

# The Role of Parents in Preventing Drug Abuse

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## SUMMARY

In the last fifteen years, drug addiction is a major socio-pathological problem in Herzegovina-Neretva Canton. We want to define position of parents population in relation with the problem, creating preconditions for performing non stereotype forms of preventive activity which would emphasize and strengthen family as a base of social community. We used retrospective method based on the analysis of two random samples of parents population taken in two different time periods, before and after educational activities. All questionnaires were related to knowledge and attitudes of parents towards the drug addiction problem. During the first examination, 20% of examiners did not know kinds of drugs, 30% of examiners did not have information about health consequences of drug abuse, and 42% would not be able to recognize a case if their child was using drug. After inclusion of parents into the educational process, situation in view of their knowledge and attitudes in relation with drug problem has improved considerably. Parents have a key role in prevention of drug addiction because of their important social role. Their adequate informing with suitable level of communication, love and trust in a parent-child relation would ensure that children are better kept away from drugs. Also, we point out the importance of inter-sectorial cooperation of all interested subjects which is essential for the recovery of not only the individual and his family, but also the society at all.

**Keywords:** drug addiction, parents, prevention

## 1. INTRODUCTION

Already in the late sixties and early seventies of the last century appears the problem of abuse of narcotics in B&H, including the broader area of Mostar to reach during last fifteen years its full swing.

Disorder of the system of values, combined with the material and spiritual destruction is threatening in various ways (including the spread of the phenomenon of abuse of narcotic drugs) vital social pillars: marriage and family.

In several post-war years there was tries to mitigate the problems of drug abuse through preventive-promotional activities undertaken in relation to children and young people of Mostar, Konjic and Jablanica primary and secondary schools, and partly in relation to the students of the University of Mostar.

Observed trough time the desired results are not achieved, since the educational-promotional work neglected social phenomenon in the psychosocial component to the abuse of narcotic drugs now considered by the most authority in this field.

Last few years we are trying to achieve full preventive effect through promotional activity-educational activities in relation to the triad: parent-child-teacher.

## 2. GOAL

Define the position of the parental population in relation to the phenomenon of drug abuse through their knowledge about issue, but also their attitudes on this issue.

Create conditions for non stereotype form of preventive action, care of the family as the foundation of a society.

Compare the level of knowledge and attitudes of parental populations before and after performed educational activities (group work).

## 3. METHODOLOGY

Used is a retrospective method of analysis based on the results of two studies of a random sample of the target population groups (parents) in two different time periods.

Given the other parameters, used are random samples to achieve authenticity of the results. Data source in the first survey, carried out in 2006 at the Department of Public Health of the Herzegovina-Neretva Canton, and the second Cantonal coordination body for the fight against abuse of narcotic drugs (2007).

## 4. RESULTS

Research of knowledge and attitudes of parents in relation to the problem of abuse of narcotic drugs is carried out in two different time periods. Survey testing of parental population was first done in the program: "preventive action in the fight against drug abuse" and included 314 parents and 2000 students and a second time when creating the Cantonal program for prevention of addiction.

The first program, information on types, hazard, health and social consequences of using drugs involved about 2000 students and 750 parents. Randomly selected (in all cases were the parents of children attending seventh and eighth grade of primary or first and second grade Mostar high school), surveyed is a total of 314 parents from the area of Mostar and its surroundings.

The second study was done at the end of the program. The basic wish was to gather as much objective information about the real state of drug abuse problems, 320 parents took part, also using the method of random selection.

There is no significant difference in terms of age structure of respondents in both surveys. In the first study most parents (39%) was 41 to 45 years of age, the least (15%) were older than 50 years of age.

The rest was distributed as follows: 28% of respondents had 46 to 50 years of age and 18% from 36 to 40 years. In terms of gender distribution, 57% of respondents were women.

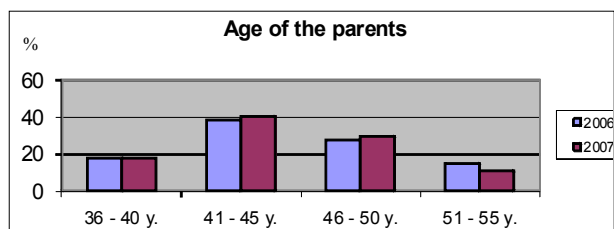


Figure 1.

During the second study, the representation of age groups from 46 to 50 years of age has increased slightly (30%), besides that the participation or the largest group (41 to 45 years of age) increased to 41%, while participation of the oldest age groups of parents (more than 50 years of age) decreased to 11% of baseline. Reduced is also the representation of women to 54% in the total number of respondents (Figure 1 and 2).

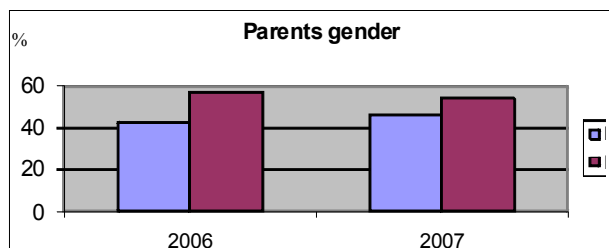


Figure 2.

All survey questions were related to knowledge and attitudes, and partly, which is relative novelty in monitoring the phenomenon of drug abuse in our area about the practice of parents related to the problem of addiction.

When it comes to the types of drugs known by parents, it is evident increase in the level of knowledge about them: nearly twice as many respondents mentioned marijuana (61%) in second study, cocaine and heroin are known by 7 or 14%, and only 4% of parents did not hear about some of the narcotics, which is five times less than in the first survey (Figure 3).

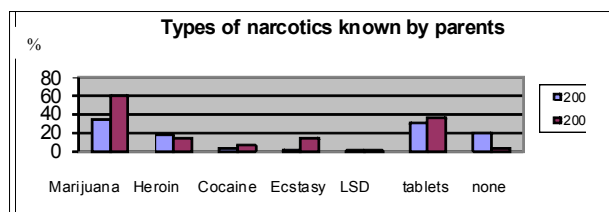


Figure 3.

There is a balanced view of the majority of respondents in relation to common places of drug use. The parents declare that the dominant place of consumption of drugs

is bars and discos, and then the city parks and the ruins (64%–68% of respondents). Every twentieth respondent stated that he knew or had heard of places where the drugs are used (Figure 4).

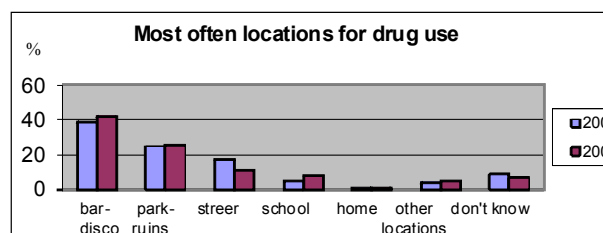


Figure 4.

Knowledge of health consequences of drug use is still quite poor, although no longer that low level as during the first study, when 30% of respondents did not know about any consequence of taking drugs for human health. AIDS and functional damage to brain states every fourth or fifth respondent, but the every fourth parent still does not recognize the symptoms and signs of drug use (Figure 5).

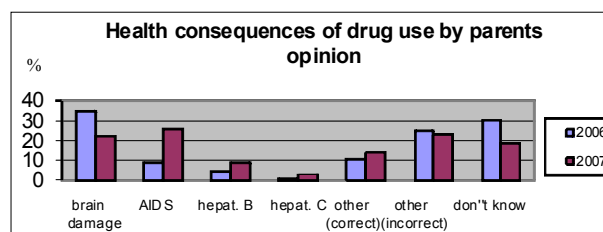


Figure 5.

One of the parents recognizes the importance of social dissociation of drug addicts and users, citing elements as follow: change of behavior, change in the circle of friends and reduction of interest for work and study. In the first study, however, 42% of parents did not recognize absolutely any reason to suspect that a child is using drugs, to the second survey the percentage of 19% (Figure 6).

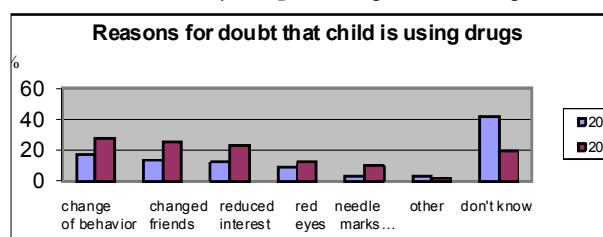


Figure 6.

Concerning is still high incidence of parents' statement that in terms of addiction they do not have enough information (22–28% of all respondents). Of those who declare that they have the information about these issues, 37–42% said that most data they gets from the media, with

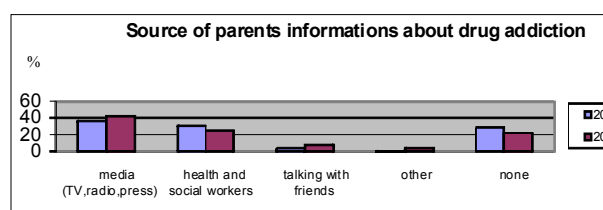


Figure 7.

decreasing number of parents who were informed by the health and social workers from 31% in 2003 to 24% during the last study (Figure 7).

Above presented data are in relative contradiction with those of the respondents to the question referred to the fact who is most responsible to provide adequate information about the problem of drug abuse in certain site, because depending on the year of research 33%–38% of parents stated that the health and social workers are most responsible respond to all challenges of the modern age "plague" (Figure 8).

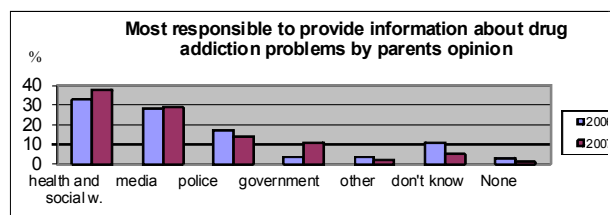


Figure 8.

In addition to knowledge and attitudes of parents, taking into account the guaranteed anonymity of all respondents, we explored the behavior of parents in practice. Thus, 96%–98% of parents stated they had never used narcotics, but also 1%–2% of them did not want to answer the question (Figure 9).

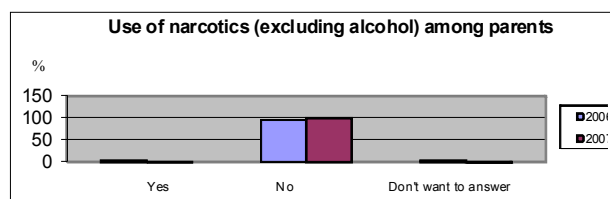


Figure 9.

According to difficult social and economic situation of the majority of citizens in the city of Mostar, it is expected that 80% of respondents stated that children are given less than 100 KM per month for "allowance" (Figure 10).

During the first survey, only 26% of parents checked in how the children spend the money which created conditions for a variety of manipulations, especially of children and adolescents. Probably under the influence of education completed on addiction, that percentage during the second study was much higher and in 2005 amounted to 35% of total sample (Figure 11).

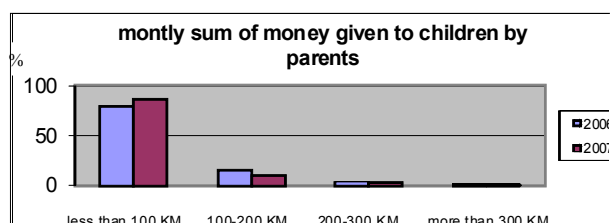


Figure 11.

Concerning is the fact that implies too much trust of parents in children, which indicates that 78 to 81% of parents do not suspect that their children may even be tempted to use drugs. The other 17–20% of respondents

sincerely decides to actually know the answer to question (Figure 12).

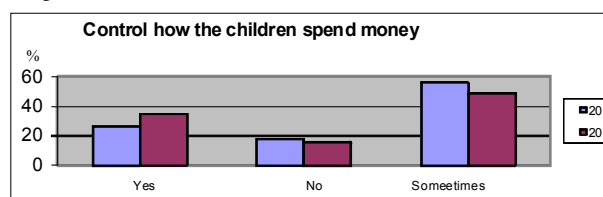


Figure 12.

This confirms the Discrepancy between the statements of parents that their children do not use drugs with the answer to the question of what level of communication is achieved between parent and child, because for only 16–19% of respondents it is customary to talk with children about issues that bothers them (Figure 13).

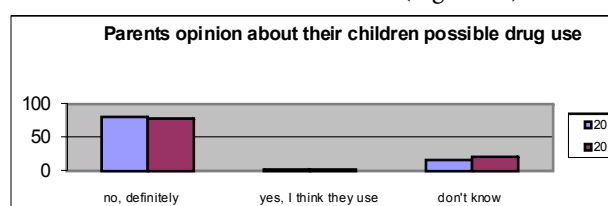


Figure 13.

During both studies, approximately one quarter of all respondents considered that the most optimal form of combating drug abuse is a combination of health education of children, youth and parents together with the media campaign as part of a broad social action in relation to this psychosocial phenomenon (Figures 14 and 15).



Figure 14

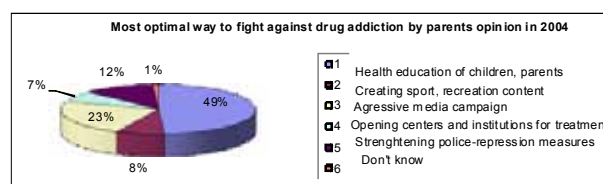


Figure 15.

## 5. DISCUSSION

Both conducted research have confirmed the general assumption that access to adequate preventive approach to drug abuse problem need members of the parental population. All educational processes conducted in the previous period, were thoroughly prepared and the corresponding governed, however, have not yielded the expected results in the prevention of substance abuse. Later analysis showed the need for the establishment of education in the triad: parent–child–teacher.

Just presented results during the above-mentioned studies confirm the need for greater involvement of health and social workers in terms of animating the parental

population for education about the phenomenon of drug addiction. Another poll done after the examination of educational focus-group, where the parents worked in small groups from 6 to 12 people, and moderators were doctors, social workers, and workers of the Ministry of Internal Affairs. The greatest progress is made in educating parents in the issue of their (social) attitudes. An example of this is the decrease in percentage of parents who did not know any reason (symptoms) to suspect that a child is using drugs from 42% in the first to 19% in second study. Increased is the attention of parents in children's sense of control of expenditure of money (from 26% to 35% of all respondents).

When speaking about information level, it is logical to say that after educational cycle is at somewhat higher level, although not as pronounced as the social commitment of parents. It is obvious that the task during the next cycle of parental education of the population in relation to the phenomenon of drug abuse should be directed from one side to improve awareness (22–28% stated they do not have enough information about the problem, a quarter of respondents did not know about the health consequences of drug use) but also to greater involvement by just trough draining focus groups (to go to a smaller number of members) in terms of increasing communication with the child

(Communication skills, reduce the "race" with time, relaxation) and higher degree of self-criticism of parents.

## 6. CONCLUSION

Parents have a central role in the prevention of drug abuse, primarily due to the fact that drug addiction should not be seen only as a disease, but also psycho-social phenomenon that is the substrate for the occurrence of various diseases. As a social component is most dominant the importance of involving parents in preventing drug abuse is becoming critical. Adequate and timely information for the adequate parents rearing attitude based on a combination of love and trust, deepening on a sense of closeness and support will enable the role of parents in the prevention of child drug abuse. This correct parents approach will ensure also quality mental development of a child, gaining of self-esteem and self-assurance.

The best means for achieving the above is mentioned is expressed, two-way (mutual) communication between parent-child. Precisely because it is not enough to give information about the problem of addiction to parent, but more importantly point out the importance of higher level of support and the love between them and the child. They should listen to the child related to his friends, school, view to the world, and certainly encourage the child to its own coping with problems and what can be more self-solving.

Essence of approach to prevention of addiction should be based on strengthening the family as an institution and restore its traditional features exactly opposite of the moral crisis of modern societies characterized by problems of drug addiction.

Modern approach to preventing and mitigating the risk of abuse of narcotic drugs must be based on a unique strategy and continuity of implementation of methodological uniform program in which each participant has a precisely defined role. Thus this requires a broad social action, appropriate intersectorial cooperation and technical support. Practically the best options would be to act preventively through school health programs when it comes to children, with parents insist on long-term educational activities through increasingly popular work in small groups

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