

# **THE COOPERATION OF HEALTH VISITORS AND TEACHERS IN DRUG PREVENTION IN HUNGARY**

© Balogh, Mónika  
[bmonek@efk.u-szeged.hu](mailto:bmonek@efk.u-szeged.hu)

*The problem of drug consumption (in a broad sense) is not only a Hungarian phenomenon but it occurs in other countries of the world too, its solution requires a quick response from the given society.*

*Considering the prevalence of drug consumption it is observed that unfortunately younger and younger people start taking different drugs without being concerned about their risks and consequences at all.*

*Great responsibility lies on the society and on its political, educational and social spheres. Dealing with this problem is the task of the whole society but – beside the role of the family – the responsibility of the educational institutions is exceptionally important. The health visitor as an expert in primary prevention, follows the development of the child from the birth and she holds responsibility for the health condition of the child, the adolescent and the family in institutional socialisation settings as well. Health development and promotion in the kindergarten and school defines what the child, the adolescent and the young adult will do in the interest of keeping and improving their health. The health promotion activities of school teachers can be greatly assisted by the school or youth health visitors who have been trained at college to do exactly these tasks on the highest level, namely health promotion and health education of the youth including performing duties in the field of drug prevention.*

In our fast world, our youth receive more and more external stimuli that can bring about severe or even irreversible results, such as drug abuse and addictions if we fail to take action in the right time and with expertise. These problems are often dealt with in books and academic journals at present. We can read about the forms, the frequency and reasons of dependencies, how they can be recognised, who to turn to and certainly we can get a great deal of information on how to prevent them as well. Although drug prevention is a similarly important task and responsibility of the school health visitor as the teachers working there, we do not write about how *they can work together in the interest of the health of the young*. In the first part of my study I will describe school drug prevention and its legal background and regulations and in the second part I will explain the tasks of the health visitor in the field of drug prevention, who is the expert on prevention.

## School drug prevention

It is the duty of the society as a whole to protect and promote the health of our children so a single profession cannot be made responsible for it. Health protection starts in the primary scene of socialisation, in the family. As the child grows, the primary scene of socialisation expands and the secondary socialisation scene, the institutional education appears. "It is a significant task of the school to teach the children how to achieve a responsible self-identification and to deal with mental, physical and social health as a whole. The main tool of its realisation is the *development of competencies*: *competency in activities* (making the students able to meet their real needs), *social competency* (so that students develop their social identity in their social environment and they set accessible aims that serve their health together with others), and *competency in decision-making* (so that students can find the healthy solutions in actual challenging situations)" (Zrinszky, 2002).

The Ministry of Education – in its middle term development strategy – determines the aims that the system of content regulation has to serve. This strategy includes among others social competency and value orientation. In the field of social competency, the followings have to be developed: responsibility, ability to deal with conflicts, responsiveness to social experiences. In the field of value orientation the followings are formulated: norm directed patterns of actions, social, democratic and individual values, autonomic actions, reliability, tolerance, socially accepted behaviour and cultural inclusion. (*A közoktatás tartalmi szabályozásának rendszere Magyarországon*, 2003) The educational institutions are – so to say – obliged to make their students acquire these skills, which will help them to lead healthy, productive lives.

Educational institutions socialise the young for socially important tasks. Health promotion is a key element in the programme of personality and socialisation development, thus it has a significant place in the process of school education. In connection with school health education, this is a quotation from Act no. 61 of 2003 – On the amendment of Act 79 of 1993 on Public Education:

3 § ...The task of the schools in connection with *health promotion*, consumer protection and environmental protection has to be defined in the National Curriculum.

3/A § (1) The curriculum framework includes recommendations on:

- a.) the aims of education, the system of subjects, the themes of the subjects, the content of the themes, the requirements of the subjects each year, the time allocated to meeting these requirements, *realisation of the duties in connection with school health promotion*, consumer protection and environmental protection...

The curriculum framework defines duties on health promotion, including prevention of harmful dependencies, at several places. "The schools have to serve the students' healthy physical, mental and social development with all their activities. Health education teaches not only disease prevention but also the pleasurable experience of health and the respect of harmonious life as a value. Teachers should prepare their students in a way that they will be able to make the right decisions concerning their life style, to form a healthy way of life and to solve conflicts in their independent adult lives." (National Curriculum, 1995)

According to the requirements of the framework curriculum, the following subjects are obliged to include drug prevention: *biology and health education* (8<sup>th</sup> grade), *chemistry* (10<sup>th</sup> grade), *biology* (11<sup>th</sup> grade) and *form master's classes* (5-12<sup>th</sup> grades). 30 % of form master's classes, at least 10 classes a year, have to be devoted to health promotion.

*Decree 32/2004 (XII.2.) of the Ministry of Education*, which amended the decree 11/1994 (VI.8.) of the Ministry of Education on the functioning of educational institutions, mentions school drug prevention in this way:

4 § The duties of child protection coordinator include:

(g) in the framework of the educational programme of the school and their child protection duties – helping to work out an anti-drug programme, seeing to its realisation; initiating action at the director of the school if needed, giving information to students, parents and teachers."

6 § "Extra-curricular activities organiser helps the teachers and students in their work connected to free time activities and community life. The duties of the extra-curricular activities organiser include:

(f) organising free time activities in relationship with healthy way of life, the prevention of dependencies, and the integration of recovered depended students.

The Ministry of Education prepared its *drug prevention strategy* in 2003 on the basis of the *National Strategy for the Repression of Drug Abuse Programme*, with the following aim: "Developing the conditions of drug prevention, which is imbedded in a modern, comprehensive health promotion, instead of single campaigns. Preventing the use of legal and illegal psychoactive substances is part of the school's health promotion and so it is included in the schools health promotion plan as well. The health promotion expert at the school is in charge of it, who is also the drug abuse coordinator, possibly together with a health promotion committee. Drug prevention imbedded in comprehensive health promotion takes into consideration the age, the social-demographic and social-cultural factors and any hazardous situations. It does not focuses on deficiencies or prohibition (Do not use drugs!) but on positive aims (Live healthily! Improve your life quality and enjoy your life!)."

The legal regulations necessitate the practice of drug prevention and that it should be carried out locally, in the schools. In the framework of health education, some planned and professionally led classes should take place, which include the elements of health conscious behaviour, the development of the skills of making relations, communication, decision making, solving aggression and conflicts, and which deal with the social aspects of expressing emotions, drives, ambitions and needs.

### Duties of the health visitor on drug prevention

One of the main duties of the health visitor is practising health promotion and education. This includes – among others – *educating* healthy nutrition, adequate exercising, correct sex life, and *dependency-free life*.

The documentation of this duty of the health visitor dates back to old times. The National Institute for Baby and Child Health formulated its letter on methodology (no. 38) in 1988, which informs health visitors on the symptoms, recognition, reasons, prevention, and treatment of child and adolescent dependencies: "Prevention can be divided into general and specific phases. In the special phase, at the age around 12, the question should be dealt with as an extra or intra-curricular activity, supported with

adequate communicational devices, objectively, and translating psychological knowledge to children's language. The presentation should not be sensation-like, it should not be centred on drugs and the information should be preceded and completed with effective education."

The decree on area health visitor duties was amended in 2004 and the decree of 49/2004 (V.21.) of the Ministry of Health regulates the duties and functions of area health visitors. Their duties in health promotion and prevention of dependencies are formulated this way:

3. § The duties of area health visitor:
  - h) participation in organising and realising individual and community health promotion and protection programmes

The health visitor meets her clients not only in their families but as the child starts going to kindergarten and school, the scene expands, where the health visitor provides advice in the interest of the optimal development of the child. The decree of the Welfare Minister of 26/1997 (IX.3.) is about school health care and in appendix no. 3 it defines the individual tasks of the health visitor in the school setting. Beside screening tasks, health promotion plays a significant role:

7. *Participation in health education* mainly in the following themes:
  - a.) basic knowledge on health (personal hygiene, healthy way of life, care for sick people, first aid),
  - b.) family planning, contraception,
  - c.) parental role, baby care,
  - d.) prevention of dependencies.

In the mirror of the legislation shown here, we can say the health visitor is the expert who fulfils duties on both health promotion and drug prevention professionally. At the Health Visitor Department of the College of health Sciences, University of Szeged, effective methodological acquisition of drug prevention is considered very important in the preparation of health visitors for health promotion duties. Students study health promotion and health education in a very high number of hours in both basic and special training. The theory (30 hours) and practice (60 hours) of drug prevention are elective courses, which students have chosen very often for years. After the theoretical training, the students have a chance to try themselves in practice. Our graduating students give health promotion classes on different subjects in primary and secondary schools in Szeged according to the schools' needs. (We are presently cooperating with 26 schools.) Among the themes, drug prevention has been a distinguished item for years.

## Possibilities of cooperation between the health visitor and the teacher

"The 'educating effect' of the school is realised through the whole of the institution. In the educational setting, the personality of the teacher, her ability to make relations, her personality developing influence is an all-important factor. The role of the teacher is a complex role with high professional and human requirements." (Kozma, 1993) Rogers wrote about the three main qualities that a good teacher must have: authenticity, positive acceptance without reservations, empathy. A teacher should be *authentic*,

which appears in concord of her actions, emotions and thoughts and it is indispensable for being considered by the children or students to be a role-model. Similarly important is *acceptance without reservations* – a positive approach to students. In this respect the teacher has to be convinced that the child could be developed and able to change. Empathy is a basic human quality that no profession can be without. A teacher has to be empathic to not only her colleagues but also to her students. I believe it is important to underline these qualities of the effective teacher because they are even more crucial for the teacher who wishes to participate effectively in health promotion and drug prevention.

School health promotion and drug prevention is a "team task", and it is a team in which all experts in a school have to participate. When the school compiles its educational programme – on the basis of the framework curriculum – they have to prepare their health promotion strategy, too, that includes drug strategy. The health education programme has to be made with the participation of the child protection coordinator, the health educator and the school drug coordinator, taking into consideration the mental hygienic culture of the school. The head of the headmaster's committee, the school doctor, the school psychologist, the extra-curricular organiser, the health visitor, and a member from the child welfare service have to take part in the preparation. According to the law, it has to be accepted by the teaching staff and the maintainer of the school. The accepted health promotion programme is included in the every day educational activity of every staff member according to a yearly time schedule. (*Takács, Schád, 2004*)

The preparation of the school drug strategy has similarly defined steps as any other health promotion activity. It is a good idea to appoint a working committee for this job which prepares and directs the process with their active participation. I think it is important that not only *teachers* but also *school health visitors* take part in this committee, who can make prevention more effective with their expertise and assistance. The National Strategy for the Repression of Drug Abuse has recommended that each school should appoint a drug coordinator. "An expert (a teacher, a school psychologist, a health visitor, or a health educator) should be named at each school who receives this task because of her sensitivity to the matter and her expertise and who is reimbursed for this activity. Her task is coordinating the anti-drug strategy of the school, and to provide the teachers, the students and parents alike with adequate information." (*National Strategy for the repression of Drug Abuse, 2000*)

Let us take a quick look at the steps of preparing a school drug prevention strategy (according to the planning model of Ewles-Simnett):

1. Defining needs and priorities. Assessing the conditions.
2. Defining aims and goals.
3. Choosing the shortest route to reach the aims.
4. Identifying resources.
5. Working out assessment tools.
6. Making an action plan (who what where when how)
7. Action. Realising the plan including assessment.

Conditions assessment is the tool to explore the real problems of the school on the basis of which the drug strategy is made. During the assessment it is worth making the SWOT analyses, which will reveal the not only the strengths and weaknesses of the school but also the dangers and the possibilities. After this, realistic, achievable and realisable aims should be

defined. The aims are described by the acronym SMART: specific, measurable, achievable, realistic time-scale. It is also worth considering which the short, middle and long term aims are, and concrete deadlines should also be set. After this, the available methods should be assessed. While choosing the methods, the following issues should be considered: Which methods are the most suitable and effective for the achievable aims? Which methods are acceptable for the school (both teachers and students)? And last but not least: Which are the most economic methods? The resources on the one hand are the experts who can assist our work and can help in the realisation of the aims in drug strategy with their expertise. These experts can be: the health visitor, the health educator, the biology teacher (other teachers who feel devoted to the matter), the drug coordinator, the school doctor, the school psychologist, the extra-curricular organiser, students trained in peer support, and the experts from the local or county municipality and civil organisations. On the other hand the resources can be those funds that can be applied to so that the school wins financial support. Such resource has been offered by the Ministry of Education and the Ministry of Youth and Sport for years. The winning schools have to provide a number of classes on drug prevention.

When preparing the action plan, we have to define very precisely in what time scale and in what classes should the prevention be realised. The scene can be intra-curricular (subject classes, form master's classes) or extra-curricular (sports programmes, clubs, peer training, health day, health week). We should not seek regulations on what programmes to organise, because only the given school and the staff can define this. By all means the parents and family of the children going to the school should be involved in the prevention programme. The parents should know of the health promotion programmes at school, their aims and principles. We have to find the points where they can be involved to complete institutional education. It is indispensable to inform the parents, the leaders and the staff of the school on what results we have achieved in the health promotion programmes and drug prevention, and these programmes have to be revised yearly.

## Summary

We can raise the question: In what phase of the preparation of the health promotion and drug prevention programme do teachers play a role? Probably, the teacher can find her place in every phase of the strategic preparation if she is devoted to the matter professionally and personally. Although only little time is dedicated to the subject "health as a value" and to health promotion training (except if the student is majoring in this subject), I believe the possibilities are open and teachers who are willing to learn can choose from several further training courses. However, I also believe the biggest help is the health visitor, the primary prevention expert who looks after the children even before they are born during the pregnancy of the mother and visits them in their homes 24 hours after they are born. Thus we can say the health visitor plays a significant role in the life of the family, in helping to bring up the children in the right way. She is the expert who gives advice to the family in physical, mental and social fields in the interest of the children's healthy and optimal development between the ages of 0-18. Then the babies grow up slowly and beside the primary socialisation scene, namely the family, other – institutional - scenes of socialisation also appear, such as the crèche, the kindergarten and the

school. As the children's living space expands, teachers can also take part in their health education. Naturally, different tasks should be emphasised in each phase of life and the families, the teachers and the health visitors face different problems. If we prepare ourselves for these problems consciously and work out a strategy in which children, teachers and health visitors can play their own roles, we have a good chance of being able to help the young through the difficulties. I consider it vital that the players of different settings should work together and realise – and accept – each other's expertise because "snowflakes are weak and feeble by themselves but together in a blizzard they have enormous power".

## References

2003. évi LXI. törvény a közoktatásról szóló 1993. évi LXXIX. törvény módosításáról  
26/1997. (IX. 3.) NM rendelete az iskola-egészségügyi ellátásról  
32/2004. (XII. 2.) OM rendelet a nevelési- oktatási intézmények működéséről-  
11/1994. (VI. 8.) MKM rendelt a nevelési- oktatási intézmények működéséről  
módosítása  
38. sz. Módszertani levél Gyermek- serdülőkori szenvedélybetegségek tünetei,  
felismerése, okai, megelőzése, kezelése (1988)  
49/2004. (V. 21.) ESZCSM rendelete a területi védőnői ellátásról  
A közoktatás tartalmi szabályozásának rendszere Magyarországon (2003). Az  
Oktatáspolitikai Elemzések Központja nyilvános közpolitikai elemzése, OKI  
Az Oktatási Minisztérium A "Nemzeti Stratégia a kábítószer- probléma  
visszaszorítására" (96/2000. (XII.11) OGY hat.) alapdokumentumából adódó  
drogprevenciós stratégiája (2003)  
KOZMA, BÉLA (1993): *Pedagógia*. Comenius Oktatásszervező Bt. Pécs.  
NAIDOO, JENNIE and WILLS, JANE (1999): *Egészségmegőrzés- gyakorlati  
alapok*. Medicina Könyvkiadó Rt. Budapest.  
National Curriculum (1995) Művelődési és Közoktatási Minisztérium  
National Strategy for the Repression of Drug Abuse Programme (2000). Ifjúsági és  
Sportminisztérium. Budapest.  
SIMNETT, EWLES (1999): *Egészségfejlesztés- gyakorlati útmutató*. Medicina  
Könyvkiadó Rt. Budapest.  
TAKÁCS, PÉTER and SCHÁD, LÁSZLÓ (2004): *Az iskolai drogstratégia  
kialakítása és módszertana*. T+T Humán Szolgáltató és Oktatási Központ Betéti  
Társaság, Lélekszerviz Mentálhygiénés Szolgáltató Betéti Társaság. Budapest-  
Szeged.  
ZRINSZKY, LÁSZLÓ (2002): *Neveléselmélet*. Műszaki Könyvkiadó. Budapest.