

INFORMAL AND FORMAL SOCIAL CONTROL IN THE DOMAIN OF THE CENTRE FOR DRUG ABUSE PREVENTION

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SUMMARY

Any form of psychosocial and psychosomatic health impairment and antisocial behavior has to be interpreted as an individual way of coping with life stress in adolescence. Therefore, intervention measures have to take directly into account the psychosocial functions that drug abuse, delinquent behavior, and the building up of psychosomatic symptoms possess for adolescents. It is no use developing highly specialized »intervention technologies«. We can only provide support and help that is politically, psychologically, pedagogically, and socially effective, if we consider the whole life situation of adolescence. Building up measures such as advisory services, treatment, and therapy on the single symptoms within the psychosocial and psychosomatic domain is necessary, but we must not spend all our energy on this »curing of symptoms«. We have to concentrate on the real starting positions for the appearance of the symptoms, which have complex structural origins. In the face of the many facets of this problem, we need a combination and coordination of the activities provided in family and youth work, schools and youth advisory services, public health departments and hospitals, welfare offices and employment agencies, combined with the setting up of accessible institutions to which parents and adolescents can turn to for advice in their neighborhood.

The prevention should include the wide concept of education. Forming the negative attitude towards the drugs should be the part of the process of socialization of young people. This presupposes the education of educators.

On the basis of the above, it appears to be obvious that in order to fight the drug abuse the dominant factor is the fight against the social problems which are more complex and numerous than the drug consumption itself. We have to change attitudes, value systems and provide the social and commercial conditions. This means that the education is to play primary role in treating and preventing the drug abuse. Young people are to be the focus of the social care, not the object of the social help. If we are to lower the problem of drug abuse, we have to activate all the social protection mechanism-educational, social and repressive (apart from using measures of rehabilitation, education and integration into the society).

Key words: social control, drug abuse, prevention

1. THE SOCIAL WORLD OF ADOLESCENTS

Adolescence as a phase of the human life course is an historically shaped social »product« that is in state of constant change. Adolescence can be identified as a specific and independent phase of

the human life course since the second half of the last century. The »emergence« of the phase of adolescence was closely linked to economic, political, and cultural changes evoked by the industrialization process and the accompanying of a compulsory school system (Gillis, 1974). The decision regarding which position in the social structure a

member of the society will occupy when he/she becomes an adult (i.e., how the positioning and placement on the central societal dimensions of power, influence, property, and prestige takes place) is »programmed« at the age of adolescence. The process of integration into adult society is also always a process of social selection for certain status positions (Persell, 1977; Engel, 1987).

The most potent spheres of attributed influence for the adolescent are **family, school studies and peers**.

1.1. Family Influence

Among the mostly rural families of preindustrial society, young and old people lived together under one roof and shared many of the same tasks and activities in their daily routines. The child was something like a miniature of the adult (Aries, 1975). Because of industrialization and the beginnings of the process of urbanization, the behavioral domains and action spheres of children and adults were driven further apart from one another. Work outside the family became more and more the norm. As a consequence, new forms of family life arose. Adults built up their social relationships around the working place. This development separated children and adults within their daily routines. With most fathers out at work during the day, a first step in the separation of a special life sphere for children was taking. Within the urban regions this process was accompanied and accelerated by a new social and pedagogical definition of the role of children: they were no longer seen as small adults, but as human beings in an independent phase of development that made special behavioral demands, which were no longer identical with those of the adults. This process of the social separation of the generations was supported by the establishment of a common school system. Education, primarily understood as a preparation for occupational demands in the working process, was increasingly taken over by organized and purpose-built organizations. This process accelerated the separation of a specific social world for young people and spread into more sectors of daily life, including leisure time and the use of media.

Today's industrial societies are achievement-oriented societies in such a way that an individual's economic achievement typically decides the position in the social structure and not - as was the case in preindustrial societies - the social background. For this reason, the main social organizations that determine the process of integration are no longer the families, but the educational and occupational institutions that were specifically established to educate and train the individual capacities of the

young members of the society. The educational system possesses a dominant function in the qualification of the offspring of society and the selection according to different levels of prestige and qualification. This is not to say that the family of origin has no influence on the process of socialization. But the form and shape of this influence has changed considerably within one century. The nuclear family influences its offspring's scholastic abilities in educational institutions by supporting or prompting them. This is an indirect control of the process of status attainment; compared to former times, there has been a decrease in the possibilities of direct intervention.

Family relationships in adolescence are of high emotional and social importance. At the same time, one of the developmental tasks at the age of adolescence is to become emotionally detached from just this important reference group that the family represents. Today this process of becoming detached is structurally very complex: because of the long term economic dependence on parents due to prolonged scholastic and vocational education, it takes place later in life than a generation ago. On the other hand, adolescents develop a lifestyle which is typically independent from their parents, especially within the area of leisure time and consumption. They intend to move earlier into communities with peers or partners of the other sex.

1.2. Peers Influence

During the separation process, families negotiate the transition from a primarily unilateral relationship to more of a mutual coalition during late adolescence. The data reveal that parents' and peers' activities mainly center around the completion of a variety of social and household activities, whereas peer time is spent in entertainment, playing games and talking (Beck, 1987). Parents' influence seems to prevail in the future-oriented domains, such as choice of school and career plans; peers' influence centers around current events and activities. The status of the peer group appears to increase as a function of adolescents' social detachment from their parents. In this difficult time of separation, the peer group can take over the functions of stabilizing the adolescent socially and psychologically until a new modus of relations between parents and adolescents has been found (Blyth, Hill and Thiel, 1982). The peer groups give the standards for the orientation in the field of consumption and very often set effective standards for the adolescents' behavior. They create their own youth culture, which makes the development of a personal, independent lifestyle possible. Peer groups offer opportunities of equal participation to their members, which fam-

ily or school do not provide to the same extent. Adolescents live a life of their own ideas within the area of friends, partners, media and consumption (fashion and dress, taste in music, leisure-time activities, language usage, political articulation). They are able to develop forms of acquiring and assimilating social reality that provide them many facets of sensory, aesthetic, emotional, interactive and communicative experience. But we have to be aware that adolescents develop their individuality and spontaneity in a social context that is insecure, unstable and hardly accountable. The great dilemma is that adolescents have a lot of freedom within the social and financial area but are without a real challenge to and satisfaction of their needs and interests: the mass media offer only a superficial fulfillment and a pretence of adventure and experience to them. There is a lack of »serious« personal challenges that would allow them to try out their personal physical power and psychological and social competence, and thus test their personal possibilities and limitations of behavior. There is hardly any freedom permitting a tentative confrontation or experimentation with »law and order« without the immediate intervention of police or control authorities. Our civilized and rationalized society has largely filled and leveled out such opportunities. The only plausible alternative is to reactivate these opportunities »artificially« by creating new activities in sports clubs, scout groups, travel groups and social work groups, while recognizing the problem that today's adolescents only start using these institutionalized offers in a very hesitant way.

1.3. School Influence

The school's potential for social support should be strengthened. If school, besides being an institution providing knowledge and intellectual training, also becomes a social platform, an encouraging part of the adolescents' everyday life, then it is available for experiences that are important for the personal development in many dimensions. The school has to offer working and training opportunities with different learning situations for adolescents that they will find meaningful and important. A good school with a pleasant climate can be a social area with a preventive influence on antisocial behavior and health impairment (Hurrelmann, 1987). It is helpful to imagine school as just one social institution among others within the entire social network of adolescents. School as a social institution dominates a large sector of the adolescents' social world and has a formative influence on all main sectors of the life course. On the one hand, the extension of school time »deprives« adolescents of an important field of social experience. Later entry into employment prevents full material

independence. Opportunities for earning money for leading a life that is relatively independent of the family of origin are restricted because of the prevailing state of dependence. On the other hand, the extension of school time offers access to good educational opportunities and large measures of independence and autonomy in a number of action fields, such as leisure, entertainment, consumption, politics, information and sexual relations. All of this enables adolescents to choose and try out new and individual paths leading toward optimal growth and social integration. It is the task of schools to offer help to adolescents that will enable them to cope with this situation.

2. PREDICTIVE FACTORS OF DRUG ABUSE IN THE AREA OF INFORMAL SOCIAL CONTROL

For centuries people have consumed different psychoactive substances in order to influence their psychological and physical perceptions. Most often the aim was to avoid more or less unpleasant and/or monotonous everyday life. However, the level of consumption (individual and collective) of drugs held to be inappropriate and undesirable behaviour at various points throughout history has differed, depending on different cultural and political factors. Even the cursory and perfunctory review of the literature on this subject reveals the dissent between authorities in their attempts to define socially acceptable models of consuming substances such as narcotics. Furthermore, the dissent exists in the explanation of the very phenomena of dependency. In addition to it, the history shows the different regulatory rules in relation to consumption and misuse of drugs. The important source of the controversy lies in attempts to forcefully fit moral values into the stiff legislative frames or in other words, in punishing behaviour which in itself is a deviation and asocial but not necessarily antisocial.

Drug misuse amongst young people is very different to the drug addiction in its classical sense. Under threat are preadolescents and adolescents with the crisis or confusion of identity. The disease, usually called "the white plague" threatens to become epidemic. It has been spread through pathological inductors and induction groups which non-critically add the halo of the modern myth to the drugs.

Young people are the most suitable for spreading the dependency because of their personalities in formation and their desire to experience exciting adventures. The substantial impact on development of drug addiction and its spreading have the mechanisms of collective imitation, suggestion and

identification. In the groups of young people ("families") the drugs are sometimes used as a helping tool for the complete liberation of the person as well as the mode of severing connections with the traditional institutions of society and culture. Often young people join the drug culture in order to compensate for the isolation they faces (or thought they were facing) in their family, in the workplace or generally, in the social circle they belong to. That is why the authors talk about drugs as "an artificial limb for the broken mechanisms of the social and emotional adaptation at the times of the alienated people who aim for perfection of the things – not perfection of the human beings".

The experiments with the drugs rapidly gain the status of the normal state of adolescent development. The misuse of drugs is a behaviour which, as any other behaviour, is learned in the process of socialization and which is conditioned with interpersonal factors such as cognitive processes, attitudes and expectations. Usually the first encounters with drugs happen during the adolescence as a result of combination of different cognitive, social, personal and pharmacological and developmental factors (Blum, Richards, 1979; Jessor, 1976; Milman, Botvin, 1983).

For majority of the young people the drug consumption is limited to the short period of experimenting. But, for some initial experiments with drugs in time become compulsive forms of behaviour with typical psychological and physical dependency. Misuse of psychoactive substances in childhood and in adolescence may lead to numerous social, educational and emotional problems as opposed to a normal psychological development. The drug abuse is initiated and supported with social influences from the **peers, family and mass media**. Inclination of a particular person towards such influence is determined with that person's attitude, cognitive processes and expectations as well as with learned skills to decline and avoid the drugs offered. Also we should not neglect the level of self-assessment and general success of the person in question because all these factors taken together determine the of a person towards the outside influence.

We cannot project and realize the whole system of activities aimed at fighting off this socially unacceptable occurrence, without firstly getting to know some basic facts or its basic features. We cannot successfully influence the consequences if we do not know causes or generator.

In the last two decades the scientific literature is more tuned towards discovering the sophisticated conceptualizations of the origins of the dependency. In other words, the aim is to find out

various biological and socio-cultural factors that effect the emergence and development of the drug misuse by individuals as well as by the society in general. However, the predisposing factors as well as their effect on the emergence of the drug misuse have been studied to a much lesser extent than the consequences of such a behaviour.

The current research show that not one factor on its own is sufficient to explain the origin and development of the drug dependency. It is necessary to take into account the totality of factors that cause the initial drug consumption and the continuation of such behaviour. The personality of a child and young person does not develop as a separate entity but in conjunction with many internal and external influences. The behavioral models and habits in a child are the result of the interaction of the **social surroundings** and his/her **psychological configuration and personality characteristics** (Tarter, 1988).

In the last three decades the prognostic factors have been searched for in all areas that effect human behaviour: psychological, psychiatric, socio-cultural and biomedical. The aim is to prevent consumption with the persons that have not yet started taking the drugs. The main problem is to distinguish with certainty factors that influence the initial consumption from factors that become essential at the later stages of drug abuse process. In such context the same questions become an issue: whether the antisocial behaviour is the cause or the consequence of the drug abuse or vice versa?, whether the problematic family situation and low educational level cause the abuse or whether these problems are just a consequence of drug abuse, or both?

The scientists that specifically targeted the identification of the predictive factors amongst adolescents are Jessor and Jessor (1977) and Kandel (1980). They concluded that it is of most importance to recognize the personalities under the risk because those are still at the stage in life when their moral and social values are not fully developed and are highly dependent on external influences.

Zinberg and his co-workers, for example (Zinberg, 1980) concluded that neither the drug itself nor the personality of the consumer are the major factors in the development of the dependency. Instead, they claim that it is the social surroundings and sanctions and rituals that determine the risk of dependency.

The big area of interest is the research of the relation between the drug abuser on one hand and **family factors** on another. Kamfe and Denton (1994), upon careful analysis (in the period between 1972 and 1986), concluded that those are the

basic categories. One of them is the research of the socio-pathological modes of behaviour in the family of the young drug abuser, specifically the existence and intensity of drug abuse amongst family members. In the second category are the problems that can commonly be called "family atmosphere".

Hoffman (1994) researched the existence and intensity of the differences in family structure and interactions within the family on drug consumption between younger and older adolescents taking marijuana. Young adolescents are influenced with the structure of the family and the peer pressure and older adolescents are only influenced by the fact that they socialise with others who have already had experiences with drugs. In other words, the most exposed are the young adolescents who are exposed to disturbed interpersonal relations within their families.

Cochran, Wood and Arneklev (1994) researched the influence of the religion on the delinquent behaviour and drug misuse. The religion on its own does not work as a preventative measure but becomes important when connected with mechanisms of the self control and social control.

Cloward and Ohlin (1960) claim that the motives and the modes of the drug misuse develop in the context of the affiliation with a certain social group. A behaviour that is assessed within a certain group as normal, outside that group is defined as pathological. The followers of the social theory of learning such as Becker (1963) say that individuals start taking drugs only after they have developed the misconceptions, beliefs and attitudes towards the drug consumption and after they learn how to enjoy the drug effects within the certain group. These subcultural groups develop the whole mechanism of rationalization or indeed self-justification of their own behaviour and develop a certain form of independent culture where a drug consumption is not only acceptable form of behavior but also the mode of behaviour that is spread by teaching to others. That is the area of **theory of social learning** which holds that human behavior is learned in the context with other individuals and social groups.

The most important psycho-social risk factors are urban characteristics of the place of living, low socio-economic status, low level of cultural habits, low level of religious belief, access to drugs, consumption of drugs within the family, conflicts and disturbances of emotional balance within the family, alienation and the low internalization of the normative social values. (Fialkov, 1985; Kumpfer, 1986; Newcombe, Maddahian, Bentler, 1986).

Some authors tried to take a step further and point to the most prevalent factor amongst different

social factors relating to the drug dependency. Goodwin (1983) and Kosten, Rounsaville and Kleber (1985) in their independent research concluded that the most important factor influencing the drug dependency is the presence of substances in ones own family or the fact that some family members has already had experiences with drugs or are dependent on drugs. The misuse of drugs by parents and friends has been noted as the most important predictor of the drug abuse (Hurd and co-workers, 1980; Oetting, Beauvais, 1987). These opinions support the social learning theory. This **trans-generational model** of conveying the deviant behaviour has been known for a while.

Some authors, Gonzales (1988), Hawkins, Lishner and Catalano (1985) perceive the drug abuse as a consequence of social pressures coming from the **peer groups** or as a chemical mode of running away from unpleasant feelings of loneliness and social incompetence. The initial drug consumption is not unexpected and dramatic change in the life of an individual. That is phenomena that naturally develops within certain social and cultural context. The studies undertaken to determine the initial motivational mechanisms for the drug abuse show the importance of the group interaction. For example, marijuana and heroin are usually taken for the first time with a group of friends. Apart of that, the exposure to stress and conflict disturbs the normal process of development of the social skills that allow the undisrupted communication. The lack of this skill in turn produces new stress and young people react to that by taking drugs. Moreover, taking drugs becomes the unique answer to the internal conflict as well as external stressful events.

The researches that have conducted in the Republic of Croatia (Butorac, 1996; Mikšaj-Todorović, 2000) have shown that the predictive value for the drug abuse has been the certain social pathological behavior of both parents (abuse of prescribed drugs by a mother or/and alcohol abuse by a father), and disturbed relationships within a family. It's a typical urban phenomena of living of youngsters faced with the lack of organized mode of spending leisure time. This would also include the dysfunctional family and peer pressure.

3. SOCIAL ATTITUDES IN RELATION TO DRUG ABUSE IN THE AREA OF FORMAL SOCIAL CONTROL

In the field of drug repression and consequently crime repression, there are two main streams in the world, especially in Europe. First, the liberalization trend involving decriminalization of the

drug abuse and secondly, the repression through the police and criminal law intervention. Swiss and Dutch authors (Josett, 1992; Leuw, 1991) believe that the total ban of drug abuse results in the huge costs for institutions which form the part of the repressive apparatus. The majority of European states place an accent of social control on integrative approach to reduction of health and social consequences of the drug abuse. This politic is based on the concept of «model of normalization» of the social control with the aim to achieve the depolarization and integration of the unacceptable behavior. This is contrary to a threatening model of the social control which aims at isolation and absolute ban of the deviant behavior. Therefore, the drug abuse is a limited and controllable social problem, not unknown threat aimed at the innocent society.

The supporters of the politic of the criminalization of the drug abuse (Zachert, 1993; Koriath, 1992) believe that the legalization of the so called soft drugs would suggest that the drug abuse is not harmful and that would only result in the increased costs for the health and social systems; some consumers would be encouraged to start using hard drugs. In consequence, the general prevention would be minimized and organized crime would adapt to the changes circumstances.

Very important role in the process of fighting against the drug abuse has the legislative system which forms the basis for the work of the police, courts, penitentiary institutions and institutions concerned with the social care. In Croatia the mere possession of drugs regardless of its quantity and kind, is a criminal offence. However, the Public Prosecution and the Courts prefer the treatment of drug abusers and drug addicts as an alternative to the court proceedings and/or the jail sentence. This is a rule when the courts are processing the youngsters of up to 21 years of age who are not the recidivists. The treatment is carried out in its entirety by the Center for the prevention of drug abuse. Only rarely, the hospitalization is indicated and needed. The new legislation has been introduced at the end of last year (The Drugs Act, 2001), but it failed to distinguish between the possession of drugs for personal use and possession of drugs for the distribution to other persons.

4. THE CITY OF ZAGREB CENTRE FOR PREVENTION OF THE DRUG DEPENDENCY

On the basis of the National Strategy for the Fight Against the Drug Abuse in the Republic of Croatia and Program for the Execution of the National Strategy for the Fight Against the Drug

Abuse, in 1997, the City of Zagreb counselors made the decision to establish the Centre for Prevention of the Drug Dependency. Soon after it, the Counseling Services were established and had been providing services to all the categories of citizens. The aim of the Counseling Services is the practical prevention on all three levels (primary, secondary and tertiary) in direct contact with the individuals in need, groups and institutions. The Services are managed by the professionals with adequate formal education and additional theoretical practical education in the field of drug dependency. The services are free with the discretion and anonymity guaranteed. The users have option of contacting the Centre by phone, personally or by an e-mail.

The most prominent aspect of work is the counseling of the users of the illegal drugs who do not appear to be clinically dependent (causal consumers) including their families and other persons close to them. The Centre cooperates with Department of Public Prosecution, Centre for the Social Care and the police. A number of the clients make their first contact with the Centre due to the fact that they receive an order from the above institutions to undertake measures in order to address the issue of dependency.

The optimal length of treatment is between 3 and 6 months, depending on the circumstances of the case and frequency of visits. The treatment is artificially divided into 3 stages and the length of each stage depends on the assessment made by the therapist. Naturally, the individual treatment must include the family of the client, friends, parents and the teachers. The involvement of parents is compulsory for all underage clients. The persons above the age of 18 have a choice in relation to this issue. The same therapist deals with the patient throughout the treatment.

A certain numbers of persons heroin dependent are also included in the treatment, either looking for the advice of help in resocialisation. The mode and dynamics of the counseling work is formulated depending on the case in question or the persons being treated. Techniques of the individual, group and family counselling have been practiced. The aim of is to achieve revalorization and correction of the knowledge and attitudes of the clients in relation to drugs and affirmation of the healthy models of living. Therefore, the secondary prevention forms the biggest part of the activities of the Centre meaning that the accent is on treating the consequences of the consumption of the psychoactive drugs.

The professional employees of the Centre are also directly included in other related activities such as giving lectures, organizing various helping

functions as well offering the specific knowledge to other institutions. The Centre also supports other institutions and individuals such as teachers, social workers, family doctors and citizens' associations involved in preventative activities. Within the school system the Centre organizes teaching lectures and workshops for parents and their children.

It is necessary to continuously educate parents, teachers and the community in order to prevent increase in the drug abuse and all these measures have to be undertaken as soon as possible.

In the remaining part of this work we will present the techniques of the education of parents and teachers in order to prevent the drug abuse.

5. KEY ELEMENTS OF EFFECTIVE DRUG PREVENTION

Alcohol, tobacco and other drug use begins at much earlier ages than it two decades ago. Experimentation now starts in grade school when children are just entering the important adolescent years. Their intellectual, social and physical development can be seriously harmed – and sometimes permanently damaged – by smoking, drinking and other drug use. Progress in school can be also jeopardized, both through impaired concentration and disruptive behavior.

Families, schools, churches, communities – all play a central role in making prevention a reality for our children. New research confirms the importance of strong ties to parents and teachers: when adolescents feel «connected» to family and school, they are less vulnerable to substance abuse and other behavioral problems.

Beyond the family, children learn about tobacco, alcohol and other drugs from their larger environment – peers, media and popular culture. Adolescents are particularly vulnerable to social pressures. In their desire to be accepted, youngsters tend to copy behavior they considerable adult, including drinking, smoking and using other drugs. Teens often assume that use is widespread among their peers. Believing that «everyone is doing it» can undermine an individual child's ability to resist. Advertising often reinforces these assumptions by promoting images of successful, popular people who smoke, drink or look as if they are using other drugs.

Role models such as musicians, actors and athletes can have a substantial influence on adolescent expectations about desirable behavior, particularly in connection with smoking, drinking and other drug use. A major study of music videos shown on

different networks found frequent glamorized depictions of alcohol and tobacco use, particularly by lead singers.

The mass media play an important part in the process by publicizing sensational behavior, thus making it appear very much more common than it is in reality.

Many adolescents watch music videos six to seven hours a week, which exposes them to a considerable amount of drinking and smoking by people they consider positive role plays.

The Internet may be next medium for widespread promotion of alcohol, tobacco and other drugs. Million youth under 18 have access to computers, for many teens computers have become a primary source of information and entertainment.

The Internet offers unique marketing opportunities, which interactive online media particularly attractive to young people. These include free giveaways and branded merchandise in exchange for personal information, promotion of products through games, icons and cartoon characters; and chat rooms where youngsters can exchange information on tobacco, alcohol and other drugs. Most of these sites are not edited for content and can be easily accessed by users of all ages.

Numerous web sites already exist that advocate using various illicit drugs. One of the most prominent, Drug Archive at «www.hyperreal.com» includes such topics as «how to harvest marijuana», «how to roll joints» and «how to shoot heroin».

The most promising prevention strategies embrace a theory that calls for prevention, intervention and health promotion efforts at key places in a young persons life. Effective strategies are all encompassing. They recognize that family and home, social relationships and school, neighborhood and community all influence the health and well being of youth. They are interrelated.

5.1. Family and Home

Parents are powerful in the lives of their children. Through their words and their actions, parents provide key guidance on alcohol, tobacco and other drug use. Recent surveys confirm that parents are deeply concerned about protecting their children from drugs, but many of them do not know how to do so. Parents often underestimate the extent of their children's marijuana use as well as the ready availability of drugs.

Parents often think they are communicating about drugs while their children do not. Despite this gap in perceived communication, parents do make a difference. They have a critical role to play in prevention – within the family and in collabora-

tion with schools, churches and community groups. Talking does help, even if the results are not immediately apparent. The closer teens are to their parents and more connected they feel to school, the less likely they are to smoke, drink or use other drugs. Positive relationships with parents and teachers are powerful protective factors, more significant than how many activities teens do with their parents, school size or student/teachers ratio. Although less important than the emotional connection, the presence of parents at key times – in the morning, after school, at dinner and at bedtime – also makes teenagers less likely to use alcohol, tobacco or other drugs.

The researchers concluded that parents and teachers are just as important to adolescents as they are to younger children. They also suggested steps parents can take to help protect their children from dangerous behaviours: set high academic expectations for children; be as accessible as possible; send clear messages to avoid alcohol, tobacco and other drug.

The most promising family – based approaches to developing healthy youth are programs that help parents and other guardians:

- Promote parent – child relatedness
- Enhance parent- child communication
- Establish an appropriate and consistent system of rewards and punishment
- Monitor their children's activities during adolescence

As central figures in the lives of teens, families can help protect their teens from alcohol, tobacco and other drug use. They can be involved in establishing parent groups that advocate prevention and they can create parent support groups to foster attitudes and norms that favor prevention.

Parents need to be connected both to school and to the schoolwork their teenage children bring home. When alcohol, tobacco and other drug prevention programs become part of homework assignments, kids are less likely to use these substances. Successful homework assignment often:

- Provide information about substance and their impact on health and safety
- Discuss clear and unambiguous family rules and consequences for breaking those rules

Parent programs, especially those that target parents with young children, hold the most promise of reducing violent behavior, delinquency and drug abuse as these children grow into adolescence.

Family and home can protect young people from developing behavior that jeopardizes both life and health. Families protect their teens when they:

- Provide support
- Develop positive family communication
- Are involved in their teen's school
- Have clear rules and consequences and monitor their adolescent's whereabouts
- Provide positive, responsible role models for other adults, teens and siblings
- Expect their children to do well
- Spend time together

Where there are expectations, teens are less likely to take drugs when risk factors are present: the family is a place of conflict and disruption, or parents provide little support, low expectations and use repressive and abusive parenting styles. Teens are at greater risk of developing unhealthy behavior when their family has inadequate problem solving and coping skills, provides little or no parental supervision and allows easy access to cigarettes, alcohol and drugs.

In family where parents or guardians live poverty or have little education and struggle to survive, children are more likely to adopt behavior that puts their health at risk.

5.2. School

Because many teens spend so much time in schools, they are a natural place for teaching and modeling healthy behavior. While individual programs make a difference, what seems to matter most for adolescent is that school foster relatedness – an atmosphere in which students feel they are treated fairly and feel close to people at school.

Schools can provide an environment that protects kids. When teens feel they belong, when they believe the school to be fair and non- prejudicial they connect in a positive way. These schools:

- Expect commitment from students
- Develop a caring school climate
- Have clear rules and consequences
- Provide positive, responsible adult role models
- Expect students to do well

When school have a high rate of academic failure, when they are repressive, segregate students and allow poor classroom management, their students are at greater risk. These schools have a higher percentage of students who develop health-compromising behaviors.

Research shows that prevention programs are more likely to be effective if they are reinforced in different settings. Scientists agree that school – based programs should use a comprehensive, multifaceted approach and, as much as possible, in-

volve family, peer, media and community components.

All school staff, including teachers and coaches need to recognize warning signs for drug use. School can participate in alcohol, tobacco and drug use prevention through:

- Promoting cooperative team learning and interactive teaching
- Advancing academic achievement and school commitment
- Providing counseling services for students and families at risk
- Implementing prevention curricula
- Training and supporting teachers
- Utilizing school – wide media
- Establishing and enforcing comprehensive school policies

5.3. Community

Why is it that some communities seem to be filled with highly successful and healthy youth, while others seem overrun with kids who get into trouble? Teens are more likely to develop healthy behavior in communities where:

- Adults advocate for teens
- Neighbours monitor young people's behavior
- Adults model positive, responsible, healthy behavior
- Youth programs are available

Communities make a difference in the lives of youth when they invest in social capital that promotes teens. Neither poverty nor wealth, in and of itself, increases a community's likelihood of promoting positive health behavior. Rather, high rates of poverty, unemployment and crime put youth at risk. Youth are at a greater risk when they live in neighborhoods where families move frequently and where media promote health compromising behavior. When communities face multiple problems, when family resources are consumed with basic needs, youth are less likely to thrive. Youth need attention, time and energy but communities that have energy and resources to give to youth are more likely to raise healthy young people.

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