

# THE AVAILABILITY AND USE OF DRUGS IN SLOVENIAN PRIMARY SCHOOLS AND IN VICINITIES CLOSE TO SCHOOLS

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**Abstract:** According to the European Monitoring Centre for Drugs and Drug Addiction, preventive programmes and interventions should aim to address drug use in specific settings, such as schools. There are no available data about drug use in schools, especially in an international context; therefore, this study attempted to collect data on the availability and use of drugs in schools and in vicinities close to schools, from students attending Slovenian primary schools. The research study consists of a representative sample of students ( $n = 1527$ ), parents ( $n = 1259$ ), teachers ( $n = 163$ ), and head teachers ( $n = 60$ ) from Slovenia. The data were gathered with a questionnaire, which consisted mainly of opinion and evaluation scales. Findings: The most important finding of this study was that legal and illegal drugs were easily available in Slovenian primary schools and in vicinities close to schools, and students did use them in these areas. Research findings draw attention to the need for teachers and head teachers to pay special attention to drug use in schools and in vicinities close to schools, although they may not initially see it as a problem.

**Key words:** drugs, drug use in schools, ESPAD study, HBCS study, primary schools

## INTRODUCTION

According to the latest estimates from 2011, between 167 and 315 million people aged 15–64 used at least one illicit substance in the preceding year. This corresponds to between 3.6 and 6.9 per cent of the adult population between 15 and 64 years of age (World Drug Report, 2013). However, the fact that the concentration of drug use among youth is a fundamental characteristic of the contemporary drug problem (World Drug Report, 2012) is most alarming. Data on drug use among adolescents in Europe for 2011 are available in the representative research study, “The 2011 European School Survey Project on Alcohol and Other Drugs” (hereafter ESPAD study) (Hibell et al., 2012); the representative research study “Social determinants of health and well-being among young people: health behavior in school-aged children” (hereafter HBCS study) presents 2009/10 data among children and adolescents. Both provide key insights into the health-related behav-

iors of young people. The HBCS study 2009/10 (implemented in Slovenia for the third consecutive time, following previous surveys in 2002 and 2006) enquired into the use of cigarettes, alcohol, and cannabis. The study encompassed a representative sample of 11-, 13- and 15-year-old students, although the questions pertaining to cannabis use applied only to 15-year-olds (Social determinants of health and well-being among young people, 2012). The ESPAD study is the largest cross-national research project on adolescent substance use in the world, including adolescents who turned sixteen in the calendar year of data collection and who are part of the school system. The study was first conducted in 1995 and repeated in 1999, 2003, 2007, and 2011, and the results were published a year after the completion of each study. Slovenia took part in all the implementations of the study (Hibell et al., 1997, 2000, 2004, 2008, 2012). The data gathered in all the ESPAD studies showed that the share of the participating adolescents who had used any drug in the course of their lives in

order to “get high” had increased (The State of the Drugs Problem in Europe, 2012). Included in the study’s definition of drugs were cigarettes, alcohol, tranquillizers or sedatives without a doctor’s prescription, cannabis or hashish, amphetamines, cocaine, crack, LSD or other hallucinogens, heroin, and since 2007, GHB, ecstasy, inhalants – glue, for example. Therefore, as the EU Drugs Action Plan for 2009–2012 states, an important objective of the EU and national policies concerning drugs is to prevent the use of drugs (Drugs Action Plan for 2009–2012, 2009), and to prevent the early onset of drug use (Reducing drug demand).

The European Monitoring Centre for Drugs and Drug Addiction (hereafter EMCDDA) underlines that the available information pertaining to Europe suggests that illicit drug use among very young people (i.e. younger than 15) is confined to a small minority who experiment with drugs at a very early age (Drug use and related problems among very young people, 2007). However, experimental substance use among very young people is widely recognized as a predictor of future dependence and other drug related problems (Gfroerer et al., 2002; Kandel, 1984; Milam et al., 2013; Pederson & Skrondal, 1998; Strandheim, 2013). Consequently, because the majority of children participate in the school system, the EMCDDA emphasizes that preventive programs and interventions should be designed to address drug use in specific settings, such as in schools (Drug use and related problems among very young people, 2007). However, there are no available data about drug use in schools in European countries. The ESPAD and the HBCS research studies did not ask respondents about the social context in which drug use took place; consequently, these studies do not provide us with information on drug use in schools, the specific contexts highlighted by the EMCDDA.

### AIMS OF THE STUDY

Since we had no representative data about drug use in schools and in vicinities of the schools in Slovenia, the main aim of our study was to examine whether primary-school students in Slovenia use cigarettes, alcohol, cannabis, and other drugs in schools or in vicinities of the schools and whether they have access to them inside schools.

In order to answer the question about whether drug use happens in schools and in vicinities of the schools we included the related questions in the research study. The primary purpose of this study was to compare the answers to the questions about how frequently the responding students, teachers and head teachers saw the students of their schools smoke cigarettes, drink alcohol, smoke cannabis or use other drugs in schools and in vicinities of the schools; how frequently students themselves used any of the listed drugs in these places; what drugs the students and the teachers, head teachers and parents of the students participating in the research thought that the students could access there; and whether they perceived the availability of drugs to be a problem.

### METHODS

The research used a descriptive and causal non-experimental method. Descriptive method was used to describe the characteristics of the population or phenomenon being studied, and with the causal non-experimental method we explored the causal relationships between the variables without involvement of experimental manipulation (Sagadin, 1993).

The research study consisted of a representative sample of students ( $n = 1527$ ), parents ( $n = 1259$ ), teachers ( $n = 163$ ), and head teachers ( $n = 60$ ). The average age of the participating students was  $M = 12.94$  ( $SD = 0.73$ ). The questionnaires on the incidence of drugs in primary schools and in vicinities of the schools (hereafter questionnaires) were sent to primary schools in May 2009. There was a balanced representation of schools from urban and rural areas. We sent the questionnaires to the selected schools and asked them for cooperation. The students completed the questionnaires after school classes in the presence of teachers. The anonymity was assured by handing the questionnaire to each student with an envelope enclosed. After completing the questionnaire they returned it in the sealed envelope. In the meantime teachers were also completing the questionnaires prepared for them. We had also obtained written consents of the parents whose children participated in the research. The parents, teachers and head teachers returned their completed questionnaires to school

contact persons. All the responding groups were guaranteed anonymity, and their participation was voluntary.

The questionnaire on drug use for the parents, teachers and students consisted of four evaluation scales (an evaluation scale measuring how frequently students used drugs in schools, an evaluation scale measuring how frequently students used drugs in vicinities of the schools, an evaluation scale measuring the knowledge that the respondents had about individual drugs, and an evaluation scale measuring how serious a problem drugs were in the schools), two Likert scales to establish the role of schools in preventing drug use among students and the role of the family in preventing drug use among students, and three sections of questions (about how much schools informed students on the harmful consequences of drug use, about the punishments that should be imposed on students for transgressions related to drugs, and about the availability of specific drugs).

The questionnaire for the students included three further evaluation scales: on how frequently individual students used drugs in schools, how frequently individual students used drugs in vicinities of the schools, and the experiences that the students had with specific drugs.

The study analyzed the data using the SPSS statistical package. The process involved the calculation of the degree of reliability (all the final versions of the questionnaire had sufficient reliability, Cronbach's alpha  $\geq 0.60$  and  $r_{tt} \geq 0.70$ ) and validity (the first factor explained over 20% of the variance).

Frequency and structure tables show the data,

and the Pearson Chi-square test tested the hypotheses. The tables show valid responses of the respondents answering individual questions.

## RESULTS

Three surveyed groups (students, teachers, and head teachers) were asked how frequently they saw the students of their school use cigarettes, alcohol, cannabis, or any other drug in school or in vicinities of the of their school (hereafter in school). The findings in table 1 demonstrate that students saw other students of their school smoking cigarettes in school much more frequently than teachers and head teachers did.

Thirty eight per cent of students responded by saying they frequently, or very frequently, saw their peers using cigarettes in school, whereas the share of teachers was slightly over 15%, and the share of head teachers was the smallest (merely 3.3%). On the other hand, the head teachers' share of those claiming they never, or rarely, saw students smoke cigarettes in school was the largest (71.7%). A slightly smaller share of teachers (63.2%) responded by saying they never (23.9%), or rarely (39.3%), saw the students of their school use cigarettes in school. The share of students who said they never (24.4%), or rarely (17.8%), saw the students of their school use cigarettes in school was 42.2%. The differences among the groups are statistically significant at the level  $\alpha = 0.000$  ( $\chi^2 = 98.172$ ;  $g = 8$ ).

The study also asked students how frequently they used different kinds of drugs in school themselves. Table 2 shows their responses.

**Table 1.** How often students saw other students of their school smoking cigarettes in school.

How often do you see the students of your school smoking cigarettes in school or in vicinities of the school?							
		I have no such experience	Rarely	Sometimes	Frequently	Very frequently	(N)
Students	f	372	272	300	274	308	1526
	f%	24.4%	17.8%	19.7%	18.0%	20.2%	100.0%
Teachers	f	39	64	36	16	8	163
	f%	23.9%	39.3%	22.1%	9.8%	4.9%	100.0%
Head teachers	f	13	30	15	2	0	60
	f%	21.7%	50.0%	25.0%	3.3%	0.0%	100.0%
(N)	f	424	366	351	292	316	1749
	f%	24.2%	20.9%	20.1%	16.7%	18.1%	100.0%

Table 2 shows that the largest number of students claimed they never smoked cigarettes in school (95.7%); a significant number also asserted that they never used alcohol (91.6%), cannabis (99.0%), or other drugs (99.1%) in school. The percentage of those saying they used cigarettes and alcohol in school was somewhat higher. Namely, 8.4% of students reported using alcohol in school (rarely, sometimes, frequently, or very frequently), while the share of the same answers was 4.3% for cigarettes, 1% for cannabis, and 0.9% for other drugs.

Furthermore, students, teachers, head teachers, and parents of the students participating in the research were asked about what drugs they thought they could access in school. The results are presented in table 3. This question explicitly specified heroin and synthetic drugs, which were included in the "other drugs" category in previous questions, because of the findings of the ESPAD 2011 research study showing that the lifetime prevalence of ecstasy, amphetamines, and LSD (i.e. synthetic drugs) in Slovenia was 2%. The lifetime prevalence of heroin use was 1% (ESPAD, 2012).

As expected, respondents in all the surveyed groups believed that alcohol and cigarettes were the easiest to acquire in school. The teachers' opinions were the most striking, since the majority of them stated that the access to cigarettes (96%) and alcohol (90%) in school was easy. Among all the responding groups, the smallest share believing that students could access cigarettes in school was the share of students themselves (78.4%). 33.3% of head teachers, and almost as many teachers (31.7%), said that students could acquire cannabis in school, and this opinion was shared by almost a fifth of the responding parents. The smallest share among all the responding groups believing that students could access cannabis in schools was the share of students (16.7%). However, the opposite was true of heroin, for which almost 7% of students said that they could access it in school while only 5.3% of parents, 4.1% of teachers and 3.5% of head teachers expressed the same opinion. The percentage of head teachers stating that synthetic drugs were available to students in schools, was again prominent (almost 16%), whereas the percentages of the other groups sharing the view were smaller. The smallest proportion among all the responding

**Table 2.** *The frequency of students' use of cigarettes, alcohol, cannabis, and other drugs in schools.*

	Cigarettes		Alcohol		Cannabis		Other drugs	
	f	f%	f	f%	f	f%	f	f%
<b>Never</b>	1462	95.7	1395	91.6	1507	99.0	1509	99.1
<b>Rarely</b>	28	1.8	71	4.7	5	0.3	1	0.1
<b>Sometimes</b>	9	0.6	30	2.0	1	0.1	2	0.1
<b>Frequently</b>	10	0.7	9	0.6	2	0.1	2	0.1
<b>Very frequently</b>	18	1.2	18	1.2	7	0.5	9	0.6
<b>(N)</b>	1527	100.0	1523	100.0	1522	100.0	1523	100.0

**Table 3.** *The drugs that students, teachers, head teachers, and parents believe students can access in schools.*

		Alcohol		Cigarettes		Cannabis		Heroin		Synthetic drugs		Other drugs	
		No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
<b>Students</b>	f	306	1110	505	911	1180	236	1318	98	1383	33	1389	27
	f%	21.6	78.4	35.7	64.3	83.3	16.7	93.1	6.9	97.7	2.3	98.1	1.9
<b>Parents</b>	f	215	936	198	953	930	221	1090	61	1089	62	1126	25
	f%	18.7	81.3	17.2	82.8	80.8	19.2	94.7	5.3	94.6	5.4	97.8	2.2
<b>Teachers</b>	f	14	132	6	140	99	46	139	6	138	7	142	3
	f%	9.6	90.4	4.1	95.9	68.3	31.7	95.9	4.1	95.2	4.8	97.9	2.1
<b>Head teachers</b>	f	9	48	8	49	38	19	55	2	48	9	57	0
	f%	15.8	84.2	14.0	86.0	66.7	33.3	96.5	3.5	84.2	15.8	100.0	0.0
<b><math>\chi^2</math> - test</b>		$\chi^2 = 14.037$ ; $\alpha=0.003$		$\chi^2 = 156.07$ ; $\alpha=0.000$		$\chi^2 = 28.031$ ; $\alpha=0.000$		$\chi^2 = 4.621$ ; $\alpha=0.202$		$\chi^2 = 36.854$ ; $\alpha=0.000$		$2\bar{I} = 2.537$ ; $\alpha=0.469$	

groups believing that students could access synthetic drugs in school was that of students themselves (2.3%). The responses of students, teachers, head teachers, and parents were similar with regard to the availability of the drugs included in the category “other drugs,” and in comparison with other drugs, the share is smaller and the analysis showed no statistically significant differences. Differences, however, were evident for all other drugs, except heroin, where the differences among the groups were not big enough to generalize the findings.

The study wanted to explore the students’ experience in relation to drug availability (Table 4). They were asked if they had already been offered drugs in school. 249 students (16.3%) responded in a positive manner. Cigarettes comprised the drug that students said were offered to them in school most frequently (77.1%), followed by alcohol (55.0%) and cannabis (13.7%). The proportion of those stating they were offered heroin was 5.6%, while the share for synthetic drugs was 0.4%, and for other drugs 3.6%.

The study was also interested in students’, teachers’, and parents’ assessments of drug use in their schools in the last three years (just in schools, not in vicinities of the schools). Results are presented in table 5.

Slightly fewer than 15% of students maintained that there were more instances of drug use in their

schools than three years ago; 11.4% thought that there were about the same number, as three years ago, and 12.5% believed that there were fewer instances of drug use in their schools than three years ago. A little over 15% of parents answered that the situation regarding drug use in the schools their children attended had remained the same, and 12.3% said that there were more instances of drug use than three years ago. Slightly more than 9% of parents responded that fewer instances of drug use had occurred in school. Almost 27% of teachers claimed that the situation concerning drugs in their schools had not changed, 11.1% said there were fewer instances of drug use than three years ago, and 8.5% said there were more. The majority of respondents from all the groups stated that they did not know (from 53.6% to 63.4%). The differences among the surveyed students, their parents, and teachers regarding drug use instances in their schools in the last three years were statistically significant ( $\chi^2 = 39.877$ ,  $g = 6$ ;  $\alpha = 0.000$ ).

When students, parents, teachers, and head teachers were asked whether, in their opinion, drug use in their schools was a problem, they provided the data collected in Table 6.

About twenty-four per cent of parents, 20.8% of students, 15.9% of teachers, and 6.7% of head teachers regarded drug use among students in their

**Table 4.** How often were students offered drugs in school.

		Alcohol		Cigarettes		Cannabis		Heroin		Synthetic drugs		Other drugs	
		No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Students	f	112	137	57	192	215	34	235	14	248	1	240	9
	f%	45.0	55.0	22.9	77.1	86.3	13.7	94.4	5.6	99.6	0.4	96.4	3.6

**Table 5.** The students’, parents’, and teachers’ assessment of the incidence of drug use in their schools in the last three years.

In your view, what has been the number of drug use instances in your school in the last three years?						
		more than before	the same as before	fewer than before	I don’t know	(N)
Students	f	214	171	187	928	1500
	f%	14.3%	11.4%	12.5%	61.9%	100.0%
Parents	f	142	176	106	734	1158
	f%	12.3%	15.2%	9.2%	63.4%	100.0%
Teachers	f	13	41	17	82	153
	f%	8.5%	26.8%	11.1%	53.6%	100.0%
(N)	f	369	388	310	1744	2811
	f%	13.1%	13.8%	11.0%	62.0%	100.0%

**Table 6.** *Students', teachers', head teachers', and parents' opinion about whether drug use in their schools is a problem.*

Do you find drug use among students in your school to be a problem?					
		Yes	No	I don't know	N
<b>Students</b>	f	310	702	477	1489
	f%	20,8	47.1	32.0	100.0
<b>Parents</b>	f	291	500	424	1215
	f%	24.0	41.2	34.9	100.0
<b>Teachers</b>	f	25	97	35	157
	f%	15.9	61.8	22.3	100.0
<b>Head teachers</b>	f	4	52	4	60
	f%	6,7	86,7	6,7	100,0
<b>N</b>	f	630	1351	940	2921
	f%	21,6	46,3	32,2	100,0

schools as a problem. Head teachers formed the biggest share (86.7%) of those thinking that drug use among students in their schools was not a problem, an opinion shared by a big share of teachers (61.8%). Almost half of the students thought that drug use in their schools was not a problem and 41% of parents thought the same. The differences among the surveyed groups were statistically significant at the level  $\alpha = 0.000$  ( $\chi^2 = 68.250$ ;  $g = 6$ ).

## DISCUSSION

The most important finding of this study is that drug use happens in schools, although it is quite rare and confined to a small minority of students experimenting with drugs. The majority of the responding students, teachers, and head teachers replied that they had never seen the students of their schools use any drug in school. Similarly, the majority of students stated they had never used any of the drugs they were asked about in school. However, the responses of students, teachers, and head teachers demonstrate that, although drug use is quite rare, it is, nevertheless, present in schools. The shares of students, teachers, and head teachers who had already seen the students of their schools use the drugs they were asked about in school differ in relation to the type of drugs and the responding group. It should be noted that the shares of students who had already seen the students of their schools use cigarettes, alcohol, cannabis, or other drugs in school was bigger than the shares of teachers and

head teachers who had seen such practices. Future studies should examine whether the differences in the shares reflect the awareness of students that, by using various drugs, they break school rules; hence, they are perhaps more careful not to be caught by their teachers and head teachers when breaking the rules, while they also exert more (informal) control over their peers. On the other hand, the figures also point to the fact that teachers and head teachers should pay more attention to drug use in their schools. It would be interesting to explore in future studies whether teachers and head masters just turn a blind eye to it, or if they self-censor their answers, trying to protect the reputation of their schools.

The students' answers to the question about how frequently they see the students of their schools use cigarettes, alcohol, cannabis, and other drugs confirm, at least indirectly, that alcohol and cigarettes are the drugs that children and adolescents in Slovenia experiment with more often (see Table 1). The data acquired from the students' replies to the question about how frequently they use cigarettes, alcohol, cannabis, and other drugs in school (see Table 2) further confirms this conclusion. The students' answers about their own drug use in school are surprising, since they reveal that the students who have already used any of the drugs referred to have most frequently used alcohol. The results that we were expected that the illegal substances used in schools most frequently would be cigarettes, as the biggest share of the students, answering how often they saw the students of their school use any drug, was the share of those who had seen the use of cigarettes (75.7%), followed by a somewhat smaller share of those responding with alcohol (64.9%). The collected data thus demonstrate that – according to students' responses – the most frequently used drug in schools was alcohol.

The ESPAD 2011 survey also showed that alcohol was the most widespread drug among adolescents in Slovenia. In the ESPAD 2011 survey, 71% of respondents reported having tried various alcoholic beverages at the age of 13 or younger and 15% of them reported having been drunk at the age of 13 or younger (Hibell et al., 2012). In the HBCS 2009/10 study, 2% of students aged 11 years said they drank alcohol at least once a week, while the share of 13-year-olds was 7%, and the share

of 15-year-olds was 26% (Social determinants of health and well-being among young people, 2012). The data from both surveys show that children and adolescents in Slovenia encounter alcohol use early and that a significant share of 13-year-olds has already experienced inebriation.

The share of respondents in the ESPAD 2011 study who stated that they had tried cigarettes at the age of 13 or younger was 32%, and the share of those smoking cigarettes at the age of 13 or younger on a daily basis was 5% (Hibell et al., 2012). In this study, 4.3% of students stated they had already smoked cigarettes in schools or in vicinities of the schools. This share is similar to that of the respondents from the ESPAD survey who said they smoked cigarettes on a daily basis at the age of 13 or younger (Hibell et al., 2012) and also similar to the share of 13-year-olds in the HBSC 2009/10 study who said they smoked cigarettes at least once a week (3%) (Social determinants of health and well-being among young people, 2012).

In the current study, the share of respondents (1.0%) who claimed to have already smoked cannabis in schools or in vicinities of the schools was smaller than the share of adolescents who reported, in the ESPAD (Hibell et al., 2012) and the HBSC (Social determinants of health and well-being among young people, 2012), having tried cannabis at the age of 13 or younger or having ever used cannabis at 15 (4% and 23%). The differences in the shares might be the consequence of the fact that, in the ESPAD study (Hibell et al., 2012), the responding students answered questions reaching at least 3 years back; the share might be bigger due to the time distance – perhaps adolescents were bolder or even slightly exaggerating. On the other hand, the differences in the shares might also be the consequence of the students being asked if they used cannabis in a particular social context, such as school, and the share might be different if they had been asked about their use of cannabis in general. Furthermore, it is important to highlight that, in the broader social context in Slovenia, the use of cannabis is socially less acceptable than the use of cigarettes and alcohol (Krajnc 2011, CEPYUS-FES Slovenian 2013 Youth Study).

Our data demonstrate that the responses of the surveyed groups in relation to the availability of

specific drugs (cigarettes, alcohol, cannabis, and synthetic drugs) in schools vary. The shares of teachers and head teachers were greater than those of students and parents regarding the perception of the availability of cigarettes and alcohol in schools, but lower concerning the availability of heroin. The difference may be accredited to the fact that offering illegal drugs was related to stricter security measures for those offering them, especially in the areas near the schools. Moreover, schools often have security systems in place (for example security guard, security cameras), which makes teachers and head teachers pay less attention to what happens in terms of drug use in schools. Another matter which would be interesting to explore in further research is whether the teachers' and head teachers' responses simply reflect their attitude of "turning their heads away" from what they think should not be happening in their schools. Therefore, the students', and through them their parents', answers may provide a more realistic picture.

The data gathered in this study point to the need for school preventive activities to include early prevention of cigarette and alcohol use. They also suggest that schools should initiate the early prevention measures earlier than the age at which a big share of students have already started experiencing their first cigarettes and drinking alcohol and a segment of students smoke cigarettes and/or drink alcohol at least once a week. The current study findings also points to the conclusion that teachers and head teachers ought to pay more attention to drug use in schools. Namely, the data comparison shows that the shares of students who report drug use in schools are bigger than the shares of teachers and head teachers. However, that does not mean that the school environment causes the problem. What is it, then, that schools can do about the problem?

According to some authors (McBride, 2005), part of the answer to the question about how schools as educational spaces function as a preventive factor against drug use or affect students' experiences, opinions, values, knowledge, and actions concerning drugs lies in knowledge and behavior regarding drugs, while the other part is located in the social climate of the school, i.e., the school as a social environment that does not support drug

use, as well as an environment that passes on to the students the social expectations in connection with the (non-)use of drugs and, with the aid of rules, attempts to play a part in forming their behavior regarding drugs (Flay, 2000).

This also means, as the research study by Hawkins in Catalan (1990) demonstrate, that academic failure, a lack of the sense of belonging to the school, and behavioral problems in school are risk factors, while a sense of belonging to the school and academic success work well as prevention factors against students' problematic behavior, including the use of drugs. To these factors Resnick (1997) adds teachers' care for students and their high expectations in terms of academic achievements. Based on this, we conclude that schools (as prevention factors in drug use) must function so as to develop a sense of belonging to the school and students' active participation in the school's

everyday life, as well as to set high (but realistic) academic standards. We can add that the goal of education in schools should be the development of a responsible individual who will act responsibly as far as drugs are concerned as well. But for students to be able to make responsible decisions about (not) using drugs, schools must plan, act on and reach educational goals (including the area of prevention) at the levels of knowledge, feelings, and actions (Kovač Šebart and Krek, 2010; Kovač Šebart and Krek 2012). In addition to knowledge about drugs, goals should be achieved at the level of perceiving/feeling/viewing abstinence as a value and at the level of realizing the value in terms of actions. In other words, if abstinence is a value/goal, schools should pursue it by making students internalize the value so that it becomes their own and they, consequently, refrain from using drugs.

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