

# THE ATTITUDES AND OPINIONS OF PUPILS AT THREE SELECTED SCHOOLS IN THE SOUTH MORAVIAN REGION ON THE ISSUE OF PATHOLOGICAL ADDICTION

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**Abstract:** *Two hundred and fifty students of the second level of three elementary schools in the South Moravian region were anonymously interviewed. The survey revealed that pupils from the town show higher benevolence towards drugs than pupils from the village, which, however, does not apply in the classification by gender. In the town, children are strongly influenced by views of their peers. In the village, the media have a dominant position and the school and parents have unfortunately only minimum influence in drug dependence matters. The results show, among others, that the majority of pupils think that alcohol and nicotine dependence is everybody's personal matter as long as the person is not a risk to those around him. Most of the interview respondents would ban gaming machines and agree with a ban on smoking in public places. Curiosity, influence of the gang or friends, escape from reality, need to improve mood and fight off depression are considered the most frequent impulses to use drugs. Other results are also discussed.*

**Keywords:** *questionnaire, town, addictive substance, opinion, attitude, prevention, village, primary school, addiction, pupil*

## Introduction

Narcotics and psychotropic substances were used in what is now the Czech Republic in ancient times, as they were elsewhere in the world, evidence of which is provided by, for example, a knowledge of the effects of hallucinogenic mushrooms and cannabis (Nožina, 1997). The ancient Slavs had experience of the roots of plants such as mandrake and bryony. Pagan customs were, however, violently suppressed by the church in this country, as they were in the rest of Europe (Valíček, 2002; Escohotado, 2003).

Documents were published at Charles University in the 14<sup>th</sup> century in which the Czech names for cannabis, mandrake and poppy were recorded. Alcohol was traditionally used in the area, notably wine, beer and mead, as it was elsewhere in Europe. People using mandrake, belladonna, henbane, aconite, hemlock, and, in particular,

thorn-apple to make ointments were labelled witches in the Middle Ages, and cruelly persecuted (*Valíček, 2002*).

The humanist and physician Philippus Aureolus Paracelsus, who lived in the Czech Lands for some time, performed experiments on the effects of drugs on his own body. He came to the conclusion that the only difference between a medicine and a poison was the size of the dose. In the 17<sup>th</sup> century, narcotics and psychotropic substances began to be used more frequently to attain mental and physical experiences, which lead to the mass production of not merely medicines and poisons, but also “gratification” substances. In the eighteen twenties, polymath Jan Evangelista Purkyně also tested the action of drugs on his own organism. Certain substances were considered universal cures and were widely used to treat such problems as pain, convulsions and nausea (nutmeg, laudanum and tobacco). (*Nožina, 1997; Escohotado, 2003*)

Morphine abuse was first recorded in the Czech Lands at the end of the 19<sup>th</sup> century. At first, there were merely isolated cases in which the drug was used by pharmacists, doctors and patients who had previously been treated with opium and its derivatives and had built up a dependence on this substance. A similar situation was described at the beginning of the 20<sup>th</sup> century. The ranks of morphine addicts were joined by medical students, writers and artists. Opiate addiction was seen as an illness of the individual leading to personal and family tragedy. No radical change in the situation in this area was seen until the Second World War, when it began to be recognised as a serious threat to society as a whole. (*Nožina, 1997; Kudrle, 2008*)

Cocaine abuse appeared in the Czech Lands at the beginning of the 20<sup>th</sup> century, though not, initially, on a massive scale. Cocaine found a large clientele particularly after the First World War, when consumption became particularly widespread among dancers, artists, actors, the cream of society and prostitutes in Prague. Cocaine was smuggled almost exclusively from laboratories in Germany, with only a small quantity being made in this country. The Czech press began an extensive campaign in the interwar period to draw attention to the danger of cocaine, the abuse of which had reached dangerous proportions. Abuse of cannabis preparations, which were consumed in the form of marihuana cigarettes, largely in the capital city, was seen in the nineteen thirties. Opium smoking also appeared in this country in the post-war years, again largely in Prague. (*Nožina, 1997*)

Although Czechoslovakia signed up to a number of international agreements on the battle against drugs, the legislative standards of the time took an extremely vague approach to the illegal production, trade and handling of controlled substances until 1938, and punishments were light. Stronger legal tools were created in 1938 with the aim of helping in the fight against the danger posed by drugs and defining internal anti-drug policy. Handling controlled substances was strictly monitored. These drugs could not be manufactured, distributed or prescribed without a special licence, and had to be recorded in special registers. The action of offenders was classified according to its seriousness, and much stricter legal recourse was introduced. (*Krmenčík [online], 2009a, b, d*)

State monitoring of the handling of drugs after the Second World War followed on from the legislation of the nineteen thirties. The issue of substances other than alcohol was said not to be so important that it need be explicitly resolved. Attention focused on problematic consumption of alcoholic beverages. The laws of 1948 and 1961 did not contain any provisions relating to non-alcoholic drug addiction. (*Krmenčík [online], 2009a, c*)

A rapid increase in consumption of medicines was seen from the nineteen fifties onwards, particularly medicines with psychotropic effects, analgesics and anti-asthmatics, which was associated with the development of medicine and advances in pharmacotherapy. The relatively easy availability of certain preparations acting on the psyche and sweeping prescription lead to their use by many people for the resolution of stressful situations. They became fashionable and part of the modern lifestyle, for which reason it became necessary to amend the existing rules and stipulate new rules for the handling of medicines. (*Záškodná, 1997, 2004*)

The legislation in this country was harmonised with international standards in 1961 following the acceptance of the Joint Convention on Narcotics. The handling of narcotics was regulated by the Law on Human Health of 1966. In 1967, the government issued the Order on Poisons and Other Substances Harmful to the Health, which was implemented by a decree from the Ministry of Health and Justice. This contained detailed regulations and an appendix with a list of narcotics. (*Krmenčík [online], 2009c, d*)

This country was not particularly interesting to the foreign drugs mafia in the nineteen sixties. Later (from the nineteen seventies onwards) it served primarily for the transit of drugs smuggled to the West. The official government functionaries denied that there was a drug problem in the then Czechoslovak Socialist Republic. (*Nožina, 1997*)

Young people began to be interested in volatile substances, which can be considered a “beginner’s drug”, in the nineteen seventies. Anxiolytics were one group of medicines whose abuse became popular (Diazepam and Radepur). Amphetamines, and ephedrine in particular, came to the forefront at the end of the nineteen seventies. They were obtained from freely available preparations such as cough medicine (Solutan). Raw materials for illegal production could also be got hold of by smuggling from pharmaceutical factories or by breaking into a pharmacy. (*Záškodná, 1997; Kudrle, 2008*)

The abuse of composite analgesics appeared among young people at the beginning of the nineteen eighties. These were generally psychostimulants, anxiolytics and anti-Parkinson’s medications, though also included substances of the morphine and amphetamine type (codeine and pervitin). Substitutes for cocaine and heroine were prepared from medicines available without a medical prescription, often extremely cheaply. The frequency of experiments with mushroom and plant hallucinogens was low. “Beginner’s drugs” included analgesics and solvents, in addition to alcohol and tobacco. (*Záškodná, 1997, 2004*)

The Government Order on Poisons and Certain Other Substances Harmful to the Health came into effect at the beginning of 1989. The situation on the domestic drugs scene deteriorated markedly in this politically unstable period, and the existing legislation was seen to no longer correspond to international standards, for which reason changes were made over the next decade and a number of new provisions entered into criminal law with the aim of making the battle against drugs more effective. (*Krmenčík [online], 2009c, e*)

At the turn of the nineteen eighties and nineties, addicts most often used drugs orally, followed by sniffing and parenteral application. The substances most commonly consumed were volatile organic substances, psychostimulants (particularly pervitin and ephedrine), substances of the morphine type, analgesics, anxiolytics, anti-asthmatics, hypnotics, barbiturates and marihuana. A drug boom occurred – a rapid increase in in-

terest in drugs, an influx of new commodities (principally heroin), and an expansion of cannabis cultivation and the illegal sale of drugs, which was controlled, for the large part, by a foreign drug mafia. Non-governmental organisations, which surveyed the needs of drug addicts and responded to them, began to be created as a countermeasure. Programmes for exchanging needles and syringes appeared, drop-in centres were established, and drug-prevention coordinators appointed. A new “dance scene” appeared, which offered young people new types of drugs and their “recreational use”, which is, however, far from safe. (*Záškodná, 1997*)

The Law on Addictive Substances and on the Amendment of a Number of Other Laws came into effect on 1 January 1999. It regulates the handling of addictive substances, preparations containing addictive substances, auxiliary substances and precursors, their import and export, and transit operations. It further defines conditions for the cultivation of poppies, cannabis and coca for agricultural and technical purposes. (*Krmenčík [online], 2009e*)

Research conducted in 2002 and 2004 showed that roughly one fifth of the adult Czech population has tried an illegal drug, which points to a halt in the increasing trend seen in the preceding decade. A slight increase in the use of pervitin and a significant increase in cocaine use was registered among those attending dance events. The illegal drugs used most frequently in this period were cannabis substances, hallucinogenics, ecstasy and volatile substances. (*Pešek & Orliková, 2008*)

A National Drug Prevention Policy was implemented in the Czech Republic in the period 2005–2009. The use of drugs among the Czech population has gradually stabilised since the beginning of the new millennium. The growing trend for cannabis substances was halted in 2007. The level of ecstasy use is declining, though the proportion of people using pervitin and cocaine in nightclubs has increased, and the number of HIV-positive drug users has also increased. A new draft criminal code was passed in 2008, which better differentiates between individual types of drug according to their medical and social risk. (*Drogy-info.cz [online] 2010*)

The annual report of the International Narcotics Control Board for 2008 shows that the Czech Republic lies in third place behind Spain and Italy in the use of cannabis among adults. Research shows that young Czechs believe that the use of tobacco and alcohol is far riskier than the consumption of cannabis drugs. The report also notes that this country is the principal source of illegally produced methamphetamines for the Western European clientele. (*INBC Annual Report 2008 [online], 2010*)

Schools are an extremely important part of drug prevention. They help shape and positively influence children’s attitudes in life, shape their value system, and provide targeted education against the abuse of addictive substances. Drug prevention education must be comprehensive and systematic, with a long-term conception. Drug prevention coordinators, or prevention methodologists, have been appointed at primary and secondary schools. These coordinators provide drug prevention education on a professional basis, and must be appropriately prepared for this. All teachers at the school co-operate with them. Their principal task is positive everyday work with pupils. Drug prevention coordinators should be capable of determining the drug situation in the school, should have a knowledge of modern teaching and consultancy tools and be able to use them, and should communicate with pupils, colleagues, parents, the police and other experts. (*Kalina et al., 2003; Kachlík [on-line], 2005*)

The government resolution entitled A Conception and Programme of Drug Prevention Policy for the Period 1998–2000 gives a clear definition of the coordination of drug prevention policy at the central and local level. It stipulates the introduction of the “Minimal Programme of Prevention” into every school and school institution, while also defining the individual responsibilities of individual entities for its implementation. The principals of schools and other school institutions bear the primary responsibility for drawing up and implementing teaching programmes of a high standard. Minimal Programmes of Prevention are generally drawn up by school prevention methodologists, and are often incorporated into the teaching strategy of the individual school.

The Ministry of Education, Youth and Sports of the Czech Republic performs a number of important tasks within the framework of prevention. It determines basic strategy in given areas and priorities for the coming period, supports the creation of networks and structures of entities engaged in and contributing to the priorities set, and (no less importantly) supports the creation of the material, staffing and financial conditions essential to the implementation of prevention in the educational system. (*Kachlik [on-line], 2005*)

At the present time, the approved Strategy for the Prevention of High-risk Behaviour among Children and Young People applies in pedagogical practice in the sphere of responsibility of the Ministry of Education for the period 2009–2012.

The long-term goals of the Ministry of Education, Youth and Sports are (*MEYS [on-line], 2009*):

- interconnection of the Ministry of Education system with the systems of other materially relevant ministries
- effective co-operation at the inter-ministerial and international level in the area of primary prevention of high-risk behaviour by children and young people
- a unified system for the coordination of activities in the area of primary prevention on the horizontal and vertical level
- a functional information system for the implementation of preventative work
- the creation of a unified system for the interconnection of primary and secondary prevention
- support for education and the development of educational programmes in the area of prevention
- the creation of an effective system for the accreditation of educational programmes in the area of primary prevention
- expansion of certification for a comprehensive range of primary prevention programmes
- the evaluation of the certification process
- the creation of a system for the recognition of the qualifications of prevention methodologists
- support for multi-source and long-term financing for projects in primary prevention and prompt intervention
- an increase in the volume of financial means for preventative activities
- interconnecting the activities of methodical and inspection components within the framework of primary prevention (effective co-operation between the Ministry of Education, Youth and Sports and the Czech School Inspectorate in the given area)

## Materials and methodology

The aim of the research was to discover the attitudes and opinions of a sample of pupils in level two of primary school on drugs and associated phenomena, and to find possible differences in the attitudes and opinions of girls and boys and of pupils from village and town.

This was a quantitative type of investigation. An anonymous questionnaire containing 14 closed questions, some of which offered the chance for the pupil to give an extended answer expressing a viewpoint that was not in agreement with the possibilities offered, was selected as the research tool used. Identifiers such as age, sex and residency were given in the introductory part of the questionnaire. The subsequent items focused on the opinions and attitudes of pupils towards drugs, drug addicts, addiction, legal drugs, illegal drugs, causes of drug-taking, etc. The first version of the questionnaire was tested on a small pilot sample. Its second version was presented to the questioned group following amendment.

Pupils taking the questionnaire were told that their answers were anonymous and confidential, that there were no categorically “right” or “wrong” answers, and that the questionnaire was intended to determine their opinions and attitudes. The fact that respondents could contact the administrators in the case of any uncertainty was also emphasised. Completion of the questionnaire took no longer than 15 minutes in the majority of cases.

The completed forms were transferred to electronic form using the programme MS-Excel 2007, in which basic tables and coded answers were created. Further processing was performed using the computer programme Epi Info, version 6.04 (*Dean et al., 1994*). The statistical significance of the differences between characteristics during the sorting of the set according to sex and residence were evaluated using version 2 of the test and its modifications.

Two primary schools in villages (Štěpánov nad Svratkou and Dolní Rožínka) and one town school (Bosonožská, Brno) were selected. This selection was not conducted on a random basis. A larger number of schools were addressed (ten), particularly in Brno, though only one agreed to take part in the investigation. Village schools tend to have a smaller number of pupils than town schools. This problem was resolved by the selection of two village schools, in order that the number of respondents from village and town was roughly the same.

The investigated group was comprised of 250 pupils from the selected primary schools. During the data collection process, a number of questionnaires were found to have not been completed in full, for which reason the final number of respondents was 244. Exactly a half came from the small primary schools in Štěpánov and Dolní Rožínka, the other half from the large Bosonožská primary school in Brno.

Three contentions were tested:

- A more liberal attitude towards drugs would be seen among the set of pupils from the town primary school than pupils from the primary schools in villages
- There would evidently be a more liberal attitude towards drugs among boys than among girls
- The opinions about drugs held by village pupils would be most strongly influenced by friends, those held by town pupils by the media

## Results

The results are given in tables with a text annotation. The frequency of responses to a given item is expressed by absolute (abs.) and relative (%) frequency.

Table 1: The structure of the group of respondents addressed

Group	entire group (n=244)		girls (n=107)		boys (n=137)		younger pupils (n=108)		older pupils (n=136)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
village	122	50.0	54	50.5	68	49.6	54	50.0	68	50.0
town	122	50.0	53	49.5	69	50.4	54	50.0	68	50.0

Table 1 gives an overview of the group of respondents and its sorting into subgroups. The village schools represented were the primary schools in Štěpánov and Dolní Rožínka, the town school was the Bosoňská primary school in Brno. The subgroup younger pupils was comprised of children from years 6 and 7, the subgroup older pupils of children from years 8 and 9. It can be seen from the table that the subgroups children from the village environment and children from the town environment contain the same number of respondents – 122 pupils. The number of girls and boys taking part was also relatively balanced.

Table 2: Opinion on people who use legal drugs. *What do you think about people who are addicted to legal drugs (coffee, tobacco, alcohol, medicines)?*

Group	total (n=244)		girls (n=107)		boys (n=137)		village (n=122)		town (n=122)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
I do not see anything wrong with addiction to these drugs	52	21.2	22	20.6	30	21.9	24	19.7	28	23.0
It is the private matter of each individual, as long as it doesn't threaten anyone else	152	62.3	74	69.2	78	56.9	77	63.1	75	61.4
They are weak people who are incapable of overcoming their addiction	18	7.4	3	2.8	15	10.9	10	8.2	8	6.5
They are ill	6	2.5	3	2.8	3	2.2	2	1.6	4	3.3
They are unsatisfied with life or suffer from some kind of complex	10	4.1	2	1.8	8	5.8	6	4.9	4	3.3
I think something else	6	2.5	3	2.8	3	2.3	3	2.5	3	2.5

Table 2 presents the opinions of the respondents regarding people who use “legal drugs” (i.e. the use of coffee, alcohol and tobacco by adults, the use of medicines according to expert advice). The view that the use of legal drugs is the private matter of the individual, so long as this use does not pose a threat to others, is the dominant opinion both among the group as a whole and when classified according to sex and residence (held by two thirds of respondents). One fifth of those questioned do not consider there to be anything wrong with addiction to legal drugs, and this is true both of the group as a whole and its individual subgroups.

57 % of respondents would ban certain “legal drugs” (see table 3). Classification by sex shows a greater proportion of boys in favour of prohibition, while classification by residence shows a greater proportion of pupils from the village environment in favour.

Table 3: Attitude towards legal drugs. *Would you ban any legal drugs (coffee, tea, tobacco, alcohol, gaming machines, medicines)?*

Group	total (n=244)		girls (n=107)		boys (n=137)		village (n=122)		town (n=122)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
yes	139	57.0	66	61.7	73	53.3	76	62.3	63	51.6
no	105	43.0	41	38.3	64	46.7	46	37.7	59	48.4

Respondents answering in the affirmative to the question about the prohibition of certain legal drugs were asked to state which drugs they would ban. The most frequent items stated were alcohol, tobacco and gaming machines. Three quarters of the group would ban gaming machines, 43 % tobacco, and one-fifth alcohol.

More than half the respondents would ban smoking in public places (57 % of boys, 48 % of girls). 58 % of village pupils and 47 % of town pupils were in favour of such a ban.

Table 4: Opinion on the cause of drug-taking I. *Why do you think people start taking drugs?(more than one response may be given)*

Group	total (n=244)		girls (n=107)		boys (n=137)		village (n=122)		town (n=122)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
They are influenced by their friends and the people they hang out with	218	89.3	97	90.7	121	88.3	110	90.2	108	88.5
They want to be different	45	18.4	12	11.2	33	24.1	22	18.0	23	18.9
They want to relax, get in a good mood or fight off depression	149	61.1	70	65.4	79	57.7	80	65.6	69	56.6
They want to use drugs as an escape from a particular problem	154	63.1	68	63.6	86	62.8	86	70.5	68	55.7
Boredom	50	20.5	21	19.6	29	21.2	26	21.3	24	19.7
A desire for adventure and new experiences	103	42.2	43	40.2	60	43.8	54	44.3	49	40.2
Another reason	12	4.9	5	4.7	7	5.1	6	4.9	6	4.9

Respondents had the opportunity of giving more than one answer to the question featured in table 4. Nine-tenths of the children addressed considered the most significant cause of starting drug use to be the influence of friends and the people they hang out with. This is true both of the group as a whole and when broken down according to sex and residence. The second most frequent answer was the need to escape from problems by using drugs, the third rapid relaxation, a need for fun, a way of getting into a better mood and alleviating depression. We can see a significant difference among respondents



from the village environment here, with 15 % more respondents from village schools responding that people begin to take drugs because they have a problem of some kind than respondents from the town.

Table 5: Opinion on the cause of drug-taking II. *If I started taking drugs, it would be because: (more than one response may be given)*

Group	total (n=244)		girls (n=107)		boys (n=137)		village (n=122)		town (n=122)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
My friends start to take drugs and I want to fit in with them	60	24.6	24	22.4	36	26.3	32	26.2	28	23.0
I want to be different from other people	15	6.1	6	5.6	9	6.6	8	6.6	7	5.7
I think that drugs can get me in a better mood and fight off depression	78	32.0	35	32.7	43	31.4	41	33.6	37	30.3
I think that drugs will help me if I have a problem of some kind	68	27.9	34	31.8	34	24.8	47	38.5	21	17.2
Out of boredom	28	11.5	7	6.5	21	15.3	14	11.5	14	11.5
If I am looking for adventure and new experiences, I think that drugs can provide them	43	17.6	18	16.8	25	18.2	19	15.6	24	19.7
I just want to try it to see what it's like	105	43.0	45	42.1	60	43.8	49	40.2	56	45.9
I would never start taking drugs. They won't do me any good and I don't need them in my life	128	52.5	60	56.1	68	49.6	65	53.3	63	51.6
Another reason	3	1.2	0	0.0	3	2.2	1	0.8	2	1.6

The question presented in table 5 again offered the chance of choosing more than one answer. Half of the group does not see any benefit in taking drugs and would not start taking them. As the second most frequent response, four-tenths of the group chose the response trying drugs out of curiosity and to find out what it's like. The third most frequent response was taking drugs to get into a better mood (one-third), the fourth to escape from a problem of some kind (28 %). Comparing the responses according to sex, we saw that boys would start using drugs more frequently out of boredom, girls to escape from a problem of some kind. The views expressed by girls showed them to be relatively more cautious than boys. Respondents from the village environment would take drugs more often than town children to escape a problem (38 % as compared to 17 %).

The responses given in table 6 show the fears of respondents associated with the use of drugs. The respondents are most afraid of becoming addicted (34 %), followed by losing control of themselves (26 %) and damaging their health (22 %). A comparison of girls and boys shows that 13 % more girls than boys are afraid of losing control over themselves. In contrast, around 10 % more boys than girls are afraid of becoming addicted. A comparison of the village and town environments shows a similar situation (pupils from the village are more frequently afraid of becoming addicted).

Table 6: Fears associated with the use of drugs. *What are you most afraid of about drugs?*

Group	total (n=244)		girls (n=107)		boys (n=137)		village (n=122)		town (n=122)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
A loss of control over oneself and ceasing to be “oneself”	64	26.2	36	33.6	28	20.4	36	29.5	28	23.0
Becoming addicted	84	34.4	31	29.0	53	38.7	47	38.5	37	30.3
Endangering one’s health	53	21.7	20	18.7	33	24.1	24	19.7	29	23.8
Committing a criminal act under the influence of drugs	31	12.7	16	15.0	15	10.9	13	10.7	18	14.8
I am not afraid of anything	10	4.2	3	2.8	7	5.2	2	1.6	8	6.5
I am afraid of something else	2	0.8	1	0.9	1	0.7	0	0.0	2	1.6

It is clear from table 7 that the largest number of respondents answered the given question with the response that they would try to convince someone close to them who uses drugs to stop taking them (64 %). The second most frequent response was that it is a matter for each individual and that they would not get involved (16 %). We do not see any significant differences when comparing the responses given by girls and boys, with the exception of the fact that boys would be more likely to copy the given behaviour, as would pupils from the town. When assessing the answers given by respondents from the village and the town, we see that 8 % more children from the village environment would try to convince the person in question to stop taking drugs. In contrast, 6 % more town children are inclined to think that it is a personal matter for the individual and would not get involved.

Table 7: Attitude towards someone close who uses drugs. *What would you do if you discovered that someone close to you takes drugs?*

Group	total (n=244)		girls (n=107)		boys (n=137)		village (n=122)		town (n=122)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
I would start taking them too, to get closer to him	8	3.4	2	1.9	6	4.4	2	1.6	6	4.9
I would try to convince him to stop	156	63.9	69	64.5	87	63.5	83	68.0	73	59.8
I would tell a counsellor or someone who I think could help him	34	13.9	17	15.8	17	12.4	19	15.6	15	12.3
It is his own matter, I would not get involved	39	16.0	16	15.0	23	16.7	16	13.2	23	18.9
I would stop seeing him	3	1.2	1	0.9	2	1.5	1	0.8	2	1.6
I would do something else	4	1.6	2	1.9	2	1.5	1	0.8	3	2.5

Table 8 shows the respondents' attitudes as potential parents, if their children used drugs. More than half (59 %) of respondents hope that they would be able to bring their children up so that they would not start taking drugs in the first place. A fifth of respondents answered that they would try to convince their children to stop taking drugs. When classifying the respondents by sex, we see that girls more often expressed the wish that they could bring their children up so they would not take drugs in the first place. Boys, on the other hand, would be more likely to use various kinds of punishment (grounding and stopping their pocket money). Respondents from the village environment would try to convince their children to stop taking drugs, while respondents from the town would apply various kinds of punishment more frequently. Only around one-tenth of those addressed would choose consultation or institutional treatment.

Table 8: Attitudes to drug use by own children. *What would you do if your own children took drugs?*

Group	total (n=244)		girls (n=107)		boys (n=137)		village (n=122)		town (n=122)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
It is purely their own affair	4	1.6	1	0.9	3	2.2	0	0.0	4	3.3
It would bother me, and I would try to convince them to stop	51	20.9	20	18.7	31	22.6	29	23.8	22	18.0
I would punish them by grounding them and not giving them any pocket money	17	7.0	4	3.7	13	9.5	6	4.9	11	9.0
I would send them to an expert for consultation or to an institution of some kind	26	10.7	11	10.4	15	10.9	12	9.8	14	11.5
I hope to bring up my children so that they do not start taking drugs in the first place	143	58.6	70	65.4	73	53.3	75	61.5	68	55.7
I would do something else	3	1.2	1	0.9	2	1.5	0	0.0	3	2.5

Table 9 presents the feelings the respondents have when meeting drug addicts in person or seeing them in the media. More than one answer could be given to this question. The largest number of respondents feels pity for drug addicts (45 %) and is afraid of them (42 %). Comparing the responses given by girls and boys, we see that almost four times as many boys as girls express hatred towards drug addicts. Roughly 15 % more boys than girls stated that they disapprove of drug addicts. Two fundamental differences can be seen when we compare the answers given by respondents from the village and the town. 12 % more respondents from the village stated that they have never seen a drug addict, and 11 % more respondents from the village disapprove of drug addicts.

Table 9: Attitudes towards drug addicts. *What do you feel when you see drug addicts (on the street, in a club, at a disco, on television...) (more than one response may be given)*

Group	total (n=244)		girls (n=107)		boys (n=137)		village (n=122)		town (n=122)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
I am jealous, because I'm sure they feel good	9	3.7	1	0.9	8	5.8	3	2.5	6	4.9
I want to try it to	5	2.0	2	1.9	3	2.2	2	1.6	3	2.5
I disapprove of them	82	33.6	27	25.2	55	40.1	48	39.3	34	27.9
I feel sorry for them	110	45.1	52	48.6	58	42.3	51	41.8	59	48.4
I am afraid of them	103	42.2	41	38.3	62	45.3	48	39.3	55	45.1
I am indifferent to them	38	15.6	18	16.8	20	14.6	19	15.6	19	15.6
I hate them	45	18.4	8	7.5	37	27.0	22	18.0	23	18.9
I have never seen a drug addict	42	17.2	21	19.6	21	15.3	28	23.0	14	11.5
I feel something else	7	2.9	4	3.7	3	2.2	0	0.0	7	5.7

It is clear from table 10 that almost half of respondents do not think that people would lose interest in cannabis if it was legalised. The differences between the views of girls and boys are not significant. When comparing the answers given by respondents from the village environment and the town environment, we discover that town children are more inclined to believe that cannabis drugs would become less attractive following legalisation. The position held by village children is less clear, with larger numbers of the undecided among them.

Table 10: Opinion on the legalisation of marihuana and hashish. *Do you think people would lose interest in cannabis if it was legal in this country because it would no longer be prohibited?*

Group	total (n=244)		girls (n=107)		boys (n=137)		village (n=122)		town (n=122)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
yes	52	21.3	22	20.6	30	21.9	17	13.9	35	28.7
no	121	49.6	55	51.4	66	48.2	63	51.6	58	47.5
I cannot judge	71	29.1	30	28.0	41	29.9	42	34.5	29	23.8

The figures in table 11 show that more than 40 % of respondents in the group agree with the criminal action for offences concerning illegal drugs. Almost 37 % of respondents not only agree with these punishments, but would make them even stricter. There are significant differences between the opinions of girls and boys regarding punishments associated with illegal drugs. Practically twice as many boys agree with punishment and call for it to be stricter. Around half of the girls agree with punishment to the extent of the current legislation, as compared to 35 % of boys. A significant difference regarding increased punishment was seen when the group was broken down according to residence, with 7 % more respondents from the village in favour.

Table 11: Opinions on punishments for illegal drugs. *Do you think that the state should punish people for the production, sale and possession of illegal drugs?*

Group	total (n=244)		girls (n=107)		boys (n=137)		village (n=122)		town (n=122)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
no	28	11.5	11	10.3	17	12.4	11	9.0	17	13.9
yes	105	43.0	57	53.3	48	35.0	55	45.1	50	41.0
yes, and I would make the punishments even stricter	90	36.9	26	24.3	64	46.8	49	40.2	41	33.6
I cannot judge	21	8.6	13	12.1	8	5.8	7	5.7	14	11.5

In response to the question focusing on the handling of illegal drugs (table 12), three-quarters of respondents stated that they would not permit the production, sale or possession of illegal drugs. There was no significant difference between the views held by girls and boys. When comparing the responses given by children from the village with those of children from the town, it was clear that 9 % more respondents from the town environment were in favour of the legalisation of drugs that are currently illegal.

Table 12: Opinions on the handling of illegal drugs. *Would you permit the production, sale and possession of drugs that are illegal in this country?*

Group	total (n=244)		girls (n=107)		boys (n=137)		village (n=122)		town (n=122)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
yes	21	8.6	7	6.5	14	10.3	5	4.1	16	13.1
no	190	77.9	82	76.6	108	78.8	100	82.0	90	73.8
I cannot judge	33	13.5	18	16.9	15	10.9	17	13.9	16	13.1

According to table 13, almost a half of respondents (47 %) associate drug addiction with disease, a third with criminality, and a fifth with pleasant feelings and experiences. There was a considerable difference in the views held by girls and boys in this area. 23 % more girls than boys associate drug addiction with disease, while 18 % more boys associate it with criminality and 6 % more boys with pleasant feelings. When comparing respondents from the village and town environment, we discovered that 12 % more respondents from the village associate addiction with criminality, while 9 % more respondents from the town associate it with pleasant feelings and experiences.

Table 13: Opinion on what addiction is associated with? *You associate drug addiction primarily with:*

Group	total (n=244)		girls (n=107)		boys (n=137)		village (n=122)		town (n=122)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
pleasant feelings and wonderful experiences	47	19.2	17	15.9	30	21.9	18	14.8	29	23.8
criminality	77	31.6	23	21.5	54	39.4	46	37.7	31	25.4
disease (e.g. jaundice, HIV, AIDS, cancer, cirrhosis, etc.)	114	46.7	64	59.8	50	36.5	55	45.1	59	48.4
something else	6	2.5	3	2.8	3	2.2	3	2.4	3	2.4

Table 14 shows who or what the respondents believe to have the greatest influence over other people and over them themselves when it comes to opinions about drugs. The most common responses were friends (46 %) and the media (32 %). Breaking the responses down by sex, we see that 6 % more boys than girls see the school as having a strong effect, while girls gave preference to the influence of parents. Comparing the responses given by children from the village and the town, it is clear that 16 % more children from the village environment feel a strong influence from the media. In contrast, 12 % more respondents from the town chose the option that people (and them themselves) are most influenced by their friends.

Table 14: Opinion about who has the greatest influence over other people in matters related to drugs. *Who do you think has the greatest influence over people (and over you) when it comes to opinions about drugs?*

Group	total (n=244)		girls (n=107)		boys (n=137)		village (n=122)		town (n=122)	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
the media (TV, radio, magazines, newspapers, the internet, etc.)	77	31.6	31	29.0	46	33.6	48	39.4	29	23.8
parents	27	11.1	15	14.0	12	8.8	16	13.2	11	9.0
school	20	8.2	5	4.7	15	10.9	7	5.7	13	10.7
friends	111	45.5	51	47.7	60	43.8	48	39.3	63	51.6
celebrities	3	1.2	2	1.9	1	0.7	2	1.6	1	0.8
someone else	6	2.4	3	2.7	3	2.2	1	0.8	5	4.1

## Analysis of working hypotheses

Three working hypotheses were drawn up:

1. A more liberal attitude towards drugs would be seen among the pupils from the town primary school than pupils from the primary schools in villages
2. There would evidently be a more liberal attitude towards drugs among boys than among girls

3. The opinions about drugs held by village pupils would be most strongly influenced by friends, those held by town pupils by the media

*Ad. 1: A more liberal attitude towards drugs would be seen among the pupils from the town primary school than pupils from the primary schools in villages*

The answers given to the following questions (tables 15–17) related to this contention:

- Would you ban any legal drugs?
- Would you ban smoking in public places?
- Would you permit the production, sale and possession of drugs that are illegal in this country?

Table 15: Answers to the question *Would you ban any legal drugs?*

Group	village (n=122)		town (n=122)	
	abs.	%	abs.	%
yes	76	62.3	63	51.6
no	46	37.7	59	48.4

It is, it is true, clear that around 10 % more pupils from the village would agree to a ban on certain legal drugs, though this difference is not statistically significant.

Table 16: Answers to the question *Would you ban smoking in public places?*

Group	village (n=122)		town (n=122)	
	abs.	%	abs.	%
yes	71	58.2	58	47.5
no	28	23.0	46	37.7
I cannot judge	23	18.8	18	14.8

Respondents from the village have a relatively less liberal attitude. Almost 60 % would ban smoking in public places, a quarter would not. Respondents from the town are more liberal in comparison – scarcely half were in favour of such a ban, while almost 40 % were not in favour. A level of statistical significance of 1 % was recorded for this response. The overall level of statistical significance for this question was 5 % ( $p = 0.04289145$ ).

Table 17: Responses to the question *Would you permit the production, sale and possession of illegal drugs?*

Group	village (n=122)		town (n=122)	
	abs.	%	abs.	%
yes	5	4.1	16	13.1
no	100	82.0	90	73.8
I cannot judge	17	13.9	16	13.1

Respondents from the village hold a less liberal attitude towards illegal drugs than respondents from the town. The level of statistical significance was 5 % for the response that those questioned would agree with the production, sale and possession of

illegal drugs. The overall level of statistical significance for this question was 5 % ( $p = 0.04245707$ ).

The first hypothesis was analysed by means of the evaluation of the answers given by respondents shown in tables 15–17. A level of statistical significance of 5 % was discovered for two of the three questions, and the hypothesis was verified.

*Ad. 2: There would evidently be a more liberal attitude towards drugs among boys than among girls*

The answers given to the following questions (tables 18–20) related to this contention:

- Would you ban any legal drugs?
- Would you ban smoking in public places?
- Would you permit the production, sale and possession of drugs that are illegal in this country?

Table 18: Answers to the question *Would you ban any legal drugs?*

Group	girls (n=107)		boys (n=137)	
	abs.	%	abs.	%
yes	66	61.7	73	53.3
no	41	38.3	64	46.7

No statistically significant difference was found for this item, in spite of the less liberal attitude towards legal drugs among girls than boys.

Table 19: Answers to the question *Would you ban smoking in public places?*

Group	girls (n=107)		boys (n=137)	
	abs.	%	abs.	%
yes	51	47.7	78	56.9
no	31	29.0	43	31.4
I cannot judge	25	23.3	16	11.7

In contrast to the preceding question, boys were seen here to be rather more liberal towards smoking in public. A level of statistical significance of 5 % was recorded for the response “I cannot judge”, though overall the difference in the answers given by respondents is not statistically significant for this item.

Table 20: Responses to the question *Would you permit the production, sale and possession of illegal drugs?*

Group	girls (n=107)		boys (n=137)	
	abs.	%	abs.	%
yes	7	6.5	14	10.3
no	82	76.6	108	78.8
I cannot judge	18	16.9	15	10.9

The differences between the frequency of individual responses are small and are not, therefore, statistically significant.



Analysis of the three questions given here that related to the second hypothesis (tables 18–20) showed that the differences in the answers given for all three items are statistically insignificant, and the hypothesis was shown to be false.

*Ad 3: The opinions about drugs held by village pupils would be most strongly influenced by friends, those held by town pupils by the media*

Answers to the question Who do you think has the greatest influence over people (and over you) when it comes to opinions about drugs? related to this contention.

It is clear from table 21 that respondents from the village are influenced entirely comparably by friends and the media in relation to their attitudes towards drugs, while respondents from the town are most influenced by friends. The hypothesis was not, therefore, confirmed, since we anticipated that village pupils would be most influenced by friends and town pupils by the media and celebrities. Celebrities are seen to be an absolutely insignificant item in this comparison. A level of statistical significance of 1 % was found for the answer that people are most influenced by the media. Overall, however, the level of statistical significance for this question amounted to 5 % ( $p = 0.02921698$ ). Hypothesis H3 was found to be false.

Table 21: Answers to the question *Who do you think has the greatest influence over people (and over you) when it comes to opinions about drugs?*

Group	total (n=244)		village (n=122)		town (n=122)	
	abs.	%	%	abs.	%	%
the media (TV, radio, magazines, newspapers, internet, etc.)	77	31.6	48	39.4	29	23.8
parents	27	11.1	16	13.2	11	9.0
school	20	8.2	7	5.7	13	10.7
friends	111	45.5	48	39.3	63	51.6
celebrities	3	1.2	2	1.6	1	0.8
someone else	6	2.4	1	0.8	5	4.1

## Discussion

The given research should be understood as a probe into the primary school environment and an indication of the opinions and attitudes of primary school pupils associated with the issue of pathological addiction. A representative investigation or multi-centric study would be required for the verification and generalisation of the results obtained.

Questioning was conducted in February 2009. Almost 250 pupils in level two of primary school were involved in the study. The respondents were aged from 11 to 16. Evaluation of their responses provided a number of interesting discoveries.

The majority of the children think that addiction to legal drugs is the private matter for the individual, so long as he or she poses no threat to others, and does not see

anything wrong with addiction to these substances. This attitude is a faithful reflection of today's social climate, which shows a high degree of tolerance to tobacco and, in particular, alcohol. Their consumption is a common feature of celebrations, business dealings and relaxation. Unfortunately, we find ourselves in a situation in which abstainers are thought "strange" and antisocial.

A large proportion of respondents would ban gaming machines, which is pleasing because pathological gambling is associated with significant health and social problems, the occurrence of which is continually increasing. It should be mentioned that the primary schools in Štěpánov nad Svratkou and Dolní Rožínka are located in close vicinity to the town of Bystřice nad Pernštejnem, where gaming machines are prohibited. This fact has evidently had a positive influence on the respondents from these villages. Another positive aspect shown by the study is that the majority of respondents would ban smoking in public places, which we might rather speculatively explain by the fact that those addressed are either non-smokers or merely occasional smokers, for which reason such a ban would have only a minimal impact on their own personal freedom.

Within the framework of preventative work, it is essential to emphasize the advantages of a healthy (drug-free) way of life, to highlight a holistic conception of health, and to emphasize the fact that health is a value that must be cared for and that the decision to be "clean" is a kind of personal heroism. There are two aspects to drug use – the initial sought-after pleasant aspect and the unpleasant aspect that generally comes later, is difficult to come to terms with, and is the penalty that must be paid for the initial pleasure.

The pupils addressed should try to imagine themselves in a situation in which their families find out about a drug problem of some kind and imagine what their reaction might be. They should consider and discuss desirable and undesirable models of behaviour and positive and negative examples they can refer to when they themselves become parents.

## Conclusion

Pupils from primary schools in Štěpánov nad Svratkou, Dolní Rožínka and Bosonožská, Brno were addressed in the form of anonymous printed questionnaires, with the aim of determining what attitudes and opinions a sample of 250 pupils in level two of primary school hold about drugs and phenomena associated with drugs, and comparing the answers given by respondents broken down according to sex and residence.

According to the majority of the pupils, people begin to take drugs as a result of the influence of the people they hang out with or their friends, because they have a problem that they expect to alleviate with the help of drugs, or because they want to improve their mood. Those addressed gave similar responses to the question as to why they would ever decide to start to take drugs themselves. Their predominant motivation for experimenting with drugs would be curiosity.

The respondents most frequently associate drug use with the risk of addiction and damage to the health, followed by the fear of a loss of control over themselves. If those questioned discovered that someone close to them was using drugs, they would try to convince him or her to stop. As future parents, they hope to bring up their children in such a way that they avoid problems with drugs. If they did have such problems, they would try to convince their children to stop using drugs.

When they see or meet a drug addict, the pupils most often feel pity, condemnation and fear. Only a small proportion feels sympathy or even jealousy.

The majority of respondents are of the opinion that the legalisation of cannabis drugs would not make them any less attractive. More than a third of those questioned consider the current punishments for the production, sale and possession of illegal drugs to be low, and would recommend increasing them. A large proportion of respondents associate the term “addiction” with disease or criminality. The opinions of the pupils are most strongly influenced by friends and the media. Their parents and schools have only a minimal influence.

The sample investigated confirmed that town pupils have a more liberal attitude towards drugs than pupils from the village. The contention that boys would have a more liberal attitude towards drugs than girls was not, however, confirmed. The contention that the opinions of pupils from the village regarding drugs would be more heavily influenced by friends, while those of pupils from the town by the media and celebrities, was likewise not confirmed. The opposite was actually found to be true – pupils from the village were influenced by the media, pupils from the town by their friends, when it came to their attitudes towards drugs.

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## POSTOJE A NÁZORY ŽÁKŮ 3 VYBRANÝCH ŠKOL V JIHOMORAVSKÉM KRAJI K PROBLEMATICE PATOLOGICKÝCH ZÁVISLOSTÍ

**Abstrakt:** Pomocí anonymního dotazování osloveno 250 žáků druhého stupně tří základních škol v Jihomoravském kraji. Šetření ukázalo, že u žáků z města je benevolence vůči drogám vyšší než u žáků z vesnice, což ale neplatí při třídění podle pohlaví. Ve městě na děti silně působí názory vrstevníků, na vesnici dominují média, škola a rodiče mají v problematice závislosti bohužel jen minimální vliv. Z výsledků mimo jiné vyplývá, že Většina žáků si o závislosti na alkoholu a nikotinu myslí, že jde o soukromou věc každého člověka, pokud tím neohrožuje své okolí. Většina respondentů by také zakázala hrací automaty a souhlasí se zákazem kouření na veřejných místech. Za impuls k užívání drog je nejčastěji považována zvědavost, vliv party nebo kamarádů,

únik od problémů, potřeba zlepšit si náladu a zahnat depresi. Další výsledky jsou diskutovány.

**Klíčová slova:** dotazník, město, návyková látka, názor, postoj, prevence, vesnice, základní škola, závislost, žák