PRACTICAL APPROACHES OF THE DRUG-PREVENTION

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Abstract: In our study we offer a practical explanation of the prevention which can contribute to a change of perspective and to long-term, multilevel interventions.
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 theoretical models. Our study presenting the practice of the integrated prevention is a theoretic paper, based on research experiences and with the purpose to offer orientation to those deal with the planning of the school-related preventive programs and activities. Our study raises to theoretic level the empirical dates which we have gained through various researches focused on drug-related topics in the last decade.

Keywords: levels of prevention-integrated, process of the implementation, prevention-multilevel planning, principle relating to prevention

1. The interpretive framework and the realization of the prevention

The purpose of our study is to present how it is possible practically to carry out the prevention advised by us, which reflects a change of perspective too. The change of perspective means that „prevention is nothing else but health-development, the consolidation of the need for a healthy way of life. Thus the prevention, even the drug-prevention is not only related to drugs but to many various topics" source.

According to Catalano and Dooley (1980) the intervention must happen on both micro- and macro level. Targeting the individual, the school, the family, the friends and the free time and community activities. The intervention must be imagined as part of a continuum: individual-family-community-organizations-whole population. This can be realized in several steps. Adapting it for the home circumstances we suggest the following model:

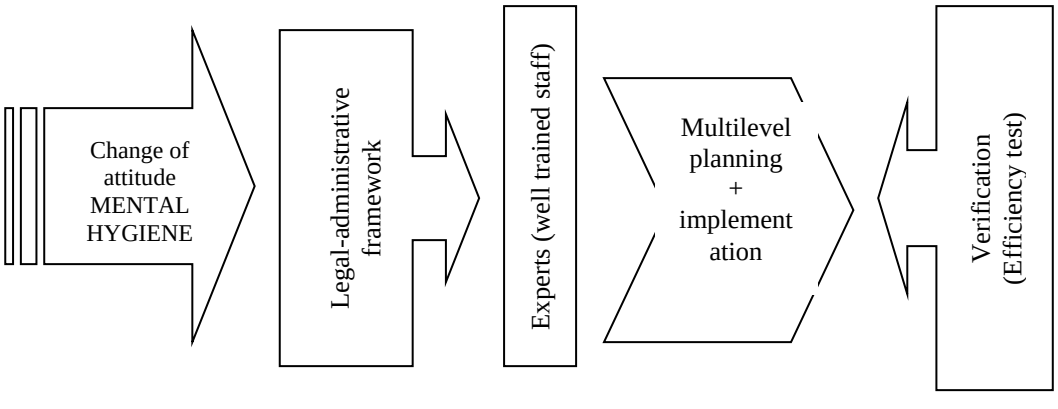


Figure 3. The process of the implementation of the integrated prevention (Albert-Lorincz 2011.)

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The change of attitude refers to the health-protection, to the organization of the health-preserving and health-developing activities. For this it is necessary to treat health as a value to be followed, avoiding the restriction of the prevention only for drugs and for the instruments of the police and the criminal law. The change of attitude must happen on both of the individual's and on the society's level. An effect must be taken on the interpersonal relations, to the group-structures, institutions and organizations. The effects must roll on in groups, this is called multiplicative effect.

This approach requires on the individual's level a complete change of attitude and lifestyle, the changing of the habits which are harmful for the health and the practice of the healthy lifestyle. In order to realize this there's need of conscious self-control, which the bibliography labels as restructuring (reforming) self control (Rosenbaum 1990, cited by Kulcsár 1998). All these require adaptation and flexibility, as the former habits must be overwritten. The learning of necessary skills which one needs in situations requiring adaptation, creativity, flexibility contributes to the construction and planning of the positive health-conduct.

To the change of attitude belongs the fact that the prevention must be realized not in ad-hoc way, through minor programs, but in a planned way, integrated into the school-work, teaching-plans, and thus the personalize approach is also necessary. A complex health-developing programs should be integrated into the school curriculums which would offer specific skills and not only knowledge adapted to the school-classes and age related peculiarities. First of all the implementation of the mental hygienic attitude into the schools' life should be reached, the creation of the so called „healthy school'' which- eve mom the planning of the ratio of learning-free time- not only in theory, but also in practice focuses on the holistic image of health. A very important role should have the programs targeting the elimination of the risk factors generated by the schools. The drug-related programs should not be deterrent or based on prohibition. The positive, "why and how to do"-like programs are much more efficient.

2. Points of principle relating to prevention

In the case of the teen-agers the efficiency of the school-related prevention is very important. We are convinced that in such activities all the members of the teaching stuff should participate, it shouldn`t be a duty of only the helping professionals (psychologists, social workers etc.). Their participation can happen in the following ways:

- The teachers must develop themselves in order to be able to carry out efficient preventive activities.
- They have to face and to acknowledge their of drug-consumption habits and problem-solving abilities.
- The collaboration among teachers as colleagues is an important task.

The teacher who coordinates the prevention must be able to bring into discussion the drug-issue in front of his colleagues and to let them know all the relevant details and should make them understand the importance of the prevention and should encourage the launch of the given programme. In the same time he must be open for his colleagues` drug-consumption related problems.He must be able to work in groups, helping the teachers` work with case-discussing groups.

He should keep in touch and discuss continuously his work with an expert in drug-topics. He should create professional contacts with ex-scholar institution and advising bureaus.

The tasks of the teacher are multiple and various:

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They should share information about the healthy way of life and the dangers of drug-consumption

They should help the students to be able to say no to the drugs, to coordinate their physical and psychical development, to develop and to create their self-confidence, to be able to the self-education and self-evaluation. They should teach them to apply a critical attitude towards the effects of the mass-communication, and advertisments, especially.

They should evaluate and should mark the group of young persons who are endangered by drugs

The teachers should encourage the parents to support the children`s participation at the prevention-programmes. On long term they also have to deal with the parents` drug-consumption habits and with the issue that the parents influence their children`s drug-consumption habits.

Racz (2007) summarizes the methods of school-prevention in the following points:

- emotional education,
- group-effect, the organizing of age-group inflence,
- the implementation of skill-developing programmes: problem-solving, stress-handling, decisionmakint, expression of feelints, self management, self accepting, denying, etc.,
- alternative activities: mount-climbing, relaxation,
- the shaping of a healthy lifestyle.

On the reactive prevention level such programs can be realized which have as target the development of skills in order to prepare the young people to confront the risk factors with greater efficiency. Such programs can be for example the stress-management programs, where the techniques and methods of coping with the problem-situations can be learnt, developed, and even the efficient ways of stress-reducing can be learnt. The programs developing the emotional intelligence can also be efficient where the young persons can learn to handle their emotions better and to discover and to identify the others' emotions. The realization of communicational programs would be necessary on this level, through which the students could learn adaptive communicational schemes and could use them efficiently in their relations with their peer groups and parents. In the frame of similar programs could be realized the formation of the students' future-planning as they would learn to plan their life-perspectives and to manage efficiently their time.

The teaching life planning skills (problem coping, communication, assertivity) should not only promote the efficient coping with drugs, but should offer applicable knowledge on various fields of the life. In the school the emphasis should be on the finding of the "flow-experience", and to encourage the young persons to enjoyable activities. In Indianapolis there is a Key School with experimental character which has as purpose the development of the sides of the flow which are related to the personality and to ambience. They try to create such a learning ambience which promotes the flow-experience, to find the students' own area of interest and to develop the skills related to this. The students have the opportunity to try enjoyable activities, without help while the teacher helps the to discover new challenges and to cope with these. The task is to experience-like, differentiated learning, where the final objective is the personal fulfillment of the students, the proper application of the skills. For the fulfillment of the personality the sentiment of joy is necessary and it has to get to the young persons in a natural way, because artificial forms of joy (like the use of drugs) have a strong negative effect on the personality being in development.

So the change of perspective means that in the school the mental hygiene has an important role. The spiritually developing schools is realized which puts emphasis on the consolidation of the coping personality, on the self-efficiency of the personality, on independence, on the increasing of the activities, on the general strengthening.

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The students can not be developed taken out from their original ambience. It is necessary not to forget about the parents. For this purpose the informative and health-developing groups for parents can be useful to inform them about the potentially harmful effects of the family on the development of the child and to tell them how to be able to create a health-friendly environment. The family-oriented programs are more efficient than the prevention focusing only on children and parents.

The main scene of the anti-drug fight is the school, but the formation of the proper attitude of the teachers is important and so is the acceptance of mental hygienic perspective and the acknowledgement of health-education. The right attitude can be realized only having the right information. This can be reached through written materials for the educators, which inform about the theoretical background of the drug prevention, the main objective of the national drug strategies, and about the interventional possibilities of the educators. The prevention should have an effect on the educator-community too, in order to let them aim such competences and skills which can form the school work enjoyable and into such an environment in which both students and teachers can live the flow experience. It is important to dedicate attention to the spiritual state of the educators, to their quality of life because only on the base of spiritual harmony can be formed those competences through which the risk-conduct of the students can be diminished: the acceptance, the acknowledgement, the attention, the help.

Without well trained experts the formerly described activities can not reach their purposes. Among the helping experts there are already plenty who have gained competences either at home or abroad in order to cope efficiently with drug-related issues. Several universities, like the Social Work Department of the Babes-Bolyai University in Cluj Napoca, Romania organizes trainings for consultants and advisors in the field of addictology.

The existence of the legal-administrative framework is important because the drug means the illness of the individual, the family, the community and the society. It can be fight against only with organized cooperation. The efficient coping with this challenge can be insured with a well elaborated governmental program with emphasis on prevention and with the support of the whole society. The countrywide program can made be really existing and alive on the level of small communities. For this is necessary that the youth and the groups who are in close touch with them, teachers, educators and parents get information about the countrywide strategy and local initiatives and about what they can do for the restriction of drug consumption.

In Romania the base of the organization of the drug-prevention is the common order referring to the illegal drug consumption elaborated by the Ministry of Internal Affairs, the Ministry of Health and Family, the Ministry of Education and Research, The Ministry of Youth and Sports and the Ministry of Public Administration. The main coordinator of the prevention activities is the Interministrial Committee for the Prevention of Drug-consumption. The national Drug-Strategy and prevention program is supported and executed by the 47 Centers for Drug-assistance and Prevention which have been founded. 41 of these are in county-centers, 6 in the administrative divisions of the capital city (www.ana.gov.ro).

The target- group of the prevention must be the local community. The community-approach means, that every subsystem of the individual's life-area should reflect the drug problems and should consider the prevention as important. The selective and indicated prevention must happen in the community, in order to prevent the quality of life of the community and the individual. The community assistance means complex bio-psycho-social care with the implication of the family. It is not limited in time, it integrates the somatic and psychic treatment according to the patient's needs and also deals with the patient's environments. Its purpose is the reintegration of the patient into the society, his/her efficient existence in the community and the improvement of the life quality. The community-

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connection means integration according to Buda Béla (2002). The feeling of belonging has a maintaining, protective role. So can the community used in the process of prevention.

In the case of efficient prevention programs the multilevel planning is absolutely necessary. The execution or implementation should have as starting point the idea that the health-development is a life-program. So the prevention should be as comprehensive as possible and should target the general well-being. It should mean universal improvement in the field of life quality, the compensation of risk factors and the strengthening of protecting factors and coping potential. In the same time it must be of a wide-spectrum ensuring the coping with stress, the self-esteem, the confrontation with negative feelings, the elaboration of the self-acceptance. In its methods it should encourage the environment-based approach, the modification of the micro and macro-environment. It should have an impact on the decision-makers, on the politicians (measures aiming health-preserving, well elaborated countrywide strategy), the media (what it commercializes and promotes, the alcohol should not be part of nice, exotic environment), on the education (mental hygienic attitude) should rely on individuals and should encourage to further researches.

The intervention aiming the compensation of risk-factors should target on micro level the individual or the family, on macro level the larger communities, the whole population.

The central objective is the strengthening of the protective factors on the level of the individual, the family and community, which requires the creation of predisponant and allowing conditions. The individual should have a proper look on his life (knowledge, attitude) and should possess resources, the system of beliefs and the rules of his environment and the services must be health-focused.

The compensation of risk-factors includes- *on the level of the individual, the family and the community- the insurance of the strengthening factors. It is not sufficient the elimination of the predictive factors, the strengthening is also important, the awarding of the positive health-behavior, on principle and practical level. Vitally important is the social responsibility, the investments for health-development, the community partnerships.

In the light of our researches and bibliographical references we could summarize the steps of the elaboration of an efficient prevention program in the following points:

- starting problem (in what kind of ambience we deal with it, in what time-frame)
- determination of the target group
- evaluation of status and necessity
- the analysis of the health-protecting traditions of the local community and its integration into the program:
- definition of goals (operationalization and the selection of indicators),
- the selection of the program and its adaptation to the local peculiarities,
- budget, resources,
- experts,
- searching of cooperating partners in the local community,
- the elaboration of the evaluation,
- the implementation of the program,
- evaluation (efficiency test),
- necessary changes and restart.

Recommended methods:

- focus groups: to create possibility for a better understanding of the drug-related problems, for the discussion and understanding of experiences and to understand how these influence the behavior;

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- mass media analysis with the students, teachers (for instance, how the commercials influence us, what messages to TV-programs and movies promote);
- environment analysis : creation ,,problem-tree'', ,,objective-tree'' about the problems and treatment possibilities which exist in our environment;
- self discovering trainings, for example to identify the own natural needs;
- skill-developing training.

The previous methodological conclusion could be summarized into the following model. The final goal is the improvement of the life-quality, the establishing of a safe environment. To this purpose the necessary factors are: the establishing of the health-culture, the positive social experiences, the demonstration of the proper behavior models and values, the learning of the combative techniques, the experiencing of the personal efficiency and control, in one word the creation of positive health-preserving techniques.

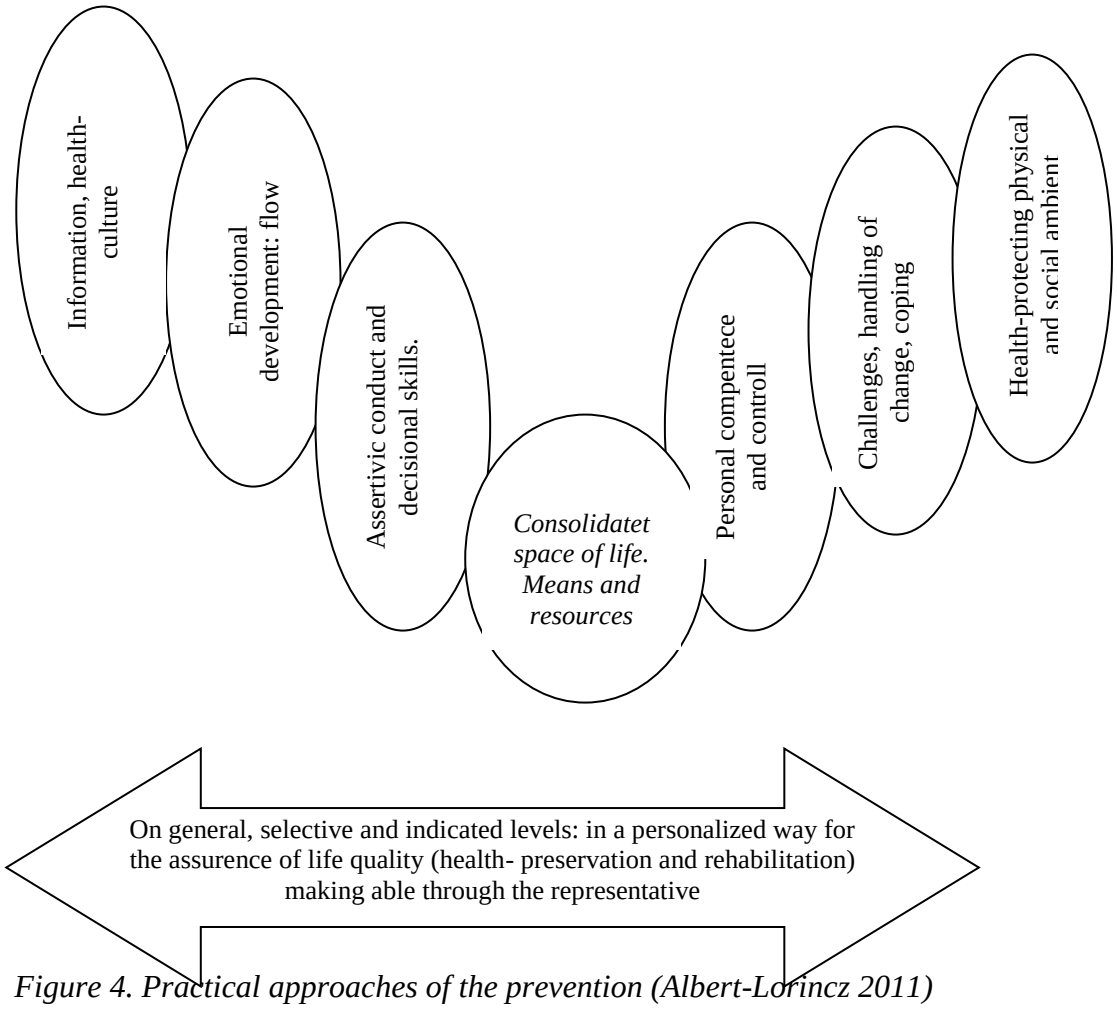


Figure 4. Practical approaches of the prevention (Albert-Lorincz 2011)

A specific topic of the prevention programs is the verification and the study on the efficiency. The most comprehensive study of the drug-prevention programs among the adolescents has been realized by Tobler (cited by Rácz 2007). Rácz, based on Tobler considers that the main elements of the efficiency are the peer-group influence and interactivity.

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Conclusion

The information related to the prevention can be integrated into the materials of the thought materials in the schools. The organization of school prevention programmes requires careful preparation. The goals of the programme must be set, de applyable methods should be gathered, the staff should be selected and prepared and the programme-responsible teacher should also be prepared. The teachers, the colleagues also have to accept the programme, just like the parents. There should be some contacts with experts in mental-hygienics and the evaluation-process should be planned ahead.

A central task is the identification and the compensation of the preventive factors and the consolidation of the protective factors- the consolidation of internal and external resources. The community, the parents and the school should be unified in the confrontation of the drug-consumption they should demonstrate positive values and examples for the teenagers while they become adults. This, however, can not happen from one day to another, the adult population often doesn`t show proper attitude towards the socially accepted drugs, like cigarette, coffee, alcohol. The idea of the prevention should be promoted, and planned school interventions should be carried out. The efficient school prevention- as a result of the attitude changes of the teenagers- can have positive effect on the adults too and can create changes in the adults` consuming habits too.

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