

## Environment's Impact on The Emergence of Drug Addictions of Children and Youth; Possibilities of Their Prevention

### Abstract:

The contribution refers to the participation of environment for the emergence of drug addiction of children and youth. It expounds the origins of drug addiction emergence with special respect to environment's impact. It also presents selected results of the research implemented at elementary schools of the Banska Bystrica district in the Slovak Republic. A part of the research was directed to determine personal experiences with drugs of pupils at the 2<sup>nd</sup> stage of elementary schools.

**Key words:** *drug addiction, environment, prevention, toxic addiction of children and youth, reasons for emergence of drug addictions, elementary schools.*

A rapid expansion of the drug problem in the transformation period has motivated professional public to a deeper analysis of the roots of toxic addictions and of the possibilities to prevent them. A toxic addiction is a polyethiologically conditioned phenomenon; factors of bio-psycho-social character participate in its emergence. While dealing with the aetiology of a toxic addiction we will come out from the fact that man as a bio-psycho-social being is unique and non-recurring. The present level of knowledge presented in the scholarly literature points to multi-causality of the roots on which a toxic addiction arises, develops and spreads. This is why we clarify the aetiology of the drug addiction problems based on views presented by various authors with special regard to the social environment.

Environment can impact on humans either positively, in the sense of socially desirable norms, or negatively. (Emmerová, I. 2004, p.143) Various authors (E. Urban, 1973; J. Presl, 1994; J. Hroncová, 1996, 2006; V. Kolibáš & E. Novotný, 1995; I. Novotný, 1999; I. Emmerová, 2004 and others) refer to the impact and

factors of environment as being decisive and co-active factors for the emergence of social deviations of children and youth. Everything around us significantly influences the formation of human stances, values and relations. It first involves parents, siblings, peers, friends, school and employment, the mass-media. These are socialisation factors, to which J. Hroncová (1996, p. 40; 2004, p. 78) adds also street influence (gutter), especially friends, peer groups, leisure activities of children and youth, local milieu influence and the like. Among primary socialisation factors J. Hroncová (2004, p. 78) places: family, school, educational institutions.

E. Urban (1974, p. 7) brings in four factors which lead to the emergence of human drug addiction. These are also supported by J. Podhradský & E. Komárik (1990); J. Lietava (1997); E. Kolibáš & I. Novotný (1996); T. Illes (2002) and others. These are the following ones:

1. **Pharmacological factors** (“drug”)
2. **Somatic and psychic factors** (“personality”)
3. **Environmental factors** (“environment”)
4. **Perception factors** (“stimulus”)

Athors I. Novotný and P. Ondrejkovič (1999, p. 162) add also the fifth one to the above factors of the drug addiction emergence: **Frequency factor** (“frequency”).

### **1. Pharmacological factors – “drug”**

Availability of drugs greatly impacts on the addiction emergence. According to the monitor centre for drugs and drug addiction (*Stav drogovej problematiky v Európe*. 2006, p. 37–47) cannabis is the world’s number one produced and sold illegal drug. In many European countries, the second most frequently used illegal material of synthetic nature is amphetamine, ecstasy, LSD and additional ones. In the Slovak Republic in 2003 the dominance of heroin ended and cannabis drugs as well as amphetamines came to prominence. The consumption of legal drugs is high as well.

The research results of M. Bieliková, M. Pétiová and E. Drzníková, (2003) targeted at smoking of pupils at elementary schools show a continually growing tendency of cigarette smoking; young people start experimenting with cigarettes at the age of 12 to 15. According to the research results of M. Bieliková (2003) pupils start experimenting with alcohol already at the age of 10. This has recently been verified by the research results by I. Emmerová (2005); she writes that the occurrence of the first experience with alcohol and tobacco is growing in the age category of 10–14-year-olds.

In 2005 we implemented research targeted at the pupils at the 2<sup>nd</sup> stage of elementary schools and at the elementary school coordinators of drug addiction prevention and of additional socio-pathological phenomena. The research goal was to

analyze the situation of the drug addiction prevention at elementary schools in the Banska Bystrica district, personal experiences of the pupils at the 2<sup>nd</sup> stage of elementary schools with drugs and so on. When getting empirical data, we were using a questionnaire method. The questionnaires were personally delivered and presented at elementary schools. The research was implemented at selected 10 elementary schools in the Banska Bystrica district. Altogether 300 pupils were addressed, out of those 175 girls (58.3%) and 125 boys (41.7%). The majority of the pupils were 8<sup>th</sup> graders of elementary schools, which represents 59.3% and minimum of the pupils were 7<sup>th</sup> graders, which represents 6.7%. From among them 214 (71.3%) pupils came from a city and 86 pupils (28.7%) from a village.

Part of the research was dedicated to finding out personal experiences of pupils of the 2<sup>nd</sup> stage of elementary schools with both legal and illegal drugs. From the results of the research it is clear that 68.3 percent of the pupils have personal experiences with alcohol and 42.0 percent with tobacco. Marijuana was reported by 5.7 percent of the pupils. The alternative "none of the identified drugs" was reported by only 9.7 percent of the pupils. The presented results show the fact that drugs are becoming part of elementary school pupils' life.

## **2. Somatic and psychic factors – "personality"**

The growing number of young people taking drugs is most clear in the age category of adolescents, although experimenting with drugs quite often starts already at the junior school age, or even at the pre-school age. The period from 10 to 16 years of age is called pubescence. It is a period of sexual maturation, sudden somatic and psychic changes, emotional lability and instability in feelings, leaving the parents, criticising authorities, friendship formation and inter-sexual relations. In this period parents lose their authority and consequently conflicts occur between parents and children. The influence and importance of peers grows. Friendship plays a very important role in this period. Peers' influence is strong as well, especially in this age category, playing a significant role in the motivation to take drugs too.

## **3. Environmental factors – "environment"**

The first social environment into which a child is born and where a child grows is family. The significance of family is stressed by various authors, V. Kolibáš & E. Novotný (1994); K. Nešpor, L. Csémy (1997), I. Emmerová & J. Hroncová (2004) and others. At the same time, by its acting family can stimulate the emergence of various social deviations. According to I. Emmerová, (2004, p. 155) an important role in family is played by the quality of relations, quarrels and inconsistency in upbringing, as well as parents' exaggerated care of their children. K. Nešpor

writes that there are some **risky factors** on the side of parents that can directly or indirectly take part in the drug addiction emergence. We are selecting just a few of them: **Risky factors:** *addiction emergence in one of the parents, non-existence of family rules, lack of time for children, extreme strictness and physical violence in family, a high rate of tolerance for alcohol drinking or taking drugs in family and so on.* (Nešpor, K. 2000, p. 79)

When family fails, the child is exposed to the influence of peer groups. Every social group has its own system of norms – rules; it is required to keep them, breaking them is punished. These groups quite often negatively or even destructively impact on a young man. The influence of friends to be a stimulus for drug consumption is referred to by the research results of various authors: M. Račková (2002, pp. 28–31), M. Petiováj, M. Bieliková & E. Drzníková (2003, pp. 13–24), I. Emmerová (2005, pp. 48–59). Our research results realized in 2005 are identical with the introduced results. That is why we asked pupils a consequent question “Who offered a drug to you for the first time?” The ascertained results for this area are shown in Table 1.

**Table 1: Initiator of drug offer**

Alternatives		n	%
friends		109	36.3
parents		57	19.0
myself		37	12.3
no answer		54	18.0
others	nobody	28	9.3
	cousin-nephew	6	2.0
	schoolmate	6	2.0
	grandfather	3	1.0
Total		300	100.0

Table 1 makes it clear that it was their friend who offered a drug for the first time as answered by 36.3 percent of the respondents. Pupils of 2<sup>nd</sup> stage of elementary school are in the period of pubescence when friends' and parties' influence dominates. Drug taking many times is motivated by an individual joining a group.

School besides family is the second most powerful socialisation factor. School should represent a drug-free environment and should provide a positive example through teachers. School must organise preventive activities, especially in relation to the little motivating family environment of a child. More attention must be paid to children coming from dysfunctional and risky families.

What is also relevant is the influence of the mass-media, such as TV, radio, the Internet and so on; its importance is referred to by the National programme to combat drugs till 2004 with a perspective till 2008. Especially the influence of the mass-media on children and youth is positive, but also more and more negative.

#### **4. Perception factors – “stimulus”**

For adults it mainly involves difficulties in marriage, in family, at work, crisis life situations and others. For adolescents the stimulus to use drugs is often an endeavour to copy adults, to flee from inconveniences in family or school, but also boredom, curiosity, artificial increase of feeling to be courageous, an influence of peers as well as additional factors (Hroncová, J. 2006, p. 82).

A primary stimulus to take drugs can be a negative influence of the mass-media, TV in particular, improper literature, the Internet, and the like. Children and youth at pubescence and maturation represent a very risky group due to the specifics of their social and psychic maturation; they are in need of greater attention.

#### **5. Frequency factor – “frequency”**

The last from the list of factors is the factor of frequency or frequencies. In this context I. Emmerová (2004, p. 46) points out that the factor of frequency is linked to how often people get in contact with drugs. For young people, an environment full of drugs represents an increased risk.

As it arises from the definition of a toxic addiction, it is a situation caused by repeated use of a drug. The more a child or a young man gets in contact with drugs, the higher is the probability of the drug addiction emergence.

### **The possibilities of primary drug addiction prevention at elementary schools**

The need for prevention is accented by the National programme to combat drugs (further: NPBPD), which was accepted by the Slovak government in August 1995. “This is a basic programme document of corporate endeavour to combat drug addictions, to decrease illegal offer of drugs on our market, and it determines the main goals of medical and social care of inhabitants who got into the snares of drug addiction”. (Pánisová, Z. 1999, p. 149) There are expressed basic principles and key positions for a multidisciplinary approach to the problem of drugs. A factual character of the gradual implementation of anti-drug policy is shaped into tasks for individual executive departments, or for central authorities of the state administration.

The currently valid updated National programme to combat drugs till 2004 with a perspective till 2008, which reads that the Slovak Republic will “support early and effective prevention of the emergence and spread of drug addiction, securing whole and continual care of drug addicts and with full decisiveness repress the production, transit and trading traditional and synthetic drugs so that the anti-drug policy of the Slovak Republic is prevailed by a complex, balanced and coordinated procedure while implementing the rule of corporate responsibility for the health and life of inhabitants“. (*Národný program boja proti drogám na roky 2004 s výhľadom do roku 2008*. Bratislava: 2000, p.3.)

State policy in relation to children and youth emphasizes preventive protection and regulations protecting children and youth from negative phenomena that impact on them. (*Koncepcia štátnej politiky vo vzťahu k deťom a mládeži do roku 2007*, p. 6)

The requirement to implement prevention at an international level comes out of the legislation and policy of the EU. The Council of the European Commission approved in June 2005 an EU anti-drug Operational plan for the years 2005-2008. This Operational plan keeps the structure and goals of the EU anti-drug strategy for 2005–2012 and exposes approximately 100 specific regulations, which are to be implemented in the EU by its member states till the end of 2008. The EU anti-drug strategy for 2005–2012 is conceived in multiple areas: coordination, area of politics: decreasing demand and supply, international cooperation, cross-sectional theme: information, research, and evaluation. The EU anti-drug strategy for 2005–2012 and the EU anti-drug operational plan for 2005–2008 will bring a more effective coordination of anti-drug activities at both national and international levels.

The coordination of school preventive activities is inevitable for the prevention of socio-pathological phenomena. This coordination in the area of prevention in schools is organized by headmasters, education counsellors, school psychologists, and prevention coordinators. This function should be performed by a prevention coordinator appointed by the school headmaster.

The competencies of the coordinator of the prevention of socio-pathological phenomena are regulated by the pedagogic-organisational rules yearly published by the Ministry of Education for schools, school organisations as well as for the authorities of the state administration in the school system as an authoritative regulation. The prevention coordinator fulfils the following tasks: the task of the school counselling in the questions of drug and other addictions, provides for prevention coordination as an integral part of education and training process, mediates networking of school with preventive, counselling and other professional organisations as well as with NGOs involved in prevention, coordinates and

methodologically directs preventive anti-drug educational and informative activity of pedagogical employees at school while long-run systematically monitoring and evaluating development of pupils, informing their parents (or their legal representatives) on the activities of preventive counselling and other professional organisations and their possibilities to prevent drug and other addictions; in frame of his/her preventive activity he/she also closely cooperates with the educational counsellor at school as well as with the centre of educational and psychological prevention. The present situation at schools requires professional performance of the function of the prevention coordinator. The function of a prevention coordinator is often entrusted to pedagogues without knowledge of the problems of social pathology and its prevention, who do this function as an add-on to their work load, which often results in low effectiveness of their activity. That is why it is desirable that this function should be performed by a social pedagogue as a skilled professional prepared theoretically, conceptually, and methodologically. What is also very important is the requirement of a systematic and continuous education of other pedagogues working in the area of the prevention of socio-pathological phenomena. Similar preventive endeavours are realized by many other states. The drug addiction prevention in the USA is being implemented in two forms: research and education. Schools introduced an educational programme which is focussed on the prevention of the use of drugs, alcohol and is specific for various age categories. They integrate drug problems into the educational content lectured by school social workers (M.A. Suppes & C.C. Wells, 1991, p. 146–147). What is also very important is mutual balance between passing on and receiving information, which has a significant impact on active learning. Passing on as well as receiving information, a possibility for learning through experience and getting feedback meaningfully impact on pupil activity as well as on the development of dynamic teaching. (Zenke, R., Gunkler, J., 1985). J.G. Brown (1974) in this context emphasizes the balance and “mergence education”, which is described as integration of cognitive learning and affective learning.

An effective way of prevention at elementary schools is the implementation of projects and programmes of prevention work such as Do not destroy your wise body, Sound school, School without alcohol, drugs and cigarettes, Before it is too late, and others. We consider the most effective tool of the implementation of the primary prevention at school to be the organized interest activity of pupils. Currently in many schools there is no sufficient and regularly organised activity with children and youth, which significantly decreases the effectiveness of the prevention of all socio-pathological phenomena of children and youth.

In order to increase the effectiveness of prevention processes we continue to emphasize mutual cooperation between school and family, while increased atten-



tion is to be paid to pupils coming from dysfunctional and imperilled families. The basis for an effective preventive and educational activity remains to dwell in coordinated and systematic work of basic socialisation factors: family, school as well as additional institutions (such as institutions of educational prevention, police, or other institutions). According to J. Hroncová (2006, p. 185), to the most important organisational forms of prevention at school belong: creating positive psychic climate, teaching process through such subjects as ethical education, civics, and also pupil interest activity, educational formation of pupils' leisure. School should create a sufficient number of possibilities for the work of interest groups according to pupils' wish. Forming a positive psychic climate at school, removing authoritative style of education, deepening of the trust relationship and cooperation between teachers and parents, reinforcing the educational function of the school through class teachers, educational counsellors and the like, illuminating agitation as well as using of information technologies, self-governing activity of pupils, and so on.

The toxic addiction of children and juveniles is currently a very alarming phenomenon because of the steadily decreasing age of the first contact with drugs. More and more young people disclose experiences with alcohol drinking as well as with a more tolerant attitude to it among the members of their own family. It is the family as a basic unit of society and a dominant socialisation factor, however, who should be an example and an important formation factor partaking in the positive development of an individual. Children to a great extent accept family values as well as the way drug problems are discussed there, it forms their attitudes, because family is a model workshop of human behaviour. A positive educational model of teachers and parents as to the legal drugs consumption influences the creation of positive attitudes.

## **Bibliography:**

- Bieliková, M., Pétiová, M. & Drzníková, E. (2003): Fajčenie žiakov základných a stredných škôl. *Prevenčia*. No.1, 13–24.
- Brown, G. (1974): *Human Teaching for Human Learning*. New Your: Viking Press.
- Emmerová, I.(2005): Osobné skúsenosti žiakov základných škôl s drogami. *Mládež a spoločnosť*. No. 1, 48–59.
- Emmerová, I. (2004): *Faktory vzniku drogových závislostí*. In: Hroncová, J. a i.: *Sociálna patológia*. Banská Bystrica: PF UMB.
- Hroncová, J. (1996): *Sociológia výchovy*. Banská Bystrica: PF UMB.
- Hroncová, J. and group (2004): *Sociálna patológia*. Banská Bystrica: PF UMB
- Hroncová, J. (2006): *Príčiny kriminality mládeže a možnosti jej prevencie v pod-*



- mienkach školstva*. In: *Zborník GENDER\_ROD v pedagogickom výskume a praxi*. Trnava: UCM.
- Hroncová, J. & Kraus, B. and group (2006): *Sociálna patológia pre sociálnych pracovníkov a pedagógov*. Banská Bystrica: PF UMB.
- Maľová, M. (2005): *Súčasný stav prevencie drogových závislostí v základných školách v okrese Banská Bystrica*. In: *Rigorózna práca*. Banská Bystrica: PF UMB
- Suppes M.A. & Wells C.C. (1991): *The social work experience*. United States of America.
- Národný program boja proti drogám na roky 2004 s výhľadom do roku 2008*. Bratislava: Tlačiareň MV SR, 2000.
- Nešpor, K. (2000): *Návykové chováni a závislost. Současné poznatky a perspektívy léčby*. Praha:
- Novotný, I. (1999): *Vznik drogových závislostí a štádia drogových závislostí*. In: Ondrejko, P. & Poliaková, E. and group: *Protidrogová výchova*. Bratislava: VEDA 1999.
- Ráčková, M.(2002): Psychologické a sociálno-psychologické charakteristiky prodrogového správania. *Prevenia*. No. 3, 28–31.
- Stav drogovej problematiky v Európe*. In: *Európske monitorovacie centrum pre drogy a drogovú závislosť. 2006*.
- Urban, E. (1974): *Mládež a drogy*. Praha: Avicenum.
- Zenke, R. & Gunkler, J. (1985): Twenty eight techniques for transforming training into practice. *Training*. Apríl: 54