

CONDITIONS FOR PRIMARY DRUG PREVENTION IN CZECH SCHOOLS

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Abstract: *The paper presents experience from the realisation of primary drug prevention in Czech schools. It informs about documents that control drug prevention, about experience in schools and brings innovation proposals regarding approaches to the drug issue including a proposal for anti-drug education as a possible solution to the problem of drugs in the society.*

Key words: *school, teachers, children, drugs, drug abuse, prevention, primary drug prevention, anti-drug education, curriculum*

Human society in the course of its development calls for constant changes in many aspects, including the educational system. During the last few years the Czech Republic has become a democratic society and new educational aspects have been brought to the focus of attention, such as drama education, environmental education, education towards healthy life style, multicultural or global education.

The Czech Republic has entered the third millennium as a fairly advanced democratic society and has also become an integrated part of various European political structures. This fact brings many positive aspects for the society, but it also brings many negative ones, which threaten the population in one or another way – terrorism, xenophobia, racism, unemployment, social tension, social gap, crime, and addictions of various kinds. Massive change is felt in the drug issue; from mostly a transit country, the Czech Republic has developed into a target one, drugs have become widely available and they have become a serious threat for more people. Worse still, drugs have become easily accessible among children, which is a fact parents and schools must face. Anti-drug education becomes a widely discussed topic, namely proposals for facilitating changes in children's attitudes towards health and drugs.

In the practice of today, we tend to talk about drug abuse prevention, which is carried out in individual regions with varying success.

Prevention and legislation in the Czech Republic

The realisation of drug abuse prevention is controlled by following documents issued by the Czech ministry of education:

- *The strategy of social-pathological phenomena prevention for children and youth in the competence of the Ministry of Education*
- *The Minister of Education's methodics for social-pathological phenomena prevention*
- *Prevention programme for nursery schools, basic schools and school facilities*

The documents are reviewed on regular basis, they answer the society's needs and they reflect the success of individual strategies. They correspond to other national and international documents, such as *The National Programme of Development in Education (the White Book)*, *National Anti-drug Policy Strategy*, *Action Plan of the European Union for Drug Control* or the WHO document *Health 21*.

The Minister of Education's Methodics for Social-Pathological Phenomena Prevention (2007: 2) states that "the basic prevention tool in the area of education is *The Minimal Prevention Programme*, which is a complex and systemic part of drug prevention activities realisation in basic schools, as well as special schools and other school facilities." The Minimal Prevention Programme realisation is compulsory for all schools and is monitored by the Czech School Inspection.

Main programme activities include:

- the responsibility for systematic education of prevention methodologists and other prevention methodology professionals in schools
- systematic introduction of ethic and legal education, healthy life-style education and other areas of prevention education into the curriculum of regular subjects, where appropriate
- employing various forms and methods of working with individual children and groups of children and youngsters, aiming at the development of their personalities and social behaviour
- organising free-time activities for children and young people
- cooperation with parents and parent education in the field of healthy life style and problem prevention in education
- careful monitoring of particular conditions and environment in the school aiming at social-pathological phenomena risks; and employing various form and methods of contacting endangered individuals
- selectively employing prevention activities and programmes specially aimed at individual endangered groups of children and young people
- providing professional consultations of a school prevention specialist and education consultant to pupils as well as parents (Metodický pokyn, 2007: 2).

The Programme is evaluated annually – its effectiveness (achieving aims) and

development are considered. The effectiveness of individual programme activities is measured.

The backbone of the prevention system in Education (regarding various levels of professional guidance) consists of:

Ministry of Education's official ⇒ *regional prevention co-ordinator* ⇒ *district prevention co-ordinator* ⇒ *school headmaster* ⇒ *school prevention methodologist*

All operations of the prevention system in the field of education should be (but not always are) interlinked with operations of other institutions in other fields that realise prevention programmes or participate in them (Ministry of Health, Ministry of Interior, Ministry of Labour and Social Affairs, etc.). Of utmost importance are non-governmental institutions (foundations, civil associations, religious and other organisations), which functionally complement the activities of governmental institutions.

the realisation of primary drug prevention in schools

One of the key elements in primary drug prevention realisation in schools are the pupil's postures and mental dispositions, which are built in the family and which should constitute the basis of prevention activities. The social environment of the family helps form the personality of the child, forms his/her moral awareness, should help the child (along with schools, free-time and other institutions, social groups and individuals) find the way of life.

When to start with drug prevention? Many authors agree that first steps of primary drug prevention should be aimed at pre-school age children, i.e. into kindergartens. Bindasová (1995: 11) stresses the fact that adequate prevention should be introduced not less than two years before first possible contact with the drug, which comes at the age of 7–9 for alcohol and nicotine, at the age of 9–12 for toluene, at the age of 11–13 for marijuana and hashish, and at the age of 13–15 for other drugs. With this statement being many years old, the age of first possible contact with drugs may be even lower. This overview also shows a sequence that prevention programmes should acknowledge conception-wise and content-wise, which corresponds with the so called *gateway theory* that assumes such a sequence in drug addiction (from “soft” drugs to “hard” ones).

Prevention in kindergartens

Children should be made aware of the danger of social-pathological phenomena from the earliest age. The School Prevention Programme for Kindergartens and Basic Schools (2001) states that *healthy life-style education (holistic approach* harmoniously combining physical, mental and social components) is an appropriate tool to successful implementation of prevention programmes in pre-school education.

Health maintenance and healthy life style competences (and therefore social-pathological phenomena prevention activities) include:

- self-assurance, self-reliance and self-confidence

- enthusiasm towards physical exercise
 - adaptability to life in social community, openness, critical mind
 - self-development
 - motivation to active learning
 - creativity and aesthetic palate development
 - systematic development of skills that lead to healthy life style acquisition
- (School Prevention Programme for Kindergartens and Basic Schools, 2001: 6–7)

Prevention and educational requirements are based on the *Framework Educational Programme for Pre-School Education* and perceiving pre-school age as an important beginning of a positive socialisation process. It is not necessary to prepare specific programmes that would inform pre-school children about drugs, alcohol and other harmful substances and phenomena. All prevention activities should be natural components of children’s everyday educational activities. What plays an important role in this process is the family.

Prevention, prevention programmes and activities on the level of basic schools

It has been mentioned that every school is obliged to prepare *Minimal Prevention Programme* in which prevention activities are implemented into the curriculum. What is important is cooperation with children’s families and professional institutions that collaborate on the realisation of the Minimal Prevention Programme, when asked by the school.

Prevention on the level of basic schools must be adapted to the age of the children and their previous experience. It should naturally follow the prevention activities realised in pre-school education, namely in the development of healthy life style competencies, which include:

- social competence enhancement – the development of social skills that help the person orient in social relationships and develop responsibility and consequence-consciousness
- communicative competences enhancement – the development of problem solving skills, dealing with conflicts, stress, failure, criticism
- creating positive social climate – the feeling of trust, belonging to a group, working in a group of peers, positive and secure atmosphere
- forming attitudes towards socially acceptable values – raising legal consciousness, moral values, humanistic attitudes and so forth

(School Prevention Programme for Kindergartens and Basic Schools, 2001: 13)

We will now concentrate on the area of drug abuse prevention. The aim of effective prevention should be namely:

- to prevent drug abuse, including alcohol and nicotine

- to at least shift the first contact with addictive substances (nicotine and alcohol most frequently) to higher age, when the person is more mature (physically and mentally), as well as more resistant
- to reduce or prevent altogether children's experimenting with addictive substances and therefore prevent various health risks and harms, including drug abuse that require medical treatment (secondary prevention, aiming at specific groups of older children)
(Nešpor, Czémy, Pernicová, 1999: 6)

If we want to realise drug-prevention activities with school children, we need to know the reasons for their experimenting with and consumption of addictive substances. The most frequent reasons include *boredom* and *curiosity*. Some children use drugs to deal with family *problems*, problems in school and so on. The first encounter with drugs can also be facilitated by the peers or "friends". Knowing the possible reasons, we (teachers, parents, the society) can be more successful in the prevention of drug abuse. It is very important to be aware of this constant threat and try to avoid all dangers (by quality education, understanding, trust...). Quality prevention does not prohibit, command or suppress. It explains, clarifies, offers alternatives.

What methods are to be employed in conceiving the Minimal Prevention Programme? Preferably such that make children active; that are balanced, adequate, conceptual and that interlink the programme activities with other activities inside and outside the frame of the programme. Such methods include:

- ❑ *community Circles* – in which primary school pupils in particular develop their communication and discussion skills, they learn to cope with problems and conflicts;
- ❑ *simulation games* – role play in fictive situations;
- ❑ *relaxation techniques, physical exercise and activities* – they help to lower the pressure of tense situations, depression, anxiety, which tend to be compensated for by drugs
- ❑ *brainstorming* – a technique for developing creative thinking, tends to be based on group discussion and problem solving;
- ❑ *thematic forums and discussions*;
- ❑ *projects, project teaching, implementing into the curriculum* (cross-cultural links);
- ❑ *therapeutic and self-development techniques and methods* – art therapy, drama therapy, body therapy and other self-experience techniques.

Drawbacks of prevention realisation in schools and the call for changes

In the *National Drug Policy Strategy 2005-2009* the Ministry of Education, Youth and Sports is assigned a key task (p. 12 of the document) "in the area of primary drug prevention regarding children, education towards healthy life style, raising awareness of the danger of drugs, offering alternative free-time activities". Informing about the noxiousness of drugs is important, but it usually does not bring desirable effects in

changing people's attitudes towards drugs, as it only affects the cognitive component of attitude and fails to affect the affective and conative component (Ondrejko, 1999: 14). Practicing teachers are instructed to realise primary prevention (ex. drug-prevention), but they tend to lack relevant information and education and in their lessons they only include information they consider important or relevant. Most of today's teachers are incompetent at carrying out prevention, which often has more negative than positive effect and sometimes may even cause an increase in interest in drugs and their consumption. More concrete steps in drug prevention are usually taken in lower secondary schools (with children aged 11 to 15), which is very late; what is also characteristic of primary prevention is a lack of conception.

To realise changes in primary prevention in basic school that will result in improvement of the state of affairs, the focus should lie in the following areas:

- establishing a firm prevention conception for children in the pre-school age and older
- primary prevention should be leisurely, relaxed and pleasant
- teachers should be properly qualified
- all prevention activities should be coordinated (Ministry of Health, Ministry of Education, Youth and Sports, the regional authorities and individual schools – primary level coordinator)

The context of anti-drug education

As has been mentioned earlier, primary drug prevention in today's schools is considered a component of education towards healthy life style. The educational programmes do not specify the context for drug prevention, and therefore only enlightened teachers include its elements on cross-curricular basis.

The *Framework Educational Programme For Basic Education* defines an educational domain *Man and Health* and its two subdomains – *Physical Education* and *Health-oriented Education*. Both of these subdomains include content-wise health education, physical education, environmental education, family education, sexual education, as well as anti-drug education. The last two items mentioned are likely to constitute new independent subdomains in the future, not in order to expand subject matter of the domain, but in order to clearly define the topic and its links to the domain of Man and Health.

Why do we talk about “*anti-drug education*”? Is “primary drug prevention” as a component of education towards healthy life style not enough? Indeed not, because of the society's accelerating development and the need for expert approach to the anti-drug conception. It is necessary to get back to the beginning and start from there. J. Liba (2002: 59) says that “the increase and spread of social-pathological phenomena, namely drug addiction, is concretised in those phases of ontogenesis that are defining for personality formation. This is particularly true about first encounters with the so called socially acceptable drugs (alcohol and tobacco), where we see the trend of lowering the limit on the border between lower school age and middle school age”. This opinion is shared

by other experts. It is therefore vitally important to aim prevention care and activities that tend to be employed on the lower secondary level into earlier age; into primary and even pre-school education.

If we are to form children's attitudes and to influence the whole complex of their postures (cognitive, affective and conative components), it is necessary to start with education towards positive attitudes in the family and proceed continuously in the later age and in other social groups and environments. Family education should serve as a firm basis for later education in the kindergarten and basic school. Unfortunately, this is not always the case and many families fail to fulfil their educational function. The children then come to the school with flawed attitudes, which are impossible for the teachers to positively influence.

Let us go back to our original question – *Why anti-drug education?* An answer can be traced in a general view on education by W. Brezinka, who in his book (1996: 51) claims that “the effect of education should be creating a sort of quality within a personality.” The author later says that by education, the educator (in our case teacher) forms or preserves various abilities, skills, attitudes, knowledge, behaviour patterns, or opinions. These can be various kinds of readiness to experience and behave that can be summarised by the term *psychological dispositions*. These mean a relatively permanent readiness to various experiences and behaviour patterns; a basis to transient experiences and actions.

The educator's aim is to influence the structure of the child's psychological dispositions. This process has four layers.

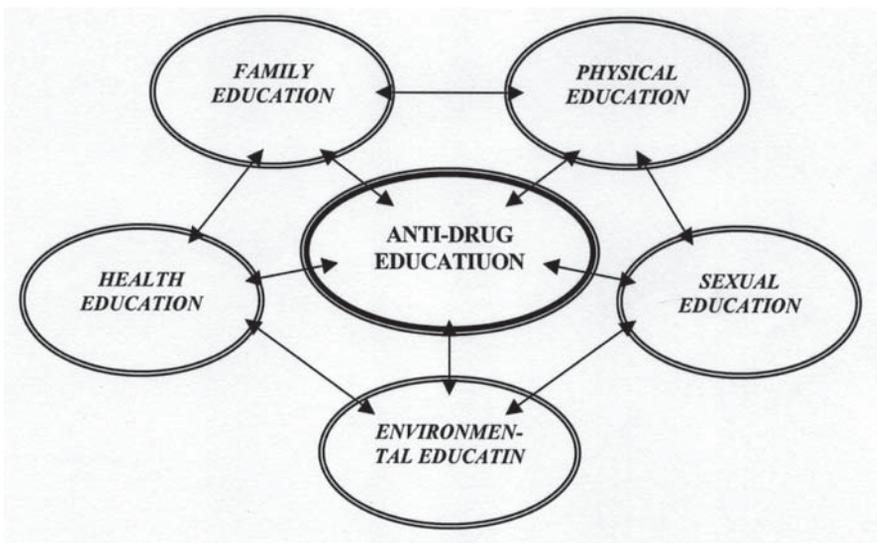
- a) for the child to gain dispositions they have not had
- b) to strengthen and develop existing positive dispositions
- c) to weaken and dispose of existing negative dispositions
- d) to prevent the development of negative dispositions (Brezinka, 1996: 52)

This general perspective on education can be easily applied to the field of anti-drug education – gaining positive dispositions and weakening negative ones, developing acceptable attitudes towards life, life style and health. Primary drug prevention appears to be an important component of the process.

Some teachers and experts tend to wrongly identify primary drug addiction prevention with the process of anti-drug education, because of terminological unclarity in the terms prevention (preventing something) and education (a desirable change in someone's behaviour and acting) (Wiegerová, 2004).

The content concept of anti-drug education

Anti-drug education is a newly establishing component of education, which at the moment is in the phase of being defined and codified. As has been stated earlier in this paper, there are other areas of education that participate on the content concept of anti-drug education, namely health education, environmental education, family education, sexual education and physical education. In many aspects there are contact areas, as indicated in the scheme.



Getting back to the conception of the *Framework educational programme for basic education* and to the educational domain *Man and Health* divided into the subdomains – *Physical Education* and *Health-oriented Education*, the latter subdomain appears to be rather broad content-wise; with anti-drug education in danger of losing its clear distinctions.

Wiegerová (2004) sought parallels between health education and anti-drug education from the perspective of their place in the basic school curriculum. She states that at the present time, both components of education fail to be properly implemented into formal curriculum and therefore should be included primarily in informal or hidden curriculum (e.g. through conceptual projects). She also proposed a content framework of anti-drug education – domains that are based on the conception of health promotion and prevention:

1. *Culture stereotypes, traditions and drugs* – drugs in human culture, legal, illegal drugs, division based on cultural traditions of individual human societies; cigarettes and alcohol as socially acceptable drugs, marijuana and tolerance in the Czech republic and abroad. Sweets and possible addictions.
2. *Man and medicine, pharmaceuticals and vitamins* – drugs not as an evil, their need in health care; taking medicine and vitamins, positive and negative effects on human body and possible consequences, addiction as a state of being.
3. *Technology and addictions* – technology development; PCs, walkmans, computer games, pinball machines, mobile phones – positives, negatives, the world of advertising; free time organisation (Wiegerová, 2004).

The proposal is aimed at the primary level, yet this distinction can be easily applied to lower secondary level. What matters is the content scope of the topic and its adaptation to the age of the pupils (pre-school age, lower school age, middle school age, higher school age).

As has been stated, anti-drug education is a newly establishing field, or subfield in education, which starts to be recognised and to form and develop. It is surely to be often heard of in the near future in the wider context of anti-drug policy.

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PODMÍNKY PRO PRIMÁRNÍ DROGOVOU PREVENCI V ZÁKLADNÍCH ŠKOLÁCH

Souhrn: Příspěvek situací ve vztahu k podmínkám realizace primární drogové prevence v základních školách. Přináší informace o dokumentech, podle kterých se realizace prevence řídí, zkušenosti ze škol a návrhy na změny v přístupu k drogové problematice včetně konceptu protidrogové prevence.

Klíčová slova: škola, učitelé, děti; drogy, drogová závislost, prevence, primární drogová prevence