

## USAGE OF DIFFERENT DRUGS AMONG SECONDARY SCHOOL STUDENTS

© Csilla MÁTÓNÉ SZABÓ

(Kodolányi János University College, Székesfehérvár, Hungary)

[szabocs@uranos.kodolanyi.hu](mailto:szabocs@uranos.kodolanyi.hu)

*In post-modern society, family relations have remarkably been modified and the youth's social status has significantly changed. The generation gap between parents and children has increased, due to which parents are not able to give appropriate behavioural patterns to their kids. Simultaneously, more and more youngsters reject the way of life and the values offered by their parents. In our changing society, youngsters less frequently have confidence in their parents; if they have problems they more often seek for support among peers. But without satisfactory solutions, teenagers may get into identity crisis and take on deviant behaviours such as smoking, drinking and drug taking.*

**Keywords:** secondary school students, usage drugs

### Problems of post-modern society

Youth - according to *Mátay's* definition - is "a transitional period of life between childhood and adulthood, the time of finding one-self and forming identity". (Szapu, 2002:22.) In pre-modern societies long-lasting adolescence was not known: in tribal communities the child was declared to be an adult member of the community with equal rights through the only event: the initiatory ceremony. In feudal societies, adulthood had material criteria: only the one who was able to start one's own career and - with close connection to it - find one's spouse. Researching adolescence started in the 18<sup>th</sup> century, since then there has been growing interest in teenagers' hobbies, behaviour, mentality, and educational problems concerning these entities. But adolescence became "an independent period of life, getting longer and more significant" only in modern societies. (Somlai, 1997:101.) One can experience that biological maturity takes place in an earlier and earlier period, while complete independence (career and family planning) follows it much later. Learning period has lengthened by around 10 years, compared with the end of the 19<sup>th</sup> century; moreover, more youngsters spend it far from their home town, even in another country. (Somlai, 2004) Since Hungary became the Member of the EU, youth - university, college, even secondary school students - has had more opportunities to study abroad.

Not only do youngsters study for longer time but they also decide on their life mate or spouse in a later period of life. In the 1970s, *Judit H Sas* (2004) examined how adolescents aged 14-18 thought about their future. She repeated the research 20 years later and found dramatic changes in youngsters' thinking. While in the 70s, youth considered their future with the family in the focus, today the youth highlight the importance of career and the role of the family has

much less significance for them. In the 90s, secondary school students' compositions focused on further education, future qualifications and jobs. According to these writings, not only do they plan marriage and family for a later period, but they also want fewer children.

After changing the regime, Hungarian society - similar to Western European societies - has become a post-modern society with the most significant features of consumption. Due to modern technology, the border between reality and non-reality has been fading. The whole world has become objectified: today people are surrounded not by persons but by objects. Piling up objects is the sign of wealth, and so it implies the myth of fertility. Even culture can be characterised by the mentality of consumption so the key words of it has become by today: luxury, beauty and pleasure. Particularly urban youth culture is characterised by the fact that entertainment has become compulsory pastime: leisure time is considered today gained and "consumed" time. (Mészáros, 2003)

According to the national survey done in the 1990s, *Kálmán Gábor* and his colleagues came to the conclusion that in Hungary - similar to Western European countries - the beginning of a new youth era could be recognised. It means that everyday life has remarkably changed; former values have lost their roles. The influence of traditional socializing institutes, such as family, school, on youth has been decreasing to a great extent. Parallel with it, the influence of peer and mass media models has obviously increased. The youth way of life and their scale of values have been dominated by the media and entertainment industry. The conflict between the adult society and the youth has been growing. This generation gap has been enlarging by the fact that the traditional institutes of socialisation cannot tolerate youngsters' difference (Mészáros, 2003) and it leads to youth rejecting their parents' values and way of life in an earlier and earlier period of life. Due to this process, adolescents less frequently turn to their parents in case they have problems. According to *Szapu's* survey done in Kaposvár, approximately 25% of youngsters in need turn to their friends, and roughly the same per cent find release listening to their favourite music, while only 8% discuss their problems with their parents. The research displayed the shocking data that nearly one fifth of the surveyed youngsters flee to solitude; since there is nobody close to them to discuss their problems with, and a furthermore 9.5% turn to drugs: nicotine, alcohol and narcotics. (Szapu, 2002)

In order to separate oneself from the values of the family and the school, which are considered by youngsters too strict, the youth try to become independent in very early age. But early independence may lead to identity crisis, due to which adolescents need to apply strain releasing techniques. The two most frequently used techniques reducing tension are alcohol and drugs. *Kálmán Gábor*, in his above mentioned study, came to the conclusion that by today drugs have become the part of youth life, and are equalized with freedom in teenage thinking. (Mészáros, 2003)

## Youth's socialisation

### School: the place of socialisation

Since the school is the second most important place of socialisation after the family, it influences students' intellectual, emotional and social development, as well as it affects their self-evaluation. According to *Aszmann* and *Németh's* (2000) research, school may affect children's personality development both in a

positive and negative way. Authors claim that there is a significant link between smoking, drinking and students' attitude to school. However, most school researches done in the last few years have focused on the role of school as an effective teaching–learning institution and hardly any researches have dealt with school as a psycho-social environment influencing students' health. Taking into consideration the psycho-social role of school, the following factors affect students' well-being and through it their health and their attitude to drugs:

- Students' opinion about school: whether they like going there or feel bored; how strong they connect to this community.
- Students' opinion about school rules: whether they are decent or too strict; whether students could take part in forming them.
- Teachers' attitude to students: how fair and helpful they are; to what extent they consider students' personality.
- Teachers' requirements and school tasks: whether requirements are correct or too high; whether school tasks are usual or too difficult and so overwhelming.
- Feeling safe at school: whether students are hurt, or vice versa, they hurt their peers at school. (Aszmann & Németh, 2000)

According to *Pikó* (2003b), students who like learning, who have good results at school and who acknowledge and adopt to school rules much less incline to smoking and drinking. Several researchers, such as *Pikó* (2003b) and *Aszmann* and her colleagues (2000), claim that there is a significant relation between smoking and the number of drunkenness and students' attitude to school, to their teachers and to their peers, especially to their classmates.

Teachers can easily recognise the predictors of smoking and drinking through several phenomena:

- When the student turns away from school: 'I do not like going to school.', 'Going to school is boring.'
- When the student rejects school rules: 'School rules are too strict and unfair.'
- When the student is not satisfied with the teachers' attitude: 'The teachers are too strict, they pick on me.'
- When the student has bad results at school.
- When the student plays truant several times.
- When the student takes part in bullying. (Aszmann & Németh, 2000)

### The purpose of the research

Since using of drugs might appear even in primary school but it has a significant influence on students' behaviour in their secondary school years, the research focuses on secondary school students and their teachers. The purpose of the complete research aims to present youth subculture phenomena, such as teenagers' appearance and their use of various drugs (smoking, drinking, narcotics), as well as the teachers' reaction to these phenomena. However, this paper focuses only some findings and relations of a pilot research done in a middle-sized town in Hungary. The sample of the pilot research consisted of 68 students, 35 of them attending 9<sup>th</sup> form and 33 of them 12<sup>th</sup> form.

The method of data collection was self-administered questionnaire. The structure of the questionnaire includes two big parts: considerable and hardly

considerable phenomena and both of them consist of two subparts. Considerable phenomena refer to secondary school students' appearance and behaviour. While the former implies clothes, hair style, tattoo, piercing, and their estimation by the students themselves, their peers, parents and teachers; the latter enquires about students' free time activities and aggression at school. Hardly considerable phenomena search data on students' relations with their peers, parents, and teachers; and students' health risk behaviour and their use of different drugs, such as smoking, drinking, and narcotics. This paper focuses only on the last topic: students' health risk behaviour and their use of drugs.

### The youth's health risk behaviours

In the last few decades, researches both in Hungary and abroad have shown very unfavourable data on the usage of different drugs: more youngsters start smoking, take on drinking or use narcotics, and the age limit of the first try is lowering. (Fischerné, 2002) Today, this tendency is typical and characteristic of youngsters all over the world. According to a research done in the US in 1977, only 10% of university and college students claimed that they drink just to get drunk. This proportion grew to 35% by 1993. (Légrádi, 2003)

Although the use of the three drugs - nicotine, alcohol, narcotics - can be connected to different situations, all three health risk behaviours have several similar features. First, getting familiar with these habits generally occurs in adolescence - today in early adolescence; it is the time when drugs become the part of youth life and it is time when conditioning phenomena fix. These conditioning phenomena link smoking, drinking and taking drugs with pleasant effects, such as spending free time together, chatting with friends, releasing conflicts and being in a relaxed state. This contributes to the fact that health risk behaviours become the part of way of living, and in adulthood they may lead to several serious diseases and even cause death. (Pikó, 1999)

Secondly, adolescence is the time when teenagers grow away from their parents and develop peer group identity. Taking part in the life of peers is considered as a significant learning process for teenagers. They have social support among their peers: they think in the same way, they have friends to discuss their problems with. For youngsters, values and models mediated by the peer group become much more important compared with the ones of their parents. (Pikó, 1999) On the one hand, interactions with peers may contribute to develop coping strategies and successful communication skills. On the other hand, the peer group might influence youngsters to take on health risk behaviours. (Aszmann, 2003)

Thirdly, bad habits, such as smoking, drinking and even taking drugs, are learned behaviour models. According to several researchers, such as *Aszmann* (2000), the maladaptive answer on environmental stress appears in the form of smoking, drinking and drug taking. Or as *Pikó* (2003a) claims: using various drugs is a non-adaptive method not supporting real adaptation, and youngsters use it instead of real conflict management only to release emotional strain.

### Smoking

As this passage is written according to *Pikó's* (2003a) article, only other authors will be mentioned. In modern societies, smoking is the most spread legal drug

and, in connection with it, it is socially acknowledged. However, in the last few years there are more and more European countries where smoking is forbidden in several public places, such as school, health care institutions, theatres, and even pubs and restaurants. This result is due to the several researches which demonstrate the harmful effects of smoking causing many serious diseases and which prove that smoking is a kind of addiction. These researches also claim that smoking has a cumulative effect, which means that the harmful effects do not disappear at the moment of giving up smoking. The longer time one smokes, the bigger the opportunity is one will damage one's health.

Although the cigarette is not a prohibited drug either legally or by the social traditions, it is not far from the classical psychoactive drugs, such as marihuana, heroin or LSD, since it develops addiction influencing mental processes, changing one's way of thinking, mood, and emotions. However, materials in the cigarette do have advantageous effects: release stress and tension, stimulate brain. Moreover, mostly young women use it as a kind of slimming diet, since cigarette reduces appetite. The addictive effects of smoking are proved by withdrawal symptoms which occur after giving up: the reduction of concentrating ability, being irritated and nervous.

The more people smoke, the more tolerant the society is towards smoking. So the attitude of adult society to smoking influences teenagers' health risk behaviour. In the USA and Western Europe, the summit of cigarette consumption was in the 1970s due to the liberal social mentality of the 60s. When indecent manners and loose lifestyle were driven back, and thanks to having launched effective campaigns, smoking remarkably reduced in particular social layers - especially among professionals. While in 1965 in the US 52% of men smoked, in 1983 only 33% of them. The same process can be seen in Finland: the proportion of smokers decreased from 51% to 36% during the same period. This significant success was owed to the numerous excellent programs launched in 1970s which aimed to improve people's health. In spite of the success among adult dwellers, these programs could hardly reduce teenage smoking. Thus, teenage smokers form a highlighted endangered group of the society in the Western part of the world. However, only 15-20% of US adolescents smoke compared with the approximate 50% in Central-Eastern European countries. This proportion is shocking despite the fact that a notable part of youngsters is not a heavy or even a steady smoker.

According to researches, most kids start smoking at the age of 13-14 but the age limit is decreasing and unfortunately it is not unusual today that 8-9 year old children smoke. *Pikó* (2003a) also claims that adult heavy smokers are generally the ones who started smoking at a very early age. As far as the number of teenage smokers is concerned, according to *Aszmann's* (1999) survey, there is no significant difference between genders among secondary school students: there are nearly as many girls smoke as boys.

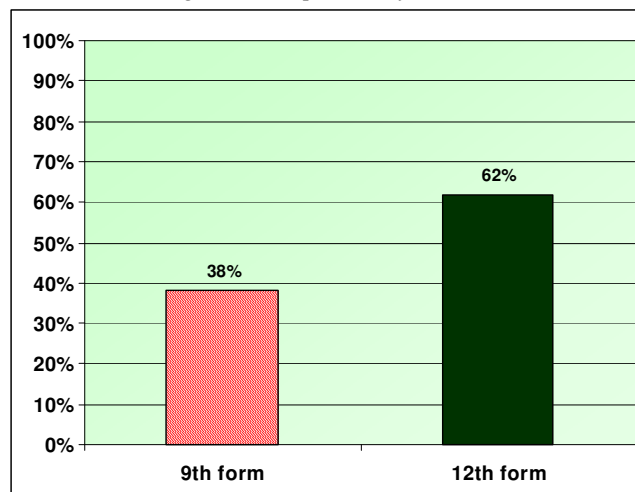
Starting smoking is generally not a conscious decision; it is usually preceded by the change of risk sensitivity. Several various factors contribute to the change of risk sensitivity like the appearance of a new friend who smokes. Getting into a new community where most members smoke emerges the claim in the teenager to adjust the others' habits. Being emotionally unstable and being susceptible to influence increases risk sensitivity too. Having school failures, permanent stress, frequent conflicts, and psychic problems, such as being desperate or agonised often leads to try smoking. Images of TV commercials and billboards and smoking adults, parents, teachers, doctors, act as models for

youngsters. Furthermore, the cigarette - like alcohol - symbolizes the desired free world of adults.

Taking on smoking is influenced mostly by the network of the teenager's social relations. As far as parents are concerned, their role is ambiguous: some surveys could not find any links, while some others state that the parental model influences mainly girls. As for peer group and friends, most researchers prove that group values and group conformity have a significant effect on teenagers. According to *Pikó* (2003a) the so called "peer trap" manifests in different forms: the best friend influence (teenagers have the biggest opportunity to start smoking if their best friend smokes), the phenomenon of overestimation (they generally overestimate the spread of bad habits), and friend selection (smokers usually make friends with smokers). Listing human relations, school links must not be forgotten. The role of teacher–student relation may be appreciated as teachers often form models for teenagers or they become the ones with whom youngsters may develop intimate relationship.

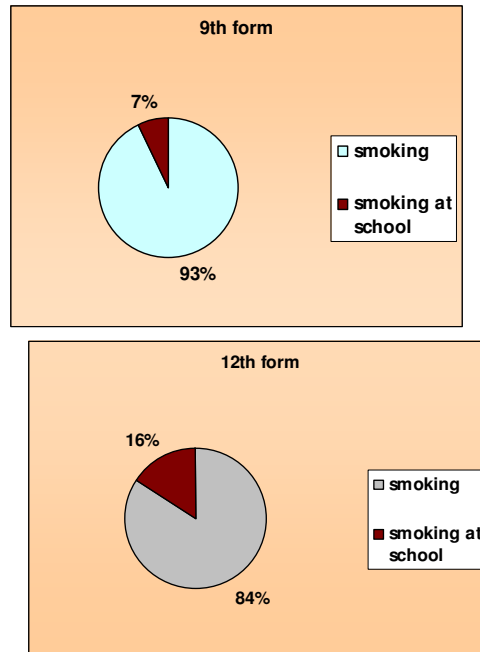
*Results of the pilot research.* As far as the results of the present survey are concerned, while a bit more than one third, 38% of 9<sup>th</sup> form students claimed that they smoke (from occasionally to usually) this figure grows to 62% among 12<sup>th</sup> form students. Various factors may cause this increase: peer group influence, particularly best friend influence, troubled relationship with parents or teachers, school failures, or copying the images reflected by the mass media and advertisements.

Figure 1: Proportion of smokers



Not only does the number of smokers grow from the 9<sup>th</sup> to the 12<sup>th</sup> form, but the number of students who smoke at school also rises. While among 9<sup>th</sup> form smokers only 7% smoke at school, this proportion climbs to 16% by 12<sup>th</sup> form.

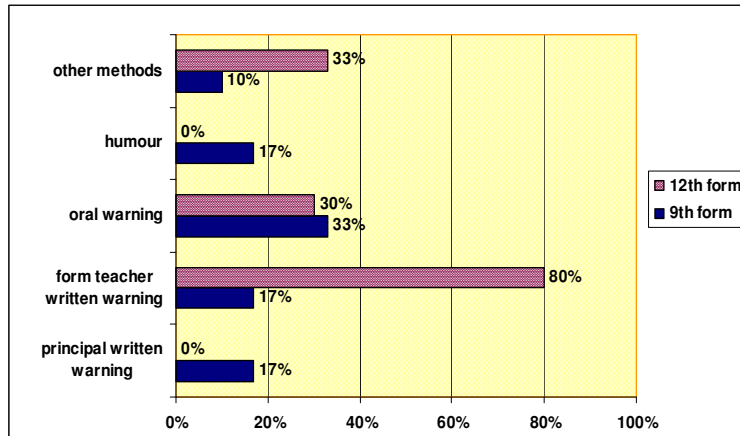
Figure 2-3: Smoking at school



The doubled number of students who smoke at school could be explained by the views of students. While around one third (36%) of 9<sup>th</sup> form students think that although smoking is forbidden at school there is an illegal place, in the 12<sup>th</sup> form nearly all students (91%) hear or know about an illegal smoking place. More surprising the data are that more than one fourth (29%) of 9<sup>th</sup> form students and 40% of 12<sup>th</sup> form students think that there is a place at school where smoking is allowed.

Since students, especially 12<sup>th</sup> form ones, smoke at school too (before or after the lessons, in breaks) teachers face smoking students, and thus they must handle the situation somehow. Dealing with smoking at adolescence in an effective way is considered to be crucial in prevention - both primary and secondary one. 9<sup>th</sup> form students suppose that teachers use different methods, from humour to the principal written warning, to prevent teenagers from smoking. The survey shows that 9<sup>th</sup> form students' opinions considerably vary, which can be explained by the fact that at the time of the data collection they had only been studying at school for some months, and so they were not entirely familiar with either the written or the unwritten rules of the school. As far as the 12<sup>th</sup> form students' opinions are concerned, who had been studying at school for more than 3 years, they seemed much more conscious and sure. One third of student claimed that smokers were given oral warnings, while 80% stated that the punishment of smokers was form teacher written warning. Another one third said that teacher apply other methods. (Students could choose more options.)

Figure 4: Teachers' reaction on smoking



The data demonstrate that most teachers use the good old methods: oral warning and form teacher written warning. Unfortunately, student hardly gave hints on the other methods. The question is whether writing in students' report book is the most effective way of prevention because parents often know about their kid's smoking, and although they do not like it, do not prohibit it.

### Alcohol consumption

Most kids try alcohol first in pre-puberty - that time quite often in family circle. Surveys done between 1986 and 1997 demonstrate that two third of 11-year old children have already tried some alcohol. (Aszmann, 1999) In spite of the fact that the number of first trials has not changed, unfavourable trends could be recognised: the early starting has become more frequent and there has been a growing number of both boys and girls who have been totally drunken. According to the survey done in 2002, nearly 50% of 9<sup>th</sup> form boys and 13% of 9<sup>th</sup> form girls claimed that they had been drunk several times. A new tendency has been getting into fashion: the so called binge drinking - drink a huge amount occasionally, generally at the weekends. In 2002, binge drinking was typical of one fifth of boys and one tenth of girls. Parallel with international tendencies, girls' alcohol consumption has been increasing and getting very close to boys' alcohol consumption. (Aszmann, 2003) And as far as binge drinking is concerned, according to *Pikó's* survey (2003b) done with secondary school students in Szeged, most students get drunk 1 to 5 times a month, and there is decreasing difference between genders. The above mentioned research also demonstrated data on students' attitude to alcohol. Although approximately only 10% of students totally accept drinking and more than one fourth significantly reject it, roughly 35% of them expressed neutral attitude. (Pikó, 2003b) Despite the fact that alcoholic drinks, like wine or beer, contain useful materials as well, students' indifferent attitude may indicate that teenagers are not interested in or not aware of the harmful effects of alcohol and being drunk.

Several factors that were mentioned in connection of smoking play remarkable role in drinking as well. For teenagers, the pleasant effects of drinking - spending free time with friends, relaxing, releasing everyday strain, and even cheering up - are highlighted, and so drinking is often considered as a kind of free time activity. Most youngsters drink when going out at the

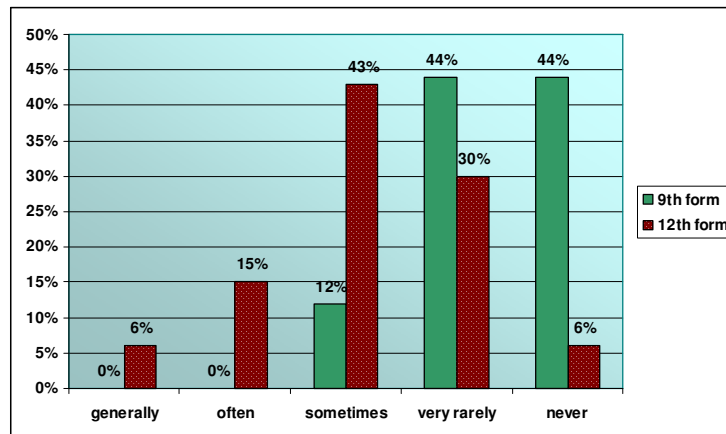


weekends. As far as alcohol consumption is concerned, not drinking itself is dangerous: good quality alcohol (especially wine) contains useful materials and in small amount it has benevolent effects on human organism. The main problem is that, for the youth, drinking is just for getting drunk itself. Nowadays the teenager who drinks more than the others - however occasionally - is appreciated by the peers and stands as a model. Taking on binge drinking and getting drunk occasionally have connection with the change of risk sensitivity (like in case of smoking), which may be influenced by getting into a new community or finding a new partner.

*The results of the pilot research.* According to the pilot survey, more than half (56%) of 9<sup>th</sup> form and nearly all (94%) of 12<sup>th</sup> form students have already tried alcohol. The data agree to the data of national surveys, according to which a lot of kids try alcohol at the age of 11-12 (Aszmann, 1999). These data also indicate that social influences in adolescence, such as peer group influence, seeking for independence from parental control, and taking on adult behavioural models, make drinking for teenagers desirable. By the age of 17-19, drinking becomes the part of youngsters' social life.

During secondary school years, not only does the number of students who try alcohol grow, but the frequency of alcohol consumption also increases. Out of the 56% of 9<sup>th</sup> form student who have already tried alcohol a significant proportion (44%) drinks very rarely (e.g. in family occasions) and only 12% drinks sometimes. There are no 9<sup>th</sup> form students who drink alcohol often or even generally. And it must not be forgotten that, according to the pilot survey, nearly half (44%) of 9<sup>th</sup> form students have never drunk alcohol yet. Comparing these data with the ones of 12<sup>th</sup> form students, out of the 94%, who drink, nearly half of them (43%) drink sometimes, only one third (30%) drink very rarely, and a notable 21% of students drink often or generally.

Figure 5: Alcohol consumption



These data are parallel with the data from the national survey done in 1997. The older the students are the more often they drink and get drunk. According to Aszmann (1999), while in the 8<sup>th</sup> form only 4% of boys drink beer regularly, this figure grows to more than 14% by 10<sup>th</sup> form and increases to 30% by 12<sup>th</sup> form. A similar increase could be noticed in case of spirits; however, the proportion of these students is smaller: starting on 2.5% in 8<sup>th</sup> form and growing to 16.8% in 12<sup>th</sup> form. However, it must be noticed that 10<sup>th</sup> form students in vocational

schools drink more spirits than 12<sup>th</sup> form students in grammar schools. Not only *Aszmann* but *Bettina Pikó* (2003b) also declares that, as far as drinking and other health risk behaviours are concerned, there is a significant difference between students in different types of secondary schools. Students in vocational schools are more endangered: they start deviant habits earlier and smoke, drink or even take drugs in a more excessive way than students in grammar schools. Nevertheless it must be mentioned that although most students try alcohol during secondary school years, only few get addicted. (Légrádi, 2003)

It has been mentioned that in teenagers' life alcohol consumption usually links to leisure time activities and going out. It is proved by the data demonstrating where youngsters most frequently drink alcohol. Since drinking alcohol can be considered as a symbol of independence and adult life, and closely connected to youngsters' spare time activities, the most favourite places for drinking alcohol are discos and pubs. According to the pilot survey, more than 40% of students drink alcohol in pubs and nearly 40% drink in discos. Taking into account what alcohol symbolises for the youth, it is not surprising that less than 20% of them drink at home. Compared with smoking, students hardly drink going to and from school or in the breaks but they do it especially during class excursions and at school parties. According to the data, nearly 30% of students drink alcohol in school events. This significant proportion must be considered when organising school excursions and parties and when planning prevention.

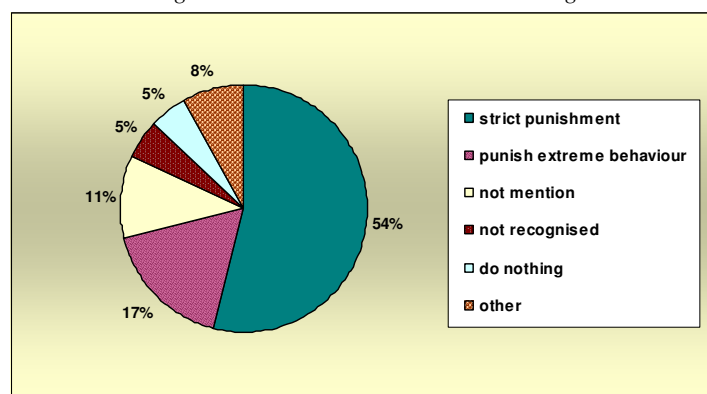
*Table 1: Places of drinking*

<i>places</i>	<i>students</i>
<b>pubs</b>	<b>42.7%</b>
<b>discos</b>	<b>37.9%</b>
<b>school events</b>	<b>27.3%</b>
<b>home</b>	<b>18.2%</b>

*(Students could mark more than one option.)*

Since quite a few numbers of students drink in school events, secondary school teachers come across students' drinking, especially during 2-3-day class excursions and at school parties. Thus, teachers must handle the situations somehow and try to find the most effective way of prevention. Most teachers are aware of the fact that although drinking in school events is forbidden by the School Rules, it is practically impossible, mainly in higher classes, to prevent drinking entirely. Thus, most secondary school teachers try to avoid excessive drinking in school events. They use various methods to reduce the chance that students get drunk: discuss the rules during the excursion in advance; arrange sport programs or hill walking; book the accommodation in a smaller village instead of a big town; etc. However, there are still teachers who apply the simplest, but probably not the most effective techniques: they punish the behaviour which is against the School Rules, or vice versa, they do nothing or do not recognise drinking. According to students' opinion given in the questionnaire, in more than half of all cases, teachers punish students who drink in excursions or parties regardless the amount, and nearly in one fifth of the cases they punish only extreme behaviour. On the other hand, in roughly 10% of all cases, teachers do not mention when notice drinking and in another 10% they do nothing or even do not recognise it.

Figure 6: Teachers' reaction on drinking



### Drug taking

*Aszmann* (1999) claims, relying on follow-up researches, that smoking and especially drinking could be considered as the first step to drug taking. However, narcotics, such as cocaine, heroin, LSD, ecstasy, amphetamine, are totally different from other drugs, such as nicotine and alcohol: while the latter ones are legal, the former ones are illegal, using and spreading them are against the law. The other difference is in age: while kids quite often start smoking and drinking in pre-puberty at primary school, trying drugs usually takes place at the age of 16-18.

Drugs are closely connected to house and rave subcultures, and to special parties with their sound and light effects. Party goes continuously dance for 20 or even 36 hours, which is believed to be impossible without using special materials: narcotics. According to surveys done both in the US and in Hungary, fans of house and rave subcultures are more likely to take illegal drugs than their peers belonging to other musical subcultures. However, it must be mentioned that discos and parties are not the reasons for just the place of drug taking. The problem is that this way of leisure time activity has been getting particularly popular with youngsters. That is why some researchers think that party drug taking might not be considered as a subculture phenomenon. According to many researches, trying drugs first as well as taking them generally take place either in discos and parties or in a flat in friends' circle, and hardly ever take place at school or in school events. (Demetrovics, 2003)

As far as smoking and drinking are concerned, peer group influence has a significant role in starting. The teenagers who occasionally drink alcohol and particularly the ones who smoke generally have good family background and close relationship with their parents. As for narcotics, *Lázár* claims that "drugs form addiction in the place of missing connections" (*Lázár*, 2003:24). Lack of strong human links, particularly the ones which should be the most significant one: the parent - child relationship, may results in turning to drugs and later addiction. Thus, drugs, or rather the pleasure caused by drugs, substitute human feelings. *Lázár* (2003) declares that greed for drugs should be regarded as greed for love, especially motherly love. However, drugs extinguish other connections, and human soul remains fastened to narcotics. So drugs isolate the addict from other people and increase social exclusion.

*The results of the pilot research.* Parallel can be drawn between the results of the pilot research and the results of national surveys. While 9<sup>th</sup> form students claimed they did not take drugs at all, approximately 9% of 12<sup>th</sup> form students, more precisely 3 students, said they rarely took drugs. Two of them take drugs at discos and parties, while one student takes drugs at home. No one mentioned taking drugs in school events. All this means that in spite of presuming that some students take drugs, teachers do very little against drug taking, as they do not directly face the its consequences.

## Prevention of different drugs

### A complex method against smoking

*Fischerné* (2002) exhibits a complex program against smoking carried out in Baranya county with about 3300 students aged 14-18. Nurses dealing with the youth were involved in the program; they were prepared both with professional materials and with methods. At the beginning of the program, nurses gave lectures on the topic using the most up-to-date research results, as well as students filled in the questionnaires on their attitude to smoking. The survey showed unfortunate tendencies: more and more girls take on smoking; and 64% of smokers and 5% of non-smokers thought they would smoke in a year. What is frightening that more than one fourth of smokers believe that there is nothing that could help them to give it up. During the program, students were given several interesting tasks: do cross world puzzles, write poems and slogans against smoking, or plan a cigarette box. At the end of each round, the best groups of students were presented small gifts. The best-known event of this program was the Non-Smokers Day organised by some students on Pécs main square. While this day might have been the most spectacular event of the program, the most shocking program for students must have been visiting the Blood Vessel Surgery Department in the County Hospital, where students could talk to young doctors as well as they could see the consequences of heavy smoking: suffering victims.

### Handling alcohol consumption and drug taking

Although very few teenage students who drink alcohol and take narcotics become addicts by their early 20s, teachers must fight this situation. According to *Légrádi* (2003), most programs fighting against alcohol and drugs try to handle addiction, which are expensive and not as effective as expected. Instead, *Légrádi* recommends doing prevention programs: kids must be taught the appropriate way of life and how to resist temptation. He claims that emotional education must be included in these programs. However, alcohol and drug prevention programs in Hungary omit emotional education. So *Légrádi* tries to prove why emotional education is so significant.

Relying on statistics, the doctor states that there are two well-known factors contributing to addiction: inherited inclination and being pestered or even bored. As far as the second one is concerned, *Légrádi* (2003) claims that children who are often tormented or feel bored show hyperactivity and often get in troubles even at primary school. That is why they are not popular with their peers and make friends with people on the periphery of the society. As they often feel

bored they pursue excitement and risks. Putting a stop to emotions such as anger, rage or irascibility, youngsters take heroin or other opiates. These narcotics make teenagers' general conditions better; however, they cause addiction. The primary feelings of being pestered and tormented are often increased by social or family problems, such as poverty, parents' divorce or simply damaged relationship with parents, the lack of communication between the members of the family. All these things get youngsters to release their problems and if they are not familiar with other conflict management techniques they use drugs: nicotine, alcohol or narcotics.

*Légrádi* (2003) offers five steps of emotional education:

1. Acknowledging one's own feelings: one must know oneself and be able to name one's feelings.
2. Handling the feelings: one must relieve negative feelings in time because on the peak of temper cognitive hindering is impossible.
3. Self-motivation: one must orient one's feelings to a particular purpose, as well as learn to delay the fulfilment of wishes.
4. Recognising other people's feelings: one must improve empathy towards others' emotions.
5. Forming relationships: for building confidence with others one must show one's intimate feelings.

In the end the doctor states that with the help of emotional education, aggressive children's way of thinking should be altered.

Another researcher, *Bettina Pikó* (1997) states the significance of social, especially peers' support. She refers to several surveys proving the remarkable correlation between the lack of social support and frequency of diseases, anguish, and behaviour and personality disorder. On the other hand, there is significant coherence between social support and coping with stress. Social support is considered as a kind of puffer, as it has a function of assistance and stress neutralising. Social relations display their benevolent effect during the process of coping. Coping is the process when a person makes efforts, both on cognitive and on behavioural levels, to be able to manage the conflict which the source of the stress. The result of coping depends on several factors. The two main factors are the intrapersonal one, which refers to the individual's personality, skills, and ability. The other important factor is beyond the person and connected to the individual's socio-economical status, as well as their human relationships. *Pikó* (1997) claims that social support, which is originated from human relationships, can be considered as the most significant source of conflict management and coping with stress.

## Conclusion

Researches dealing with teenagers indicate that trying and using drugs take place in adolescence. The youngsters who have troubled relationship with their parents and/or school failures generally seek support among their peers. As a consequence of this, they are more likely to become steady smokers, to take on binge drinking, and to use narcotics. Since giving up bad habits is much more difficult than avoiding them, significant attention should be paid to prevention, particularly primary prevention. In this phase, programs aim healthy population, the youth before taking on bad habits, before getting addicted.

If teenagers learn destructive strain releasing techniques in their families, if the peer group encourages youngsters smoking, drinking and taking drugs and this effect is combined with the pleasant effects of drugs, using drugs is considered by youth as an adult and desirable conflict management technique. Boring lectures on the harmful effects of smoking or narcotics or teacher punishment can hardly work as successful prevention. Instead, teenagers must be taught effective communication skills, problem solving methods and conflict management techniques. Since peer group influence is considered to be particularly important in youth, teenagers should be involved into the programs. The youngsters who do not smoke or take drugs at all and do not drink or know the rules of the so called 'cultural drinking' may convince their peers and stand as models for them. And at last, providing useful and impressive free time activities for the youth would probably decrease the number of the ones who smoke steadily, take part in binge drinking and take drugs.

## References

- ASZMANN, Anna et al. (1999): Magyar serdülők egészséget befolyásoló magatartása, a rizikómagatartás 1986-1997 közötti változása. *Egészségnevelés*, 40. pp. 123-132.
- ASZMANN, Anna & RÓZSA, Sándor & NÉMETH, Ágnes (2000): A magyar serdülők dohányzása, alkoholfogyasztása és a pszichoszociális környezet. *Egészségnevelés*, 41. pp. 177-187.
- ASZMANN, Anna (2003): *A serdülők egészségi állapota és egészség magatartása*. In: Kapócs, I. & Maár, M. & Szabadka, P. (Eds.): Ifjú-kór 2. Okker Kiadó, Budapest.
- DEMETROVICS, Zsolt (2003): Partik és drogok. In: Kapócs, I. & Maár, M. & Szabadka, P. (Eds.): Ifjú-kór 2. Okker Kiadó, Budapest.
- FISCHERNÉ VIRÁG, Éva (2002): "Életünk ne legyen füstbe ment terv!" Középiskolai dohányzás prevenciós program. *Egészségnevelés*. 2002. 43. pp. 258-260.
- H. SAS Judit (2004): *Elképzeltek családok*. In: Gábor Kálmán & Jancsák Csaba (Eds.): Ifjúsági korszakváltás. Ifjúság az új évezredbe. Belvedere Meridionale, Szeged.
- LÁZÁR, Imre (2003): *Kötődés és függőség*. In: Kapócs, I. & Maár, M. & Szabadka, P. (Eds.): Ifjú-kór 2. Okker, Budapest.
- LÉGRÁDI, László (2003): Az egészségmegőrzés nehézségei III. Alkohol- és drogfüggés megelőzése érzelmi neveléssel. *Egészségnevelés*, 44. pp. 79-81.
- MÉSZÁROS, György (2003): Techno-house szubkultúra és iskolai nevelés. *Iskolakultúra*, 9. pp. 3-63.
- PIKÓ, Bettina (1997): Coping - társas kapcsolatok - társas coping. *Pszichológia*, 4. pp. 391-399.
- PIKÓ, Bettina (1999): Magatartáskutatás középiskolások körében: kockázatot növelő és egészséget védő tényezők a dohányzás alkohol- és drogfogyasztás kialakulásában. *Pszichológia*, 3. pp. 337-354.
- PIKÓ, Bettina (2003a): *Dohányzás, mint a legelterjedtebb legális droghasználat*. In: Kapócs, I. & Maár, M. & Szabadka, P. (Eds.) (2003): Ifjú-kór 2. Okker, Budapest.
- PIKÓ, Bettina (2003b): középiskolások veszélyeztetettsége iskolatípus szerint: a korai önállósodás csapdája? *Egészségnevelés*, 44. pp. 57-64.
- SOMLAI, Péter (1997): *Szocializáció*. Corvina, Budapest.
- SOMLAI, Péter (2004): *Család és ifjúság*. In: Gábor Kálmán & Jancsák Csaba (Eds.): Ifjúsági korszakváltás. Ifjúság az új évezredben. Belvedere Meridionale, Szeged.
- SZAPU, Magda (2002): *A zűrkorszak gyermekei*. Századvég, Budapest.