

Does drug prevention work in transitional Hungary?

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In the Central European transitional countries (i. e. state controlled countries developing into market economy), the change of political, economical and social systems around 1990 was followed by a rapid increase of illegitimate drug use. In the young and the adult population (15–64 years old), the lifetime prevalence of drug use increased compared to the situation in the 1980s, when it was close to zero. Evidently transitional countries display particular drug problems [1, 2].

In Hungary, the government financed school prevention programs lasting at least 5 h since 2000. In the school year 2004–2005, 322 school programs were financed [3]. The increasing drug use raised the question whether or not prevention programs are effective in these countries.

We examined three individual studies analysing the results of school drug prevention programs in Hungary. The first study included seven programs covering 1691 students in 44 organisations [4, 5]. The students were between 12–18 years old. During the study, pre- and post-tests were conducted and the Health Belief Model [6] was applied. In this study, self-efficacy [7] increased most significantly in those cases where it had been the lowest before intervention. The perceived susceptibility of drug use also increased significantly. No differences were apparent in perceived barriers of drug use between pre- and post-tests. The authors concluded the following. “We measured the perceived susceptibility in connection with the near future or the supposed susceptibility of imagined drug taking in the lifetime of the interviewees. All in all, we got an unexpected result which showed significantly opposite movement between the two tests in the seven programs under examination, in relation to the perceived susceptibility of trying any illegal drugs. This means that among the participants of the programs, the supposed susceptibility of trying any illegal drugs grew regarding both the near future and their whole life ... It was found that unfavourable change has taken place in the users’ behaviour: two-third of them (half of them is partly just tendency) in connection

with the near future, and eighty percent of them in connection with a longer period” (5, pp.41–42). The perceived severity of drug use also produced an oppositional tendency from what was expected.

Ikvai-Szabó et al. [8] investigated 17–18-year old students. They selected 35 secondary schools where they analyzed the effects of different drug prevention methods, and compared them with 15 schools where drug prevention never had been applied. The authors found no impact of drug prevention programs in relation to the use and the risks of drugs. The authors claimed that more than 50% of the students who had participated in the drug prevention programs tried a drug for the first time after the prevention program has taken place [8].

In the course of the third study [9], a complex health promotion program was tested among students at grade 8 (14 years old). 505 students participating in the program were evaluated, while the control group consisted of 1577 students. The comparison shows that 64.4% of the “test” participants have smoked a cigarette, while this value is 54.7% in the case of the “control” students. At the same time, on the self-esteem scale [10], the students participating the test showed higher values at every variable.

Based on these three studies it can be stated that drug prevention programs do not have an effect on drug taking. Moreover, they may be contra-productive by even stimulating drug consumption.

Why are the prevention methods either inefficient or contra-productive? It is important to note that the three studies have serious methodological flaws. The lack of control groups and representative samples, the quasi-experimental design, the lack of follow-up studies, the application and interpretation of Health Belief Model in connection with prevention may have biased the results. However, there are evident explanations for the results. Most of the drug prevention programs applied in Hungary originate from the United States of America. The

divergence in efficiency of the programs therefore may result from the differences in the two countries' social systems. The American society is individual-centred, i. e. individuals are responsible for their decision and choice. In contrast, partly as an heritage of the former communist system, collectivism dominates in the Hungarian society. Therefore, the individual-centred programs do not match the Hungarian societal conditions. Another reason for the unexpected results is the rejection of perceived conformity and the representation of individual decision. Supposedly, the students are encouraged to take drugs into consideration by the "liberating" and informative effects of the programs. Than it can happen that they will have experience with drugs in their life (increase in susceptibility scores).

A further answer to the question above we may find somewhere else. As an effect of the programs the individualisation of the students increased – we remind of the improvement of self-efficacy and self-esteem. This may have resulted in the fact that they are "obliged to freedom" [11].

In this issue of IJPH a study is presented addressing tobacco smoking in Croatia, a transitional country formerly belonging to communist Yugoslavia [12]. This study also points to some ineffectiveness of prevention programs. The authors state, while smoking medical students "were highly motivated to quit, not even a third of them are currently receiving the assistance needed to achieve their goals. These findings suggest that cessation programs are either not available to students, or, if available, are neither sufficient nor effective" [12]. The authors' conclusion is that a more comprehensive public health initiative is needed. We confirm this conclusion based on our results on drug consumption. It seems likely that comprehensive public health programs, not only school programs are needed to achieve effective prevention in the transitional countries.

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