

RISK FACTORS FOR DEVELOPING CHILDREN AND YOUNG PEOPLE DEPENDENT ON SUBSTANCE USE BEHAVIOR

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Abstract. *A pivotal feature of the vulnerability of families, in which there are persons who use psychoactive substances, is that such persons develop dependent behavior. It leads to serious violations of physical and mental health, loss of social contacts, etc. The roots of the addictive mechanisms of any addiction should be sought in the childhood, in the peculiarities of upbringing, in the behavior of parents or one of them. The purpose of this article is to determine and substantiate the risk factors for the formation of addictive behavior in children and young people from the use of psychoactive substances. The results of the expert survey authors have joined a group of risk factors for developing children and young dependent behavior of the use of a couple of groups of "biological factors", "psychological factors", "family", "impact of peers", "impact of educational institution", "social influence" as well as proposed protective mechanisms for each of the groups. The study brings results of our own research in this area. A well-founded theory served as the basis for collecting data both at the theoretical level and at the level of processing the results of expert interviews. Determined by expert interviews risk factors for developing children and young people dependent on substance use behavior made it possible to develop a model needs assessment and decision on the future of social work with people who use psychoactive substances and their families.*

Keywords: *psychoactive substances; children; young; family; risk factor for the formation of dependence; addictive behavior; protective mechanisms.*

Introduction

Tobacco smoking, alcoholism and drug addiction is a significant social, economic, legal, medical, psychological and pedagogical problem that attracts the attention of a wide range of specialists in Ukraine. For social workers, the primary task is to prevent the use of psychoactive substances by children and young people.

The term "psychoactive substances" (hereinafter – PS) includes alcohol, tobacco, drugs, psychotropic substances, their analogues and precursors. A specific feature of addiction, which develops the use of any PS, is a close link between the clinical (medical) and social aspects. Namely, the behavior associated with the use of PS, should simultaneously be regarded as a complex of socio-psychological problems, and as a consequence of physio-chemical changes in the body (which progress over time).

Literature review

American scientists (Gell et al., 2016) define the term “addictive behavior” as an abuse by various substances (including alcohol, drugs, tobacco etc.) that alter the psychological state until they form a physical dependence.

Researches distinguish a lot of theories on what causes addiction. Some contend is genetically determined, while at other end of the spectrum, others prove that it is caused by purely environmental factors, like a turbulent childhood. The prevailing model in the United States of America named “disease model”, firstly proposed by A. Leshner (Leshner, 2002) at the National Institute of Drug Abuse (NIDA). This model defines addiction as a biological “disease” whereby the drug essentially hijacks the brain, leading to enduring biochemical changes and making addiction unavoidable. There are, moreover, several other competing theories. Some of them consider that addiction is more contingent upon dysfunctional thoughts and conditioned behaviors; that addiction is a moral or spiritual problem; or that addiction results from a lack of social connection. Nowadays, a big number of psychologists admit that addiction results from the complex interaction of many factors, including biological, psychological, social, and even (for some) spiritual factors (the Bio-Psycho-Social-Spiritual (BPSS) Model).

Research of (Kandel & Logan, 1984) is useful for understanding the choice of teenagers and young people of the PS species. Patterns of initiation, continued use, and decline in drug use are described on the basis of detailed drug histories in a longitudinal cohort representative of former New York State adolescents. Periods of highest marijuana and alcohol usage decline beginning at ages 20-21 and contrast sharply with cigarettes which exhibit climbing rates of highest use through the end of the surveillance period (age 25). The authors (Kandel, Yamaguchi, & Chen, 1992) investigate the sequential steps involved in engaging in alcohol and / or cigarettes, marijuana, other illicit drugs, and drug-induced psychoactive drugs from adolescence to adulthood in a longitudinal cohort that ranged from 15 to 35. Age of onset and frequency of use at a lower stage of drug use are strong predictors of further progression. The authors (Newcomb & Bentler, 1989) feel that it is critical to draw a distinction between use and abuse of drugs

and to do so from a multidimensional perspective that includes aspects of the stimulus (drug), organism (individual), response, and consequences. The authors (White & Pitts, 1998), (Toumbourou et al., 2007) study the effectiveness of tertiary prophylaxis of substance use and consider that harm reduction interventions are effective for young people involved in risky and injecting drug use.

Researchers (Perry & Kelder, 1992) determined the conditions for the effective construction of prevention programs for the use of PS by adolescents and youth. Likewise, in the study (Foxcroft, Ireland, Lister-Sharp, Lowe, & Breen, 2003) series of research on psychosocial and educational measures aimed at the primary prevention of alcohol abuse by young people under the age of 25 was selected. The vast majority of studies have shown evidence of inefficiency.

The authors (Stockings et al., 2016) did a systematic review of reviews with evidence on the effectiveness of prevention, early intervention, harm reduction, and treatment of problem use in young people for tobacco, alcohol, and illicit drugs (eg, cannabis, opioids, amphetamines, or cocaine).

Nowadays, increasingly, new issues in the world are emerging about the research and grouping of risk factors for the formation of children and young people at the place of residence of PS, which are developing really effective preventive interventions. However, today in Ukraine is not a unified approach to determining risk factors for developing children and young people use PS-dependent behavior.

Methodology

At the first stage of the study, we conducted a series of expert interviews with social workers. The purpose of the expert interview was to obtain the necessary information reflected in the knowledge, thoughts and assessments of the respondents who are competent persons, have practical experience in the prevention of PS-dependent behavior of children and youth. The possibility of participation was limited to social workers from the Centers of social services for the family, children and youth of Kyiv, operating in 11 districts of the city.

Respondents were interviewed through announcements posted on the site of the Kyiv City Center of Social Services for the Family, Children and Youth, as well as suggestions in a personal letter addressed to the directors of district social services.

Grounded theory, as presented in the works by K. Charmaz (Charmaz K., 2014), was the basis for data collection and for the theoretical part of the study. Following the principles of this approach, the primary set of respondents was aimed at ensuring that social workers with diverse perspectives on the need to study the risk factors for the formation of children and youth dependent on the use

of PS behavior work in the direction of social prevention of the use of PS with children, youth, families, and also, which differ by age, work experience, position. At this stage, surveys of interviews with social workers were based on open questions, and the topic was related to the factors that influence the formation of PS behavior in children and young people.

According to the methodology of grounded theory coding occurred simultaneously with data collection. Primary coding was open, but close to the text, which means that the codes were designed to reflect the actions, intentions and meanings of respondents, often using their own words. As the coding of additional interview texts took place, the current use of comparative analysis allowed to distinguish similar codes in the category.

After identifying the initial categories, the process of engaging participants was changed; now, instead of providing the most diverse sample, participants were selected that could provide an explanation for the specific problems identified in the current study. This approach is called "theoretical sampling," which enables them to formulate more specific questions for an interview. The list of topics studied in the corresponding semi-structured interview includes: "biological", "psychological", "family", "peer influence", "educational institution's influence", "social influence", "protective mechanisms".

The data collection continued in the same way until the answers to the questions in the current study were found and fully justified groups of risk factors for the formation of children` and young people addictive behavior from the use of PS.

At this stage, analysis continued along with the collection of data. At the same time, coding process was reformatted from open, encrypted coding to the theoretical encoding, which allowed to draw parallels between codes and categories, categories, and indicators followed by the search for definitions. Notes, including the development of models used to conduct comparisons. As a result, this methodology led to the development of a theoretical model for assessing the needs and the decision to further social work with the individuals who use PS and their families, as presented in this article.

For the final assessment of the validity of the results, eleven social workers (one from each center for social services for families, children and young people) who participated in the interview were invited to get acquainted with the model and give their comments. These social workers differed in terms of making decisions about organizing the process of assessing needs and deciding on further social work with persons using PS, their families and voters in general. Furthermore, eleven other social workers who were not involved in this study (also one from each center for social services for families, children and young people) were invited to review and comment. After receiving the response, they were thoroughly analyzed, as a result of a few minor changes.

Research results

Expert interviews were conducted with 55 specialists from 11 district Centers of social services for the family, children and youth of Kyiv. The interview began with structured questions about individual data (age, gender, position, level of education, length of service in the social sphere).

Table 1 Information about respondents

Age range	23-55
Gender (%)	Male – 4 (7,3%)
	Female – 51 (92,7%)
Position (%)	Head of Department – 2 (3,64%)
	Senior Social Worker – 7 (12,73%)
	Specialist in social work I category – 13 (23,64%)
	Specialist in social work II category – 20 (36,36%)
	Specialist in social work without category – 7 (12,73%)
	Methodist (supervisor) – 6 (10,91%)
Education (%)	High education – 55 (100%)
Experience in social work (%)	From 1 year to 5 years – 7 (12,73%)
	From 6 year to 10 years – 23 (41,82%)
	From 11 year to 14 years – 16 (29,09%)
	From 15 years old and over – 9 (16,36%)

According to the results of the data obtained in the course of expert interviews, we have formulated 6 groups of risk factors for the formation of children and youth dependent on the use of PS behavior ("biological" (7,6 % of respondents), "psychological" (19.1 % of respondents), "family" (2.7 % of respondents), "impact of peers" (30 % of respondents), "influence of educational institution"(30,1 % of respondents), "social influence"(10,5 % of respondents)) are presented in Fig.1

The first group - biological factors - respondents suggested the following four factors: organic brain damage; pathology of mother's pregnancy, complications of childbirth; heredity; health status; the degree of resistance of the body to certain types of PS.

So the first factor is organic brain damage. According to respondents, the problem of reducing the public danger of patients with organic brain damage to date is far from a solution. This necessitates the development of principles for building a step-by-step process of rehabilitation and medical-psychological rehabilitation, taking into account the mental condition, personality characteristics, the macro- and microsocial environment, and the adaptive-compensatory potential of these individuals.

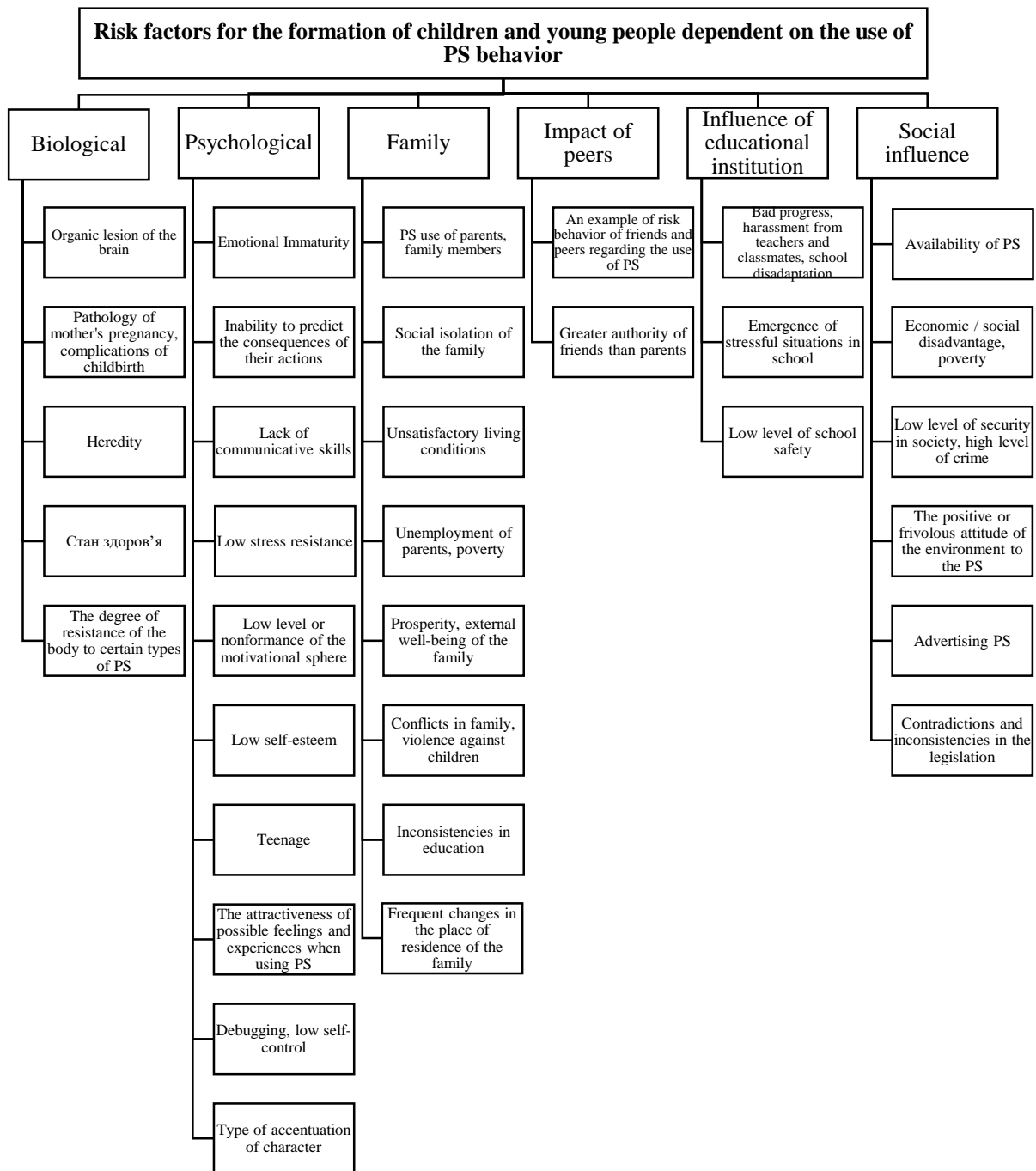


Figure 1 Groups of risk factors for the formation of children and youth dependent on the use of PS behavior

In modern terms, as noted by the respondents, the main criterion for the effectiveness of treatment and rehabilitation programs in Ukraine is the degree of the individual's ability to perform their own life support skills, maintain and improve the level of social functioning and quality of life. Respondents noted that the identification of the state of the emotional sphere is important, as emotional

violations are the basis for carrying out socially dangerous actions. This led to the choice of psychotherapeutic intervention, namely: livelihoods and working capacity, social and everyday spheres and emotional relationships of family life. It is absolutely unconditional to take into account the state of the emotional sphere, namely the level of depression and anxiety. This causes an urgent need for the formation of social and psychological rehabilitation programs aimed at optimizing the level of social functioning. The obtained data resulted in the inclusion of elements of cognitive-behavioral training on such correction of interpersonal relations in such programs.

The second indicator respondents determined the pathology of mother's pregnancy. This indicator was the most controversial as a result of the interview. Respondents insisted on *"the importance of forming the personal responsibility of future mothers for the health of the future child."* They stressed that *"lifestyle: smoking, alcohol and drug use could be an additional risk factor."*

Respondents also drew attention to other risk factors that include a family history of genetic pathologies, the history of miscarriage or the death of a child shortly after birth.

Another important aspect of the analyzed factor is the "degree of resistance of the organism to certain types of PS". Respondents noted that emotional weakness, human nature may affect the formation of behavioral and behavioral dependence in children and young people. As one of the participants of the interview noted: *"It is necessary to take into account such variables as self-esteem, motivation, developmental factors, depression, and to find their connection with the abuse of psychoactive substances."*

The second group of factors - psychological factors - respondents suggested such as: emotional immaturity; the inability to predict the consequences of their actions; lack of communication skills; low stress resistance; low level or nonformance of the motivational sphere; low self-esteem; teenage; the attractiveness of possible feelings and experiences when using PS; breakdown, low level of self-control; type of accentuation of character.

According to respondents, behavioral deviations are also risk factors that may lead to abuse of PS by adolescents. Misuse of drugs can be associated with such manifestations of problematic behavior, such as naughty behavior, rebellion, premature sexual experience and the commission of offenses. Conflict, impatient teenagers with an excited type of accentuation often suffer from negative emotions, and are looking for a way to change their mental state. Having tested the action of some psychotropic substance, they, without thinking, again and again, try to repeat the feelings that they liked. Respondents also noted that young people who use chemicals tend to be offended (theft, drug sales), anti-social acts, and negative sexual experiences. *"Problem behavior is part of the life of any*

teenager, but the use of PS increases the degree and frequency of problem actions."

The third group of factors - family - the respondents suggested the following: PS use of parents, family members; social isolation of the family; unsatisfied living conditions; unemployment of parents, poverty; wealth, external well-being of the family; family conflicts, cruel treatment of children; inconsistency in education; frequent changes in the place of residence of the family.

Respondents said that certain "family" factors could affect the fact that children in adolescence would start to use drugs. And as soon as they began to use them, individual patterns of family behavior, as well as family beliefs and beliefs, can support this habit in them.

Bad relations with parents, inadequate parental supervision, and the use of drugs by parents themselves; The weak level of discipline in the family, due to the lack of clear rules, roles and patterns of interaction, is only a few of the "family" factors that can lead to teens starting to use drugs.

As teenagers begin to use drugs, this habit can be sustained through the creation of conditions conducive to the use of drugs by parents, a demonstration of a positive attitude towards such behavior of children, and the absolute inability to ban it and the inability to properly supervise children.

The habit of using drugs can also be sustained due to the triangulation process in the family. In this case, conflicts between parents always "pass" through the child. Parents are more likely to resort to persistent and fruitless disputes over how to overcome the problem of their child rather than resolving their misunderstandings and establishing effective cooperation aimed at helping a child. If parents have insufficient knowledge about using their juvenile drug users and ways to overcome this problem, then the existing models of their relationship with children can indirectly support the latter's habit of drug use.

According to respondents, the growth of a child in an incomplete family is also considered a factor that increases the risk of early admission. As the family structure is dynamic, and it has a lot of potential active components that interact (age of child, divorce, new marriage, history of family problems, etc.), it is difficult to determine how important these background characteristics for developing addiction in adolescence. Respondents also consider conflicts between family members posing a greater risk of teenage abuse than a "destroyed family." The indirect impact of the social status of the family on later habits of abuse was also discussed as potential risk factors.

Fourth group of factors - the influence of peers - the respondents proposed two indicators: an example of risky behavior regarding the use of PS friends and peers; greater authority of friends than parents.

Respondents indicated that the first factor - an example of risky behavior regarding the use of PS by friends and peers - the impact of peers is the most

powerful motive for adolescents to use PS, also emphasized that the negative impact of friends makes the most contribution to the spread of the phenomenon of adolescent's PS use. However, the respondents note that *"... the similarity in the use of alcohol between adolescents and their friends may arise either because the adolescent falls under the influence of friends, or because the teenager chooses friends with similar values in relation to alcohol and resorts to the same acts", as well as "interest in new experiences."*

The second factor - the greater authority of friends than parents - is ensured, according to respondents, through the *"authoritarian style of parenting", "the most important thing for a teenager is that his peers are positively perceived", "poor control of the children by the parents, and inappropriate education greatly increase the risk of using surfactants "*.

Up to fifth groups of factors - the impact of educational institutions - respondents suggested the following three factors: poor performance, harassment by teachers and classmates, school exclusion; the emergence of stressful situations in school; low level of school safety.

According to respondents, *"adolescents who do not consume PS receive higher grades, rarely miss out on classes, have higher expectations of learning, consider school activities more positively and consider them important"*. At first, adolescents who do not have time at school feel losers. According to respondents, this feeling may be aggravated by the comments of teachers and parents regarding poor school ratings. As a result, teenagers, trying to escape from a stressful situation, resort to the use of narcotic substances. And then adolescents who use excessive alcohol and other drugs cease to consider it important to achieve high educational results, since the search for opportunities to use alcohol and drugs is of paramount importance.

At the same time, the respondents noted that *"negative academic achievements affect the use of PS"*.

The sixth group of factors - social impact - respondents suggested such factors as: availability of surfactants; economic / social disadvantages, poverty; low level of security in society, high level of crime; positive or frivolous attitude of the environment to the PS; PS advertising; contradictions and inconsistencies in the legislation.

Respondents drew attention to the fact that social policy, alcohol legislation and the degree of restriction of access affect their level of use. The inaction of administrative authorities (for example, the police) also *"causes the spread of alcohol among adolescents", "the violation of social stability, confidence in the achievement of the goals of life has led to a change in perceptions about the stereotypes of behavior and the spread of the use of PS"*.

Also, according to respondents, and in this they were unanimous, teenagers receive inconsistent information about alcohol and drugs from their environment.

And this deepens the problem. Respondents describe the nature of this problem in the following way: *"Teens are experts in recognizing hypocrisy and it is difficult for them to understand the policy proposed by society" Let's say alcohol and drugs "No!" When it says "Yes!" A clear number of legal drugs, as well as illegal drugs that are spread and used "*

According to the results of the data obtained in the course of expert interviews, we determined that adolescents need to develop the factors of narcosis, which are psychosocial skills: communication (46 % of respondents emphasized the low level of communicative skills), self-awareness (37 % called inadequate self-esteem), critical thinking (40 % of respondents drew attention to the high degree of conformism in adolescents), problem solving and independent decision-making (30 % of interviewed experts called the pronounced personal profile "dependent"). It is these skills that can ensure self-sufficiency of the adolescent, resistance to its environment pressure, the formation of a stable anti-drug position.

Children from families where someone is using PS is undoubtedly in need of special attention and care for their rights and needs. In addition, they are at risk of becoming consumers of such substances. Among other issues related to health and physical safety, in a family where parents abuse PS, children learn maladaptive behaviors and certain role roles. In the case of consolidating these roles, their behavior becomes inflexible, they experience difficulties adapting to life situations. Therefore, *"it is important for a social worker, when first contacting such children, to help them feel safe, indifferent, caring, appreciating their live as it is."*

Conclusions and recommendations

Consequently, the results of expert interviews show that despite the fact that risk factors and causes of PS use may be common to both adults and underage family members, the difficulties that family members will have to deal with are differentiated according to who it was precisely in the situation of dependence.

All respondents emphasized the importance of social services that can be offered by a social worker at the stage of social reintegration of PS consumers. Among them, the most important things can be: counseling (regarding planning of life, building prospects, raising legal awareness, etc.); job placement or training aid; assistance in the restoration of documents, obtaining housing; involvement in preventive and educational programs, in which develop skills of self-preservation, socialization, responsible behavior, involvement in volunteer activities.

At the same time, only 25 % of specialists assess their preparedness for anti-drug prevention as high enough; only 11 % - attended special seminars and trainings; 47 % of respondents are convinced that in their school there are no problems with the use of AD in adolescents, and so on.

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