

# A RESEARCH STUDY CONDUCTED AMONG CZECH AND BELGIAN EXPERTS ENGAGED IN THE FIELD OF PRIMARY PREVENTION OF THE USE OF ADDICTIVE SUBSTANCES

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***Abstract:** This article focuses on the field of preventing risky behaviour, mostly the primary prevention of taking addictive substances by children from various minority groups. The author will explain research done, and also elaborate the opinions and experiences of some experts in drug prevention from the Czech Republic and Belgium. The article presents information gained from surveying these experts and it attempts to explain crucial elements in drug prevention, and also the form that drug prevention should take concerning minority children. Results could be a source for developing future drug prevention programs.*

***Keywords:** Primary Prevention, Addictive Substances, Experts, Experiences, Minority Groups*

## 1. Introduction

A lot of attention has been given to primary prevention in scientific literature. However, the end of the last century and the beginning of 21st century have brought mass dissatisfaction with research done in the field of drug prevention. One of the reasons for this dissatisfaction was in research done concerning minority groups. Most research done in various countries concerning drug prevention focused too much on groups of the majority people instead of focusing on minority groups. The result of this is little awareness of drug prevention approaches among minority groups. There is also little awareness of whether the approaches used for majority groups can still be valid for minority groups. The outcomes of research focussing on minority groups has been of little use. It could not be generalized, as it more often than not referred only to isolated groups of people [BOTVIN ET AL. 1995; BOTVIN ET AL. 2001].

There has recently been more reasearch done among minority groups. This article presents information from surveying drug prevention experts from the Czech Republic and Belgium. It attempts to explain crucial approaches and what form drug prevention should take concerning children from minority groups.

I will start by explaining the basis of drug policies for both countries and then I will explain the results of the survey I did of the experts.

## 2. Drug policy in the Czech Republic and Belgium

**Belgium** is a constitutional and a parliamentary democracy and consists of three language communities:

1. the Flemish Community (Dutch-speaking)

2. the French Community (French-speaking)
3. the German-speaking Community

The capital of Belgium is Brussels, which is officially bilingual, but mostly French-speaking.

The main goal of the Belgian drug policy is to prevent and limit risks for drug users, their social environment and for society as a whole. The national drug prevention policies are the responsibility of the so-called "Community Government" (Department of Public Health and Welfare), and thus, not under the Federal Government. The Flemish Community's most important official body to coordinate drug prevention policies is the VAD (Vereiniging voor Alcohol-en andere Drugproblemen). This cooperates very closely with the Federal and Community Governments and similar organisations in the French and German language communities [EMCDDA - Belgium, 2008].

Until the year 1989 the **Czech Republic** was known as the Czechoslovak Socialist Republic. Since 1993 the Czech Republic has been an independent state.

The emphasis of drug policies in the Czech Republic shifted from a policy of repression at the end of the 20th century, to a noticeably more tolerant approach recently. Support is given to prevent drug problems, especially problems from high risk use such as heroin and metamphetamine. These have huge health and social risks for the individual and society. The emphasis of drug prevention at Czech schools is on providing scientifically proven information to the students [MRAVČÍK ET AL. 2008; ÚŘAD VLÁDY ČR 2005].

The drug prevention policies are the responsibility of the Ministry of Education. The most important document relating to coordinating drug prevention policy is the "Methodical Guideline for the Ministry of Education". This defines basic guidelines for drug prevention policies and defines the Minimum preventive programme for integrating into the school curriculum. Schools invite various organizations such as civic associations, Pedagogic-psychological centres and the Police. These organizations implement prevention programmes. Outside school, non-profit organisation and the Police also organize drug preventive activities [METIDICKÝ POKYN 2007; MRAVČÍK ET AL. 2008].

Both the Czech Republic and Belgium use the new terminology based on Mrazek and Haggerty [in VAN DER KREEFT 2005]:

4. universal prevention means drug prevention for the general population who are not at special risk
5. selective prevention is focused on groups of people that are deemed to be at high risk of substance abuse (for example children of adult alcoholics)
6. indicated prevention is to prevent the onset of substance abuse in individuals who have early danger signs, such as falling grades, consumption of alcohol and other gateway drugs [VAN DER KREEFT 2005; METIDICKÝ POKYN 2007; MRAVČÍK ET AL. 2008].

### **3. A research study conducted among Czech and Belgian experts engaged in the field of primary prevention**

The theoretical part is followed by an introduction to a research conducted among Czech and Belgian experts engaged in the field of primary prevention. The research focused on the opinions and concepts of these research workers, which are related to the field of primary prevention of the use of addictive substances designated for children coming from minority groups of inhabitants.

#### **3.1 Description of the selected collection**

Examined was a collection which consisted of 2 groups of experts, the first group being experts engaged in the field of primary prevention of drug use in Belgium. There were 14 experts altogether. The second group consisted of experts engaged in the field of primary prevention of danger behaviour in the Czech Republic, with total number of 15 experts.

Collection of the data was realised in 2009 and at the beginning of 2010.

#### **3.2 Method of data processing**

The research questions were processed in two ways, both qualitatively and quantitatively. Qualitatively were processed those questions in which I have tried to specify particular fields in primary prevention. With the help of information which had been collected from these questions in a questionnaire were created particular categories, which were further described. The remaining empirical data necessitated, due to their character, quantitative approach. However, even in this method of data processing, the quantitatively assessed information of some questions had to be complemented, namely by certain other specifications, explanations and clarifications.

#### **3.3 Selected topics of the research study related to primary prevention designated for minority groups of inhabitants**

##### ***3.3.1 The necessity to differentiate between prevention designated for minority groups children and prevention designated for majority groups children***

This section discusses the problem whether or not prevention designated for children coming from minority groups of inhabitants should be different from prevention designated for children coming from the majority group.

### Belgian experts

43% of respondents agreed on specific primary prevention for minority groups of children. Stated reasons for the creation of specific prevention for minority groups were the following:

- the groups differ from each other
- it is necessary to preserve cultural specificity
- the group of minority children faces different problems than the group of majority children
- in the groups, there are different values, norms, language, and dissimilar socio-cultural background

57% of respondents disagreed on specific primary prevention for minority groups of children. This opinion was supported by the following arguments:

- provided that cultural relevancy of the programme is ensured, there is no substantial difference between the groups
- it is necessary to modify the programmes culturally, to ensure cultural relevancy

### Czech experts

13% of Czech experts expressed the necessity for specific prevention for minority groups of inhabitants due to the fact that there are dissimilar cultural particularities in different cultural groups.

The rest of the respondents (87%) disagreed with specific prevention for minority groups of inhabitants. Their views were supported with the following arguments:

- provided that cultural particularities are taken into consideration, there is not any problem
- there is no reference to the dissimilarity of children
- there is no selection
- the general programme may be supplemented with additional specifications designated for minority children, if necessary

### ***3.3.2 Prevention designated for minority groups children***

In this question, I have tried to reach suggestions of primary prevention designated for minority groups of inhabitants.

### Belgian experts

When asking Belgian respondents about possible character of prevention designated for minority groups of inhabitants, I have divided their answers into the following categories:

- Cultural specificity – This category included topics related to the necessity of minority prevention being culturally specific, which means that the content should be culturally relevant. Approach of the people who put the prevention into effect should be personal and based on the knowledge of the culture.
- Language aspects - Language aspects were related to the dissimilarity of the language and to the necessity for language comprehensibility.

- Monitoring family relations – When putting the prevention into effect, it is recommended to involve parents of the children into the process.
- Not being different from the majority – Within this group occurred many codes which emphasised the necessity for identical prevention, both for the majority and minority, the necessity not to separate these persons even more from the majority, not to increase their stigmatization in this way. Furthermore, a comment was expressed that these persons live in the majority and therefore they should have certain knowledge about it.

#### Czech experts

After the analysis of the answers of Czech experts, I have isolated three categories related to prevention programmes designated for minorities:

- Socio-cultural specificity – Into this category were included codes emphasising the necessity for knowledge of the culture, the necessity of taking particularities of the minority within the particular programme into consideration, the necessity for adaptation of the programme to unusual features of the minority, the necessity for the programme to embrace cultural contents of the particular culture and the necessity for the particular culture and its dissimilarities to be adequately respected within the programme.
- Language aspects – The necessity for comprehensibility when intervening, or possibly also the necessity for language dissimilarity of the programme of prevention designated for the minority were emphasised.
- Living in the majority – The last category is related to the fact minority groups live in the majority. As a result, the majority should be thoroughly presented to them, minority groups inhabitants should be acquainted with the customs of the majority, and should get involved in the majority. Furthermore, typecasting of minority groups should be prevented by not isolating them from the majority. The last code was the information that prevention programmes could enable mutual enrichment of the majority and minority groups.

#### ***3.3.3 Language of prevention programme***

In this section I have examined which language is preferred by prevention workers for prevention designated for minority groups of inhabitants.

#### Belgian experts

When choosing the preferred language, in which prevention should be realised, nearly half of the Belgian respondents (43%) decided for both the languages. Language of the minority group was preferred by 36% of respondents, language of the majority was favoured by 14% of respondents. These respondents emphasized the necessity for children to have at least basic understanding of the language used by the majority. One respondent was unable to decide which of the two languages is more appropriate.

#### Czech experts

47% of Czech respondents decided for the language of the majority. The experts who had been questioned made a remark that, provided that the precondition of understanding is not met, it is possible to summon an interpreter or make use of the language of the minority. 26,5% of respondents decided for the language of the

minority due to the necessity for thorough and good understanding. Equal number of respondents would choose the alternative of both the languages.

### ***3.3.4 Separation of majority and minority children in the realization of prevention***

This question was related to the possibility of organizing prevention designated for majority and minority children separately.

#### Belgian experts

Opinions of Belgian respondents on the possibility of separation of majority children from minority children in the realization of preventive measures differed. 64% of respondents decided for the option of not separating minority groups children from majority children due to the fact that both groups of children live together (one respondent further suggested that it is possible to add some isolated lectures to minority children, if necessary). 14,5% of respondents suggested that the children should be separated, equal number of respondents proposed that the children should be united for a part of the prevention programme, and separated for yet another part of the prevention. One respondent was unable to make a decision.

#### Czech experts

Czech experts agreed on the opinion that minority children should not be separated from majority children in the realization of prevention. This view was expressed by whole 100% of respondents. Their reason for expressing themselves in this way was the possibility of mutual influence, enrichment, and the effort to avoid typecasting. One of the suggestions mentioned the possibility of subsequent creation of a supportive group for minority children, if necessary.

### ***3.3.5 Provider of prevention designated for minority children and his or her affiliation with the majority or the minority***

The aim of the questions from this area was to examine who, according to the experts who had been questioned, would be the most appropriate person to realize the preventive programme among these children.

#### Belgian experts

The answers of Belgian experts, in which they responded to the matter of who should provide the prevention, included mostly opinions (64% of respondents) promoting the idea that the provider of the prevention should be a person from the majority. The necessary precondition is the fact that the person should be acquainted with the culture and at least rudiments of the language of the group. Furthermore, it should be a person who is trustworthy. 22% of respondents would consider a person coming from the minority a more appropriate provider, 14% of respondents would prefer if the prevention was realized by both persons, i.e. by a person from the majority and a person from the minority.

#### Czech experts

As far as views of the groups of Czech experts are concerned, 46,5% of respondents gave preference to a person coming from the majority, because, provided that only a

person from the minority was recommended, it would be an inclusion. The person from the majority should, according to Czech experts, be acquainted with the values and norms of the group. Equal number of respondents preferred both persons, i.e. a person from the majority together with a person from the minority, on condition that, in case of emergency if this solution was not possible, the respondents favour the member of the majority. Nevertheless, according to them both members may be useful and mutually enrich one another. One respondent considered a person from the minority as an appropriate provider of prevention designated for children coming from minority groups of inhabitants.

### 3.4 Concluding summary of empirical findings

In the following section, I will try to integrate particular findings into the context of identification of possible variables in primary prevention designated for minority groups of inhabitants. Another perspective of the concluding integration will be the perspective of potential dissimilar or coincident positions of Belgian and Czech experts on these questions.

Conceptions of prevention workers of how to realize **prevention designated for minority children** showed the following **basic concepts**, which the prevention programme should follow:

- *it should be culturally relevant*
- *it should take into consideration language aspects*
- *it should refer to the majority (as a matter of fact, the minority lives within the majority, it is not desirable to separate the minority any further)*

Both groups of respondents agreed on these concepts, while Belgian respondents further mentioned that parents should be involved in the prevention as well. Overall results and additional comments suggest that in the opinions of prevention workers does not occur any conception that would be completely different from the prevention designated for minority children, both groups try to bring it closer to prevention designated for majority children. Dissimilar factors should be the addition of cultural contents, and it is important to ensure comprehensibility of the message that is being conveyed and its understanding. Definition of these culturally relevant activities should be the object of further research.

Understanding of the language was also reflected in another researched area, which dealt with **the language recommended for the realization** of primary prevention for minority children. Czech respondents promoted, in accordance with the previously mentioned view, the language of the majority. Belgian respondents were inclined to the realization of preventive intervention between both languages, or were inclined merely to the language of the minority.

Another question is **appropriateness of separation of the majority children from the minority children** in the process of the realization of the prevention. Opinions of Czech respondents were again very identical – they agreed on the alternative that the children should not be separated. This alternative prevailed in the views of Belgian respondents as well. However, recorded were also opinions which supported

separation of the children, or rather that the children should be separated merely for some sections of preventive measures. The tendency not to separate the children is in accordance with recommendations of the SEARCH (2002) and SEARCH II (2004) project, which draws attention to another potential stigmatization of the children if they should be separated.

In the field of research concerning whether or not it is desirable for **prevention designated for minority children to be different from prevention designated for majority children**, in the opinions of the respondents prevailed the answer that it is not desirable. Nonetheless, some respondents decided for the alternative that it actually is desirable. This group was larger with Belgian respondents than Czech respondents, who maintained this position in isolated cases.

Ideally, **prevention** for the children coming from minority groups of inhabitants should **be provided** by a person who is an expert and comes from the majority. This view was expressed by absolute majority of Belgian respondents and nearly a half of Czech respondents, who furthermore equally often promoted the suggestion that both a person from the minority and a person from the majority should be present. This opinion occurred in the answers of Belgian respondents as well, although it was included in a noticeably smaller degree.

When Belgian and Czech respondents are compared, it seems that Belgians were less willing to adopt an identical attitude, to put their view to generalization, and give specific Fig.s concerning questions which necessitated certain generalization. As a matter of fact, greater emphasis on individual patterns of particular programmes in accordance with individual needs of the target group may possibly be inferred from this. In the Czech group the respondents were more open to generalization. However, even there occurred disapproving attitude of some respondents, who were still aware of the necessity for generalization and did not consider it fortunate. Nevertheless, in spite of their disapproving standpoint they attempted to generalize.

Moreover, views expressed by Belgian respondents further showed greater fragmentation of their opinions. On the other hand, Czech respondents agreed in a range of questions on a single expression. Furthermore, Belgian respondents manifested stronger tendency towards preventive programmes which specialized in prevention designated for minority children. Differences were apparent especially in the item examining the language, in which respondents advocated for both the languages or merely the language of the minority. Other dissimilarities were noticeable in the opinion whether or not it is necessary to distinguish primary prevention designated for minority children from prevention designated for majority children. Although most of the respondents were convinced that no distinction is required, relatively considerable group of respondents, to the contrary, supported this point of view. This phenomenon may be explained by the fact that Belgian respondents had much more experience of minority groups of inhabitants, whose culture is very dissimilar to their own and who come from various ethnic groups and socio-cultural backgrounds.

## 4. Conclusions

The research showed what variables occur in the opinions and experience of Czech and Belgian experts on the theme of primary prevention of the use of addictive substances designated for children coming from minority groups of inhabitants. These variables could be utilized in the construction of prevention programmes for minority children.

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