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Socialisation and drug consumption

A study of socialisation risk factors among young drug consumers under treatment

by

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I. RESEARCH CONTEXT AND RATIONALE

The research of deviant behaviour forms has engaged the attention of the scholars of the related disciplines since the beginning of modern social scientific thinking. By today, a more and more complex theoretical and empirical knowledge has accumulated under the different terms (deviation, social pathology, social problems, adaptation disorders, etc.) on the nature of deviant phenomena and the related prevention and treatment techniques. Besides this, it can be stated that there is still no single theoretical interpretation model available on the characteristic features of the individual birth and influencing of deviant behavioural forms. The most important reason for this is that deviant behavioural forms fit into a rather complex network of causation. *(Andorka- Buda-Cseh-Szombathy, 1974)*

In my dissertation I deal with one of the most frequent forms of deviances: drug consumption. The study of this is essential because in the past 10-15 years the consumption of illegal drugs has significantly increased both in Hungary and in the counties. By the opening of the society, the accomplishment of personal freedom, the spreading of the globalisation and individual culture, drugs have become more easily available and more acceptable among young people. Therefore, for the youth it is even more likely that they turn to some "stress relieving", legal (cigarette, alcohol) or illegal materials, since they are exposed to the effects of popular youth culture (plazas, discos) and mass communication.

Nevertheless, it is a question which subsystem of the society and which of their groups can play a role in the evolvement of drug consumption. In my opinion, socialisation media (family, school, friends) influence the individual's personality development, in particular, the play or can play a role whether we prefer norm-offensive or norm-adherent relationships in the future. At the same time, they could do the most in order to confine drug consumption.

In my dissertation, I study the most endangered youth group in terms of deviances (12-25 years old) and focus on the risk factors related to the family, school and peer groups. I suppose that drug consumption is a rather complex problem and it is worth considering all three aspects for a deeper understanding.

1.1. Main conclusions of previous research

In the various scenes of socialisation (family, school, friends) the changes of recent years and decades have contributed or may have contributed to the increase of drug users.

1. Family: The traditional family functions have changed by today. Social institutions have taken over more and more duties, and the responsibility of institutional education has become more valuable *(Csukonyi-Münnich, 2004)*

During the operation of today's families, the protecting-value mediating effect decreases since parents have less time on their children than necessary. Therefore, the children's breeding and attitude-forming are omitted, but school is unable to take the role of the family.

Changes have taken place in the size, composition and permanence of the family; the multi-generational model and the wide circle of relatives have more and more been replaced by families consisting of parents and children. Owing to the growth of divorces, the number of one-parental families has significantly increased. The proportion of married population has drastically decreased. 61.2% of the population lived in a marriage in 1990, while this proportion fell to only 48,7% in 2006. At the same time, the rate of the divorced increased from 7.4% to 9.9%. *(KSH, 2007)* Besides the lack of role, the inner relations have also changed in the family. The hurrying lifestyle and the loss of harmony have considerably reduced the problem solving potential of the family.

The research carried out so far on family background discusses 3 large problems:

- *Family structure:* One of the reasons for drug-consumption is the disorganisation of the family structure. Broken families often automatically enhance the risk; however, cohabitation is not always harmonious in whole families either. *(Formoso-Gonzales-Aiken, 2000)* Young people living with both of their blood-parents consume illicit drugs with less likelihood. On the contrary, the researchers' view is less clear regarding one-parent families and families with one biological parent and one foster parent. Some studies state that the consumption habits of young people growing up in one-parent families are similar to those of reformed families. *(Elekes, 2005)* However, others suppose that one-parent families show a high risk factor, but the rechange of family structure has even a higher risk effect. *(Ackerman 2001, Harland 2002. Brassai-Pikó, 2005)* Studying the family structure, it can be established

that whole families have a protecting effect against the consumption of legal and illegal drugs. *(Jelentés, 2007)*

- *Deviances within the family:* The parents' drug-consumption behaviour means a risk factor in the trial of drugs, too. Data suggest that a considerable part of secondary-school students live in a "family" relationship" with problematic behaviour forms (e.g. smoking, regular alcohol consumption, suicidal attempt, imprisonment, taking lots of tranquilisers and soporific draughts, drugs, etc*.) (Elekes-Paksi, 1999. 2000, Elekes, 2005, Rácz, 2005, Bácskai-Gerevich, 1997)* Not only have the parents' but the elder sibling's detrimental consumption habit showed a significant relation with young people's drug consumption. *(Elekes, 2005)*

- *Disharmonies within the family:* The quality of the relationship with the parents is especially determinant. A good relationship with parents is a protective factor, while a relationship deviating from this in a negative direction facilitates the trial of drugs. *(Brassai-Pikó, 2005. Bácskai-Gerevich, 1997, 2000, Elekes-Paksi, 2000. Hawkins-Catalano-Miller, 1992)* The family conflicts, the inadequate relationship with or between the parents, and the lack of trust within the family are closely connected with the problematic behaviour. *(Dekovic, 1999, Fitzpatrick, 1997.)*

2. School: In the second half of the 20th century the rapid economic and social development resulted in the emergence of the knowledge-based society in the developed countries. *(Bognár, 2000)* People have to keep pace with the development, continuously improve their knowledge and competences to keep their jobs. Life Long Learning evolves. (*Carnoy, 1997.*)

The relationship with teachers has also deeply changed: a less dependent, more equal, "partner" relationship has developed. At the same time, depersonalisation can also be observed in the teacher-student relationship. Since less time falls on students, the chance of creating a personal relationship decreases. *(Delors, 1997.)*

Since children spend most of their time at school, these events and experience can have a great influence on them.

There are several school factors that can lead to the trial of drugs:

- *Dissatisfaction with school:* Young people who are more dissatisfied with school consume legal or illegal drugs with more likelihood. *(Aszmann- Rózsa- Németh, 2000, Samdal-Dür, 2000)*

- *Bad school achievements, learning difficulties and learning failures* may result in conflicts with the school environment, and young people may turn against the school values. If this process is not interrupted, a self-sustaining circle emerges, causing further worsening of the school achievements and a low learning motivation. *(Schulenberg, Bachman, O' Malley and Johnston, 1994, Demetrovics- Urbán- Kökönyei, 2007)* According to the domestic and international measurements, 10-15% of the children struggle with various learning problems, and this rate is growing year by year. Learning problems already appear in the senior primary school in the form of frequent failures and repetition of a year's work. *(Bácskai-Gerevich, 1997, 2000)*

- *Adaptation disorders, behavioural difficulties* (repetition of a year's work, truancy, vagrancy, expel from school) *(Lorion 1991, Swaim, 1991)* There are many school forms of behavioural disorders. For instance, the students interrupt the class by shouting in, using obscene words, talking to their neighbours; they are rude, disrespectful with the teachers, etc.).

The correlation of school life and drug consumption was studied with the indices of school achievements and absence owing to truancy. In both cases it was proved that there is a significant correlation among the school average, the frequency of school absences and the drug consumption. *(Elekes, 2005)* The school average of the previous semester is obviously the best among students consuming no drugs. It is closely followed by the achievements of those consuming legal drugs, while the poorest results were achieved by students who have already tried illicit drugs. *(Elekes, 2005),* while the correlation of absence owing to truancy and drug consumption proves to be significant in each country involved in the ESPAD research. *(Hibell, 2004)*

3.   Friends: In the 1990s the survey of the Hungarian Household Panel found that the number of friends is falling in each social category, and there are more and more people who have no friends at all. In Hungary, people have few confidants, so we have contacts with only few people we can discuss our important concerns with. *(Dávid-Albert, 2005)*

Obviously, the case of adolescents is different. These young people are just separating from their family and live the period of "changing the terrain". The sad and lonely situation outlined by the above research on the changes in the number of friendships does not affect them for the time being. *(Pénzes-Hüse, 2007)*

Besides the family effect, friends also play an important role in the formation of young people's identity. However, the parental influence cannot be split from the *peer effect* sharply, as these two affect each other, too. The parental influence can largely modify the peer effect. *(Pikó, 2004)* Therefore, peer group mostly becomes a risk factor if the relationship with the parents turns bad. *(Pikó, 2007)*

The following peer effects play a significant role in the evolvement of drug usage: (ISMertető, 2001)

- The friends' seduction (peers' group pressure) Representing a turning point, adolescence is especially dangerous. While the early adolescence can rather be characterised by the opposition to parents, rebel against the parents, that is, the peer sample is stronger, later some kind of a balance develops, where both the parental and the peer relations have their own roles. *(Pikó, 2004)*

- This age is also characteristic in the influence on harmful habits, since a considerable growth in trial can be observed between the age of 15 and 17 years most frequently. *(Aszmann, 2003)* A considerable portion of young people smokes or drinks alcohol for the first time in friendly, peer company, but the consumption of illegal drugs is usually tried among their peers, too. *(Domokos-Mahler-Ruff 2005/1, Kirke 2006)* Researches confirm that the number of evenings spent with friends correspond to more frequent drug consumption. *(Mándoky, 1997.)*

- The identity provided by the peers, which also serves as a model ("you are somebody only if you take drugs") If a friendly company likes blasting marijuana, it is difficult to stay within the group without being involved in this activity. Nevertheless, technical literature attaches a key influence to the consumption habits of older siblings. In each participating country a significant correlation could be observed between the consumption habits of older and younger siblings. *(Stormshak, 2004)*

4. *Leisure time:* Leisure time activities constitute a key element of the youth's lifestyle. One of the most significant influences of modernisation was the shift of the proportion of working hours and leisure time in favour of the latter one. The number of years spent in education has considerably increased, and an independent life has been started later. *(Furlong-Cartmel, 1997)*

Leisure time also has its own socialisation role. There are leisure time activities having a risk-increasing effect (going to disco) *(Demetrovics, 2001),* and activities exerting a protective effect (creative activities, religion, sports, intellectual interest). *(Pikó-Vazsonyi, 2004 Pluhár-Pikó, 2003,)*

- According to *Demetrovics (2001)* the number of drug consumers is higher among young people *going to discos*, as drug consumption is of recreational purpose and related to social entertainment. Young people going to amusement places with dancing constitute the most active part of the youth, serving as a model for the others especially in the field of lifestyle and leisure time spending. He highlights that the use of amphetamine, LSD and ecstasy are primarily related to amusement places with dancing.

- The time balance survey conducted by the *Central Statistical Office in 2000* establishes that between 1986 and 1999 the number of hours spent doing sports increased among young people. According to the researches carried up to present, sports are a protecting factor in the trial of drugs. *(Pluhár-Pikó, 2003, Pikó, 2007)*

- Based upon the young people's leisure time activities, 4 leisure time factors have been distinguished: *peer and consumption-oriented leisure time style* (parties, vagrancy, visiting plazas or other shopping malls, talking, watching television and video), *intellectual and artistic style* (going to the cinema, theatre and concerts, reading, talking), *experience-seeking, technicised leisure time style* (computers, Internet, sports, hobbies, listening to music), *conservative – traditional* (housework, religious programs, reading) *(Pikó, 2007)* The peer and consumption-oriented leisure time style strongly correlates to all harmful habits, while the other 3 leisure time styles rather show negative correlations with the forms of drug consumption. *(Pikó, 2007)* The *Espad research* distinguished 3 leisure time factors: *active, outgoing* (having parties, going to discos, wandering), *active, individual* (reading, doing sports, hobbies) *passive* (no reading, no hobbies, no going out, but playing computer games above the average). *(Elekes, 2009)*

These factors do fundamentally not differ from the findings of earlier Western-European surveys. *(Hendry et al, 1993. Roberts and Parsell, 1994.)* In all researches, leisure times activities mainly related to peer groups are more often accompanied by the trial of drugs. *(Pikó, 2005)*

This makes it advisable to study the different aspects of drug consumption, paying special attention to the investigation of the circumstances and background variables of consumption.

1.2. Research question, research assumptions and objectives

Research questions:

Overall, I have intended to answer the following questions in my research:

➢ What characterises the family background, school achievements, social relationships and leisure time activities of young people under treatment?

➢ What risk factors characterise the users of different drug types in terms of their family, school background, social relations and leisure time activities?

➢ Which group of young drug consumers has the most family, school and social problems?

➢ What hidden correlations and differences among the groups making us understand drug consumption can be brought onto the surface?

Research assumptions:

I. The main assumption of my research is that the drug consumption of young people under treatment is largely influenced by the method of family and friend relations, school achievements and the method and quality of leisure time activities.

The influence of family, school problems, peer group: my hypotheses focus on the risk factors related to the family, school and peer groups. I suppose that the risk factors related to the family, school and peer groups (friends, leisure time) should be mapped together, since each of these media has a significant influence.

H1. *Broken family structure, disharmonies within the family, and deviances within the family* are rather typical of the family background of regular consumers than that of occasional users.

H2. Amphetamine and party drug consumers (group of stimulant users) have more family, school and social problems than marijuana consumers. (group of cannabis users)

H3. The school background of regular consumers can rather be described with *bad learning attitude, learning disorders, school adaptation disorders and behaviour disorders* than that of occasional consumers.

H4. As for socialisation, regular consumers rather have *friends with deviant features.*

H5. *Leisure time spending / structuring problems* are rather typical of regular consumers.

Objectives (Novelty of the research):

▪ Studying the young drug consumers under treatment is essential because the researches conducted so far have investigated either the normal population *(ESPAD 2007, HBSC 2006, Youth, 2008)* or problematic young people. Therefore, we have insufficient knowledge on the patients undergoing any treatment, who can be serious drug addicts needing a treatment or patients diverted from jurisdiction as an alternative for punishment.

▪ Besides the indices of drug consumption described above, it has also been important to me to present the sociological factors motivating consumption, since the lifestyle and socialisation of young people is considerably affected by their environment. (family, school, friends)

▪ On the other hand, it would be too simple to talk about drug consumers in general, as consumers use different drugs with various frequencies. Therefore, I have aimed to distinguish the various groups of young drug consumers under treatment based upon the drug type and the frequency of drug consumption.

To sum it up, earlier researches have treated drug consumers as a single and uniform group in many cases, without making any difference or studying the socio-cultural factors in the background of the use of various drugs in a complex way. Therefore, I suppose that my research can bring new results that have not been published in the Hungarian literature yet.

II. RESEARCH METHODS

The Esteeming Interview of Puberty Problem (EuroADAD) was created by the cooperation of researchers and clinical staff. It offers valuable bases for us to map the treatment needs of clients between 12-25 years old, so primarily adolescents. This test, aiming to reveal the severity of dependence, is mandatory to use as regulated in a decree, and serves to assess the condition of the patients involved in 'diverting'. *(Gerevich-Bácskai-Rózsa, 2004)* The interview among normal conditions lasts for 45-60 minutes. The interview is anonym.

▪ ***Method of data collection:*** I recorded the data with a questionnaire, with the application of the following sections of the EuroADAD questionnaire: general information, family, school social relations, legal situation, alcohol and drug consumption.

▪ ***Process of enquiry:*** I drafted the questionnaires at the drug ambulances and prevention institutes of Szabolcs-Szatmár-Bereg county with young people under treatment. The clients arrived on the query at a time agreed in advance. The data were recorded at the Drug Ambulance of Nyíregyháza, and the local institute of ÁNTSZ in Nyíregyháza. During the enquiry I acted in accordance with the Data Protection Act. The query is anonymous and includes no identifiable data.

▪ ***The sample:*** Young people between the age of 12 and 25, receiving treatment at the drug ambulances and prevention institutes for diverted patients in Szabolcs- Szatmár- Bereg county, between 2005 and 2007 because of illegal drug consumption, who have already tried or regularly used certain illicit drugs. I have selected the age group of 12-25 because this age group has the highest risk factor. This age group also includes the adolescence, which can especially be the period of the trial of harmful addictions. Furthermore, I study the age group of 12-25 rather than a broader age group because age groups far from each other cannot be measured with the same measuring devices. Samples need to be narrowed so that populations can be matched with each other. The adult version of EuroADAD is ASI, which is applied for the age group over 25.

Between 2005 and 2007 a total of 928 persons received treatment owing to drug consumption in Szabolcs- Szatmár-Bereg county. During the 3 years under survey, the number of patients under illegal drug consumption amounted to 578 persons, while the number of patients treated because of legal drug use (politoxicomania and tranquiliser) was 350 persons. *In this dissertation I will not discuss politoxicomania or subjects treated because of tranquilisers but I only concentrate on illegal drug consumers.* Of the 578 subjects treated

for illegal drug consumption, 447 subjects are between 12 and 25 years old, while over the age of 25, 131 persons received treatment. *During the study, I exclusively focus on 12-25 year-old young people getting treatment owing to illegal drug consumption. Sample drop-out totals 131 persons.*

- **Sampling procedure:** A "full-scope" sample for a given period, i.e. the sample covers all 12-25 year-old young people getting treatment between 2005 and 2007 at the drug ambulances and prevention institutes of Szabolcs-Szatmár-Bereg county for illegal drug consumption.

- *Sample size:* 447 persons. A part of the 447 questionnaires was taken by the staff of the drug ambulance. As EuroADAD questionnaire has been applied as a part of the status survey since 2005, the research material of András Jósa County Hospital has been requested and licensed for data protections reasons, too. The number of persons refusing to answer the questions is 0. Also, I set up a control group of 115 persons. The individuals in such control group are college students who have not received treatment.

- *Statistical methods applied during the study:* I have processed the data with SPSS statistical program package. For my research, I have applied *single-variable and multi-variables statistical procedures*. The most frequent single-variable analysing technique is *frequency, averages, distribution ratios.* To reveal the hidden contents and tendencies, I have used *multivariable mathematical-statistical methods*.

The relationship between the various socialisation indicators and drug consumption has been examined with *multivariable regression analysis*. The dependent variable is drug consumption, while the independent variables are *family, school problems, peer group (friends), and leisure time activities.*

As for socialisation factors, 3 large problems related to the family have been studied: *disharmonies within the family, family structure, and deviances within the family.* However, a large number of variables are available in the case of *disharmonies within the family*, I first carried out a principal component analysis. During this principal component analysis conducted with 13 variables, I have distinguished 4-4 principal components in case of occasional consumers and the control group, and 3 principal components in the case of regular consumers.

School problems have also been measured with a high number of variables. However, instead of the principal component analysis, I have classified the 17 variables into 4 groups

here. The first two groups include learning-related problems *(learning attitude, learning disorder)*, while groups 3 and 4 are variables studying adaptation difficulties *(adaptation disorders, behavioural problem)*. My task has been easier in the case of *social relations*. Since only few variables have been available, I did not have to reduce the data, and thus I applied regression analysis to examine the relationship of the two variables (social relations-drug consumption).

Similarly to earlier researches, I have first studied the *leisure time activities* with the principal component analysis, and then I have used the principal components determined in this manner for the regression analysis. Leisure time activities could be analysed with 3 principal components in all three groups.

However, as the patients under treatment have represented the different types of drug consumers, I have set up groups based upon the frequency of drug consumption.

- *triants:* (115 persons) *The group of drug triants includes young people under treatment who have tried some illegal drug once or maximum three times in their lives. (Illegal drug refers to the following drugs: marijuana, amphetamine, party drug, cocaine)*
- *occasional consumers: (89 persons) This group includes young people under treatment who have used illegal drugs over 3 times in their lives. However, maximum drug consumption within a month is restricted to 1-4 days.*
- *regular consumers: (243 persons) young people under treatment who have tried illegal drugs 5 or more times a month. Illegal drug refers to the following drugs: marijuana, amphetamine, party drug, cocaine. Furthermore, they have taken drugs at least in the past one year retrospectively.*

Regular consumers have been classified on the basis of the *drug consumed*, too. Thus, two groups have been distinguished: *cannabis users*: (marijuana) 135 persons, *stimulant users*: (party drug, amphetamine, cocaine) 108 persons. For party drug I mean ecstasy.

- *Control group: normal sample. (115 persons) Young people having not received treatment. They have usually average or good school achievements. Their family background is settled. They tend to visit informal entertainment facilities with music and dance (but only moderately), as well as pursuing various hobbies (sports, housework). The control group consists of college students.* As for the sax and age, the *control group equals the group of triants.*

Nevertheless, it should be highlighted that *triant-level drug use has also appeared in the control group*. Therefore, I am going to treat occasional consumers (89 persons) and triants (115 persons) as one group. In other words, the term 'occasional users' will also cover young people under treatment who have tried illegal drugs maximum 3 times in their lives as occasional users but usually have been diverted, mainly as a result of police proceedings.

Therefore, I have concentrated on 3 groups throughout the analysis: *regular consumers, 243 persons, occasional consumers, 204 persons, control group 115 persons.*

Drug consumption has been measured by 4 variables (marijuana, party drug (ecstasy), amphetamine, cocaine), so first I have recoded the data. Of the 4 variables, I have created 2 new variables: marijuana, stimulant. In my interpretation, stimulant drugs refers to party drugs, amphetamine and cocaine.

Since the drug consumption of each group (occasional consumers, regular consumers, control group) has been measured with two-value variables, I have applied *logistic regression analysis*.

III. RESEARCH RESULTS

The results of my dissertation can be summarised as follows:

The data obtained during the research have been analysed in 2 steps.

1. First, I have presented the family and school background, social relations, free time activities and drug consumption features of 447 young patients. However, as the young people under treatment represent most different types of drug consumers, I have specified various groups of young drug consumers. Each group has been compared with each other according to the above-mentioned socialisation indicators.

2. Following this, I have studied the relations between drug consumption and various socialisation problems (family, school, friends, leisure time) among each group with regression analysis. Since the drug consumption of each group (occasional consumers, regular consumers, control group) has been measured with two-value variables, I have applied the *logistic regression analysis*.

1. Each of the 447 subjects has already tried or regularly taken some illicit drugs. Over ¾ of the respondents have committed a smaller or larger crime at least once in their lives. 85.8% of the respondents have been "diverted" from jurisdiction owing to drug abuse towards prevention or treatment. Only 14.2 % of the sample has volunteered for the treatment. *The sample under survey has clearly showed that the age group of 12-25 mainly gets treatment because of using cannabis.* Among those getting treatment in 2008, the main drug was cannabis. *(Jelentés, 2009)*

▪ Similarly to the European and Hungarian tendencies, *much liked drugs (Elekes, 2009, Németh, 2007, Youth, 2008) are mainly marihuana and party drug.* The following illicit drug in the rank is amphetamine, followed by cocaine. *Studying the relations between illicit drugs and the age, it could be stated that in the case of marijuana, party drug and amphetamine mostly the age group of 15-18 have consumed first the given drug.* The second largest age group was subjects over 18 for all three drugs. This is consonant with the previous

research results. *(Elekes, 2009)* According to the ESPAD researches, illicit drugs are consumed at the age of 15-16 in the highest proportion. A part of the young people has taken some illegal drugs in the past 30 days, too. This is interesting because in the case of young people who have not volunteered for the treatment but have been diverted from jurisdiction, this fact would entail the continuance of the criminal proceedings. Nearly 1/3 (30.2%) of the respondents has mentioned intensive drug use (5-8, 9-15 days or more within a month) in the case of marijuana. As for party drugs, the proportion of intensive use has also been high, totalling nearly 1/4 (20.8%) of the sample. Both the occasional and the intensive use of amphetamine and cocaine has been even rarer. According to the HBSC and ESPAD researches, the larger part of drug users comprises triants or occasional consumers (consumption on 1-5 occasions) *(Németh, 2007, Elekes, 2009)* This can also be explained with the fact that these researches study normal young people; consequently, the proportion of intensive drug consumption is low.

- The data have led me to the conclusion that *the larger portion of drug consumer under treatment comprises regular consumers (243 persons), and a smaller portion includes occasional consumers (204 persons). The size of the control group amounts to 115 persons.* Considering occasional consumers, most subjects have tried marijuana, while 1/3 of the young people have tried party drugs. *The trial of marijuana has been rather high among normal young people, too (27.8%).* In the group of regular consumers, the proportion of those consuming marijuana every second day or every day has been rather high (30.3%). *As for stimulants, party drugs have been the most popular, followed by amphetamine and finally cocaine.* Regarding all three drugs, consumption for 5-8 days a month has been the most typical. If we look at the number of months among regular consumers, both marijuana consumers and stimulant consumers could be characterised by drug consumption for several years. (marijuana: 1-2 years: 53.3%, 2-4 years: 36.3%, party drug: 1-2 years: 46.3%, 2-4 years: 30,5%, amphetamine: 1-2 years: 32.4%, 2-4 years: 23%) *The results have highlighted that the drug use of each group unambiguously separates from each other.*

- The *legal status of* the two drug using groups (occasional, regular consumers) has shown considerable differences, especially in the case of more severe crime types. *In both groups of drug consumers, shoplifting, theft, drug sales and two driving-related crimes took the first 4 places and represented nearly the same proportion. What is even more, several*

normal young people have also committed smaller crimes in their lives. Nevertheless, more severe crimes have unambiguously characterised regular consumers. (e.g. vandalism, burglary, attack, assault, robbery) Two groups of regular consumers could sharply be distinguished. All the17 types of crimes have occurred with more likelihood among young people taking stimulants.

- ▪ *The age breakdown of both occasional and regular consumers has been the same.* 20% of the young people are between 15 and 18 years old, and 80% are over 18. As for breakdown, it can be stated that in *both groups boys have represented the larger proportion.* (70-80%) The job status of each group has showed no significant differences. *Nearly a half of the young people were studying at the time of the query, and nearly ¼ of them were working.* On the other hand, *subjects that were neither working nor studying roughly comprised 30%.* Based upon the TDI data, 38.4% (441 persons) of the age group of 20-34 under treatment has an employment relationship, while 26.7% of them are unemployed. The students' proportion is much lower (30%), which may result from the age group of the sample. *(Jelentés, 2008)*

- ▪ *Characteristics of education: A half of the young patients have primary education.* The occasional consumers and the young people of the control group have reported on slightly better school progress than regular consumers. Qualification data basically correspond to the data of patients based upon the TDI data, *(Vingender, 2006)* and the results of the comorbidity research carried out in 2007 *(Gerevich, 2007).* As for the 14 *school problems studying young people's school achievements, most respondents have marked the following four problems: failing to do the homework, I do not enjoy school, I am not motivated for good school performance, and I am bored with school.* In the comorbidity research carried out in 2007, most interviewees marked the failure to do the homework and the problem 'I am bored with school'. *(Gerevich, 2007, Jelentés, 2008) In the case of all three groups (occasional consumers, regular consumers, control group), problems with the learning attitude and disorders have taken the 1st place, while adaptation difficulties the 2nd and behaviour-related problems the 3rd place.* Among regular consumers, each school problem have occurred far more frequently. These school problems could be observed within the normal sample, too, but each school problem has been less frequent as compared with the group of occasional consumers. Of the two groups of regular consumers, the school problems of stimulant-consumers are stronger, and the vast majority of school problems have been

typical of every second young person. The frequency of the 14 school problems is basically in accordance with the comorbidity results of 2007. *(Gerevich, 2007, Jelentés, 2008)*

▪ *Family background:* Over *1/3 of the young patients live in a changed (broken family, reformed family) family form.* Nearly a half of the subjects have reported on a settled family background. Studying the interviewees' family structure, I have found no significant difference with respect to the co-existence data for the past 30 days and the past year. *As for the family structure, I have observed that the young people of the control group have been in the best status because nearly 70% of them live in whole families.* In the two groups of drug consumers (occasional consumers, regular consumers), about a half of young people have claimed to live under settled family conditions. *In all respects, young consumers of stimulant drugs have been in the worst situation.* As for the proportion of those living with friends, or in a youth hostel, there has been no significant difference between the groups. The proportion of respondents living with one parent has nearly been the same in both groups of drug consumers (20-21%), and in every case mothers are overrepresented. The family structure of young patients has no significant differences from the national experience. Nearly a half of the patients treated by TDI live with their parents, too. *(Jelentés, 2008)* One-fifth of the respondents live in one-parent families according to the HBSC research of 2006. *(Németh, 2007)*

The disharmonies within the family have been studied with 13 questions. Family conflicts and arguments between the parents have been observed by nearly ¾ of the patients to some extent. Arguments between the parents are most frequent in regular consumers' families, but smaller conflicts have appeared in the families of the control group, too. 10 questions have examined the problems related to the parents in the questionnaire. The answers have showed that *there are more communication problems with the father, young people get on better with their mother.* As for the other statements, it can be stated that *fathers have a stronger negative influence on the respondents than mothers.* The HBSC research of 2006 also states that young people can talk about their problems with their mother more easily. *(Németh, 2007)* As for *forms of abuse within the family, emotional abuse has taken the 1ˢ and physical abuse the 2nd place in the case of each group.* Sexual abuse is insignificant.

According to earlier researches, a considerable part of young people live in "family" relationship with certain problematic behavioural forms. *(Elekes-Paksi, 2000, Bácskai-Gerevich, 1997, Jelentés, 2007, Elekes, 2007) As for the deviances occurring among the*

young patients' family members (alcohol and other drug consumption, commission of crimes), the *father's alcohol and other drug consumption has taken the 1ˢᵗ* (31.1%) and sibling's data (14.3%) have taken the second place. In the case of mothers, the rate is far lower. (5%) The presence of crimes has made the above facts even more severe. Deviances within the family are the most common within the group of regular consumers. As for the *family members' drug consumption, the group of occasional consumers and the control group have not separated.* Within regular consumers, the more problematic group has been represented by the young consumers of stimulants. *Bad family models, disfunctional family atmosphere and drug consumption by family members can clearly be showed in the sample.*

■ *Social relations:* As for the age group of 12-25 studied by me, nearly a half of the young people have reported on a lot of friends. (5 or more) At the same time, nearly ¼ of the young people (21.5%) have mentioned only 1-2 friends. 9 respondents have had no friends at all in the sample. Of the problems among friends, *both drug-consuming groups have mentioned the "friends' alcohol and drug consumption" in the first places.* Also according to the comorbidity research of 2007, 75% of patients have had at least one of their five best friends who has had an affair with the police owing to alcohol or drug problems, and in the case of 12% all the five friends. *(Jelentés, 2008) The "commission of some crime" is second in the group. In the 3ʳᵈ and 4ᵗʰ places are "behavioural problems at school". Finally, the last in the scale was "the number of friends known by the parents".* Among normal young people's friends, the most frequent social problem studied has been the two school-related statements. In this respect, there has been no difference between occasional consumers and normal young people. The friends' alcohol and drug consumption, and crimes have been far less frequent in the control as compared with the other two groups. However, in all three groups a high number of parents knows only 1-2 friends of their children. In respect to all 5 social problems, the more problematic group has been represented by the stimulant consumers.

Partner relationship: A considerable part of the young people has had a partner in the past 3 months and today (62.2%). The data of my research correspond to the results of earlier studies. In the comorbidity research one fifth of the sample has had no partner relationship in the past 3 months. 58% have provided the answer of having one partner. *(Jelentés, 2008)* In the sample, the proportion of those seeing problems in their relationships has been relatively low (15.9%), while the rate of worrying parents has been much higher. (58.6%) *Deviant*

symptoms could be observed among the partners, too. Alcohol consumption has taken the first place, while drug consumption and the commission of crimes have been on the 2nd and 3rd places. However, these latter two factors have hardly been typical of the partners. As for sexual life, nearly 90% of the young people have already had a sexual relationship, and the majority of them also uses contraceptives. Nearly ¼ of the young people have reported on some kind of a problem with their partners in the past 30 days.

▪ Considering the 7 statements studying leisure time activities, *the visiting of entertainment facilities with music and dance has taken the first place. Nearly a half of the young people goes out several times a week. On the contrary, a far lower proportion of the respondents go to parties.* According to earlier researches, amphetamine, LSD, and ecstasy are primarily used at facilities with dance, as opposed to marijuana, which is primarily taken at home or in other people's homes. *(Demetrovics, 2001)Only 1/3 (36.6%) of the young patients have reported on any sport activities. ¾ of normal young people and 1/3 of the two drug-taking groups (occasional consumers, regular consumers) does sports regularly.* At the same time, 60% of the young people under treatment pursue no sports at all, which contradicts the results of earlier studies. According to the studies on normal population, ¾ of secondary school students pursues at least weekly, and more than 1/3 of them nearly every day. *(ESPAD, Elekes, 2009)* According to the Youth research (2008), the age group of 15-29 most frequently does sports twice a week. Similarly to the ESPAD and Youth surveys, in the normal sample 67.8% of the young people pursues sports at least once a week. *Wandering in plazas, parks or in the street has taken the third places.* Nearly a half of regular consumers (44.9%), 1/3 of occasional consumers (30.4%), and 22.6% of young people in the control group as mentioned such activities. *As for deviant leisure time activities, participation in fights has taken the first place.* Nearly 1/5 of the respondents have stated to have been involved in fights in the past 30 days. *On the other hand, vandalism and abuse have represented nearly the same proportion in the sample. (5-6%)* Regarding leisure time activities, deviant leisure time activities have occurred with more frequency in the group of regular consumers than in the other two groups. All *7 leisure time activities have been more frequent among young people consuming stimulants.*

2. With the logistic regression analysis, I have tried to answer the question which socialisation factors influence drug consumption, and which factor exerts what kind of effect.

▪   Considering the 3 family-related problems, I have obtained a strongly explaining model for the *deviances within the family and family structure*. Therefore, the number of drug consumers has significantly been higher among those who have observed some deviance in their family. Similarly to earlier researches *(Elekes, 2009), especially the fathers, brothers and sisters' deviant behavioural forms increase both the trial and the regular taking of each drug. Nevertheless, the role of mothers' dimensions could hardly be observed in the models.*

▪   When studying *family structure,* I have made the following conclusions: First, *the protective influence of intact families can clearly be shown among both the two drug-consuming groups and normal young people.* This fact corresponds to earlier research results. *(Hibell, 2004.)* In earlier researches the researchers' stand-point has been less unambiguous in the question whether the broken family or the reformed family represents the higher risk with respect to the trial of drugs. Based upon the data, I have established that *in both groups of regular consumers young people being raised by one biological parent, while among occasional consumers and normal young people the restructured family form increases the extent of drug consumption.* However, not only the broken family structure but the other forms of family structure (living with foster parent, friend, partner, or in youth hostel) have also influenced drug consumption. *In the groups of occasional and regular marijuana consumers, living with a friend, partner or a youth hostel have showed significant correlation, while in the group of stimulant consumers living with foster parent has had the strongest effect.*

▪   However, drug consumption has showed correlation with not only the deviant behavioural forms of family members and the family structure, but *the quality of relationships between family members*. Still, in this case I have obtained a less explaining model in this case. Of the factors under survey, however, *conflicts with the father have significantly increased both the trial and the regular consumption of drugs. In the group of regular consumers, not only the father-child conflict but also relationship, confidence problems with the parents have increased the extent of drug consumption.*

▪   Among the 17 variables studying school problems, the trial and regular use of drugs have mainly been influenced by the following school problems: *school average of the previous semester (school achievements), worry about achievements, failure to do the*

homework, not motivated for school progress, repetition of school-year, problematic relationship with teachers, regular truancy, undermining behaviour in class, unjustifiable absence because of illness. The variable 'I am bored with school' has increased the likelihood of trial of drugs, while discipline by school staff has increased the probability of regular drug consumption. The school achievements of the previous semester and absence because of truancy have also showed significant correlations with the trial of drugs in earlier studies, too. *(Elekes, 2005, Aszmann, 2003, Németh, 2007)*

- *As for social influences, the friends' alcohol and drug consumption has affected the respondents' drug consumption in all 3 groups. However,* regular drug consumption has not only been affected by the friends' alcohol and drug consumption but also by friends committing crimes. A friend struggling with school problems has also increased the chance of trying or regularly taking drugs. Furthermore, if parents do not know their children's friend, it can also be a predisposing factor of drug consumption. Similarly to earlier researches, alcohol and drug consumption is more frequent among friends than among the respondents' brothers and sisters. *(Elekes, 2009) Besides friends, partners with deviant symptoms also increase the likelihood of the respondents' drug consumption; still, friends have rather had a large influence on drug consumption than partners.*

- As for *leisure time activities,* active social leisure time activities have increased the chance of both trying and regularly consuming drugs, similarly to earlier researches *(Elekes, 2009, Pikó, 2007, Demetrovics, 2001).* Young people spending their free time having parties, entertainment, and visiting plazas or shopping malls are more likely to try or regularly take illicit drugs. D*eviant leisure time activities have only increased the probability of regular drug consumption but have not affected the trial of drugs*. The trial of marijuana use may occur in the case of pursuing useful leisure time activities (sports, housework), but these activities have seemed to be a protective factor against regular drug consumption.

- Studying the *social-demographic variables,* I have concluded that *drug consumption is more probable among boys, elder people (over 18), unemployed, and the children of unemployed fathers.* The mothers' labour market status has shown no correlation with the risk behaviour. The role of the sex and age has been emphasised in previous researches, too. *(Elekes, 2009, Pikó, 2007, Németh, 2007)*

Therefore, the hypotheses justified show that the regular consumers' socialisation problems are stronger. (H1, H3, H4, H5) *Based upon the data it has been proven that the disorders arising from the family structure and functioning dynamics (e.g. broken family structure, disharmonies within the family, deviances within the family) primarily characterise regular consumers. Similarly, school problems (learning attitude, learning disorder, adaptation disorders, symptoms of behavioural disorders) are also more wide-spread among them as compared to the other two groups. In their social relations, the proportion of deviant friends and leisure time spending / structuring problems is fairly high.*

Furthermore, I have managed to point out in the sample under survey that amphetamine and party drug consumers have more family, school and social problems than marijuana-consumers. (H2)

3.1. The new and novel results of the thesis

One of the main results of my research is that in the case of an unsettled family background, bad parent-child relationship, unsuccessful school progress and inappropriate peer group drugs are tried and regularly used with more likelihood. The new and novel results of my dissertation can be summarised as follows:

1. In the sample under study, I have distinguished groups based upon the frequency of drug consumption and the type of drugs. In this respect, it should be highlighted that ***the trial of drugs has also occurred among the control group.***

2. The results show that regular drug-takers have stronger family, school and social problems than occasional drug consumers. Within the group of regular consumers, young people taking stimulants have represented the more problematic group. Contrary to the other groups, they have worse indices of family and school life; deviant symptoms are most common among the peers, and deviant leisure time activities are also more typical of them. ***Young people taking amphetamine and party drugs bear a more wide-ranging and complex socialisation problem than the users of marijuana.*** Occasional consumers have been placed between regular consumers and the control group based upon most indices. In the group of occasional consumers, the above socialisation problems have occurred but with far lower frequency. Normal young people have had the best socialisation background.

3. I have studied the correlations between drug consumption and socialisation factors with regression analysis, separately in each group. *(regular consumers, occasional consumers, control group)* Among the factors influencing drug consumption, new results have been published in the fields of family structure and social effects. ***When studying family structure, I have experienced that in both groups of regular consumers young people being raised by one biological parent, while among occasional consumers and normal young people the restructured family form increases the extent of drug consumption.*** In former researches the researchers' stand-point has been less unambiguous in the question whether the broken family or the reformed family represents a higher risk with respect to the trial of drugs. *Nevertheless,* both the broken family structure and other forms of family structure have affected drug consumption. *In the groups of subjects trying and regularly taking marijuana, living with a friend, partner and youth hostel has showed significant*

correlation, while in the group of stimulant consumers living with foster parents has had the strongest effect. Furthermore, it is widely known that peers play a key role along the way to drug consumption. ***However, besides friends, partners with deviant symptoms also increase the extent of drug consumption, but friends have a stronger influence on drug consumption than partners.***

During the research, I have undertaken to thoroughly present the socialisation background of young people received treatment in Szabolcs-Szatmár Bereg county. I have studied the risk factors of the family, school and peer group in each group of drug consumers and among normal young people. ***The data have led me to the conclusion that the groups are separated from each other in terms of both drug consumption and socialisation problems.*** Another consequence is that a different strategy can be efficient for occasional consumers and regular consumers. Therefore, it cannot be doubted that community venues (family, school, peer group) must be the scenes of primary prevention.

However, further studies are essential. First, it is worth studying what differences can be observed between the two groups of young people under treatment (voluntary, diverted) in terms of their socialisation background. Second, another research topic could be a temporal study: with the follow-up method we could reveal what changes occur in the young people's life by the end of the treatment.

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