. An even more outstanding result is that while amongst those surveyed at festivals moderate depression was a maximum of 6% (see Table 5), amongst on-line respondents it was a minimum of 6%; however, among the participants in the drug dependence survey, it reached 12%. The most striking data, which can be extracted from the chart, is the ratio of the chronically depressed respondents, which in the survey related to smoking was 16.5%, in the case of alcohol 15.4%, while related to drug dependence 15.8%. These numbers are several orders of magnitude higher than the ones obtained during fieldwork, where the highest percentage was 3.8% (See Table 5).

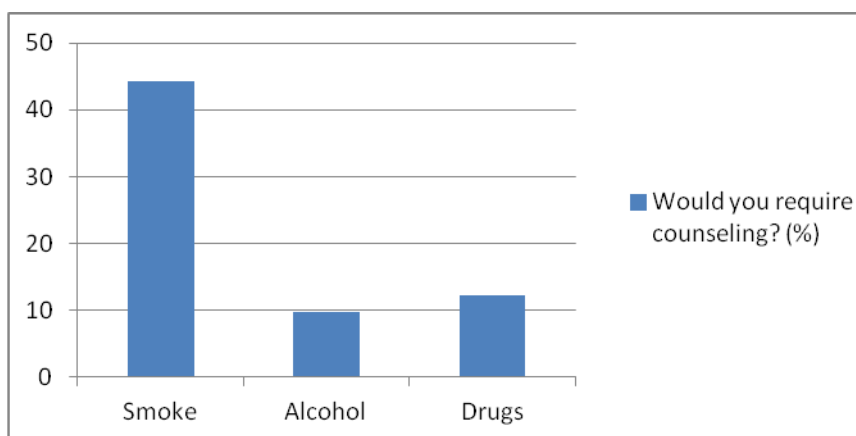


Figure 5. Number of respondents opting for professional counselling

Upon responding to the question “Do you consider that you require help in order to give up smoking/alcohol– and/or drug consumption?”, there seems to be no correlation among the tests, as a varying number of participants answered affirmatively. As Figure 5 shows, over half of those filling out the nicotine dependence survey would require outside help; only 9.8% would need assistance in giving up alcohol, a small number given that 37.1% were considered to be part of the dependence

category. The situation is unaltered when we examine drug dependence, where, out of over 40% of drug dependents, only 12.2% have admitted to needing help.

Conclusions

Independence Zone is a good practice drug prevention exercise in Romania, and it has a record of ten continuous years of involvement and practical evolution. The success of the collaborative efforts lies in a co-joint action of members of the government, the churches and non-governmental organisations in the pursuit of drug prevention. A definite goal of the association is to provide rational alternatives, rather than just the prohibition of drug consumption. Hitherto, the aim has been to shift attitudes in order to reach a more conscious state, which is built on the respect and appreciation of independence, liberty of choice, responsibility, creativity and awareness.

The activity provided by *IZ* has an elevated importance in an environment such as Romania, which is subject to the growing trend of drug consumption present in the Balkans. As a member state of the European Union, it is mandatory for Romania to adhere the drug-political policy of the EU, an effort that, however, is hindered by monetary as well as human resource incapability and deficit. Besides rehabilitation and containment efforts, an elevated emphasis should be placed on the prevention of drug consumption, which would have to address school students as well as youth at the beginning of their adulthood. A collaborative effort, such as *IZ*, can set a good example in drug prevention efforts because it recognizes the limitations of the traditional prohibitive approach and aims at altering such archaic methods with a new but data proven and effective alternative.

The beneficial effects that our fieldwork activity has reached at the annually organised festivals since 2004 are not only felt during the limited time period of the event because the data from the yearly survey provides long-lasting information and professional advice, mainly, but not exclusively for educators. Since 2009, the co-workers of *IZ* have published on a yearly basis the newest results in a specialized journal for pedagogues; thus, employees of the educational sector can have access to the findings as well as to the myriad of useful information uncovered.

If we glance at the results achieved during the fieldworks since 2007, we cannot leave some indicative signs unmentioned. In relation to alcohol consumption, during a festival that took place two years ago, the survey showed that out of all the participants with an average age of 20 years almost 90% were consuming alcohol, and almost half of the consumers were dependent to some extent. In 2010, the highest number of people was recorded; 40% of the 447 respondents admitted to have tried illegal narcotics. Furthermore, in the on-line survey, from the 119 participants almost 40% have been shown to be dependent on drugs, a number which is considerably higher than in the case of those surveyed at the festivals.

Nicotine dependence is the most common from the triumvirate; in one particular year, 56% of the respondents at a festival were shown to be dependent to some degree. The related section of the on-line survey showed an even greater number: 90%. The last significant index is concerning depression, where a relevant year was 2013, when 35% of those who filled out the questionnaires showed some level of depression. An even graver result was shown in the on-line format. Out of all the respondents to the three surveys (related to smoking, drug and alcohol consumption), 15-16% from each group qualified as suffering from chronic depression.

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