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Need to Change the Optics in the Prevention of Addictive Behaviors. The Role of Local Communities in Prevention of Smoking.

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Abstract

The study has a comprehensive background provided by the joint research of the University of Medicine and Pharmacy Tg. Mureș and Davidson College, USA, which contains previous results. Our data draws attention to the fact that attitudes toward psycho-active drugs need to be assessed in relation to the characteristics of the local community to which the person belongs. Similarly, prevention activities should consider the cultural features of the target group. We will use the PRECEDE model to design the community prevention model.

We explored motivational elements, expressed by symbol, that determine the attitudes toward smoking through deeper psychological structures.

We used a questionnaire and a projective method and the collected data were subjected to symbol analysis. As a result, we gathered answers about the orientation of the needs, desires, and motivations of the interviewees, as well as the internal models and motivations leading their behavior.

Based on the obtained data, we performed an analysis using the PERCEDE model, which helped us identify the needs of teenagers from different social environments and of various ethnicities. This analysis was followed by a strategic plan for community intervention. Our ultimate goal was to promote health within the community, with the desire to prevent tobacco use. All activities provided by us are intended to raise the quality of life among adolescents.

We can recommend that the differences in cultural features of the target group should be respected during prevention by mobilising community resources which are rooted in shared desires, fears, daily practices, rituals, and values.

Keywords: smoking attitude, community-based prevention, PRECEDE model

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1. Theoretical background

Statistics show an increase in the number of those who use psychoactive substances and a reduction in the age at which teenagers come across these substances (Albert-Lorincz, 2011; Botescu, 2011; Elekes, 2011; EMCDDA, 2012). They also show a need to change the optics in the prevention of addictive behaviors. Following the practice of previous years, prevention programmes are used with greater or lesser changes (called adaptations) in America and countries of Central and Eastern Europe. However, in these programmes the characteristics of ethnic particularities or local communities do not apply. The low effectiveness of prevention programmes may be a consequence of them being too general.

Davidson College (USA) and the University of Medicine and Pharmacy from Tg. Mureș have just started a five-year-long project entitled “Building Capacity for Tobacco Research in Romania: A Partnership among Romanian, American and Hungarian Scientists.” The entire project is composed of seven topics. The community-based prevention is one of the themes of this research. This study presents the preliminary data of this survey.

In this study, we present arguments to change the optics in the prevention of addictive behaviors and the need for prevention within the community. Since smoking is related to the search for identity, prevention must involve the individual’s family and community life. In recent times the role of community identity has been overshadowed, thus we will focus on it in this research.

In our view a reinterpretation of prevention means:

- Customising it to the individual and his / her community
- The unfolding of the personality (to facilitate the individualisation process)
- The basic needs of the development phase, the overcoming of obstacles as well as establishing internal and external opportunities
- Finding self-promotion: activation of self-development and self-determination skills
- Reception capacity for change, promoting the development experiences,
- Empowerment (power of endowment)
- Engagement of positive values and to health promotion
- Community-based prevention

We consider the ethno-psychiatry theory of Devereux (1980) as very important. As this approach is used for identifying mental confusion and its possible causes, and for offering treatment to patients (within their own healing traditions which are specific to a certain cultural community) analogous prevention needs to consider the ethno-psychological approach. The procedure is adapted for the community tradition and mentality. This should be carried out under the guidance of specialists who are members of the community, use the common knowledge of the community and build on the community’s customs policy, cultural models and value systems. At the same time, enhancing the person’s natural network of relations is needed.

The interventions can be designed based not on speculation but, rather, on a clear understanding of what factors influence the quality of life of adolescents. Therefore, we used the PRECEDE model.

The PRECEDE model (Green and Kreuter, 1992) provides a comprehensive structure for assessing health and quality of life and for designing, implementing, and evaluating health promotion programmes. Predisposing, Reinforcing, and Enabling-Constructs in Educational Diagnosis and Evaluation (PRECEDE) is a diagnostic planning process meant to assist the development of public health programmes. It is based on the premise that behavior can change only if individuals and the community have a desire for it. The health programmes are more likely to be effective if they are planned and evaluated with the active participation of the community who will have to implement them. Information gathered in PRECEDE guides the development of programme goals and objectives in the implementation of the community-based prevention.
The role of this model (Glanz and Rimer, 2005) is to direct initial attention to outcomes rather than inputs. It guides planners through a process that starts with desired outcomes and works backwards in a casual chain to identify strategies for achieving objectives. In the conception of the authors (Green, Kreuter, Deeds and Partridge, 1980) PRECEDE is based on the premise that, just as a medical diagnosis precedes a treatment plan, an educational diagnosis of the problem should be developed before implementing the intervention plan. In this paper we will deal with the first part of the model, the educational diagnosis. We will try to adapt this model to the data of our research.

2. Methods:
Data was collected through questionnaires and projective methods (we asked our sample to express smoking through a metaphor). The sample consisted of 200 students from Târgu Mureș and Eger (mean age 16.5 years). We explored motivational elements, taking visual forms that determine the attitudes toward smoking, through deeper psychological structures. Our investigations are built on the Jungian idea that the behavior is led by internal images, and by reactivation of experiences condensed into units.

Objectives: 1. To study the variety of adolescents’ tobacco use habits belonging to local community we investigated smoking related images through symbol analysis. 2. To identify the factors that affect the quality of life for and their readiness to change. Identifying the needs of adolescents will help design prevention plan through local community.

3. Presentation of research data – results
We overlapped our research data with each phase of the PRECEDE model. These phases are based on the methodology described by Green and Kreuter (1999, 2005), as shown below.

Phase 1 - social diagnosis
The first stage in the programme planning phase deals with identifying the social problems that affect the quality of life of the community and its members (their strengths, weaknesses, resources) and their readiness to change. In our research on teenagers the following aspects were outlined:

1. Weaknesses:
- The wrong fight with reality (we can see the idealisation of curiosity)
- Inclusion of the spiritual (internalisation) differentiation does not happen - because a “master”, limits or a heroic motivation are missing. In turn these gaps are fulfilled by the drugs
- The deepening of internal contradictions, the superficial self-knowledge and self-monitoring because of the lack of experience (there does not exist a shadow personality or the anima-animus integration)
- There is no construction, dedication, responsibility or commitment. Instead there remains only the empty cravings for adventure which diminishes after consuming drugs
- There is no synthesis of self-image, career and social image as coordinators which can then be the core of the personality (cannot develop self-reliance or a sense of autonomy)
- Consequently, remains the craving for numinous, concrete experience, which is providing autonomy (primary core), and could tame and transform the destructive forces of the spirit into healer forces.

2. Strengths:
Communication and solidarity exist between today's generation and their parents. Local communities have rich culture and traditions that can be transmitted to teenagers. Pro-social motives from the media and personal development can be established in the communities through the transfer of customs, traditions and values.

3. Resources and their readiness to change:
We found that a community which entails togetherness, love, support and inclusion is an asset to them and also that the power of the community can be used in prevention. 20% of respondents believed that the community provides real support for them, and another 20% said that the community offer love and acceptance.
Phase 2 – epidemiological, behavioral, and environmental diagnosis:

**Epidemiological diagnosis** Smoking prevails at the age of 13-14: Eger: 70.1% - Tg. Mures 68.3%. Frequency of smoking (gr. age 13-19 years) is significantly higher in Eger (p 0.042) Eger: M = 2.99, SD = 1.33, Tg. Mureș: M = 3.23, SD = 1.12.

**Behavioral diagnosis**

For adolescents the risk factors arise from the orientation of their personality. There is a disharmony between these dimensions. There is a low level of future oriented attitudes. Related to their personality orientation we found:

- Internalisation, vitality, sensitivity 42.36%
- Social orientation, pro-social attitudes: 25.50%
- Will, the power of ego development: 14.60%
- Sense of perspective, future-oriented: 10.64%

We have also found, at community level, that the behavior of the individuals who directly affect the individual at risk (for example, parents and teachers who smoke in front of students and parents who keep cigarettes at home), and the actions of the decision-makers that affects the environment puts the individuals at risk through creating no smoke-free spaces.

**Environmental diagnosis:**

These are the factors other than specific actions that could be linked to behavior, e.g. sale of cigarettes near schools, cigarette advertisements in the media and private environmental stimulus.

Phase 3 - educational and ecological diagnosis

The identified factors are classified as predisposing factors, enabling factors, and reinforcing factors.

**Predisposing** factors are any characteristics of a person or population; they include an individual’s knowledge, beliefs, values, and attitudes.

**Enabling** factors are those characteristics of the environment that facilitate action to attain specific behaviour. They include programmes, services, availability and accessibility of resources.

**Reinforcing** factors serve to strengthen the motivation for behavior. Examples include social support and peer support.

Based on this analysis and considering the analysis of symbols (symbols which were designated by smoking teens) I made a model that describes the situation in which the social worker should start a smoking prevention action. In this study we will not analyse the symbols that teenagers have designated to cigarettes but will describe stringing symbols that have the highest frequencies. Smoking was represented by the teenagers targeted by the research as follows: metaphor with positive valence: 17.50%, metaphor with negative valence: 75.69%, not response 6.8%. The most common responses were:

- **Element**: black earth, black life, black loop, mercury, air harmful
- **Subject**: nails, poker, roulette table, lighter
- **Being**: spider, crab, thief,
- **Feelings**: positive balance requirement - bondage, inertia, boredom.

Through the content analysis of these metaphors we can realize the needs and fears of adolescents studied. On this basis we planned activities which aimed at the promotion of mental health in adolescents.

4. Conclusions and recommendations

The most important aspect of smoking prevention among adolescents is their empowerment through the actions of the local community and the support offered in the process of individuation. This can be achieved through:

- **Orientation**: it requires communication between generations and the transmission of traditions designed to develop health
- **Motivation**: satisfaction of basic needs, positive emotions, pro-social habits, getting involved in the community, values supply
Modeling: catalyze the process of individuation, (in the context of 21st century), modelling skills, offer pro-social behavior models, help in self-determination and in development of interpersonal skills

Based on the analyses performed we have established several prevention activities and expected results:

- **Proposed activities:**
  - Cultivating the health protective traditions of the community
  - Multi-level tobacco control communication
  - Transmission of the value, opinion, behavior influencing – pro-social norms
  - Forming anti-drug workshops in schools – involvement of students, teachers
  - Organising support and counseling for individuals and groups
  - Ensuring the local application of anti-smoking laws
  - Local regulations for the protection of passive smokers and the elimination of sales near schools
  - Community engagement – search partners for the programme

- **Results proposed:**
  - **Short-term outcomes:**
    Promoting a negative opinion against smoking, parents' involvement in the anti-smoking communications and greater family control
  - **Intermediate outcomes:**
    Reducing the interest toward tobacco containing substances, environment organisation against smoking such as, a positive example from teachers and parents enabling peer-support and the strengthening of the anti-smoking atmosphere by the school as well as preparation of attitude change, knowledge and respect for tobacco control laws and regulations
  - **Long-term outcomes:**
    A later initiation of smoking, diminished demand for tobacco products as well as ethnic and social differences in smoking reduction and more smoke-free zones

- **Individual level:**
  - Strengthening the identity
  - More efficient management of emotional distress
  - Self-efficiency (planning-implementation), self-management
  - Melioration of health management

We believe that through the proposed activities we can contribute to the improvement in quality of life and lay the foundations of the community self-management and its commitment toward a healthy lifestyle. In conclusion we can say that the specific community life of the individual results in significant differences in their attitudes towards smoking. We obtained different pictures about the two populations concerning the predictive and protective factors systems as well. The cultural differences of the target group should be respected in the prevention by mobilising those community resources which are rooted in the shared desires, fears, and daily practices, rituals, and values.

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