

**BABEŞ-BOLYAI UNIVERSITY**

**FACULTY OF PSYCHOLOGY AND EDUCATIONAL SCIENCES**

**DOCTORAL PROGRAMME: PSYCHODIAGNOSIS AND SCIENTIFICALLY  
VALIDATED PSYCHOLOGICAL INTERVENTIONS**

**ABSTRACT OF DOCTORAL THESIS**

**NEGATIVE BEHAVIOURS IN TEENAGERS: SMOKING, ALCOHOL AND DRUG  
CONSUMPTION**

**RISK FACTORS AND PREVENTIVE ACTIONS**

**SCIENTIFIC COORDINATOR:**

**UNIVERSITY PROFESSOR SZAMOSKÖZI ŞTEFAN, Ph. D.**

**Ph. D. STUDENT: RÁDULY-ZÖRGŐ EVA**

**2013**

## CONTENT OF THESIS

List of tables.....	iv
List of figures.....	x
List of charts.....	xi

INTRODUCTION.....	1
-------------------	---

### Chapter 1. INTRODUCTORY CONSIDERATIONS

<b>ADOLESCENCE FROM A PSYCHOLOGICAL POINT OF VIEW .....</b>	<b>3</b>
1.1. Classical and modern studies of adolescence .....	3
1.2. Modern and contemporary studies of adolescence .....	5
1.3. General characterization of adolescence.....	11
1.3.1. Stages of adolescence .....	11
1.3.2. Biological characteristics of adolescence .....	12
1.3.3. Affective emotional and behavioural characteristics.....	14
1.3.4. Social relations of teenagers .....	21

### Capitolul 2. NEGATIVE BEHAVIOURS IN TEENAGERS:

<b>SMOKING, ALCOHOL AND DRUG CONSUMPTION .....</b>	<b>26</b>
2.1. General considerations.....	26
2.2. Characteristics of smoking, alcohol and drug use .....	31
2.2.1 Smoking .....	31
2.2.2. Alcohol consumption.....	33
2.2.3. Drug consumption.....	36
2.3. Risk factors and protection factors in smoking, alcohol and drug consumption.....	43

<b>Chapter 3. PREVENTION OF SMOKING, ALCOHOL AND DRUG USE IN TEENAGERS.....</b>	<b>86</b>
3.1. Theoretical approaches regarding prevention.....	86
3 2. Types of prevention .....	89
<b>Chapter 4. METHODOLOGY OF RESEARCH .....</b>	<b>103</b>
4.1. Objectives and hyphoteses of research .....	104
4. 2. Strategy of research.....	106
4.3. Experimental design.....	107
4.4. Target population and methods applied.....	108
4.4.1. Exploratory study – sociological investigation.....	108
4.4.2. Applied research .....	111
4.5. Elaboration of complex prevention programme .....	117
<b>Chapter 5. PRESENTATION AND DATA ANALYSIS OF SOCIOLOGICAL INVESTIGATION.....</b>	<b>133</b>
5.1. Attitude of teenagers towards "health as a value” .....	134
5.2. Attitude of teenagers towards unhealthy behaviours (smoking, alcohol and drug consumption).....	139
5.3. Smoking in teenagers.....	146
5.4. Alcohol consumption in teenagers.....	152
5.5. Drug consumption in teenagers .....	159
5.6. Combined consumption in teenagers .....	163
5.7. Comparison of rate of the three categories of behaviour in heavy consumers .....	165
5.8. Knowledge and information related to drugs.....	167
<b>Chapter 6. EVALUATION OF PREVENTION PROGRAMME MULTIFACTORIAL ADS. PRESENTATION AND DATA ANALYSIS .....</b>	<b>172</b>

6.0. Investigation of the relations between the risk/protective factors and smoking, alcohol and drug consumption.....	173
6.1. Results of the first intervention (pilot).....	174
6.1.1. Knowledge.....	174
6.1.2. Attitudes.....	175
6.1.3. Ranking "health" in the hierarchy of values.....	177
6.1.4. Locus of control.....	179
6.1.5. Anxiety.....	180
6.1.6. Self confidence.....	181
6.1.7. Resistance to group pressure.....	182
6.1.8. Smoking, alcohol and drug consumption.....	183
6.2. Results of the intervention proper.....	188
6.2.1. Knowledge.....	188
6.2.2. Importance given to health.....	192
6.2.3. Attitudes towards negative habits related to smoking, alcohol and drug consumption.....	194
6.2.4. Self esteem.....	200
6.2.5. Self-efficacy.....	202
6.2.6. Assertiveness.....	204
6.2.7. Locus of control (external or internal).....	205
6.2.8. Coping mechanisms.....	207
6.2.9. Resistance to group pressure.....	210
6.2.10. Smoking.....	212
6.2.11. Alcohol consumption.....	213
6.2.12. Role of school psychologist in health education as perceived by teenagers.....	217
<b>Chapter 7. DISCUSSIONS AND CONCLUSIONS.....</b>	<b>221</b>
7.1. Limits of research.....	221
7.2. Conclusions regarding the objectives of research.....	233
7.3. Evaluation of hypotheses.....	237

**BIBLIOGRAPHY.....241**

**APPENDICES.....243**

**Key words:** teenagers, negative habits, smoking, alcohol consumption, consumption of psychoactive substances, risk/protective factors, risk behaviours, sanogenous behaviour, multifactorial prevention in school

## CONTENT OF ABSTRACT

Introduction.....	7
Chapter 1.....	8
Chapter 2.....	12
Chapter 3.....	15
Chapter 4.....	16
4.1. Objectives and hypotheses of research .....	17
4. 2. Strategy of research.....	19
4.2.1. Exploratory study .....	19
4.2.2. Study of intervention.....	19
4.3. Experimental design.....	19
4. 4. Target population and methods used .....	20
4.4.1. Exploratory study .....	20
4.4.2. Applied research .....	21
4. 5. Elaboration of complex prevention programme .....	23
4.5.1. Sources used in the elaboration of the prevention programme.....	23
Chapter 5.....	24
Chapter 6.....	29
Chapter 7.....	35
Final conclusions .....	38
Bibliography .....	38

## INTRODUCTION

The contemporary digital era of constant and rapid change has paradoxically lead to the prolongation of adolescence, which starts earlier due to accelerated biological processes and ends later and later because of the modification of the character of social relations among young people and the growing importance of extended studies.

In such conditions the peculiar problems of adolescence last for a longer period of time and gain characteristics which are specific for the digital era.

The negative habits of teenagers become diverse as well, manifesting themselves in new forms, such as addiction to technology and electronic gadgets (mobile phones, computers, tablets), to the internet, social networks, games, especially electronic ones, gambling, etc.

However, unhealthy habits such as smoking, alcohol and drug consumption continue to exist, some of them intensifying and adopting new forms like the consumption of ethnobotanical psychotropic substances.

The present doctoral thesis intends to analyze from the multitude of negative habits of teenagers the "traditional" ones, related to smoking, alcohol and drug consumption in the group of students of Cluj-Napoca and its suburban areas, as well as to verify the efficiency of a multifactorial preventive programme among 7th graders. We would like to point out that in this thesis we refer to the concept of drugs in the sense of illegal psychoactive substances.

International research (HBSC, 2012 and ESPAD, 2012) emphasized the fact that the level of alcohol and drug consumption among Romanian teenagers is below the average of the evaluated countries (more than 40 countries) and only the level of smoking is above the average in the countries included in the study. Nevertheless, if we compare the data with data from the previous years, we can notice a significant increase of smoking and illegal drug consumption (marijuana, hasheesh and others) among the youth of our country.

With the first part of our study we contribute to the collecting of valid data about smoking, alcohol and drug consumption and we detect the changes in the forementioned behavioural patterns in the post revolutionary period.

The second part of the study has a pragmatic character. By testing and assessing a prevention programme of personal elaboration, adapted to Romanian context, through a pre and post-test design using two control groups, we hope to contribute to the enrichment of specialty literature on intervention programmes, based on proof applicable by professionals in the prevention of drug consumption among adolescents.

## Chapter 1.

This chapter presents the essential characteristics of adolescence according to theories of different scientific approaches in specialty literature.

We consider classical, modern and recent studies in the field. We present the stages of adolescence and we analyze their most important characteristics in turns: biological, affective - emotional and social.

Having made an analytic presentation of classical, modern and recent theories, we synthesize their gist in synthetic tables.

**Table 1.1. The main classical theories**

<b>Nr.</b>	<b>Author and theory of approach</b>	<b>Characteristics of adolescence</b>
1.	J. J. Rousseau, 1762 <b>Biological theory</b>	Adolescence “revises” the characteristics of previous stages of development; Lability and accentuated emotional conflicts. The ability of conscious thinking and logical argumentation appears.
2.	G. St. Hall, 1904 <b>Biological theory</b>	The teenager is “neo-atavistic”, the manifestation of the species’ superior and complex characteristics. Development in adolescence is characterized by



		leaps and not continuity.
3.	M. Mead, 1928 <b>Anthropological, socio-cultural theory</b>	In cultures others than the civilized ones, the traditional teenage peculiarities (conflicts) are not to be found.

Classical theories preceding World War II, detected many of the characteristics of the emotional dynamics of teenagers, the main tendency being the search for their origin in the biological characteristics of this stage of development.

Only M. Mead's theory (in Money and Foerstaal, 1979) emphasizes the differentiating cultural aspects, which can reduce or accentuate the conflicting character of adolescence.

**Table 1.2 Modern Theories**

<b>Nr.</b>	<b>Author and approach theory</b>	<b>Characteristics of adolescence</b>
1.	Gesell, 1943 <b>Biological theory</b>	The determining factor of adolescent development is the biological factor (maturation) and not the social one.  In adolescence the development of the species is repeated (abstract thinking, imagination and self control appear later in both)
2.	S. Freud, <b>Psychoanalytic theory</b>	Adolescence is the genital stage of development, in which sexual impulses influence behaviour the most.  Emotional storms are the expression of the battle between the three layers of personality (id, ego, superego).  The endpoint of adolescence is the reestablishment of psycho-behavioural balance, upset in puberty.  Puberty repeats infantile sexuality, which appears at

		the age of three to five, on a higher level.
3.	Bandura, 1964 <b>Social learning theory</b>	Adolescence is not a separate stage of development. Stress, tension and rebellions in teenagers do not differ from those in adults. Agression in teenage boys is determined by social (familial) and not biological factors.
4.	J. Piaget, 1958 <b>Universal-constructivist theory</b>	Formal thinking appears, which has repercussions over self image, relationships with the reference group as well as attitude towards social ideals, etc.
5.	E. Erikson, 1968 <b>Universal-constructivist theory</b>	Adolescence is the most important period in the formation of one's identity (individual identity becomes connected to social identity) The central crisis of adolescence is the identity crisis or the confusion of roles. Adolescence is only one important stage in the development of personality, which is in progress as long as one lives.
6.	R. Savin-Williams, 1987 <b>Ethological theory</b>	Both biological mechanisms and social adjustment processes known from the animal world, contribute to the establishment of social hierarchy and the aggressive behaviour of young teenagers (males).
7.	D. Baumrind, 1989 <b>Social learning theory</b>	The teenager's behaviour is influenced to a great extent by the family, the parental educational style, as the teenager adopts the model.

Psychologists and sociologists who have been studying adolescence in the last two decades, highlight new characteristics of this developmental stage, specific to our days. Elkind (1981), Zinnecker și Molnar (1988) talk about an "acceleration" and "deceleration", a

simultaneous "quickening" and "delay" of adolescentine bio-psycho-social processes, determined first of all by the changed cultural, social life conditions.

Biological acceleration, early maturation are followed by a faster intellectual development; however, from a social point of view, adolescence tends to be prolonged by the extension of schooling period. Young people become wage-earners, bearers of social responsibilities later and later in time, which leads to a relative delay of affective maturation, compared to biological and intellectual maturation. This discrepancy, being a source of internal tensions, is an element of adolescent crisis.

**Table 1.3. Recent theories**

Nr.	Author and approach	Characteristics of adolescence
1.	Bronfenbrenner, 1986 <b>Systemic theory</b>	The development of teenagers is influenced at the level of the individuals' systems, the microsystem (family) exosystem and macrosystem.
2.	L.J.Crocket & A.C.Petersen 1993, M.H.Richards & R.Larson, 1993 <b>Bio-psycho-social theory</b>	The impact of pubescent hormonal modifications on the affective and behavioral processes is, to a great extent, mediated by the responses of the social environment to adolescent changes.
3.	R. Jessor, 1993 <b>Interdisciplinary theory</b> ("The science of behavioural development")	The impact of each social context (family, school, reference group, etc.) depends on the others' effect on the teenager's behaviour.
4.	J.S.Eccles et al, 1993 R.M.Lerner & J.G.Tubman,	The teenager's development depends on the degree of compatibility between the individual's (physical and psychological)

	1989 B.Compas et al., 1995 <b>"Person-environment  compatibility" theory</b>	characteristics and those of the social environment. There is an increased variability of individual development in adolescence with adaptive and non- adaptive paths. There is a multitude of risk factors, which have negative effects on development, and protective factors, which offer resistance to risk factors.
--	---	--

As the above tables show, modern theories of adolescence offer a broader perspective of what is happening in adolescence and emphasize the interconditioning of factors.

**Chapter 2.**

In this chapter we review some of the important theoretical approaches regarding the formation of habits related to drug consumption. We describe the phases of formation of the addiction, as well as present the main categories of drugs. We synthesize the risk/protective factors and present a personal theoretical model regarding their mechanism of action in triggering risk behaviour or healthy behaviour.

Firstly we present the main characteristics of smoking, alcohol and drug consumption. *We would like to point out that in this thesis we refer to the concept of drugs in the sense of illegal psychoactive substances.*

We illustrate the phases of formation of the addiction to the above mentioned substances with several charts (Shapiro,1993; Devai,1995, Gerevich, 2000).

We describe the eight phenomena characteristic of Gerevich chemical addiction (1995): obsessive behaviour, craving, stimulation, satisfaction, risk behaviour, substitution, secondary conditioning, simultaneity, multigenerational character.

Based on research centred on the identification of predictors regarding smoking, alcohol and drug consumption, we made a synthetic table with these factors, which can serve as an efficient source for those who are concerned with the prevention of these negative behaviours.

We present the main risk factors identified by different authors, factors, which can be classified in the following categories: biological factors, psychological and personality factors, social factors. Having analyzed these in detail, we synthesize the main risk and protective factors, based on research and observations by Hawkins, Catalano și Miller (1992) and some National Departments of Health (NIDA, 1997; US Dep H&HS, 2011) in more table types. We only present one of them here.

**Table 2.1. Synthetic table of risk factors and protective factors**

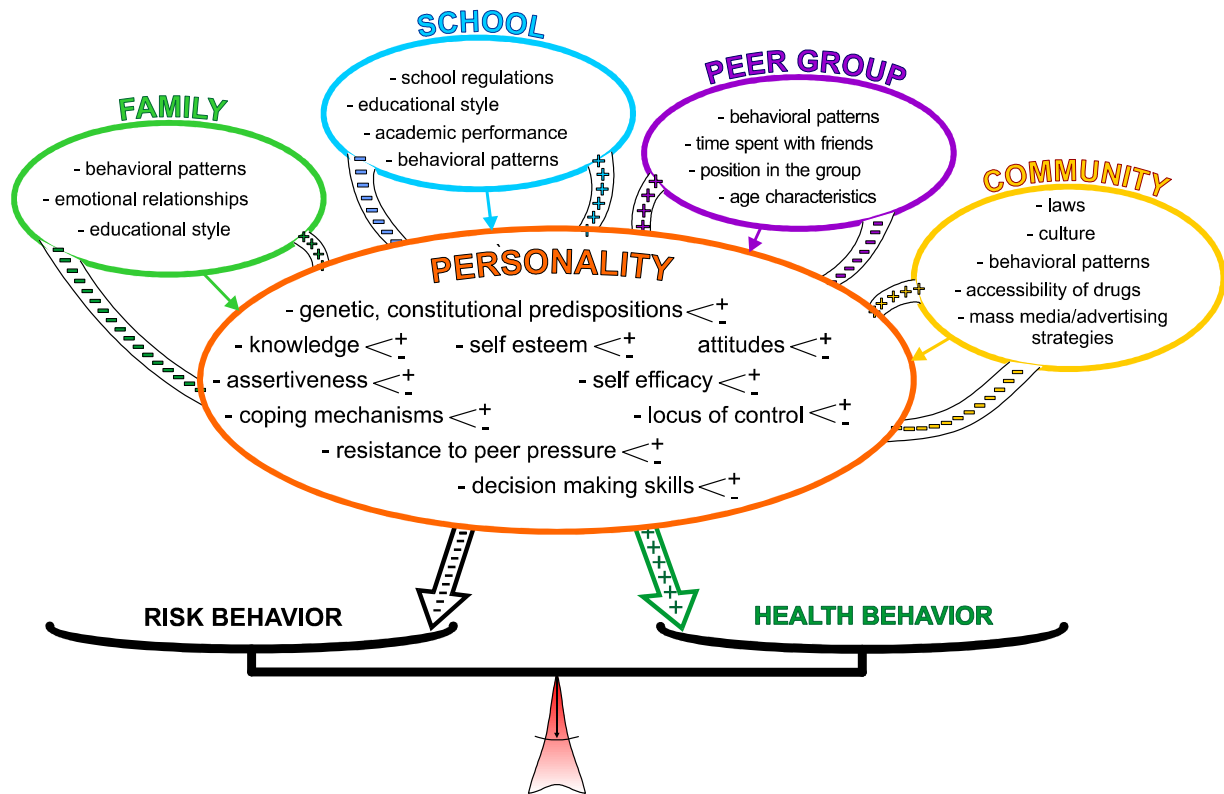
<b>Risk factors</b>	<b>Protective factors</b>
chaotic family background	strong family relations
inefficient parental educational style	involvement of parents in children's lives
weak affective relations in the family	clear expectancies and consistency of parents
improper, too reserved or aggressive behaviour at school	efficiency in school
school failure	strong relationships with prosocial institutions (school, community, church)
low academic aspirations	conventional norms regarding drugs and alcohol
weak coping mechanisms	
relations with badly behaving classmates	
perception of external attitude (agreement/disagreement) towards drug consumption (mates, family, community)	
drug consumption or mental illness of parents	

Based on the consulted studies, we formulated *a personal theoretical model* which synthesizes the risk/protective factors and their relation to behaviour related to smoking, alcohol and drug consumption. (Figure 2.1: R/P Fact.-Model Behavioral scale in teenagers)

The model illustrates the dynamics of influences, which may determine risk behaviour or behaviour that favours health. Protective factors and risk factors can be combined in very many ways in the case of each individual. Depending on their interrelation and their power of manifestation in certain moments and situations of life, these factors incline the behavioural scale in one direction or the other. Each factor can have positive and negative aspects in different

contexts and interrelations with other factors. Negative aspects refer to risk factors in the model, while positive aspects refer to protective factors.

External factors exercise their influence only through the teenager's personality. Consequently, in order to prevent or reduce risk behaviour, the modification of external factors is not enough (laws, educational style, advertising strategies, etc.), but teenagers' personality also has to be directly influenced by multifactorial interventions.



**Figure 2.1. R/P Fact Model. – Behavioural scale in teenagers**

Further on we present the occurrence of smoking, alcohol and drug consumption in teenagers on a national and international level, based on some national and international studies (INCDS 2003; HBSC, 2012; EMCDDA, 2011; ESPAD 2011; ANA, 2012, Caritas & UBB, 2012), comparing the prevalence of these negative behaviours in 43 other countries.

We show concrete data related to the start age of smoking, rate of smoking, alcohol (of different types) and drug consumption. There are consistencies but also inconsistencies between the data of evaluation of Romanian teenagers. The increase of frequent alcohol consumption in

today's youth is evident. Although the consumption of illicit drugs has an increasing tendency among students of our country, Romanian youth consume these psychoactive substances at a much lower rate in comparison with the youth of most of the evaluated countries.

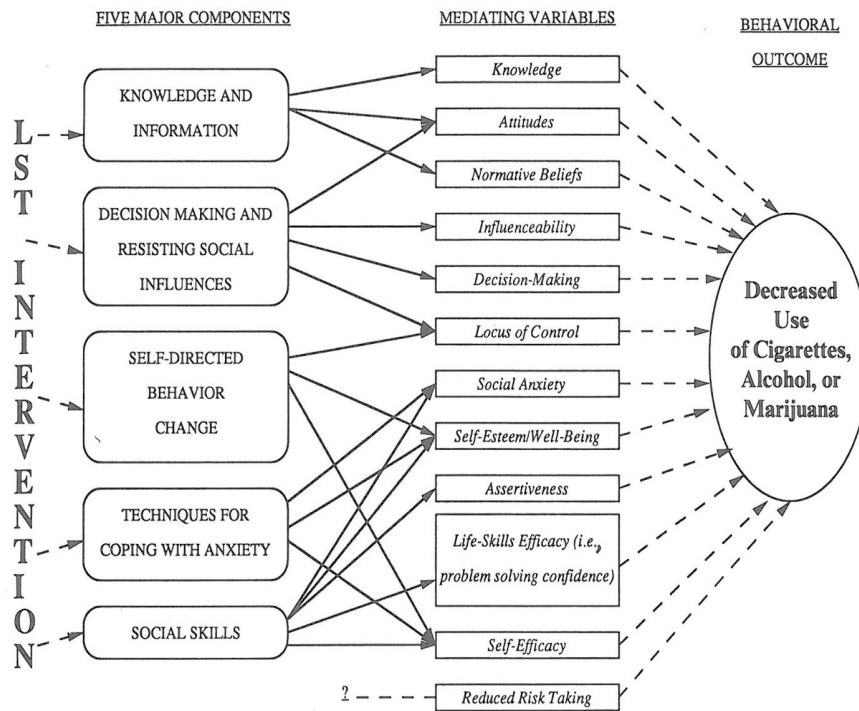
### **Chapter 3.**

In chapter 3 we present, first of all, a few important theoretical approaches about the promotion of health awareness and we describe prevention and its main types.

We review a series of prevention programmes concerning smoking, alcohol and drug consumption, applicable in schools, tracing their most important characteristics.

We analyze several theoretical models related to prevention, like Health Belief Model (*Becker & Maiman, 1975*), TRA – Theory of Reasoned Action, (Fishbein și Ajzen, 1993) HAPA – *Health Action Process Approach (Schwarzer & Fuchs, 1996)*, *Health Promotion Approach for Teenagers (Perry, Kelder și Komro, 1993)*.

We present the observations of metaanalytical studies with regard to preventive curricula (Tobler și Roona, 2000; Paglia și Room, 1999), we analyse a few approaches of prevention, which were at the basis of our preventive intervention. We reproduce here one of the approaches presented in the thesis (Figure 3.1.), one which served as the main source for our intervention



**Fig. 3.1 Life Skills Training Approach (by Cook, Anson și Wachli, 1993, p. 355)**

At the end of the chapter we synthesized in a table a series of intervention programmes related to smoking, alcohol and drug consumption and their main characteristics.

#### **Chapter 4.**

The chapter presents the methodology of research, with which we contribute to the collecting of prevailing data about smoking, alcohol and drug consumption and we detect the modifications of this behaviour from a period in which it was scarce and barely documented, until a period in which the multiple national and international institutions draw attention to this phenomenon.

By testing this prevention program adapted to the Romanian context through personal efforts and evaluated through a pretest/posttest design with two control groups, we would like to



contribute to the enrichment of specialty literature on intervention programmes, based on proof applicable by professionals in the prevention of drug consumption in adolescents.

**Empirical research aims at the following objectives:**

1. Evaluation of changes regarding the prevalence of behaviour patterns related to smoking, alcohol and drug consumption in adolescents from Cluj area in the post-revolutionary period. Transversal and longitudinal analysis of the prevalence of the three risk behaviours with regard to dimensions like urban and suburban area, gender, age and school type. *We would like to point out that all through this thesis the term drugs is used in the sense of illegal psychoactive substances.*

2. The study of the dynamics of some tendencies of modification of knowledge, attitude and behaviour, regarding smoking and the consumption of psychoactive substances and alcohol in teenagers from Cluj

3. Investigation of the role of some demographic factors and the microsocial environment (sex, age, types of schools, model of consumption in family and reference group) in the prevalence of behaviour related to smoking, alcohol and drug consumption.

4. The study of the existing relation between school performance, self image, attitude towards the consumption of substances, rank of "health" concept in the personal system of values and the consumption of substances in adolescents. The starting point of this objective is the research regarding risk factors and protective factors for drug consumption. According to these, low self esteem (*Kaplan, 1980*), weak school performance (*Hawkins, Catalano și Miller, 1992*), attitude of acceptance of substance consumption (*Scriven A. in Kulin, 2012*) and lack of health awareness as a primary value (*Ritt-Olson A și colaboratorii, 2004, Meleg Cs. in Kulin și Darvai 2012*) are important risk factors.

5. Evaluation of the efficiency of a prevention programme related to substance consumption, as far as level of knowledge, attitude and behaviour types are concerned. Collection of social data regarding the results of systematic application of the prevention programme based on the basic principles of the Life Skill Training Approach by Botvin, of the CHEF Program (*Devai, 1993*) and of the *Shapiro-Flaherty-Zonis Program (1992)*.

The hypotheses of our research are the following:

I 1: Starting from the findings of most research conducted in Europe (ESPAD Report 2011, International Report, WHO-HBSC, 2012), we suppose that the prevalence of alcohol consumption in teenagers of Cluj-Napoca school environment and that of its suburbs is higher than that of smoking, while the prevalence of drug consumption is the lowest.

I 2: Most Romanian research (*Demetrovics, Kovacs, Balogh*, 2000, ESPAD Report, 2012, EMCDDA Report 2011, Raportul HBSC Report, 2012) highlights higher and higher rates of smoking, alcohol and drug consumption, yet there are no data that observe the student population with the same methodology. Starting from data that show the spreading of drugs among young people and the increasing variety of drugs used, we suppose that during the period of observation (1993-2012) the increase of drug consumption is higher than the increase of smoking and drinking. We presume that the prevalence of smoking, alcohol and drug consumption in teenagers of Cluj-Napoca school environment and that of its suburbs has a tendency of continuous increase starting from the year 1993 until the present.

I. 3: The main interest of this research is adolescent behaviour towards educational and health-related programmes; we presume that there is a direct relation between the degree of health awareness as a value and sanogenous behaviour in adolescents. We formulate our hypothesis based on research by Ritt-Olson A and his co-authors (2004).

I. 4: Having analysed the effects of some intervention programmes based on proof presented in Chapter 3 (*Cook, Anson and Wachli*, 1993, *Schwarzer & Fuchs*, 1996, *Perry C. L., Kelder S. H., Komro K. A.*, 1993; *Paglia and Room*, 1999; *Tobler, Roona and colab.*, 2000), we wish to prove that a complex intervention programme, focused on the enforcement of protective factors in school microclimate has a better effect than an one-dimensional programme, focused on information. According to the hypothesis which looks at the formative design, we suppose that the multidimensional programme *Notions of Health - Self Knowledge - Life Skills* significantly modifies the behaviour of adolescents involved in the programme in a sanogenous direction, leading to the decrease of the three risk behaviours: smoking, alcohol and drug consumption, while a prevention programme made up of a few informative activities in the framework of school curriculum DOES NOT considerably change either the attitude towards unhealthy behaviours, or smoking or alcohol and drug consumption in teenagers

We also presume that the attitudes and risk behaviours related to smoking, alcohol and drug consumption become more accentuated in teenagers who do not benefit from education for health, due to age peculiarities.

#### 4. 2. Strategy of research

Our research is made up of two distinct parts, a longitudinal study of exploratory investigation, which was carried out on two different groups, in different phases of the period 1996-2012, in several sequences, and a study of preventive intervention carried out on a group of 28 7th graders of a Theoretical High School in Cluj-Napoca.

4.2.1. The exploratory study was conceived based on the objectives mentioned above. We realized an investigation based on a questionnaire applied at four different times in 1996, 1999, 2003, and 2012, in different groups, but with certain similar demographic characteristics.

4.2.2. The intervention study had a piloting phase (20 activities) and an experimental phase proper (24 activities). Both phases consisted of the application of a complex intervention programme related to the consumption of illegal substances within the framework of school curriculum for six months and the evaluation of its results. The results and conclusions of the pilot intervention programme helped to improve the prevention programme, which focused on the principle of reinforcement of certain protective factors and on the reduction of risk factors. (*Hawkins and colab., 2002, Cook, Anson and Wachli, 1993*).

#### 4.3. Experimental design

The experimental design of the research is the following:

1. Ascertaining sociological enquiry			
2. Preventive intervention 1. (pilot)			
3. Testing efficiency of prevention programme			
4. Improved preventive intervention proper (2) having the following phases:			
	Pretest	Intervention programme	Posttest
Experimental group	X	complex prevention (24 activities)	X
Control group 1	X	informative activities (4 activities)	X
Control group 2	X	-	X

#### 4. 4. Target population and methods applied

4.4.1. In order to accomplish an **exploratory study** we started from the idea that on an international scale, data related to behaviours and habits regarding substance consumption by teenagers were obtained with the help of some questionnaires which evaluate demographic data, knowledge and attitude towards substance consumption as well as personal and relational factors. To avoid overworking the teenagers, we elaborated a questionnaire of 20 questions and we applied it in several phases, from the year 1996 until 2012 on 8th, 10th and 11th graders from several schools in Cluj-Napoca and its rural suburban areas. The data were processed statistically with the use of a computer according to standard procedures.

The questionnaire contains sets of items for the targeted factors, which, according to research, influence smoking, alcohol and drug consumption (*Hawkins, Catalano, Miller, 1992; Perry C. L., Kelder S. H., Komro K. A., 1993; Demetrovics, 2007, Albert-Lorincz, 2011*):

- a) knowledge related to drugs and their effects, reasons for drug consumption
- b) factors related to personality (self esteem)
- c) factors of attitude (attitude towards different negative behaviours from a social point of view, the place of the concept of "health" in the personal system of values)
- d) self-efficacy factors (resistance to group pressure)
- e) behavioural factors related to one's smoking, alcohol and drug consumption (data regarding smoking, alcohol and drug consumption)
- f) behavioural factors from the microsocial environment (smoking, alcohol and drug consumption in the family and in the reference group)
- g) personal data (school, class, sex, school performance)

The questionnaire was applied in four phases: for the first time during school year 1996/97, then in the schoolyears 1999/2000 and 2002-2003, as well as recently in school year 2012-2013. It was completed in anonymity, the secrecy of the answers was guaranteed by the psychologists, who collected the questionnaires immediately after completion, teachers being

denied access to these. The sample is made up of 1937 students, 252 of whom were questioned in the first phase (pilot investigation), 446 in the second phase, 682 in the third phase, and 557 students recently. The procedure of sample election was semi-random, combining the probabilistic character of the stratified selection with some freedom of selection of the investigated grades of the researcher.

#### **4.4.2. Applied research**

Our sociological investigation also revealed the fact that a considerable percentage of students who have started consuming alcohol and smoking as soon as the 8th grade and even drug consumption appears at a much lower percentage. Thus, we considered it appropriate to initialize an intervention programme with 7th graders.

A) For the applied research in the pilot phase two classes of 7th graders were selected from two theoretical high schools as experimental and control groups. The classes were considered to be "difficult" by the teachers due to behavioural problems and school performance issues.

B) For the intervention proper three classes of 7th graders were selected from theoretical highschoools in Cluj: one school in which the six-months prevention program was applied (experimental group), another in which four informative activities were organized (control group nr. 1) and the third in which no special activities related to psychoactive substance consumption were carried out (control group nr. 2).

The experimental group was a class with several students facing behavioural issues, similarly to control group nr. 1. The second control group was a class with no special behavioural or performance issues. The control groups were selected by sampling of convenience.

The multifactorial ADS (alcohol-drugs-smoking) prevention programme was lasted six months, with one or/and two meetings per week, 24 meetings in total. The pretest took place in November, while the posttest in the first week of June

The control group was involved in four informative activities regarding the effects of smoking, alcohol and drug consumption in teenagers. The activities took place at approximately the same intervals, within the framework of counselling lessons.

### **Methods and instruments used in pretest and posttest:**

Both in the pilot intervention and in the intervention proper we opted for self report of behaviour related to smoking, alcohol and drug consumption on one hand, and on the other for the evaluation through scales taken from the specialty literature of some factors, which according to the source studies (*Hawkins, Catalano, Miller 1992; Perry C. L., Kelder S. H., Komro K. A., 1993; Demetrovics, 2007, Albert-Lorincz, 2011*) influence smoking, as well as alcohol and drug consumption considerably. These factors are: self esteem, self efficacy, locus control, assertiveness and stress coping mechanisms. We found them in programmes analysed by us (namely Life Skills Training, The CHEF Approach, The Shapiro- Flaherty-Zonis Approach, and The Approach of Noack and his collaborators), programmes on which we based our personal intervention approach.

In the intervention proper, in the pretest and posttest phase we opted for tests relevant for the targeted matter.

- A questionnaire (ADS) with 16 questions (similar to the one elaborated for the phase of investigation). The items refer to personal data, school performance, behaviour of individual, family and friends related to smoking, to the attitude towards some negative and unhealthy behaviour patterns, to resistance to group pressure and the place of health in one's personal system of values
- A test on knowledge about smoking, alcohol and drug consumption, stress management and decision making. The questions were in the pretest and posttest. Students could answer with "true", "false" and "I don't know".
- Self-Efficacy Scale – (SES)
- Assertiveness Scale for Adolescents – (ASA),
- Rosenberg Self-Esteem Scale – (RSE)
- Nowicki-Strickland Locus of Control Scale – (N-SLCS).

- Cope Test (abridged version). We applied the abridged version of the test (28 questions), but we have taken into consideration only the scales related to active coping and planning, as well as to finding emotional and instrumental support. We considered that they refer to factors of importance in determining sanogenous or healthy behaviour.

#### 4. 5. Elaboration of complex prevention programme

**4.5.1.** Sources used in the elaboration of prevention program: Comprehensive Health Education Foundation Program, 1990), Shapiro- Flaherty-Zonis Program (Open Society Institute, 1992), Life Skills Training Program (*Botvin*, 2001), Servais Program (Prevention Drugues, 1988), adapted Noack A.K Program (1991) as well as publications containing developmental methods and techniques of life planning skills (Life Skills, Csendes E., 1998), self knowledge, and conflict solving (Rudas J. 1990; Benedek L. 1992; Bagdy E. & Telkes I. 1992; Koncz I. 1994; Szekszárdi J., 1995;).

Modules of activities designed for students of the experimental group:

- introductory activity – 60 minutes
- activity related to the concept of health - 1 X 50 minutes
- activities related to self-knowledge and self- esteem – 3 X 50 minutes
- activities related to stress and coping strategies – 3X 50 minutes
- activities related to resistance to group pressure and decision making– 3 X 50 minutes
- activities regarding smoking – 4 X 50 minutes
- activities regarding alcohol consumption - 4 X 50 minutes
- activities regarding drug consumption – 3 X 50 minutes
- revision activities – 2 X 50 minutes

Informative activities carried out with control group nr. 1.:

- Knowledge concerning the importance of health 1 X 50 minutes
- Knowledge concerning smoking 1 X 50 minutes
- Knowledge concerning alcohol consumption 1 X 50 minutes
- Knowledge concerning alcohol consumption 1 X 50 minutes

The chapter also presents the intervention programmes divided to activities carried out in two groups, the experimental group and control group 1 (objectives, aids and methods, forms of organization).

Methods used in the experimental group and control group nr. 1 are described, as well as the activities performed in the ADS programme. The most important interactive methods of the programme are the following:

- Group activities (solution of problems, drawings, posters)
- Completion of specially designed worksheets, related to the topics of the activities (individual and group work)
- Interactive demonstrations
  - Contests between the groups
  - Role play, simulations
  - Interactive, structured, encounter-type exercises
  - Presentations and demonstrations conducted by older students (peer education)

## **Chapter 5**

In this chapter, we present the findings of the ADS questionnaire which I administered in several phases from 1996 to 2012 to pupils in grades 8, 10 and 12 from different schools situated in Cluj-Napoca, as well as in rural and the city's suburban areas.

We compare the findings of the three samples in order to discover trends in attitudinal and behavioural changes in the adolescents studied in the above mentioned periods, regarding the



use of drugs, alcohol and smoking.

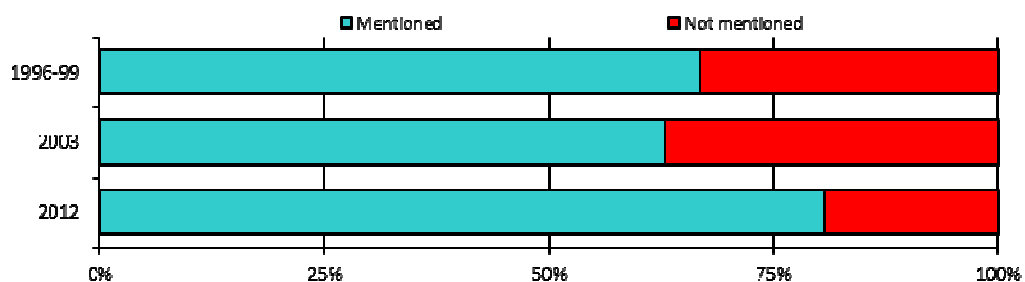
The statistical processing of the findings allowed the identification of significant and less significant differences between the subcategories of the samples, respectively school environment (rural and urban), age (grades 8, 10 and 12), sex (male and female) and type of school (secondary school, theoretical high school, vocational high school).

We also highlight the relationship between use of alcohol, drugs and smoking and the behaviour in this direction of the persons in the adolescents' environment (family and friends).

We compare our findings with the findings of other studies researching Romanian teenagers' use of alcohol, drugs and smoking.

The findings are presented in tables showing frequency and tables of combinations, as well as in charts that show the identified relations between different factors.

For example, Chart 5.1 shows that in 2012 the number of students who choose health to be among the first ten values has grown as compared to previous years. This is also demonstrated in Table 5.1. The percentage of teenagers, who in 2012 rank health as primordial is significantly higher, and the percentage of those who consider it unimportant is significantly lower than in previous years. (Table 5.1). At least on the level of awareness of the importance of health as a value, young people today have stronger sanogenous attitudes than in previous periods. We consider that on the one hand, this is due to the introduction of several health education activities into the curriculum, and on the other hand, to the fact that the mass media allot a lot more time to health issues than in previous years.



$$(p < 10^{-18})$$

**Figure 5.1. Percentage of subjects who mention the concept of *health* among the top ten values.**

**Table 5.1. Distribution of importance given to the concept of *health***

Rank	Sample in the year					
	1996-99		2003		2012	
	Persons	%	Persons	%	Persons	%
1. (Most important)	118	17,5	115	16,9	177	33,3
2-4. (Very important)	117	17,3	115	16,9	132	24,8
5-10. (Important)	216	32,0	199	29,2	120	22,6
11-25. (Unimportant)	225	33,3	252	37,0	103	19,4
<b>Total</b>	<b>676</b>	<b>100,1</b>	<b>681</b>	<b>100,0</b>	<b>532</b>	<b>100,1</b>

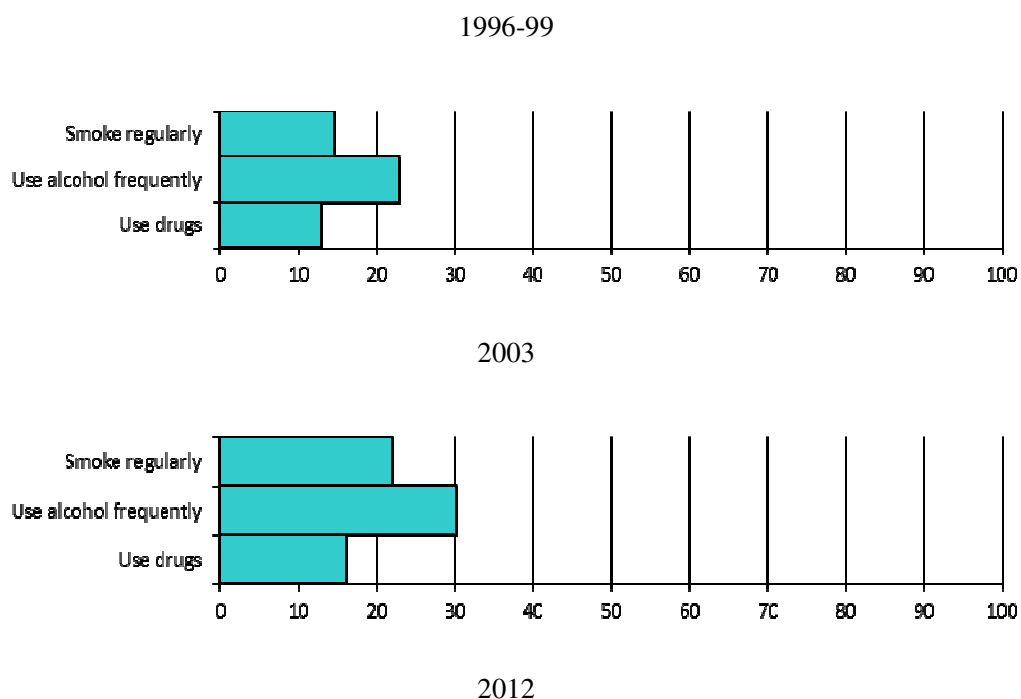
*(p < 10<sup>-18</sup>)*

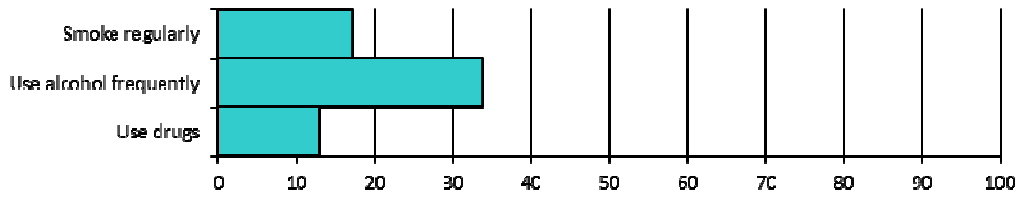
Besides the importance given to health, we present data related to:

- teenagers' attitude towards unhealthy behaviours (use of alcohol, drugs and smoking) in general, and deducted in accordance with abstinence or heavy use of tobacco, alcohol and drugs;
- behaviour related to smoking in general, according to sex, grades and type of school, the rate of smokers and abstainers, as well as the relationship between the model offered by family and friends concerning smoking and the adolescents' behaviour in this respect, the correlation between school performance and smoking, between self-image and smoking;
- behaviour related to use of alcohol (types of alcoholic drinks) in general, according to sexes, grades and type of school, the rate of those who frequently use alcohol and those who are abstainers, as well as the relationship between the model offered by family and friends concerning the use of alcohol and the adolescents' behaviour in this respect, the relation between school performance and use of alcohol, between self-image and use of alcohol;

- use of (or attempt of using) drugs in general, according to sexes, grades and type of school, the rate of users and abstainers, the relation between school performance and use of drugs, between self-image and use of drugs;
- rate of students with combined consumption
- progression of heavy use of tobacco, alcohol and drugs during the evaluated periods;
- students' knowledge about drugs and the degree of their noxiousness, as well as about the reasons of alcohol and drug use and the locations of drug purchasing;

In connection with the evolution of heavy consumption of the three categories of substances covered, it can be noted, that in all three samples the frequent use of alcohol considerably exceeds regular smoking and use of drugs, exactly as we assumed. What surprises us is, that compared to smoking, use of drugs is not as low as we would have expected. In international studies (HBSC, 2012) Romanian youngsters appear with a relatively low rate of drug consumption as compared to other countries, but there is a tendency of its growing compared to previous years. Yet, in our sample, drug consumption appears with a greater frequency in 2003 than in the year 2012 (Chart 5.1.2).





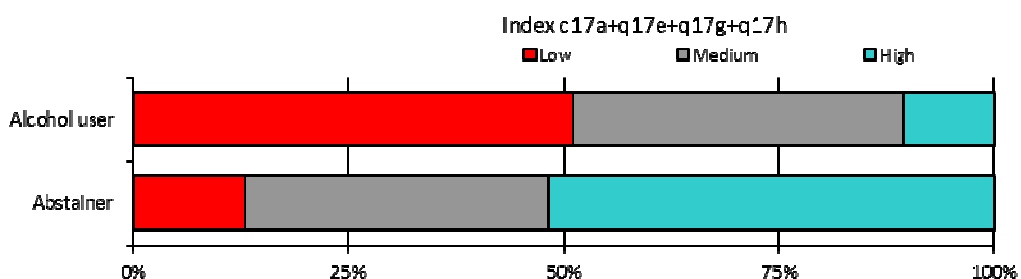
**Chart 5.1.2. Frequency of smoking, heavy alcohol use and use of drugs in the periods studied**

The relationship between some personality factors (self-image), attitudes and abstinence, respectively excessive use of alcohol and tobacco, have also been studied. From among the findings, we present the relations between attitude towards the targeted negative behaviours and excessive smoking/abstinence.

In order to observe more precisely the subjects' attitude towards the four negative behaviours together, we created an index of negative behaviours (index 17a+17e+17g+17h). The higher the score, the more emphasised the attitude of non-acceptance towards these. The data show that there is highly significant difference between the abstainers and regular users of all three categories (smoking, alcohol, drugs).

**Table 5.2.8. Mean scores of index 17a+17e+17g+17h after extreme behaviour in alcohol consumption**

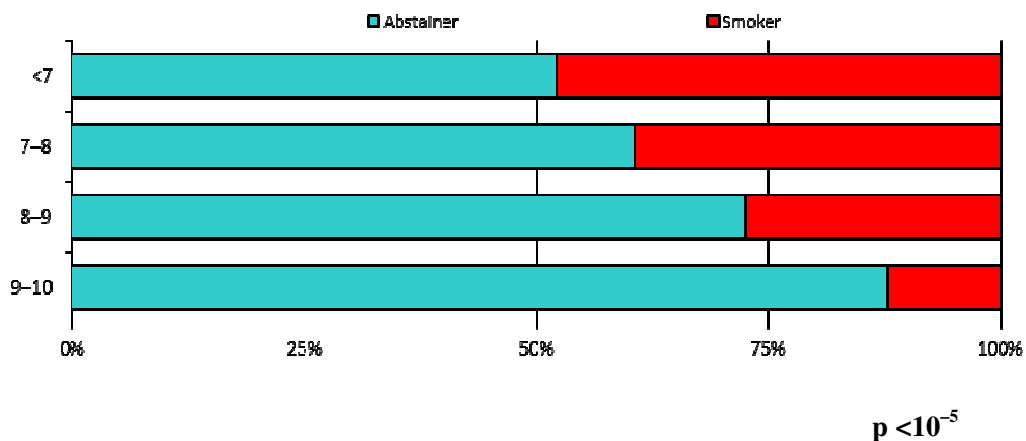
Mean score of index	Extreme behaviour		Significance threshold
	Abstainer (N=168)	Alcohol user (N=182)	
17a+17e+17g+17h	13,36	11,19	$<10^{-21}$



In the case of abstainers, the percentage of reluctance towards negative behaviours is more than 50%, while in the case of frequent users of alcohol, this attitude appears in less than 12%. However, more than half of the latter are tolerant towards unhealthy behaviours.

Another relationship confirming the findings of specialty research is that between school performance and smoking, use of alcohol and drugs. We present only one of these relationships but the phenomenon is characteristic for the other two categories as well.

Analysing the relationship between school performance and attitude towards smoking, a significant correlation has been found between these, as indicated by the bibliography (*Hawkins, Catalano, Miller, 1992*). The findings related to this aspect are presented in Chart 5.3.2.



**Chart 5.3.2. Distribution of abstinence and heavy smoking related to school assessment**

At the end of the chapter, there is a short presentation of the conclusions related to the analysis performed regarding all the studied factors and their combined use.

## Chapter 6

This chapter consists of the evaluation of the multifactorial ADS prevention programme.

It presents and analyses data related to the pilot intervention and of the intervention proper, which was designed to prevent smoking, alcohol and drug consumption in 7th graders. The analysis of the data of the pilot intervention served as a starting point for the optimization of the structure, content and methods of the complex multifactorial programme, as well as for the

improvement of evaluation methods showing the efficiency of the intervention. In planning the multifactorial prevention, we relied on the sociological survey findings and on the identification of risk/protection factors in the samples studied. The intervention, which lasted for 6 months and included 24 activities, aimed at the changing into a sanogenous direction of the following factors: knowledge related to healthy behaviours versus harmful ones, attitudes concerning health and behaviours favouring health, self-knowledge and self-esteem, life planning skills (personal efficacy, stress management, assertiveness, ability to take decisions, resistance to pressure exercised by the group) and behaviour related to smoking, alcohol and drug consumption.

In order to verify the efficiency of the intervention, we used pretest and posttest evaluation concerning the studied factors in three groups made up of 7th graders. In the experimental group, the intervention was formative and multifactorial. In one of the control groups, there were four informative activities, while in the second control group there was no intervention at all. The pretest and posttest findings were compared intragroup și intergroup and the results were interpreted.

In order to detect the relation between the risk/prevention factors and behaviour concerning smoking, alcohol and drug use in the population researched, we used correlation calculations based on pretest data in the case of the investigated groups.

The results of statistical calculations point out the fact that in the case of our sample, the relations between some of the risk/prevention factors are not as ambiguous as in specialty literature resources.

On the other hand, other factors like school performance, assertiveness, attitude towards smoking, use of alcohol and drugs and especially self-efficacy, correlate significantly badly with all or almost all forms of unhealthy behaviour researched by us.

Consequently, in order to achieve the targeted goals, i.e. to stop, reduce or prevent smoking, use of alcohol and drugs, the multifactorial prevention programme has to include activities aimed at strengthening the positive aspects of these variables.

The findings of the first (pilot) intervention are presented, while intragroup și intergroup comparisons are made in the two groups, and with the aid of test  $t$  the degree of significance between the differences is established.

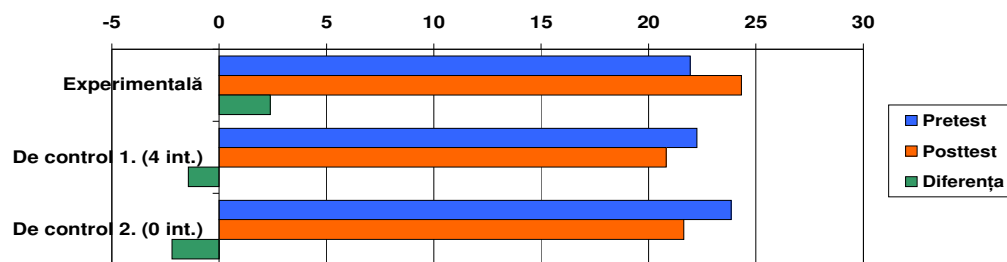
Interesting findings appear in case of the intervention proper, where the three groups are compared. The differences between the modifications in pre and post-tests concerning the following factors: knowledge, the importance given to health as a value, attitude towards negative behaviours related to smoking, exaggerated use of alcohol and use of drugs, self-esteem, self-efficacy, assertiveness, control, coping mechanisms, resistance to group pressure, smoking, use of different kinds of alcoholic drinks, use of drugs have been analysed.

The findings of the above mentioned factors are presented in more than 50 tables and almost 30 charts specifying the degree of significance of the differences.

In the case of most factors, there are significant differences between the pre and post-tests of the experimental group, excepting the attitude towards smoking without the permission of those present, the frequency of smoking and use of some alcoholic drinks.

As result of the restructured intervention proper, the findings proved the efficiency of the multifactorial prevention programme, even compared to the purely informative activities of education for health. Just like in the previous intervention, some of the risk/prevention factors studied, have changed more in the desired direction (knowledge, self-esteem, self-efficacy, assertiveness, control, coping mechanisms) while others have changed less (resistance to group pressure). For example, we present the changes related to active coping and planning.

What stands out most strikingly is the fact that there were significant modifications in all the groups from a statistical point of view. In the case of the students from the preventive ADS programme, the adaptive coping mechanisms have become accentuated. In this group, the rate of planning and active attitude in stressful situations have increased.



Experimental group  
Control group 1  
Control group 2

Pretest  
Posttest  
Difference

**Chart 6.2.8.1. Active coping and planning scores**

In the case of the control groups, the increased difference between pre and post-tests is due to modification in *decreasing direction* of these coping mechanisms. Ages between 12 and 14 being a sensitive period, the adolescents' intensive physical transformations and their behaviours are often characterised by hasty decisions, taken under influence of the moment, lacking planning, or by evading, "getting out of the situation" by "passivity". But if the intervention consists in formative interactive programmes of active coping mechanisms which include planning as well, stress management may become more efficient as proved by the results in the experimental group.

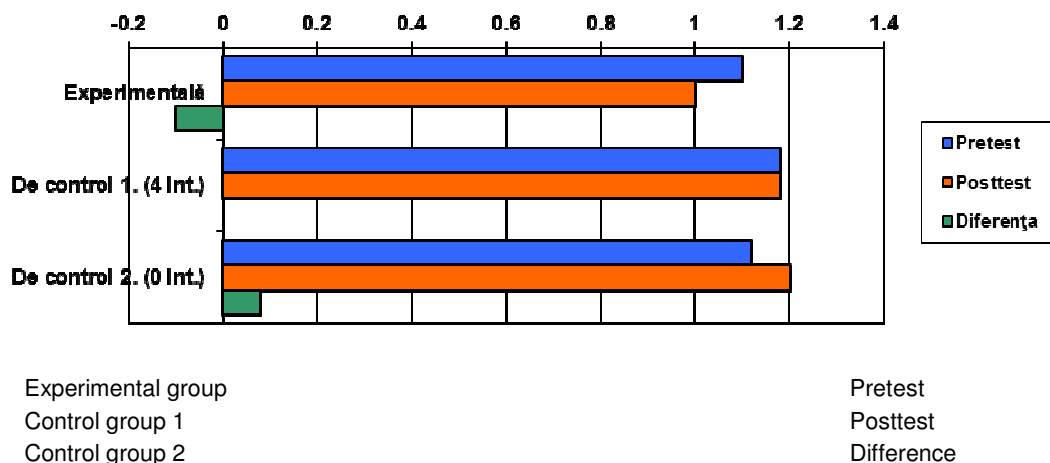
**Table 6.2.8.2. Testing variation between experimental group and control groups**

Active coping +planning	N	Value		Mean value	Deviation from standard	Significance threshold
		minimum	maximum			
Experimental group	28	-4	10	2,39	3,166	<10 <sup>-4</sup>
Control group (4 int.)	28	-9	5	-1,43	3,202	
Experimental group	28	-4	10	2,39	3,166	<10 <sup>-4</sup>
Control group ( int.)	26	-11	5	2,19	4,224	



Testing of variation between the experimental group and the two control groups underlines even more the fact that in this dimension intervention modified to a great extent the students' conception to relate to stressful situations of everyday life.

Risk behaviours, respectively smoking, use of alcohol and drugs have changed more than in the case of informative intervention in the direction of planning, but the different behavioural categories not as much. Rate of smoking has increased in all three groups of adolescents. The difference between them is the degree of accentuation of this behaviour. The activities for health education do not stop the habit of smoking, their influence manifests itself in the decrease of the negative leap that appears in adolescents of 13 years of age in this respect. In the group with ADS intervention, alcohol consumption has decreased in all kinds of alcoholic beverage, but not significantly from a statistical point of view. Informative intervention proved to be less efficient from this point of view, but it has modified slightly the alcohol consumption in a sanogenous direction, while in adolescents without intervention, the alcohol consumption has increased significantly. This is exemplified with the chart (Chart 6.2.11.4.), that illustrates modifications concerning consumption of alcoholic beverage in the three groups. From the chart, it emerges that alcohol consumption decreases in the experimental group, stagnates in the group with purely informative intervention and increases in the case of students who did not benefit from any kind of intervention.

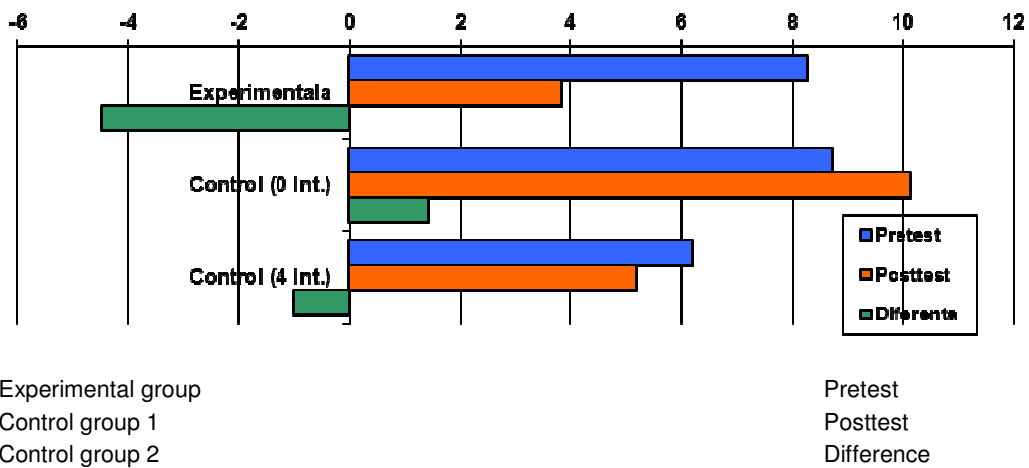


**Chart 6.2.11.4. Consumption of strong alcoholic drinks in pre and post-test of the three groups**

The use of drugs has been very low both before and after the intervention, but statistically in the experimental group appears a slight decrease, in the group benefitting from informative activities there is stagnation and in the group without intervention a slight increase can be noted.

Following the interventions, many adolescents have had a changed attitude towards the school psychologist and gained confidence in the latter’s ability to offer efficient information and the necessary support, if needed.

The chart referring to the importance given to health as a value and the table regarding attitude towards the negative behaviours in question (total scores), suggestively exemplify the increased efficiency of ADS prevention versus the purely informative intervention.



**Chart 6.1. Rank of health in pre and post-test**

An accentuated improvement may be noticed in the hierarchy of “health” in case of the experimental group, a lot less improvement in students who took part in informative activities and a regression in the students who didn’t participate in any intervention, which means that students from the ADS prevention programme give a lot more importance to health than before, compared to students from the control groups.

**Table 6.1. Attitude towards the four negative behaviours (total codes)**

Group	Test	N	Value		Mean value	Deviation from standard	Significance threshold
			minimum	maximum			
Experimental	Pretest	28	10	16	13,79	1,771	0,0001

	Posttest	28	10	16	14,93	1,331	
	Variation	28	-1	4	1,14	1,353	
Control 1. (4 int.)	Pretest	28	7	16	14,00	2,357	0,051
	Posttest	28	12	16	14,96	1,201	
	Variation	28	-3	8	0,96	2,502	
Control 2. (0 int.)	Pretest	26	11	16	14,42	1,391	0,518
	Posttest	26	10	16	14,19	1,744	
	Variation	26	-4	4	-0,23	1,796	

The significance thresholds calculated demonstrate that the greatest behavioural differences between the pre and post-test appear in the case of students who were included in the ADS programme. The adolescents with the four informative activities have also changed their attitudes towards the four behaviours in question, although less apparently. The adolescents who did not take part in health education activities, however, in the posttest show slightly modified attitudes in a negative direction.

## Chapter 7

Chapter 7 consists of discussions and conclusions related to the research findings.

First of all, the limits of the research related to sociological investigation are presented, from among which the most important is, that the investigated population represents only adolescents from Cluj-Napoca and surrounding areas. Thus, our findings can only be of indicative character and cannot be automatically generalised for adolescents all over the country.

With all the limits mentioned, we consider that the data of investigation on location were gathered and analysed in accordance with the basic requirements of this method and the findings show consistency. They can constitute useful information for the specialists in other parts of the country.

As regarding applicative research, some limits are also mentioned. In this case as well, it is mentioned that the investigated population represents only a part of the adolescents in Cluj-Napoca, thus, our findings can only be of indicative character and cannot be automatically generalised for adolescents all over the country.

Despite these limits, we would like to highlight that data were accurately collected before and after the intervention. The students were interested in participating in the research and they expressed their wish to continue the activities included in the prevention programmes several times. In the parents' opinion there have been positive changes in their childrens' behaviour, meaning that their interest for healthy lifestyle issues has grown.

In this chapter, we review the five objectives proposed and analyse the degree of their achievement. As result of the analysis, we can conclude that all the objectives have been achieved, and data have been collected and rigorously analysed. Some of these data are as follows:

- The rate of smoking increases as adolescents become older and the greatest ratio of smokers are vocational high school students.
- The average age when students start smoking is 13.3 years, much lower than that of previous phases of research.
- Girls' consumption of beer is much lower in percentage than that of boys' and that of consumption of drinks with a higher degree of alcohol. Concerning consumption of spirits, there is no difference between sexes.
- Concerning drug consumption, our data reflect the fact that boys, high school students and those from vocational high schools use drugs in a greater percentage than girls, younger students and students from other types of schools.
- Today's adolescents do not have accurate information concerning drugs and their degree of noxiousness.

The evaluation of the four hypotheses points out the following:

1. In the case of each sample, in adolescents from the school environment of Cluj-Napoca and its surroundings frequent use of alcohol has the greatest proportion of behaviours related to heavy consumption. Smoking is on second place in this hierarchy and consumption of drugs is on the third place, much closer to smoking than we would have expected. Drug consumption rate in our sampling is in concordance with the existing national and international findings.

2. In the second hypothesis, we assumed that in the period of the study (1996-2012), the increase of drug consumption exceeds the increase of alcohol and tobacco consumption. Analysing our database, we observed an oscillating evolution of smoking and of drug consumption in the period of investigation, and a significant increase of heavy alcohol consumption. In conclusion, our hypothesis was not confirmed. It seems that, while drug consumption rate was in accordance with international standards, the frequency of this risk behaviour tends to be constant in adolescent population.

3. In the third hypothesis we assumed that there is a direct relationship between the degree of awareness of "health as a value" and sanogenous behaviour of adolescents. Our findings only partially confirm this hypothesis. The data of recent evaluation show that girls are more aware of the value of health in personal life. Awareness concerning health is not more striking in non-smokers and abstainers to use of alcohol as compared to those who smoke and use alcohol frequently. However, those who do not use drugs consider health as much more important than those who do, which shows that the high level of self-awareness concerning health and avoiding drug consumption are reciprocal.

The limits of this relation are due to the fact that in adolescence, the age when they try to find their identity, young people are not concerned with health, their concerns are the relationships with friends and in general, smokers or alcohol users do not connect the harm these do to their health, but they are rather more interested in being part of the reference group.

4. The fourth hypothesis was concerned with the assumed difference between the efficiency of the ADS multifactorial prevention programme and that of the purely informative intervention. The findings demonstrate that some of the risk/protection factors in question have been modified more in the desired direction (knowledge, self-esteem, self-efficacy, assertiveness, control, coping mechanisms) and some others have been modified less (resistance to group pressure). Risk behaviours, respectively smoking, alcohol and drug consumption have been modified more in the planned direction, than in the case of informative intervention, but the different categories of behaviour not to the same extent. The rate of smoking has increased in all three groups of adolescents. The difference between them is the degree of accentuation of this behaviour. Activities for health education do not stop the habit of smoking, their influence manifests itself in the decrease of the negative leap that appears in adolescents of 13 years of age

in this respect. In the group with ADS intervention, alcohol consumption has decreased in all kinds of alcoholic beverage, but not significantly from a statistical point of view. Informative intervention proved to be less efficient from this point of view, but it has modified slightly the alcohol consumption in a sanogenous direction, while in adolescents without intervention, the alcohol consumption has increased significantly. The use of drugs has been very low both before and after the intervention but statistically in the experimental group appears a slight decrease, in the group benefitting from informative activities there is stagnation and in the group without intervention a slight increase can be noted.

### **Final conclusions**

Our ADS multifactorial prevention programme proved to be especially efficient not only in preventing negative habits like smoking, use of alcohol and drugs but also because it contributed to the development of the adolescents' personality through the factors that have been modified in a positive direction (self-esteem, self-efficacy, coping mechanisms, internal control, assertiveness and resistance to group pressure), all these playing an important role in strengthening their mental health. Through this character, prevention becomes multifunctional, contributing-as we consider-to the prevention of other types of negative behaviours and habits. In perspective, a new research can verify the efficiency of our programme in this respect, as well as its longterm efficiency concerning future sanogenous behaviour or risk behaviour in the participating students.

### **BIBLIOGRAPHY**

- Agencia Naionala Antidrog, Observatorul European pentru Droguri i Toxicomanie (2012). *Raport National privind Situatia Drogurilor 2012 Romnia: Noi evoluii, tendine i informaii detaliate cu privire la temele de interes european*. Editura Reitox.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50, 179-211.
- Albert-Lrincz E. (1999). *Adolescentul dezadaptat*. Editura Komp-Press.
- Albert-Lrincz E. (2011). *Az egszsges etviteltl a drogfogyaszt magatartsig*. Presa Universitar Clujean.
- Bban, A.(1998). *Stres i personalitate*. Editura A.S.C.R.,Cluj.

- Bácskai E., Gerevich J. (szerk.) (1998). *Ifjúság és drogfogyasztás*. Animula Kiadó, Budapest, p. 59.
- Bagdy, E. (2000). A dohányzás pszichológiai vonatkozásai. In: Németh, A., Gerevich, J. (szerk.), *Addikciók*. Medicina Könyvkiadó, Budapest.
- Bagdy, E., Telkes, J. (1990) Személyiségfejlesztő módszerek az iskolában. Tankönyvkiadó, Budapest.
- Bandura, A., Walter, R. H., (1964). *Social Learning and Personality Development*. Holt Publishing.
- Baumrind, D. (1989). Rearing competent children. In: W. Damon (Ed.), *Child development today and tomorrow*. San Francisco, CA: Jossey-Bass, 349-378.
- Beck, A. T., Steer, R. A., Beck, J. S., & Newman, C. F. (1993). Hopelessness, depression, suicidal ideation, and clinical diagnosis of depression. *Suicide and Life Threatening Behavior*, 23, 139-145.
- Becker, M. H., & Maiman, L. A., (1975). Socio-behavioral determinants of compliance with health and medical care recommendations, *Medical Care*, 13, 10-24.
- Benedek, L. (1992) Játék és pszichoterápia. Animula, Budapest
- Berndt, T. J. (1979). Developmental Changes in Conformity to Peers and Parents. *Developmental Psychology*, 15, 608–616.
- Blonin, A., Bornstein, R., Trites, R. (1978). Teenage alcohol use among hyperactive children: A five year follow-up study. *Journal of Pediatric Psychology*, 3, 188-194.
- Blos, P., (1965) On Adolescence. A psychoanalytic interpretation. New-York: The Free Press
- Blum, H. P. (1987). The role of identification in the resolution of trauma: The Anna Freud Memorial Lecture. *Psychoanalytic Quarterly*, 56, 609-627.
- Bogenschneider, K. (2001). Risk Factors For Alcohol and Drug Use/Abuse Prevention. *Wisconsin Youth Futures Technical Report*, 10. Descărcat de pe <http://www1.cyfernet.org/prog/teen/94-youthfut10.html>
- Botvin, G.J., Griffin, K.W. (2002). Life skills training as a primary prevention approach for adolescent drug abuse and other problem behaviors. *International Journal of Emerging Mental Health*, 4, 41-47
- Botvin, G.J., Griffin, K.W. (2004). Life Skills training: empirical findings and Future Directions. *The Journal of Primary Prevention*, 25, 211-232
- Brook, J.S., Gordon, A.S., Whiteman, M., Cohen, P. (1986). Some models and mechanisms for explaining the impact of maternal and adolescent characteristics on adolescent stage of drug use. *Developmental Psychology*, 22, 46-67.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22, 723-742.
- Brooks-Gunn, J., Petersen, A. C. (Eds.) (1983). *Girls at puberty. Biological and psychosocial perspectives*. New York

- Brown, B. B., Lohr, M. J., & McClenahan, E. L. (1986). Early adolescents' perceptions of peer pressure. *The Journal of Early Adolescence*, 6, 139-154.
- Brown, B. B., Clasen, D.R., Eicher, S. A. (1986). *Perceptions of peer pressure, peer conformity dispositions and self-reported behavior among adolescents*. Cambridge, MA: Harvard University Press.
- Buda, B., (1995) *Szenvedélyeink. Megelőzés, felismerés, rehabilitálás*. SubRosa kiadó, Budapest
- Buhler, C.H. (1935). The Course of Life as Studies in Biographies. *Journal of Applied Psychology*, 19, 405-409
- Calafat, A. et al (1989) Evaluation of the school prevention program "You decide". *Addictions*. Vol.1.96-110
- Califano, J. A., Jr. (1979). *Healthy people: Background papers*. Washington, D.C.: US Government Printing Office
- Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100.
- Cole, M., & Cole, S. R. (1996). *The development of children* (3rd ed.). New York: Freeman
- Compas, B., Hinden, B., Gerhardt, C. (1995). Adolescent development: Pathways and processes of Risk and Resilience. *Annual Review of Psychology*, 46, 265-293.
- COPE complet: <http://www.psy.miami.edu/faculty/ccarver/sclCOPEF.html>
- COPE: <http://www.psy.miami.edu/faculty/ccarver/sclBrCOPE.html>
- Cousins, N. (1989). *Head first: The biology of hope*. New York: E. P. Dutton.
- Crockett, L., Losoff, M., Petersen, A. C. (1984). Perceptions of the peer group and friendship in early adolescence. *Journal of Early Adolescence*, 4, 155-181.
- Crockett, L.J., Petersen, A.C. (1993). *Adolescent development: health risks and opportunities for health promotion*. Oxford University Press, New-York
- Currie, C., Zanotti, C., Morgan, A., Currie, de Looze, M., Roberts, Ch., Samdal, O. D., Smith, O.R.F (Eds.) (2012). *Social determinants of health and well-being among young people: Health behaviour in school-aged children (HBSC) Study: international report from the 2009/2010 Survey*. (Health Policy for Children and Adolescents, 6). Copenhagen, WHO Regional Office for Europe
- Csendes, E. (1998) *Életvezetési ismeretek és készségek*. Műszaki könyvkiadó, Budapest
- De Jong, C.A.J., Harteveld, F.M., van de Wielen, G.E.M., van der Spaak, C.P.F. (1991). Memories of parental rearing in alcohol and drug addicts: A comparative study. *International Journal of Addictology*, 26, 1065-1076.



- Dembo, R., Dertke, M., Borders, S., Washburn, M., Schmeidler, J. (1988). The relationship between aphysical and sexual abuse and tobacco, alcohol, and illicit drug use among youth in a juvenile detention center. *International Journal of Addictology*, 23, 351-378.
- Demetrovics Zs., Kovács L., Balog P. (2000). A csíkszeredai fiatalok alkohol- dohány- és drogfogyasztási szokásai. In: Veress Albert (szerk.), *Országos Pszichiátriai Konferencia Kiadványa*. Status Kiadó, Csíkszereda, 173-178.
- Dévai, M.(1995). A droghoz vezető utak pszichikus háttere, terápiás lehetőségek. In: Sipos K. (szerk.), *Drogmegelőzés az iskolában*. Magyar Testnevelési Egyetem Továbbképző Központja, 31-49.
- Dévai,M.(1995). A CHEF –Hungary Alapítvány egészségnevelő programjai, drog és alkoholmegelőző szakmai tevékenysége. In: Sipos K. (szerk.), *Drogmegelőzés az iskolában*. Magyar Testnevelési Egyetem Továbbképző Központja,67-92.
- De Vries, H., Backbier, E., Dijkstra, M., Van Breukelen, G., Parcel, G. and Kok, G. (1994) A Dutch social influence smoking prevention approach for vocational school students. *Health Education Research*, 9, 365–374
- Dielman, T. E., Butchart, A. T., Shope, J. T., & Miller, M. (1990-1991). Environmental correlates of adolescent substance use and misuse: Implications for prevention programs. *International Journal of the Addictions*, 7A/8A, 857-882.
- Dinwiddie, S. H., & Cloninger, C. R. (1991). Family and adoption studies in alcoholism and drug addiction. *Psychiatric Annuals*, 21, 206-214
- Dunphy, D. C. (1963). The social structure of urban adolescent peer groups. *Sociometry*, 26, 230-246
- Eagly, A. H., & Chaiken, S. (1998). Attitude structure and function. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *The handbook of social psychology* (Vol. 2). New York: McGraw-Hill, 269-322.
- Eccles, J.E., Midgley, C., Wigfield, A., Miller Buchanan, C., Reuman, D., Flanagan, C., MacIver, D. (1993). Development during adolescence: the impact of stage-environment fit on adolescents' experiences in schools and families. *American Psychologist*, 48, 90-101.
- Eggert,LL.,Seyi,CD.,NicholasLJ.(1990) Effects of a School-Based Prevention Program for Potential High School Dropouts and Drug Abusers. *Substance Use & Misuse*. 25/ 7, 773-801
- Ellickson, PL, Bell, RM, McGuigan, K.(1993) Preventing Adolescent drug use: long term results of a junior high program. *American Journal of Public Health*. 83:856-861.
- Elkind, D. (1981). *The Hurried Child-: Growing Up Too Fast Too Soon*. Oxford University Press
- EMCDDA (2011). *The State of the Drugs problem in Europe*. Descarcat de pe [www.emcdda.europa.eu/publications/annual-report/2011](http://www.emcdda.europa.eu/publications/annual-report/2011)

- Entwisle, D. R. (1990). Schools and adolescence. In: S. S. Feldman & G. R. Elliott (Ed.), *At the threshold: The developing adolescent*. Cambridge, MA: Harvard University Press, 197-224.
- Erikson, E. J. (1968). *Identity: Youth and Crisis*. W. W. Norton & Company
- Fallon, J. H., Keator, D., Mbgori, J., & Potkin, S. G. (2004). Hostility differentiates the brain metabolic effects of nicotine. *Cognitive Brain Research*, 18, 142-148.
- Fogelson, R. T. (1982). Person, self, and identity: Some anthropological Retrospects, Circumspect, and Prospects. In B. Lee (Ed.), *Psychosocial theories of the self*. New York: Plenum
- Gerevich, J. (2000). Az addiktológia spektruma. In: Németh A., Gerevich J. (szerk.). *Addikciók*. Medicina Könyvkiadó, Budapest
- Glynn, T., & Sanders, M. R., (1981). Training parents in behavioral self-management: An analysis of generalization and maintenance. *Journal of Applied Behavior Analysis*, 14, 223-237.
- Graber, J. A., Petersen, A. C. (1991). Cognitive changes at adolescence. Biological perspectives. In: K. R. Gibson & A. C. Petersen (Eds.), *Brain maturation and cognitive development* New York: Aldine de Gruyter, 253-279.
- Greza, F. (1998): Bevezetés a mentálhigiénebe. Magyar Testnevelési Egyetem, Budapest
- Grotevant, H. D., & Cooper, C. R. (1985). Patterns of interaction in family relationships and the development of identity exploration in adolescence. *Child development*, 56, 415-428.
- Hall, G.S [1904] *Adolescence*, Englewood Cliffs, and N.J: Prentice Hall
- Harter, S. (1990). *Visions of self: Beyond the me in the mirror*. Presentation as University Lecturer of the Year, University of Denver
- Harter S., & Monsour, A. (1992). Development analysis of conflict caused by opposing attributes in the adolescent self-portrait. *Developmental Psychology*, 28,251-260
- Hawkins, J.D., Catalano, R.F., Miller, J.Y. (1992). Risk and Protective Factors for Alcohol and other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention. *Psychological Bulletin*, 112, 64-105.
- Hayes, S. (1996). Creating the empirical clinician. *Clinical Psychology: Science and Practice*, 3, 179-181
- Heath, S. B., (1982). Questioning at home and at school. A comparative study. In: G. Spindler (Ed.) *Doing the ethnography of schooling*. New York: Holt, Kinehaus & Winsson, 102-231.
- Hibell, B., Guttormsson, U., Ahlström, S., Balakireva, O., Bjarnason, Th., Kokkevi, A Kraus, L.(2012). *The 2011 ESPAD Report: Substance Use Among Students in 36 European Countries*. The Swedish Council for Information on Alcohol and other Drugs (CAN), The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group)

- Hughes, H. M. (1988). Psychological and behavioral correlates of family violence in child witnesses and victims. *American Journal of Orthopsychiatry*, 58, 77-90.
- Huizinga D., Loeber R., Thornberry T. P. (1995). The prevention of serious delinquency and violence: Implications from the Program of Research on the Causes and Correlates of Delinquency. In: J. C. Howell, B. Krisberg, J.D. Hawkins, J.J. Wilson. (Eds.), *Sourcebook on Serious, Violent and Chronic Juvenile Offenders*. Oaks, CA: Sage Publications, Inc, 3-19.
- Hurrelmann, K., Richter, M., (2006). Risk behavior in adolescence. The relationship between developmental and health problems. *Journal of Public Health*, 14, 20-28.
- Institutul Național de Cercetare- Dezvoltare în Sănătate (2003). Raport de activitate INCDS 2003. Descărcat de pe [www.snsmpms.ro/.../raport.../SNSMPDSB%20raport%20](http://www.snsmpms.ro/.../raport.../SNSMPDSB%20raport%20)
- Jacobs, M. (2003). *Sigmund Freud / Michael Jacobs*. SAGE Publications
- Jennings, B., Kahn, J., Mastroianni, A.J.D., Parker, L.S. (Eds.) (2003). *Ethics and Public Health. Model Curriculum*, HRSA, ASPH, The Hastings Center
- Jessor, R. (1991). *Perspectives on behavioral science: the Colorado lectures*. Westview Press
- Jessor, R. (1993). Successful adolescent development among youth in high-risk settings. *American Psychologist*, 48, 117-126.
- Kalamár, H.(1988) Kreativitás és kommunikációfejlesztés serdülők önismereti csoportjában. *Iskolapszichológia* 11. ELTE
- Kandel, D. B., & Lesser, G. S. (1972). *Youth in two worlds*. San Francisco: Jossey-Bass
- Kandel, D.B.; Kessler, R.C., Margulies, R.Y. (1978). Antecedents of adolescent initiation into stages of drug use: A developmental analysis. *Journal of Youth and Adolescence*, 7, 13-40.
- Kandel, D.B., Simcha-Fagan, O., Davis, M. (1986). Risk factors of delinquency and illicit drug involvement from adolescence to adulthood: Further evidence for the gateway theory. *Journal of Studies on Alcoholism*, 53, 447-457.
- Kaplan, J. R., ed. (1980). *A Woman's Conflict: The Special Relationship Between Women and Food*. Englewood Cliffs, N.J.: Prentice Hall
- Keating, D. P., & Clark, C.L. (1980). Development of physical and social reasoning in adolescence. *Developmental Psychology*, 16, 23-30.
- Kendel, E., Mednick, S., Kirkegaard-Sorensen, L., & Hutchings, B. Rosenberg, R., Schulsinger, F. (1988). IQ as a potential factor for subjects at high risk for antisocial behavior. *Journal of Counseling and Clinical Psychology*, 56, 224-226.
- Khantzian, E.J., Khantzian, N.J. (1984). Cocaine addiction: Is there a psychological predisposition ?. *Psychiatric Annals*, 14, 753-759.

- Khurshid, F. (2012). Causes of smoking habit among teenagers. *Interdisciplinary Journal Of Contemporary Research In Business*, 3, 848-855.
- Kielholz, P. (1970). Anxiety and Tension – New Therapeutic Aspects: An International Symposium, St. Moritz, 16<sup>th</sup> Jan. 1970, CIBA
- Kisszékely Ö. (1989). A toxikománia kiváltó és motiváló tényezői. In: Vabik L. (szerk.), *A bódulat csapdájában*. Tankönyvkiadó, Budapest
- Klepp, K.I., Tell, G. and Vellar, O. (1993) Ten-year follow-up of the Oslo Youth Study Smoking Prevention Program. *Preventive Medicine*, 22, 453–462
- Klitzner M, Gruenewald PJ, Bamberger E.(1990) The assessment of parent-led prevention programs: a preliminary assessment of impact. *Journal of Drug Education*. 20(1):77–94.
- Komlósi P., (1997) A család támogató és károsító hatásai a családtagok lelki egészségére. *Közösségi mentálhigiéne Animula*, Budapest, 13-34.
- Koncz,I. (1994): Videós önismeretfejlesztés: a videó felhasználási lehetőségei a 14–18 éves tanulók önismeretre nevelésében. Fitt Image, Budapest.
- Kopp M., Skrabski A. (1995). *Alkalmazott magatartástudomány*. Corvinus Kiadó
- Kroger, J. (1989). *Identity in adolescence: the balance between self and other*. London: Routledge.
- Krogh, David (1991). *Smoking: The artificial passion*. W H Freeman & Company
- Kulcsar,T.(1978)Factorii psihologici ai reușitei școlare,E.D.P.Buc.
- Kulin, E., Darvay, S. (2012). Egészségfejlesztés az iskolában. In: Darvay, S. (szerk.): *Tanulmányok a gyermekkori egészségfejlesztés témaköréből*. Eötvös Loránd Tudományegyetem, Budapest, 67-81.
- Lawick-Godall,J.,(1980) *Ay ember árnyékában*. Gondolat kiadó, Budapest
- Leadbeater, B.J., Blatt, S.J., Quinlan, D.M. (1994). Gender-linked vulnerabilities to depressive symptoms, stress and problem behaviors in adolescence. *Journal of Research on Adolescence*, 5, 1-29.
- Lerner, R. M., Hultsch, D. F. (1983). *Human development: A life-span perspective*. New York: McGraw-Hill.
- Lerner, R.M., Tubman, J.G. (1989). Conceptual issues in studying continuity and discontinuity in personality development across life. *Journal of Personality*, 57, 343-373.
- Leshner, A.I. (1997). Introduction to the special issue: The National Institute on Drug Abuse's (NIDA's) Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behaviors*, 11, 211-215

- Lloyd-Richardson, E. E., Papandonatos, G., Kazura, A., Stanton, C., and Niaura, R., (2002). Differentiating stages of smoking intensity among adolescents : stage-specific psychological and social influences. *Journal of Consulting Clinical Psychology*, 70, 998-1009.
- Lotrean, M. et al (2010) Assessment of health risk behaviors and their interrelationships among young people from two counties of Romania. *Z. Gesundheitswiss*, 18(4). 403-411
- Marcia, J. E. (1989). Development and validation of ego identity status. *Journal of Personality and Social Psychology*, 3, 551-558.
- Marks, I. (1990). Behavioral (Non-Chemical) Addictions. *British Journal of Addiction*, 85, 1389-1394.
- Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, 98, 224-253.
- Matarazzo, J. (1980). Behavioral health and behavioral medicine: Frontiers for a new health psychology. *American Psychologist*, 35, 807-817.
- McLain, J. (szerk.) (1997). *Alkohol és más drogok (Életmód Füzetek)*. Soros Alapítvány Kiadó, Budapest.
- Meleg, Cs. (2002). Iskolai egészségnevelés: A feladat újrafogalmazása. *Magyar Pedagógia*, 102, 11–29.
- Miclea, M. (1997). *Stres și apărare psihică*. Editura Presa Universitară Clujeană
- Miller, N. E. (1983). Behavioral medicine: Symbiosis between laboratory and clinic. *Annual Review of Psychology*, 34, 1-32
- Millstein, S., Petersen, A., Nightingale, E. (1993). *Promoting the Health of Adolescents*. Oxford University Press
- Millstein, S.G. (1994). A View of Health from the Adolescent Perspective. In: S.G. Millstein, A.C. Petersen, E.O. Nightingale (Eds.), *Promoting the Health of Adolescents: New Directions for the Twenty-first Century*. Oxford University Press, 97-118.
- Money, J.A., Foerstaal, L. (1979). First Anthropologist of Childhood and Adolescence. *American Journal of the Disabled Child*. 133, 480-481.
- Montemayor, R. (1983). The relationship between parent-adolescent conflict and the amount of time adolescents spend alone and with parents and peers. *Child Development*, 53, 1512-1519
- Mortimer J.T., Reed W.L. (2002) Macrostructured Trends and the Reshaping of Adolescence. *The Changing Adolescent Experience*. Cambridge University Press. 1-18
- Muntaner, C., Nagoshi, C., Jaffe, J., Walter, D., Haertzen, C., Fishbein, D. (1989). Correlates of self-reported early childhood aggression in subjects volunteering for drug studies. *American Journal of Drug and Alcohol Abuse*, 4, 383-402.

- National Institute on Drug Abuse (2003). *Preventing Drug Abuse among Children and Adolescents. A Research-Based Guide for Parents, Educators and Community Leaders*. NIDA. Descărcat de pe [http://www.drugabuse.gov/sites/default/files/preventingdruguse\\_2.pdf](http://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf)
- Németh A., Gerevich J. (szerk.)(2000). *Addikciók*. Medicina Könyvkiadó
- Newcomb, M.D., Maddahian, E., Bentler, P. (1986). Risk factors for drug use among adolescents: Concurrent and longitudinal analyses. *American Journal of Public Health*, 76, 525-531.
- Newcomb, M. D., Bentler, P. M. (1986). Drug use, educational aspirations, and work force involvement: The transition from adolescence to young adulthood. *American Journal of Community Psychology*, 14, 303-321.
- Newcomb, M.D., Bentler, P.M.(1990). Antecedents and consequences of cocaine use: An eight year study from early adolescence to young adulthood. In: L.N. Robins, M. Rutter, (Eds.), *Straight and Devious Pathways on Childhood to Adulthood*. Cambridge University Press, Cambridge, 158-181.
- Noack K-A., Schenschonka, G., Breitreutz, C. (1991). *Dohányzásmegelőzés Tanári kézikönyv*. Drogalapítvány, Budapest
- Nutbeam et al(1993)Evaluation of two school smoking education programmes under normal classroom conditions.*BMJ*. 306:102-107
- O'Donnel, JA. (1982). The stepping- stone hypothesis: marijuana, heroin, and causality. *Chemical Dependencies*, 4, 229-241.
- Oetting-Beauvais, E.R. (1987). Common elements in youth drug use: Peer clusters and other psychosocial factors. *Journal of Drug Issues*, 17, 133-151.
- Olah, A. (1995). Coping Strategies Among Adolescents: A Cross-Cultural Study, *Journal of Adolescence*, 18, 491-512.
- Perry,C.L. et al(1992) Minnesota Smoking Prevention Program. *American journal of Public Health* Vol.82.1210-1216.
- Piaget, J., Barbel, I, (1958). *The Growth of Logical Thinking from Childhood to Adolescence: An Essay on the Construction of Formal Operational Structures*. Routledge Press
- Pickens, R. W., Svikis, D.S., McGue, M., Lykken, D., Heston, M., Clayton, P. (1991). Heterogeneity in the inheritance of alcoholism: A study of male and female twins. *Archives of General Psychiatry*, 48,19-28.
- Pratkanis, A. R., & Aronson, E. (1992). *The age of propaganda*. New York : Freeman.
- Preda, V., 1998, Delincvența juvenilă. O abordare multidisciplinară, Presa Universitară, Cluj-Napoca.
- Preskin, H. (1967). Pubertal onset and ego functioning. *Journal of Abnormal Psychology*, 72, 1-11

- Ram, S. (2005). *Psychology And Child Growth*. Sarup & Sons
- Rácz, J. (1998). *A drogfogyasztó magatartás*. Medicina Könyvkiadó, Budapest
- Radu, I. (coord.)(1991). *Introducere in psihologia contemporana*. Editura Sincron
- Ranschburg, J., (2010). *A serdülőkor pszichológiája*. Saxum kiadó. Budapest
- Ritt-Olson, A., Milam, J., Unger, J.B., Trinidad, D., Teran, L., Dent, C.W., Sussman, S. (2004). The protective influence of spirituality and "Health-as-a-Value" against monthly substance use among adolescents varying in risk. *Journal of Adolescent Health*, 34, 192-199.
- Roona, M.R., Tobler, N.S., Ochshorn, P., Marshal, D.G., Streke, A.V., Stackpole, K.M. (2000). School-Based Adolescent Drug Prevention Programs. *The Journal of Primary Prevention*, 20, 199-208
- Rosaldo, R. (1984). Toward an anthropology of self and feeling. In: R. A. Shweder and R. A. Levine (Eds.), *Culture Theory: Essays on Mind, Self and Emotion*. Cambridge: Cambridge University Press.
- Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs*, 80, 609-611.
- Rudas, J. (1990) *Delfi örökösei*. Gondolat kiadó, Budapest
- Sampson, R. J., & Laub, J. H. (1993). *Crime in the making: Pathways and turning points through life*. Cambridge, MA: Harvard University Press.
- Sarason, I.G, Mankowski, E.S., Peterson, A.V., Dinh, K.T. (1992). Adolescents' reasons for smoking. *Journal of School Health*, 62, 185-190.
- Sargent, J.D., Beach, M.L., Dalton, M.A., Mott, L.A., Tickle, J.J., Ahrens, M.B., Heathertond, T.F. (2001). Effect of seeing tobacco use in films on trying smoking among adolescents : Cross sectional study. *British Medical Journal*, 323, 1394-1397.
- Savin-Williams, R. C. (1987). *Adolescence: An ethological perspective*. New York: Springer- Verlag
- Savin-Williams, R. C., & Berndt, T. J. (1990). Friendship and peer relations. In: S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent*. Cambridge, MA: Harvard University Press, 277-302.
- School based education for drug abuse prevention*. (2004). United Nations Office on Drugs and Crime Vienna. Descărcat de pe [http://www.unodc.org/pdf/youthnet/handbook\\_school\\_english.pdf](http://www.unodc.org/pdf/youthnet/handbook_school_english.pdf)
- Shope JT, Kloska DD, Dielman TE, Maharg R. Longitudinal evaluation of an enhanced Alcohol Misuse Prevention Study (AMPS) curriculum for grades six-eight. *Journal of School Health* 1994;64:160-66.
- Schwarzer, R. (2001). Social-cognitive factors in changing health-related behaviors. *Current Directions in Psychological Science*, 10, 47-51.

- Schwarzer, R., & Fuchs, R. (1995). Changing risk behaviors and adopting health behaviors: The role of self-efficacy beliefs. In: A. Bandura (Ed.), *Self-efficacy in changing societies*, New York: Cambridge University Press, p. 259-288.
- Scriven, A., Stiddard, L. (2003). Empowering schools: translating health promotion principles into practice. *Health Education* 103, 110-118.
- Selye, H. (1983). *Selye's Guide to Stress Research, Volumes 1-3*. John Wiley & Sons, Inc.
- Servais, E. (1988) *Prevention drogues*. Editions Labor. Bruxelles
- Shapiro, S., Shapiro, R. (2004). *The curtain rises: Oral Histories of the Fall of Communism in Eastern Europe*, McFarland and Company.
- Shapiro, S. (1992). *Smoking prevention*. Soros Foundation
- Shapiro, D. (1995) *Communication and conflict resolution*. Open Society Institute, New York
- Shinke, S.P., Orlandi, M.A., Cole, K.C. (1992) Boys and girls clubs in public housing developments: prevention services for youth at risk. *Journal of Community Psychology* (OSAP Special issue): 118-128
- Sipos, K., Vingender, I. (1995). Általános iskolai és középiskolai tanulók drogfogyasztó magatartásának és attitűdjeinek családi háttértényezőiről. In: Sipos K (szerk.), *Drogmegelőzés az iskolában*. Magyar Testnevelési Egyetem, Budapest
- Simache, D. (2000). Drogul, ca mod de viață. *Analele Universtiții Spiru Haret, Seria Sociologie-Psihologie*, 1, 107-111.
- Simmons, R. G., Blyth, D. A., (1987). *Moving Into Adolescence: The Impact of Pubertal Change and School Context*. Aldine Transaction Publishing
- Snow, D.L., Kraemer Tebes, J., Arthur, M., Tapasak, R.C. (1993) Two-Year Follow-Up of a Social-Cognitive Intervention to Prevent Substance Use *Journal of Drug Education* 22/2 101-114
- Stattin, H., Magnusson, D. (1990). Pubertal maturation in female development. In: D. Magnusson (ed.), *Paths through Life* (Vol. 2). Hillsdale, NJ: Laurence Erlbaum Associates, Inc
- Steinberg, L., Elmen, J. D., & Mounts, N.S. (1989). Authoritative parenting, psychosocial maturity, and academic success among adolescents, *Child Development*, 65, 754-770.
- Stenbacka, M., Allenbeck, P., Romelsjö, A. (1992). Do cannabis drug abusers differ from intravenous drug abusers? The role of social and behavioral risk factors. *British Journal of Addictions*, 87, 259-266.
- Sussman et al (1999). The Association of Group Self-Identification and Adolescent Drug Use in Three Sample Varying in Risk. *Journal of Applied Social Psychology*, 29.8., 1555-1581



- Swaim, R.C. (1991). Childhood risk factors and adolescent drug and alcohol abuse. *Educational Psychology Review*, 3/4, 363-398.
- Szekszárdi, J. (2008) Új utak és módok. Dinasztia tankönyvkiadó.
- Taylor, J., Lloyd, D.A., Warheit, G.J. (2006). Self-Derogation, Peer Factors, and Drug Dependence Among a Multiethnic Sample of Young Adults. *Journal of Child & Adolescent Substance Abuse*, 15, 39-51.
- Tobler, N.S., Roona, M.R., Ochshorn, P., Marshall, D.G., Streke, A.V., Stackpole, K.M. (2000). *Journal of Primary Prevention*, 20, 275-336.
- Todirita I. R., Lupu V. (2011). *Similitudini privind tabloul clinic și abordarea terapeutică a jocului patologic de noroc cu tulburarea de personalitate borderline. Cercetări aplicative în educație sănătate și științele sociale*. Editura Universitară
- Turiel, E. (1989). Domain –specific social judgments and domain ambiguities. *Merrill-Palmer Quarterly*, 35, 89-114.
- Udry, J. R. (1988). Biological predispositions and social control in adolescent sexual behavior. *American Sociological Review*, 53, 709-722.
- U.S. Department of Health and Human Services (2011). *Report to Congress on the Prevention and reduction of underage drinking*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration
- Veczko, J.,(1986) Gyerekek, tanárok, iskolák. Tankönyvkiadó, Budapest
- Vikár, Gy. (1980). *Az ifjúkor válságai*. Gondolat Kiadó, Budapest
- Waterman, A. S. (1985). Identity in the context of adolescent psychology. *New Directions for Child and Adolescent Development*, 30, 5-24
- Werner, E.E. (1986). Resilient offspring of alcoholics: A longitudinal study from birth to age 18. *Journal of Studies on Alcoholism*. 47, 34-40.
- WHO (2011). *Global Status Report on Alcohol and Health 2011*.WHO. Descarcă de pe [http://www.who.int/substance\\_abuse/activities/gad/en/](http://www.who.int/substance_abuse/activities/gad/en/)
- Wills, T. A. (1990). Stress and coping factors in the epidemiology of substance use. In: L. T. Kozlowski, H. M. Annis, H. D. Cappell, F. B. Glaser, M. S. Goodstadt, Y. Israel, H. Kalant, E. M. Sellers, & E. R. Vingillis (Eds.), *Research advances in alcohol and drug problems* (Vol. 10). New York: Plenum, 215-250.
- Winter, K.C. (2003). Assessment of Alcohol and Other Drug Use Behaviors Among Adolescents. In: Allen, P.J., Wilson, V. (Eds.), *Assessing Alcohol Problems . A Guide For Clinicians And Researchers Second Edition*, U.S. Department of Health and Human Services, National Institute of Alcohol Abuse and Alcoholism, 101-123.

- Whiting, J. W. M., Burbank, V. K., Ratner, M. S. (1986). The duration of maidenhood across cultures. In: J.B. Lancaster and B.A. (eds.), *School age pregnancy and parenthood*. New York: Aldine, 273-302.
- Youniss, J. & Smollar, S. (1985). *Adolescent relations with mothers, fathers, and friends*. Chicago: University of Psychology
- Zimbardo, P. G. (1970). The human choice: individuation, reason and order vs. deindividuation, impulse and chaos. In: W. J. Arnold and D. Levine (Eds.), *Nebraska Symposium on Motivation*, Lincoln, Nebraska: University of Nebraska Press.
- Zuckerman, M. (1979). *Sensation Seeking: Beyond the Optimal Level of Arousal*. Taylor & Francis Group.