

PSYCHOACTIVE SUBSTANCE USE AND OTHER RISK BEHAVIOURS AMONG ADOLESCENTS 11-15-YEAR-OLDS IN POLAND IN 2002¹

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ABSTRACT – The objective of this study was to present epidemiology of different risk behaviours among Polish adolescents in 2002. Sample was selected as representative of the general school population of three age groups 11, 13 and 15-year-olds (N=6383). An international standard questionnaire (anonymous) prepared in the frame of HBSC (Health Behaviour in School-Aged Children: a WHO Cross-National Collaborative Study) has been chosen as an instrument for the collection of data. The survey was carried out according to international research protocol.

The results of study showed that in population of 11-15 year-olds the most frequent risk behaviours were: drinking alcoholic beverages (51% of adolescents), participation in physical fighting (39%), bullying other students (37%). 17% of adolescents were current smokers (11% smoked regularly); 9% of boys and 20% of girls were on a diet to loose weight. Among 15-year-olds: 18% used in the last 12 months at least one from nine drugs; 21% of boys and 9% of girls had already had sexual intercourse, 27% sexually active students reported that they or their partner had not used any method of contraception during last intercourse. The prevalence of the majority of risk behaviour increased with age and was higher in boys, and adolescents living in towns. The intense – regular or frequent risk behaviours were found in about 5-25% of adolescents. There were following sequence of age of initiating of selected risk behaviours among 15-year-olds: smoking (boys 11,7 years, girls 12,9 years), alcohol use (respectively 11,9 and 12,8), sniff glue or solvents (13,4 and 13,5), drunkenness (13,6 and 14,2), take medication to get high (13,7 and 14,2), had sexual intercourse (14,1 and 14,7), take marihuana or hashish and amphetamine (in both sexes respectively 14,3 and 14,4), take ecstasy (boys 13,8, girls 14,7 years).

In conclusions the following activities were recommended: (1) continuation of school educational prevention programmes for all students with including prevention of aggressive behaviour and excessive dieting; (2) implementation of intervention programmes for students with intense risk behaviours.

Key words: adolescents, smoking, alcohol and drug use, aggressive behaviours, risk seksual behaviours, dieting.

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