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**Title:** The Notion of Addiction in the Local Environment : Diagnosis and Prevention

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**Citation style:** Malorny Iwona. (2017). The Notion of Addiction in the Local Environment : Diagnosis and Prevention. "Chowanna" (T. 2, (2017), s. 313-326).



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## **The Notion of Addiction in the Local Environment Diagnosis and Prevention**

In the modern world people are vulnerable to numerous addictions. Dependence does not necessarily mean an addiction to some chemical substance, for example, nicotine, alcohol, or drugs, but it can also take a form of behavioural patterns that begin to dominate a person's life, changing one's attitudes, influencing actions, and even relations with the closest environment including family and friends. Some of these behaviours, for instance, tanning, shopping, using cellphones or the Internet at first seem innocuous, therefore do not raise suspicions. That is why, at times, it is hard to differentiate between one's passion and a potential addiction. Also, an addicted person is frequently unable to objectively assess whether his or her behaviour is a matter of choice or compulsion.

Children and adolescents attending school are especially prone to various types of addictions. This vulnerability stems from multiple factors, such as: genetics, undergoing particular emotional states, as well as psychological, social and cultural determinants, one's gender, and family history.<sup>1</sup>

Due to the ongoing socio-economic and political changes, modern world demands from us flexibility. The new challenges we are faced with may produce numerous pressures resulting from being in a hurry all the time and the necessity to adapt to new requirements and social expectations. Due to the foregoing conditions, coupled with various

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<sup>1</sup> H.C. Urschel: *Uwolnij mózg od uzależnienia. Rewolucyjny program wychodzenia z nałogu*. Warszawa: Czarna Owca, 2011, pp. 18–19.

limitations and obstacles of everyday live, people often resort to the use and abuse of psychoactive substances or engage in other habit-forming activities, thus attempting to deal with the felt emotional tension.

Małgorzata Michel<sup>2</sup> uses the notion of “liquid modernity” introduced by Zygmunt Bauman<sup>3</sup> and enumerates its following characteristics: the privatization of ambivalence, the individual’s sense of uncertainty towards the randomness of entities, the fragmentary and episodic nature. She notices that “flexibility” has become a buzzword of modern times. It results in a multitude of identity projects and infinite identity choices in the search for answers to eternal identity questions such as “Who am I?” and “Where am I going?” Paradoxically, as a consequence a person comes to a standstill, freezes in a “stupor” and becomes depressed, having no idea what to do next. Then, frequently, one looks for help in addictive substances and activities.

In response to the growing need for prophylactic actions within this scope, in the years 2013–2014 by the initiative of Centrum Interwencji Kryzysowej i Przeciwdziałania Uzależnieniom (the Centre for Crisis Intervention and Addiction Prevention) in Bytom, a local social diagnostic research of the psychoactive substance use and behavioural addictions has been conducted. A complex scheme of preventing the problem of addiction in the Bytom area has been prepared on its basis and presented as the Bytom Programme for Drug Use Prevention for the years 2014–2016.

A diagnostic research is always carried out by someone and for someone; moreover, it always has an overall purpose and perspective – all these aspects outline the structure and rules of conducting a subsequent diagnostic process. In this case, the diagnostic research was focused on social background (community of origin), and it takes into account the context of situational and communal determinants of human beings’ functioning.<sup>4</sup>

The social background-related diagnosis, according to Aleksander Kamiński, means “directing the diagnostic research towards those social determinants of the individual’s fate which are expressed in his or her closest environment – mostly among family, but also in school, a workplace, neighbourhood.”<sup>5</sup> However, the ability to distinguish be-

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<sup>2</sup> M. Michel: *Lokalny system profilaktyki społecznej i resocjalizacji nieletnich*. Warszawa: Pedagogium, 2013, pp. 15–16.

<sup>3</sup> Cf. Z. Bauman: *Płynna nowoczesność*. Kraków: Wydawnictwo Literackie, 2006.

<sup>4</sup> E. Wysocka: *Diagnoza w resocjalizacji*. Warszawa: PWN, 2009, p. 7.

<sup>5</sup> A. Kamiński: *Funkcje pedagogiki społecznej*. Warszawa: PWN, 1980, p. 68.

tween a proper diagnostic research and a simple data gathering and information structuring is of the utmost importance since a proper diagnosis consists of not only information gathering, but also subsequent interpretation, assessment, and description of the conditions encountered.<sup>6</sup>

Social diagnosis of the addiction phenomenon in the area of Bytom is a preventive scheme conducted as one of the municipal aims based on a year-long urban programme for the prevention of alcohol-related problems and other social pathologies; gmina (Polish administrative unit; equivalent to municipality or borough) is obliged to prepare the said programme pursuant to the Act of 26 October 1982 on upbringing in sobriety and preventing alcoholism.<sup>7</sup> The said programme is a part of the social problem-solving strategy in Bytom for the years 2006–2020 accepted by the Act of the City Council of 22 February 2006. The Centre for Crisis Intervention and Addiction Prevention is the entity responsible for both conducting the programme and overseeing its implementation.

The above-mentioned diagnostic research has been conducted not only based on quantitative research, but also a certain qualitative methodological paradigm. Mieczysław Łobocki claims that the category of qualitative research comprises the studies on the use and collection of various empirical sources including case studies, personal experiences, introspections, biographies, data gained from observations, etc. The qualitative approach doubtlessly underscores the diagnostic value of research – it means active participation in the social task consisting mainly of data gathering and directly interacting with the respondents. Then, the result is not only the presentation of statistical data obtained during quantitative analysis, but also drawing out the changes and the future social reality.<sup>8</sup>

As a whole, the presented research encompassed the following respondent groups:

- 1,161 students of primary, lower- and upper-secondary schools (the latter including high schools, technical high schools, and so-called vocational schools which prepare students for certain professions);

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<sup>6</sup> E. Jarosz, E. Wysocka: *Diagnoza psychopedagogiczna. Podstawowe problemy i rozwiązania*. Warszawa: Wydawnictwo Akademickie „Żak”, 2006, p. 18.

<sup>7</sup> See the Act in question published in *Journal of Laws of the Republic of Poland*: Ustawa z dnia 26 października 1982 r. o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi. Dz.U. 1982, nr 35, poz. 230.

<sup>8</sup> S. J u s z c z y k: *Badania jakościowe w naukach społecznych. Szkice metodologiczne*. Katowice: Wydawnictwo Uniwersytetu Śląskiego, 2013, p. 15.

- 163 parents of the above-mentioned upper-secondary school students;
- 71 teachers from the Bytom area;
- 30 people with addictions;
- 20 specialists representing the education and social care facilities from the Bytom area.

The research subject included the notion of addiction to psychoactive substances and activity addictions in the context of systemic influences in the local social background of the city of Bytom.

One's social background is, right after family, the most important factor in the socialization process. Human safety in the local community is one of the main research subjects in environmental psychology. Social environment influences behaviour and puts certain restrictions on it, while human behaviour, in turn, causes changes in the environment.<sup>9</sup>

In the modern social preventive schemes, which ought to take into account various factors potentially influencing a given phenomenon's development, there has not been reached a consensus about the role of organizers and "external" professionals. Namely, to what extent should they be engaged in the process of designing, implementing, and following through with preventive and rehabilitation strategies and schemes. After all, they are to be developed by representatives of various organizations and institutions.<sup>10</sup>

Health is currently no longer an exclusively medical issue, but should rather be considered in various social, political, economic, ethical, and educational contexts. Therefore, a determination of appropriate legal basis and systemic solutions (in the fields of healthcare-related and social policies, including health education, environmental protection, etc.) is necessary at the level of the creation of optimal conditions for healthy life and the development of the young generation of Poles, in the cooperation with the World Health Organization and the European Union agencies.<sup>11</sup>

A proper and comprehensive response to the question about the effects of scientific cognition is not easily given, since cognition can play both individual and psychological role, but also a particular social one.

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<sup>9</sup> B. Hołyst: *Bezpieczeństwo społeczeństwo*. Warszawa: PWN, 2015, p. 409.

<sup>10</sup> M. Michel: *Lokalny system profilaktyki społecznej i resocjalizacji nieletnich*. Warszawa: Pedagogium, 2013, p. 196.

<sup>11</sup> E. Syrek: *Zdrowie. Szkoła i zdrowie*. W: *Zagrożenia człowieka i idei sprawiedliwości społecznej*. Red. T. Pilch, T. Sosnowski. Warszawa: Żak, 2013, p. 109.

Therefore, the question about the purpose of scientific cognition should be addressed.<sup>12</sup>

The purpose of this study was to recognize the level of risk of addiction to psychoactive substances and addictive activities among the school youth in Bytom and prepare a local addiction prevention strategy combating the problem of addiction in the Bytom area. The purpose was achieved through the use of the following research methods: scientific method of field exploration, action research, individual case-study method, and diagnostic survey.

The study was conducted in several stages. The first stage included the preparation of students undergoing their training periods in the Centre for Crisis Intervention and Addiction Prevention in Bytom (which I coordinated) for conducting preventive courses in the local facility, schools, and youth clubs in the Bytom area. After classes, the evaluation and clinical supervision thereof were conducted with the final result of a creation of three prophylactic projects regarding the prevention of addiction to drugs, alcohol, and the Internet. Additionally, at that level, the surveys among the students, teachers, and parents in the previously mentioned primary and lower-/upper-secondary schools were conducted.

In the following stage, interviews with the residents of Bytom directly influenced by the problem of addiction took place – clients of the Centre for Crisis Intervention and Addiction Prevention in Bytom.

The third stage involved interviews with the specialists representing the institutions oriented towards education, prevention and addiction therapy in the Bytom area. These included: the Centre for Crisis Intervention and Addiction Prevention, Poradnia Pedagogiczno-Psychologiczna (the Pedagogic and Psychological Counselling Unit), Miejski Ośrodek Pomocy Rodzinie (the City Centre for Family Support), Komenda Miejska Policji (the City Police Headquarters), Straż Miejska (the City Guard), the “Dom Nadziei” Foundation, the Socio-Therapeutic “Arka Noego” Facility, Środowiskowa Świetlica Integracyjna im. Janusza Korczaka (the Janusz Korczak Local Integration Facility), Profilaktyczno-Terapeutyczna Świetlica Środowiskowa im. św. Elżbiety (the St. Elizabeth Local Prevention and Therapeutic Facility), Poradnia Zdrowia Psychicznego (the Counselling Unit for Mental Health), the state-run schools – Zespół Szkół Specjalnych nr 3, Zespół Szkół Ogólnokształcących nr 11.

The addiction prevention strategy proposed for the Bytom area is presented herein in a form of juxtaposition of problems and their po-

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<sup>12</sup> T. Piłch, T. Baumann: *Zasady badań pedagogicznych. Strategie ilościowe i jakościowe*. Warszawa: Wydawnictwo Akademickie „Żak”, 2010, p. 21.

tential solutions (Table 1). What follows are the results of quantitative studies and the main reasons and determinants for addictions indicated by the respondents.

### **Research results:**

#### **Drug use among the school youth – the quantitative analysis**

- More than 20% of the respondents have tried using drugs at least once.
- More than 39% of the respondents admitted to occasionally taking drugs.
- More than 1/8 of the students have access to soft drugs at school, and more than 1/4 outside of school.
- Of all the drugs acquired by the youth, 50% comes from their acquaintances, and 20% from drug dealers, and the remaining ones – through searching, for instance, online or looking for dealers, or other methods.
- As many as 40% of the respondents could name at least 10 people from their closest social environment who take drugs.
- Over 70% of the students participated in the addiction prevention classes/training concerning illegal drugs.
- Almost 40% of the respondents does not have the knowledge about the legal consequences of drug use, possession, and distribution.
- 60% of the respondents considered parents the people who deserve the highest trust from them (10% mentioned teachers in this context).
- More than 50% of respondents spend most of time outside of home.

#### **Alcohol use among the school youth – the quantitative analysis**

- The decisive majority of the respondents have encountered various forms of alcohol use in their environment.
- Almost 50% buys alcoholic beverages at shops, more than 30% gets it through acquaintances, more than 15% – from parents.
- The first contact with alcohol occurs in their family-of-origin homes (more than 60% of the respondents claim that they have encountered alcohol consumption during parents' birthdays, more than 20% encounters it in their yards, and only 10% associates it with friends' parties or cultural events.
- Half of the respondents have already tried alcohol, 30% of them before turning thirteen; 50% of the respondents drink occasionally (50% of the alcohol consumed consist of beer and wine).
- Half of the respondents have admitted to trying drinking alcohol; from among this group: 30% drank alcohol before turning thirteen and 50% describes their drinking as "occasional."
- Half of the alcohol consumed by the studied youth consisted of beer and wine.

- Only 30% of respondents have people in their closest environment who abstain from drinking alcohol (the remaining 70% live in the environment where alcohol is frequently consumed).
- Alcohol use is considered to be “fun” for 40% of the respondents, “acting like an adult” and a way of breaking away from everyday problems.
- The adults’ impact on the drinking behaviours by the youth is noticed by 65% of the respondents.

#### **Internet usage among the school youth – the quantitative analysis**

- A third of the respondents spend 2-3 hours a day in front of a computer screen (almost 20% of students answered that if it were possible, they would spend their entire day using computer).
- As much as 60% of the respondents claim they decide for themselves how many hours they spend in front of a computer (and at what times of a day).
- Only 35% of the respondents’ mothers make decision about the time when their children use the Internet and only 16% of fathers are interested in the behaviour of their children.
- Over 70% of the respondents use the Internet to relax (social media, online games) and communicate (via email, instant messaging services).
- As many as 80% of the respondents do not recognize the risks of overuse of the Internet.
- Also, 60% of respondents claim that those close to them do not notice the problem of their excessive presence in the virtual world.
- A third of the respondents claim to feel the lack of Internet access, one in five respondents unsuccessfully attempted to limit their time spent online and also one in five of them feels the need to lengthen that time.
- Moreover, the respondents indicated occurrences of somatic problems connected with the Internet overuse.

#### **The risk of addictions among children and the school-aged youth/adolescents – causes and determinants**

- Insufficient knowledge regarding alcoholism and alcohol-related diseases in the local society and poor system of alcohol addiction rehabilitation treatments.
- The trend to use psychoactive substances and multimedia devices among youth.
- Peer pressure.
- Lack of interpersonal skills (“taking advantage” or bullying as a major method of gaining confidence, sense of self-worth, and dealing with emotions).
- The need to impress peers (a cellphone as a marker of status).



- Drugs, alcohol, etc. as means to having a good time and fighting boredom. Emotional problems among children and youth.
- Various family dysfunctions (conflicts with parents, parental incompetence, "educational pressure," permissive or authoritarian upbringing, self-upbringing).
- Different forms of violence, physical and psychological (child as a means to money-making, child negligence, inducing sense of worseness, otherness, shaming a child).
- A need to escape mundane ("sad and grey") reality.
- Economic migration (the problem of so-called EU orphans).
- Availability and relatively low price of alcohol and the lack of control over the sales of alcohol to the underage.
- The Internet as a platform for drug purchase: "a window into the world of addictions."
- An erroneous belief of young people that "soft drugs" do not lead to addiction (more and more often the young use inhalants, for instance, glue, lighter gas, vaginal medications, etc.).
- An unstable system of values and rules among the young (e.g., reliability, respect towards work, patience and professional competence).
- The youth emulating the models associated with the drinking habits in the family and local environment.
- Being unemployed or performing stressful jobs (generalized discouragement, no perspectives for a job and no motivation for finding new employment).
- The employers condoning drinking alcohol during work (common drinking problem among miners, the habit of taking a sick leave in the case of drug withdrawal).
- Drinking alcohol as a method of relieving stress after work ("cheap entertainment").
- Helplessness in life, no educational abilities or social skills in adults, especially parents.
- A continuously growing number of children in aid facilities such as: medical facilities, educational help facilities, social care facilities, etc.
- The lack of sufficient knowledge on extracurricular activities.

The final stage of the research comprised the analysis of the collected material constituting the basis for the creation of the local addiction prevention scheme based on the system theory.<sup>13</sup> According to its assumptions, the integral elements of the local system, in this case of the city of Bytom, are individuals families, communities, and local institu-

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<sup>13</sup> T.J. Wach: *Profilaktyka i resocjalizacja nieletnich zagrożonych uzależnieniem od środków psychoaktywnych*. Warszawa: Difin, 2014, p. 161.

tions, mutually influencing one another via various interactions. The changes in any subsystem are followed by changes in the other subsystems, therefore modifying the functioning of the subsystems and each element of the whole system individually. Thus, the creation of a local prophylactic strategy was possible only on the basis of a continuous cooperation with various entities conducting preventive actions and bringing aid to families endangered by addictions (schools, medical facilities, non-governmental organizations, social aid units, etc.). This involves a necessity to establish the rules of cooperation between the above-mentioned institutions regarding the realization of preventive tasks on the basis of the interdisciplinary model.

Table 1

## The issue of addiction in the Bytom area – problems and suggested solutions

Problems	Suggested solutions
<p><b>Problem 1</b> No established rules of inter-institutional cooperation</p> <p>Specific issues:</p> <ul style="list-style-type: none"> <li>- limiting procedures (“getting help used to be faster and more efficient”);</li> <li>- insufficient financial means for preventive programmes, which brings about unhealthy competition – the lack of competence and managerial skills among the superiors (not knowing the job specifications as a result of a limited contact with the employees, poor motivational and support system for the employees);</li> <li>- unnecessary red tape;</li> <li>- quantity over quality (proliferation of purposeless indexes, numbers, reports);</li> <li>- too few specialists dealing with addiction prevention and social support in relation to the enormous scale of pathological phenomena;</li> <li>- distrust towards non-governmental and church-based organizations as well as stereotypical beliefs, for example, that orphanages do not provide professional help;</li> <li>- scarcity of facilities and insufficient technology</li> </ul>	<p><b>Solution 1</b> Intensification of inter-institutional cooperation in the Bytom area</p> <p>Specific solutions:</p> <p>The creation of Zespół ds. Przeciwdziałania Uzależnieniom przy Miejskiej Komisji Rozwiązywania Problemów Alkoholowych (the Unit for Addiction Prevention at the City Commission for Solving Alcohol Problems), with the purpose of:</p> <ul style="list-style-type: none"> <li>- experiences and specialist knowledge exchange within the scope of addiction prevention;</li> <li>- the analysis of the research results regarding the problem of addiction in the Bytom area;</li> <li>- the diagnosis of the strong and weak points of the local system (the SWOT analysis);</li> <li>- the organization of courses and supervision for the specialists dealing with addiction prevention</li> </ul>

<p><b>Problem 2</b> Disruptions in the flow of information between the respective institution and within particular institutions</p> <p>Specific issues:</p> <ul style="list-style-type: none"> <li>- no information regarding the “realities of a given facility” and its employees’ professional competences (delegating duties, responsibilities for a given issue, conflicts and misunderstandings arising between co-workers);</li> <li>- no information regarding the assistance on offer (children and youth suffering from addiction do not have sufficient knowledge on the subject);</li> <li>- no information regarding the type of educational and cultural courses available for children, adolescents, and adults (development of passions, self-awareness, resources, working on emotions)</li> </ul>	<p><b>Solution 2</b> The improvement in the inter-institutional communication and communication within particular institutions</p> <p>Specific solutions:</p> <ul style="list-style-type: none"> <li>- organizing, for example, “open days” in the institutions of the Bytom area;</li> <li>- creating a database regarding the employees’ competences and types of help on offer in a given institution (disseminating information via website(s), flyers, brochures, lectures) and regular updates thereto;</li> <li>- informing children and adolescents along with their parents about the educational and cultural courses on offer, detailing the address and phone number (kindling professional interests during school and afterschool classes);</li> <li>- organizing meetings of the managerial staff with the employees of a given institution</li> </ul>
<p><b>Problem 3</b> No monitoring and objective assessment of the quality of addiction prevention programmes at schools and in local communities</p> <p>Specific issues:</p> <ul style="list-style-type: none"> <li>- underestimating the importance of the evaluation of prophylactic programmes;</li> <li>- creating programmes according to the criteria of the ministry rather than on the basis of single-handedly conducted research;</li> <li>- little participation of students and parents in creating addiction-prevention programmes;</li> <li>- no addiction prevention programmes created on the basis of a systemic approach (lack of sequential nature);</li> <li>- prophylactic actions restricted to unimaginatively uttering empty slogans and attempts at forcing them onto</li> </ul>	<p><b>Solution 3</b> Increasing the quality level of addiction prevention programmes conducted at schools and local in local communities environments</p> <p>Specific solutions:</p> <ul style="list-style-type: none"> <li>- assessment of the quality of addiction prevention programmes conducted in schools and local communities;</li> <li>- raising the level of cooperation between family and school;</li> <li>- organizing regular meetings with school counsellors in order to create the systemic prophylactic programmes realized on the schools’ premises;</li> <li>- creating a safe environment in schools;</li> <li>- courses on the subject of early intervention and addiction prevention for the teachers and other specialists in the field;</li> <li>- organizing support groups for class tutors</li> </ul>

<p>students (addiction prevention is not a one-time talk);</p> <ul style="list-style-type: none"> <li>- directing the prophylactic programmes mainly at students;</li> <li>- staff's incompetence in the area of addiction prevention;</li> <li>- poor integration of a class tutor with her/his students, unfamiliarity with the student's family situation, especially by subject teachers;</li> <li>- no early prevention, not recognising addiction symptoms in due time (parent-teacher meetings)</li> <li>- lack of trainings directed at parents that would be conducted when the children are still in kindergarten;</li> <li>- increased tendency of using psychoactive substances, that is, alcohol, drugs, designer drugs, painkillers, and compulsive electronic media usage;</li> <li>- the growing need for thematic classes dealing with the issue of media addiction (lack of awareness and knowledge and the social consent for the use of the Internet and other technological wonders).</li> </ul>	
<p><b>Problem 4</b> Increasing level of family dysfunctionality</p> <p>Specific issues:</p> <ul style="list-style-type: none"> <li>- addiction prevention and addiction therapy including only individuals and not entire families (a high level of "family pathologization," family resisting changes);</li> <li>- the occurrences of addiction problems mostly in multi-problem families (i.e., addiction co-occurring with homelessness, poverty, unemployment, mental disorders, disabilities, etc.);</li> <li>- the increase in the number of patients with a double diagnosis (e.g., addiction to alcohol and depression, behavioural disorders and Internet addiction);</li> </ul>	<p><b>Solution 4</b> The promotion of a healthy lifestyle in the family</p> <p>Specific solutions:</p> <ul style="list-style-type: none"> <li>- the promotion of a healthy lifestyle and spending free time actively;</li> <li>- the creation of supervisory teams analysing the individual family cases of addiction in families where despite the help already provided, the issue of addiction is not resolved (modifying the current support plans, searching for new solutions);</li> <li>- the creation of "safe spaces" for children from pathological families;</li> <li>- making sure the school youth is in contact with a career advisor (raising interest in various professions during</li> </ul>

**Problem 4** continued

- the increase in the number of adults in compulsory detoxification centres, as well as in the number of drinking women and adult children of alcoholics;
- “pathologized” patients with the exacerbating problem of an addiction, addiction becoming chronic;
- the lack of alternative (to pastime spent in so-called beer gardens “Szytgarka,” “Hawana,” the “Węgielek” cultural centre, band shells, clubs, sports fields and courts);
- more frequent use of denatured alcohol connected to the increase in alcohol poisonings (it is sold on the so-called grey market);
- increasingly demanding attitude, cunning, manipulative behaviours, and law-evading (external motivation for treatments);
- the presence of addiction problems not only in pathological families, but also in families with a high material status (resulting in delayed intervention)

**Solution 4** continued

- the curricular and extracurricular classes);
- the work of street counsellors;
- increasing fines and social control regarding drinking and sales of alcohol;
- creating new opportunities for free-of-charge relaxation, calming down, coupled by activation courses in local environments connected with, for example, art, theatre, sport courses, etc. (organizing competitions, cultural events, festivals, hobby groups)

The above analysis of research results indicates the need for a holistic approach towards the issue of addiction – not only when searching for the causes thereof, but also when introducing practical solutions. This approach has to be translated, in my opinion, into systemic (interdisciplinary) set of solutions, since in order to create a successful and effective addiction prevention programme, we cannot perceive it as lead by a single institution, but rather based on inter-institutional cooperation. Working as a team opens up possibilities to approach the problem from a wider perspective or multiple perspectives, to use the knowledge of specialists on the team representing various academic fields. Moreover, prophylactic schemes cannot be directed only at students, but should also include parents, teachers and the remaining school staff. The prevention should also abide by the newest regulations and stress the positive element of human functioning, namely, focus on the addiction-preventing aspects instead of solely on risk factors.

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### **The Notion of Addiction in the Local Environment Diagnosis and Prevention**

**Summary:** The research constituting the basis for this article is aimed at gauging the risk of various addictions among the school-aged youth of Bytom, followed by designing of a local scheme of addiction prevention. Analyses presented in this text clearly reinforce the need to approach the phenomena of addiction comprehensively; the said approach would not only investigate the causes, but also propose practical solutions. Both efficient and effective prevention scheme should be developed as inter-institutional co-operation. Thus, the author develops a set of suggested solutions to the problems diagnosed.

**Key words:** prevention, addiction, local environment, Bytom

Iwona Malorny

## Die Sucht im lokalen Milieu

### Diagnose und Prävention

**Zusammenfassung:** Dem Beitrag liegen die Forschungen zugrunde, deren Zweck war, das Niveau der Abhängigkeitsrisiko bei der Schuljugend in Bytom zu erkennen und eine geeignete Präventionsstrategie im lokalen Ausmaß anzuwenden. Die Verfasserin präsentiert Ergebnisse der Forschungen, welche die Notwendigkeit der ganzheitlichen Herangehensweise zu Abhängigkeitsphänomenen bestätigt haben. Solch eine Herangehensweise sollte nicht nur nach den Gründen der Sucht zu suchen, sondern auch auf Umsetzung der praktischen Lösungen orientiert zu sein. Ein erfolgreiches und effizientes präventives Programm sollte unter Mitwirkung von verschiedenen Institutionen verwirklicht werden. Die Verfasserin formuliert eine ganze Reihe von Lösungen der erkannten Probleme.

**Schlüsselwörter:** Prävention, Abhängigkeit, lokales Milieu, Bytom