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THE PRACTICE OF THE INTEGRATED PREVENTION

Abstract: Our study regarding the theoretical and practical aspects of the integrated prevention is based on a specific methodological design and analysis of the gathered data. However, our main goal it's not the communication of the quantitative results, instead we intend to formulate the theoretical conclusions that can be deriving from our analyses. Our data were gathered through analyses last for more than two decades, applying questionnaires, interviewing and focus group experiences regarding the problematic of drug consuming, and our goal is to raise this information to a level of theoretical conceptualization.
The actuality of our study is given by the fact that data provided by both our research and international literature show that deviances, including the frequency of drug use is manifesting an ascendant trend. Topics about prevention are present among the resources and discussions in home specialty literature for decades, in campaigns or rather sporadically. However, we can observe a lack of regional or national coordination, and planned collaborative prevention practices. In the same time, we rarely find an aggregation and summarized interpretation of the national research data, which allows the translation of them into theoretical models. Our goal is to fill this gap through our analyses.
We believe that only prevention programs that are adapted to the local conditions and socio-cultural environment will show a relevant efficiency. Nowadays, they are being used the same universal programs from America to Europe.
In our study, we perform to a theoretical explanation of prevention, this way raising the possibility of an attitude change, and the establishment of a national data-based preventative approach. In our approach, we integrate the concepts present in the international literature of prevention. Furthermore, we are subtracting those conclusions on which bases the prevention can be interpreted as a tool for community mental health and sharing those aspects that contribute to the design and implementation of efficient prevention. We also provide theoretical models serving the design and the implementation process of prevention, besides introducing a new concept: the designation of integrated prevention, based on our analyses.

Keywords: Community mental health - health promotion - direct and indirect prevention - prevention levels - reactive prevention - protective factors - predictive factors - individual and community tailored - Integrated prevention.

1. Introduction

The structure of our paper is rather peculiar, our aim is not the presentation of quantitative datas but the summarizing of the theoretical conclusions which have been formed in the last two decades in which we have realized various studies related to the drug-issues.

Our own researches and international datas show that the degree of deviance has an increasing tendency (Albert-Lőrincz, 2011 Botescu 2011, Elekes 2011, EMCDDA 2012). Even if the spectrum of the consumed drugs is changing, after all the number of the

consumers does not get smaller. Romania also has a drog-prevention strategy, for at least two decades there have also been practiced various forms of prevention, but with a sporadic character. However, the regional and countrywide coordination of this activity is still missing, so is the theoretical summarizing of the datas in the form of theoretical models and as a consequences these can not be applied in autochtonic prevention programs. This paper intends to fill this gap.

The purpose of our paper is to prepare the change of attitude towards the prevention and to contribute to the change of perspective on the prevention.

2. The prevention as a mental hygienic instrument of the community

In this perspective the prevention is nothing else but health-development, the setting of the fundaments of the request for a healthy way of live. Thus the prevention, and even the drug-prevention is not only about drugs. It promotes the health as a value. It promotes continuous, non-action like, long-term activity which has as a partial aim the drug-free life. The final objective is the healthy joy of life, self-activity for the health. For this purpose the distribution of information itself is not enough. The knowledge is necessary but it is still not enough. The informing activity must not be disincentive, it must rely on true facts. It should bring up proper arguments and through the commitment is must take effect on the conviction, targeting the health-friendly attitudes and the positive health-conduct. This can be realized only through the common effect of development of the personality (health-education and health-learning through gaining of skills) and through the influence of the ambience (health-preserving actions). In this context the primary aim is not only the development of the knowledge and level of information and awareness, but also the influence of the attitudes and conduct towards the healthy way of life. People must be made able to live their lives in a healty way, to preserve their physical and mental health and to increase their resisting capacities.

In this approach Caplan's (1946) triple divisional system of the prevention proved to be too narrow and inflexible, so we complete on the base of on Mrazek and Haggerty (1994) and imagine the efficient prevention in the structure of action-levels. In this context we make difference among:

- general prevention, which is valid for the whole population or to a certain part of the population,
- the selective preventive action, which targets group with a bigger level of risk than the average,
- the indicative one, when the prevention targets persons in the case of who the risks factors are multiple, focuses on the already diagnosed persons, groups, families, here the therapy and the prevention cannot be distinguished. This Is mainly realized between institutional frames.

The EMDDA (The Drug-Center of the European Union) since 2000 realizes the same way the division of the prevention, taking into consideration the individual and community requests of the targeted population. The main focus being on the social utility -related to the deviancy-sources offered by the individuals, lobbies and subcultures- according to the international experiences, the prevention has three major objectives:

-the limitation of the offer: the restriction of access,
-the limitation of the demand: the diminishing of the number of consumers,
-the limitation of the damage: avoiding the complications and social damages.

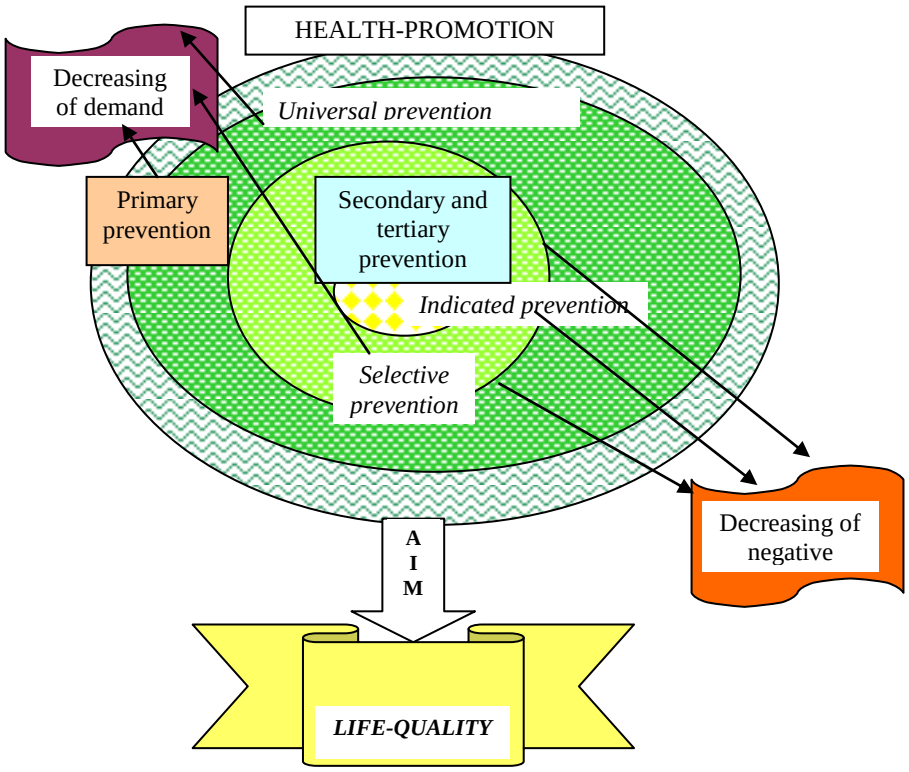

Figure 1. Integrated prevention
(source: Albert-Lőrincz E., 2009, 42.)

Searching the correlation among the concepts we can tell, that: the limitation of the demand in the fields of pornography and drugs should be realized with the universal or sometimes called primary prevention. The same objective is targeted by the selective and indicated, by other words secondary or tertiary prevention, but the emphasis is moved in these cases on the diminishing of the level of damage.

The diminishing of the damages – avoiding infections (HIV, hepatythis), avoiding the consumer to become dealer, the reduction of the risk of criminalization and not to commit crimes- should be ensured by the secondary and tertiary prevention, by other words by the selective and indicated prevention.

The indicated prevention is mainly dedicated to the dependents, but in the context of integration the levels interfere with each other and if the experimentation with drugs has already been started, there's need for all the three. The peculiarities of the cases decide, which the primary form of prevention should be.

The prevention can happen in direct and indirect forms. In the protection, preservation and re-gaining of the mental health it has a direct role: the health-care, the educational system but even the justice can be mentioned here, for example the penitentiary system. Indirect instrument can be the social-policies, the political actions influencing employment and the various institutions of the civic sphere.

From the perspective of the direct prevention a central, key meaning has the service of the mental health. For this it is necessary to have the skill of en effective life-organizing, the living of the emotional and spiritual well-being, to treat properly the challenges and to strengthen the feel of the control. The two main purposes are the increasing of the individual confronting ability and the creation of a supporting ambience.

The indirect prevention can be served with the following health-preserving social-policy actions:

- prevention- culture, the shaping of the public opinion,
- the increasing of the responsibility of the mass-media,
- organization of campaigns for health-culture, like ,,Drug day''-groups for way of live,
- the development of voluntary programs,
- the discovery and early treatment of risked groups,
- formation of experts,
- charity activities, financial support for prevention-related activities.

3. Aspects for the planning of the efficient prevention

Today's specialized scientific bibliography offers various models, which can form serious and well-researched theoretical background for the implementation of the prevention programs. They can be guidelines for the planning of long term, multilevel prevention programs. However, these programs should always be adapted to the local necessities and should be planned in a system-perspective. Based on the specialized bibliography and research datas we created the above presented model:

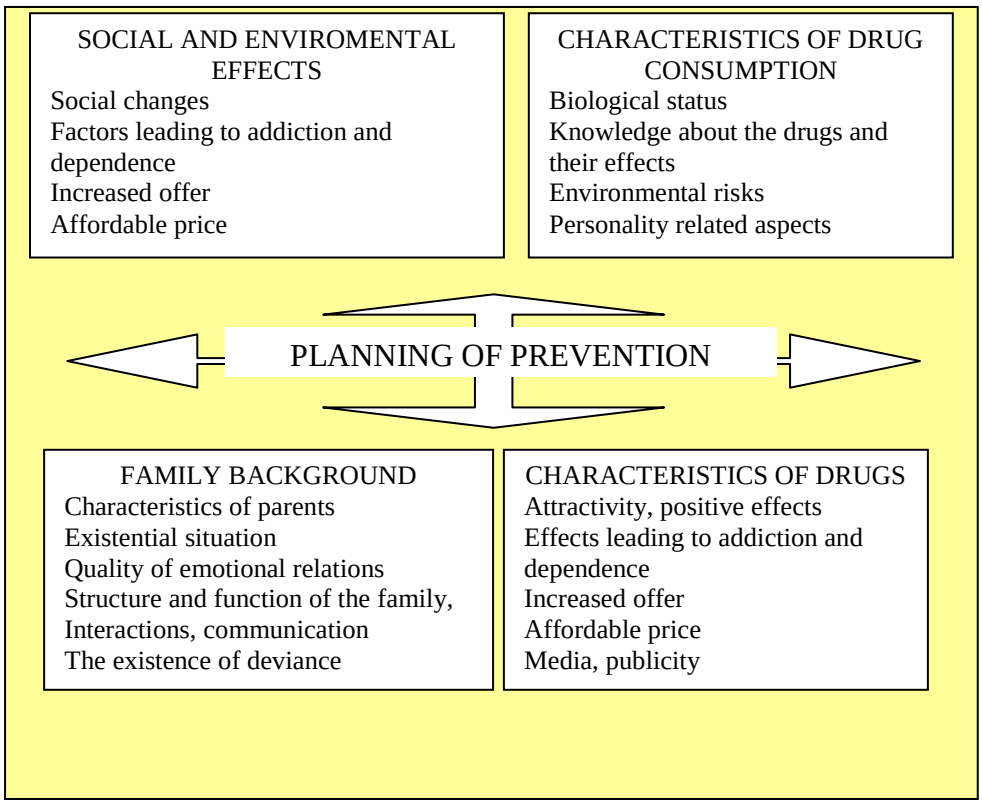

Figure 2. Planning of prevention
(source: Albert-Lőrincz E., 2009, 194.)

In order to be effective all the four factors must be taken into consideration and an effect is necessary on them. A suitable guideline is the prevention model of Catalano and Dooley (1980), which indicates that the action must take place on two levels: on the level of planning and scheduling and on the level of intervention.

In the first phase: the proactive, or universal prevention must be presented, which means, that the diagnosis must be made on the levels of all the four factors: what should be eliminated and what should be developed? It is always important to elaborate an individualized intervention plan corresponding to the given situation

Thinking about the future study of efficiency, measurable and followable parameters must be selected. In the case of the budget the main aspect is the accountability.

In the second phase: the purpose of the reactive prevention is on one hand the development of such skills of the population which are necessary during the confrontation with the risk-factors. On the other hand, to eliminate or to compensate the risk-factors in the perspective of all the four factors. These are the predictive factors which make one inclinable toward drug consumption or other deviant form of conduct. On the level of the primary prevention this means health-development and health-preserving measures.

In the third phase: for the selective and indicated prevention- in the case of risk-groups and dependents wishing to get healed- the activity which should be done is written by Caplan (1964): we should focus on the early symptoms with the purpose of preventing the aggravation of the symptoms and the progress of the illness. The selective message targeting the risk-groups should contain the prevention of self-treatment and the decreasing of risky forms of behavior.

In the schools in the frame of the selective prevention there can be realized such programs which have as target groups those endangered young persons among whom the level of school-related anxiety is high, they have felt before the feeling of apathy during various activities, the feeling of being bored or they have difficulties in expressing and identifying of their feelings. They would need programs which try to balance the emotional-tone into a positive direction, and to strengthen the subsystems which form the psychological immune system. The prevention is not only about drugs.

In the fourth phase: in the frame of the indicated prevention the aim is the slowing of the existing diseases, the diminishing of the harming effects by the realization of the change in behavior, and through the mobilization of all the resources.

4. Summary

The integrated prevention presented by us is a value-transmitting, health-oriented, continuous strictly verified system of effects which is based on several scenes and several intervention possibilities. Its purpose is the maintenance of the total abstinence among the adolescents as long as possible, the elimination of drug-consumption, the avoiding of regular consumption. It requires the grounding in the childhood, the healthy socialization, the supporting and developing attitude from the parents' side, the positive peer-group effect, community relations, an independent life consolidated with firm values. The clear definition of the future social position, expectation and role-structure is necessary, and so are the problem-handling instruments, which can contribute to the responsible actions and relaxation. The satisfied psycho-social and mental necessities ensure efficiency, flexibility and control-ability for the individual. So will he/she be able to benefit of the health-preconditions offered by the society to cope with difficulties and challenges and to live a pleased, fulfilled life.

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