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ETHICAL PERSPECTIVES IN SOCIOLOGICAL RESEARCH ON DRUG USE

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Abstract

The social context generated by the problem of drug consumption is a very current one. The research of the phenomenon in all its complexity is, from this point of view, an absolutely necessary undertaking, useful in the short, medium and long term. The study of drug use concerns both the individual and the community. Given the complexity of the phenomenon through the perceptions, representations and stereotypes it engages at the social and individual level, the research involves a series of precautions from the perspective of professional ethics and deontology.

In this article we aim to outline an ethical perspective in the sociological research of drug use by referring to three distinct ethical dimensions: procedural ethics, professional ethics and practical ethics.

We will also refer to critical opinions related to the relevance of applying the informed consent form in the situation where the research concerns underage drug users or if the physical and mental health of drug users is vitiated by the long-term effect of consumption, with visible consequences on the perception of the surrounding reality.

We want that by adopting a vision as objective as possible on the practical use of professional ethics and deontology in sociological research, we can contribute to the outlining of scientific perspectives that are as objective as possible, valuable in order to build appropriate intervention strategies.

Keywords: ethics, drug, consumer, social, community.

1. Current contexts and ethical challenges

The consumption, production, marketing and trafficking of drugs are actions that generate major problems for developed or developing societies. In this context, institutions at governmental level and beyond are obliged to allocate substantial resources to manage the problems that accompany and generate this phenomenon. The United Nations International Drug Control Programme (UNDCP) estimates, following studies carried out worldwide, that approximately 200 million people use drugs (Bulai & Bulai, 2008). The information published on June 30, 2024 by the International Office on Drugs and Crime (UNODC) of the United Nations, which includes data from 2022 collected worldwide related to drug use, shows us that 292 million users are registered worldwide (Office of Drug Control and Crime Prevention, 2024). Regarding the situation at European level, which is highlighted in the

"European Drugs Report 2025. Trends and developments" specifies the level of consumption by types of drugs and age ranges, drawing attention to the fact that at the level of the population aged between 15 and 64, in 2024 there were registered 24 million cannabis users, 4.5 million cocaine users, 3.1 million MDMA users, 2.3 million amphetamine users, and 860.000 users of heroin and various opium-containing substances. The consumption analyzed and reported among people aged 15-34 years, on the same types of substances with psychoactive effects is increasing compared to previous years as follows: 15.5 million cannabis users, 2.7 million cocaine users, 2.6 million MDMA users, 1.6 million amphetamine users (European Union Drugs Agency, 2025).

At the level of our country, the latest statistics published by the National Anti-Drug Agency in the "National Report on the Drug Situation" of 2024 and which present the situation regarding drug consumption and the main drugs consumed indicate a lifetime prevalence of consumption of any type of illicit drug of 12.8%, the prevalence for 2023 is 5.7%, and for the last month a prevalence of 3.8% is observed for both women and men. Eliminating the consumption of over-the-counter medicines, it can be seen that in terms of experimental consumption (LTP) the prevalence is 12.3%, for recent consumption (LYP) the prevalence is 5.4% and for current consumption (LMP) the prevalence is 3.5%. If we refer to the declared consumption by gender, the report highlights that men have a higher declared consumption of illicit drugs than women, the values being: 14.4% lifelong prevalence, compared to 10.2% prevalence in women, 6.7% prevalence in the last year in men compared to 4.1% in women. The percentage of 4.5% prevalence in the last month is identical in both men and women (National Anti-Drug Agency Report, 2024, p.30). Regarding the situation of consumption by age groups, the report confirms that the high percentage of consumers is found in the age range 15-34 years (18.2%) compared to the adult population aged between 35 and 64 years, where the percentage is 3 times lower (7.1%). (National Anti-Drug Agency Report, 2024, p. 31).

The European trend of increasing cannabis consumption compared to other drugs is also maintained in Romania, especially among the young population, aged between 15 and 34 and especially among men. Thus, 9.6% of consumers are part of the previously specified age range, compared to 4.1% of consumers who fall into the 35-64 age category. The declared age of onset of cannabis use is 12 years, and the average age in the general population is 20.1 years. More than 53.4% of consumers reported the onset of consumption at an age under 19 years of age. The percentage declared for experimental consumption in the population between 35 and 64 years old is 1%. Analyzing the statistics on the increasing consumption of cannabis in Romania, the National Anti-Drug Agency presented detailed information on this drug, warning the population about its effects (Stanciu & Cotruș, 2014).

Doing an analysis of the consumer market, we find that stimulant drugs such as cocaine, amphetamines and ecstasy are also present, which are more expensive and more difficult to procure, therefore they also have a lower share in the population. Statistical data showing the use of stimulants by type of stimulant indicate that 1.5% of the population aged 15 to 64 have experienced ecstasy use at least once in their lives, of which 1.7% are men and 1.2% are women, with the onset age being 13 years; 2.1% of the general population (15-64 years old) experienced cocaine use, this type of drug ranking third in the ranking of illicit drugs in our country according to prevalence. In cocaine use, the percentage of male users is similar to that of women, around 2%, and the lowest age declared for consumption is 11 years. As for amphetamines, in Romania the percentage of 0.8% is recorded in the general population and with a higher percentage registered in the age category 15-34 years; The percentage differences by sex are insignificant, and the age of onset recorded is 14 years. Methamphetamines have a share in the general population of 0.4%, with the minimum age of onset being 13 years (National Anti-Drug Agency Report, 2024, pp. 43-53).

The phenomenon of drugs in society is not only limited to consumption but also to their production, transport and marketing. For example, the same United Nations Drug Program (Office of Drug Control and Crime Prevention, 2024) emphasizes the involvement of ordinary citizens in the narcotics market, Colombian or Afghan peasants who want to obtain the income necessary to survive, or people with high social status who use economic power to become large drug producers and dealers operating with huge sums of money (Bulai & Bulai, 2008). We would like to point out that in the report of the National Anti-Drug Agency no respondent mentioned the cultivation of cannabis (National Anti-Drug Agency, 2024, p. 33).

A particularly situation is one in which persons under the age of 18, considered minors under "Law 272/2004 on the promotion and protection of children's rights," are involved in both consumption and trafficking (Romanian Law 272/2004). Adding the use of new technologies by minors amplifies the danger of them being recruited into different consumption or traffic networks. Mere curiosity can turn into addiction. From the statistical data specified above, the age of initiation of drug use differs depending on the type of substance and the accessibility to the substance, the figures mentioned at European and national level drawing attention to the increase in the number of users in the 15-34 age group. Adolescents and young people tend to use drugs initially in an experimental manner and then continue to integrate them into their ordinary lives, with use becoming a common lifestyle. This fact can have dramatic repercussions at the level of the relationship with the family group or peers, obstructing the strategies and mechanisms of social adaptation of minors and influencing their social behavior and implicitly their future development (Stanciu & Cotruș, 2014).

International bodies, including the United Nations through the Office of Drug Control and Crime Prevention, which have also proposed the analysis of the drug phenomenon from the perspective of criminal organizations, have highlighted the existence of well-organized and specialized networks on various types of drugs. From this point of view, speculative behaviors of traffickers are observed, their focus on breaches in the security system of countries and the exploitation of the legislative vacuum that generates administrative incapacity of the structures with specific attributions to counter drug trafficking, the effects being the aggressive promotion of drugs in the market and inefficient intervention procedures to stop trafficking (Bulai & Bulai, 2008).

In the context of the above, research on the drug phenomenon in general becomes a challenging approach for the researcher. Access to the social actors involved, the accuracy of the information received, the fact that it is an underground phenomenon that can hardly be translated into exact official figures, all these are just a few elements that require the researcher to assume a clear ethics in the research activity.

The ethical challenges therefore focus on several levels:

- *At the contextual level.* Here we pay attention to the difficulty of the researcher to penetrate and be accepted in *the closed environments* where drugs are consumed. The problem is even more complicated when it comes to traffic networks. Given that these groups and networks are closed and have a special mode of operation, a researcher's chances of accessing them directly are extremely low.
- *On a human level.* Regardless of the position in which the research subjects are (occasional consumer, experienced consumer, addict, etc.), the interaction with it requires a number of precautions. They are related to the person's age, psycho-mental state and their desire to interact with the researcher, doctor or specialist therapist.

- *At a scientific level.* The phenomenon of drug use, both in macro-research and at the level of micro-research, requires increased methodological and epistemological attention. The first aspect concerns the use of a coherent methodology with tested tools, appropriate to the researched topic, so that the results express reality as much as possible. The second aspect, equally important, is to provide an epistemological framework as appropriate as possible to the studied topic so that the theoretical perspectives used allow a better understanding and knowledge of the phenomenon.

All these become important requirements in any research endeavor and can fully contribute to obtaining correct results, as little altered as possible by the specifics of the problem studied.

In fact, the assumption of a research ethic refers to morality and respect for the object of research, for the subjects involved in the research and for social and scientific norms. Failure to comply with these requirements can determine, for example, the exacerbation of the problem of drug use through generalizations not allowed by the methodological norms, which would affect the correctness of the research results with implications on the social perception of the phenomenon and on its intervention and management policies. There are several categories of specific actions: *immoral actions* (contrary to the requirements of morality), *moral actions* (which fulfills a moral requirement), *indifferent actions* (which is characterized by neutrality, common, without significant impact on people's lives). These actions applied to a research approach indicate that the research itself can be situated on different levels (Socaciu et al., 2018, p.13):

- Research that is circumscribed to immoral actions from the point of view of respect for the three levels of ethical requirements stated above. In such a situation, the results of the research may be compromised, as they are of no theoretical and practical value.
- Research that is circumscribed to moral actions, the results of which are valuable from a theoretical and practical point of view.
- Research that is circumscribed to indifferent actions, which formally respects all ethical and moral requirements, but which have no practical or theoretical impact. They can bring to light results that have long been in the field of evidence, can demonstrate long-known correlations and cannot be capitalized on in the concrete plan of the intervention.

From this point of view, we believe that any research approach is necessary to be based on moral values and ethical principles, so that the results can have an impact on theoretical research and practical intervention.

2. Ethics of Drug Intervention and Research

The ethics of research on the problem of drug use is circumscribed in the broader area of research in the area of vulnerability, as it happens in the case of sociological research in the medical area (Gavriliuță, 2012). This is because drug use announces both individual and social vulnerabilities and the study of the phenomenon involves interdisciplinary perspectives that engage knowledge from the fields of psychology, medicine, sociological knowledge, and law.

In such cases, the researcher must design an approach in which to agree on several types of ethics, which capitalize on the three demanding data of the contexts, the individual and the research itself. Therefore, the researcher must respect a *procedural ethics* (Guillemin & Gillam, 2004) marked by the fulfillment of ethical criteria in order to obtain opinions and approvals, a *professional ethics* (Homan, 1991) that refers to the observance of professional codes (e.g. the ESOMAR code of 2010) and a *practical ethics* (Guillemin & Gillam, 2004)

which involves the management of practical ethical problems encountered in concrete research.

2.1. Procedural ethics in drug use research

Procedural ethics mainly describes the opinion of an ethics committee certifying the acceptance of the intervention or research. The fact implies an evaluation from the perspective of a good ethical foundation of the research, of the methodological and practical precautions, but also of the proposed solutions to various ethical problems that derive from the nature of the problem. For example, if we study drug use among a social category (adolescents, adults, incarcerated people, etc.), the researcher must comply with a series of ethical requirements that respect freedom, dignity and human integrity, the right to free choice and free expression, the right to be informed and to make decisions based on correct information. Ensuring privacy and protecting vulnerable people is part of the same logic.

In the context of the emergence of new technologies, the ethical problems arising from their presence must also be taken into account. In the case of experiments using such tools or in the case of the use of platforms, databases, etc., the usefulness and security of these tools in relation to the purpose of the research must be clearly ensured and specified.

Basically, the procedural path aims to ethically cover the entire research approach, starting from the utility, methodological construction, tools, contextual factors, rights and freedoms of the investigated persons and, of course, the limits of the research. Beyond a sum of social and knowledge benefits, research must not violate a series of limits that must be clearly specified. (Boomgarden et al., 2003, pp 9-10) In the case of the sociological study of drug use, the procedural precautions must be increased, given the contextual particularities (hospitalized or not), age (minors or adults), social status (marginal groups or not), the quality of the persons investigated (current or former user, specialists, relatives, groups of belonging) etc.

Why do we have to impose a series of limits when the social benefits outweigh the possible risks? In the case of researching drug users in the situation where they are hospitalized to participate in a rehab program, for example, there are a number of additional risks given by the context in which they find themselves and which can increase their fragility, vulnerability despite obtaining informed consent from them. Under these conditions, the presence of a researcher could seem constraining, intrusive, embarrassing, would make him vulnerable and would affect his image and self-esteem. Thus, a good weighing of risks and benefits (Boomgarden et al., 2003, pp. 95-97) could get the researcher out of a dilemma situation (Brody, 1998, p.128), would lead to solutions acceptable to the researcher, the subjects researched, but could also have a visible social impact (Kelly, 2011, p. 2).

All these aspects constitute parts of a procedural ethic. In addition to a sum of expositions of the specific problems of drug use, it must also contain a series of protocols to be concluded with the subjects or institutions with which they are to work (police, hospital, specific centers, NGOs).

Obtaining a favorable opinion from an ethics commission attests, on the one hand, to the correctness of the specific information and consent tools, and on the other hand, to the fact that the entire approach is correct from an ethical, practical, methodological point of view and the capitalization of the results.

In the case of procedural ethics, when we talk about people, we can talk about several cases of consent: informed consent, presumed consent and delegated consent.

- *Informed consent in drug use research.*

An important part of this procedural ethics, "informed consent is the decision to participate in research, taken by a competent individual, who has received the necessary information, who has understood the information received, and who, after analyzing the

information received, has reached the decision to participate, without being subjected to coercion, influence, inducement, or intimidation" (Astărăstoae, 2009). The idea of informed consent emerged in 1957 as a response of the scientific community to the danger of involving people in research that could endanger their lives, health or quality of life, without them knowing what is going to happen to them or may happen to them and without actually expressing agreement to them. If initially informed consent was applied at the level of bio-medical research, it has extended to other scientific fields, such as psycho-social research (Sandu & Frunză, 2018).

Drug use has as its main subject the consumer. However, it cannot be detached from the social network in which it operates: membership and reference groups, family, friends. Research of this kind cannot ignore the social context in which drug use develops and is practiced. Often, contextual data points to a number of problems that fully contribute to the choice of drug. Whether it is imitative behaviors, frustrations, evasive or rebellious behaviors, if we were to take into account the classic theory of anomie (Merton, 1957), contact with drug users implies obtaining informed consent from them.

Moreover, a research approach on the issue of drug use, regardless of the direction in which it is oriented, considers several categories of subjects:

- people who use drugs, regardless of whether they are minors or adults;
- the relatives considered here as members of the consumers' families or their legal representatives, guardians, curators, relatives up to the fourth degree;
- the groups to which they belong;
- specialists who are involved in drug prevention, treatment and recovery programs, coming from various professional areas and having different experiences depending on the level of experience gained during the years of professional practice.

Basically, informed consent is a useful tool for any of the categories listed above. This consent implies a prior information of the subjects in the sample about the purpose of the research, the tools used, the possible risks and ensuring that the freedom (to participate, to withdraw, to respond or not), anonymity and dignity (personal data will not be disclosed, trafficked or instrumented in any way will be respected). The information and agreement can be made orally and then in writing, taking into account the norms of the institution in which the research takes place (Ciuhodaru et al., 2013, pp. 195-206). Of course, personal requirements or possible dangers to which the persons under investigation are exposed will also be taken into account. The informed consent must present in a clear, simple and accessible form to any category of subjects participating in the research, elements related to the purpose and objectives of the research, what the research actually consists of, what are the benefits and possible dangers to which the subjects may be exposed. Equally, the subjects are assured of the preservation of anonymity and personal data.

Such an ethical approach in the research of drug use is useful and necessary because here we are not talking about simple subjects, but about people whose obvious effects of drugs on psychosocial manifestations. In the Kantian sense, people are endowed with reason, they manifest the ability to be autonomous, not to be guided only by impulses, they are able to set goals, to carry out actions and to manifest a critical attitude towards themselves and their endeavors. From this point of view, informed consent can be seen as a form of respect for those who are going to cooperate in research. For this reason, the subjects participating in a research should not be regarded as mere individuals who, due to the signing of a consent, cede their autonomy or a series of rights. They become conscious, committed partners in that research. Informed consent does not represent any division of responsibility between the researcher and the people participating in the research, but a correct tracing of the roles of

each one and the assumption of decisions, taken in full knowledge of the facts (Socaciu et al., 2018, p.22).

When the drug user is in the position of a patient, and the research has a dominant medical component, the informed consent must also contain clear information about the possible health risks. (Loue & Ioan, 2007; Gorun et al., 2010.) This is because currently the patient is no longer seen today as a subject who must follow the doctor's indications and advice, but as an active, autonomous participant, with his own will, capable of taking part in the decision-making act (Vicol et al., 2008, p. 93).

In fact, informed consent applies the ethical principle of respect for the autonomy of the individual, a principle mentioned since the Nuremberg Code of 1947 (Sandu & Frunzã, 2018).

The literature identifies several stages that are part of the process of obtaining informed consent (Gupta, 2013):

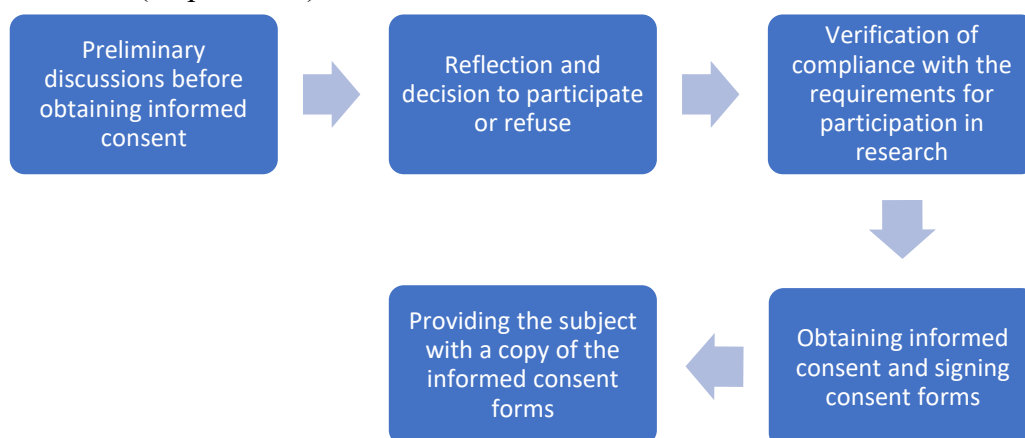


Fig.2: Stages of obtaining informed consent

In general, the problem of drug use and its research has some specificities related to the effects of the drug on the individual but also to the perceptions and social representations regarding this problem. All this leads to a negative image due to the characteristics of consumer behavior, deviant and delinquent acts with which consumption is associated. As a result, consumers receive a marginal status by being associated with delinquents, sick or vulnerable people. Those directly involved in various recovery and/or treatment programs as consumers but also other categories of people with whom they interact (caregivers, therapists, etc.) can become the subjects of research or scientific studies. In the case of consumers and their families, there is a wide range of emotional states, most of them socially perceived as negative, such as shame, fear, mistrust, guilt. The obligation of professionals involved in recovery programs for addicts or researchers is to provide in their own procedures for the application of those programs or studies, principles of ethics and professional deontology. Abuses such as admission without consent to a hospital unit, testing of drugs, testing of forms of therapy, participation in social experiments, implementation of non-compliant or undesirable research tools can be prevented, to a large extent, by the correct application of an informed consent request procedure. The situation is also valid in the case of participants in qualitative or quantitative sociological research. That is why, in most cases, public and private institutions that work to reduce the demand for drugs, respectively the researchers who direct their study to analyze this issue, have created, in addition to data collection tools, informed consent forms through which the subjects' verbal acceptance and signature are requested.

An informed consent comprises the following steps: *disclosure* (explanation by the researcher of the entire procedure), *understanding* (the person participating in the study understands the information received), *volunteering* (the person participating in the study will act voluntarily), *competence* (the subject participating in the study is competent to participate) and *effective consent* (written consent, on a specific form). These are mandatory steps that condition the start of specific recovery and investigation procedures. References to the procedure for obtaining informed consent are specified in the Declaration of Helsinki, the CIOMS codes and the 1997 Oviedo Convention, which in Article 5, paragraphs 1, 2 and 3 expressly provides: "An intervention in the field of health may be made only after the person concerned has given his or her consent freely and in full knowledge of the facts. This person must first be provided with the appropriate information regarding both the purpose and nature of the intervention, as well as its consequences and risks. The person concerned may freely withdraw his/her consent at any time" (Sandu & Frunză, 2018).

- *Presumed consent and delegated consent in drug use research*

Things get more complicated when "the autonomy of drug addicts in making decisions about drug use is undeniably altered, when they are in a state of acute intoxication or when they are in withdrawal". In such situations, consent must be obtained after the patient's stabilization, in case of opting for treatment or medical research. And in the case of a psycho-social investigation, the agreement is obtained after the patient's stabilization, and at the same time an agreement can be requested from the doctor responsible for the medical intervention itself (European Monitoring Centre for Drugs and Drug Addiction, 2009).

As for the person with problems related to drug use and the addressability to a treatment, therapy or intervention, there are opinions, legally incorrect, which say that since he has contacted the doctor for specialized anti-drug treatment, it means that he has implicitly given his consent. In specific terms, this type of agreement is referred to as *presumed consent*. This type of consent, although it does not appear in Romanian legislation, deserves to be stated as it presents a different ethical perspective in terms of drug use research. There are also opinions that refer to the fact that the person with problems related to drug use is not able to make a decision related to his own treatment, which is why informing him would no longer make sense. In fact, the arguments for presumed consent are based on the idea that that person has the ability to discern altered anyway, so he will not be able to make a rational, informed decision. This form of implicit consent is not necessarily part of a procedural ethics, the consent of the legal representative being absolutely necessary. At most, it can be part of the logic of a procedure in urgent cases, which do not suffer postponement and require life-saving medical intervention (Vicol et al., 2008, p. 94).

If we take into account the age variable, it can be seen that many minors are part of the ranks of consumers. Or, it is known that in the case of minors, direct consent cannot be obtained from them (Vicol et al., 2008, p. 94), requiring the consent of their relatives (family, guardians, or those who legally represent them). The child's consent is not valid in the absence of that of the legal guardians (Sandu & Frunză, 2018).

Therefore, in dramatic situations when life-saving medical intervention is required and in the absence of a caregiver, presumed consent can be considered a solution. If the person is deprived of autonomy or belongs to the category of minors and is accompanied by a caregiver, the consent of the caregiver is requested. This *Delegated consent* represents "*the form of consent by which the place of the person who must give his consent is substituted for another, who has the authority to consent on behalf of the person*" (European Monitoring Centre for Drugs and Drug Addiction, 2009). The process of obtaining consent is similar, except that instead of the subject, the person with the role of guardian participates in the information and decision-making process.

2.2 Professional ethics in drug use research

Depending on the situations in which the drug user finds himself, that of a patient, as a subject of research (medical, psychological or social) or as a beneficiary of a form of support or therapies, several types of professional ethics can be identified. Thus, we can speak of a medical ethic, an ethic of the psychologist, sociologist or social worker. Practically, each profession has a code of ethics specific to the field it represents. "Professional ethics, in this case, has two sources: the first is of a scientific nature and includes compliance with all the rules and criteria necessary for the conception, conduct and conclusion of an approach, and the other is of an ethical nature and concerns aspects regarding the relations between the researcher, the client, the investigated population and third parties, as well as other ethical elements of the research" (Gavriliuță, 2012, p. 49). In the case of drug use research, professional ethics becomes a kind of general guide for adopting a research conduct. For example, in the case of the sociologist, the ESOMAR code of ethics insists on the observance of the general principles underlying research, emphasizing a series of professional principles and values such as: respect for the law, responsibility, transparency, honesty, data protection and anonymity.

The sociologist's responsibility has a double component: one of research and one of socio-morality. The first, without being expressly specified in the code of ethics, concerns the entire research approach from its construction to the final result. The second component, the socio-moral one, aims at interacting with the environment and the subjects studied, ensuring confidentiality and presenting the results honestly, without manipulative purposes or modifying public perception. As the code of ethics is constructed, there is a transfer of responsibility to the sociologist. The sociologist is responsible for the way he conceives and conducts the research, for the way he presents and capitalizes on the results. Often, all these aspects are covered by a series of scientific and methodological norms, but there are also enough situations when they become inoperable and when flair, experience, momentary intuition can save research.

Defending the reputation of sociological research by adopting an ethical behavior and building a capital of trust in sociological research is another principle present in the sociologist's code. This fact translates into assuming an adequate methodological construction, which does not jeopardize the objectivity of the results and by presenting and honestly capitalizing on the results. Sincerity, honesty, respect for the person and his rights, objectivity and equidistance are values that are subsumed to ethical behavior.

According to the professional code, the personal data collected by the sociologist must not be used for any purpose other than research, except when they are requested by court order to be made available to state institutions. Fair competition, privacy and data protection are clearly specified in the sociologist's professional code.

Of course, all these principles describe in general terms the ethical dimension of sociological research, but they do not exhaust the diversity of challenges that the sociologist may encounter in the field. In the case of other types of research (psychological, medical) specific professional ethics operate, which gives a certain contour and specificity to the entire research.

2.3 Practical ethics in drug use research

If procedural ethics has a fairly formalized character, and professional ethics marks the principles that mark the entire professional activity, practical ethics is closer to concrete situations. She was named in 1995 by Komesaroff and *Micro-Ethics*. "Microethics is the complex dynamic between doctor and patient in clinical practice (...). Although the term microethics has been criticized for establishing a false dichotomy between the abstract level

of bioethics and the specificity of ethics in clinical practice, microethics has provided the language necessary to describe and understand practical ethics" (Măgureanu, 2010, p. 316).

Even if it originally concerns the medical field, it can also be applied quite well in the case of the social fields of research and intervention. This fact is due to the situation - natural by the way - of not being able to capture in norms and procedures the entire range of practical, concrete situations and problems that we are facing. Moreover, practical ethics also operates if formally stated standards, norms, and values do not express and serve a specific social reality. That is because research in an ethnic community involves the researcher's adaptation to the norms and lifestyle that characterize that community. In the same way, you cannot postpone an urgent intervention in the case of a minor, a drug user, on the grounds that we have not found any relatives.

For example, you can't apply a word-for-word questionnaire guide if you find that some respondents have difficulty understanding the questions despite pre-testing the tool.

Also, in the case of intervention professions (doctor, social worker) a practical ethic can be thought of from the perspective of designing equitable policies in the two fields or from the perspective of designing coherent medical and social policies, not likely to generate perverse effects.

Institutional constraints, those of a methodological nature are just a few examples that fully capitalize on the qualities of the sociologist. There are situations when some sociological research uses the method of participatory observation, a method that does not involve the disclosure of the researcher and the research. This is also the case of famous research (the investigation "L'Echec d' une prophétie" carried out in the 50s or Laud Humphreys, Tearoom Trade in 1970) which, due to the methodology applied, does not require the information of the subjects. This, in order to obtain natural data, as presented in the field, undisturbed by the presence of the researcher. "The undeclared observer does not negotiate his entry into this environment, he does not address an individual or an institution to ask for observation authorization. He cannot promise anything and obtain no guarantee. He will be able to work in this complete clandestinity. He will not be able to take notes during the action nor will he be able to take additional information from the participants." (Peretz, 2002, pp.75-76) However, the value of the results obtained from such research attests that it is an *implicit code of ethics* that the researcher practices in his research activity, in the absence of formal tools. At stake is an *implicit professional ethic* that capitalizes on the entire value scaffold of the researcher, his professional value and his experience. This ethic translates into the ability to work with people, to put into practice, in an appropriate manner, professional and human values and principles. She also calls, of course, a social intelligence, adaptability, creativity without betraying in any way the professional principles and values you share. In the face of a certain rigidity of procedural ethics, practical ethics seems to have an aura of frivolity. In fact, it hides a set of strong principles and values that only an experienced and proactive researcher can practice naturally, without bureaucratic constraints.

Conclusions

Like the ethics of research in the medical area, the ethics of research on the problem of drug use is circumscribed to areas of individual and social vulnerability, the phenomenological study including multidisciplinary perspectives, involving medical, psychological, sociological and legal knowledge.

In addition to documenting the statistical or procedural elements, the researcher will be involved, during the research process, in a thorough process of creating and applying field research tools, which lead him to the position of direct contact with the study participants. In this article we have analyzed the ethical challenges from the perspective of three levels of action, the intention being to outline the most complete framework of the ethical dimension

in the research of the phenomenon of drug use. Thus, at a contextual level, it is possible that the researcher is put in the difficult situation of not being accepted in an environment of drug use, which is often closed for contact with the outside. A greater openness can occur at the individual level, when the interaction of the researcher with the consumer takes place, whether it is at the level of occasional consumption or a manifestation of the specific symptoms of addiction is evident, in this case it is necessary to take into account the age of the interlocutor, characteristics related to the specificity of the consumption, as well as the psycho-social and cultural context at the time of applying the research. Therefore, the individual level of ethical analysis must be correlated with the scientific one, this fact presupposing an in-depth study of the methodology and epistemology of research. At this stage of the research, tools are created based on some already tested and which will later be appropriate to the research topic, so that the results reflect as much as possible of the studied reality. At the same time, special importance will be given to the theoretical perspectives used to allow a better understanding and knowledge of the phenomenon, such as the one that refers to drug use.

In fact, research ethics refers to respect and morality towards the object of research, towards the subjects involved and towards the social and scientific norms achieved. To the extent that in the research approach the researcher agrees on several types of ethics, which contribute to capitalizing on the individual, contextual and research requirements itself, the result of his work will be complete and will respect the freedom, dignity and human integrity, the right to free choice and free expression, the right to be informed and to make decisions of the subject participating in the study.

At the same time, it is important to set limits even when the benefits outweigh the risks, this approach managing to get the researcher out of a dilemma situation and would lead him to new solutions with visible social impact. The sociologist's code even establishes rules of ethical conduct that favor the construction of a capital of trust in relation to the subjects participating in the research and to the approach itself.

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