

## RISK BEHAVIOUR

# ALCOHOL AND YOUNG PEOPLE

## ISSUES, CHALLENGES AND DILEMMAS

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Young people are more vulnerable to the effects of the alcohol consumption and alcohol is the most important avoidable risk for the burden of disease in adolescents and young adults. Young people are important resources for changing existing harmful drinking cultures and patterns. They should be better mobilized and empowered to participate in shaping their own environments as well as in changing the harmful attitudes and practices of wider adult society.

Globally, alcohol is estimated to account for 1.8 million deaths and 4% of the burden of disease. However, in the WHO European Region, the figure in 2002 was more than twice as high at 10.8%, and it is estimated that 600 000 people died prematurely from alcohol-related causes that year. Alcohol was thus the third most important of 26 risk factors for burden of disease comparatively assessed in the European Region, only surpassed by hypertension (1) and tobacco (2). Alcohol is the leading risk factor among young people in Europe and it is estimated that more than 63 000 people in the 15-30 age group, died from alcohol related causes in 2002.

The WHO European Region is also the region with the highest alcohol intake in the world and per capita consumption twice as high as the world average. Alcohol consumption among young people has been of particular concern among European countries. There are two large-scale European-wide studies available to compare alcohol use among young people in the Region. In 1982, the Regional Office established the Health behavior in school-aged children (HSBC) study. The study is conducted every fourth year, and the most recent survey in 2001/2002 involved 11-to 15-year-olds in 35 countries in the Region. The second study is the European school survey project on alcohol and drugs (ESPAD), which examines drinking, smoking and illicit drug use among 15-to-16-year-old school students in Europe. The ESPAD study has been conducted in 1995, 1999 and 2003.

The WHO Regional Office has supported Member States through scientific publications, the regional action plans (EAAP), and two ministerial conferences resulting in the European Charter on Alcohol (1995) and the Declaration on Young People and Alcohol (2001). The annual meetings of the network of national counterparts for alcohol policy in the European Region, a valuable forum for exchanging information and best practice between nominated experts from all Member States, continue to discuss and support relevant developments in alcohol policy across the European Region. Recently a new Framework for alcohol policy has been proposed in the European region which aims to encourage and facilitate the development and implementation of global, regional, national and local community policies and actions to prevent or reduce the harm caused by alcohol.

Recent years have seen substantial steps forward in our knowledge about the effects of specific alcohol control measures – in terms not only of what works, but also of what does not work. Governments are thus in a much stronger position than they were 20 years ago to build their alcohol policies on an evidence base. But alcohol is a part of everyday life in many parts of the Region. Drinking is valued for many reasons: as a medium of sociability, as part of nutrition and as a symbolic break, bringing relaxation from everyday responsibilities. The symbolism attached to alcohol and drinking often gets in the way of rational policy-making.

The growth of trade agreements and common markets and, more generally, the processes of globalization have in addition substantially weakened the ability of governments to use some of the most effective tools to prevent and reduce alcohol-related problems as appropriate in their own cultures. The alcohol industry is an innovative industry able to use a wide variety of marketing tools to achieve success in the marketplace. It is important to recognize that the marketing activities of the industry are becoming increasingly transnational and that policy response has to be equally transnational. There is thus a need, from the perspective of public health, for concerted international action to clearly recognize that alcohol is a special commodity in terms of the very substantial harm associated with its use.

In the longer term, there is a need for sustainable alcohol policies and programmes that reduce both hazardous and harmful patterns of drinking, reduce the overall volume of drinking, separate drinking from certain activities and situations (like young peoples environments, driving or operating machinery,

the workplace, and during pregnancy), and provide adequate help to people with alcohol problems and their families.

Finally, any policies on alcohol concerning young people should contain the following main elements:

identification of alcohol as an important issue in young people's health;

opportunity to have young people themselves involved in the policy-making process;

need to determine, at national and local levels, targets to reduce the impact of alcohol on young people's health;

recognition that alcohol policies directed at young people should be part of a broader societal response, since drinking among young people to a large extent reflects the attitudes and practices of wider adult society.

*Key words: alcohol , young people*

# SUBSTANCE USE IN ADOLESCENCE: AN EXPLANATORY MODEL

(106)

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**INTRODUCTION:** Adolescence is generally considered as a period of health, given the lesser vulnerability of young people to illness. However, adolescence is also a critical period in health chronology. Many of the choices with impact in health that last for long time are made in this period of life. Between these choices are the risk behaviours, as it is, for example, the case of the substance use. The risk behaviours are frequently associated to some symptoms of maladjustment. It becomes therefore important to know the determinant factors of this type of behaviours in the adolescence, in its different contexts of life. Only knowing the factors that place the young people in risk, as well the factors that protect them from potential problems, become possible to delineate preventive interventions.

**METHODS AND SUBJECTS:** In order to analyse the factors involved in the use of tobacco, alcohol and illicit drugs between adolescents, we develop an explanatory model using structural equations modelling. The data used in the model analysis are part of a cross-national research study conducted in collaboration with the WHO Regional Office for Europe, the Health Behaviours in School-aged Children, concretely the data collected in Portugal by the “Social Adventure” team from the Faculty of Human Kinetics (Lisbon). The samples of 1998 and 2002 studies were used, involving a total of 12881 adolescents with 11 to 18 years old.

**RESULTS:** The results showed that the model fits well in the data (CFI: .985; NNFI: .980; RMSEA: .018 (.017-.020); SRMR: .018). For each of the dependent factors in study, the levels of explained variance were 12% (for tobacco use) and 47% (for alcohol and illicit drugs use).

**DISCUSSION AND CONCLUSIONS:** The results showed that risk behaviours are determined by several factors, and the social factors seem to be mediated by personal factors. Among the factors analysed in the model, it was verified that the alcohol and tobacco use were the main determinants of the illicit drug use. The results had still shown that the risk behaviours tend co-occur with other symptoms of maladjustment, and that factors like gender and age constitute determinant factors of risk behaviours, as well as determinants of the allied relations to these same behaviours.

*Key words: adolescence, health, risk, protection, substance use*

## PROTECTING YOUNG GENERATION FROM ALCOHOL (104)

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INTRODUCTION: The County of Međimurje is populated by approximately 130.000 with an average of 173 inhabitants per km<sup>2</sup>. Čakovec is the cultural, administrative and educative centre of the County.

In the County there are 31 primary schools, 29 local schools and 6 secondary schools. They are attended by 11883 pupils in primary and 4631 in secondary schools. There are 480 students in the Teacher-training college (Department of pre-school and primary school education of Zagreb Philosophic College).

GOALS: To determinate the prevalence of alcohol drinking in Youth (Why Alcohol-because is traditionally widely used in our County). To investigate their life style and attitudes. To create and implement the appropriate prevention program. In Project definition the importance of sensibilisation and collaboration with representatives of local authority in town Čakovec, Schools and youth was recognised as necessary.

SUBJECTS AND METHODS: The Survey -The sample: 5847 school children, age 12-19 year, 51% female and 49% male.

RESULTS: Issues about alcohol: 90% think that alcohol will harm their Health, but much later when they get old, 70% drink to feel better (to forget problems with school, parents and self-problem). 40% think that alcohol is good for relaxation but problem is that other people-parents, relatives-will blame them, 60% think that prohibition has no effect (to Youth younger of age 18), 8% drink every day, 10% have alcoholic in family, 15% never drink. The Survey findings were the basis for action. Group established by volunteers from primary and secondary schools (5 Primary and 5 Secondary schools that are located in Čakovec, which is recognised as "City-friend of children and youth"). They were educated to act as peer-educators. The Project started in school year 2001/02 and last continually. Every year new teenagers wanted to be in Project.

DISCUSSION AND CONCLUSION: Volunteers-teenagers deliberately identify problems that bring alcohol. They want to pass their knowledge and understanding to the others in generation. Many teenagers have been told about alcohol and problems that may result from its abuse, but now they discuss it deeply with their generation. The action "OHNETANOL NIGHT" (Night without alcohol- opposite of bambus or vodka party) every school year finished their Project.

Teenagers want responsible community and express readiness to be involved. They act as role-models, and they will be adults soon...

*Key words: alcohol, protection young generation, peer-based education*

## **YOUNG PEOPLE'S KNOWLEDGE AND ATTITUDE TOWARDS SMOKING (188)**

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**INTRODUCTION:** The Global Youth Tobacco Survey (GYTS) aims to monitor tobacco use among young people and to enhance the capacity of countries to plan, implement and evaluate tobacco control and prevention programmes. The GYTS was carried out in Hungary in 2003. It provides data on prevalence of tobacco use among young people as well as several determinants of tobacco use. This presentation will describe Hungarian young people's tobacco-related knowledge and attitude in relation with gender, age, smoking behaviour, parental, teacher and student smoking as well as passive smoking at home and school.

**SUBJECTS:** The sample was nationally and regionally representative and included 4484 students aged 13-16 years.

**METHODS:** The GYTS is a school-based survey and it uses anonymous questionnaires for data collection. A two-stage cluster sample design was used to produce representative data. Statistical analysis included descriptive statistics, correlations, one- two- and three-way ANOVAs and PCA.

**RESULTS:** Significant but moderate negative correlation was found between knowledge and attitudes. Both of these smoking determinants were influenced by gender and age. Significant relationships were also found with smoking behaviour and the level of exposure to environmental smoking both at home and school.

**DISCUSSION:** Knowledge and attitudes have role in initiation of tobacco use and smoking behaviour among young people. Furthermore a smoking environment may have significant unfavourable influence on not only students' health but their attitudes and knowledge too.

**CONCLUSION:** Tobacco prevention and cessation programmes should not ignore the importance of attitude towards smoking. They also should be aware of the influence of environmental adult and peer smoking behavioural pattern on students' attitude.

*Key words: young people, smoking, attitude, knowledge, parental smoking, smoking at school*

# THE HEALTH BEHAVIOURS AMONG STUDENTS OF UNIVERSITY OF RIJEKA (141)

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**BACKGROUND:** Since young people are highly vulnerable to risk behaviours, such as drug taking, tobacco and alcohol use, risk sexual behaviour, we decided to explore these behaviours among young in detail. Our earlier studies have found great differences among students from different faculties. To help us plan future action in health education and prevention we decided to determine which faculties are at highest risk for which behaviours.

**METHODS:** The data were collected during medical examinations, obligatory for 1st year students. We acquired the data for 1620 students from six faculties of University of Rijeka, academic year 2004/05. The data were compared by odds-ratio using software package EpiInfo.

**RESULTS:** Cigarette smoking (OR=1,79, 95% CI=1,32-2,45) and alcohol drinking (OR=1,41, 95% CI=0,90-2,22) were more frequent among maritime students, as well as getting drunk (OR=1,83, 95% CI=1,07-3,14). This particularly goes for excessive drinking (getting drunk over 10 time in last month (OR=2,42, 95% CI=1,76-3,33)). Maritime students were also more sexually active than other students (OR=2,17, 95% CI=1,44-3,28), having more than one partner annually (OR=1,60 95% CI=1,11-2,60).

Skipping breakfast (OR=1,22, 95% CI=0,97-1,55) was more frequent among students of tourism and hospitality management and engaging in sport activities was the fewest on faculty of economics (OR=2,13, 95% CI=1,71-2,64). Drug abuse showed no statistically significant relation to any faculty.

Counted together, the biggest amount of risk behaviours was found among students of maritime study and fewest among students of medicine.

**DISCUSSION AND CONCLUSION:** Although we have found certain level of risk behaviours among all faculties, some of them appear to be at specially increased risk. Students of maritime studies appear to be more adventurous and are more likely to have an unhealthy life style. Although they have similar habits as their colleges, they appear to live much more hazardous and endorse these habits excessively (tobacco smoking, excessive drinking, higher sexual activity). Until further analyse we can conclude that maritime students are at highest health risk due to many unhealthy behaviours found there. To combat this, our future health prevention programs should be developed in close cooperation with Faculty and student organisations. These programs should be adjusted to their needs, knowledge, and interests.

*Key words: risk behaviours, health prevention*

# THE INCIDENCE OF RISK BEHAVIORS IN HIGH SCHOOL STUDENTS (11)

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Health-risk behaviours in children, in its kind and frequency result from genetic and environmental factors.

This survey examined health-risk behaviours (smoking, alcohol drinking and drug abuse, sexual experience) in high school students, the relation of their health-risk behaviours with certain health-risk behaviours in their parents (smoking, alcohol abuse), and interrelations among the examined types of risky behaviours. The study included 1009 of 1144 inquired students (426 girls, 583 boys) of high schools (of 5 gymnasiums and 4 trade schools) aging 15-19 years ( $17.50 \pm 0.70$  years).

In the period of time preceding the inquiry (3 months) 55.80% of the students smoked, 74.13% of them drank alcohol, 18.43% took drugs, whereas 45.09% of them had sexual intercourse ever in life. Children of smokers ( $n=563$ ) smoke more often (chi-square=17.06,  $p<0.01$ ), drink alcohol more often (chi-square=16.58,  $p<0.01$ ), and have sexual experience more often (chi-square=9.84,  $p<0.01$ ) in comparison with children of non-smokers parents ( $n=446$ ). Children of parents who drink alcohol ( $n=240$ ) drink it themselves more often (chi-square=20.14,  $p<0.01$ ), take drugs more often (chi-square=27.02,  $p<0.01$ ), smoke more often (chi-square=5.99,  $p<0.01$ ), and have sexual experience more often (chi-square=8.33,  $p<0.01$ ) in comparison with children of non-drinking parents ( $n=769$ ). Certain kinds of health-risk behaviours show a tendency to form clusters, i. e. among the examinees, there are 287 students (28.44%) smoking, drinking alcohol and with sex experience at the same time. Almost every tenth examinee has all the four health-risk behaviours (100 students, 9.91%). Only every seventh student has none of the health-risk behaviour (136 students, 13.48%), making 6 of 7 examinees positive in at least one of the risky behavioural types (873 students, 86.52%).

In conclusion, the paper confirms a strong influence of parental health-risk behaviours on their children's health-risk behaviours. Therefore, preventive measures should be at least bidirectional, addressed not only to students, but to their parents as well.

*Key words: health-risk behaviour, smoking, alcohol drinking, drug abuse, sexual experience, high school students*

# **RISK AND PROTECTIVE FACTORS FOR TOBACCO, ALCOHOL AND ILLICIT DRUGS USE: CONVERGENCES AND DIVERGENCES (108)**

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**INTRODUCTION:** Risk behaviours are one of the main determinant factors of health and illness, impairment and death in adolescence. The research carried in this field, just the fact that different health related behaviours have common antecedents. As some authors refer, interventions in the prevention scope will be more advantageous at various levels if they have not only target behaviour, but a set of behaviours that share common antecedents. It becomes thus necessary to compass several behaviours in one same study, in order to verify the influences that these behaviours share, as well as the specific influences for each one of them. Beyond this, it is also important to perceive if the determinant factors of these behaviours act in an identical form in different groups of individuals. The literature shows that differences exist, for example, in function of gender, age and deviant trajectories. However, one more time it is importance to deepen this knowledge as well as getting it in an integrated form, that is, studying in simultaneous diverse behaviours in various groups of individuals.

**METHODS AND SUBJECTS:** The present study was developed using "focal groups" procedure ". It had been conducted 12 collective interviews, which had enclosed a total of 60 adolescents from 11 to 18 years old. Concretely it was looked to know enclosed to different groups of adolescents (organised in function of gender, age and deviant trajectory/school placement) which factors they consider as risk and protection, in different significant contexts of their lives, for the use of tobacco, alcohol, illicit drugs, and delinquency.

**RESULTS:** Several risk and protective factors were advanced to the discussion in the personal, family, peers, school and community contexts. In what concerns risk factors it was possible to verify that personal and peer factors were the principal focus of the discussion. For protective factors the main focus was situated on personal and family contexts. Convergences and divergences were found for the behaviours under study, as well for the different groups that had participated.

**DISCUSSION AND CONCLUSIONS:** The results had shown that adolescents have perception of a vast set of risk and protection factors allied to the behaviours in study. The results of this study had still presented an interesting particularity, that is, the existence of a greater similarity in protective factors for the diverse behaviours, comparatively to the risk factors.

*Key word: adolescence, health, risk, protection, substance use, focal groups*

# ADDICTIVE BEHAVIOUR AMONG THE FIRST GRADE SECONDARY STUDENTS (113)

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The prevalence of cigarette smoking, alcohol drinking and drug use among the first grade secondary students under my medical care competence was presented. The analysis of addictive behaviour among students can help to determine priorities for primary prevention and health promotion. The questionnaire was conducted among 1208 students (445 boys and 763 girls) for the school years 2001/02, 2002/03 and 2004/05. The questionnaire was carried out in the surgery waiting room, before the medical examination. Out of 1516 students, 1208 (79.7%) completed the questionnaire. -It was reported that among 383 students in the school year 2001/02, there were 31.7 % in Touristic School (TS) and 17.3 % of students in Grammar School (GS) who smoked cigarettes. 44 % of students in both schools consumed alcohol occasionally; whereas 9.3 % of students in TS and 7 % in GS were regular consumers of alcohol. 3 % of students in TS and 3.2 % in GS used drugs several times. It was found that in 2002/03 among 501 students, there were 36.8 % of students in TS and 16.7 % in GS of those who smoked. There were 42.3 % of students in TS and 43.4 % in GS of those who consumed alcohol occasionally. Regular drinking was reported by 10.4 % of students in TS and 3.8 % in GS. Drug was used once by 3.6 % of students in TS and 2.5 % in GS, and more times by 4.6 % in TS and 3.6 % in GS. In 2004/05 among 324 students in GS, 24.7 % smoked cigarettes and 59.9 % consumed alcohol. 4.6 % of students tried drugs, and 5.6 % used drugs more times.

According to the results for the period from 2001/02 to 2004/05, cigarette smoking, alcohol drinking and drug use have increased among the first grade secondary students. The ESPAD99 study and National report of the health behaviour among the Croatian students show higher percentage of substance abuse. Given the circumstances that questionnaire took place in the surgery and not in the classroom, the part of students with risk behaviour did not fill the questionnaire. However, it is evident that risk behaviour among students has increased and thus, an intensive education in elementary and secondary school is needed.

*Key words: students, cigarette smoking, alcohol, drugs*

# THE USE OF DRUGS AMONG ADOLESCENTS IN REGION OF GORENJSKA (179)

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**INTRODUCTION:** The purpose of the study was to assess the situation on use of tobacco, alcohol and other drugs among students in region of Gorenjska and their trend in the last four years.

**SUBJECTS AND METHODS:** The target population were students in the 1st classes of secondary schools born in 1987. In April 2003 they anonymous answered on ESPAD questioner. The sample was representative for all types of secondary schools and for both sexes.

**RESULTS:** Alcohol and tobacco were the most frequent used drugs. 69% of students have already smoked tobacco, 92% of students had drunk alcohol beverages, 73% of students were drunk at least once. The most frequently used illicit drug was marijuana. The lifetime prevalence of any illicit drug use was 39% and 38% for marijuana. The prevalence of use of inhalants was 20%, of tranquillisers without a doctor's prescription 5%. In the last 30-days 33% of students had smoked tobacco regularly, 61% of students had drunk alcohol beverages, 39% were drunk. The 30 days prevalence rate of the use of marijuana was 20,5% and the 30 days prevalence rate of the use of inhalants was 5%.

**DISCUSSION:** In the last four years increased the use of drugs, the frequency and quantity of drugs use, but the students were younger at first use of drugs. In the same time increased the use of drugs among their friends. In the last four years decreased their self-perception and the average grade in school, but increased the missed schooldays and the number of evenings spent outside. The proportions of drug users in region of Gorenjska were higher for most of drugs than on average in Slovenia. Region of Gorenjska belonged to the parts of ESPAD countries with high percent of students reporting use of drugs.

**CONCLUSION:** Good information of large part of population about spread of drugs among adolescents and risk factors is important approach to help to combine with the situation.

*Key words: adolescent, region of Gorenjska, drugs, alcohol, tobacco, marijuana, inhalants, tranquillisers*

# DOES THE USE OF MARIJUANA AFFECT SUCCESS AT SCHOOL?

(194)

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**INTRODUCTION:** Irresponsible behaviour and disregard of school tasks and duties are frequently related to the use of dependence substances. Some authors believe that adolescents who are poor scholars and are not accepted by their age-mates are more likely to start taking psychoactive substances, whereas others report that adolescents taking various psychoactive substances are less successful at school and less engaged in organised extracurricular activities.

**SUBJECTS:** The aim of the present study was to determine whether those taking marijuana are less successful at school than nonusers, and whether their success/failure at school is associated with the use of marijuana. Accordingly, two hypotheses were posed: 1) marijuana users are inferior scholars as compared with marijuana nonusers; 2) poor school results are associated with the use of marijuana.

**METHODS:** The questionnaire filled out by study subjects contained two groups of questions. One group of questions included the variables of success at school, and the other group of questions was related to the use of marijuana. The questionnaire was anonymous and voluntary. The sample included 232 subjects divided into experimental and control group. The use of marijuana was the discriminative factor for group allocation. Each group consisted of 116 subjects, mean age 20 years.

**RESULTS:** The analysis of variance for the variable of school success yielded a statistically significant difference between the experimental and control group. The higher mean value obtained in the control group pointed to their better success at school. The analysis of correlations showed no statistically significant correlation between school success and use of marijuana in experimental group.

**DISCUSSION:** Study results have supported connection between marijuana consumption and school success. That connection is very complex. It is necessary to consider those facts while planning different preventive intervention.

**CONCLUSIONS:** Study results have supported the hypothesis that marijuana users are poorer scholars than nonusers. The hypothesis on poorer school results to be consequential to the use of marijuana was not confirmed. Accordingly, it is concluded that experimental group subjects would be poorer scholars even if they had not been using marijuana.

*Key words: substances abuse, adolescents, school success, marijuana*

# **REPORT ON THE WORK OF ADVISORY CENTRE FOR SUBSTANCE ABUSE PREVENTION IN THE REGION OF SISAČKO-MOSLAVAČKA COUNTY IN 2003/2004 (226)**

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In recent years we have been confronted with a dramatic rise of various problems and difficulties related to a constant increase in the consumption of psychoactive substances by young population. Advisory Centre for Substance Abuse Prevention in the region of Sisačko-Moslavačka County was established in the mid-2002.

**OBJECTIVE:** To report on the work of the Advisory Centre in 2003 and 2004 and to compare the results obtained in these two years.

**RESPONDENTS AND METHODS:** The data obtained from 210 clients who visited the Advisory Centre in 2003 and 2004 were statistically dealt with.

**RESULTS:** In 2003, the Advisory Centre was visited by 100 clients, while in 2004 the number of clients grew to 110. The number of female clients has increased in 2004 (40%) as opposed to 2003 (25%). As far as the age of the clients is concerned, in both years, the majority of clients were between 15 and 18. In both 2003 and 2004 the boys used to come because they had experimented with psychoactive substances, while the girls came because of the psychological problems they had. On average, each client would come four times a year in both 2003 and 2004. In majority of cases the clients were sent by the Social Care Centres.

**CONCLUSION:** In the last two years the structure of the clients coming to Advisory Centre for Substance Abuse Prevention has dramatically changed as far as their sex is regarded (an increase in the number of girls). The rest of the tested parameters were stable in both years.

*Key words: adolescents, experimenting with psychoactive substances, advisory service*

## **DRUG TESTING IN SCHOOL - A ROLE IN PRIMARY AND SECONDARY PREVENTION OF DRUG ABUSE (248)**

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TIME: 1 hour 15 minutes.

MATERIALS: felt-tip-pen, transparencies, overhead-projector, questionnaire sheet

METHOD: Workshop is planned for 40 participants. It begins with introduction by talking about public pressing on drug testing in school as a preventive method for drug abuse. Group is divided in four parts. Each group gets a Questionnaire sheet. Ask each individual to think about the answers, than in small group discussion, give answers on each question. Write them on transparencies and prepare for overhead presentation. Choose one person who will make a presentation for other groups.

Group discussion and conclusion on four topics.

OBJECTIVES: To express and define professional attitude about student (school children) drug testing

To examine argument in favour of and against students drug testing

To consider and discuss consequences of a policy for or against student drug testing

To define professional expectation from drug testing

To define indications for student drug testing (for which drug, for whom and when)

To discuss ethical and practical issues associated with students drug testing

To define procedure when test is positive.

Group A have to write as many reasons in favour of students drug testing

They answer on questions:

1. Make a list of arguments in favour of students drug testing.
2. What are results or benefits, we are expecting from students (school children) drug testing?
3. What is the purpose of testing?

Group B has to write as many reasons or arguments against students drug testing.

They answer on questions:

1. Make a list of as many arguments against students drug testing (why is not good take students to drug testing).
2. Can harm be made, or what are negative consequences that can be made by testing?
3. What are benefits of not subjected students to drug testing?

Group C: Under the pressure, some schools already subject students to drug testing. Discuss in your group and answer the following questions:

1. Who should be a person who provides testing?
2. Where testing needs to be done?
3. Write procedure of testing. What are the things you need to think about before testing, so your testing will give to you the most reliable results?
4. Make a list of ethical and technical issues related to students drug testing.

Answer on questions:

1. Law implications or regulation on drug testing
2. The role of the school,
3. How approach to parents and children.  
What they need to know,  
What arguments and answers you need to discuss or give to them?  
What principles should be respected?
4. What with results (refer to whom)? What about data collection?
5. What about kids whose test is positive? (What is intervention you propose?)
6. Who is a person or profession that needs to be included?)

After finishing their tasks, all groups come together. The representative from each group present conclusion of the group, subsequent discussion and conclusion of workshop.

*Key words: drug testing*

## EVOLUTION OF HEALTH RISK BEHAVIOUR IN ADOLESCENTS (114)

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**Introduction:** In large scale self-report studies the large majority of adolescents describe their state of health as good or even excellent ( cf. Scheidt et al., 2000) and in fact, there exists no other time of life in which the disease mortality risk is comparable low. Disease mortality rates are remarkably higher before the first and after the 19th birthday (Bundesamt für Statistik, 2001; Schmid et al., 2001). In adolescents, mortality rates are largely attributable to risk behaviour. Here we describe the evolution of health risk behaviour in Switzerland and we test the hypothesis that the gap between self-reported state of health and possible detrimental health risk behaviour increases over time (Sells & Blum, 1996).

**Methods:** Data were collected within the Health Behavior in School-Aged Children Study (HBSC) (cf. Currie et al., 2000); an international research study in collaboration with the World Health Organization Regional Office for Europe. In Switzerland, the Swiss Institute for the prevention of alcohol and drug problems (SIPA) conducted the study in 1986, 1990, 1994, 1998 and recently in 2002 with the financial support of the Federal Office of Public Health and a part of the Swiss cantons. All Swiss cantons as well as all grades from 5 to 9 are represented in the sample. Questionnaires were administered in school classrooms by teachers.

**Results:** In general, the prevalence of health risk behaviour has increased since 1986. Substance use such as drunkenness and cannabis use, sexual intercourse, unhealthy eating habits, accidents and injuries are more and more often in the age groups of 11, 13 and 15 year olds. The number of young people describing their health as good, however, is increasing during the same time period. In Europe, differences in health risk behaviours are considerable, however, common problems arise from smoking, drinking excessively, from bad nutrition, suicidal attempts as well as from injuries.

**Discussion & Conclusion:** The increased gap between self-reported state of health and detrimental health risk behaviour over time may - at least partly - be explained by lifestyle patterns that are pushed to the extremes. Images in the media, mainly the combination between television, music, video and publicity are valuating detrimental behaviour and are combining them with prestige - we propose to call this the MTV-effect.

**Key words:** *adolescence, risk behaviour, development, epidemiology,; social influence*