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SOCIAL STATUS AND RISKY USE OF PSYCHOACTIVE SUBSTANCES*

Introduction: Research indicates that a high percentage of Poles use psychoactive substances in a problematic manner, often combining several substances. Early diagnosis of the scale and predictors of this issue increases the chances of developing and implementing effective social prevention strategies.
Research Aim: To determine the scale of risky psychoactive substance use (PSU) and to examine its associations with social status (sociodemographic, family, occupational, and economic factors).
Method: The study used a diagnostic survey method – an online questionnaire consisting of 33 questions or question blocks, including the Risky Use Scale (RUS)**.** A total of 1,265 individuals with diverse sociodemographic profiles took part in the survey. The analyses described in this article were based on 13 selected questions or blocks of questions.
Results: Risky use of substances (alcohol and/or illegal psychoactive substances or medications used without medical indication) in the past 12 months was reported by 17.7% of respondents; 35% of them were likely struggling with addiction. Risky use was most common among: men (twice as often as women); individuals aged 18–25 (twice as often as those over 36); singles (three times more than the average for the sample and six times more than married individuals); and residents of medium-sized towns (half as often as other respondents). Fertility, economic, and occupational factors did not significantly differentiate risky use of psychoactive substances.
Conclusions: Nearly one in five respondents reported risky use of psychoactive substances in the past year, particularly men, young adults, single individuals, and residents of rural and small urban areas (in terms of risky use) or large cities (in terms of suspected addiction).

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INTRODUCTION

The problem of substance abuse and addiction among Poles, despite long-term and systemic efforts to reduce it (e.g., in 2022, preventive measures within the framework of the System of Recommended Prevention Programs were implemented by 1,070 local governments (Malczewski & Jabłoński, 2023), remains a pressing public health issue. Research findings, however, indicate significant shifts in patterns of substance use. Increasingly, simultaneous or interchangeable use of different substances is being observed (Dec-Pietrowska & Mazur, 2025; Dzielska & Okulicz-Kozaryn, 2023; Malczewski et al., 2020; Moskalewicz & Wciórka, 2021). Attention is also drawn to the high proportion of individuals engaging in risky patterns of use (Rowicka et al., 2021). This does not only constitute a factor facilitating the development of substance dependence, but also contributes to a broad spectrum of other negative health and social consequences.

The new *International Classification of Diseases* (ICD-11), reflecting changes in behavioral patterns associated with psychoactive substance use, distinguishes three primary diagnoses: episode of harmful substance use, harmful pattern of substance use, and substance dependence. Furthermore, it introduces the category of risky substance use, which should not be classified as a disorder, but rather as a significant risk factor. Risky use refers to situations in which substance use has not yet resulted in clearly identifiable harm but nonetheless substantially increases the likelihood of adverse physical and psychological outcomes for the user or others – at a level warranting attention and intervention from healthcare professionals (Modrzyński, 2022; WHO, 2024).

Available Polish reports indicate that, over the 12 months preceding the survey, 79.9% of individuals aged 15–64 reported alcohol consumption, while 5.4% reported using illicit drugs. Risky drinking was reported by 14.2% of Poles, including 22.3% of men and 6.8% of women (Rowicka et al., 2021). A nationwide study conducted by the Institute of Psychiatry and Neurology (Moskalewicz & Wciórka, 2021) found that current and past alcohol use disorders affected 7.3% of the Polish population (13.1% of men and 2.1% of women). In the 12 months preceding the study alone, 1.5% of the population experienced alcohol-related disorders (2.8% of men and 0.35% of women). Lifetime prevalence of alcohol dependence was 1.9%, while 0.64% of adults were affected in the 12 months prior to the survey, with the prevalence among men being approximately ten times higher than among women.

Studies showed that 5.1% of the adult Polish population had used at least one drug in their lifetime, while 0.8% had used two or more psychoactive substances. The most commonly used substances were cannabis products (3.9%), such

club drugs as ecstasy and "designer drugs" (1.1%), hallucinogens (0.5%), inhalants (0.4%), cocaine (0.3%), and opioids, including heroin and methadone (0.1%). Harmful use or dependence affected 1.2% of the population, with 357,700 individuals engaging in harmful use and 59,600 individuals diagnosed with substance dependence (Moskalewicz & Wciórka, 2021). It is noteworthy that a high proportion (10.4%) of psychoactive substance users other than alcohol are identified among adolescents and young adults (i.e., individuals aged 15–34 years, see Malczewski et al., 2020).

Research indicates that patterns of substance use are undergoing dynamic changes. Individuals who consume alcohol often use other psychoactive substances as well. It has been found that 80% of drug users also consume alcohol, 55% use benzodiazepines, and 57% use methadone (Malczewski et al., 2020). This trend is also observed among adolescent populations (Dec-Pietrowska & Mazur, 2025; Dzielska & Okulicz-Kozaryn, 2023).

It can be assumed that problems related to risky use and dependence on various psychoactive substances will persist in the adult population in Poland. This assumption is supported by disturbing findings from the international HBSC 2021/22 study, conducted among Polish adolescents, which reported that 85% of 17-year-olds had experience with alcohol consumption. Meanwhile, 21.9% of 15-year-old boys and 13.4% of girls reported using marijuana. Importantly, individuals frequently use multiple types of psychoactive substances (Dec-Pietrowska & Mazur, 2025; Dzielska & Okulicz-Kozaryn, 2023).

Data from representative population studies suggest that the prevalence of risky use of various psychoactive substances is several times higher than the prevalence of dependence, indicating a likely increase in the rate of substance dependence in the coming years. In 2022, alcohol-related disorders affected 152,481 individuals, of whom 85.3% were diagnosed with alcohol dependence, and 9.8% with acute intoxication or harmful use. Mental disorders caused by psychoactive substances affected 58,384 individuals, with 77.7% receiving a diagnosis of dependence and withdrawal syndrome, 13.7% with acute intoxication or harmful use, and 2.4% with psychotic disorders (Central Statistical Office [GUS], 2024). The rate of treatment for alcohol-related disorders per 100,000 population was 403, six higher than in 2021. The treatment rate for disorders related to psychoactive substances was 154.3 per 100,000, an increase of 13 individuals compared to 2021 and 35 compared to 2019 (GUS, 2024). In 2023, 25,200 individuals received inpatient treatment for alcoholism, representing a 1.2% increase from the previous year, while 9,600 individuals received inpatient treatment for psychoactive substance dependence, a 5.5% increase compared to 2022 (GUS reports, 2024).

Irregular and risky use of psychoactive substances, often underestimated by society, is a key predictor of the development of addiction. It is also associated with engagement in other risky behaviors (that violate legal, moral, or social norms).

Such patterns of use entail a range of consequences, not only for the individual's health but also for their social environment. Therefore, early identification of the prevalence and determinants of risky psychoactive substance use is essential for effective and cost-efficient social prevention measures.

RESEARCH PROBLEM AND AIM

The presented results come from a pilot study, titled *"Risky Behaviors Patterns Associated with Psychoactive Substance Use*," conducted in May 2025.

The aim of this article is to present the prevalence of risky psychoactive substance use (PSU) in the 12 months preceding the study and to examine its associations with social status. To achieve this aim, the following research questions were formulated:

1. What is the prevalence of risky psychoactive substance use among the respondents over the past 12 months?
2. What is the relationship between selected sociodemographic, family, occupational, and economic factors and the prevalence of risky psychoactive substance use over the past 12 months?

MATERIALS AND METHODS

The study employed a diagnostic survey method. The research tool used was a questionnaire consisting of 33 questions or question blocks. In addition to standard survey questions (e.g., regarding social status), the questionnaire included standardized tools developed by other authors, such as the Risky Use Scale (RUS). The study was conducted online in May 2025. The questionnaire was distributed to respondents via Microsoft Forms using a snowball sampling method. The recruitment team consisted of 50 students of resocialization pedagogy, who were trained in recruitment procedures and ethical principles for conducting social research. In the next step, the team sent the survey link to adult acquaintances, requesting that they complete the questionnaire and forward it to other adult respondents. The team members themselves did not complete the questionnaire. To ensure participant safety, the survey was entirely anonymous; no IP addresses or email addresses were collected.

The study procedures fully adhered to ethical standards in social research, including the Declaration of Helsinki, the Code of Ethics for Scientific Researchers (Polish Academy of Sciences, 2020), the Ethical and Professional Code for Psychologists (Polish Psychological Association, 2018), and the Code of Ethics for Sociologists (Polish Sociological Association, 2012). Respondents were guaranteed

informed, voluntary, and anonymous participation. For participants who required support, the survey provided the contact number of the Health Psychology Institute's confidential helpline of the Polish Psychological Association.

The analyses presented in this article are based on data collected using a standardized instrument–the Risky Use Scale (Modrzyński, Mańkowska et al., 2022; Modrzyński, Pisarska et al., 2022) as well as 12 questions characterising four domains of social status: sociodemographic, family, occupational, and economic factors.

To measure risky psychoactive substance use, the Risky Use Scale (RUS) was used. The scale integrates assessment of risky alcohol use and other psychoactive substances, including both illicit drugs and prescription medications used non-medically. This combined approach reflects current patterns of substance use among the Polish population as well as changes in international disease classifications. The RUS is based on the criteria of the International Classification of Diseases (ICD-11). Risky psychoactive substance use is defined as a pattern of alcohol and/or other psychoactive substance use that, without professional intervention, may develop into harmful use or substance dependence (Modrzyński, Pisarska, et al., 2022).

The RUS consists of 10 items addressing frequency of psychoactive substance use, harmful behaviors resulting from use, the context of substance use, and the short- and long-term consequences of use for health and social functioning. These experiences refer to the 12 months preceding the survey. Respondents rate their behaviors on a five-point scale, ranging from "no experience" (0 points) to "occurs daily or almost daily" (4 points). The maximum total score is 40 points. Based on the scores, three categories were defined:

a) Low-risk use (0–6 points)
b) Risky use (7–14 points)
c) Suspected dependence (15–40 points)

The RUS demonstrates high validity (correlations with AUDIT – women: $r = 0.91$, $p < 0.01$; men: $r = 0.82$, $p < 0.01$; correlations with DUDIT – women: $r = 0.52$, $p < 0.01$; men: $r = 0.47$, $p < 0.01$) and reliability (Cronbach's $\alpha = 0.90$ for women and 0.94 for men) (Modrzyński, Pisarska, et al., 2022).

The analyses also incorporated a set of 12 variables characterizing four selected areas of the respondents' social status:

a) Sociodemographic factors: gender, age, place of residence
b) Family factors: being in a stable intimate relationship, type of relationship, relationship satisfaction, number of children
c) Occupational factors: education, employment activity over the past 12 months, job satisfaction
d) Economic factors: self-reported income per family member, subjective assessment of material status (variables were based on categories analyzed in Central Statistical Office [GUS] reports, e.g., Jacyków et al., 2021).

DATA ANALYSIS

Frequencies and percentages were calculated in the statistical description of the groups. Differences between groups were assessed using the Chi-square test**.** The choice of this test was dictated by the measurement level (nominal scale) and the type of variables (categorical variables). All calculations were performed using SPSS version 20.

RESULTS

The analyses presented in this article included responses from all 1,265 study participants, aged 18 and over: 65.4% women and 34.6% men. Among the respondents, 50.8% were aged 18-25, 29.5% were 26-35, 11.9% were 36-45, and 7.8% were 46 or older. Nearly 60% of the respondents lived in urban areas, distributed as follows: towns with more than 20,000 inhabitants – 12.9%, 20,000-99,999 – 15.4%, 100,000-199,999 – 15.3%, and cities with over 200,000 inhabitants – 16.1%.

According to the respondents' declarations, 64.5% were currently in a stable intimate relationship: 24.7% were married, while 39.8% were in a stable partnership. Additionally, over 25% of the respondents reported having at least one child. Among the respondents, 55.7% reported having attained secondary education, 36% higher education, and the remaining 8.3% vocational/technical education or lower. Of the participants, 64.5% were currently employed, while an additional 12.1% were not currently employed but had worked within the past 12 months. Vast majority of respondents (nearly 87%) indicated that they were satisfied or rather satisfied with their current employment.

Regarding declared income per family member, 20.2% of respondents reported an amount below 2,000 PLN per month, 42.4% reported 2,000-4,000 PLN, 24.5% reported 4,000-6,000 PLN, and 13% reported more than 6,000 PLN. The study results indicate that risky use of various psychoactive substances over the past 12 months was reported by 11.5% of the respondents. Suspected substance dependence was identified in 6.2% of the study sample.

Table 1.
Socio-demographic factors and risky use of psychoactive substances (RUS)

Variables		RUS Categories					
		Low-risk use		Risky use		Suspected dependence	
		N	%	N	%	N	%
Sex	Female N = 827	718	86.8	69	8.3	40	4.8
	Male N = 438	323	73.7	77	17.6	38	8.7
	Total N = 1,265	1,041	82.3	146	11.5	78	6.2
Chi 2 = 33.960; $p<0.001$							
Age	18-25 years N = 642	501	78.0	95	14.8	46	7.2
	26-35 years N = 373	315	84.5	38	10.2	20	5.4
	36-45 years N = 151	135	89.4	7	4.6	9	6.0
	46 years and above N = 99	90	90.9	6	6.1	3	3.0
	Total N = 1265	1,041	82.3	146	11.5	78	6.2
Chi 2 = 21.770; $p<0.001$							
Place of residence	Rural area N = 509	412	80.9	70	13.8	27	5.3
	Small town (< 20,000 inhabitants) N = 163	134	82.2	22	13.5	7	4.3
	Medium-sized town (20,000-99,000 inhabitants) N = 195	173	88.7	13	6.7	9	4.6
	Large city (100,000-199,000 inhabitants) N = 194	154	79.4	22	11.3	18	9.3
	Very large city (> 200,000 inhabitants) N = 204	168	82.4	19	9.3	17	8.3
	Total N = 1,265	1,041	82.3	146	11.5	78	6.2
Chi 2 =15.787; p=0.046							

Source: Author's own research.

Analysis of the associations between socio-demographic factors and risky use of psychoactive substances demonstrated that men (17.6%) were twice as likely as women (8.3%) to engage in risky use of such substances. Men were also approximately twice as likely as women (8.7% vs. 4.8%) to show patterns of use suggestive of dependence on psychoactive substances. With regard to age, the highest proportions of both risky users and individuals exhibiting symptoms indicative of dependence were observed among respondents aged 18–25 years. The data also indicate that individuals aged 18-35 years (14.8% and 10.2%, respectively) were twice as likely to engage in risky use compared with their older counterparts (4.6% and 6.1%). Furthermore, suspected dependence was found to occur two to two-and-a-half times more frequently among individuals under 45 years of age compared with older respondents.

The findings presented in Table 1 above also reveal differences among inhabitants of different types of residential areas. Residents of rural areas and small towns were considerably more likely than other respondents to engage in risky substance use (13.8% and 13.5%, respectively, compared with 6.7-11.3% in other groups). At the same time, residents of large and very large cities (9.3% and 8.3%, respectively) were about twice as likely as the remaining respondents to exhibit symptoms indicative of dependence on psychoactive substances.

Table 2.
Family-related factors and risky use of psychoactive substances (RUS)

Variables		RUS Categories					
		Low-risk use		Risky use		Suspected dependence	
		N	%	N	%	N	%
Being in a stable intimate relationship	Yes N = 816	690	84.6	89	10.9	37	4.5
	Not currently, but in a relationship in the past 12 months N = 71	56	78.9	5	7.0	10	14.1
	Not in a stable relationship for more than 12 months N = 378	295	78.0	52	13.8	31	8.2
	Total N = 1,265	1,041	82.3	146	11.5	78	6.2
Chi 2 = 17.859; $p<0.001$							

Type of intimate relationship	Single N = 71	56	78.9	5	7.0	10	14.1
	Formal (marriage) N = 312	269	86.2	36	11.5	7	2.2
	Informal (cohabitation/partnership) N = 504	421	83.5	53	10.5	30	6.0
	Total N = 887	746	84.1	94	10.6	47	5.3
Chi 2 = 17.772; $p<0.001$							
Relationship satisfaction	Definitely satisfactory N = 209	177	84.7	22	10.5	10	4.8
	Rather satisfactory N = 549	464	84.5	60	10.9	25	4.6
	Sometimes satisfactory, sometimes unsatisfactory N = 50	41	82.0	7	14.0	2	4.0
	Rather unsatisfactory N = 3	3	100.0	0	0.0	0	0.0
	Definitely unsatisfactory N = 5	5	100.0	0	0.0	0	0.0
	Total N = 816	690	84.6	89	10.9	37	4.5
Chi 2 = 2.028; $p>0.05$							
Number of children in the family	None N = 72	60	83.3	8	11.1	4	5.6
	One child N = 98	87	88.8	10	10.2	1	1.0
	Two children N = 131	110	84.0	15	11.5	6	4.6
	Three or more children N = 88	74	84.1	13	14.8	1	1.1
	Total N = 389	331	85.1	46	11.8	12	3.1
Chi 2 = 5.934; $p>0.05$							

Source: Author's own research.

Based on the data presented in Table 2 above it can be concluded that individuals in stable relationships (15.4%) engage in risky or potentially dependent patterns of psychoactive substance use at a markedly lower rate than others (21.1-22%). Notably, among respondents who had lost an intimate relationship within the past year, 14.1% displayed symptoms indicative of dependence, which represents a two-and-a-half-fold increase compared with the overall sample. It was also

found that single individuals were classified as likely dependent on psychoactive substances at a rate three times higher (14.1%) than the overall sample average (5.3%). Importantly, singles were more than six times as likely as married individuals (2.2%) to exhibit symptoms of dependence. The analyses further revealed no statistically significant associations between subjective relationship satisfaction or the number of children in the family and risky use of psychoactive substances.

Table 3.
Occupational factors and risky use of psychoactive substances (RUS)

Variables		RUS Categories					
		Low-risk use		Risky use		Suspected dependence	
		N	%	N	%	N	%
Education	No formal education, elementary / junior high school, vocational N = 105	82	78.1	15	14.3	8	7.6
	Secondary/High school N = 705	592	84.0	75	10.6	38	5.4
	Bachelor's degree/ Bachelor of Engineering, Master's degree or higher N = 455	367	80.7	56	12.3	32	7.0
	Total N = 1,265	1,041	82.3	146	11.5	78	6.2
Chi 2 = 3.631; *p*>0.05							
Occupational activity in the past 12 months	Employed during the past 12 months N = 969	794	81.9	112	11.6	63	6.5
	Not working, studying N = 259	215	83.0	30	11.6	`14	5.4
	Not working, pensioner/retired N = 11	9	81.8	1	9.1	1	9.1
	Not working for other reasons (unemployed, homemaker, childcare) N = 26	23	88.5	3	11.5	0	0.0
	Total N = 1,265	1,041	82.3	146	11.5	78	6.2
Chi 2 = 2.385; *p*>0.05							

Satisfaction with current job	Definitely yes N = 73	56	76.7	13	17.8	4	5.5
	Rather yes N = 636	519	81.6	74	11.6	43	6.8
	Neither yes nor no N = 39	39	100.0	0	0.0	0	0.0
	Rather no N = 58	47	81.0	6	10.3	5	8.6
	Definitely no N = 10	9	90.0	1	10.0	0	0.0
	Total N = 816	670	82.1	94	11.5	52	6.4
Chi 2 = 12.803; $p>0.05$							

Source: Author's own research.

The analysis of the data presented in Table 3 above indicates that there is no statistical significance between occupational factors and risky use of psychoactive substances.

Table 4.
Economic factors and risky use of psychoactive substances (RUS)

Variables		RUS Categories					
		Low-risk use		Risky use		Suspected dependence	
		N	%	N	%	N	%
Self-reported income per family member	Below 2,000 PLN N = 255	213	83.5	30	11.8	12	4.7
	2,000-4,000 PLN N = 536	449	83.8	57	10.6	30	5.6
	4,000-6,000 PLN N = 310	251	81.0	35	11.3	24	7.7
	Above PLN 6,000 N = 164	128	78.0	24	14.6	12	7.3
	Total N = 1,265	1,041	82.3	146	11.5	78	6.2
Chi 2 = 5.148; $p>0.05$							

Subjective assessment of material status	Insufficient even for basic needs N = 9	8	88.9	1	11.1	0	0.0
	Sufficient for living, but many needs unmet N = 39	35	89.7	3	7.7	1	2.6
	Sufficient for daily needs, but not for larger expenses N = 106	85	80.2	11	10.4	10	9.4
	Sufficient also for larger expenses N = 83	67	80.7	10	12.0	6	7.2
	Sufficient for everything N = 52	46	88.5	2	3.8	4	7.7
	Sufficient to save/invest part of income N = 976	800	82.0	119	12.2	57	5.8
	Total N = 1265	1041	82.3	146	11.5	78	6.2
Chi 2 = 8.045; $p>0.05$							

Source: Author's own research.

The results presented in Table 4 above show that economic status does not differentiate respondents in terms of risky use of psychoactive substances.

DISCUSSION

The study addressed the issue of risky use of psychoactive substances (RUS) in line with the ICD-11 classification. Existing reports are based on earlier diagnostic frameworks. Those frameworks focused on different categories of problems associated with alcohol and psychoactive substance use.

The analyses revealed that sociodemographic factors are statistically significantly related to risky psychoactive substance use within the past 12 months. It was found that men are twice as likely as women to engage in risky use or to present symptoms suggestive of dependence. Recent Polish reports indicate a similar trend, showing that men are almost three times more likely than women to consume alcohol in a risky manner (22.3% vs. 6.8%) (Rowicka et al., 2021). Likewise, alcohol- or drug-related disorders occur more frequently among men than women. Alcohol-related disorders affect men six times more often than women (13.01% vs. 2.07%), while drug-related disorders are one-and-a-half times more common among men (1.44% vs. 1.01%; see Moskalewicz et al., 2021). Therefore, the comparison with the present findings suggests a narrowing gap between men and women in terms of risky psychoactive substance use.

With respect to age, the study found that risky use and suspected dependence are most prevalent among young adults (37.6%). Among respondents aged 18-35, the scale of the problem is twice as high as in the age groups 36-45 and older (19.7%). This finding corroborates prior evidence showing that the prevalence of drug use within the past 12 months among young adults (15-34 years) is nearly double that in the general population (15-64 years, as of 2018; see Malczewski & Jabłoński, 2023).

The data further revealed that residents of rural areas and small towns are more likely than others to engage in risky substance use, whereas residents of large and very large cities are twice as likely to present symptoms of dependence. This suggests changes in substance use patterns. Earlier studies indicated that urban youth were more inclined to experiment with psychoactive substances (Pawłowska et al., 2014).

The analyses also showed that individuals in stable relationships are substantially less likely than others to use psychoactive substances in a risky manner or to be classified as potentially dependent. Single individuals are three times more likely than the overall sample average, and six times more likely than married individuals, to present symptoms of dependence. This finding aligns with previous studies, which show that marriage and long-term partnerships correlate with lower consumption of alcohol and marijuana use (Fleming et al., 2010). This relationship is particularly pronounced among men, with married men using less alcohol, tobacco, and marijuana than their unmarried counterparts (Salvatore et al., 2020). These results confirm the protective role of strong social bonds in the context of addiction processes.

The findings clearly indicate no statistically significant relationship between occupational factors and risky use of psychoactive substances. However, it is noteworthy that retirees and pensioners display a markedly higher rate of substance use suggestive of dependence compared with the average. This supports findings from other research, which showed that stress induced by retirement constitutes a risk factor for alcohol misuse (Belogolovsky et al., 2012).

Although no statistically significant associations were observed, the data tentatively suggest that individuals satisfied with their work are more likely than dissatisfied individuals to engage in risky substance use or to be at risk of dependence. This issue merits further exploration in the context of workaholism. Representative studies demonstrate that individuals addicted to work are considerably more likely than other employees to consume energy drinks, amphetamines, or novel psychoactive stimulants (NPS), such as mephedrone and cocaine (Kun et al., 2025). These substances are often used to enhance concentration, motivation, accuracy, productivity, alertness, creativity, and performance (Cassidy et al., 2015; Napoletano et al., 2020).

The analysis of economic status revealed no statistically significant correlations with risky use of psychoactive substances. Nevertheless, the data suggest that risky use and suspected dependence are more frequent among individuals with higher incomes and those who positively assess their family's material situation. This finding aligns with U.S. research on students, which indicated that individuals of high social status, of which economic standing is a key component, are more likely than others to use marijuana, medications, and alcohol as a means of coping with stress (Martin, 2019). The findings obtained, which highlight the relationship between social status and risky use of psychoactive substances, warrant several practical recommendations in the field of social prevention. A primary direction involves deconstructing persistent stereotypes that legitimize substance abuse in specific social groups, particularly men, young adults, and individuals without family obligations (i.e., singles). Common myths such as *"a real man must drink," "youth must have its fling," "he will settle down once he marries,"* or *"after a hard week one must unwind"* reduce the perceived risks associated with occasional risky substance use. Societal acceptance of even sporadic abuse among selected groups may therefore contribute to the development of substance dependence.

One of the most important tasks is to promote health, including preventive attitudes, particularly among men, young adults, and singles. Masculinity and maturity should be associated with high social competencies, such as assertiveness, self-control, and responsibility for health and safety. Within young adult groups, it may be worthwhile to revisit the concept of *health leaders* – role models who embody a healthy lifestyle and promote substance-free living. Effective channels for preventive messaging, from a social prevention perspective, include social media campaigns and streaming platforms tailored to the communication styles of this age group.

Equally important are efforts aimed at strengthening family bonds (especially for men and young adults). Engagement and commitment to maintaining positive, loving, and understanding relationships with close ones, alongside a sense of responsibility for a partner and/or children, are among the most important protective factors in the prevention of risky behaviors. Furthermore, preventive efforts should not neglect small towns and rural areas, where the need for prevention is often overlooked or marginalized. Social perceptions still tend to assume that risky use of psychoactive substances primarily concerns large urban agglomerations. However, the findings analyzed in this study demonstrate that the problem increasingly affects small towns and rural communities as well.

CONCLUSIONS

The findings demonstrate that risky use of various psychoactive substances within the past 12 months was reported by 11.5% of respondents, while suspected de-

pendence was in 6.2% of the study sample. The factors differentiating problematic substance use are sociodemographic and family-related variables. Risky psychoactive substance use is more prevalent among: men (at twice the rate observed among women), individuals aged 18-35 (at twice the rate compared to those over 36), single individuals (at three times the sample average and six times the rate among married individuals), residents of medium-sized towns (at half the rate compared to other groups). Fertility, as well as economic and occupational factors, do not differentiate respondents in terms of risky psychoactive substance use.

LIMITATIONS

The pilot study revealed no significant associations between general occupational factors and risky substance use. It appears that in the main study, more specific work-related variables should be taken into account, such as job-related stress and coworkers' attitudes toward psychoactive substance use. Furthermore, it seems important to extend the research by incorporating scales for diagnosing work addiction and occupational burnout.

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STATUS SPOŁECZNY A RYZYKOWNE UŻYWANIE SUBSTANCJI PSYCHOAKTYWNYCH

Wprowadzenie: Badania wskazują, że wysoki odsetek Polaków używa substancji psychoaktywnych w sposób problemowy, często łącząc kilka substancji. Wczesna diagnoza skali i predyktorów tego problemu zwiększa szanse na opracowanie i wdrożenie skutecznej profilaktyki społecznej.
Cel badań: Określenie skali zjawiska ryzykownego używania (SPA) oraz ustalenie jego związków ze statusem społecznym (czynniki socjodemograficzne, rodzinne, zawodowe, ekonomiczne).
Metoda badań: Metodę stanowił sondaż diagnostyczny – kwestionariusz ankiety online składający się z 33 pytań lub bloków pytań, w tym Skala Używania Ryzykownego (SUR). Przebadano 1265 osób o zróżnicowanym profilu socjodemograficznym. W analizach, których wyniki opisano w tym artykule wykorzystano 13 pytań lub bloków pytań.
Wyniki: Ryzykowne używanie substancji (alkoholu i/lub innych nielegalnych SPA, albo leków używanych bez wskazań medycznych) w minionych 12 miesiącach dotyczy 17,7% respondentów; 35% z nich prawdopodobnie boryka się z uzależnieniem. Najczęściej dotyczy to: mężczyzn (2 razy częściej niż kobiet); osób w wieku 18-25 lat (2 razy częściej niż osoby powyżej 36 roku życia); singli (3 razy częściej niż średnia dla próby oraz 6 razy częściej niż małżonków); mieszkańców średnich miast (2 razy rzadziej niż pozostałych ankietowanych). Dzietność, czynniki ekonomiczne i zawodowe nie różnicują istotnie ryzykownego używania SPA.
Wnioski: Prawie 1/5 respondentów używało SPA w ostatnich 12 miesiącach w sposób ryzykowny, szczególnie mężczyźni, młodzi dorośli, single oraz mieszkańcy wsi i małych miast (ryzykowne używanie) lub dużych miast (podejrzenie uzależnienia).

Słowa kluczowe: ryzykowne używanie substancji psychoaktywnych, zachowania ryzykowne, alkoholizm, narkomania, ICD-11