

Problems of Drug Addiction Prevention among Youngsters of Kazakhstan (in Schoolchildren and Students)

V.V. Trifonov

Doctor of Education, Professor of the Faculty of General Pedagogy and Psychology of Kazakh National Pedagogical University named after Abai

Abstract

The article addressed to pupils and students shows a spontaneous emergence of drug addiction among people, its vicious and destructive influence, which passed through the centuries. It is emphasized what a level this negative phenomenon has become today. The urgency of combating drug addiction as one of the most pressing problems of our time is revealed. The importance of prevention of drug abuse among young people and complexity of its successful solutions in the world, including the Republic of Kazakhstan are focused on. Some of the official digital indicators that characterize the present state of the problem in the city of Almaty are given. Different directions of prevention of harmful habits among schoolchildren: tobacco smoking, alcohol and drug use are shown in the article. The negative attitude of the leading world religions to this social evil is enlightened. Some social, psychological, pedagogical and student-relevant recommendations to overcome drug addiction in the student's environment and especially minors in Kazakhstan is proposed.

The term “drugs”, or “narcotics” (< Greek *narkotikos* is generally known to be interpreted as intoxicating) usually denotes a widespread group of medicines mainly of plant origin that paralyze a person's central nervous system and cause a temporary sleep and a painless condition. This group of medicines includes such substances as morphine, opium, chloroform, ether, etc. A person's constant and morbid attraction to drugs is defined by another well-known term “drug addiction”, or “narcotic induced mania” (< Greek *nark* - stramonium, and *mania* - frenzy, passion). It is a painfully overexcited human condition that often causes entrancement or numbness of a body. The problem of psychological and physiological drug dependence has been known since ancient times. Since time immemorial people have learned to make primitive drugs out of various plants and use them during festivities, bacchanalias, religious holidays, and other feasts. It helped to temporarily increase their physical activity and strength as well as put them in a state of euphoria and inadequate exhilaration. Then it was followed by a decline in physical and mental strength often with a lasting indifference to their surroundings. As you can see, this problem is nothing new, and from the very moment of its rise many human fates and lives were ruined. Experts, observers, critics, and practitioners in different periods of history and especially at present time have written about plenty of means, forms, and methods of struggle against this truly universal evil. They gave versatile recommendations for good health of different age groups. They proposed measures for prevention in small and large peoples. They determined socio-economic and psychoeducational ways of ensuring safety of states and nations when

this “epidemic” really threatened their existence. However, the problem in question has survived through centuries in spite of it. Unfortunately, at the same time not only has it changed or diminished, but has rather increased in scale, modernized “biologically and technologically”, and developed. Moreover, it has severely affected lives of many people and acquired a whole new quantitative and qualitative character on “familiarization” with drug use, especially in a younger generation. It can be said without exaggeration that in the 21st century this problem has acquired a global or perhaps even catastrophic character. In some countries, for example, Afghanistan alone, drug production has been put almost on a flow-line conveyer method. Nearly 4 million peasants on huge areas of land close to 200,000 hectares are engaged in production and primary treatment of plant drugs. Many private enterprises and individuals in the country and abroad are engaged in their illegal selling [1]. Their opinion is simple enough: demand for drug use in other countries invariably leads to supply with appropriate production volumes. According to some reports, approximately 3% of the Earth's overall human population use drugs, i. e. more than 185 million people. More than 12% of them are youngsters from 15 to 30 years old [2].

The Republic of Kazakhstan is no exception. Official statistics shows that more than 500,000 of its citizens suffer from drug dependence. Nearly 30% of them are youngsters under 30 years old [3]. It is particularly disturbing that a number of drug addicted schoolchildren is rapidly growing. Suffice it to say that in Almaty alone now more than 600 adolescents are registered by internal affairs authorities [2]. Still, this is only the official statistics. Many experts point out that the real picture is approximately 5 times bigger [2]. Meanwhile, each schoolchild drug addict can engage not less than 13-15 peers and younger children in this vicious circle virtually over the course of a year. It indicates that drug addiction grows “younger” every year, i. e. more and more children and adolescents are becoming drug addicts at a very young age. It should be noted that today's adolescents most of all prefer psychotropic substances and dose combinations of different drugs and psychotropic substances, or the so-called “mixes”, “spices”, and other neuroparalytics. They are very popular now among youngsters as fashionable and relatively inexpensive drugs. However, narcologists and especially psychiatrists constantly warn that use of psychotropic substances is only the first stage of juvenile drug dependence. After children try such a substance at least once, they can be fatally doomed to its further constant use. Alarming statistics also shows that many novice drug addicts live on average slightly more than 15 years [4]. Of course, if they don't die from overdose or AIDS first. After all, in Almaty alone about 60 persons died because of drug overdose in 2012. More than 30 schoolchildren perished during five months of 2013. This is the highest number of deaths from drug use among youngsters in Almaty with 2320 cases per 100,000 adolescents [5]. However, there is also different statistics as out of 688 adolescent drug addicts registered in Almaty since the beginning of 2013 only 29 were undergoing drug addiction rehabilitation treatment. At the same time experts note a slight decrease in drug dependence among children by approximately

20% in 2012 as compared with 2011 [5]. Yet there are real human tragedies behind these “heartless” percentages as those are lives of children under 14 years old that are cut off before they really start. Statistical data of internal affairs authorities lead to inevitable conclusions that among Kazakh schoolchildren one in three has tried alcoholic beverages; one in four has at least once tried smoking tobacco; one in eight has been already regularly consuming alcohol; one in sixteen have been constantly smoking tobacco; one in twenty has at least once tried any drugs or psychotropic substances; and 3.3% of schoolchildren have been regularly using drugs and psychotropic substances [5]. Kazakhstan is also among countries with the highest prevalence of smoking tobacco with 4.1% of adolescents 11-14 years old and 11.4% of adolescents 15 to 17 years old [6]. One needs to clearly understand that children and adolescents are among the most vulnerable parts of our society in relation to major behavioral factors of “risk groups” since they are involuntarily drawn to and have desire of experiencing effects of tobacco, alcohol, and drugs as the most “attractive” and at the same time bad personal habits of schoolchildren. Such situation is often exacerbated by social and economic problems such as demise of former youth entertainment organizations and rapid development of new and highly questionable ones with their new “ideology” and subculture within youth groups. Along with it, there is an insufficient economic, spiritual, and moral atmosphere that prevails in public and private health, fitness, and other children's facilities. All this is due to prohibitive costs of leisure for children and adolescents as well as of continued education related to their interests. Such connivance and negligence in problems of adolescents result in growth of juvenile delinquency as well as drug use among schoolchildren.

According to the National Commission for Women, Family and Demographic Policy under the President of the Republic of Kazakhstan, a number of children and adolescents registered in drug treatment centers has quadrupled during last 3 years [6]. As a result, health of children and adolescents has been deteriorating, and their physical development has been declining. Currently, there is a high sick rate among this very group of minors in the Republic of Kazakhstan. Their health index is approximately 13-20% [6].

It should be emphasized that schoolchildren who are morally and psychologically more fragile and disposed to drug dependence than others can become drug addicts to a certain degree. One should also bear in mind that secondary schoolchildren who become drug addicts sooner or later pass through all the stages of decay of personality. Before long they probably become a shame and a curse for their families and close relatives as well as a heavy burden to others.

Various causes are presented by official educational establishments as leading reasons for deviant behavior of children and adolescents including their drug use such as influence of previously convicted family members; lack of understanding within families as well as parental care; defects of upbringing; violence at school; inability of children and adolescents to cope with stresses on their own as well as lack of timely

assistance at school; lack of life skills including communication skills, especially with peers; inability to resist negative peer pressure and adult instigators as well as inability to develop critical thinking; accessibility of psychotropic substances; immoral and aggressive advertising; undeveloped early psychological assistance at school; lack of leisure organization for children and adolescents; imperfect legal framework for protecting interests of children, especially those with deviant behavior, etc. [7]. As a result, schoolchildren often use drugs.

Currently, there are several groups of drugs that are included in the list of forbidden medicines, especially for schoolchildren. It primarily includes opioid analgesics (heroin, morphine, codeine, promedol, etc.); biological stimulants (cocaine, amphetamines, caffeine); all types of alcohol; nicotine; tranquilizers and sleeping pills; barbiturates (phenobarbital, cyclobarbitol, etc.); benzodiazepines and related substances (diazepam, triazolam, zolpidem, etc.); hallucinogens (psychotomimetics); psychedelics (LSD, psilocybin, mescaline, DMA, etc.); deliriant (cholinergic receptor blockers such as atropine, scopolamine, taren, cyclodol, etc.); dissociative anesthetics (phencyclidine, ketamine, etc.); cannabis products (marijuana, hashish, etc.) [8]. Abuse of substance not included in this and another more extensive list of drugs is called toxic substance abuse.

It is also necessary to note that a line between medicine and poison is very thin in areas of positive and negative impact of various medicines on human bodies. If substance concentration meets a recommended norm, then their minimal doses are excellent remedies for a particular disease. However, if a degree of substance concentration is above the norm, they can become a popular drug with all the implied negative consequences. Such a violation of substance concentration ratio can cause various body disorders, other than side effects of conventional medicines. In addition, it can also lead to mental disorders, distortions of self-preservation instinct, movement coordination failures, etc.

The author has attempted to outline only some vital aspects of this huge problem in the most popular and generalized form. Ignoring it impacts use of drugs and psychotropic drugs by children and adolescents directly. Due to concatenation of adverse circumstances of living, upbringing, education, and development psychologically unstable children and adolescents can be easily involved in use of psychotropic substances and drugs by accident or with premeditation. In general, it inevitably leads to asocial behavior and violations of the law. In this regard, there are rhetorical questions about what is to be done and who is to blame. It is always easy to find delinquents, but it is a complex problem to determine what is to be done to significantly reduce and then completely eliminate an increased number of drug dependent children and adolescents. For practical solutions, it is advisable to introduce well-known, little-known, and relatively new means, forms, and methods aimed primarily at drug addiction prevention among elementary, secondary and high school students. In this case one can expect that in the foreseeable future this social evil will be overcome at least minimally. To establish prevention measures against this evil it is also worth understanding the most significant events of our society, especially of the post-Soviet period. Hence, it is

needed to define the most efficient measures of drug addiction prevention among youngsters in Kazakhstan within new social and economic conditions of the country's development. For at least partial addressing these issues, it is advisable to make a brief historical sketch of a current situation caused in many respects by the latest changes in the society.

Over the course of approximately past 20 years Kazakhstan has seen a highly notable social and economic intensification and stratification of people's lives. In contrast with the Soviet times, citizens were officially permitted to speculate. In the minds of many people there was a "psychological revolution" after a related punishing article had been removed from the Criminal Code of Kazakhstan. A quite reasonable everyday perspective firmly took root in many people: not to produce anything but resell other people's valuables, live at the expense of the labor of other manufacturers, and get richer. Although it has been long known that it is impossible to achieve prosperity at the expense of other people's labor. Private businesses, impossible during the Soviet times, have given rise to excessive and often negative practicality, selfishness, immorality, lack of spirituality in relationships as well as attitudes, and growing illiteracy among youngsters. Means of production were virtually passed into private ownership. Media and the Internet have led people, especially youngsters, to an extremely elevated and largely negative information load. It all has aroused a keen interest in people to get rich by any means, including criminal ones. Inevitably quite a lot of people started to engage in frauds, accept bribes, commit robbery, banditry, hooliganism, personal violence, and other crimes for the only purpose of unrestrained consumption of goods that often makes friends and acquaintances envy. By the way, there are no queues now as it used to be during the former Soviet times. On the contrary, there are fewer buyers and much more sellers. In addition, youngsters have noticeably increased consuming alcohol, tobacco, psychotropic substances, and drugs in comparison with the former Soviet times. Female schoolchildren and students have started extensively using swear words that are now almost a norm of communication. Some young girls have become openly involved in prostitution in addition to a wide exaggeration of foul feelings and propaganda of people with "non-traditional sexual orientations". Some countries have even recognized their rights in relation to children, with a monstrous correction "in case of children's consent." As a matter of fact, pedophilia has become treated not as a crime, but as a painful condition of such people, according to some officials [9]. Governments on the highest levels have started recognizing the right for same-sex marriages, with political relations between some countries at times worsening in case of a unilateral ban on propaganda of these so-called "marriages." In this case, prohibition of such propaganda is often viewed as a violation of the rights of such individuals. Moreover, in some countries same-sex persons are allowed to foster orphans. Youngsters see, hear, and absorb this whole thing. Against such a virtually negative background one has to find now the most valuable prevention measures for people and the society that are aimed at preserving physical, moral, and psychological health of the rising generation. One can say that this challenge is not simple.

Analysis of various data of the theory and practice of youth drug addiction prevention shows that pathological inclinations of children and adolescents usually begin with a simple case of smoking tobacco. After a while there comes passion for nicotine as a variety of drug addiction. With young bodies being nicotinized for longer time periods, a characteristic tobacco dependence is developed. The primary reason lies in children and adolescents imitating adults as a form of self-assertion among peers. With the purpose of prevention, a unity of explanatory measures is necessary on the part of teachers, parents, and relatives. If they all smoke, the burden of responsibility for children's health should be taken by comprehensive secondary schools. In this case prohibitory measures by schools and parents would on the contrary incite schoolchildren to smoking tobacco. Propaganda about the danger of smoking tobacco should be carried out since the primary school. It is advisable to conduct individual, group, and collective discussions. Show videos or movies as well as invite children to interact with famous athletes who have quit smoking tobacco, etc. The aim of schools is the same: to form constant negative attitude of children towards smoking tobacco. However, it is virtually impossible to be achieved without attracting families to the same side. It should be kept in mind that families play a dominant role in preschool and early school years. Positive examples of parents are crucial, especially in their sober lifestyle, open communication, trust relationships within the family, and information accessible for children. If children suddenly misconduct, their parents should be able not to punish them but to help them understand mistakes and how to fix them. In addition, families have to comply with a famous pedagogical principle of "as much respect for a child's personality combined with feasible and reasonable requirements."

It is known that a child's character is usually laid at the age of 4-9 years old. During this very period of children's personalities development families and schools have to implant in their minds that smoking tobacco and especially drug use cause irreparable harm to human health. Therefore, prevention should be carried out on an informative level which is understandable for children. It is important to show them negative visual examples of such harm in order to develop a subconscious aversion to smoking tobacco and drug use. These can include photos picturing people who used drugs for a long time, videos showing lungs and teeth of excessive tobacco smokers, etc. A surprisingly negative image would be created in developing children's minds. Children's fright can play the best role here. In their further development and formation of personalities their subconsciousnesses invariably generate images they would avoid by any means. It would even eliminate the very idea of starting smoking or trying any [kinds of drugs](#). It is also very important to involve child psychologists apart from parents and teachers during such processes of impacting children's consciousnesses. After all, such a method is quite tough and can really frighten children. However, if psychologists conduct timely conversations with them for perception of information which threatens to their health, it would definitely help to avoid negative consequences of injuring children's minds.

It is advisable for schoolchildren along with it to prepare reports on the history of tobacco control in countries of Europe as well as Iran, Russia, etc. Cover legal,

informational pedagogical, and medical prevention measures of smoking tobacco in different countries and in different times. It is also useful to draw their attention to the Framework Convention on Tobacco Control as a means of influence on souls and wallets of “slaves to a tobacco potion” (2003) [10].

It should also be noted that most of contemporary adolescents have been first acquainted with tobacco and alcohol at the age of 10-14 years old. They usually borrow their behavioral patterns from their parents, relatives, and other adults. Many adolescents in doing so are attracted not to an alcoholic beverage taste, but to results of its use such as feeling a burst of physical and mental strength, excited mood, relaxation, etc., and always a light degree of intoxication. However, regular and even occasional alcohol consumption can lead not only to behavioral deviations but also to development of alcoholism as disease state equal to alcohol addiction. It is a kind of psychophysiological attraction to alcohol per se that can lead in future to loss of a sense of proportion when consuming alcohol. Eventually it is transformed into a more stable alcohol addiction as well as physical and psychological alcohol dependence. Teachers and parents should still know exactly how far attraction of adolescents to alcohol and smoking tobacco has gone. It is also necessary to pay particular attention to their manifestations of inadequate irritability, aggressiveness, irascibility, rudeness, frequent fluctuation of mood, and appearance of bad school grades. All this is often combined with smoking tobacco and at times using drugs. The task of teachers and parents is to overcome negative traits that have appeared in personalities by restoring positive qualities as well as help in normalizing relations with peers, teachers, and parents. In addition, it is also necessary to advance their progress in studies, ensure their observation of day schedules, and monitor their compliance with instructions at school and at home. Exercise tact in communicating with them, find psychologically and pedagogically justified approaches towards adolescent individualities. Generate interest in self-improvement taking into account psychological and biological characteristics of development of their personalities in a coordinated fashion with social micro factors. Combine feasible requirements from adolescents at school and at home with understanding merits of their personalities, provide them with at least minimal success in restoring positive interpersonal relations, and impress them that alcohol consumption would inevitably lead to deformation of the personality.

It is also useful during class discussions, especially with high school students to cover prohibitions and restrictions on consuming alcohol in leading world religions: Christianity, Buddhism, Hinduism, and Islam. Reveal a complete ban on alcohol in Buddhism and Islam. However, it can be shown along with it that consuming alcohol is allowed in Christianity, but intoxication and drunkenness are condemned with fragments from the Old and New Testaments serving as proofs, as well as compared with similar points of views in various modern Christianity movements (moderationism, abstentionism, prohibitionism). Draw schoolchildren's attention to negative attitude to alcohol by Church Fathers and Doctors of the Church in the Orthodox Church. Explain Brahman as the central concept in Hinduism and show that modern India is an almost

completely sober country. Cover prohibitive requirements of Buddha's ethics, especially those concerning urges not to use intoxicating "beverages" and show Buddha's moral priorities as a way for human salvation. A separate focus should be put on uniqueness of Quran's content and its basic regulations with elaboration on a categorical prohibition of consuming alcohol in Islam. It is also helpful to talk to students about legal, medical, and pedagogical measures of alcohol control in different countries including Kazakhstan and Russia. Show negative attitude to alcohol by well-known philosophers, writers, poets, and doctors.

In comparison with alcoholization and smoking tobacco as a relatively mild forms of schoolchildren's passion for harmful substances it is much more difficult to put into practice measures of prevention of using drugs and psychotropic substances by schoolchildren. It is advisable here to start with a known medical principle that "prevention is better than cure", and it is particularly difficult to treat what has already fairly advanced. For example, now persons registered with a drug dispensary who regularly use heroin are officially offered every morning to drink from a plastic cup a liquid in the form of a syrup with a certain dose of a synthetic drug methadone as a measure to get rid of this addiction. This procedure is based on implementation of the so-called methadone treatment program in Kazakhstan. It is believed that it is a lesser evil than shooting up heroin, as there is no threat of HIV infection, and people do not steal anything to buy expensive doses of heroin along other benefits. But in essence, such "prevention" replaces one drug by another, from which people die as well. However, some foreign companies officially and vigorously promote consuming a dangerous synthetic drug methadone with good intentions [11]. It would be better if they put such huge financial amounts into programs of targeted sociopsychological prevention of drug use by youngsters, especially minors.

It can also be shown that testing youngsters for marijuana, amphetamine, cocaine, and heroin use is offered now in Russia as one of prevention measures carried out at the federal law level. Testing is conducted in many schools, colleges, gymnasias, and universities at the request of schoolchildren and students themselves. Parent or guardian consent must be provided for those who are under 15 years old. The procedure is simple with a nurse distributing disposable cups that schoolchildren and students take into restrooms to collect samples in. A special indicator is placed into the biological environment with results ready within a few minutes [12]. Such a procedure can certainly be attributed to drug use prevention to some extent, but only for those who are afraid of compulsory testing.

One can try treating drug dependent adolescents with certain kinds of sports or fitness. However, medical supervision is advisable if they are engaged in sports along with using psychotropic substances or drugs. After all, it can be really tough for adolescents at first, and they are eager to take a dose. But if they can endure this period with the help of doctors and relatives while all the harmful substances come out of their bodies through the excretory system, they might no longer experience drug problems anymore.

In addition, it is also advisable to tell students about some fragments from the history of anti-drug efforts, such as the Opium Wars. Mention about death penalty or life imprisonment in some countries for use, transportation, and storage of drugs for the purpose of selling. For example, drug mules are publicly executed periodically on Afghanistan-Pakistan border. Show anti-drug measures of European countries. On the contrary, during spontaneous times in Russia some incentive measures were introduced. For example, criminal penalties for drug use were abolished in the Russian Federation back under Boris Yeltsin's rule in 1991. The government of Russia has gone even further in 2004 by having increased a permitted storage size just for one of the strongest drugs heroin from 0.005 grams to 1 gram, that is by 200 times! [13]. Drug use was thus virtually legalized. If this was really true in practice, irreparable harm has been inflicted on Russia. It can also be shown that today's global market of drug production and their illegal distribution is dominated by Afghanistan. Heroin in Europe is almost completely of Afghan origin. Around 100,000 people die because of drugs in Europe each year [14]. According to experts, drug industry's money turnover [makes it the third economy in the world](#) with investments into this criminal sphere having reached \$3 trillion over the past 12 years. According to some estimates, currently [the world's drug money turnover](#) is about \$800 billion and can be compared with influence of oil and gas on the global economy. Over \$1 trillion is invested into different international crime activities just from selling heroin [15]. In this regard it is necessary to pay students' attention to rather successful anti-drug measures in some countries, especially Iran, Iraq, and Sweden.

Senior schoolchildren might also be interested in rather cruel anti-drug measures implemented in Nazi Germany. There all drug addicts were declared sick and upon showing their documents were provided with drugs priced three times lower than on the black market. Besides, concentration camps were built for drug addicts, and in one night they were all arrested and then severely punished. Afterwards all the homosexuals and lesbians were punished, too. Germany's high-ranking officials were guided by the laws of the so-called Shambhala according to which all those people are perverts and should have no place on Earth. They believed that in spite of cruelty it was effective [16].

Modern China's experience can serve as another example for senior schoolchildren of a similarly cruel approach in anti-drug efforts. At the beginning of the third millennium adult drug addicts having been caught possessing two or more doses of drugs are publicly executed with a radio- and TV broadcast. Previously up to 100 people were shot down each year, but now only 17-20 people since the number of those wishing to try the vermin has remarkably diminished. It is certainly very cruel, but lives of many more millions of people are more valuable, according to the Chinese [13].

Undoubtedly, from a humanistic point of view all the adults, especially teachers, must not support such extreme anti-drug efforts, and a famous medical principle that "prevention is better than cure" is worth mentioning again. From this very point of view some other youth drug dependence prevention measures can be recommended in Kazakhstan.

1. The time has come to organize in Kazakhstan instead of ideological children's and youth organizations of the former Soviet times such as Little Octobrists, Young Pioneers, and Komsomol alternative organizations on the basis of the unity of universal and national values, culture of mutual understanding as well as humanistic and altruistic interpersonal youth relations that profess a healthy and sober lifestyle.
2. It is advisable to legally reinforce certain types of pedagogical supervision of nightclub attendance by students without violating the rights of conducting private business activities. In case of law enforcement and other competent authorities identifying and publicizing acts of students' participation in any form of sexual depravity, spread of sexually transmitted diseases, smoking, alcoholism, and drug addiction to suggest their group curators and dean's offices soliciting for their expulsion by university administrations. Such future teachers cannot be allowed to work with schoolchildren.
3. Spending free time at music and entertainment gatherings organized at school can be offered as an alternative form of youth entertainment. Professionals may be invited to conduct such activities in an interesting manner with remuneration for their work. Student activists, young teachers, and group curators (under 40 years old) can provide pedagogical supervision and detection of negative behavior of students during musical gatherings as well as prevent them from swearing, consuming alcohol, smoking tobacco, and using psychotropic substances and drugs. At the same time find musically talented students who can sing, dance, talk, organize humor scenes, etc. In addition, students from other universities may be invited to such gatherings as the most organized and attractive form of establishing friendly relations between students, for example, in Almaty.
4. Renew attraction of second- and third-year students to voluntary participation in labor activities, student construction brigades and agricultural teams (similar to the third labor semester of the Soviet times).
5. Establish by mutual agreement with internal affairs authorities youth groups consisting of the most conscious and active senior students voluntarily willing to help the society. Invite them to daily patrolling together with representatives of internal affairs authorities in places of possible crowding of schoolchildren and youngsters for the purpose of anti-social juvenile behavior prevention. Develop measures of decent material and moral encouragement of students who participate in such units together with internal affairs authorities.
6. Introduce an elective course in Sobriology at schools and universities as a science about a sober lifestyle that is based on scientific evidence. This course is designed in detail by many leading writers that offer video lectures, seminars, etc. Exclude authors who use false facts.

7. Create a paid position of teacher-organizers of leisure activities for children and adolescents in residential backyards by district house management authorities. Provide them with interesting ways of spending free time in all the residential backyards serviced by house management authorities. Prevent any anti-social behavior of children and identify their deviant behavior. Report it to their parents, class supervisors, and in the most serious cases of abnormal behavior inform district juvenile inspections within police. Regularly popularize various forms of a healthy lifestyle among children and adolescents. Present reports on sharing experience of working with children on meetings with parents and teachers as well as in mass media.
8. It is also necessary to significantly increase personal responsibility of parents and teachers for their joint work on prevention of various forms of addiction and organization of a healthy lifestyle for children. Enforce students fulfilling the unity of positive requirements at school and at home. Use combined efforts to eliminate cases of humiliation of children and adolescents at school and at home. Give publicity to all the cases of physical abuse and extortion by peers as well as violations of rights of children by them or adults. After all, such cases often provoke their anti-social behavior including drug dependence.
9. The author does not claim to having at least partially covered one of the most urgent and complex problems of our time about prevention and particularly of overcoming drug dependence among youngsters, especially minors. The author would be grateful to hear about all the suggestions, additions, and possible inaccuracies in the description of the problems of drug addiction prevention and its further improvement in our society. The author would be happy to having once again paid attention of schoolchildren and students to a particular danger of drug dependence. The author would also welcome education, law enforcement, and other relevant authorities that can fully and really help to put the proposed recommendations into practice and implement many other directions to overcome this evil for individuals and the society.

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