Original scientific work
UDK:159.922.8:178-053.6
DOI:10.7251/ZND2601039M

THEORETICAL JUSTIFICATION OF PERSONALITY PREDICTORS OF THE TENDENCY TO USE PSYCHOACTIVE SUBSTANCES IN ADOLESCENTS

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Abstract*: The risk of youth developing substance abuse is a significant problem in the modern world. The growing number of addicts is a concern for specialists in various fields, such as psychology, pedagogy, sociology, economics, and medicine. Modern scientific research is aimed not only at studying the practical results of working directly with addiction and dependent individuals, but also at preventing addiction, studying the propensities and motivations for substance use, and developing measures for the rehabilitation and resocialization of young people with different experiences with psychoactive substances. This article presents a theoretical analysis of the age-related characteristics of adolescents and the differentiation of the concepts of "propensity" and "dependence" in the context of psychoactive substance use. In this study, the authors consider the propensity to use psychoactive substances as a psychological tendency toward the development of a pathological craving for psychoactive substance use, conditioned by a number of external (social) and internal (genetic, biological, and psychological) individual-personality characteristics. Based on a theoretical analysis, the authors of this article present a four-level model of propensity to use psychoactive substances in adolescents. The central core of the model is the individual-personality predictors of propensity to use psychoactive substances, expressed through cognitive-motivational, emotional-frustrational, and behavioral components. The theoretical substantiation of these components allows for the selection of diagnostic methods, diagnosis, and, based on the level of propensity to use psychoactive substances, the identification of at-risk groups of adolescents with specific individual-personality manifestations of propensity to use psychoactive substances. Further, diagnostics and analysis of empirical results will enable the development of a set of preventive and rehabilitative measures for various levels of risk groups, aimed at the early detection of propensity to use psychoactive substances in adolescents.*

Keywords: *psychoactive substances, propensity, addiction, adolescents, individual-personality predictors.*

INTRODUCTION

In light of current trends, it is natural for researchers to be interested in analyzing the development of addiction and the tendency to use psychoactive substances, as well as predictors of addiction in adolescents, the most vulnerable social and age group. As one of the most important periods of

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personality development, adolescence is of particular importance for researchers of addictive behavior in terms of preventive measures. In our opinion, it seems appropriate to consider the phenomenon of the tendency to use psychoactive substances in light of a comprehensive approach to the analysis of risk factors, individual psychological predictors of the development of a tendency to use psychoactive substances, and levels of addiction in adolescents. Therefore, there is a need for a theoretical definition and empirical substantiation of individual and personal predictors of psychoactive substance use in middle-aged and older adolescents who are at risk.

The relevance of the article's topic is determined by the practical need for a theoretical justification and analysis of individual-personal predictors of the predisposition to the development of a tendency to use psychoactive substances in adolescents at risk, as well as the practical demand for technology for timely diagnosis and identification of psychological indicators of a tendency to use psychoactive substances in the early stages of addiction development.

LITERATURE REVIEW

One of the most pressing issues in the modern psychological paradigm is the question of predication, as well as the study of the causes of the formation of tendencies to use psychoactive substances of various origins: biological, social, psychological, etc. This aspect has attracted the interest of both domestic and foreign researchers for many years. The percentage of people using psychoactive substances is rapidly growing. Currently, this problem can be described as an epidemic. More than 70% of adolescents admitted to drug treatment clinics are "polydrug addicts." By the age of 15-16, they have already tried and are dependent on various types of drugs. Adolescents use drugs 7.5 times more often than people of other ages, and 11.4 times more often for non-narcotic psychoactive substances (Vodyakha, S. & Vodyakha, Yu., 2023). The primary age for first use of psychoactive substances is 14-15 years. This problem is becoming more prevalent among younger people, as cases of psychoactive substance use have become more frequent at ages 10-13. There is a consistent trend toward a lower age for first use of psychoactive substances. In 1991, young people began trying drugs at an average age of 17.6, while in 2019, it was already at 11.3. This means the average age of first drug use has decreased by six years since 1991 (Ivanov & Tishakova, 2019).

According to H. Whiteford and colleagues, psychoactive substance use is closely associated with adverse health outcomes and reduced life expectancy and is characterized by a loss of control over substance use over time (Whiteford, 2015). Personality factors have a significant impact on overcoming substance dependence. A personality profile can help personalize intervention and prevention. Adolescents with substance use disorders exhibit a high comorbidity with personality disorders (Vodyakha, S. & Vodyakha, Yu., 2023).

During adolescence, the developing individual faces intense personal, mental, physical, and social transformations that impact their adaptation processes. Some researchers associate the psychological aspects of adolescence with the emergence of victimization, which is defined as a deviation from norms of safe behavior or as the process and result of becoming a victim of crime (Grigoryeva & Usova, 2020).

The tendency toward provocative behavior and social defiance, characteristic of adolescence, is largely a prerequisite for increased victimization. Statistics demonstrate the relevance of the problem of adolescent victimization in Russia and abroad. In the Russian Federation, between 2012 and 2017, the number of minors who became victims of crime increased by 18.3% (Grigoryeva & Gavrichenkova, 2020). In the United States, high rates of adolescent victimization remained at 9% from 2015 to 2017 (Delic, Kajdiz, & Pregelj, 2017).

Motives for substance use are recognized as predictors of the course of drug addiction. The motivational model is based on the premise that the decision to consume alcohol is based on expected

affective changes associated with the direct (stress reduction, improved mood, etc.) or indirect chemical effects of alcohol (peer group use, etc.). Two types of motives are considered that influence individual decisions to consume alcohol: 1) motives for reinforcing a positive emotional state (enhancement) or stimulating positive emotions; 2) motives for coping with a negative emotional state (coping) or correcting negative emotions (Grechany, 2015).

Russian scientists have identified a number of factors that contribute to the development of psychoactive substance dependence. V.D. Mendelevich believed that the intensifying contradiction between potential and actual activity creates internal tension in adolescents, the resolution of which becomes increasingly urgent and vital with each passing minute (Mendelevich, 2010). The most effective way for adolescents to reduce tension is through some form of deviant behavior, including addictive behavior aimed at the use of psychoactive substances. He emphasized age as an important factor, as it is between the ages of 12 and 17 that young people must cope with a number of important tasks that will directly impact their future lives (Mendelevich, 2010).

A group of other scientists, including V.V. Bartsalkina, identified sociopsychological aspects as a factor in their research. They believe that peer pressure is a sociopsychological risk factor for the development of addictions—both tobacco and drug addiction (Bartsalkina, 2000).

The influence of the family system is no less important; it can also be a factor in the development of addictions. Most studies involved adolescent drug addicts raised in dysfunctional families, with family dysfunction as a background factor, leading the adolescent to seek acceptance and inclusion in antisocial groups.

N. Yu. Maksimova identified a personality-psychological factor in drug use, outlining several causes. The first cause was a constitutional predisposition to drug addiction. This predisposition manifested itself most prominently in individuals with accentuations predisposed to the epileptoid, unstable, and cycloid types. These individuals are characterized by easy excitability, tension, sudden mood swings, and a desire to be left alone and uncontrolled. The adolescent's inability to solve problems is the second cause. The third cause is a lack of skills in effective psychological defense mechanisms and the ability to relieve emotional stress—emotional release. The fourth reason is considered to be the presence of psychotraumatic situations from which the teenager cannot find a way out on his own (Maksimova, 2000).

Most studies consider hereditary factors as personality and socio-psychological determinants. Psychological factors include self-doubt, lack of self-control and self-discipline, and the inability to accept responsibility for one's own behavior.

B.S. Bratus, examining the factors behind psychoactive substance use, identifies a motivational-need factor. He believes that during drug use, a shift in motivation toward a goal occurs (Bratus, 1988). During adolescent development, this shift in motivation toward a goal leads to an expansion of activity and the emergence of new areas. Engle B. and MacGowan M.J. identify a motivational factor and believed that the motivation for the use of various psychoactive substances by adolescents leads to the destruction of personal behavior (Engle, MacGowan, 2009).

E.V. Zmanovskaya, in her work, identifies the motives for psychoactive substance use by adolescents. She attributes this to the hedonistic motive, which is directly linked to the satisfaction of needs and the pursuit of sensual pleasure. The spread of drugs among the younger generation occurs through first use within a group of peers or friends, where everyone shares their experiences of experiencing unearthly pleasure. The alleviation of emotional tension, anxiety, and the suppression of emotions such as fear and uncertainty are evidenced by the ataractic motive (Zmanovskaya, 2003).

E. V. Zmanovskaya notes that young people most often view drugs as part of their environment, as an inability to resist the temptation to use and as an imitation of their surroundings. She believes that many researchers overemphasize the pleasure-seeking motive. She emphasizes that the euphoria

of satisfaction, or "drug hunger," is followed by drowsiness and inhibition; while many try drugs, not everyone develops tolerance and addiction (Zmanovskaya, 2003).

RESULTS AND THEIR DISCUSSION

In the humanities, there are differentiated approaches to analyzing the concepts of "substance dependence" and "propensity to use substances." Thus, at the etymological level in philological sciences, dependence is understood as a state where the subject of an action is under the control of someone or something, being in a subordinate state (Svetlichnaya, Menshikova & Smirnova, 2018).
In contrast to the phenomenon of addiction, the meaning of the lexeme "propensity" denotes a focus on performing certain actions or activities, a disposition, or a persistent attraction to something (Sventsitsky, 2011).

Thus, "addiction," unlike "dependence," is interpreted as a selective focus on something, expressed in a particular urge to perform actions or activities, but without signs of dependence on these activities. Psychologists believe that addictions are an indicator of a person's potential for the activity they enjoy (Meshcheryakov, Zinchenko, 2006). With addiction, there is no expressed persistent need to use psychoactive substances that disrupts personal functioning; i.e., the person can calmly and freely function as a psychosocial organism without using psychoactive substances. They are inclined and may use them occasionally, but dependence has not yet developed.

Defining addiction requires meeting a number of strict medical criteria, such as: a) regular use of psychoactive substances; b) the presence of a psychological or psychophysiological deficit caused by psychoactive substance use; c) the presence or growth of tolerance to psychoactive substances, the need to increase the dosage of the substance; d) lack of situational control over the use of psychoactive substances, both psychological and physiological in nature, the so-called withdrawal syndrome (abstinence) (Serykh & Krylova, 2023). n Table 1, we presented an analysis of the criteria by which we differentiated the concepts of “propensity” and “dependence” based on an analysis of the scientific literature.

Table 1

Criteria for differentiating addiction and propensity to use psychoactive substances based on leading indicators

Indicators	Tendency	Addiction
Psychological indicators	Interest (active or passive)	Pathological attraction, inability to resist compulsive cravings, loss of control.
Physiological indicators	There are no physiological indicators	A chronic, relapsing disorder. Disruption of biochemical processes in the brain, the presence of withdrawal syndrome, increased tolerance, prioritization of use over other life activities, continued use despite objective harm, and pronounced somatic symptoms (increased heart rate, blood pressure, tremors, shortness of breath, etc.).
Emotional and motivational prerequisites	Predominance of interest, hedonistic motives, search for thrills, pleasure, a way to escape from reality	Predominance of physiological motive: a way to alleviate a difficult physiological and psychological condition.
Frequency of substance use	One-time or episodic	Systematic use

Stages of Adoption	1. Persistent craving, pathological interest without trial 2. One-time or occasional trial, pathological interest 3. Situational use without disruption of general life functions	1. Systematic use of a stable dose 2. Systematic use of a gradually increasing dose, development of tolerance to the substance, appearance of the first physiological symptoms 3. Systematic uncontrolled use of the substance with shortening intervals between episodes of use, increasing the dose or switching to more potent substances, appearance of irreversible psychological deficits
Dosage of psychoactive substances	Random	Increasing as a result of the development of tolerance
Regularity of use of psychoactive substances	One-time or episodic	Systematic, with rapidly decreasing periods of sobriety and an increasing number of episodes of use
Subject control	Preservation of the emotional-volitional component and control of the dosage taken	Loss of systematic control over use
Long-term consequences	Preservation of personal, social and professional spheres, the possibility of returning to a full life	) Degenerative changes in various spheres of life: social, personal, professional, the impossibility of full recovery due to irreversible psychophysiological disorders of the subject (deep maladaptation)
Rehabilitation	Social and psychological rehabilitation	Pharmacological support and social and psychological rehabilitation
Forecast	Favorable, if you seek help in a timely manner	High risk of developing comorbid disorders (depression, anxiety, suicidal behavior, etc.), relapse and return to substance use

Thus, it can be argued that, based on an analysis of psychological and medical indicators, there are significant differences in the psychological and physiological states of addiction and dependence on psychoactive substances. Addiction makes normal mental and physiological functioning impossible without the use of psychoactive substances. Addiction presupposes the presence of psychological and psychophysiological deficits in a person, manifested in a pathological craving for the object of addiction, systematic use, and the manifestation of a number of psychophysiological deficits, such as abstinence and withdrawal syndrome. Addiction can manifest as deviant or rebellious behavior, and addiction does not always develop into dependence. This is influenced by a number of factors, including genetic, medical-biological, destructive group, family-dysfunctional, and psychological ones. These factors shape the individual and personal predisposition to substance use in adolescents.

Based on a theoretical analysis of scientific literature, we examine the psychological predisposition to psychoactive substance use as a predisposition determined by a number of individual-personality predictors expressed by specific components.

Our theoretical analysis of scientific research allowed us to construct a theoretical model of the predisposition to psychoactive substance use in adolescents. In this model, we identify four main stages in the development of predisposition to psychoactive substance use in adolescents.

The first level identifies the main risk factor groups, highlighting the key prerequisites that contribute to the development of a tendency toward psychoactive substance use in adolescents

(genetic, medical-biological, destructive-group, and family-dysfunctional factors). The second level depicts the psychological factors that stimulate the development of individual-personal predictors of a tendency toward psychoactive substance use. The third level identifies the key components (cognitive-motivational, emotional-frustration, and behavioral) of individual-personal predictors of a tendency toward psychoactive substance use. The fourth level identifies the hypothetical typological risk groups of adolescents prone to psychoactive substance use**.**

Первый уровень данной модели составляют детерминирующие факторы риска развития склонности к употреблению ПАВ. ***Генетические факторы склонности к употреблению психоактивных веществ представлены следующими показателями:*** повышенная восприимчивость дофамино-опиодных рецепторов, ускоренный метаболизм алкалоидов, врожденные особенности работы нейротрансмиттеров, изменение в системе транспортеров серотониновых соединений.

Медико-биологические факторы: наличие психических расстройств в семейном анамнизе, наличие наркологических расстройств в семейном анамнизе, нервно-психические отклонения (врождённые или приобретенные), минимальные нарушения в работе ЦНС в соедствие травмы или врожденные.

Деструктивно-групповые факторы: пропаганда употребления психоактивных веществ в сети интернет и в средствах массовой информации, негативное влияние свестников, имеющих опыт употребления; коммуникация в социальных сетях в группах, посвященных наркопробам, употреблению алкоголя и т.д.

The first level of this model consists of the determining risk factors for developing a tendency to use psychoactive substances. ***Genetic factors*** for a tendency to use psychoactive substances include increased sensitivity of dopamine-opioid receptors, accelerated metabolism of alkaloids, innate neurotransmitter functions, and alterations in the serotonin transporter system.

Medical and biological factors include a family history of mental disorders, a family history of substance abuse disorders, neuropsychiatric disorders (congenital or acquired), and minimal CNS dysfunction due to trauma or congenital.

Destructive group factors include the promotion of psychoactive substance use online and in the media, the negative influence of peers with experience of use, and communication on social media in groups dedicated to drug testing, alcohol use, etc.

Family dysfunctional factors: episodes of psychoactive substance use in the family; dysfunctional family relationships; the presence of domestic violence; divorce of parents or the death of one of the parents; neglect and lack of control over the child by parents or guardians, upbringing in a foster family or by guardians; emotional and mental alienation in family communication.

The selected group of factors forms the second level of the model of the tendency to use psychoactive substances in adolescents, represented by psychological factors expressed by the following indicators: depression, suggestibility, neuroticism, tendency to escapism, social alienation, low level of awareness, conformity, negativism, emotional instability, expressiveness, impaired self-esteem, rigidity.

The central core of the model of propensity to use psychoactive substances in adolescents and its third level are *individual-personal predictors of propensity* to use psychoactive substances, expressed by cognitive-motivational, emotional-frustration and behavioral components.

The cognitive-motivational component of predictors of propensity to use psychoactive substances is expressed by the following psychological markers (impaired social contacts, goal-setting disorders, low self-acceptance, low autonomy, and high expressiveness). Cognitive distortions and the resulting motives for first-time psychoactive substance use are a central issue in the prevention and early diagnosis of propensity to use psychoactive substances (ISemenyak, Novakov & Korzh, 2022). Disturbances in the cognitive-motivational component in the life of a modern adolescent can be caused

by both external factors, such as bullying, a dysfunctional family lifestyle, and peer rejection, and internal factors, which, in turn, create a motivational and conscious need for propensity to use psychoactive substances.

The emotional-frustration component of predictors of substance abuse is expressed by markers such as resentment, anxiety, boredom, guilt, depression, and emotional instability. One of the motives for using psychoactive substances is to escape from reality, which is accompanied by strong emotional experiences. It is the intensity of these emotions that plays a major role in the development of addiction. Emotions are central to the addiction; in fact, a person is dependent not on a particular drug, but on emotions. The stronger the negative emotions, the more intense the search for relief. Therefore, the emotional-frustration component allows us to determine the level of negative feelings and emotions experienced, which may indicate psychological instability in a teenager and the presence of depressive symptoms.

The behavioral component of predictors of substance use includes behavioral patterns such as hostility, aggressiveness, negativism, suspiciousness, and impulsivity. These behavioral indicators can be both precursors to substance use and a result of substance use.

The process of diagnosing the severity of the above-mentioned components of individual-personal predictors will allow us to reach the fourth level of the model, when, through the use of statistical analysis (factor loadings), it will be possible to identify risk groups of adolescents with different features of the severity of predictors of the tendency to use psychoactive substances.

CONCLUSIONS AND RECOMMENDATIONS

The predominance of one or another component in the structure of predictors of the tendency to use psychoactive substances in adolescents of different age groups will allow the development of a set of recommendations aimed at successful psychological rehabilitation and secondary prevention of adolescents of different ages.

For adolescents in the middle age group (14-15 years old) with a low propensity for substance use, psychological therapy aimed at teaching socially acceptable forms of interaction with both peers and society at large is more necessary. The internal conflict of these adolescents is rooted in social rejection and feelings of resentment, as well as low levels of self-acceptance, self-esteem, and a high dependence on the opinions of their peers. Therefore, the most effective psychological rehabilitation methods are those aimed at setting personal boundaries, processing personal emotions, and learning to interact with others.

Middle-aged adolescents with an average propensity for substance use also suffer from social rejection, exacerbated by high levels of self-rejection. In this case, internal negative experiences may be confused with defiant, aggressive behavior as a defensive pattern, but in reality, it is the adolescent's negative experiences, resentment, and depression that are frustrating. The most important thing when working with this group is to work through and stabilize their internal state, as well as cultivate a sense of self-acceptance and establish trusting relationships with others.

Adolescents aged 14-15 with a high propensity for substance use suffer, to a greater extent than others, from an inability to develop a clear vision and set life goals. Negative experiences can also develop into boredom, suspicion, or hostility toward other members of society. Our research shows that these tendencies are a consequence of disrupted social connections, both with peers and with other reference groups (family, siblings, etc.). Therefore, rehabilitation for these adolescents should be aimed at simultaneously addressing frustrated social needs and recognizing their own feelings, emotions, and desires. This should also include teaching them to develop a vision of their desired future, set appropriate and realistic goals, and achieve them.

The situation is somewhat different in the rehabilitation of older adolescents (16-17 years old). The main component of the work here is also self-acceptance and learning how to set life goals (plan for the future), but the external manifestations of addictive behavior in these adolescents are more associated with aggressive and impulsive behavior. While middle-aged adolescents suffered more from repressed emotions, older adolescents frustrate them with impulsive and spontaneous behavior and external aggression.

For groups of older adolescents with low propensity for substance use, it is recommended to address feelings of suspicion, impulsive behavior, and accompanying feelings of guilt (often suppressed) for their actions. Furthermore, older adolescents are more likely to experience emotional and frustrating tendencies toward substance use, which contributes to the nature of their addiction. Learning to experience positive emotions without substance use helps restore these respondents' perception of reality.

For older adolescents exhibiting moderate to high levels of substance abuse, the primary focus should be on addressing external aggression, directed not at a specific individual but at society as a whole. A combination of group and individual therapy, comprehensive peer support, and supportive art therapy are essential, which can lead to sustainable results in the successful social and psychological rehabilitation of adolescents prone to substance abuse.

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ТЕОРИЈСКО ОПРАВДАЊЕ ПРЕДИКТОРА ЛИЧНОСТИ УПОТРЕБЕ СУПСТАНЦИ КОД АДОЛЕСЦЕНАТА

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Анотација: *Ризик од развоја злоупотребе психоактивних супстанци код младих је значајан проблем у савременом свету. Растући број зависника забрињава стручњаке из различитих области, као што су психологија, педагогија, социологија, економија и медицина. Савремена научна истраживања усмерена су не само на проучавање практичних резултата директног рада са особама са зависношћу и зависним особама, већ и на превенцију зависности, проучавање склоности и мотивација за употребу супстанци и развој мера за рехабилитацију и ресоцијализацију младих са различитим искуствима са психоактивним супстанцама. Овај чланак представља теоријску анализу карактеристика адолесцената повезаних са узрастом и диференцијацију појмова „склоност“ и „зависност“ у контексту употребе психоактивних супстанци. У овој студији, аутори разматрају склоност ка употреби психоактивних супстанци као психолошку тенденцију ка развоју патолошке жеље за употребом психоактивних супстанци, условљену низом спољашњих (социјалних) и унутрашњих (генетских, биолошких и психолошких) индивидуално-личностних карактеристика. На основу теоријске анализе, аутори овог чланка представљају четворостепени модел склоности ка употреби психоактивних супстанци код адолесцената. Централно језгро модела су индивидуално-лични предиктори склоности ка употреби психоактивних супстанци, изражени кроз когнитивно-мотивационе, емоционално-фрустрационе и бихевиоралне компоненте. Теоријско поткрепљење ових компоненти омогућава избор дијагностичких метода, дијагнозу и, на основу нивоа склоности ка употреби психоактивних супстанци, идентификацију ризичних група адолесцената са специфичним индивидуално-личним манифестацијама склоности ка употреби психоактивних супстанци. Даље, дијагностика и анализа емпиријских резултата омогућиће развој скупа превентивних и рехабилитационих мера за различите нивое ризичних група, усмерених на рано откривање склоности ка употреби психоактивних супстанци код адолесцената.*

Кључне речи: *психоактивне супстанце, склоност, зависност, адолесценти, индивидуално-лични предиктори.*