

WAYS TO PREVENT DRUG ADDICTION IN YOUNG PEOPLE

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Abstract. *Natural selection is hypothesized to have favored particularly strong emotional and behavioral responses to social successes and failures during adolescence, including increased reactivity toward peers. Overall, there may be interactions between the stimulus processing system of the adolescent brain, peer context, and risky behavior. Maturational changes and experiences during adolescence interact with social context to shape long-term social and reproductive trajectories. Evidence suggests that threats to the social status of aggressive children arise quite early in development.*

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Prevention of drug addiction among teenagers. As mentioned above, the most drug addicts are recorded in the age group from 16 to 30 years. Of course, most of these people became addicted to drugs immediately after school, in the army or at university. Therefore, preventing drug addiction among adolescents is of great importance. After all, today about 2% of the Russian population are people who regularly use drugs. Some narcologists claim that about 5% of drug addicts find the strength to give up poison and return to normal life. Alas, in practice, at best, one person in a thousand finds such strength within themselves. Yes, and until the end of his life he cannot completely get rid of psychological dependence, even having managed to overcome the physical one.

Prevention of drug addiction at school. As is known, a person's character is formed in preschool and primary school age. And it is at this age that it is especially important to have the right influence on the child. The rules that he absorbs in the period from 5 to 9 years become the most important for him for the rest of his life. It is simply impossible to force a person to abandon these rules. Even making minor adjustments is very problematic. Therefore, the prevention of drug addiction in school should primarily cover these years. It is useless to tell teenagers aged 14-17 about the dangers of drugs. If the basic postulates were not introduced into the child's consciousness in time, such lectures will have a very weak effect. Separately, the issue of modern prevention in secondary schools should be considered. At best, this is an annual visit to the school by a narcologist. The assembly hall is filled with high school students and during one lesson (or more) a specialist talks about the consequences of drug addiction. This approach is initially insufficient and has minimal effect. That is, the role of prevention is played by an annual lecture, which brings practically no benefit.

Drug addiction prevention program. Of course, when reading lines like this, many readers have a question - what to do and what to do so that the prevention of teenage drug addiction would be truly effective. It's worth saying right away that most of the methods used today have minimal

or no effect. Therefore, for the purpose of prevention, more radical methods should be used, which may seem inhumane to some.

So, what methods of prevention can have an effect and make a program truly capable of changing the worldview of an entire people? First of all, all examples should be clear. Children of primary school age should be shown photographs depicting people who have been taking drugs for a long time. They often resemble scenery from horror films more than real people. The display of such photographs should be part of a program that affects younger groups of children aged 5 to 10 years. It is then that the desired effect can be achieved. Frail children's minds will create a surprisingly negative image of a drug addict. And here children's fear plays the best role. In the future, children's subconscious will form an image that should be avoided at all costs. This will most reliably eliminate even the thought of trying any type of drugs. And this is precisely the goal that drug addiction prevention in schools should set. If we form groups of middle school students (14-18 years old) who, under the supervision of specialists, would visit drug treatment clinics, in which they would be shown clear examples of what drugs turn into healthy, beautiful and physically strong people, all the goals of prevention will be 100% completed. Yes, this is very cruel to children. Fears are possible, but if there is an experienced psychologist nearby who explains everything, then there will be no side effects and the main effect will be achieved.

Not a single child raised under such a program, becoming a teenager, and then an adult, will ever be able to use drugs. This will be unnatural for him psychologically. And he will perceive the offer to "try it, maybe you'll like it" in the same way as an offer to jump down from a high-rise building with the motivation "what if you like it?"

A similar experience took place in France at the end of the 40s. Then, in the post-war years, a sharp rise in alcoholism was recorded. About 40 percent of babies born had physical or mental disabilities. The country's authorities were in panic and decided to take a desperate step. Girls aged 12 to 16 were regularly sent to orphanages and maternity hospitals, where they could see the consequences of a harmless glass of wine before conceiving a child. The effect turned out to be more than dramatic - when these girls entered childbearing age, the number of births of sick children decreased thousands of times. The same experience can be adopted by specialists who are drawing up a drug addiction prevention program in our country.

Causes of drug addiction. However, speaking about the prevention of drug addiction, we should not forget about its causes. After all, it's stupid to fight something without knowing why this "something" appeared. So, first of all, it is worth understanding - what pushes children on this path, which will give them several moments of unnatural pleasure and a stub of life for several years, during which it will slowly rot? When the reason is understood, it will be clear what the prevention of drug addiction among adolescents should be, and what it should focus on first.

Surprisingly, the primary cause of drug addiction among teenagers is simple boredom and idleness. Indeed, what should the average 10-14 year old boy in the city do if his parents cannot afford to pay for sports clubs or art clubs? However, the main role here is not even played by the financial well-being of the family. Quite often, parents could pay for a club for a dozen children. It's just that from an early age the child was not described in detail all the benefits of sports, art, intelligence and other constructive, creative activities. Well, if you don't teach a child good thing, he will turn out to be an empty vessel. And he, in turn, will be filled with what is easiest to fill with - evil, or rather, everything destructive, destructive. It is much more difficult to teach a child

to read, create pictures or write poetry than to drink beer or engage in petty hooliganism. And there is a very high probability that today's beer will turn into tomorrow's cocaine, LSD or heroin.

Ways to eradicate drug addiction. And, finally, how can we definitely protect a child from drug addiction as a whole and rid the entire society of this vice? The prescription medicine is in our past.

A teenager could spend whole days completely free of charge in various hobby groups - sports, art, handicrafts and much more. Football, parachute jumping, shooting, fencing, boxing, chess, drawing, playing musical instruments, tourism and much more were completely free or cost mere pennies, so anyone with an average salary could afford to pay for such leisure activities for their children.

It is enough to restore the availability of such pastimes to significantly reduce the number of drug addicts among teenagers. Of course, we should not forget about the role of prevention, and for a more dramatic effect, it is quite possible to use the methods described above.

It is a set of such actions that could, in a matter of years, reduce the number of teenagers who decide to try drugs many times over.

Prevention of drug addiction among teenagers. Nowadays, the problem of teenage drug addiction has grown into a global problem on an all-Russian scale. It is for this reason that social services began to literally force school and lyceum teachers to pay more attention to this problem and introduce lectures on drug addiction prevention into the number of mandatory extracurricular activities. In addition, other prevention of drug addiction among teenagers is also encouraged, which includes after-school activities, excursions, etc. Often, both teachers and parents think that the problem of drug use will never affect their children, but this is nothing more than hope and faith in the positive side of life. In fact, a child can get caught in this web at an early age. Of course, only on the condition that the prevention of drug addiction among minors is not carried out properly and preferably together, both in an educational institution and in the family.

Statistics show that children whose families are doing well and whose teenagers have no prerequisites for depression or antisocial behavior more often fall under the influence of people involved in the distribution of narcotic substances. Unfortunately, this fact is rarely taken into account properly, and drug addiction prevention in schools is carried out with an emphasis on adolescents from disadvantaged families. In addition, when telling teenagers about the dangers of drugs with narcotic effects, teachers do not take into account the current fashion for being under the influence of drugs. In order to take this "fashionable" factor into account, classes on drug addiction prevention should be conducted systematically, diluting boring lectures with live examples, facts, direct contact with students and various kinds of interactive moments that increase the interest of listeners. Because in the absence of interest, which is usually not the case in children gathered for a boring lecture, this kind of drug addiction prevention among teenagers will not have any effect.

Ordinary drug addiction prevention activities are divided into three stages, each of which is individually designed to influence adolescents in different environments.

Primary prevention of drug addiction includes family promotion of a healthy lifestyle. Parents must carefully monitor the emotional state of their teenager. This is especially important at the critical and difficult stage of puberty, when the child's psyche is especially unstable and he, out of ignorance, due to childhood maximalism or for a number of other reasons, can become addicted to taking narcotic substances.

Secondary prevention of drug addiction lies in the proper organization of anti-drug propaganda in educational institutions. In addition to lectures and theoretical classes on this topic, it is recommended to conduct interactive events in which students themselves could share with their peers their proposals for combating the global disease - drugs.

Tertiary drug addiction prevention is the concern of law enforcement agencies. The main thing here is to protect adolescents as much as possible from access to narcotic substances and medications containing them. For this purpose, inspections of suspicious places are constantly carried out, monitoring of the absence of cases of drug trafficking in pharmacies, nightclubs, etc. In general, we can safely say that today, the prevention of drug addiction among adolescents has significantly reduced the number of young drug addicts, as well as the infant mortality rate and the number of cases of HIV/AIDS, which, as is known, are transmitted through blood. According to data regularly provided by the State Drug Control Service, over the past few years, among the drug dealers they detain, as well as regulars of drug dens, there are fewer and fewer minors, and in general, young people have become more interested in sports than in artificial substitutes for joy.

A properly organized system for preventing drug addiction among adolescents is already bearing fruit in most cities and regions of the country. That is why it is worth continuing to adhere to the chosen course and eradicate drug addiction in the state as much as possible. This will require a lot of effort, but it is undoubtedly worth it, because we are talking about the health of our future generation. The instinct of self-preservation is one of the strongest in nature, but people are often exposed to risks, including voluntarily. The reasons for getting into risky situations can be either external factors that are inevitable (for example, a flood, an earthquake) or voluntary ones, when a person puts himself at risk. Factors of the latter may include the psycho-emotional state, hormonal levels, the desire to be equal to others, and the lack of proper information. The concepts of risk and risky behavior consider these factors. It should be noted that the concept of risk itself in different models is considered depending on the field of application. Let us consider the most basic models of risk and risky behavior, first defining the very concept of "risk". This term has many definitions and the common understanding is that risk has a probabilistic nature of an unfavorable outcome. For example, in jurisprudence, risk is one of the situations where, depending on its recognition as justified or unjustified, it can influence the fact that actions are recognized as criminal.

In economics, risk is the possibility of unforeseen expenses and losses due to changes in the economic situation. The most complete classification of risks was proposed by sociologist V.I. Zubkov, in which types of risks are divided according to possible consequences, content, conditions of occurrence and subject-object characteristics [16]. In psychology, definitions of risk can be divided into several types. For example, Fischhoff, in the context of the uncertainty of the outcome and situation, considers risk as a condition [7], Algin considers risk as an action in which uncertainty is overcome in a situation of inevitable choice. Kozeletsky identified the processes that arise when solving problems with risk: constructing a subjective representation, assessing the consequences after making a decision, and choosing the decision itself. Analyzing the scientific literature on the problem of risky behavior in young people, I identified 3 factors: personal, cognitive and social. The reason for the development of risky behavior among young people may be underdevelopment of the cognitive sphere, which leads to the inability to adequately assess risk and ignore its consequences. R. Larson, in his works, says that in adolescence people are subject to frequent mood swings, which subsequently prevents them from making the right decisions when

assessing risks [4]. Family upbringing creates a negative attitude towards risky behavior. According to A.V. Mudrik, the socialization of children in the family gives certain skills, knowledge and abilities, as well as familiarization with social norms and the child's self-perception emerges [5]. Frequent family conflicts and the inability to resolve them correctly, the lack of harmony between parents can lead to the fact that a child is assigned a negative social role from childhood, leading to behavioral disorders. According to Freud's classical psychoanalysis, the mental health of a child directly depends on the parents. In the first year of life, everyday care of the child is especially important, as they lay the foundation for the first experiences. In infancy, it is enough to satisfy biological needs. Breastfeeding lays the foundations of trust and affection. When toilet training a child, flexibility, tolerance and appropriate demands contribute to the child's development of healthy self-esteem and even creative thinking. Unhealthy relationships between children and parents, conflicts, inability to solve problems, failures of adaptation in adulthood are formed as characteristic problems. Failure to meet the child's needs results in infantilism, self-centeredness, and aggressive behavior. The American psychologist Erikson examines in his works the formation of personality from the moment of birth to death. From the moment of birth, in the first stages of his life, the child is predominantly dependent on parental influence. As a result, with the right influence, the child, as a healthy individual, develops feelings of trust, certainty, independence, and initiative. The point of view of Erich Fromm also became widely known. In his work, he says that mother's love is unconditional, she loves her child a priori, and father's love is conditional, it must be achieved through achievements and actions. And in adulthood, a person builds images of his parents within himself.

Through the synthesis of maternal and spiritual love, spiritual health is formed. Thus, summarizing the above, we can come to the conclusion that the relationship between children and parents directly influences the formation of risky behavior in adolescence. Let's look at five key aspects of youth risk behavior from an evolutionary perspective. 1. Adaptive significance of adolescence: adolescence is a turning point in life. From the onset of puberty to the onset of adulthood, adolescence is essentially the transition from puberty from the pre-reproductive to reproductive phase of life. The developing individual reallocates energy and resources toward becoming a reproductively competent individual. From an evolutionary perspective, one of the primary functions of adolescence is to achieve reproductive status, to develop the physical and social skills necessary to gain access to new and highly controversial biological resources: sex and, ultimately, reproduction. This time of increased promiscuity and competition may help young people determine their own status and desirability, clarify their mate preferences, and practice mate attraction tactics [17]. Indeed, an important function of self-organized peer groups during adolescence may be to position oneself in a social context for sexual activity, to withdraw from adult supervision, and to engage in reinforcing activities with peers. To achieve success during the critical adolescent transition, natural selection favored a coordinated set of rapid, discontinuous changes—puberty—in many areas of development. Driven by maturational changes in the secretion of growth hormones, adrenal glands, and gonadal steroids, pubertal development includes the maturation of primary and secondary sexual characteristics, rapid changes in metabolism and physical growth, the activation of new drives and motivations, and a wide range of social factors. behavioral and affective changes [9]. These pubertal-specific processes function to develop reproductive capacity and enhance the social competitiveness of boys and girls. Increased height, weight and muscularity; more prominent jaws and cheekbones; the appearance

of hair on the body and face; greater cardiovascular capacity, upper body strength and grip strength; and broad shoulders make the male body more resilient, menacing and sexually attractive to women. Developing breasts, fuller lips, widening hips, storing fat, and achieving adult height and weight signal fertility and make a woman's body more sexually attractive to men. Changes in metabolic rate, food intake and sleep patterns support this physical metamorphosis. The adolescent phase shift also increases activity at night (when most sexual and romantic behavior takes place). Increased sexual desire increases motivation to continue, attract and maintain marital relationships. Increased sensation seeking and emotional reactivity promote novelty seeking and exploration and may increase the desire for socially mediated rewards. Higher levels of aggression and social dominance contribute to and reflect the greater competition that occurs during adolescence for gender, status, and social alliances. Delinquency and risky behavior (e.g., delinquency, rule breaking, fighting, risky driving, drinking games) often have signaling functions that enhance reputations for courage and toughness and can enhance position in the dominance hierarchy, especially for men.

Distancing the parent-child relationship increases autonomy and refocuses the adolescent on peer relationships and the marital arena. Increased levels of anxiety and depression in girls may reflect increased sensitivity to negative social evaluations at a critical time for alliance formation. Much is at stake during the transition to adolescence, as disability and mortality rates rise sharply due to causes such as depression, eating disorders, alcohol and other substance use, accidents, suicide, homicide, insolence, violence and risky sexual behavior. behavior [12]. The peak in high-risk, high-stakes behavior during adolescence suggests that this phase of lifespan has had a significant impact on fitness throughout evolutionary history and has therefore been subject to strong selection. It is hypothesized that natural selection has favored particularly strong emotional and behavioral responses to social successes and failures during adolescence, including increased reactivity toward peers. Overall, there may be interactions between the stimulus processing system of the adolescent brain, peer context, and risky behavior. Maturation changes and experiences during adolescence interact with social context to shape long-term social and reproductive trajectories. Evidence suggests that threats to the social status of aggressive children arise quite early in development, 13 for example, during the first years of school entry. Children and adolescents who are likely to be rejected or ignored by their peers are more likely to form coalitions with other high-risk children and engage in “deviance education” (i.e., attention and rewards for talking about deviant behavior) in the playground context, and also their teenage friendships [10]. There is a clear process by which middle school students, who are persecuted by their peers to marginal positions in the status hierarchy, begin to associate with deviant peers and, over time, engage in higher levels of risky and antisocial behavior. Working with children experiencing turbulent adolescence raises complex issues, as this turbulence itself may reflect adaptive responses to social challenge. Socially rejected or marginalized adolescents often become anxious, depressed, socially withdrawn, and aggressive. Risk-taking behavior among adolescents often has an important signaling function, successful risk-taking (e.g., fighting, theft of valuables, substance use, risky sports). From an evolutionary perspective, what current prevention and treatment programs typically achieve in terms of addressing adolescent goals and motivation? Consistent with an evolutionary perspective, there is growing agreement that interventions aimed at promoting more positive strategies for achieving social status appear to have long-term effects.

For example, the Good Behavior Game was created as a strategy for reducing problem behavior in the classroom [14]. The premise of the game is simple: All children in the class earn points for not engaging in a list of problem behaviors, such as aggression. Thus, high-risk children who effectively “inhibit” problem behavior receive rewards for the group. This intervention is easy to implement and disseminate, addresses social status issues, and is not only effective in reducing aggressive behavior in the early grades, but 14 also alters youth risk trajectories during adolescence. This approach is consistent with a significant body of evidence showing that peer influence during adolescence can promote positive social behavior. From an evolutionary perspective, what current prevention and treatment programs are likely to be flawed or would be better avoided in terms of adolescents' goals and motivations? Interventions that simply attempt to stop adolescents' high-risk behavior (e.g., zero tolerance, abstinence only, just say no) or encourage adolescents to substitute other activities that are arousing but not dangerous or illegal (e.g., activities that produce high-intensity feelings in safe way) may be unsuccessful because they ignore the functions of risky behavior. Thus, adolescence is a critical period in life for achieving status and determining long-term social and reproductive trajectories. Changes in the brain, body, and behavior of adolescents increase social-competitive competence and enhance motivation for peer status and acceptance, as well as associated mating opportunities. Intervention programs for high-risk youth must work with, rather than against, these powerful goals and motivations. This means promoting group structures and behavioral strategies that allow adolescents to earn status for good social behavior, on the one hand, and avoid the dynamics that provide social status and peer rewards for antisocial behavior, on the other.

2. Functions of risky and aggressive behavior. Interventions needed to address the adaptive functions of risky and aggressive behavior. The developmental psychopathology model tends to focus on the form of behavior rather than its function. That is, such approaches rarely ask: what is the behavior for? Accordingly, 15 the developmental psychopathology literature takes a form-oriented approach to sociality and antisociality, viewing or even defining these constructs as “opposites” (i.e., pros and cons), consistent with societal views of social desirability and undesirability. [3] In contrast to this moralistic view, evolutionary analysis focuses on the deeper roots of behavior and draws attention to the instrumentality of both social and antisocial strategies; both functions to manage resources (i.e., getting what you want, receiving attention from others, wielding influence). Thus, social and material goals can be achieved in groups through means such as theft, intimidation, deception, or the threat of harm, or by engaging in friendship-building, cooperation, and reciprocity.

Because social and antisocial resource management strategies share a common underlying function, the extent to which people use these strategies should be independent or even positively related, a prediction that stands in stark contrast to the developmental psychopathology model. This assumption has been supported by studies with both young children and adolescents. A corollary of this new assumption is that one cannot assume a simple positive relationship between socially desirable characteristics

REFERENCES

1. Alcoholism, drug addiction and other mental and behavioral disorders associated with the use of psychoactive substances. Textbook / L.M. Bardenstein et al. - M.: GEOTAR-Media, 2015. - 96 p.

2. Alzhanov S. The problem of drug trafficking and the growth of drug addiction in the Republic of Kazakhstan. 2015.
3. ASSIST questionnaire https://www.who.int/substance_abuse/activities/assis_v3_english.pdf?ua=1
4. Buzina T. S. Psychological prevention of drug addiction: monograph. - Moscow: Cogito-Center, 2015. - 311 p. 151 11
5. Weiner, E. N. Prevention of addictive behavior among youth: [drug abuse] / E. N. Weiner // Fundamentals of life safety. – 2011. – No. 3. – P. 43– End. Beginning see No. 2. – pp. 25-30.
6. Verminenko, Yu. V. Technologies of social work for the prevention of drug addiction in adolescents // Problems of social work: collection. articles. – St. Petersburg, 2003. – 211 p.
7. Zubkov, V. I. Sociological theory of risk “Without drugs”: Program for preventing and overcoming drug and alcohol addiction: – A. Amangeldieva Zh.A., Semipalatinsk, 2013 – 84.
8. Kazakhstan ranks 33rd among 93 countries in terms of drug mortality <https://kursiv.kz/news/obschestvo/2019-11/kazakhstan-zanimaet-33-e-mesto-sredi93-stran-po-smertnosti-ot-narkotikov>
9. Korobkina, Z. V. Prevention of drug addiction in children and youth: textbook. aid for students universities, educational according to ped. specialties / Z. V. Korobkina, V. A. Popov. – M.: Academy, 2002. – 189 p.
10. Makarevich A.V. Entertaining drug addiction / A.V. Makarevich; comment Mark Garber. – M.: Makhaon, 2008. – 159 p.,
11. Khayarova L. R. Psychological technologies for the prevention of drug-addicted behavior among students // Bulletin of the Kazan Technological University. 2011. No. 5. pp. 42-45.
12. Sheregi F.E., Arefiev A.L. Drug addiction among young people: structure, trends, prevention. – M., 2003. P. 172.
13. Andrews, P. W., & Thompson, J. A., Jr. (2009). The bright side of being blue: Depression as an adaptation for analyzing complex problems. *Psychological Review*, 116, 620 – 654
14. Boyd, C.J., Young, A., Grey, M., & McCabe, S.E. (2009). Adolescents’ nonmedical use of prescription medications and other problem behaviors. *Journal of Adolescent Health*, 45, 543-550
15. Chamberlain, P., Leve, L. D., & DeGarmo, D. S. (2007). Multidimensional treatment foster care for girls in the juvenile justice system: 2-year follow-up of a randomized clinical trial. *Journal of Consulting and Clinical Psychology*,
16. Compton W.M., & Volkow, N.D. (2006). Abuse of prescription drugs and the risk of addiction. *Drug and Alcohol Dependence* 83S, S4-S7.