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Knowledge of Underage Addiction Among the Teaching Staff of Youth Education Centers

ABSTRACT

The main objective of the study was to determine the knowledge among the teaching staff of youth education centers (YECs) about substance and behavioral addictions, as well as their responses to the manifestations of addiction. The research followed a qualitative strategy. The data was collected through in-depth interviews with 17 employees from three randomly selected YECs (one for girls and two for boys).

The data indicate that the teaching staff of YECs has insufficient knowledge to work with minors suffering from addiction. Despite their capabilities, these educators do not diagnose addictions and do not organize activities to support young people in coping with their problems. This is related to a lack of competences, the belief that such tasks are not their responsibility, and the perception of these activities as ineffective and insufficient.

Therefore, it is recommended that the teaching staff of YECs develop their knowledge and skills by participating in certification courses, training programs, and workshops on addictions (substance and behavioral); using basic diagnostic techniques, the principles of assisting in crisis intervention, and the methods of motivational dialogue; and studying the scholarly literature and consulting and supervising cases with specialists.

KEYWORDS

educator, addictions
to psychoactive
substances,
behavioral addictions,
rehabilitation, minors

SPI Vol. 26, 2023/2
e-ISSN 2450-5366

DOI: 10.12775/SPI.2023.2.008en
Submitted: 27.03.2023
Accepted: 28.04.2023

Dependency among minors in youth education centers

The use of psychoactive substances is one of the most frequently displayed risk behaviors among the inhabitants of youth education centers (YEC) and youth sociotherapy centers (YSC). Surveys show that the majority of the young people living in such centers not only admit to occasional alcohol consumption, but more than 70% of them use alcohol regularly while outside the facility. Nearly 60% of the younger (12–15 years) and 70% of the older (16–19 years) people smoked cigarettes daily in the last year, and as many as 63.5% of the younger and 75% of the older teenagers were drug users. The most commonly used substances were cannabis derivatives, amphetamine, MDMA, and new psychoactive substances (NPSs; so-called “legal highs”). The findings of the study indicate that teenagers in YECs use stimulants much more often than their peers from YSCs and public schools. Moreover, girls from the younger age group use substances such as alcohol, stimulants, NPSs, codeine, or psychotropic drugs more often than boys (Pisarska, Bobrowski, Greń, Ostaszewski 2019: 302; Ostaszewski, Bobrowski, Greń, Pisarska 2019: 339–340; Greń, Bobrowski, Ostaszewski, Pisarska 2019: 274, 276, 278).

The prevalence of alcohol use among minors in social rehabilitation institutions has also been confirmed by other studies (Greń, Bobrowski, Ostaszewski, Pisarska 2019: 29). They show that 90.6% of minors had drunk alcohol in the past 12 months, 81.3% had engaged in binge drinking, and 51% admitted that they had engaged in other risky behaviors while under the influence of alcohol. The use of psychoactive substances by YEC residents has also been confirmed by Michał Kranc’s (2018: 40) research on a group of 115 teenagers in three institutions in the Lesser Poland Voivodeship, which shows that 70% of them used alcohol, 84% used cigarettes, and 50% used drugs.

All 60 YEC residents surveyed by Arkadiusz Kamiński (2018: 43) had experimented with various types of psychoactive substances; 95% of the wards smoked cigarettes—most of them compulsively, 88% consumed alcohol, and 83% admitted to smoking cannabis. Amphetamines and NPSs were used by 53% of the teenagers. A 2015 study carried out by the same author on a group of 120 wards of three social rehabilitation institutions (YECs) showed that 40% of them were minors who “harmfully” used psychoactive substances.

These are wards with diagnoses of mixed disorders caused by psychoactive substance use who have a referral for outpatient addiction therapy (Kamiński 2018: 44).

Karina Szafrńska's (2018) qualitative research shows that the vast majority of YEC wards declared addiction to at least one psychoactive substance. Addictions to alcohol, nicotine, cannabis, and drugs (93.5%) predominated, while 80% of the respondents declared an addiction to NPSs. As many as 54% of the respondents saw no danger in occasional drug use (Szpringer, Wojciechowska, Orczykowski 2015: 375). There is no doubt, therefore, that socially maladjusted adolescents residing in YECs, if not yet addicted, belong to the high-risk group.

Despite the dissemination of knowledge on the dangers of addictive use of smartphones, the internet, social media, and computer games (e.g., Jarczyńska, Orzechowska 2014; Celebucka, Jarczyńska 2014; Grzegorzewska, Cierpiałkowska 2018; Griffiths 2004; Guerreschi 2006; Woronowicz 2021; Piasecka, Kuztal, Piątek 2022), there is still insufficient empirical research on the behavioral addictions of minors in YECs, which means that there is a need for such analysis.

Based on the classification of behavioral addictions by Irena Grzegorzewska and Lidia Cierpiałkowska (2018) (gambling addiction, addiction to new technologies and the "virtual world," harmful behaviors related to body shaping, harmful consumption of high-calorie meals, harmful behaviors related to addiction to shopping, sex, and pornography, and harmful and compulsive working), research from recent years carried out among adolescents was reviewed.

Małgorzata Styśko-Kunkowska and Grażyna Wąsowicz's study on e-addiction (2013–2014) shows that the proportion of adolescents (13–19 years; N=1000) at high risk of internet addiction was the highest, with 24% of the population using this medium to reduce tension. In turn, 29% were reported to be at risk of e-gaming addiction. Just over 14% of adolescents reported playing games for money or tokens, and about 15% reported betting (e.g., on sports). Also, 70% of the teenagers used online shops and, in this group, the vast majority (82.6%) were found to have a medium or high risk of addiction. The use of Facebook and other social networking sites was declared by more than 930 people, and 95% of them were found to have at least a medium level of risk of addiction.

A study by Katarzyna Warzecha (2015–2016) conducted on a group of Silesian adolescents (N=2669; 13–20 years old) shows that young people are very well equipped with modern means of communication (phones, smartphones, tablets, consoles, and internet access). However, they use these devices in an inappropriate and problematic manner: 11.73% of junior high school students were at risk of problematic internet use, while 5.72% of junior high school students and 6.48% of secondary school students gambled in a way that makes them problematic or at risk players. Moreover, 8.10% of junior high school students and 9.27% of secondary school students engage in problematic gaming behavior or show symptoms of gaming abuse. The largest proportion, 40.4% of the secondary school study group were addicted or at risk of becoming addicted to mobile phones. A nationwide study on a group of 22,000 students by *Fundacja Dbam o Mój Zasięg* [the I Care About My Range Foundation] indicates that around 3% of teenagers in Poland have symptoms of full-blown phonoholism (Dębski 2016). In turn, a study from Krakow (Frost, Solecki 2017) using an abbreviated version of the Kimberly Young test indicates that 9.8% of the 680 respondents were at risk of problematic internet use. A much smaller (2.2%) proportion of respondents had full symptoms of internet addiction.

A nationwide Polish study within the EU Kids Online 2018 research network (N=1249; ages 9–17) revealed that 20% of young people had skipped meals or sleep in favor of going online. Around 13% admitted that the reason for going online at least once a day is boredom and around 8% of respondents avoided meeting relatives and family or neglected their school work in order to have more time to go online. Also, nearly 19% of young people declared using the internet for more than 6 hours a day on weekends (Pyżalski, Zdrodowska, Tomczyk, Abramczuk 2019: 22). It is worth mentioning that a study published in 2019 (NASK Teenagers 3.0; Bochenek, Lange 2019: 6) indicates that teenagers use the internet independently since the age of 7. The cited results clearly indicate a real threat of new addictions developing in the generation of adolescents growing up today.

The importance of skills among social rehabilitation educators for working with addicts

Juveniles in social rehabilitation centers mostly use psychoactive substances and are at risk of behavioral addictions which have not yet been observed within this group. In light of this knowledge, it should be assumed that the social rehabilitation interventions undertaken in YECs will not be effective if they do not take into account the particular functioning of addicted wards. Research among former YEC residents (Sikora, Szczepanik 2015: 100; Cieślukowska-Ryczko, Dobińska 2019: 119) confirms that the staff of YECs do not take specialized measures to deal with this problem. Using psychoactive substances or engaging in compulsive activities are the most common barriers to successful social readaptation. They often make it impossible to further one's education, to perform one's duties in the workplace, or to deal with matters in offices or treatment facilities. As a consequence, they lead to social exclusion, unemployment, homelessness (Czapnik-Jurak 2019: 3, 59), and even criminal activity (Kilińska-Pękacz 2020: 232–245). Therefore, it is important that the teaching staff of YECs have the following skills and knowledge:

1. diagnosing addiction (diagnostic criteria, risky/harmful/compulsive use, recognizing symptoms of behavioral addiction). The use of basic diagnostic tests (AUDIT, MAST, and CAGE; see Fudała 2009: 45–47), breathalyzers, cluster tests to detect drugs in urine, and diagnostic tests to recognize the first symptoms of behavioral addictions (Bandurska 2019)
2. designing preventive interventions (e.g., “new addictions,” risks of substitution use of other substances, risky behavior, and using legal drugs for intoxication)
3. planning social rehabilitation work with addicts (e.g., mechanisms of addiction, relapses, coping with abstinence symptoms, formulating detailed recommendations for psycho-corrective work, designing interventions on self-esteem, coping with aggression, social skills training, developing a sense of agency, relaxation training, and conflict resolution)
4. conducting individual supportive conversations, motivating to change and undergo treatment and sustaining participation in therapy (e.g., motivational dialogue)

Without in-depth knowledge of addiction, teaching staff become helpless in the face of problems related to the addictions of their students. The research conducted to date shows that public school teachers are insufficiently prepared to carry out preventive interventions regarding risky behavior in young people (Kusztal, Piasecka, Nastazjak, Piec 2021).

In YECs, the situation is further complicated by the fact that these institutions are not obliged to employ therapists and that usually the topic of addiction is only touched on briefly in the training of psychologists. According to the Supreme Audit Office (Raport NIK 2021), in the face of such a widespread problem of psychoactive substance use, the psychological and pedagogical assistance offered in social rehabilitation institutions is insufficient (on March 31, 2021, there were between 1 and 53 wards per psychologist and between 16 and 44 wards per pedagogue in YECs).

As recommended by the Supreme Chamber of Control (Raport NIK 2021), the establishment of specialized therapy and education centers for those in need of addiction treatment could provide support in diagnosing and working with addicted wards. However, such centers have still not been created, and the staff of YECs can only count on the support of non-governmental organizations or therapy institutions, such as addiction counselling centers, outpatient departments, or MONAR centers (NGO addiction rehabilitation centers in Poland). Obtaining help there unfortunately involves long waiting times and requires appropriate procedures, which additionally postpones the start of therapy for minors (application to court, diagnosis of addiction, consent of legal guardian, negative drug test result, and travel to the centers).

Thus, the logic of the argument so far indicates that rehabilitation educators should have competences for working with addicts in order to significantly speed up the recognition of addictions and specialized therapy for addicts. In turn, these skills can help in tailoring social rehabilitation interventions and designing forms of assistance appropriate for the needs and functioning of addicts.

Methodology and course of the study

The aim of the study was to assess the knowledge of the pedagogical staff about working with addicted teenagers in YECs. The main research question was formulated as follows: What is the knowledge of the pedagogical staff about working with addicted children in YECs? A number of specific research problems were also formulated:

1. How do the teaching staff of YECs understand the phenomenon of addiction?
2. What manifestations of juvenile addiction do they pay attention to?
3. What are the minors in YECs addicted to?
4. What are the reasons for minors becoming addicted?
5. How can addicted minors be effectively helped?
6. What sources of knowledge about addictions do the pedagogical staff of YECs use?
7. What is the importance of knowledge about addictions in minors for the pedagogical staff of YECs?

The research was qualitative and the data was collected through in-depth, structured interviews (Konecki 2011). The study group consisted of 10 educators, three directors, two pedagogues, and two psychologists from three randomly selected YECs (one for girls and two for boys). The research was conducted in January 2023. Thirteen women and four men, aged between 25 and 66 years, took part in it. Interviews with the staff took place face-to-face, in conditions that ensured comfort and confidentiality within the YEC. The interviewees' statements, with their consent, were meticulously recorded during the interviews.

Research results

Members of staff in youth education centers understand addiction as a restriction of one's freedom and as focusing one's life on the use of drugs or persistent repetitive activities (e.g., using a smartphone), despite the consequences. It is also a way of coping with difficult emotions.

My understanding of addiction is that in a difficult situation, if the child cannot cope, they will resort to some form of support. Then they are better able to cope with the difficult situation, which doesn't mean that they do solve it. (Educator_1)

It was difficult for educators to precisely define what addiction meant to them, and they then avoided answering the question by talking about their private experiences with addicts. It also happened that, instead of defining the phenomenon, they listed its causes, effects, types of known addictive substances, and selected elements of the addiction process. Moreover, they treated addiction to psychoactive substances as “normal,” and addiction to activities as “tangible, behavioral, different, and rather harmless.” What was also surprising was comparing addiction to “possession, imprisonment, or pleasure.” The last term, as it turned out later in the interview, stemmed from the interviewee's own experiences with alcohol and phone addiction. “Addiction leads to the situation in which it is number one in life, with all other activities in the background and subordinated to it” (Educator_4). “Addiction is a lack of freedom of choice, a possession, something that limits us; I associate it with prison” (Educator_3).

According to the educational staff, minors become addicted by the pleasure they feel from taking a drug or doing an activity. For the interviewees, addiction is also synonymous with a compulsion to take substances continuously. “It's very simple. One feels pleasure after hearing, after seeing, after feeling. It's a feeling so pleasant that we repeat it” (Educator_3). “If he was an addict, he would now have to take the drug all the time in the center” (Educator_6).

The staff found it difficult to explain the nature and criteria of addiction. Their statements indicate a lack of factual knowledge which would allow them to distinguish between the different phases of the development of this phenomenon (experimentation, occasional use, regular use, and addiction). It seems that the educators' descriptions are closest to the last phase of addiction, which would indicate that the first alarming signals in the behavior of minors are most often completely ignored. Only one interviewee pointed out the association between substance use or repetitive activities and experiencing difficult emotional states. Behavioral addictions, which seem less dangerous to the educators than the use of psychoactive substances, were also downplayed.

Diagnosis of addiction by educators at YECs

For the pedagogical staff of YECs, the basis for diagnosing addiction is observing in the juvenile's behavior excessive excitation, sluggishness, excessive appetite or lack thereof, sadness or joy (laughter), nervous tics, rapid swallowing of saliva, the need to be in constant motion, aggression, lack of control over their behavior, babbling speech, and talking about experiences of drug use. When looking for indicators of addiction, educators focus on the teenagers' faces, particularly on the eyes, checking whether they have dilated or constricted pupils or possibly a "wild look" in their eyes. They watch out for withdrawal symptoms, such as shaky hands, irritability, excitement, or difficulty communicating. Sometimes they look for these symptoms in the content posted by minors on social media (photos and their descriptions). Ultimately, however, the educators agree that a comprehensive knowledge of the wards resulting from interviews, observations, and documentation is a prerequisite for a good diagnosis. Quite often, however, there were statements indicating that educational staff do not have the tools or knowledge to diagnose addiction and that only specialists (i.e., addiction therapists) can diagnose young people properly (although this option was also called into question). "I don't know if it's possible to recognize if someone is an addict. They are very secretive about it: he doesn't drink a lot, he's not an addict, he doesn't need help" (Educator_6).

The situation in one center, where no specialized treatment was provided for a minor despite the fact that their addiction was known, should be regarded as shocking. Equally surprising was the fact that minors' use of psychoactive substances while on a pass or a justified suspicion of drug use on the premises was ignored. There was no systematic monitoring for psychoactive substances in any center, either during the children's stay or upon their return to the facility. "He takes drugs during passes. There are often breaks and then they get some relief on the passes" (Educator_6). "After holidays, we can see how thin, how knackered they are. I think, if we could check it, actually in most cases something would be revealed" (Psychologist_1). "He's addicted to the computer, and when he goes home he notoriously plays there" (Educator_10). "I'd rather the boy take a cigarette and go smoke in the bathroom quietly, secretly, than officially have

to go out with him for a smoke” (Educator_10). “Sometimes I know there are drugs on the premises of the center. I don’t know how to prevent this” (Educator_1).

Legislation that came into force in September 2022 allows drug tests to be carried out among students. Barriers to pedagogical staff implementing them are financial (institutions cannot afford to purchase a large number of multitests, as one test costs approx. PLN 30–40), procedural, bureaucratic, and related to stress over reading the test result correctly.

I did the test, admittedly for the first time, but following the instructions. I read the result and it was inconclusive, but I considered it positive. I consulted with others and we decided that we should follow the procedures. Later X came and said the result was negative and we had decided too soon to inform the court and the parents. We ended up with a terrible conflict. (Educator_9)

Currently, they aren’t done because we, educators, are lazy (Educator_2).

The testing of young people for the presence of drugs should be carried out in a way that respects their dignity and privacy. However, the fear of being manipulated by the teenagers leads to the violation of their rights.

I’ve done drug tests before, I know how it’s done, but on my watch there’s no way a young man is locking himself in the toilet. He has to pee in front of me. I know they can do all sorts of tricks, I’ve had enough experience to know. (Pedagogue_2)

Types of addiction among minors

In the opinion of the staff, minors can become addicted to anything, but the most common types of addiction are alcohol, cigarettes, drugs, smartphones, and the internet. Less frequently, in the teachers’ opinion, children become addicted to gambling, computer games, or sex. The interviewees also pointed out that minors are addicted to energy drinks and inhalants (deodorant or aerosols). Moreover, the educators’ accounts showed that girls, unlike boys, are addicted to painkillers and show emotional dependence on partners and social media approval. Addiction among female wards of YECs was explained by the educators as the importance of using the telephone,

the internet, and social media in shaping the girls' social and personal identity and satisfying their need for acceptance.

They even become addicted to people's praise, to the odd "likes," because, at the moment, young people have a strong need for acceptance. But this has reached some kind of absurdity—someone didn't leave hearts under my post or something, so I'm going to go kill myself. (Educator_3)

Teachers in YECs are also aware that (because most addicted young people lack access to intoxicants, they turn to dangerous experiments using nutmeg, lighter gas, dust, and psychotropic medications. Methods of putting one's body into a state of fainting, known as "choking," are also used. This involves exhaling air from the lungs while lying down, with simultaneous pressure on the abdomen and chest.

Causes of minors' addiction in the opinion of the pedagogical staff of YECs

The use of psychoactive substances by wards, according to the educational staff, is due to their family problems and traumatic experiences. Among the external conditions, they also point to maintaining social relations with drug users (peers) who respond to their needs for acceptance, belonging, and a sense of security. In addition, educators see the causes of addiction in the personality traits of minors (low self-esteem, lack of reflection on the consequences of one's actions, curiosity, the need to reduce tension, and the lack of skills to safely deal with difficult emotions).

In their statements, the teaching staff also highlighted the minors' avoidance of solving the problems they experience in their families and relationships with their peers.

Because it's the easiest way to escape from the problem that life puts in front of them. Because it's the easiest way to vent all the frustrations that accumulate in a kid. This is the basic point. Why struggle? Well, problem-solving isn't that easy... (Educator_1)

Forms of assistance offered to addicts

The research shows that, in exceptional situations, specialist assistance is offered to strongly addicted minors, both for diagnosis and to start therapy. The educators claim that the students are then referred to institutions that deal with the prevention and therapy of addiction, as the centers lack staff with the necessary qualifications. However, this applies only to a few of them because, in the educators' opinion, it is hampered by barriers such as the students' access to an addiction treatment center, organizational solutions in YECs (lack of time due to other activities, lack of employees who could go to therapeutic meetings with the children, lack of transport, interruption of therapy when the young people visit their family for holidays, and a lack of faith in the effectiveness of the interventions at the treatment center. "There are cases where, if a girl doesn't want to be treated, we petition the court for compulsory treatment. However, in most cases girls agree to go to therapy" (Pedagogue_01). "My impression is that this organization doesn't work. Nothing permanent is created there; the system of twelve sessions is not effective" (Educator_7).

There are also situations in which there is no prevention or treatment of addiction due to the lack of support from treatment institutions, the perception of centers (e.g., MONAR) as dangerous places for young people, and the belief that pharmacology must be used to treat addicted teenagers. "I don't get help from anywhere. ... I wouldn't send a child to MONAR, because it's sex, drugs, and rock and roll" (Director_3).

In the opinion of the educational staff members, they can support their wards in recovering from addiction by controlling them, having individual conversations (motivating them to start therapy or work on themselves), organizing activities/workshops (to broaden knowledge, increase self-esteem, and develop skills), providing care, understanding, and warmth, and using methods such as wagering or appealing to their fear of death. There are situations in which the juveniles themselves report the need for addiction therapy, in which case the educator's help in persevering with the decision is essential.

However, sometimes there is no time, atmosphere, knowledge, or sometimes even motivation to organize the above-mentioned activities. "Most sweep this problem under the carpet" (Director_3).

“I don’t know if addicted people can be helped effectively. No drug addict I have known has walked away from drugs” (Educator_4). “I don’t know any methods. I’m not an addiction therapist” (Educator_5). “There is no time for therapeutic work. We balance between organizing daily life, controlling how everything goes, and ensuring safety” (Educator_1).

In the opinion of the teaching staff, one adequate solution to the problem of addiction in YEC wards would be to employ an addiction therapist in the facility or to create special facilities for socially maladjusted and addicted young people.

There should be one educator/therapist for each group. Because in order to help a child, in order to do therapeutic work, you sometimes have to go into a very in-depth therapy with the kid. For this you need time and calmness. While working in a group, you can’t do that. (Educator_1)

According to the respondents, whether addiction prevention is effective mostly depends on the cooperation between the entire teaching staff of YECs and specialists. “Psychologist, psychiatrist, and addiction unit. Because it’s not about a therapist just sitting and talking. You need a whole team of people to work with you” (Director_2).

Sources of knowledge about addictions

The staff of the YECs learn about addictions mainly from the internet, television, their own experience, and conversations with and observations of the wards. Information is acquired in a haphazard manner, so its reliability may also be questionable. “Let’s be realistic, either I accidentally see something on the internet or I read up on it, if I need to learn about something” (Educator_3). “Books? I’m already at the stage where I don’t read books. Maybe a film, but not really either; I rather learn from real-life cases: friends, an acquaintance, also from work and from my family” (Educator_8).

Some statements from respondents indicated the use of the literature on the subject, training courses, webinars, and postgraduate studies. When deciding to participate in this type of training, the content of the course and the qualifications and experience of the trainer are of great importance to the educators. “A friend sent me an article which opened my eyes, or perhaps reaffirmed my belief

that children going on passes take drugs with their addicted friends” (Educator_4). However, it is clear from the statements of the directors of the institutions that the teaching staff shows little interest in training related to addictions.

The importance of specialist competences on addictions according to the staff of YECs

According to the declarations of the educational staff of YECs, having specialist competences on addictions helps to tailor social rehabilitation interventions to the situation and needs of the minors. This makes it easier to remain calm in crisis situations and to ensure a sense of security. “For me, it’s important to know how I can help my student effectively. Knowing that I know how to behave, what action to take in the most difficult situations I can imagine, makes me feel better and calmer” (Pedagogue_2). “My sense of security is important to me. I decided to take care of myself” (Educator_1).

Conclusions and interpretation of the research

Pedagogical staff describe the problem of addiction imprecisely. From the statements collected in this study, it appears that educators identify this phenomenon mainly with psychoactive substances and their visible effects at the last stage of addiction development. This indicates insufficient knowledge of addiction, as the first symptoms of its development are ignored; while downplaying behavioral addictions suggests a lack of knowledge of the risks associated with compulsive use of the telephone, internet, or computer games.

The surveyed YEC employees primarily use observation to diagnose juvenile addiction. During the diagnosis, they pay attention to the appearance and behavior of the ward, emphasizing that their knowledge of the individual (e.g., their family situation, difficulties, character traits, or deficits) is one of the most important tools they have.

On the one hand, the educators are of the opinion that they have the tools and sufficient knowledge to carry out a professional diagnosis; on the other hand, despite the possibility of testing for psychoactive substances, they rarely use these tests or do so in a way that violates

the rights of minors. This is most often explained by a lack of funds to purchase the tests, low motivation to carry out the whole procedure, which involves additional paperwork and stress, or a lack of the knowledge and skills necessary to carry out the test correctly. Based on the data, it appears that the educators are aware of minors' substance abuse or compulsive activities (e.g., use of the internet, smartphones, and computer games), which take place both in YECs and during passes. However, activities geared toward helping young people cope with these difficulties are reserved for exceptional situations only.

According to the pedagogical staff, young people in social rehabilitation facilities can become addicted to anything. However, alcohol, cigarettes, drugs, phones, and the internet were the most frequently mentioned. The respondents also noted that teenagers often use drugs, energy drinks, inhalants (deodorant and aerosols), and social media and are strongly attached to their partners. It is worth adding that, in the minds of the respondents, when psychoactive drugs are unavailable, minors seek other, dangerous forms of intoxication.

It is puzzling that the respondents complained about the lack of tools and knowledge needed to diagnose addictions while easily listing substances/activities to which young people are or may become addicted. Using only the observation method, teachers do not pursue more reliable diagnostic methods, such as simple screening tests found in methodology books (e.g., Bandurska 2019) or online, like breathalyzers, or drug tests. This may be due to their belief that diagnosing an addiction problem is not their responsibility. Meanwhile, the educators employed in the centers are very often the only people in the lives of the wards who could discover an addiction problem. Educators are on duty with minors for several hours at a time and their attentiveness to any worrying behavior and their willingness to cooperate with specialists can help prevent the development of addiction. We should also add that underestimating this problem can lead to other risky behaviors.

According to the respondents, adolescents in social rehabilitation institutions become addicted after experiencing trauma, having family problems, or interacting with people who use substances. Young people's personality traits, such as low self-esteem, high levels of anxiety, a lack of reflection on their actions, curiosity, and the inability to safely deal with difficult emotions, play a major role in this process.

According to the respondents, cooperation with specialists (therapists and psychologists) is necessary to help addicted adolescents. This is because these experts can both make a professional diagnosis and refer a minor for therapy. However, an obstacle to using this kind of support is the belief that therapy in treatment centers is ineffective and that pharmacological treatment must be part of effective help for addicts.

Educators mainly counter juvenile addiction by scaring them with the unpleasant consequences, talking to them individually, organizing workshops/training, and providing emotional support. However, these activities are associated with constraints such as a lack of time, atmosphere, knowledge, and motivation to engage in activities that, in the opinion of the educational staff, are not very effective. According to the respondents, the best solution for dealing with the addictions of minors would be to employ addiction therapists in YECs or to create specialized institutions for socially maladjusted and addicted persons.

The staff members of youth social rehabilitation centers listed the causes of their students' addictions in line with the literature on the subject (e.g., Pająk 2020: 27; Jędrzejko, Jabłoński 2012: 42–49; Szymaniak 2019: 229–230; Bobrowski, Greń, Ostaszewski, Pisarska 2019: 329–330). They also correctly estimated the number of addicts and those showing vulnerability to addiction. They also emphasized the need to provide minors with professional therapeutic assistance. On the other hand, it is surprising that the teaching staff, despite their knowledge of the subject, rarely use such assistance and do not take steps to strengthen the effects of therapy or to integrate them with the changes taking place in the wards in the process of social rehabilitation. On the one hand, this may be due to the belief, revealed in the research, that addiction is incurable and that any measures taken in this respect are ineffective. On the other hand, it may be related to the strong tendency to stigmatize the teenagers and blame them for becoming entangled in an addiction (Granosik, Gulczyńska, Szczepanik 2014).

The educators and youth workers broaden their knowledge of addiction and related skills thanks to information from television, the internet, their own experience, and observations of youth behavior. They are reluctant to turn to more reliable sources of knowledge:

the scientific literature, professional training, or postgraduate studies. They believe that it is important to develop these skills, but are driven more by the need to feel safe in case a related crisis arises than by concern for the minors' health or a desire to help them.

Recommendations and suggestions

Further research should focus on diagnosing the extent and determinants of behavioral addictions among minors in juvenile correctional centers and should explore the possibilities of limiting the development of addictions. In doing so, attention should be paid to identifying the factors that determine the effectiveness of the interventions: their conditions and methods of evaluating them.

It is recommended that YEC teaching staff develop their skills by attending certification courses, training sessions, and workshops on addictions (chemical and behavioral). Such training programs should include knowledge of diagnostic techniques, the principles and methods of crisis intervention, and motivational dialogue. It would be helpful in improving the quality of addiction prevention in YECs if educators discussed their work with addicted minors in supervision sessions with addiction therapy specialists.

Bibliography

- Bandurska M. (ed.) (2019). *Wsparcie zdrowia psychicznego uczniów. Materiały do profilaktyki, diagnozy i interwencji dla nauczycieli, wychowawców i pedagogów*, Poznań: Forum.
- Bobrowski J.K., Greń J., Ostaszewski K., Pisarska A. (2019). "Czynniki warunkujące picie alkoholu wśród podopiecznych młodzieżowych ośrodków socjoterapeutycznych i wychowawczych," *Alkohol i Narkomania*, no. 32(4), pp. 317–336.
- Bochenek M., Lange R. (2019). *Nastolatki 3.0 – raport z ogólnopolskiego badania uczniów*, Warszawa: Państwowy Instytut Badawczy, <https://www.nask.pl/pl/raporty/raporty/4295,RAPORT-Z-BADAN-NASTOLATKI-30-2021.html> [access: 4.02.2023].
- Celebucka J., Jarczyńska J. (2014). "Hazard wśród młodzieży – rozpoznanie, profilaktyka, terapia," [in:] J. Jarczyńska (ed.), *Uzależnienia behawioralne i zachowania problemowe młodzieży. Teoria. Diagnoza. Profilaktyka. Terapia*, Bydgoszcz: Wydawnictwo Uniwersytetu Kazimierza Wielkiego, pp. 72–93.

- Cieslikowska-Ryczko A., Dobińska G. (2019). "Wspieranie procesu usamodzielniania byłych wychowanków placówek wychowawczych i resocjalizacyjnych. Doświadczenia uczestników projektu mieszkań treningowych," *Nauki o Wychowaniu. Studia Interdyscyplinarne*, no. 2(9), pp. 109–126.
- Czapnik-Jurak M. (2019). *Warszawska diagnoza sytuacji mieszkaniowej młodzieży w wieku 17–25 lat zagrożonej lub dotkniętej bezdomnością – raport z badania*, Warszawa: Fundacja po Drugie.
- Dębski M. (2016). *Nałogowe korzystanie z telefonów komórkowych. Szczegółowa charakterystyka zjawiska fonoholizmu w Polsce. Raport z badań*, Gdynia: Fundacja Dbam o Mój Z@sięg, Uniwersytet Gdański.
- Fudała J. (2009). "Rozpoznawanie osób pijących alkohol w sposób ryzykowny i szkodliwy," [in:] B. Bętkowska-Korpała (ed.), *Uzależnienia w praktyce klinicznej. Zagadnienia diagnostyczne*, Warszawa: Wydawnictwo Edukacyjne Parpamedia, pp. 37–58.
- Granosik M., Gulczyńska A., Szczepanik R. (2014). "Klimat społeczny instytucji wychowawczych i jego uwarunkowania. Perspektywa pracowników i wychowanków młodzieżowych ośrodków wychowawczych (MOW) i socjoterapii (MOS)," [in:] J.E. Kowalska (ed.), *Zapobieganie wykluczeniu z systemu edukacji dzieci i młodzieży nieprzystosowanej społecznie. Perspektywa pedagogiczna*, Łódź: Wydawnictwo Uniwersytetu Łódzkiego, pp. 13–71.
- Greń J., Bobrowski J.K., Ostaszewski K., Pisarska A. (2019). "Rozpowszechnianie używania substancji psychoaktywnych wśród podopiecznych młodzieżowych ośrodków socjoterapeutycznych i wychowawczych," *Alkoholizm i Narkomania*, no. 32(4), pp. 267–290.
- Griiffths M. (2004). *Gry i hazard. Uzależnienia dzieci w okresie dorostania*, trans. A. Sawicka-Chrapkiewicz, Gdańsk: Gdańskie Wydawnictwo Psychologiczne.
- Grzegorzewska I., Cierpiałkowska L. (2018). *Uzależnienia behawioralne*, Warszawa: Wydawnictwo Naukowe PWN.
- Guerreschi C. (2006). *Nowe uzależnienia*, trans. A. Wiczorek-Niebielska, Kraków: Wydawnictwo Salvator.
- Jarczyńska J., Orzechowska A. (2014). "Sicicholizm i fonoholizm zagrożeniem dla współczesnej młodzieży," [in:] J. Jarczyńska (ed.), *Uzależnienia behawioralne i zachowania problemowe młodzieży. Teoria. Diagnoza. Profilaktyka. Terapia*, Bydgoszcz: Wydawnictwo Uniwersytetu Kazimierza Wielkiego, pp. 121–146.
- Jędrzejko M., Jabłoński P. (2012). *Narkotyki i środki zastępcze*, Warszawa–Dąbrowa Górnicza: Oficyna Wydawnicza ASPRA-JR, Wyższa Szkoła Biznesu.
- Kamiński A. (2018). "Stosowanie substancji psychoaktywnych przez podopiecznych młodzieżowych ośrodków wychowawczych," [in:] A. Kamiński, M. Dobijański (eds.), *Uzależnienia jako wyzwanie dla*

- współczesnego pedagoga resocjalizacyjnego*, Warszawa: Ośrodek Wydawniczo-Poligraficzny SIM, pp. 35–46.
- Kilińska-Pękacz A. (2020). “Przestępstwa narkotykowe popełniane przez nieletnich oraz środki wychowawcze orzekane wobec nich,” [in:] E.W. Pływaczewski, E. Jurgielewicz-Delegacz, D. Dajnowicz-Piesiecka (eds.), *Przestępczość XXI wieku. Szanse i wyzwania dla kryminologii*, Warszawa: Wolters Kluwer Polska, pp. 232–246.
- Konecki K.T. (2011). *Studia z metodologii badań jakościowych. Teoria ugruntowana*, Warszawa: Wydawnictwo Naukowe PWN.
- Kranc M. (2018). *Metodyka procesu resocjalizacji w młodzieżowych ośrodkach wychowawczych*, Kraków: Oficyna Wydawnicza “Impuls”.
- Kusztal J., Piasecka M., Nastazjak A., Piec M. (2021). *Wzmacnianie współpracy podmiotów edukacji w zakresie profilaktyki szkolnej*, Kraków: Oficyna Wydawnicza “Impuls”.
- Mrólz A., Solecki R. (2017). *Postawy rodziców wobec aktywności nastolatków w internecie w percepcji uczniów*, “E-mentor”, no. 4(71), pp. 19–24.
- Ostaszewski K., Bobrowski K.J., Greń J., Pisarska A. (2019). “Nasilone zachowania ryzykowne wśród podopiecznych młodzieżowych ośrodków socjoterapeutycznych i wychowawczych,” *Alkoholizm i Narkomania*, no. 32(4), pp. 291–316.
- Pająk A. (2020). “Zażywanie środków psychoaktywnych przez nieletnich,” *Pedagogika Rodziny*, no. 10(3), pp. 21–35.
- Piasecka M., Kusztal J., Piątek K. (2022). *Ewaluacja w profilaktyce i terapii zaburzeń behawioralnych*, Kraków: Oficyna Wydawnicza “Impuls”.
- Pisarska A., Bobrowski J.K., Greń J., Ostaszewski K. (2019). “Badania młodzieży z ośrodków socjoterapeutycznych i wychowawczych – wyniki i rekomendacje dla praktyki w opinii personelu tych ośrodków,” *Alkoholizm i Narkomania*, no. 32(4), pp. 337–354.
- Pyżalski J., Zdrodowska A., Tomczyk Ł., Abramczuk K. (2019). *Polskie badanie EU Kids Online*, Poznań: Wydawnictwo Naukowe UAM.
- Raport NIK (2021). *Funkcjonowanie młodzieżowych ośrodków wychowawczych*, Warszawa: Najwyższa Izba Kontroli, <https://www.nik.gov.pl/plik/id,25720,vp,28493.pdf> [access: 2.03.2023]
- Sikora A., Szczepanik R. (2015). “Pozytywna integracja społeczna – systemowe narzędzia wsparcia, praca wychowawcza, resocjalizacyjna, socjalna,” [in:] A. Sikora (ed.), *Program pozytywnej integracji społecznej młodzieży opuszczającej placówki resocjalizacyjne*, Warszawa: Fundacja po Drugie, pp. 88–111.
- Styśko-Kunkowska M., Wąsowicz G. (2013–2014). *Raport uzależnienia od e-czynności wśród młodzieży: diagnoza i determinanty*, Warszawa, <https://bezpiecznaszkola.men.gov.pl/wp-content/uploads/2015/09/raport.-uzaleznienia-od-e-czynnosci-wsrod-mlodziezy.pdf> [access: 4.02.2023].

- Szafrańska K. (2018). *Kształtowanie się celów życiowych nastolatków w pieczy instytucjonalnej. Model ontologiczno-gnozeologiczny*, Kraków: Oficyna Wydawnicza "Impuls".
- Szpringer M., Wojciechowska M., Orczykowski T. (2015). "Używanie substancji psychoaktywnych przez młodzież gimnazjalną z Młodzieżowych Ośrodków Wychowawczych jako błędne pojmowanie dobrostanu," *Zdrowie i Dobrostan*, no. 2, pp. 363–381.
- Szymaniak K. (2019). "Młodzież w obliczu problemu uzależnień od substancji psychoaktywnych – profilaktyka," *Krakowskie Studia Małopolskie*, no. 24, pp. 228–239.
- Warzecha K. (2019). *Charakterystyka zjawiska hazardu i patologicznego używania Internetu wśród młodzieży szkół gimnazjalnych i ponadgimnazjalnych. Raport merytoryczny z wykonania działań dofinansowywanych z Funduszu Rozwiązywania Problemów Hazardowych w okresie 2.03.2015–31.10.2016*, Katowice, https://www.uzaleznieniabehawioralne.pl/wp-content/uploads/2019/06/Raport-_UE_2018-KBPN.pdf [access: 5.02.2023].
- Woronowicz B.T. (2021). *Zachowania, które mogą zranić. O uzależnieniach behawioralnych i nie tylko*, Poznań: Media Rodzina.

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