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Addictions and School Performance in Torreón, México: A Case Study.

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Abstract

Drug use analysis is relevant not only from the perspective of illegal trafficking, but also from the perspective of microanalysis from users, specifically, the ways in which drugs are presented in school spaces and its consequences. In a first approach to the study population, it was found that the most frequent problems were school underachievement and possible defection. So we proceeded to develop a hypothetical model where the variables considered were school performance and intensity of drug use. This is a quantitative correlational study that analyses 218 (N = 218) questionnaires in a secondary school (junior high) located in Torreon, Coahuila. After running correlational and regression models two main conclusions were reached: (a) the variables related to drug use do not directly or significantly affect school performance and (b) the intensity in consumption drug depends on the reasons for the consumer to do so, which is determined by the place where drugs are offered to the subject and it directly affects the desire to drop out.

Keywords: Addictions, school achievement, high school students, drug use, drop out.

INTRODUCTION

The main purpose of this study is to present the addiction problems that occur in the students of the General Junior High No. 12 located in Ciudad Nazas, Torreón, México and how they affect their academic performance. The interest of this research arises from the service learning carried out at the Youth Integration Centers (CIJ) by one of the authors of this text, during the period August 2010 to December 2011. Addiction prevention sessions, sponsored by the CIJ, were conducted in various Junior Highs of the municipality of Torreon, Coahuila.

This paper analyzes the effects of drugs on school performance in junior high students. In a first approach to the study population, it was found that the most frequent school problems caused by consumption were underachievement and possible defection. After being in contact with the adolescent population possible causes of drug use and little interest in their studies were detected. Some non-formal hypothesis led to assume that this particular problem was due to variables such as:

- family disintegration,
- poor communication with parents,
- people with whom the young interacts,
- the environment in which it operates and
- social violence.

Currently, drug related violence is a serious social issue in Mexico (Molzahn, Ríos & Shirk, 2012). The study subjects are exposed to insecurity, crime and drug trafficking in all its forms. The National Survey of Addictions (ENA, 2011), reveals that substance abuse is one of Mexico´s

current public health issues, from 2008 to 2011 the consumption of illegal drugs such as marijuana, inhalants, cocaine, crack, amphetamine and other stimulants (excluding medical use) increased from 3.9 to 5.7 million (ENA, 2011). Among illegal drugs, inhalants are the second most used first-use drug after marihuana, and are the fourth most commonly used drug (Cacho Carranza, 2015). Within marginalized sectors like the study area, the use of inhalants is common due to its low price.

Substance abuse affects the health of users regardless of gender, social-economic status or region. Its effects are more pronounced in children and adolescents (CSAM, 2009). Some of the reasons for drug consumption are curiosity and peer pressure (Farrell & White, 1998). Drug use is a serious problem that affects the family, society and the education of adolescents. Drug trafficking and drug-addiction are seen as taboo in the study school area.

Adolescence is a time of change, that brings physical and emotional changes, transforming the child into an adult. At this stage personality is defined, independence is built and self-assertion is strengthened, plus the young person breaks away from the safety of childhood and begins to build a new and own world . To achieve this, the teen still needs support from the family, school and society, because adolescence is still a learning phase (UNICEF, 2009).

According to the Foundation for a Drug-Free World (FMLDD, 2014) in the United States, the results of the National Survey on Drug Use and Health conducted by the US government in 2007 showed that 19.9 million Americans (or 8% of the population aged 12 years or over) had used illicit drugs in the month preceding the study. According to Cable News Network (CNN, 2011) in 2010 the study was replicated and the results showed a slight increase in drug use and a decrease in the consumption of alcohol and inhalants, 9% of the population over 12 years said they had consumed some type of illegal drug. Drugs like marijuana, cocaine, heroin, hallucinogens, inhalants and some prescription drugs used for non-medical purposes were counted in the survey. Marijuana was the most commonly used, with more than 17 million users in 2010, 3 million more than in the survey of 2007.

According to the National Youth Survey (2012), in 2009, 44% of adolescents and youth in Mexico lived in a home with smokers; 7% smoked for the first time before 10 years; 45% began consumption between eleven and 14 years and 48% between 15 and 17 years. In addition, the data revealed that the gender ratio in the consumption of inhalants is already one to one. In fact, 20% of high school students are active smokers . The use of illegal drugs in Mexico has doubled in the past decade, from 0.8 to 1.5 percent among people aged 12 to 65 years of age, but among men the prevalence is 2.6 percent nationwide, and the 2.9 urban areas, gender data indicate that the prevalence of consumption is very similar in adolescents: 46 percent in men and 39.7 in women according to the National Survey of Addictions (ENA, 2011). The above statistics show that each year the interest of young people for drugs increases and that the age of first-use is earlier.

School performance and addictions are linked because young consumers show poor academic achievement and without the intervention of a professional students can have behavior and academic problems that are linked to dropping out. It is noteworthy that during the traineeship carried out by one of he authors of this text Mayorga-Barajas, behaviors observed in adolescent users towards school activities and group participation were negative, resulting in poor school performance . In this sense, according to De La Garza (2001) dropping out pushes teenagers to be closer to their group of friends who will promote inhalation. Drop outs

leisure time becomes excessive and that crippling leisure time, mixed with financial need may lead teenagers to commit crimes.

GOALS

To identify the variables associated with addictions that affect school performance in adolescents who study secondary level.

Specific objectives

- To know the specific characteristics of the variables associated with addictions in young high school students in the context of the city of Torreon.
- To propose some alternative solutions to the problem of addiction, particularly in the school space.

RESEARCH QUESTION

What are the variables associated with drug use that affect school performance of junior high students in Torreon?

Study hypothesis

Hi: There is correlation between the intensity of drug use and school performance.
Ho: There is no correlation between the intensity of drug use and school performance.

FRAME OF REFERENCE

Drugs and Addictions

According to the World Health Organization, addiction is:
The repeated use of one or more psychoactive substances, to the extent that the consumer (referred addict) is poisoned periodically or continuously, shows a compulsion to take the substance (or substances) preferred, has a huge difficulty to interrupt voluntarily or modify the use of the substance and shows determination to obtain psychoactive substances by any means (WHO, 1994).

The term "drug" in medicine refers to any substance with the potential to prevent or cure a disease or enhance physical or mental health. In pharmacology it is defined as any chemical which modifies physiological and biochemical processes of tissues or organisms health. In colloquial language, the term usually refers specifically to psychoactive substances and often in an even more concrete context it might refer only to illegal drugs (WHO, 1994). Being medicines a drug, practically everyone has been a consumer, but addiction depends on the use made by individuals of these drugs. Consuming high doses without caution can cause serious physical and psychological changes.

According to the National Institute on Drug Abuse (NIDA, 2008) people start using drugs for various reasons, one of them is feeling good, because most drugs produce intense feelings of pleasure, euphoria, energy or other effects depending on the drug used. Another reason is to feel better, some people attempt to lessen feelings of distress produced by a medical condition such anxiety, phobia, stress or depression by abusing drug use. Additionally, some people that need to improve their athletic or cognitive performance might ingest drugs that can play a similar role in initial experimentation and continued drug abuse.

This research focuses only on some drugs, which are described below:

1. Tabaco. Cigarettes are stimulants. Nicotine, the main active component, has stimulating and relaxing effects. It produces an alerting effect on electroencephalograms and in some people, increases the ability to concentrate, in others, reduces anxiety and irritability. Nicotine is consumed as inhaled smoke, chew tobacco or nicotine gum. Each puff of smoke that contains nicotine is rapidly absorbed through the lungs and reaches the brain within seconds. Nicotine users develop tolerance and dependence.
   Because of its rapid metabolism, brain nicotine concentration decreases rapidly and the smoker feels the urge to light another cigarette 30 to 40 minutes after turning off the previous one. Long-term use of snuff can cause lung, head or neck cancer, heart disease, chronic bronchitis, emphysema and other physical disorders (NIDA, 2008).
2. Alcohol. It is a depressant substance. Short term consumption generally produces euphoric states, along with the abolition of internal tensions and inhibitions. With higher doses inebriation occurs: elocution and motor skills difficulties; double vision; problems with concentration and memory lapses, drowsiness and malaise appear. In many people, the loss of self-control arouses aggression and violence (Massun, 1991).

According to the World Health Organization (WHO, 2011), harmful use of alcohol is a global problem that threatens both individual and social development. It causes 2.5 million deaths each year and causes damage that go beyond the physical and mental health of the drinker. An intoxicated person can harm others or put them at risk of traffic accidents or acts of violence. A considerable proportion of the morbidity attributable alcohol consumption is linked to unintentional and intentional injuries, particularly those caused by traffic accidents, violence and suicides. Fatal injuries attributable to alcohol consumption tend to occur in relatively younger age groups.

3. Marijuana. The most commonly used illegal drug is marijuana. It looks like dried parsley, green, brown or gray with stems or seeds. A stronger form of marijuana called hashish or balls looks like brown or black cakes. It is often said that marijuana is the drug that serves as a gateway to other drugs because its frequent consumption often leads to the use of stronger drugs.

Marijuana can affect mood and coordination. Those who consume it may experience mood swings that range from stimulated or happy to drowsy or depressed. It raises the heart rate and blood pressure. Some people get red eyes and feel very sleepy or hungry (Dictionary of drugs, board of Andalusia, 2012).

Marijuana can also cause paranoia or hallucinations in some people. Marijuana has as strong effect on the lungs as cigarettes: regular smokers cough, wheeze and get frequent colds. Young people who use marijuana can become psychologically dependent upon it to feel good, deal with life or stress. In addition, the body can demand more and more marijuana to achieve the same kind of uplifting experience that had at first (Dictionary of drugs, board of Andalusia, 2012).

4. Volatile substances or inhalants. They include a wide range of commercial and household products such as adhesives and glues, air fresheners, gasoline, butane, nail polish and nail polish remover, lacquers, paints, thinners, gas lighters, detergents, others. Most inhalants are obtained easily in the consumer's environment because they tend to be legal products at very low price. Due to its accessibility, there is a general

tendency to consider them as harmless or slightly harmful substances, when in reality they cause serious and dangerous effects on consumer´s health.

At first, inhalants cause an euphoric feeling, followed by a depression of the central nervous system. People who abuse inhalants show of slurred speech, euphoria, dizziness, incoordination, being able to feel lightheaded, or have hallucinations and delusions shortly after consumption (Robert, 2014).

5. Heroin. It is produced from the dried milk of the opium poppy, which is also used to create a class of drugs called narcotic pain killers - such as codeine and morphine. Its presentation can vary from white to dark brown powder to a sticky tar-like substance. This drug gives an immediate feeling of euphoria, especially if injected, sometimes it is followed by drowsiness, nausea, stomach cramps and vomiting. Users feel the need to take more heroin as soon as possible to feel good again (Dictionary of drugs, board of Andalusia, 2012).

In the long term, it destroys the body, it is associated with chronic constipation, dry skin and respiratory problems. Those who inject heroin often have collapsed veins and are at risk of contracting deadly infections such as HIV, hepatitis B or C and bacterial endocarditis (inflammation of the lining of the heart) if they share needles with other addicts. Heroin is extremely addictive and easy to overdose which can cause death. Withdrawal is intense and symptoms include insomnia, vomiting and pain (Dictionary of drugs, board of Andalusia, 2012).

6. Methamphetamine. It is commonly known as "anfeta", "meta" and "chalk". It is a crystalline, odorless, white, bitter powder that readily dissolves in water or liquor. The drug was developed early last century as amphetamine derivative and originally was used in nasal decongestants and bronchial inhalers.

Like amphetamine, methamphetamine increases the level of activity and speech, it decreases appetite and produces a general sense of wellbeing. However, methamphetamine differs from amphetamine in that, when used in similar dose levels the amount of methamphetamine entering the brain are higher, making it a more powerful stimulant drug with longer lasting and harmful effects on the central nervous system. The long-term effects include addiction, paranoia, hallucinations, repetitive motor activity, changes in the structure and function of the brain, memory loss, aggressive or violent behavior, emotional disorders, severe dental problems and weight loss (NIDA, 2007).

Amphetamines are substances originally prepared for medicinal use, but doctors have stopped prescribing them because they are highly addictive. They affect the central nervous system and have stimulating effects, produce a state of alert along with various reactions in the perception of hunger and exhaustion. Intravenous use increases the chance of infections and contagious diseases such as hepatitis and AIDS when syringes with other consumers are shared (CONADIC, 2014).

In short, the psychotropic substances mentioned above can cause irreversible damage, and even more serious consequences when people begin to consume them at an early age. One of the main consequences is the lack of interest in school activities, desertion, overdose, damage to vital organs and in the worst cases, death.

According to Calderon (2013) as part of the student´s immediate environment, school can be a positive or negative influence on their behavior even regarding drug use. School also affects other factors that influence the substance use of students such as student groups, parents and the community of which they are part.

Educational and prevention policies

The facts seem to show that in the study area, schools lack drug prevention programs. Few institutions consider drug prevention as an important role, only some present conferences on drug and, others deny that there is an addiction problem either to avoid the extra work or because they are ignorant or desinterested.For that reason, when encountering a consumer student, schools consider "expulsion" as the easiest and most effective solution. However, the problem may just have begun. It may get worst when the adolescent increases the intensity of consumption due to the constant contact with his/her group of friends provoqued by the rise in free time after being expelled.

Currently, drugs remain a taboo, especially illegal drugs. The issue appears scarcely in educational approaches and as a consequence they are abscent on educational policy. Among educators we can find a wide variety of positions: the majority is totally disinterested, some are concerned and very few attempt to approach the problem (Garza de la Vega, 2003).

Teacher´s poor conciousness is reflected on a lack of direct intervention onstudent consumers. The teacher:

> *should not be blamed for its lack of information, but should feel responsible and seek to learn about a phenomenon that overflows; Which appears before your eyes and worries you every day and, at the same time, should try to provide solutions. It is necessary that the teachers have a basic preparation for the resolution of this type of problem, that the adolescent sees in his teachers the confidence necessary to be able to ask for help in case he wants to move away from the addictions. In addition, the teacher must be observant and critical about the behavior of his / her students, in order to detect if any adolescent changes behavior and investigate the reason (Garza de la Vega, 2003).*

According to Velasco (1997), the school is an extremely suitable area to carry out preventive actions related to drug use since:

1. The school brings together pre-adolescent, adolescent and young children, making it possible to carry out controlled and permanent interventions over time.
2. At school it is possible to detect in time the personal, family and social problems related to drug use.
3. The school can conduct educational actions around drugs, both as part of the curriculum and in extracurricular form.
4. The education system can easily establish channels and spaces for collaboration with programs in other sectors, especially health and justice.
5. The public and private Mexican schools, by virtue of the fortunate tradition of parenting societies, can coordinate with these to support the actions envisaged in its programs.

Cuatrocchi (2007) points out that it is possible to take measures that are more limited in scope but are focused, due to their immediacy and proximity, on the problem of addictions, from municipalities, hospitals and schools. The task of prevention with adolescents does not refer to acting detectively, trying to discover drug possession or consumption, but to be alert to the

emergence of problematic situations and conflicts that affect the lives of young people, who may or may not be consuming drugs. According to the author, one way to tackle this problem from the educational institution is to create social networks and to integrate groups that avoid addictive behaviors and develop abilities in adolescents for a healthy growth and away from any addiction.

In conclusion, educational policies can become a protective factor that confronts drug traficking from the classrooms, because it will provide students with confidence, information and decision making tools that will aide them conduct themselves with caution and safety in their adolescence.

METHODOLOGY

Reconstruction and procedures

The internship carried out by Mallorga-Barajas at the Juvenile Integration Center, Torreón allowed an approximation to Junior High students in which some cases of drug addiction related to poor school performance ere detected. The present study was developed in the General Secondary School N.12 located in the Colonia Ciudad Nazas of the municipality of Torreón Coahuila.

The school´s Social Worker was first approached to request permission to apply a previously completed questionnaire. The internship was carried out in Youth Integration Centers (CIJ) in the period August 2010-December 2011. Internship activities were developed within the prevention service. Elementary and junior high schools where drug addiction in adolescents was already present were visited to carry out preventive sessions, to identify consumers and to refer them for treatment.

The intern received training ona subject every Monday, on Friday she gave a presentation from 8 a.m. to 1:00 p.m. at the schools that were previously selected by the ICJ. School selection was based on their location within neighborhoods with high levels of insecurity and social problems, as defined by the institution. During the internship, some obstacles derived from the violence that was then experienced in the city, ocurred. The violent environment was also reflected on the attitudes and behaviors of the children and adolescents of the various institutions..

It should be noted that there was a correlation between school performance and addictions among young adolescents in Junior High (the grade point average was found to be 7.0). The problem could be detected in the classroom, a large majority of drug addicts tend to reflect a change in their behavior, interpersonal relationships, attitudes, personal arrangement and academic achievement.

Hypothesis of study

Hi: There is correlation between the intensity of drug use and school performance.
Ho: There is NO correlation between the intensity of drug use and school performance.

Study design

This research is a quantitative study. This is cross-sectional research. The study in particular obeys a hypothetical and correlational orientation.

It is transverse since it was performed in a single moment and in a unique time (Hernández et al., 1991). A single measurement of the variables was made to recognize the status and level of the variables at that time. The questionnaires were applied in October 2013. It is hypothetical since it proposes two hypotheses to explain the phenomenon of school performance in junior high school students.

It is correlational because it was necessary to establish correlations between variables and to seek explanations for the phenomenon of school performance and intensity of drug use. Being a correlational research, the degree of relationship between two or more variables was measured. The variables were measured with the intention of seeing if they were related to the same subjects, and then to analyze the correlation (Hernández et al., 1991: 63).

The utility and purpose of this study is to know how school performance can behave by knowing the behavior of drug use in the marginal context of the city of Torreón. This research, has an explanatory value (Hernández et al., 1991: 65).

The universe and the show

The sample was probabilistic and was taken from the students of 7th, 8th and 9th grade of the afternoon shift of the General Junior High School N. 12, being this one of N = 218. The population was approximately 600 students.

Probabilistic samples according to Hernández et al. (1991: 214), "are essential in survey research designs where population estimates of variables are sought, these variables are measured with measuring instruments and analyzed with Statistical tests for data analysis where it is assumed that the sample is probabilistic, where all elements of the population have the same probability of being elected. "

The unit of analysis (Babbie, 1988: 85) were subjects that study in the Junior High School General No 12, in the neighborhood of Nazas city in the city of Torreón, México in which the problem of drug use was detected. The questionaire was applied in this school.

The study object as indicated in the hypothetical model was school performance. It was constituted like dependent variable in the analysis model of this study.

The field instrument

The questionnaire that was designed to be applied to junior high school students consisted of three sections: (I) Information about addictions; (II) Consumption and addictions and (III) School performance.

Information about addictions. The purpose of the first section was to obtain information that would show what types of drugs the students know and if they live with people who have an addiction problem. Consumption and addictions. The objective of the second section was to know if the student consumes some type of drug and the intensity of its consumption. School performance. The third section seeks information about the youth's interest in their subjects, their average grades, and the percentage of students who have thought about dropping out.

ANALYSIS AND INTERPRETATION OF RESULTS

In this section the descriptive analysis of the variables is done. Statistical inference is made from the regression model applied to the dependent variables. Results are interpreted.

Descriptive analysis

The instrument showed that within junior high school No 12 there is a high percentage of students who know about drugs and a lower percentage of adolescents are consumers. The percentage of students who claim to know the cigarrete is 91.3%, while the percentage of those who consume it is 13.8%. It was asked how many students knew the cigarete19 had zero knowledge and 199 know it as well as its effects and characteristics resulting in a percentage of 8.7% do not know 91.3% if you know (Table 1). On the other hand, a percentage of 30.7%, (verified in table 2), have no knowledge of marijuana and against 69.3% that have knowledge of marijuana.

In the same way, the students were asked: "Who do you know who use drugs? 39 answered no one, 6 My parents, 110 My friends, 11 some family, 2 my boyfriend, 11 my neighbors, 39 acquintances (Graph 1). Being the highest cathegory friend and the least boyfriend/girlfriend.

Table 1: Knowledge about Tabaco

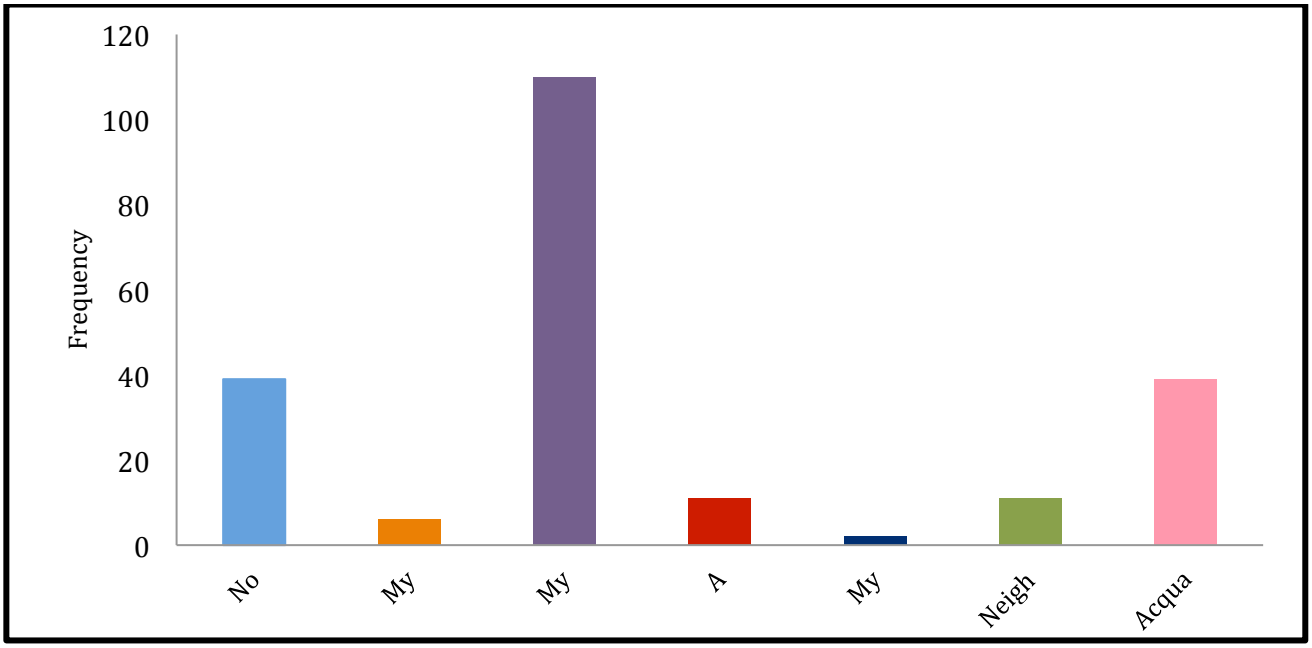
		Frequency	Percent	Valid Percent	Accumulated Percent
Valid	Doesn´t know	19	8,7	8,7	8,7
	knows	199	91,3	91,3	100,0
	Total	218	100,0	100,0	

Source: Self-elaboration.

Table 2: Knowledge about marihuana

		Frequency	Percent	Valid Percent	Accumulated Percent
Valid	Doesn´t know	67	30,7	30,7	30,7
	knows	151	69,3	69,3	100,0
	Total	218	100,0	100,0	

Source: Self-elaboration.



Graphic 1. Acquaintances that use drugs
Source: Self-elaboration.

It was noted that most (51.4%) students have been offered drugs at some point, while 48.6% had not been offered. Table 3 shows that from the students who have been offered a drug the most frequent place is on the street with 36.7% and the less frequent is in their home with .5%.

Of the 218 students, 48 accepted to have consumed some drug representing 22% and 170 deny having consumed any drug, representing 78% of the sample. The friends of the students represent the highest percentage of people who offer them drugs with 34.9% and family members with 1.4%. Figure 2 shows the reasons why students have used drugs. Among the causes of use curiosity is the most common (35.3%) while the lowest percentage is because his/her friends do it with .5%.

Table 3: Places where drugs have been offered

		Frequency	Percent	Valid Percent	Accumulated Percent
Valid	House	1	,5	,5	,5
	School	8	3,7	3,7	4,1
	Streets	80	36,7	36,7	40,8
	Parties	16	7,3	7,3	48,2
	Other	8	3,7	3,7	51,8
	Does not apply	105	48,2	48,2	100,0
	Total	218	100,0	100,0	

Source: Self-elaboration.

Table 4: Person that has offered drugs

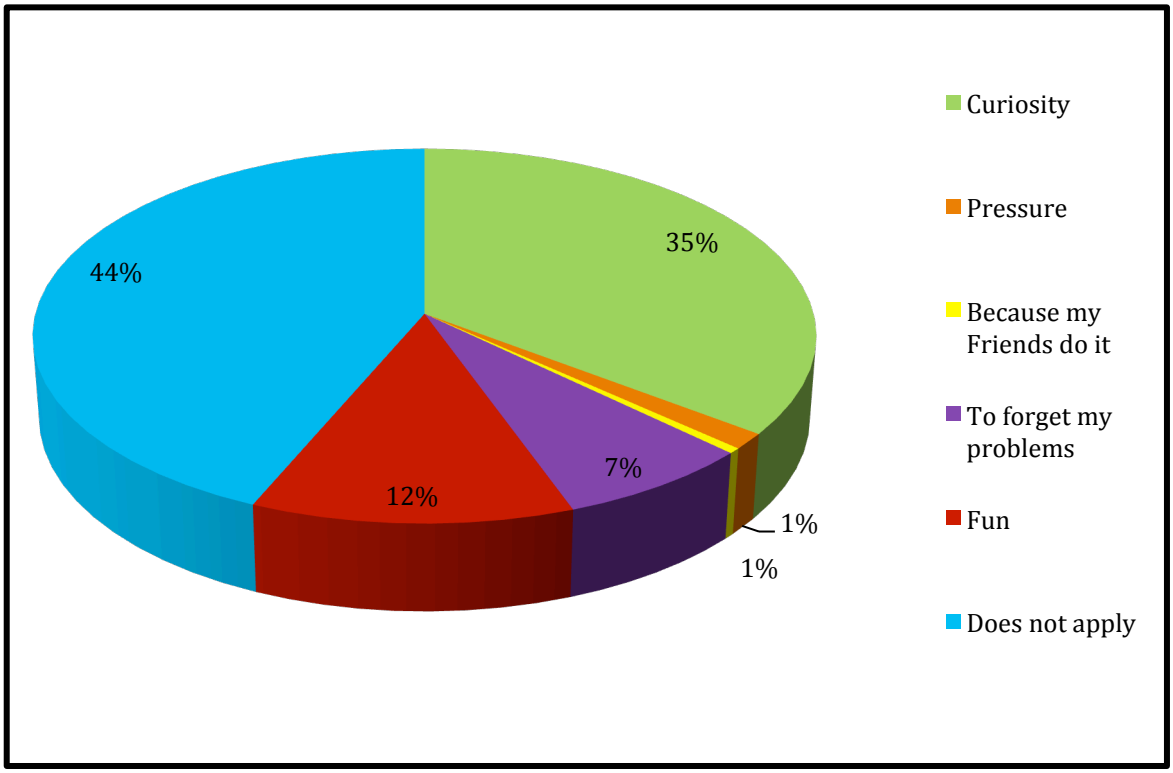
		Frequency	Percent	Valid Percent	Accumulated Percent
Valid	Family member	3	1,4	1,4	1,4
	Friends	76	34,9	34,9	36,2
	A stranger	18	8,3	8,3	44,5
	Someone else	16	7,3	7,3	51,8
	Does not apply	105	48,2	48,2	100,0
	Total	218	100,0	100,0	

Source: Self-elaboration.

Table 5: Reasons for using drugs

		Frequency	Percent	Valid Percent	Accumulated Percent
Valid	Curiosity	77	35,3	35,3	35,3
	Pressure	3	1,4	1,4	36,7
	Because my Friends do it	1	,5	,5	37,2
	To forget my problems	16	7,3	7,3	44,5
	Fun	26	11,9	11,9	56,4
	Does not apply	95	43,6	43,6	100,0
	Total	218	100,0	100,0	

Source: Self-elaboration



Graphic 2: Reasons to consume drugs
Source: Self-elaboration
Correlation analysis

The findings presented below were obtained using Pearson and Spearman correlation.

Pearson's Correlation

Table 6. Person´s correlation

Correlated variables	Pearson Coeficient	Sig.
Relationship with parents // Replace studying with another activity	.322(**)	.000
Has been offered drugs // Has tried drugs	.282(**)	.000
Intensity of consumption// Person that has offered drugs	-.308(**)	.000
Intensity of consumption // Current grade point average	-.220(**)	.001
Intensity of consumption // Replace studying with another activity	-.224(**)	.001

**Significant correlation at 0,01.

****Significant correlation at 0,01.**

The first procedure that was carried out was to establish possible correlations between the variables.

The first results are in Table 6, where an important correlation was identified between the relationship that teenagers have with their parentsand the possibility of replacing studying with another activity. At the same time it was observed that if the student has been offered drugs there is a possibility that he/she has tried them. It is a positive correlation that indicates that a greater offer of drugs to the student, there will be more possibilities of consuming them.

Descriptive statistics showed that friends are who more commonly offer drugs (34%) to students. According to Table 6, the intensity of drug use is directly correlated with who offers,

thus increase in consumption (intensity) depends on who offers it. It is understood that friends are those who favor the supply and consumption of drugs.

On the other hand, the same variable: intensity of drug use, is negatively correlated with current grade point average (weak correlation). Thus,the more intense the consumption of drugs is the lower the grades are. This result allows us to accept the hypothesis initially proposed:

Hi: There is correlation between the intensity of drug use and school performance.

The result is valid to demonstrate the hypothesis and acceptit. However, as discussed below. It is insufficient to establish it as a predictor of school performance.

Spearman Correlation

Table 7. Spearman Correlations

Variables correlacionadas	Spearman Coeficient	Sig.
Current grade point average // Replace studying with another activity	.195(**)	.004
Current grade point average // Person that has offered drugs	.165(*)	.015
Intensity of consumption// Relationship with parents	-.163(*)	.016

** Correlation is significant at the 0.01 level.
* Correlation is significant at the 0.05 level.

The second procedure was to establish existing correlations,using Spearman correlations. Regarding Table 7,shows that the intensity of drug use by the student and the relationship with their parentsis negatively correlated (-163). It is observed that the greater the consumption of drugs, the less intense the relationship with the parents is.

Regression Analysis

In this section we analyze the results derived from the two linear regression models applied.

First regression model

Dependent variable = current grade point average. The explanations derived from the first regression model applied to the dependent variable: average scores. They are understood as follows:

> *Table 8 shows the variables that were correlated from the Pearson and Sperman correlation matrix.*

Table 9 shows a very small R2 (R squared) value (.155), which indicates that there is a weak linear relationship between the independent variables and the dependent variable (school performance). The analysis of the variance (ANOVA) represented in table 10 shows a very low F value (3,431), which means that although there is a linear relationship between the independent variables and the dependent variable, it is still weak and not very Significant. Table 11 shows that the dependent variable (school performance) correlates with another school variable: which subject do you like most? It is demonstrated in this first regression model that: only and exclusively there is correlation between said school variables.

> *The synthesis of the regression model allows to conclude that: variables related to drug use are NOT predictive variables of school performance.*

Table 8 : Introduced/eliminated variables[b]

Model	Variables introduced	Variables eliminated	Method
1	Intensity of consumption Acquintances that consume Age, Relationship with parents Who do you live with? Gender Which subject do you like best? Place where drug offer occurred Replace studying with another activity Reasons to use drugs School grade	.	Introduce

a. Tolerance limit reached= .000.
b. Dependient Variable: current grade point average.

Table 9: Summary of model[b]

Model	R	R squared	Corrected R squared	Standard error
1	.394[a]	.155	.110	1.410

a. Predictive variables: (Constant), Intensity of drug use, known consumers, Age, relationship with parents Who do you live with? Sex, What subject do you like best?, Place where drug offer occurred, replace studying with another activity, reasons to use drugs, school grade
b. Dependent variable: current point average grade

Table 10: ANOVA[b]

Model		Sum of squares	gl	Quadratic mean	F	Sig.
1	Regression	75.014	11	6.819	3.431	.000[a]
	Residual	409.389	206	1.987		
	Total	484.404	217			

a.Predictive variables: (Constant), Intensity of drug use, known consumers, Age, relationship with parents Who do you live with? Sex, Which subject do you like best?, Place where drug offer occurred, replace studying with another activity, reasons to use drugs, school grade
b. Dependent variable: current point average grade

Table 11: Coefficient[a]

Modelo		Not standardized coefficient		Standardized coefficient		
		B	Standard error	Beta	t	Sig.
1	(Constant)	1.812	2.640			.493
	Age	-.084	.210	-.038	-.401	.689
	Gender	.225	.195	.076	1.155	.250
	School grade	.016	.200	.008	.082	.935
	Who do you live with?	-.124	.127	-.064	-.980	.328
	Relationship with parents	-.009	.213	-.003	-.042	.967
	Acquintances that use drugs	.029	.050	.038	.581	.562
	Where have you been offered drugs?	.000	.000	.050	.727	.468
	Reasons to use drugs	.000	.000	.086	1.201	.231
	Which subject do you like best?	**.215**	**.059**	**.255**	**3.675**	**.000**
	replace studying with another activity	.358	.239	.106	1.494	.137
	Intensity of drug use	-.079	.053	-.109	-1.490	.138

a. Dependent variable: current point average grade

Second Regression Model.

Dependent variable = intensity of drug use. If the first regression model did not allow to explain drug use as an independent variable that affected other variables, it was decided to apply a second regression model in which the intensity of drug use was the dependent variable. The explanations derived from the second regression model are understood as follows:

> *Table 12 shows the variables that were correlated in the correlation matrix of Pearson and Sperman.Table 13 shows a small R2 (R squared) value (.242), which indicates that there is a linear (not very weak) relationship between the independent variables and the dependent variable (intensity of drug use). The analysis of the variance (ANOVA) shown in Table 14 shows a median F value (5.973), which means that there is a linear relationship between the independent variables and the dependent variable, this is average (not very weak) and it is significant. Table 15 shows that the dependent variable (intensity of drug use) correlates with three other variables: where they have been offered drugs, reasons to use drugs and the possibility of desertion. It is demonstrated in this second regression model that the intensity of drug use is correlated by more variables.*

The synthesis of the regression model allows to conclude that: the intensity of drug use depends on the consumer's reasons for doing so, which is determined by the place where they are offered and directly affects the desire to drop out.

Table 12: Introduced/eliminated variables[b]

Modelo	Variables introduced	Variables eliminated	Method
2	Current point average grade Acquintances that use drugs Age, Gender, School grade Relationship with parents Who do you live with? Where have you been offered drugs? Reasons to use drugs Which subject do you like best? Replace studying with another activity	.	Introduced

a. Tolerance limit reached= .000.
b. Dependent variable: Intensity of use.

Table 13: Resumen del modelob

Model	R	R squared	Corrected R squared	Standard error
2	.492[a]	.242	.201	1.853

a. Predictive variables: (Constant), current point average grade, acquintances that use drugs, age, relationship with parents, gender, who do you live with? Where have you been offered drugs?, reasons to use drugs, Which subject do you like best?, Replace studying with another activity, school grade.
b. Dependent variable: Intensity of drug use

Table 14: ANOVA[b]

Model		Sum of squares	gl	Quadratic mean	F	Sig.
2	Regression	225.490	11	20.499	5.973	.000[a]
	Residual	707.024	206	3.432		
	Total	932.514	217			

Table 14: ANOVA[b]

Model		Sum of squares	gl	Quadratic mean	F	Sig.
2	Regression	225.490	11	20.499	5.973	.000[a]
	Residual	707.024	206	3.432		
	Total	932.514	217			

a.Predictive variables: (Constant), current point average grade, acquintances that use drugs, age, relationship with parents, gender, who do you live with? Where have you been offered drugs?, reasons to use drugs, Which subject do you like best?, Replace studying with another activity, school grade.
b. Dependent variable: Intensity of drug use

Table 15: Coeficients[a]

Model		Not standardized coefficient		Standardized coefficient		
		B	Standard error	Beta	t	Sig.
2	(Constant)	1.321	3.472		.380	.704
	Age	.160	.276	.053	.581	.562
	Gender	.166	.257	.040	.645	.520
	School Grade	-.216	.263	-.076	-.824	.411
	Who do you live with?	.024	.167	.009	.142	.887
	Relationship with parents	.071	.280	.017	.255	.799
	Acquintances that use drugs	-.062	.065	-.058	-.945	.346
	Where have you been offered drugs?	**-.001**	**.000**	**-.192**	**-2.981**	**.003**
	Reasons to use drugs	**-.001**	**.000**	**-.310**	**-4.776**	**.000**
	Which subject do you like best?	-.039	.079	-.033	-.489	.626
	Replace studying with another activity	**-.651**	**.313**	**-.139**	**-2.082**	**.039**
	Current point average grade	-.136	.091	-.098	-1.490	.138

a. Dependent variable: Intensity of drug use

CONCLUSIONS AND RECOMMENDATIONS

Without the intention of being simplistic or reductionist, after the regression analysis it is concluded that:

1. Variables related to drug use are NOT predictive variables of school performance.
2. Intensity of drug use depends on the consumer's reasons for doing so, which is determined by the place where they are offered and directly affects the desire to replace studying for another activity (possibly dropping out).

Addictions are not only a problem that worries the families of Torreón, it is a global phenomenon that is growing and getting worse. Addictions are no longer constrained to the streets or in the lower-class neighborhoods of the city, they are in schools. This represents a serious problem since teenager that use drugs are likely to stop beimg interested in studying and replace it with other activities. The rise in violence and crimes in the region, linked to the young people who do not study nor work known in Mexico as “ninis”, can be an indicator of this.

To date, it is important to increase the efforts of educational institutions to prevent, detect, diagnose and treat addictive problems related to drug use, especially among those populations that have been shown to be most vulnerable to suffering: Children and adolescents.

One of the ways in which the school can help students to get involved in prevention is by supporting self-directed activities such as counseling and peer education, weeks of awareness-raising about addictions, assemblies, parties, and special events. They should also point out strategies that allow parents to intervene, since they are in a privileged position to detect the first signs of drug use. Our proposal is:

1. Discussion forums for the students of the secondary, to improve the quality of information that they obtain regarding the scope of the addictions. That is, to have an "informed dialogue".
2. Training courses for teachers so that they and students are properly informed.
3. Student committees responsible for developing school activities that involve risk situations in adolescence.
4. Prevention campaigns outside schools so that adolescents who have defected also have the opportunity to be informed and not exposed to addiction.

The results indicate that schools must identify ways to make students aware of their responsibilities and how they can actively help their peers live a drug-free life.

References

AARA. (2014), Asociación Antidroga de la República Argentina. Sitio web [on line] http://www.asociacionantidroga.org.ar/ página consultada en febrero del 2014.

Babbie, Earl (1988), Métodos de investigación por encuesta. México: F.C.E.

Barreira César et, al. (2013). Conflictos sociales, luchas sociales y políticas de seguridad ciudadana. Buenos Aires: CLACSO.

Bazdresch Parada Miguel (2009) ¿Vivimos en una cultura de la violencia? Ponencia presentada en el Foro interdisciplinario orígenes de la violencia en Mexico.

Cacho Carranza, Y. (2015). Epidemiología del consume de drogas en Mexico. CONACYT agencia informativa. Retrived from http://www.conacytprensa.mx/index.php/ciencia/salud/3725-drogadiccion-mexico

Calderón S. Diana (2013), La prevención de las adicciones en el ámbito escolar. Sitio web [on line] http://referente.com.mx/sitio/?p=142 página consultada en diciembre del 2013.

CONADIC (2011), Encuesta Nacional de Adicciones (Alcohol). México: Secretaria de Salud.

CONADIC (2014), Comisión Nacional contra las adicciones. Sitio web [on line] http://www.conadic.salud.gob.mx/ página consultada en enero del 2014.

CSAM, (2009). Impact of Marihuana on Children and Adolescents. Retrived on November 7, 2016 from http://www.csam-asam.org/sites/default/files/impact_of_marijuana_on_children_and_adolescents.pdf

Cuatrocchi Estela (2007), La adicción a las drogas. Buenos Aires: Espacio.

Farrell, A. D., & White, K. S. (1998). Peer influences and drug use among urban adolescents: Family structure and parent–adolescent relationship as protective factors. Journal of consulting and clinical psychology, 66(2), 248.

Garza de la, Fidel y Vega Armando, (2001). La Juventud y las Drogas: guía para jóvenes, padres y maestros, México: 3ª Ed. Trillas.

Garza de la, Fidel; Mendiola H. Iván y Rabago Salvador, (2003). Adolescencia marginal e inhalantes. Medidas preventivas. México.

Hernández Sampieri Roberto, Fernández Collado Carlos y Baptista Lucio Pilar. (1991), Metodología de la investigación. México: Mc Graw Hill.

INSP. (2011), Encuesta Nacional de Adicciones, 2011 (Alcohol). Instituto Nacional de Salud Pública México: Gobierno Federal.

INSP. (2011), Encuesta Nacional de Adicciones, 2011 (Drogas Ilícitas). Instituto Nacional de Salud Pública México: Gobierno Federal.

Junta de Andalucía, (2014). Sitio web [on line] http://agrega.juntadeandalucia.es/repositorio/14122010/9d/esan_2010121413_9122940/ODE-dae34b28-1e11-319d-9777-e1a81fb1788b/diccionario_drogas.pdf página consultada en febrero del 2014.

Kawage Alejandra, Gutiérrez Paz, Llano María, Martínez Dolores y Chavarría Marcela (1999), Las adicciones y las disfunciones en la familia. Ed. Trillas

Massun Edith, (1991). Prevención del uso indebido de drogas. México: Trillas.

Molzahn, C., Ríos, V., & Shirk, D. A. (2012). Drug violence in Mexico: Data and analysis through 2011. Trans-Border Institute, University of San Diego, San Diego.

NIDA, (2014). National Instittue on Drug Abuse. Sitio web, [on line] http://www.drugabuse.gov/es/acerca-del-nida/programa-internacional-del-nida página consultada en febrero del 2014.

OMS (2014). Organización mundial de la salud. Sitio web oficial. [on line], http://www.who.int/es/ página consultada en febrero del 2014.

OMS, (1994). Glosario de términos de alcohol y drogas. Organización Mundial de la salud. Ministerio de sanidad y consumo de España. Madrid.

Padua, Jorge. (1979) Técnicas de investigación aplicadas a la ciencias sociales. F.C.E.-El colegio de México, México.

Robert S. Anna (2014) Sitio web [on line] http://www.adiccionyciencia.info/robert.html página consultada en febrero del 2014.

Rodríguez G. Raúl (2011). Crisis de autoridad y violencia social: los linchamientos en México. México.

UNICEF, (2009). Fondo de la Naciones Unidas para la Infancia. www.unicef.org [on line] página consultada en febrero del 2014.

Velasco Fernández, (1997). Las adicciones: manual para maestros y padres. México: Trillas.