

COMPETENCY OF PRIMARY SCHOOL TEACHERS FOR THE PRIMARY PREVENTION OF DRUG ABUSE WITH A VIEW OF THE ATTITUDES TOWARDS THE TOPICS OF DRUGS ABUSE PREVENTION

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Abstract: *The paper deals with the topic of drug-abuse prevention in primary schools and it is based on the research into the attitudes of primary-school teachers towards the topic of drug abuse, as the attitudes are the prerequisites for teachers' competency for the preventive – educative work at school. It may be said that in general, the attitude of teachers from the first grade of primary school towards drugs is representative from the social point of view; teachers show good general awareness of such problems, which is a very positive finding. However, it is rather serious that teachers lack deeper information and they do not know how to present the seriousness of such topics to the children by way of prevention. Generally, teachers do not accept drugs; they perceive drugs as something negative in the society. They correctly understand the connection of drug – wrong lifestyle; sport – correct lifestyle (i.e. without drugs). However, their attitude towards the influence of mass media in the area of motivation towards drug abuse is not well defined.*

Keywords: *teacher; drug abuse; dangerous behaviour; primary drug prevention and primary prevention of dangerous behaviour; anti-drug education; attitudes; competency.*

Introduction to the Topic

The transformation of Czech education reacts, in a way, to the necessity of adaptation of the educational – instructive process in schools of all types to the social evolution and current requirements of the era we live in. As compared to the past, nowadays the basic stress is placed especially on *key competencies* of the adolescent (against knowledge and skills) and her/his total preparedness “for life“. One of the crucial competencies which could be expected of the teenage generation is the competency in drug abuse and drug addiction topics; the principle of such

a competency consists in a timely creation and formation of correct attitudes towards drugs, health, etc. (more details by Čech, 2005a). Together with the family, school, as an educative – instructive institution, should play the key role in the child's life in terms of the timely prevention of drug abuse and other forms of dangerous behaviour. Positive transformation efforts can be seen, such as the legal obligation of the school to create Minimum Prevention Programmes, which should be monitored by the Czech School Inspection, and the creation of the position of a school prevention methodologist in every school, and last but not least, the implementation of the Framework Educational Programme and the creation of school educational programmes, as in such areas there is an enormous hidden potential for systematic preventive work in schools. The question of usage of such a potential is not addressed in this paper; however, the author addresses such a topic in other specialised articles (e.g. Čech, 2008).

We will focus on the teacher; there are lots of changes necessary to be implemented in the education system, which brings many new obligations for the teachers, such as their participation in the creation of educational programme of her/his school, capability to work according to such a programme, and also a competency for preventive-educative activities focused on all the forms of dangerous behaviour including drug abuse. In such activities, support should be provided by school prevention methodologist in the areas of methodology, information co-ordination and consultancy (see *Decree 72/2005 Col. on the provision of consultancy services in schools and school consultancy institutions*); however, in lots of schools, such a service is not provided in an adequate manner for various reasons (ad. Čech, 2008 et al.), and the competencies of the methodologist cover the first school grade to the minimum, which is why the form teacher's primary-preventive role is crucial there.

At this point, we get to the heart of this paper, because if we want the first school grade teacher to influence in a positive way the health and anti-drug attitudes of young school-aged children, such a teacher her/himself should have correct and positive attitudes towards this topic. The partial, but also crucial, objective of the wide research implemented in primary schools in 2005 was to investigate the attitudes of first school grade teachers towards issues of health and drug abuse, such attitudes being the base for the preventive - educational work in the first school grade. The research group was composed of 387 teachers from Brno and Bratislava (in certain aspects, this was a comparative research, for more details see Čech, 2005b).

Methodology and Course of Research

In order to investigate attitudes of first school grade teachers who are the implementors of anti-drug education in the first school grade, so-called *Likert scale* was selected to be a survey research tool, as such a scale is considered to be one of the most reliable techniques for the measurement of attitudes (see Mareš, 1998, p. 112). Š. Švec (1998) denominates the set of items used for the measurement of attitudes by means of the Likert scales the *rating-scale questionnaire* (hereinafter the questionnaire). As the attitude theories distinguish among three principal dimensions – cognitive, affective and conative – it was necessary to prepare the questionnaire in such a manner so that items

corresponding to such dimension were evenly represented. The final survey research tool was called *The Questionnaire for the Evaluation of Attitudes of First School Grade Teachers towards the Topic of Health and Drugs*.

During the first phase of the creation of the questionnaire, so-called topic domains were established (key topic areas), on which the research focused, such as: *smoking (cigarettes, marijuana)*; *alcohol, caffeine (coffee, caffeine drinks)*; *drugs, drug-abuse topic in general*; *addiction, relations towards the drug addicts*. At the establishing of the domains and also at the creation and formulation of scales for the individual domains, the following issues were taken into consideration: *research focus* (attitudes of teachers towards topics of drugs and health); *target group* (first school grade teachers); *psycho-social and ontogenetic features of young school-aged children*, who are taught by the researched teachers and who should be the target of the anti-drug education; *habit-forming substances by which young school-aged children are mostly endangered* (alcohol, nicotine, marijuana, caffeine, medicaments). There were 85 items selected and included in the rating-scale questionnaire.

In order to verify the reliability and consistency of the questionnaire, i.e. whether the individual attitudes were interconnected and if they were a consistent research tool, it was necessary to determine so-called Cronbach's coefficient α , the objective of which is the determination of the attitude credibility. In the preliminary research (carried out in 25 respondents), there were 85 items included in the questionnaire; after processing, Cronbach's coefficient α was calculated for the whole questionnaire and the individual scales. Correlative values of the individual items were from 0.7348 to 0.8523 (max. difference 0.0739), Cronbach's coefficient α for the complete questionnaire was 0.8047, which proved quite a solid consistency of the research tool and its correct content composition. In spite of such a result, analysis of items with rather low values (below 0.75) was carried out, and these were eliminated from the questionnaire for the purposes of the research (11 items in total; the final version of the scale for the attitude measurement contained 74 items). The methodological processing of the questionnaire was also verified by means of triangulation by two independent specialists who assessed the preparation of the questionnaire.

Evaluation and Interpretation of the Research Results

In the first phase of the research results evaluation, respondents' answers to the items from the individual domains were evaluated and arithmetic mean values and standard deviations of the items were calculated in the following order: *smoking (cigarettes, marijuana)*, *alcohol, caffeine (coffee, caffeine drinks)*, *drugs, drug-abuse topic and addiction in general*. The scope of this paper does not enable us to present all the determined values and graphic representations of these, which is why we will focus only on the analysis of the results valuable in relation to the researched relations, i.e. teachers' attitudes towards the topic as a certain prerequisite for preventive-educative work.

Analysis of the SMOKING Domain and Selected Scales:

Generally, according to the individual attitudes of teachers towards smoking, it may be assumed that the vast majority of teachers in the first school grade are non-

smokers. Their attitude towards smoking as such is rather negative, which is a certain condition for the teachers, who should teach the children about the negative effects of cigarette smoking, in order to be able to set (in the majority of the cases) positive examples for young school-age children, as such teachers do not smoke, they are not negative examples and they do not smell of cigarette smoke. It is not necessary to say that a teacher of such an age-group should be a distinctive example with whom the children identify themselves in many aspects, adopting many opinions, behavioural patterns, etc.

More specific explanations confirm, e.g. that teachers perceive smoking rather as a social anachronism, smokers' company and the cigarette smoke bother them. They perceive neither cigarettes nor marijuana as stimulants or calming agents or aids for establishing friendship. They consider the nicotine effect on the organism more serious as compared to the effect of alcohol, which is very interesting in view of another finding (which follows from the Cluster's analysis of domains) that teachers view smoking as less related to addiction as compared to alcohol. They prefer the teacher's positive example and they strictly refuse teacher's smoking in front of pupils. They are rather tolerant of smokers; however, the same tolerance cannot be observed in connection with friends and members of their own families even if they themselves are smokers.

Analysis of the ALCOHOL Domain and Selected Scales:

It is possible to state that the results of the teachers' attitudes towards alcohol are rather positive in view of the fact that they should become potential implementors of anti-drug education. Their attitude towards alcohol is from neutral to disapproving. They do not attach special importance to alcohol in making friends; they realise that alcohol may be a cause of serious problems in human relations. The vast majority of them think that a child should not try alcohol, as they do not consider that natural.

The perception of alcohol as a tolerated drug is controversial – teachers have not a well-defined opinion of the availability of alcohol in current shops. From the health point of view, they perceive alcohol in little quantities as rather harmless; they often think it has curative action (e.g. red wine and the support of red blood cells formation). More than a half of the teachers consider daily consumption of beer to be a drug addiction, which is interesting from the point of view of the perception of alcohol (even beer) as a drug.

Generally it may be understood that teachers perceive alcohol as a common part of human life, however on principle, they do not agree with regular consumption of alcohol (although in small quantities), they rather agree with occasional consumption (at parties, after meals, partly for health-preventive reasons). They do not view alcohol as a natural part of a child's life.

Analysis of the CAFFEINE Domain and Selected Scales:

Coffee is viewed as a stimulating drink without which the majority of the teachers cannot imagine their everyday life. It is possible to say that this is an analogy with the situation in the society where coffee is also a natural part of everyday life. Different attitudes may be observed in terms of the quantity and harmfulness of coffee consumed during a day – one cup a day is not harmful, but it is harmful in large quantities. Approximately half of the respondents need coffee in their lives; however, more than a half of them list coffee among addictive substances, i.e. drugs. Attitudes towards coffee with

milk as being suitable for children or not are not well defined, which is the same result as when deciding whether milk in coffee reduces the effects of caffeine.

Coke-type drinks (also in the light version) are considered stimulants both with stimulating and negative effects (addiction may be created). This may be considered as positive, as coke-type drinks are quite popular with children (also young school-aged children) and parents often do not– or do not want to - realise the inconvenience of such drinks for children. It is important that teachers do realise this!

Teachers strictly disapprove of the connection coffee – cigarette, which in many aspects corresponds to the attitude of teachers towards smoking (see the analysis of the SMOKING domain).

Analysis of the DRUGS Domain and Selected Scales:

It is possible to state that general attitudes of teachers in the first school grade towards drugs correspond to those of the society; teachers have good general knowledge of this topic, which is a very positive finding. However, rather serious (as indicated by further research phases) is the fact that teachers lack deeper information and knowledge and capability of the presentation of such a serious topic to children from the prevention point of view.

Drugs are not generally accepted by teachers; drugs are perceived as negative in the society (being considered a threat to the humanity), a serious problem. Teachers do not find any positive impacts of drugs (drugs are not any enrichment of life and parties; drugs do not support self-conscious behaviour); half of the respondents recognise drugs as a part of the society, as a certain social ritual equal to the intake of legalised soft drugs (coffee, cigarettes, alcohol). They realise correctly the interconnection of *drug – wrong lifestyle; sport – correct lifestyle* (which means without drugs). Teachers do not have well-defined attitudes towards the influence of mass media as motivators for drug abuse.

The majority of teachers do not list medicine among drugs (habit-forming substances) and they do not consider the possibility of addiction forming in children in cases of ill-considered and excessive medication treatment. Attitudes towards this topic (drugs in general) are stricter as compared to those towards smoking, alcohol and most of all caffeine, which confirms the fact that such substances, even when perceived as drugs, are not considered that much harmful by teachers. It may be of interest to mention that in the Likert's scales, in this domain it was not defined which drugs are being addressed – this confirms the fact that the word 'drug' is naturally associated with a hard illegal drug.

Analysis of the ADDICTION, RELATIONS Domain and Selected Scales:

The analysis of this domain brings about maybe the most interesting data. Although the majority of teachers have never met a drug addict, the respondents are more tolerant with them as compared to e.g. alcoholics, however, alcoholism is also a drug addiction. More than a half of the teachers would not have a problem with having such a person for a friend, however the majority of them would not tolerate a partner-alcoholic. A drug addict causes apprehension – more than half of the respondents consider drug addicts dangerous and aggressive.

Teachers perceive addiction as an illness which the addict cannot cure her/himself (s/he needs help of other people). Without any doubt, it is interesting that teachers feel

they are competent for helping a drug addict (we may assume this is a matter of certain knowledge and also social feeling). An individual is always to be blamed her/himself for her/his addiction, as this may be a certain manifestation of responsibility avoidance.

School is rather not perceived as a possible place of risk for the formation of drug addiction; teachers rather do not feel that a drug-abusing child in their class could be a failure of their education (this means they would see the cause in a different social environment – in young school-aged children, such a cause would be probably seen in the family).

Attitudes towards an excessive medication as a possible source of addiction formation are not strictly defined; in any case, medication, for the majority of the respondents, is not a means of diseases prevention.

Linear Distance of Domains

To conclude this paper, we will focus on interesting data following from the results of the evaluation of linear distances (dependencies) of the individual domains (see chart 1 and table 1) and from the Cluster’s analysis of domains (see chart 2).

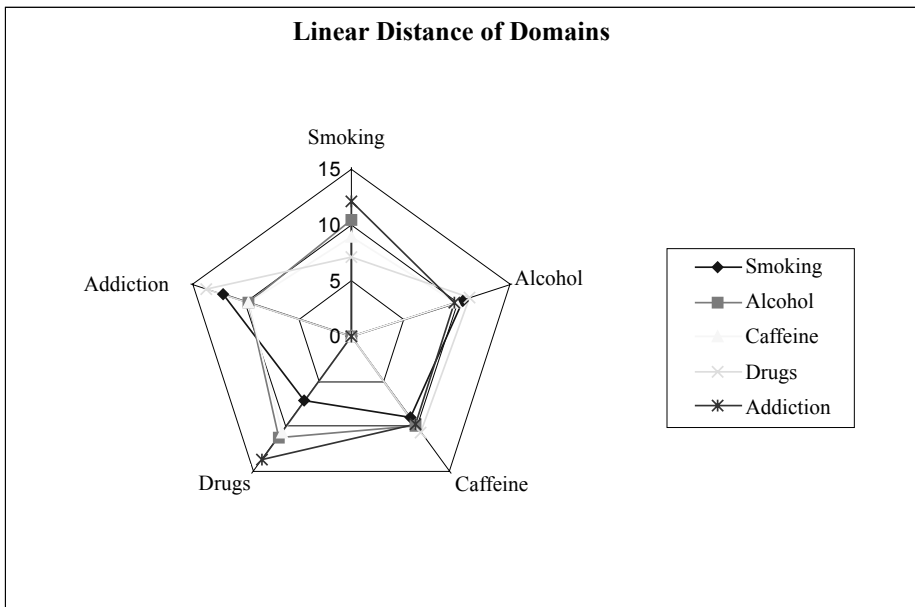


Chart 1: Linear Distance of Domains

Table 1: Linear Distance of Domains

LVP	Smoking	Alcohol	Caffeine	Drugs	Addiction
Smoking	0	10,40	8,84	7,02	11,95
Alcohol	10,40	0	9,73	11,11	9,57
Caffeine	8,84	9,73	0	10,56	9,62
Drugs	7,02	11,11	10,56	0	13,57
Addiction	11,95	9,57	9,62	13,57	0

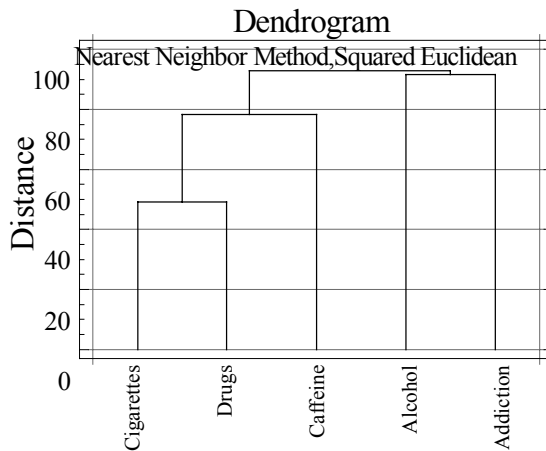


Chart 2: Cluster's Analysis of Domains

The graphic chart shows – and the dendrogram shows it even more clearly – that the **strongest relation** exists between the domains of alcohol and addiction; it is possible to come to a conclusion that teachers mostly connect addiction with alcohol. There may be several reasons for that:

- Cultural tradition (alcohol is a currently available and socially tolerated drug in the Czech and Slovak Republics);
- Respondents mostly know and see the effects of alcohol and they do not have much information on behaviour of people addicted to other drugs (this may be observed in the graphic chart – research results show a weak relation between addiction and drugs);
- Teachers do not have a direct experience (or only minimum experience) with people addicted to drugs different than alcohol.

A **weak perception of the relation** (the weakest among all the habit-forming substances) between addiction and smoking is equally interesting. The reasons may be as follows:

- Cultural tradition (cigarettes as well as alcohol belong to the current life of the society and they are tolerated drugs; many people do not perceive cigarettes as drugs at all);
- Effects of the addiction to smoking become evident much later as compared to e.g. alcohol and also other drugs;
- Health risk for an individual is a long-term risk, which means a person neither dies from the effect of smoking several cigarettes nor addiction is necessarily formed at low doses;
- Having strong will, a person may quit smoking her/himself (in the majority of the cases, treatment of the other addictions requires professional aid);

- In advertisements and mass media, smoking is presented as a certain lifestyle which may be strongly appealing for the young generation in many aspects; the effect is even stronger than the presentation of negative effects of smoking and for example the warning of the Ministry of Health printed on cigarette packages (for more details see Wiegerová, 2004).

KOMPETENTNOST UČITELŮ ZÁKLADNÍCH ŠKOL K PRIMÁRNÍ PREVENCI DROGOVÝCH ZÁVISLOSTÍ S OHLEDEM NA POSTOJE K PROBLEMATICE

Abstrakt: Příspěvek se zabývá problematikou prevence drogových závislostí v základních školách a vychází z výzkumu postojů učitelů primárního stupně k drogové problematice jako předpokladu jejich kompetentnosti v preventivně-výchovné práci ve škole. Dá se konstatovat, že postoje učitelů 1. stupně k drogám obecně jsou z hlediska společnosti reprezentativní a dávají najevo dobré obecné povědomí o této problematice, což je velmi pozitivní zjištění. Závažnější je, že chybí hlubší informace a především učitelé neumějí a nevědí, jak vážnost problematiky z preventivního hlediska dětem prezentovat. Obecně drogy učitelé nepřijímají, vnímají je jako něco negativního ve společnosti. Správně si uvědomují propojení droga – špatný životní styl; sport – správný životní styl (tzn. bez drog). Nevyhranění jsou k působení sdělovacích prostředků z hlediska motivace k užívání drog.

Klíčová slova: učitel; drogová závislost; rizikové chování; primární prevence drogových závislostí a rizikového chování; protidrogová výchova; postoje; kompetence