et al. (2014), relations between a favourable pro-health behaviour (such as PA) and a risk behaviour (like using psychoactive substances) can also depend on cultural factors. This leads to a statement that achieving a straight correlation between PA and using psychoactive substances may be difficult. This fact seems to explain differences in various research results (Delisle et al., 2010).

Thus, future analyses should take more factors modifying this relation into account. It may be also worth considerind motives for risk behaviour and percep- tion of resulting threats (Kuntsche et al., 2006).

**Conclusions**

Frequent risk behaviour and a lack of PA among Warsaw adolescents clearly indicate an urgent necessity of a system approach to popularisation of health, including an active lifestyle. It seems unavoidable to combine the lesson content of biology, anatomy and hygiene with physical education. And within this framework, the knowledge about the functioning of the human body and maintaining its functions through prevention activity should be provided. The previous Polish research shows that despite the implementation of the reform program, extracurricular and after-school PA is not at a satisfactory level, and youth represents a very low level of knowledge about healthy behaviors and prevention activities (Jurczak & Jaworski, 2005). Physical activity is a factor protecting teenagers against sitting for over 2 hours a day and bad eating habits. This means that prophylaxis programs aimed at limitation of a sedentary lifestyle and a change of eating habits should consider promotion of PA. It is also essential to focus more PE lessons at schools and development of interesting sport and recreation offers, encouraging young people to engage in active forms of spending free time. It is also necessary to raise the awareness of adolescents by transferring the knowledge on healthy eating and the consequences of risk behavior for the functioning of the body during obligatory classes for students.

**References**


