

relationship between drug addicts intensifies when contact with non-consumers is kept to a minimum. A further type of control is linked to the conceptions of cannabis consumers as immoral behavior. In the transition from occasional to regular use, subjects develop what Becker outlines as "the most emancipated sight" on drug: e.g. the author defines the effects of cannabis as more useful than harmful, considering it safer than alcohol and tobacco. In this perspective, "programmed use" is considered as a little problematic use, believing that it is possible to control the substance (Becker, 1955, 1956). In a study on marijuana smokers, Becker traces the deviant career of jazz cannabinoid users reaching innovative conclusions: he recognizes that it is not the deviant motivations that lead to deviant behavior, but the contrary, clarifying that it is the behavior that produces, over time, deviant motivation. The cannabis use is related to the individual's conception of marijuana and its possible uses, this vision develops in relation to the growth of the individual's experience with drugs (Becker 1987). The author has also analyzed how habitual consumers support the neophyte smoker in learning and appreciation of the practice, thus contributing to the progressive advancement in deviant behavior; from this it emerges that many deviant activities derive from socially learned behaviors through individual learning to take part in a subculture organized around a particular deviant activity (Becker, 1987). According to Sutherland, individual will engage deviant activities when he perceives the value of behavior differently from the real consequences of law violation. The Differential Association theory holds that behavior is learned through interaction with others or associations. By applying this theoretical framework to drug addict, it can be concluded that this behavior can also be learned through interaction with other subjects in a communication process within groups. Learning includes, in addition to the techniques of drug use, also motivations, drives, rationalizations and attitudes (Sutherland, 1955). Bandura's social learning theory highlights how learning does not only involve direct contact with objects, but also through indirect experiences, developed through the observation of other people. Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences (Bandura, 1997).

Another approach is proposed by Hathaway which, starting from Canadian data analysis, shows how Becker's "career" model requires changes. He suggests that cannabis use is considered tolerable and that use should no longer be associated with subcultural groupings; in fact, drugs use is an independently lifestyle choice by individuals (Hathaway, 1997, 2004). Containment Theory of Reckless argued that there are inner and outer forces of containment that restrain a person from committing a crime: the inner forces stem from moral and religious beliefs as well as from a personal sense of right and wrong; the outer forces come from who influence the individual to some degree. The effectiveness of containment forces can be influenced by external factors such as effective supervision and internal factors such as a good self-concept (Reckless, 1961). Hallstone proposes, instead, a development of Becker's theory: he shows that people do not necessarily have to go through a learning process and a moral transformation to become cannabis users (Hallstone, 2002). Furthermore, he underlines that consumption of cannabis is not static as it is a relative and variable phenomenon; therefore, the "careers" of cannabis users are constantly changing in response to social conditions. Some habitual users are able to exercise control on drugs assumption because they have an interest in conventional life (Hallstone, 2006) or commitments, such as school, work, study, family; other regular cannabinoids users develop a destructive model of consumption that monopolizes their entire existence (Hallstone, 2006). Hirschi applied Becker's theory to interviews cannabis users in Wisconsin, finding some limitations. The study shows that the start of cannabis use is probably less sudden and less dependent on the opinion of other people than that proposed by Becker. The initial phase is usually preceded by a process in which the individual develops the desire to experiment cannabis, and many neophytes do not need other subjects to be instructed on the use of substance (Hirsch, Conforti & Graney 1990). The theory of control starts from the assumption that people will undertake deviant behavior when their "social bond" with society weakened. Hirschi's concept of "social bond" includes four elements: attachment, commitment, involvement, beliefs. Attachment refers to the symbiotic connection between a person and society. According to the author, people with strong and stable attachments to others within society are less likely to violate social norms. Conversely, it is assumed that an individual with weak attachments does not care about desires of others and therefore is inclined to deviate from social expectations. If there is a form of attachment to family, friends and/or community institutions (for example, the church), deviant behavior is less likely. Although people with strong family and community ties can potentially abuse drugs, Hirschi suggested that they are more likely to consider their decision and avoid deviant behavior (Hirschi, 1969). Commitment refers to the investment that a subject has in social and institutional activities. The structure of Hirschi's commitment is based on the premise that there is an association between commitment level and propensity to deviance; therefore, an individual who has invested time, energy and resources to comply with social norms and expectations (for example, pursuing educational goals) is less likely to deviate from those who did not make such investment. Hirschi said that people who are heavily invested in commitments have more to lose (for example, interrupting their career path) than those who are moderately or totally uninvested. As a result, deviant behaviors such as alcohol and drug abuse are less tempting for people with strong commitments. Involvement is the third element of Hirschi's concept of social bond, it states that large amounts of structured time spent in socially approved activities reduce the time available for deviance. Therefore, an individual who is actively engaged in conventional activities (for example, employment) has less time and opportunity to engage deviant activities such as drug abuse. The last element of Hirschi's social link refers to the level of adhesion to shared social norms. For Hirschi everyone could be delinquent if it were not for the link between individual and society. Deviant or criminal behavior depends on social bond that is expressed in: attachment to other individuals (family, friends, school, etc.); involvement in the purposes approved by the community; commitment to conformist activities; belief in social values (Hirschi, 1969). In the normalization theory, outlined by Parker et al., it is argued that for young people, taking drugs has become normal, so, in urban areas, young non-drug users will be a minority group becoming "deviant" with respect to this standardization model. The explanation of drugs use is supported by a subcultural perspective in which the liberal permissiveness of youth is in contrast with the conservative restriction of the adult world (Parker, Aldridge Measham &, 1998).

Coffield and Gofton, trying to understand the individuality of young drug addicts, highlighted how drug intake is integral part of growth process and that drug's use is considered unproblematic by the majority of young people compared to the vision of: parents, teachers and police (Coffield & Gofton, 1994). Hirst and McCamley-Finney stated that young people are constantly surprised by how adults perceive drugs in terms of dangerousness or unusualness, suggesting a re-evaluation of adults reactions to drug use also considering the process of normalization in course (Hirst & McCamley & Finney 1994). According to Sykes and Matza, cannabis smokers would adopt a series of neutralization techniques to justify their conduct to themselves and others; in particular, they emphasize their self-control ability to substance (Sykes & Matza, 1957). In this perspective, the dissonance theory would emerge, a situation in which beliefs, notions, opinions expressed in relation to a theme by a subject are in conflict with each other (Festinger, 1957). Jessor and Jessor, with the theory of problematic behaviors, point out that adolescents have more dangerous habits than individuals of other age groups. This suggests the presence of a plurality of behaviors such as drug use and delinquency (Jessor & Jessor, 1977). Other studies have highlighted the centrality of the adolescent phase, understood as a period in which each individual is more subject to the influence of peer group; this phenomenon is particularly evident in transgressive behavior (Clasen & Brown, 1985). Research related to risk representation shows how people in risk assessment do not rely solely on the frequency of the negative event, but also have a subjective perception (Slovic, 1987). A study on risk perception in adolescents, found that drivers are, on the one hand, participation in certain behaviors and, on the other, the influence of peers, caused by tendency of young people to conform to the group (Benthin, Slovic & Severson 1992). Savadori and Rumiati examined the risk perception in Italian adolescents, confirming the results of Benthin et al., they established that the moral dimension is strongly correlated with the risk assessment; an activity defined immoral is considered, at the same time, very risky. Cultural factors play an active role in risk perception, given the difference between males and females (Savadori & Rumiati, 2000). Gottesfeld oppose the forced drug use from the hedonistic consume (Gottesfeld, Caroff & Liebermann, 1972); Levi distinguishes adolescent from whom drug use is a relaxed and infrequent activity by young people who use it more often, for example, to overcome unpleasant sensations (Levi, 1970); Keniston argue that for many young people the drug's use occupies only a marginal position in their lives and serves to make pleasant and stimulating experiences (so called seekers); a small minority uses drugs more often, as the consume has assumed a dominant position in daily life (heads) (Keniston, 1969). Nowadays, psychoactive substances are widely distributed among the society members. Consumption is not a phenomenon that only affects youth people, although use is more widespread among adolescent. The high presence of drugs and alcohol implies a difficulty in the interpretation of the use, of such substances, as a deviant act resulting from a pathological process or, on the other, the consideration of consumption as a subcultural practice. The profound changes in the social system oriented the analysis as a normalized action thus no longer subjected to stigmatization processes and no longer recognized as deviant (Bertolazzi, 2008).

III. Method

The data for this study were derived from a study of 901 undergraduate college students, with a focus on understanding the substance use and other deviance behaviors during the university period. Informed consent was obtained for participation in all phases of this study; the participation was totally free and voluntary, no rewards or remuneration were obtained by the student. The research method and questionnaire administered was reviewed and approved by the University of Enna "Kore". All the information was treated in the strictest confidence. The main aspect that was pointed out as particularly important in the validity of the questionnaire was that the students trusted that their responses were anonymous. Data was entered manually in a password protect computer. Our target population was the student of Kore University aged from 18 years and older residing in households in the EU member states. Although the age range of the college population varies widely, the vast majority of college students (87.13%) are aged 18 to 26 years; thus, we focused our analyses on that age group. A self-report questionnaires was administered at the end of lessons, that lasted approximately 1/2 hours and covered a wide range of topics, including demographics, family, substance use, lifestyle, etc. Data were collected between October 2016 and September 2017. Sociodemographic measures included sex, race/ethnicity, nativity, marital status, household composition, place of birth and residence; were also required on their living arrangements and employment status; other socioeconomic measures included family annual income and educational level (refer to ISCED level); the last variable covers formal education or formal training related to a specific job or profession; educational level include only the activity which lead the respondent to gain a formal qualification. In recent years, many screening scales have been developed and tested to assessing problems cannabis use (Beck and Legleye, 2008), one of the most-used is the Cannabis Abuse Screening Test (CAST) (Legleye et al., 2007). Originally designed for adolescents, CAST has been evaluated as an optimal screening scale for identifying patterns of cannabis use leading to negative consequences on a health or social level for the user or others community members. This questionnaire was also used as one of the main module in the European School Survey Project on Alcohol and Other Drugs (ESPAD). CAST questionnaire is a 6-item scale screening for problematic cannabis consume by assessing the frequency of the following events during the past 12 months: "Have you smoked cannabis before midday?", "Have you smoked cannabis when you were alone?", "Have you had memory problems when you smoke cannabis?", "Have friends or family members told you that you should reduce or stop your cannabis consumption?", "Have you tried to reduce or stop your cannabis use without succeeding?", "Have you had problems because of your cannabis use (argument, fight, accident, poor results at school, etc.)?". All items are answered on a 5-point scale (0 'never', 1 'rarely', 2 'from time to time', 3 'quite often', 4 'very often'). The full range of item responses yields a total score ranging from 0 to 24. The validation of the Italian version of CAST, used in this research, (Bastiani et al., 2013) was conducted through a multivariate analysis (Multiple Correspondence Analysis-MCA) for the evaluation of the different alternatives response for each of the

6 items. The total score of the Italian version (CAST-MCA) provides, therefore, an algorithm that adds the weights giving different importance to the different response options. The total score of this version is between 0 and 24, defining problem behavior a total score ≥ 7 . As highlighted by Legleye et al. (2015) CAST properties have been assessed in representative samples in France and Italy, good internal and screening properties were also found in small samples of young adults in research conducted in Spain and Hungary. The last section of the questionnaire aims to capture the variety of situations and reasons for using cannabis, each item was followed by the response options of “never” (1), “rarely” (2), “occasionally” (3) and “frequently” (4). The use of any substance, which included use of any drugs (different from cannabis), alcohol or tobacco during the last year. For many substances, the questionnaire contains questions about lifetime use and also age at first use. On one hand, some question are administered in a closed format ad require a dichotomous response, conversely some questions are left completely open to encouraged respondents to give a full explanation. The main characteristics of the sample members were analyzed as frequencies (Chi-square test, test Fischer). Parametric data were analyzed with ANOVA, the changes in categorical data were analyzed with the Chi-square test. The significance values were set for $p \leq 0.05$.

Table I: Sample characteristics

| | Total (n= 901) | % |
|---|----------------|--------|
| <i>Male</i> | 371 | 41.17% |
| <i>Female</i> | 530 | 58.83% |
| <i>Age (Mean, SD)</i> | 22.4 (3.1) | |
| <i>Educational Level:</i> | | |
| ISCED 1 – 3 | 61 | 6.8% |
| ISCED 4 – 5 | 750 | 83.2% |
| ISCED 6 | 90 | 10.1% |
| <i>Family income</i> | | |
| 0 – 14,000€ | 63 | 7% |
| € 14,001 - € 28,000 | 234 | 26% |
| € 28,001 - € 32,000 | 324 | 36% |
| > € 32,000 | 280 | 31% |
| <i>City inhabitants</i> | | |
| < 2,000 | 36 | 4% |
| 2,000 – 60,000 | 285 | 31.6% |
| 80,000 – 250,000 | 291 | 32.3% |
| 250,000 – 500,000 | 192 | 21.3% |
| 500,000 – 1,000,000 | 97 | 10.7% |
| <i>Year at university</i> | | |
| First | 190 | 21% |
| Second | 279 | 31% |
| Third | 252 | 28% |
| Forth | 99 | 11% |
| Fifth | 63 | 7% |
| Seventh and + | 18 | 2% |
| <i>Tobacco Smoker</i> | 640 | 71% |
| <i>Alcohol consume (day per week)</i> | | |
| 1 or less | 30 | 3.3% |
| 2 – 3 | 721 | 80% |
| 3 – 5 | 80 | 8.9% |
| 5 – 7 | 70 | 7.8% |
| <i>Other illicit substances consume</i> | 135 | 15% |

IV. Results

The response rates were 72.2% (n=650). Informed consent was obtained. The students were instructed, verbally and in writing (on the first page of the questionnaire) that they should not put their names or other identification sign on the questionnaire. Specifically, from the larger sample of 901 students, 650 students (280 males and 370 females) completed the assessment. The remaining participants were excluded because either they did not complete the assessments (n=218), they had partially missing data on cannabis use at one or both assessments (n=33). The proportions of subject that refused to participate differ substantially among the different university department, but the reasons given were usually: lack of time, examination and mobility problem. However, the response rates are deemed to be satisfactory, because a higher rates of sampled students not taking part in the study could increase the risk that the net sample is biased. The majority of the sample self-identified as being White (95.2%).

All analyses were conducted using MathLab 2015a. Although the range age varied from 18-31, the group 19-24 years olds amounting to 72%. The average study age was 22.4 years (SD=3.1). Subjects reported having used cannabis during the previous 12 months were 37.06% (n=334), while respondent used it during the last 30 days was the 45.21% and about 23.4% on a daily basis. From the sample, 55 subjects (70.5%) were dependent and 23 (29.5%) showed abuse. Men were also more likely to smoke cannabis daily (28.1% versus 8.7%), to drink alcohol during the morning (31% versus 9%), while daily tobacco smoking and alcohol use during the weekend was higher for female (59.7% and 43% for men respectively). The proportion of frequently cannabis use is also higher in the younger age group: subject who defined himself as dependent amounted to 36.4% in the 18-22 age group against 11% in 22+ group (p<0.05). There were no significant gender differences in respect of prevalences of dependence, but men were more likely to meet abuse criteria or cannabis use disorder (according the definition of DSM-V). Men reported experiencing more overall negative consequences than women from cannabis use. Regarding the CAST items, the second (have you smoke cannabis when are alone) and the third items were the most commonly endorsed (38.3% and 41.7%), while Item 6 (problems) was only reported by 5.1%. Overall, 49.8% reached a score ≥ 3 , 34.2% ≥ 5 and 16.0%, ≥ 8 . Globally, there were thus fewer differences between gender than different age group. Data shows how there are numerous other problems which cannot be directly related to difficulties in basic activities; this difficulty may be solely due to environmental factors. Participants, in most cases declare it is often a combination of both personal and environmental factors which contribute to cannabis use and a lack of social participation and integration. Only in few cases (n=7) respondents report that a medical condition contributed to their cannabis consume. The purpose of questions related to social support is to try to establish the dependence of cannabis consume and the level to which people have social contact, emotional support and protection; results prove a strictly correlation between the absence those giving an immediate support (i.e. friends, family or colleagues) and the illicit substance use, as it is demonstrated by literature contribution of Hirschi (1969) Cohen (1955). According to the approach suggest by Park and Grant (2005) study on alcohol consume, a bivariate correlational analyses were conducted to examine how cannabis consumption was related to positive and negative consequences in university student. Results indicated that mean levels of experiencing negative consequences were related to higher levels of cannabis consumption for both men and women, conversely the positive consequences are strongly correlated to the lower level. To examine relationships between cannabis consumption and social behavior, two sets of bivariate correlations were conducted between these variables, one for men and one for women (Table 2 – Table 3). Social relational was positive related to cannabis consumption but inversely correlation in registered to negative and positive cannabis consequences (both for men and women). These findings suggest that interventions should focus not only on the potential negative consequences of illicit substances use, but should also on the positive effect.

Table II: Bivariate correlations between total positive and negative consequences by gender of cannabis consumption

| | Cannabis Consume | | Positive consequences | | Negative consequences | |
|--------------------------|------------------|--------|-----------------------|---------|-----------------------|---------|
| | Men | Female | Men | Female | Men | Female |
| Social Relational | 0.31** | 0.22* | 0.68*** | 0.54*** | 0.37** | 0.31*** |
| Positive emotion | 0.03 | 0.08 | -0.21* | -0.09 | 0.21 | -0.10 |

| | | | | | | |
|------------------------|-------|------|--------|--------|-------|-------|
| Correct | | | | | | |
| Positive affect | 0.01 | 0.02 | 0.01 | 0.01 | 0.02 | -0.04 |
| Negative affect | -0.09 | 0.01 | 0.09** | 0.06** | 0.41* | 0.19* |

*p<0.10; **p<0.05; ***p<0.01

Table III: Partial correlations between psychological factors and positive and negative consequences by gender controlling for alcohol consumption

| | Positive consequences | | Negative consequences | |
|--------------------------|-----------------------|---------|-----------------------|--------|
| | Men | Female | Men | Female |
| Social Relational | 0.68*** | 0.61*** | 0.34** | 0.31* |
| Positive emotion | -0.29** | -0.07 | -0.23 | -0.16 |
| Correct | | | | |
| Positive affect | 0.02 | 0.01 | 0.02 | -0.04 |
| Negative affect | 0.29** | 0.26** | 0.37* | 0.19* |

*p<0.10; **p<0.05; ***p<0.01

V. Conclusions

This study showed that social context has a relevant effect in cannabis use of college student. Similar to other substance abuse the reason for using cannabis relate to conviviality, social interaction; this finding, supported also by Beck et al. (2008), demonstrate that existed different cannabis use context in university student not related to gender, age or family income. Further investigation will be devoted to the relationship of cannabis use and other form of deviance behavior. Social facilitation is the more important reason to cannabis consumption during the university life, thus is probably linked to psychological reasons; many students who attend college are living away from home, and the indirect family control, for the first time. This experience could be difficult and also faced new challenges as friendship, living arrangements. Future studies should examine the specific transition patterns from non-problematic and problematic cannabis consumption, as well as determine the contextual nature of this transition. This survey was confined to students from a single university, thus the primary findings may not be generalizable to students at other bigger/smaller, public/private institutions. Another limitation is the relatively small number of students that was used in the various statistical analyses. Sampling individual students and individually questionnaire could affect the truthfulness of answers and therefore bias the results of the study. Therefore, these findings should be taken as preliminary until more robust research, with bigger sample and variables, could confirm the estimates obtain or produce new findings. According with the aims of this paper, the early identification and treatment of students who are using cannabis is a critical challenge for universities and to the implementation of social policies. However, as is showed by literature, the most common disorders in college students were alcohol use disorders and nicotine dependence, cannabis use assume important priority in public health. As it is possible to deduce, effective methods to reduce the number of cannabis smokers at university including skills, motivational and personalized interventions in order to reduce this deviant behavior (additional prevention and intervention efforts could be implemented at many levels, including the organizational and institutional). For this reason, this study wants to be a useful tool for identifying students who may be at risk, as well as those likely to become at risk for developing a deviant behavior problem in the future.

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