

Social representations of drugs among young Russians: shared common views and social positions

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The official statistics reveal a steady growth of drug use in Russia and epidemiological estimations indicate that the real prevalence of intravenous drug users may be 4-5 times higher than the official figure. This fact highlights the importance of effective preventive programmes for young people. Each preventive programme in the field of public health should be based on the results of socio-psychological studies on a given problem (Gurvich, 1999). In this paper, we discuss the results of a two-stage study based on the ideas presented by social representations theory (Moscovici, 1961). Our purpose was to analyze the lay thinking about drugs among different groups of young Russians. A total of 257 respondents (162 males and 95 females) aged 16 to 35 participated in the study (the median age was 24 years). At the first stage, the 'map' of shared common views about drugs was revealed. At the second stage, different social positions (as a function of different experience with drugs) on this 'map' were analyzed. The reported results give support to our predictions.

Keywords: drugs, young Russians, social representations theory, experience of drug consumption, experience of imprisonment related to drugs

Introduction

Fundamental ideas about human life are inevitably related to health and illness. In the modern world, health is an important social value. On one hand health could be defined in terms of absolute values: it is important to be in good health. On the other hand, good health and a long lifespan are not the only objectives of human activity. Very often, people face situations where they completely ignore grave risks to their health because they are interested in achieving other goals, and a paradoxical situation appears: while people highly value their health, their behaviour does not correspond to this value. In order to overcome this contradiction, people develop some explanations of their behaviour which defy formal logic. This argu-

ment is in favour of theoretical models that allow for the analysis of commonsense knowledge in the domain of health and illness. The contradictions can coexist perfectly with this kind of knowledge.

Health also could be defined in terms of instrumental values, because good health affords people many opportunities; for example, to be included in society, to work, to have family and friends etc., in other words to have a full and varied life.

As paradoxical as it may seem, illness could be also seen as a kind of value. Of course, absolute or instrumental aspects could not be distinguished in this case, illness has another signification. An ill person has the right to not work temporarily and still receive a salary (albeit in a reduced form), as well as to obtain care from others and social security from society. Thus, illness indicates the relationship between a person and society; it reveals the quality of life in society and it underlines the importance of a person to society.

From the macro-psychological point of view on health and illness, it was shown that when the psychological state of society lowers, people adopt a more reckless attitude towards their health. This has been clearly demonstrated in the case of alcohol and drug consumption (Makropsihhologicheskoe..., 2009).

A. V. Yurevich followed this line of analysis, which he applied to the actual state of Russian society. He pointed out that “anomie plays an important role among the motives of suicide and also has direct relation to the depressing statistics of drug addiction, alcoholism, and accidents...” (Yurevich, 2009, p. 76). According to statistics for 2011, the groups of registered drug addicts include the following: 1) the lion’s share of addicts have an opioid dependence, and account for almost 85.6% of addicts; 2) people with a cannabis dependency account for 6.8%; 3) people who use other kinds of drugs in different combinations account for only 6.2%.

At the same time, there are some indications which enable us to conclude that there has been an increase in overall cannabinoid addiction during the past six years. In 2005, cannabinoid addicts accounted for 15.4 out of every 100,000 people; by 2011 this number had risen to 16.1. It represents 4.5% growth in six years (Osnovnye..., 2012). At the same time, it should be taken into consideration that the past statistics on drug users are only the iceberg, because epidemiological estimates for the real prevalence of IDUs may be 4–5 times higher than the official ones. Moreover, in some regions of Russia, the number of drug addicts may be as high as 1–3% of the total population (Kirzhanova, 2009).

The current situation highlights the importance of further scientific activity in order to create effective preventive measures that will target young people. Preventive programmes in the field of public health should be based on the results of socio-psychological studies on the problem (Gurvich, 1999). In this paper we propose that effective measures could be based on the results of studies which explore the social representations theory (Moscovici, 1961). According to one of many definitions of this concept, theoretically “social representations could be defined as commonsense knowledge about general topics (e.g., AIDS, computers, gender, health, intelligence, psychoanalysis, work) that are the focus of everyday conversation” (Lorenzi-Cioldi, Clémence, 2003, p. 311). Drugs definitely belong to this list of everyday conversation topics in different social groups. In other words, social representations is a form of commonsense knowledge that is developed by people in everyday communication in order to give meaning to different objects, phe-

nomena, events, and so on, that are new, strange, unknown, or threatening. As S. Moscovici describes it: "...the purpose of all representations is to make something unfamiliar, or unfamiliarity itself, familiar. What I mean is that consensual universes are places where everybody wants to feel at home and secure from any risk..." (Moscovici, 2000, p. 37). Social representations transform the strangeness of such objects, phenomena, etc., by putting them into an existing frame of reference. It is obvious that this transformation is defensive. Other functions of social representations include the following: communication facilitation, the regulation of social behaviour and practice, social identity construction and support, and justification of social relations (Abric, 1994, Breakwell, 2001, Doise, 1986, Moscovici, 1973).

Following the ideas proposed by W. Doise and his colleagues (Doise, 2001, Doise et al., 1999) three main assumptions of the social representations theory can be briefed here:

- 1) Social representations are seen "as organizing principles of symbolic relationships between individuals and groups" (Doise, 2001, p.97), hence we need to reveal their shared, common views about the given social issue. It was noted by W. Doise and his colleagues that the fact that there are shared common views concerning the given issue does lead to a consensus among individuals (in contrast to the approach of J. C. Abric (2001)). As social representations are worked out through communication, the participants of these discussions need to have common frames of reference in order to communicate. Thus the first stage of any study on social representations; according to the approach proposed by W. Doise and his colleagues, one should search for these shared common views about the given issue, "in Moscovici's (1961) terms, this aspect of the study of social representations deals with objectification" (Doise et al., 1999, p. 2).
- 2) The individuals may have different positions regarding a given issue as result of variations in their adherence to different aspects of social representations. These differences in position are organised; consequently we need to search for these organizing principles.
- 3) The systematic variations in individual positions should be anchored in collective symbolic realities, thus the researchers need to analyze this process of anchoring.

These three assumptions correspond to the three stages of the study of social representations.

In order to apply the concept of social representations theory to the problem of drug use, we conducted a study. We were interested in finding out how young Russians discussed the problems of drugs and explained the meaning of drugs and drug addiction. We have taken into consideration the fact that there are some reasons to think that the history of drugs and their consumption is as old as the history of mankind (Grigorets, 2012). Early in mankind's evolution, drugs were used mostly for rituals. In modern society, the use of these substances has other motivations (for example, the recreational use of heroin among young Russians was revealed by Pilkington in his study (Pilkington, 2006)). Drugs and their use are socially, culturally and historically localised phenomena (Hadley, Stockdale, 1996) which do not exist outside of a social and cultural context. This context includes drug users as

well as those who do not use drugs (Dany & Apostolidis, 2002). It may be deduced from these facts that young Russians should be analysed as heterogeneous with respect to their attitudes toward drugs, and several categories need to be distinguished which reflect their respective experiences with drugs.

The *main objective* of the presented study was to reveal how different experiences with drugs (namely, presence or lack of drug experience of drug consumption) relate to social representations about drugs.

Here we note that according to the model proposed by W. Doise, the study consists of three stages. In the present paper, we will only discuss the first two stages, i.e. at the first stage our objective is to identify the 'map' of shared common views used by young Russians in their discourse about drugs, and at the second stage, where our objective is to reveal different social positions within this 'map' of shared common views held by people with different experiences with drugs.

It is worth noting that the problem of drugs and drug addiction was analysed in different studies based on the ideas of the tradition of the social representations theory. The obtained results show: 1) the dynamic of social representations of drugs in groups of children from 5 to 11 years old (Hadle & Stockdale, 1996), 2) the effect of such factors as experiences with drugs and social representations about drugs on the processes of social perception and causal attribution (Echebarria-Echabe et al., 1992), 3) the effect of such factors as practices of consummation and the influence of acquaintances on social representations of drugs (Galand & Salès-Wuillemin, 2009) etc.

The dynamic of social representations of drugs as a function of practices (consumers vs. non-consumers vs. ex-consumers) and as a function of the influence of acquaintances (there are acquaintances among consumers of drugs vs. there are no acquaintances among consumers of drugs) was already shown (Dany & Apostolidis, 2002, Echebarria-Echabe et al., 1992, Galand & Salès-Wuillemin, 2009). For example, a stronger association of drugs with death, illness and AIDS was observed for non-consumers than for consumers, which justifies their avoidance (Dany & Apostolidis, 2002), but there are some other factors that influence social representations of drugs. Among these factors, we propose to study here the experience of imprisonment, as related to drug consumption.

Stage 1

Hypothesis

As noted above, people develop explanations of abstract topics in everyday conversations, and social representations are created as a result. In our case, following the ideas of L. Dany and T. Apostolidis, we can say that drugs could be seen as a complex and multifaceted object. This complexity is defined by different aspects of the discourse about drugs. Firstly, when talking about drugs, one can appeal to *public* and *private* spheres of life (Dany & Apostolidis, 2002). Then, in the public sphere, medical and legal aspects appear. On one hand, drug addiction is a serious illness: it is associated with different diseases such as hepatitis and HIV and can lead to a premature death, either as the result of one of these illnesses or as the result of an overdose. On the other hand, the consumption of drugs is related to deviant behaviour and illegal activity.

From our point of view, the social context can be also distinguished in the public sphere, and it appeals to the fact that the consumption of drugs is associated with the dissolution of morals and with the reaction of the society towards this process (Yurevich, 2009).

The private sphere of drug consumption is related to the life style of certain groups of people.

Thus, people can refer to different categories from any on these spheres or contexts in their everyday conversations about drugs in order to define the meaning of drugs, drug addiction and drug addicts themselves.

At the first stage, it's necessary for us to reveal the shared common views about drugs among young Russians.

Hypothesis: the 'map' of shared common views about drugs among young Russians will be correlated to the aforementioned public and private spheres. References to all three contexts (medical, legal and social) in the public sphere will be found.

Method

The main method used to conduct the study was a questionnaire. It consisted of several parts, which included a 'free associations' technique and open-ended questions concerning drugs and drug addicts.

This questionnaire helps reveal the vocabulary used by young Russians in their everyday conversations about drugs. Socio-demographic questions were also asked.

Sample

A total of 257 young Russians aged 16-35 years old participated in our study (162 males and 95 females). Following A. Clémence (Clémence, 2003), we emphasize that at the first stage we did not pay attention to the characteristics of the subjects, because we focused on the shared common views held by those people and on their vocabulary.

Results and analysis

A total of 1,188 associations were revealed as a result of the free associations technique. Among the most frequently used terms were the following: death — 72 mentions, dependence — 55 mentions, heroin — 46 mentions, syringe — 40 mentions, euphoria — 39 mentions, illness and withdrawal pains — 27 and 25 mentions, respectively (it should be noted that here we discussed associations that had been mentioned by 10 % or more of our respondents). Interestingly, even from this handful of reactions from our subjects, it is possible to say that drugs are commonly seen as a substance used intravenously (heroin and syringe). The comparison of these facts with the results obtained by E. B. Berezina in her PhD dissertation on representations of socially significant diseases (Berezina, 2011) shows that the central system of the social representation of drug addiction is comprised of three elements: addiction, syringe, and illness. This result confirms that the concept "drugs" is strongly associated with substances which are injected. The association of drugs

with other psychoactive substances is less common, such substances which are recalled most often are: marijuana, cocaine, and hashish: 21, 13 and 6 mentions. It would be interesting to find out in further studies whether this fact illustrates that there is a *dividing line* between psychoactive substances in terms of which are seen as drugs and which aren't from the point of view of young people, where they are divided in two groups: heroin users and others, where only heroin is seen as drug. Other frequently mentioned concepts referred to in a medical context were dependence and illness.

The content analysis was used in order to categorize all of the associations created by our subjects. The following categories were revealed: *the negative effects of using drugs* (death, HIV/AIDS, diseases, etc.) — 196 mentions, *drugs* (heroin, marijuana, cocaine, hashish, LSD, etc.) — 170 mentions, *states associated with drugs use* (kef, withdrawal pains, etc.) — 139 mentions, *moral and evaluative aspects of using drugs* (degradation of an individual or society, dirt, immorality, trash, disgusting things, etc.) — 102 mentions, *medical context* (illness, dependence, addiction) - 83 mentions, *emotional reactions* (in this category positive and negative reactions associated with drug use were combined: fun, happiness, good mood, anxiety, fear, grief, horror, etc.) — 71 mentions (28 of them reflect the affective-emotional reaction to people who use drugs - fear, horror, grief, hatred), *characteristics of the individual who uses drugs, his behaviour* (the psychological and behavioural characteristics, the addict's appearance: weak-willed, alienated, unaccomplished, lacking self-control, thin, listless look, etc.) — 66 mentions; *intention to use drugs* (smoking, injecting*, etc.) — 48 mentions, *equipment for using drugs* (syringes, needles, piles, etc.) — 47 mentions, *the legal context* (crime, illegal, problems with law enforcement, arrest, jail, etc.) — 34 mentions, *financial aspects of drug use* (money, sources of money, steal, borrow, raise money, debts, etc.) — 26 mentions.

The remaining categories include: *places for drug use* (club, yard, porch, basement, etc.) — 15 mentions; *concepts, indicating a desire to use drugs* (craving) — 11 mentions, *a positive assessment of drug use* (pleasant pastime, etc.) — 11 mentions, *feelings of addict's relatives* (pain of relatives, the tragedy in a family, etc.) — 9 mentions, *social status of drug users* (young people, hippies, party, etc.) — 9 mentions; *use of drugs for medical purposes* (anesthesia, etc.) — 6 mentions.

In general, these categories covered 88% of all expressed concepts. The remaining responses consisted of single concepts that were put in the category "other".

After appropriate transformations, we find that the ratio of public and private spheres is about the same — 43.6% and 43.7% of the responses. The medical, social and legal contexts of the public sphere, respectively, are: 53.86%, 39.58%, and 6.56%. Thus, our initial assumption about receive empirical support are that drugs are a complex and multiple-aspect phenomenon, discussions about them relate to two frames of reference among young people (public and private), and in the public sphere, a variety of context are appealed to: health, social and legal. Note that the script of a drug user's actions is revealed in the private sector, including: the type of drug used, the desire to use it, the search for money to purchase drugs, intention to act, and states associated with using drugs.

* In Russian respondents use slang words (such as "spike up" in English)

Stage 2

Hypotheses

According to the model of research proposed by W. Doise (Doise, 2001) our purpose at the second stage of the study is to reveal different social positions in this ‘map’ of shared common views which are held by people with different experiences with drugs. We expected that a proximity to drugs (via different experiences) would be accompanied by a shift of positions in the ‘map’ of shared common views on drugs from the dominance of the public sphere to dominance of private sphere on the one hand, and on the other, the importance of the social context would also decrease. In other words:

Hypothesis 1: The subjects in Group 3 and Group 4 will appeal to the private sphere in their explanations about drugs more often than the subjects in Group 1 and Group 2.

Hypothesis 2: The subjects in Group 1 and Group 2 will appeal to the social context or public sphere in their explanations about drugs more often than the subjects in Group 3 and Group 4.

Hypothesis 3: The legal context will be used less than the other contexts in all groups of subjects.

Sample

At the second stage, a total of 257 participants from the first stage were categorized as a matter of several factors: 1) experience with drugs (consumers vs. non-consumers), 2) acquaintances’ influence (there are acquaintances among consumers of drugs vs. there are no acquaintances among consumers of drugs), 3) experience of imprisonment related to consumption of drugs (have experienced imprisonment vs. haven’t experienced imprisonment). Four groups of subjects were formed: 1) non-consumers who weren’t knowingly acquainted with any consumers of drugs — 71 people (54 males and 17 females), 2) non-consumers who had acquaintances who consumed drugs — 51 people (20 males and 31 females), 3) drug consumers who had acquaintances who were consumers of drugs — 71 people (48 males and 23 females), and finally, 4) consumers whose acquaintances had consumed drugs, who had been imprisoned for drug-related reason — 52 people (32 males and 20 females). The subjects from Group 1 and Group 2 were interviewed at several Universities in Moscow. The subjects from Group 3 were interviewed on the streets of Moscow with the support of members of the Rylkov Foundation, as well as in two clinics in Moscow and the Moscow region. Finally, subjects from Group 4 were interviewed in prisons. They were convicted under Article 228 of the Criminal Code of the Russian Federation (which refers to the “Illegal purchase, storage, transportation, manufacturing and processing of narcotic drugs, psychotropic substances or their analogues”), Article 158 (“Theft”), Article 161 (“Heist”) and Article 162 (“Robbery”). The subjects convicted under the latter three articles of the Criminal Code of the Russian Federation committed crimes in order to get money to purchase drugs.

Twelve subjects who participated in the first stage were dropped from the further analysis because of incomplete data concerning their experiences with drugs.

Results and analysis

In order to test our hypotheses, the data were analyzed in each group separately. In Group 1 — 319 associations were obtained, in Group 2 — 247 associations, in Group 3 — 337 associations, in Group 4 — 230 associations. The same categories of content-analysis were used in order to analyze the associations proposed by subjects in each group.

Table 1. Categories of private and public spheres in shared common views about drugs in four groups of subjects

Sphere	Percentages of categories (%)			
	Group 1	Group 2	Group 3	Group 4
private	30,72a	32,79a	66,17b	47,39c
public	62,07d	50,61e	20,47f	40,43 ^e

Meanings with different indexes differ at least at $p < 0.05$.

When the categories of public and private spheres are compared using ϕ -criteria in between groups of respondents, the following differences are revealed: the subjects from Group 1 and Group 2 reflect more heavily upon the public sphere in their explanation of drugs (Group 1 and Group 2: 62,07%, and 50,61%, respectively, in public; 30,72% and 32,79%, respectively, in private); whereas the subjects from Group 3 and Group 4 perceive drugs in terms of the private sphere (Group 3 and Group 4: 20,47%, and 40,43%, respectively, in public; 66,17% and 47,39%, respectively, in private). The results are summarized in Table 1.

The position of subjects from Group 1 and Group 2 could be identified as 'external' with respect to drugs. The position of subjects from Group 3 and Group 4 could be identified as 'internal' with respect to drugs. These results lend support to Hypothesis1.

The comparisons of the categories of social, medical, and legal contexts using ϕ -criteria in between groups of subjects show the following differences: the subjects from Group 1 and Group 2 appeal more to social context categories in their explanations of drugs (Group 1 and Group 2: 24,45%, and 22,67% -correspondingly); whereas the subjects from Group 3 and Group 4 appeal less to this social context (Group 3 and Group 4: 10,03%, and 14,73%). The results are summarized in Table 2:

Table 2. Categories of social, medical, and legal contexts in shared common views about drugs in four groups of subjects

Context	Percentages of categories (%)			
	Group 1	Group 2	Group 3	Group 4
social	24,45a	22,67a	8,90b	14,35b
medical	34,48c	19,75d	10,03e	14,73e
legal	3,13	1,88	2,19	4,08

Meanings with different indexes differ at least at $p < 0.05$.

The fact that the subjects from Group 1 and Group 2 use these social context categories more often in their explanations of drugs than the subjects from Group 3 and Group 4 can be interpreted as a manifestation of the defensive function of the social representations that protect people from the danger of drugs and drug addiction, even at the symbolic level.

These results give support to our Hypothesis 2.

According to the obtained results, the categories from the legal context (the bearing that legality and fear of punishment have on one's attitude towards drug use) are used the least. Even the subjects from Group 4 do not differ from other subjects in their appeal to these categories. This context is secondary in the discussion on drugs and does not change from group to group. Hypothesis 3 also got its empirical support.

It was also noticed that the categories from the medical context were used more often in Group 1 and Group 2 than in other groups.

Subjects from Group 3 and Group 4 actively use slang in order to refer to kinds of drugs as well as to indicate their intention to consume the drugs. This fact differentiates the subjects which have used drugs from the ones who haven't. It could be interpreted as a manifestation of a function of the social representations — they provide the participants of the discussion with codes to enable communication.

Also a script of drug user's actions was found: the type of drug, the desire to use it, the search for money to purchase drugs, intention to act, and states associated with using drugs. The search for money to purchase drugs was not mentioned in the discussion on drugs among those that were in prison for using them.

Conclusions

We conducted two stages of the study, based on ideas regarding the social representations theory.

At the first stage, it was revealed that there are two conceptual spheres - public and private — into which we could group themes used by respondents when discussing the drug problem. The public sphere incorporates three contexts - social, medical and legal aspects of drug use, which are used in various degrees by the respondents in this discussion. These categories, in fact, reflect a “map” of shared beliefs which are known to the respondents; however, this does not imply consensus.

At the second stage, the positions of the subjects on the “map” of these shared common views were analyzed. As expected, groups who had a history of drug use differ from groups without experience via the position which they hold in the discussion on problems related to drugs.

Additionally, the drug users' personal 'stories' regarding their actions were revealed. They consisted of following items: the type of drug, the desire to use it, the search for money to purchase drugs, intention to act, and states associated with using drugs. In the case of the subjects who had also experienced imprisonment due to drug use, one item — the search for money to purchase drugs — was not mentioned in the discussion on drugs. Different functions of social representations were demonstrated in groups of subjects with different drug-related experiences.

Our hypotheses obtained empirical support. On the basis of the obtained results, the final stage of the study of social representations following the model developed by W. Doise will be carried out in our next study.

Further studies in this domain would be interesting from both a theoretical and an 'empirical points' of view. Firstly, it would reveal the transformation of social representations as a matter of experience with drugs; secondly, it would provide us with empirical results needed for recommending preventative measures.

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