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THE ROLE OF THE CJRAE SOCIAL WORKER IN PREVENTING ADDICTION IN CHILDREN FROM THE CLUJ COUNTY SCHOOLS

Ramona PURA¹

Abstract

The CJRAE institution is designed to ensure the quality of specific educational services provided to children, teachers, parents and to allow everyone's access to education by providing the necessary assistance. This article's purpose is to determine the role of the social worker in addiction preventing programs of The Institution of Resources and Educational Assistance of Cluj county (CJRAE Cluj). The study adopted a qualitative research design using the case study of an addiction preventing program run in the Cluj county schools, between years 2017 and 2018. The social worker can have an important impact in school and social integration of children, as he has the abilities and competencies to identify the right resources for intervention; more than this, the job description of social worker employee in CJRAE, shows that they have the attribution to develop together with other educational partners useful programs for children, schools and community. That's why, we have to know if and how the social worker contributes in these addiction prevention programs.

Keywords: addictions, prevention programs, social worker role, educational services, social services.

Introduction

The consumption of alcohol and other substances is one of our many social customs. The majority of individuals who consume alcohol will do it without harming themselves or other people. But, unfortunately, some people abuse generating negative effects for their own health and wellbeing, and the lives of their families, friends and communities where they are living. As social workers, they are currently working with people and the complexity of their lives. The alcohol consumption and addiction is often part of the lives of some individuals

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and their families and closely connected to their physical, psychical health, poverty and domestic violence.

The concept of vulnerable group derives from universal human principles and refers to the segments of population facing with discriminatory attitudes and behaviours and/or need special attention to avoid it. The vulnerable groups are classified depending on social or individual variable such as: gender, ethnicity, disability, age, environment of resistance, level of income, training degree. Superpositions appear between such groups. The vulnerable groups face specific problems because general policies could not be effective, being necessary integrated „selective” politics and adjusted to their needs. Although the vulnerable groups represented priorities of European and national political agenda in the last decade, the official European or national document include no agreement related to the notion of vulnerable group. The notion of vulnerable group is used to outline the equality of chances in different fields of social life or discrimination based on race or ethnic origin. The interventions targeting the vulnerable populations were inconsequent, expressing a significant gap between the political will and practice. Romania is one of the European countries that have registered, in the last decades, significant progress in the field of social politics vulnerable groups. Although the identification of vulnerable groups is a significant starting point for the interventions in the field of public health, several pieces of evidence suggests that interventions must focus mainly on the factors generating vulnerability, mainly among such populations, for instance the low level of education (Loring, 2014: 3).

Although it is obvious that certain social groups are more exposed to the harming effects of consumption of alcohol, there is no pattern of the risks involved by alcohol in relation with social inequalities, these being specific to each country. Factors like the economic status, level of education, gender, ethnicity or environment of resistance influence vulnerability to alcohol of different social groups. Within the populations exposed to several vulnerability factors, the disparities related to alcohol are more obvious. (Blas & Kurup, 2010, p.11). the consequences of alcohol consumption presents a social gradient, being reversely proportional to socioeconomic status. Thus, although population forming the disadvantaged groups consumes, in general, less alcohol and has a higher number of abstinent persons than the economically advantaged population, the risks associated to consumption or higher. This social gradient is mainly relevant related to mortality and morbidity. The disparities of all fields of life (for instance, the level of education, satisfaction related to profession, total income of family and personal income, living conditions), the type of consumption like harmful and, sometimes, the type of alcohol consumed amplify this gradient (Loring, 2014: 5).

Consumption of alcohol among Romanian youth

The groups identified as vulnerable may be exposed to a precocious debut of consumption of alcohol, to a harmful pattern of consumption from the perspective of frequency and/or of quantity, as well as more severe medical-social consequences and the consumption of other substances (tobacco, illegal drugs). The adverse factors that act during childhood and teenage tend to have a negative effect on

different fields of development, such as: intellectual, communication and language capacities or social and emotional skills. Deprivation environment, low income of parents and low living level, low educational level, stressing work places or unemployment of parents, absence of a shelter are key factors associated to a wide range of negative consequences of health and development of child and future adult. Such effects become more obvious with the age. (EuroHealthNet, 2015) Since the factors that influence vulnerability are different from one state to other, the quantification of vulnerable young population is difficult to achieve, the most often, the statistics referring to the number of young men members of state protection system of children and youth or young offenders.

According to a report of European Monitoring Centre for Drugs and Drug Addiction related to the consumption of alcohol and drugs in schools, the share of pupils who have consumed their first alcoholic drink before the age of 9 and of those who started to consume alcohol after the age of 17 are sensitively equal (approximately 6%). At least once in life 16% of boys and 7% of girls got drunk. One of 5 boys got drunk for the first time before the age of 13. The share of boys that got drunk in the last 30 days is 9 percentages higher than of girls. The episodes of drunkenness are less frequent among Romanian teenagers than average of European teenagers (26% versus 39%). Whereas the number of boys who start to consume alcohol increases with age, doubling during the years of highschool, the share of consumption among girls is not influenced by age. A quarter of the youth aged between 18-34 years were victims of physical violence associated to alcohol. In the last 10 years, it has decreased both the percentage of teenagers consuming regularly alcohol (52% in 2007, 47% in 2015), and the frequency of episodes of excessive consumption (27% in 1999, 36% in 2011, 12% in 2015). In the European profile, the Romanian teenagers are included in the category of moderate drinkers, however the data must be interpreted carefully since „Romanian pupils are tempted to give the answers deemed socially desirable, which means that the level of alcohol consumption is probably higher than reported.” (ESPAD, 2016).

The consumption of alcohol on early age is associated mainly to the consequences on short term of alcohol consumption such as death by acute ethanolic intoxication, traumatism (road accidents, falls, drowning), suicide, physical aggressions (beatings, rape), disorders in the development of nervous system, school problems (weak school results, absenteeism), alcoholism on adult age, risk of developing addictions (drugs, tobacco) or other risk behaviours. (Van Hoof, Moll, 2012: 10).

As the age of starting the alcohol consumption is earlier, stronger is its relation with chronic alcoholism, with multiple relapses after a period of abstinence, with short term abstinence and long term consumption, as well as the presence of important clinical symptoms. The highest vulnerability opposite to the effects of alcohol and alcohol addiction is associated to the start of consuming alcohol before the age of 15. This hypothesis is strongly supported by longitudinal studies that have evaluated the consumption of alcohol of several cohorts in the last decades. The prevalence of alcohol addiction increases with the precocity of age of starting the consumption being over 40% among the persons who started to drink before the age of 15, 39% among those who drunk on 15 years old and 31% among those who started drinking after the age of 16. The risk of alcoholism is reduced by 8 to 14 percentages every year without alcohol consumption. The teenagers who start

to consume regularly alcohol before the age of 15 face a four times higher risk to develop addiction and a significant risk for other psychosomatics disorders than those not consuming regularly up to the age of 20 (Van Hoof, Moll, 2012: 12).

According to a study from 2006, teenagers who started to drink before the age of 13 present a risk seven times higher to develop episodes of excessive consumption of alcohol more than six times within one month opposite to those who started drinking after the age of 17. Similar studies indicate that young men who consume alcohol before the age of 14 have a tendency of consuming three times much alcohol and feel much stress every time they consume alcohol after the age of 18. On the other hand, among drinking teenagers, as the stress level is higher, higher is the quantity of alcohol drunk, this association being high within the group who started drinking before the age of 14 (Hingson, Heeren, Winter 2006: 742).

Prevention of addictions in school

In 2018, a national report related to the situation of drugs, drafted by National Antidrug Agency (2018, p.139), shows that the organization Save Children Romania has started a pilot project meant to support the development of a school culture to promote the – physical and emotional health of child, as well as of protection of it against any violent behaviour. The project “Healthy decisions” intends to transpose the education and protection values in contents, competences and specific activities, addressed to children from all school cycles. The main activities of project consisted in the organisation of some sessions of information for children and youth (kindergarten, primary cycle, secondary cycle, high school), adjusted to each group of age and structured in four solid thematic modules: module for sexual education, module for nutrition and physical exercise, module for consumption behaviour (alcohol, tobacco, drugs), manner of prevention of violence and promotion of positive relations (emotional health of children).

For unitary application and coordination of public politics in the field of reduction of the demand of drugs, of legal disposals in the field but mainly, as comprehensive and systemic answer to an emergent need, the National Antidrug Agency has developed the medical, psychological and social system for drug consuming persons, focusing on providing continuity of substitutive treatment within the units of preventive arrest within the police. In this respect, it is necessary an inter-institutional collaboration to provide integrated support to drug consumers deprived of liberty. Thus, it is followed that for drug consumers who, in the customised plan of support have therapeutic objectives which may be reached by their access to services of substitutive treatment, to be created all premises, within the shortest term possible, to assure the availability of such specific measures (National Antidrug Agency, 2018: 134).

It is important that school institutions deal with the prevention and treatment of addictions, with the minimisation of social consequences and on health of consumption of alcohol and drugs, focusing on reduction of demand. On the other hand, the authorities in the educational field must not accept alone the

responsibility for such behaviour of pupils related to health, including prevention and reduction of addictions. The education for prevention of addictions in schools may be defined by educational programs, politics and procedures which contribute to the accomplishment of some higher objectives related to the education for health of children and youth, including related to addictions. The education for prevention of addictions must be made by formal and informal health programs, creation of a safe and healthy school environment, support of relevant services of support, as well as involvement of families and communities in planning and delivery of such programs. Thus, the primordial mission of schools does not consist in changing the behaviours of pupils related to the consumption of alcohol and drugs, but the schools must transmit and report to partners from communities both risk situations related to the consumption of different substances, and reporting the results, effects and impact of different specialised programs (Diraditsile & Mabote, 2017: 96).

The programs of prevention and intervention of addictions in school must have the following components and perspectives: (1) A curricular component in informing pupil about kinds of addictions, effects of excessive consumption, as well as details related to life skills necessary to face different situations without consuming alcohol and drugs, to face and resist pressure by which they are encouraged to consume such substances; (2) Strategies on level of school institutions to provide for understanding and observance of school politics and procedures related to the approach of addictions; (3) Providing proper and relevant professional training for school staff; (4) Providing support to families, mainly when already noticed a problem related to the consumption of alcohol or other harmful substances; (5) Supervision and permanent review of how school reports, acts and interferes in the prevention and treatment of addictions; (6) Pupils must be informed and know the support services that offer care and counselling, services that must be a result of a collaboration between authorities, organizations and non-governmental agencies, parents, professors, pupils and local communities (Dan *et al.*, 2018: 12-15).

The main components and directions of action related to the programs of prevention and intervention in addictions of school units are represented as follows (The Office for Drug Control, 2004: 13): (1) Politics and procedures related to the approach of incidents concerning the consumption of different substances in school, which consider the experiences and behaviours of pupils not only at school; (2) Means of initial answer and on long term to incidents, which may protect each pupil and the entire school community; (3) A general plan of management of consumption of alcohol and different substances, according to the legislation in the field; (4) Efficient strategies of communication of procedures and rules; (5) Databases with different agencies and professionals, including authorities in the field, that may provide services and specialised support; (6) Providing access to educational programs for all pupils, including and mainly for those who used to be and are consumers of alcohol, tobacco, drugs or other restricted substances; (7) Records of incidents appeared within school, by providing right to private life of those involved, under legal conditions from a certain moment.

The role of CJRAE Cluj social worker employee in preventing addictions among pupils – case study

Presentation of institution

The general objective of institution is to provide quality specific educational services granted to children/pupils, didactic staff, parents to allow all access to a quality education, as well as the support necessary in this respect. The values on which CJRAE relies its activity are the following: observance of the rights of every child in providing for the development of its maximum potential, differentiated training, school-community partnership, active education, cultural, ethnical and linguistic diversity (CJRAE Cluj, 2017: 1). The services provided by CJRAE Cluj (2017: 2-8) are the following: (1) Services of psychopedagogical support; (2) Services of therapy for language and communication disorders; (3) Services of school mediation; (4) Services of consulting for integrated education and support services; (5) Services of evaluation and school and professional orientation; (6) Services of initial and permanent training in collaboration with competent institutions which may offer initial training; (7) Services of information and counseling; (8) Services of counselling and prevention of juvenile delinquency and pre-delinquency.

Human resources

According to School Regulation of CJRAE (2017, p.10-22), the organizational structure includes the following: District Centre for Psychopedagogical Support, Inter-School Speech Therapy Centre, Service for Evaluation and School and Professional Orientation, Department of Accounting/ Secretariat.

The District Centre for Psychopedagogical Support (CJAPP), is the CJRAE structure that provides services of psychopedagogical support and it is financed, coordinated, supervised and evaluated by CJRAE. CJAPP includes 4 positions of school advisors. CJAPP and the cabinets of psychopedagogical support are subordinated to CJAPP coordinator and CJRAE director.

The Inter-School Speech Therapy Centre and Inter-School Speech Therapy Cabinets (CLI) are specially integrated education structures of pre-university education, financed, coordinated, supervised and evaluated by CJRAE. CLI are education structures specially integrated for children/pupils with special educative requisites, with language and communication disorders, as well as specific education difficulties. The Inter-School Speech Therapy Centre and Inter-School Speech Therapy Cabinets are led by a coordinator, are subordinated to it and CJRAE director.

The Service for Evaluation and School and Professional Orientation (SEOSP) is a structure of CJRAE, with significant role in school and professional orientation of children/pupils with special educational requisites (CES). The enrolment of children with disabilities and CES in the special and specially integrated education system is done only based on school and professional orientation

made by the Commission of School and Professional Orientation (COSP). Thus, COSP: analyses the documents received from SEOSP and decides on school and professional orientation of children/pupils with CES, respectively of children without CES, non-transportable due to medical reasons; issues certificates of school and professional orientation, on proposal of SEOSP within CJRAE; collaborates with DGASPC, with the institutions of education, parents, associations of disabled persons, representatives of local public administration and civil society, medical practices, for the orientation of children with CES in conformity to their individual particularities.

Based on prior presentation of CJRAE structure, it is noticed that there is only one position of social worker in this institution within the Service for Evaluation and School and Professional Orientation (SEOSP), social worker who, on need, must accomplish as well administrative duties within the Commission of School and Professional Orientation (COSP).

Program „My right to image”, within the schools from Cluj Napoca, in the school year 2017-2018

Initiative of program

With the District Police Inspectorate of Cluj, the National Agency for prevention of Human Trafficking - Regional Centre of Cluj-Napoca, Cluj Bar, Preventis Association and Clujeni Parents Foundation, CJRAE cluj has involved actively in the project „My right to image. Educational project „ My right to image”, organised in 2017 in the schools from Cluj Napoca. This project relies on the actual need of approach in school of some issues related to the challenges of image administration and valuation of increased interest of pupils for own image, the project targets the integrated approach, in real contexts, of several behaviours that influence the image of young man, in disfavour of typical activities of prevention that isolate undesirable behaviours: anti-bullying, anti-violence, for the prevention of consumption of alcohol, tobacco, drugs. The project included complex activities of training for all school advisors, class masters project coordinators, thematic workshops, district competitions (comics competitions, posters of personal branding, TED-ex competitions for highschool pupils), elaboration of packs of resources and activity guides made available to beneficiaries (CJRAE, 2017).

According to CJRAE (2017), the profile of young man promoted within the project „ My right to image” focuses on the following psycho-social issues: (1) To the extent of selecting correctly and authentically the image that he wants to promote in different social contexts; (2) Is self-conscious, of his own potential and value; (3) Holds and uses instruments of critical thinking by which he may identify and report to discriminatory and intolerant attitudes and behaviours; (4) Able to unconditionally accept his personal image and undertake vulnerabilities, with a view to build a solid self-esteem; (5) Dignified and firm in guiding his behaviour in agreement with a solid and correct value system according to ethical norms

valued by society to which he belongs; (6) Able to empathically communicate with the others and undertake his own vulnerabilities.

The program targeted as well the prevention of addictions by approaching four operational components involved in forming, management and evaluation of own image: (1) World-image: understanding of new reality where image is highly important; undertaking the fact that challenges of this new reality are not challenges only for pupils, but for professors and parents as well; (2) Young men-image: valuation of increased interest of pupils for own image, using; (3) Behaviour-image: this dimension of project allows an integrated approach, in real contexts, of several kinds of behaviours that influence negatively or positively the image of young man; (4) Image-selfie smile: the pupils are helped and encouraged to know themselves and understand themselves, thus, their behaviours to be undertaken.

Thematic and activities of project

The general thematic of project considered the following issues: (1) Evaluating knowledge of topic, by focus-groups and questionnaires; (2) Elaboration of a database using informative materials, by: creating a webpage, page of socialisation networks, elaboration of an informative map and activity guides.

The activities coordinated on district level had as objectives: (1) Sensitizing related to the issue of program by: meetings with the directors of units, meetings with associations of parents and meetings with representatives of pupils; (2) Formation of human resource by: training school advisors and psychologists, training social workers within CJRAE, training class masters and teachers, training coordinators of projects and educative programs; (3) Extension by specific activities by: courses organised by specialists on different topics, workshops for parents, thematic competitions and interactive courses for pupils.

Role and involvement of social worker in the program „My right to image”

According to job description of social worker within CJRAE, it has as main responsibility the elaboration of case study and welfare reports in the following situations: (1) For pupils with special social problems, with deceased parents or in impossibility of maintenance (collaborates with tutelary authority); (2) For pupils abandoned with problems of adjustment or socialisation; (3) For pupils suffering of emotional shocks and behaviour disorders such as: isolation, alienation, fear, anxiety, suicide tendency; (4) For pupils coming from delinquent families who need special moral training (substitute of family, civil and moral re-education); (5) For pupils with problems of school adjustment, school abandon; (6) For pupils attending groups of delinquents or in the records of police bodies; (7) For pupils who consume or are exposed to consumption of alcohol, drugs; (8) Provides a functional relation with school, professors, parents for prevention of psychical discomfort of pupils, and school failure.

In general, work with consumption of substances is integral part of social activity; this is part of social obligations of social worker. Internship in social

activity shows that addictions are not always encountered as singular problem, but rather generated or which may generate a wide range of psycho-social problems, such as family violence, psychological diseases, poverty, school abandon, delinquency etc. It is not expected that social workers are expert in all such situations. Moreover, considering the levels of intervention faced by social worker, the latter cannot anticipate all circumstances which may occur. Despite all these, when facing with specific problems, such as addictions, the clarity related to the role of social worker is vital in carrying out the activity (Galvani, 2015: 7).

In the intervention of social worker in the addiction prevention and treatment programs, the professional meets the following four key roles: (1) *Advisor* – providing support to addicted persons and their families by undertaking a commitment of knowing all information and consequences of addictions, as important duty of their activity; (2) *Motivation and support* of addicted persons and their families in identifying and changing such behaviours generating addiction; (3) To support people in their efforts to make changes in their lives and maintain such changes; (4) To propose, to support and actively involved in initiatives and programs of prevention and treatment for addiction (Galvani, 2015: 8).

The manner how such roles are exercised depends on the level of experience of social worker, the environment where he exercises his profession and the type of services rendered by the employing organization. As shown, in the project „My right to image” one has promoted the image of young man self-conscious, of his potential and value, being firm in guiding his behavior according to a strong and correct system of values based on the ethical norms valued by the society to which he belongs. From this perspective, the project as also as scope the prevention of occurrence of undesirable behaviors such as consumption alcohol and drugs or juvenile delinquency often associated to different kinds of addictions. A pupil aware of his own advantages and vulnerabilities and anchored to social norms, shall present a lower risk of addiction. Therefore, with the help of Preventis association, CJRAE has included in the project „My right to image” specific activities of prevention of addictions among secondary school pupils from Cluj Napoca. This action was called „Truth of challenge” and has materialized in the share of informative materials in the participating schools, actions of awareness of pupils, being used interactive work methods: debates, testimonials, work activities in groups of pupils.

The social worker within CJRAE has accomplished the following roles within the program of prevention of addictions in schools: (1) *Broker (connection agent)* - he has accomplished this role by determining connections between pupils from the schools beneficiaries of project and the services offered by the specialists involved. For instance: determining contact with schools, presentation of programs carried out by deciding factors, elaboration of agreements and contracts between the schools involved and the supplier of educational services of prevention; (2) *Preceptor* – the role of preceptor involved providing actual information to pupils about the consumption of alcohol and drugs. The social worker was part of the team of specialists who discussed and carried out activities with the pupils from participating schools; (4) *Planner* – this role involved the implication of social worker in specific activities of elaboration of projects and planning the activities of program; (5) *Relations with public* – planned and carried out activities of relation

with public with respect to different issues concerning the program “Truth or challenge”; (6) *Member of a team of professionals* – carried out activities within a team of specialists from different fields, from the institutions and organizations involved. The team was inter-disciplinary, therefore the social worker has collaborated with the other specialists of project.

Conclusion

The social worker identifies for himself the best roles of intervention and determines his own strategies, methods, techniques and tools that will help him to transpose in practice the plan of action and will entail an effective achievement of its objectives (Fabian, 2001: .12). Therefore, the social worker of CJRAE, involved in the said program of prevention of addictions has determined his own directions of action depending on each stage of project and roles accomplished on a given moment.

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