

ABSTRACT

BACKGROUND – The environment of children and adolescents attending the Outpatient Addiction Treatment Clinic for Children and Adolescents has not yet been described in detail. The work deals with the description of various aspects of the life of these clients.

AIMS – The aim of the bachelor thesis was to describe the environment from which children and adolescents come to ADDA. Specifically, the research looked at divorce rate, family integrity, and family conflicts. Another monitored aspect of the environment was the presence of a substance user in the common household with the patient. The research should also summarize common aspects from the household of children and adolescent users attending the clinic.

METHODS – The research method was descriptive statistics, focused on the description of ADDA patients. The information was obtained from structured anamnestic sheets (SAL), which are filled in by the parents when the child enters the outpatient addiction treatment clinic. The data were clearly divided according to frequency into tables and graphs.

RESULTS – 47 children (out of 112 answers) live in a complete family, 24 children live in a household that is supplemented by a partner and the remaining 41 children come from an incomplete family in which one of the parents is missing. Only 7 respondents reported the cohabitation of a patient with a person who has an alcohol problem, 6 a person who takes drugs and 10 the presence of an individual who has taken drugs in the past. 97% of children come from the Czech Republic, boys predominate. Furthermore, the children are united by the fact that 74 % of them were sent to the outpatient clinic by their parents. A large part of them have previously visited psychiatric treatment and the most common reason for visiting the outpatient clinic is a problem playing on a computer or THC, ie diagnoses F63.0 and F12.2.

CONCLUSIONS – In the following research, it might be useful to focus more on the patient's personality. The conclusions could be the basis for creating primary prevention programs.

KEY WORDS

adolescents, addiction, family, family environment, addictive substances