

## DRUG ABUSE PREVENTION IN REPUBLIC OF CROATIA: IS OUR COMMUNITY HELPLESS?

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### SUMMARY

*This paper has several goals. Firstly, it offers short review of recent prevention approaches in the world, in order to give an insight in the new ways of thinking, strategies and goals, which happened because of ineffectiveness of the old ways. Contemporary approach to the drug abuse prevention has significantly changed during the past fifty years. This is probably a result of increasing number of scientific research, but also of change in social awareness, which is turning in the direction of humanization, liberalization and democratization of the society.*

*Secondly, the paper presents the situation in drug abuse prevention in Republic of Croatia, which is far from satisfying. The preventive efforts in our country are primarily oriented toward deterrence and repression, and are not based upon scientific results.*

*There are no clear practical ways of including the community in drug abuse prevention, although the National drug abuse prevention strategy does provide theoretical guidelines.*

*Thirdly, the paper will try to analyze some questions concerning the causes of such unsatisfying situation. Some of the main causes of such situation are identified as low level of social awareness, lack of knowledge about foreign experiences, lack of scientifically based prevention programs, real (lack of) institutional concern, and clash between different professions. All these factors are correlated, and work in interactions. They make the implementation of theoretical ideas in practice very hard, if not outright impossible. Although certain parts of the community do have theoretically defined tasks in the community, they are not in position to accomplish those tasks. Things do not function at higher levels; therefore it is unreal to expect that the elements of community such as family, school, kindergartens, health care institutions, churches, social welfare centers etc. will fulfill their preventive purpose.*

**Key Words:** Drug abuse prevention, drugs, community

### INTRODUCTION

In contrast to other papers dealing with the problems of drug abuse prevention, in this article we would like to move away from the usual treatment of this subject – defining various forms of prevention, listing general strategies etc. The goal of this paper is to provide insight in changes of the ways of thinking, strategies and goals, which happened because of non-efficiency of the old ways. New understandings of the approach to the drug abuse prevention are also necessary for our country.

Furthermore, even though there are many preventive efforts in our country, we cannot discuss their results, because of one simple reason: in most cases, there is no evaluation of those efforts (and even if there is, it is insufficiently presented to the general and professional public).

It is *conditio sine qua non* for discussion about efficiency, which is not fulfilled in our country. Without evaluation, we cannot talk about successful or unsuccessful preventive efforts; therefore the first necessary change is introduction of

the culture of evaluation in the field of drug abuse prevention.

Furthermore, we will try to open some questions regarding the causes of such unsatisfying situation.

### SOME CONTEMPORARY RESEARCH AND IDEAS

Today's approach to the drug abuse prevention worldwide has changed significantly in relation to the approach from 50 years ago. This is surely result of increasing number of scientific research, but also of change in social consciousness, which is turning in the direction of humanization, liberalization and democratization of the society.

St Pierre and Mark (1997) stress the fact that the efforts in drug abuse prevention within the last 30 years have developed from the unsuccessful programs based upon information about drugs to all-encompassing strategies directed to the manifold early risk factors, from environmental factor to factors related to the juveniles as such.

Preventive efforts, which were directed mostly toward providing information and knowledge, proved themselves to be unsuccessful (Elder et al., 1987). As an alternative, programs based upon training of the refusal skills appeared. Gersick, Grady and Snow (1988) have found that the training of the refusal skills has increased the young people's competence in decision making related to non-consummation of alcohol and drugs. Johnson et al. (1990) have embedded such training into the community-based programs. They have found that the development of cigarette and marijuana consumption was much slower in the group exposed to such training than in the control group. Botvin et al. (1990) have found that the training of refusal skills had positive results in reduction of consumption of cigarettes, marijuana and alcohol. Some research (Shope et al. 1992, Killen et al. 1993) have found that such training have higher success rate if they are implemented as a part of secondary prevention. Goodstadt, 1984, Hanson, 1982, Garner, 1985, and Murray et al., 1990, have shown in their research that some programs of primary prevention directed to the general population can, in fact, encourage the development of the very phenomena they are trying to prevent. This was shown in the field of drug abuse and the field of eating disorders, where the children after the education started to experiment with their bodies out of curiosity.

DiClemente (2003) is of similar opinion – according to him, the programs of “Just say NO” type and informative drug-related education stress the

danger of drugs. They are usually implemented on the whole population, regardless of risk and protective factors. They provide knowledge to the young people, with emphasis on promoting the decision not to use drugs. However, in some people such approach can stir the interest and make the addictive behavior more probable than it was before. Because of all this, it is extremely important to whom and in which way are certain preventive programs being offered. When the availability of the drugs is low, and the possibility for abusing behavior limited, the best strategies are those that do not give significance to specific addictive behavior. Creation of highly visible and negative image of behavior can increase the awareness about such behavior and make it desirable. This is especially true for certain stages of young people's development. In adolescence, the negative messages coming from parental characters often have paradoxical effect – such behavior is valued, because it can encourage the sense of independence and separation from the parents (Chassin, Curran, Husong, Colder, 1996, according to Di Clemente, 2003).

As Shamaï and Combs (1992) have noticed, the programs of primary prevention that are being conducted have several problems. Their main goal is knowledge, not behavior, and more and more research have found that the connection between attitudes, knowledge and behavior is not so strong and that the increased knowledge does not lead necessary to behavior change (Katz and Stotland, 1959, Proshansky and Seidenberg, 1965; according to Shamaï and Combs, 1992). Increased knowledge and changed attitudes toward the drugs do not have necessarily the effect of reduction of drug abuse (Schinke et al., 1991; according to Shamaï and Combs, 1992). Besides, some programs result in increased curiosity and drug abuse (Schinke et al., 1991; according to Shamaï and Combs, 1992). Moreover, these programs are mostly focused on the children that are present in the school, not the children who are often absent, and who should be target population.

Project Drug Strategies (Making the grade, 1999) of a non-profit research center have shown, among other things, which are the non-efficient strategies of drug abuse prevention in schools:

- Measures based upon deterrence and moralistic appeals.
- Programs based only upon giving information about drugs and their harmfulness.
- Programs that work only on development of self-respect and emotional well being, without training of drug-refusal skills.
- One-time rallies and stories of ex-addicts, which

can increase negative belief that “everyone uses drugs at some point of his/her life”

Coggans et al. (1994) researched the school educative programs of various quality levels. The authors concluded that the influence of exclusively informative educations on drug abuse is neutral. Education had positive influence on the level of drug-related knowledge, but none whatsoever on drug-related behavior or attitudes.

Informative programs too often consist of exaggerated information about harmful influence of drugs upon body and society. Halleck et al. (1970; according to Schwartz, 1991) expressed concern that the credibility of such programs will be seriously undermined when the students find out that the information are unreliable and exaggerated through personal experiments and experiences of friends. Question is, in which way the information should be presented. Exaggeration in presentation of information with the purpose of deterrence can produce counter effect, because today it is relatively easy to find objective information, often based upon scientific research. If these education present distorted information as to make them more frightening, this could be confirmation of young people’s attitude that the society has wrong opinion about drugs.

Schwartz’s (1991) results support the efforts based upon cognitive approach to informing of the young people – especially those who use drugs minimally – about dangers of consumption. Especially promising field seems to be providing the fact-based information about possible harm to other people. It is important that such initiatives avoid exaggerations and hysterics of older approaches to the education. Training programs that actively include students in development of drug coping skills also seem to be better than much advertised “Just say NO” type campaigns.

Rosenbaum ([www.drugtext.org/library/articles/rosenbaum01.htm](http://www.drugtext.org/library/articles/rosenbaum01.htm)) states that the drug-related education in USA is based upon several questionable assumptions about adolescence and drug abuse:

- Total abstinence is a realistic goal. This statement is unreal because some forms of drug abuse are almost universal. It is not reasonable to expect that the adolescents will not experiment with altered states of consciousness.
- Drug use is equal to drug abuse. Some programs of education use these notions as synonymous, while other consider everything except one-time experiment to be abuse. However, young people often see other people, as well as themselves, as people who use illegal drugs without any negative effects that could be considered as abuse.

There is no consensus about the question which behaviors could be considered as use and which as abuse. The programs that do not make difference between these two notions are inefficient.

- One form of drug use necessarily leads to other forms. This is hypothesis of “stepping stones”, according to which alcohol and cigarettes are just stations along the way to illegal drugs, and softer illegal drugs are the way to harder. However, there is no evidence that the use of one drug leads to use of another, and several studies have shown that most of students who try using drugs do not become drug addicts.
- The children would keep away of the drugs if they only knew about the dangers of experimenting with drugs. To encourage abstinence, the messages about risks and dangers from drugs are often exaggerated. Such messages are often discordant with the real observations and experiences of young people. They participate in such education, and after that, they return into the world in which drug consumption is norm, not exception. They can see harms and benefits of drug abuse. Typical answer of young people to such contradictory information is rejection of messages of education.
- Adolescents are incapable to make decision about drug use. Students get inconsistent messages that they must withstand peer pressure and make their own decision about drug use, but in spite of that, they should always say “no”. Apart from being intelligent and critically oriented, adolescents sometimes have experiences with drug use before, during and after education. They often use their own experiences and intelligence in making decision whether they will take drugs or not.

Rosenbaum ([www.drugtext.org/library/articles/rosenbaum01.htm](http://www.drugtext.org/library/articles/rosenbaum01.htm)) therefore represents the approach of harm reduction in education, which presupposes the development of strategies that will make drug use outcomes as safe as possible. This approach includes providing fact-based information, resources, education and skills learning, as well as change of attitude, so the negative consequences of drug use could be reduced.

The approach of harm reduction is based upon four basic presumptions.

Firstly, drugs should be categorized widely as to include all intoxicating substances, even those that are legal. The fact whether some drug is legal or illegal has little to do with its dangers, while history shows that the question of legalization or criminalization of some drug is more political than pharmacological question. It is not enough to say to

the adolescents that they should not take some drug only because it is illegal. On the contrary, drugs often attract them precisely because they are illegal. A good education program has to acknowledge legal status of drugs as risk factor in itself, because children's entrance in penal system has devastating effects regardless to the physical effects of drug use. Drugs should be discussed as mind and body-changing substances, without using legality for making distinction between acceptable and unacceptable drugs.

Secondly, it is assumed that total abstinence is not realistic goal of education. People routinely change their state of consciousness using legal substances like alcohol, tobacco, caffeine and medicines. Drugs are part of most world cultures. Instead of taking judgmental positions, the existence of drug use should be accepted and its harmful effects reduced.

Third assumption is that the drugs can be used in controlled and responsible ways, and that the use of mind-altering substances is not necessarily abuse. Regarding the illegal status of the drugs, responsible use is often concealed. People who have conventional lives have a lot to lose if someone finds out about their drug use. They control taking both legal and illegal drugs as to retain the status of conventional people. It is wrong to assume that the responsible users do not exist just because they are not clearly recognizable. The drug consumers can benefit from the experiences of other people who have a lifestyle in which drugs are present, but controlled by various safety mechanisms.

The fourth assumption of harm reduction approach is that the context is the most important factor for safe drug use. The pharmacology of drugs and the amount that is taken are very important. Besides that, we should also consider the psychological state of user. Finally, geographical area, social group and similar environmental factors are also important. These elements make the difference between drug use and drug abuse, and should be taken into consideration in designing the education programs.

According to Rosenbaum, ([www.drugtext.org/library/articles/rosenbaum01.htm](http://www.drugtext.org/library/articles/rosenbaum01.htm)), education based upon the harm reduction approach should consist of the facts about physiological effects of drugs, as well as the facts about harms and benefits. Real dangers from psychoactive substances, which are numerous, should be separated from imagined dangers. Drugs can provide several short term/apparent benefits to the people who use them (sense of well-being, sense of belonging, sense of control over one's own body, avoidance of negative emotional states etc) and this simple fact explains why

people continue to use them. The problem is to find the balance between harms and benefits. Good program of education will help the students to understand the difference between real information and propaganda created with the goal of deterrence.

The education should take into account the experience and intelligence of children. They often have higher level of knowledge about this issue than the adults think. They also reflect more upon their well being than the adults think.

Finally, the education needs to include positive models. Education for the consumers often have as the participants the people who are presently abstinent, but who have had experience with drug abuse, and they are expected to teach them about potential dangers. However, those are the people who could not control their consumption; therefore they are not good role models. Education should include people with non problematic experiences with drugs and teach the consumers about the methods used for avoiding abuse or disasters – moderate dosing, avoidance of driving in intoxicated state, avoidance of drug use in school and in work.

Franzkowiak (2002) describes the development of primary prevention in Germany by dividing it in 5 stages, beginning with 1960-ties. It is interesting to compare this description with situation in Republic of Croatia.

In the first stage (60-ties), most approaches to the dealing with drug abuse problem were based upon repression and deterrence. Drug-related information and education were designed in such manner as to evoke fear by stressing dangers and risks of drug consumption. Experimentators, periodical users and regular users were blamed for their behavior and subjected to penal measures. Drug use was related to delinquent and renegade lifestyles. Experimentation and other forms of consumption were regarded as one-way tickets to addiction, social exclusion and mental and physical misery.

In this early stage, drugs and drug consumers were strongly stigmatized. Prevention efforts, characterized by repressive strategies and mostly distorted information about drug effects, were directed to young people who already had negative attitudes about illegal drugs, i.e. those who were not in any real danger. Besides that, the dangers of popular legal drugs, alcohol and nicotine, were ignored.

By mid-70ties, the approach to drug-related education has changed; more complex information about illegal drugs and their consumption were included. Besides, those who promoted new approach have had relatively neutral attitudes. The possibility of existence of positive drug-related ex-

perience was not denied any more. During this stage, a more liberal message was formulated – periodical drug consumption out of recreational or short-term reasons could be tolerated if it is performed in socially acceptable manner, in controlled conditions. The guilt was not assigned only to the victims any more, but also to social factors and characteristics of lifestyles. Typical message was, “Perfectly normal addicts come from perfectly normal families.”

After 70ties, some conceptual changes happened that have led to a new wave of methods and projects in prevention. Traditional focus on deterrence and negative information was considered to be wrong. It was noted that there were a lot of harmful, unwanted consequences of repressive preventive methods. Young people were subjected to repression and legal persecution without psychosocial help and support.

Attitudes, information and education became non-repressive. The emphasis was also made upon legal drugs – alcohol and nicotine.

One of the goals was to determine basic biographical experiences, cultural attitudes, developmental challenges and individual stressors responsible for drug consumption.

Representatives of this approach were of opinion that these information can lead to successful interventions in prevention. Typical motto was, “Addiction always has a history”.

This new orientation was result of “new wave” of empirical research of risk behaviors in adolescence. Main goal of these research was to gain better insight in individual reasons for drug use in context of everyday developmental tasks or developmental crisis. The research admitted that sub cultural lifestyles can condition drug use, and they did this without moralizing. New approaches to the prevention have taken into account psychological concept of developmental tasks, assessing not only negative, but also positive developmental functions.

By the beginning of 90ties, more and more experts were drawn to all-encompassing strategies that combined training of resilience to drug use with more general approach of life skills promoting. Development of strong, stabile and competent personality was considered to be efficient protection against drug-related risks, as well as other developmental risks.

This stage is characterized by development of the programs for learning the conflict solving skills and skills of coping with social and developmental stressors, and for promotion of self-efficiency. They were used in combination with programs of drug

use resilience training. The parents of the juveniles were included too. Most of these methods were scientifically based and evaluated. The motto was “Empowering children” and “Strong, not dependent”.

The middle and late 90ties witnessed the dramatic increase of use of ecstasy, MDMA, speed and similar drugs. Abstinence is not the primary goal of preventive efforts in Germany any more. Equal importance is now given to safer drug use and increase of competence in risk reduction. The notion of competence in risk reduction includes several interconnected components. The first one is presentation of comprehensive, truthful, realistic and explicit information about legal and illegal drugs, their effects and side effects, as well as the potential danger of non-recreational use, abuse and addiction. The second component is development of informed actions regarding all drugs, their consumption and addiction.

Third component is the development and critical evaluation of norms of use, with the purpose of decreasing personal risks and preventing or reducing harmful consequences for family, school, community and society in broad sense. Fourth component is formalization of ritualized patterns and contexts and environments for safe use of psychoactive substances. Fifth component is promotion of permanent abstinence in certain contexts and/or developmental stages (childhood, early adolescence, pregnancy, school, work place, hospitals etc). Finally, there must be freedom of choice, and the goal of this is the development of self-aware risk on the continuum that ranges from abstinence, through controlled use, to short term risky abuse patterns.

## **DRUG ABUSE PREVENTION IN CROATIA**

In Croatia, the situation in the field of drug abuse prevention is very far from satisfying. The short description of the earliest stage of prevention in Germany in 1960-ties is very similar to the situation evident in Croatia at the beginning of 21<sup>st</sup> century.

Preventive efforts in our country are also primarily oriented toward deterrence and repression. The education for teachers, parents and children, with similar goals of deterrence and informing, are implemented in schools, in spite of substantial number of empirical data gathered worldwide, which show that such approaches to the prevention are least effective. Television networks occasionally show short advertisements that appeal to the public, usually related to special days dedicated to

struggle against drugs. Judging by the content of such advertisements, their purpose is deterrence of young people from drug use (they show the picture of the brain after consumption of some drug, issue warnings about catastrophic consequences for health and environment etc.). These propaganda materials are obviously intended for the general public, and their authors and fund providers are not aware of the recent research that have shown their inefficiency.

Therefore, it is logical to conclude that the large amounts of money spent on such activities could have much better use, for well-structured prevention programs with clear goals, methods, strategies and evaluations.

Harm reduction approach in Croatia is still in its beginnings and it does not have general public support. The notions of authors like Rosenbaum ([www.drugtext.org/library/articles/rosenbaum01.htm](http://www.drugtext.org/library/articles/rosenbaum01.htm)) and others, most often supported by results of continuous scientific research, are very different from rhetoric that prevails in Croatia, which is based mostly upon prejudices, fear and other negative emotions, and supports repression, stigmatization and marginalization of consumer population in need of help.

It is interesting to compare six preventive strategies of Center for Substance Abuse Prevention (Brounstein and Zweig, 1999) with the situation in our country. These strategies could be used in combination for creation of programs focused upon risk and protective factors in development of addiction.

These are:

1. Providing information: the goal is increase of knowledge and change of attitude related to drugs and their abuse. It could be directed to several levels – to youth, parents, teachers or politicians.
2. Preventive education: The goal of this strategy is to teach the program participants the important life and social skills (for example, decision making, refusal skills), regarding the fact that the skill deficits are well known risk factor in development of problematic behaviors and drug abuse.
3. Alternative activities: the assumption is that the young people who take part in such drug-free activities will fulfill their important developmental needs through these activities. Key factor is voluntary participation in such activities.
4. Problem identification and focus upon solution: strategy that includes detection of young people who already had tried the drugs or developed addiction and directing them to appropriate treatments.
5. Community interventions: the goal is to increase the level of inclusion of the community in drug abuse prevention. The community is an important factor for largest part of human behavior; therefore this strategy focuses upon development of cooperation between institutions and inclusion of members of community and prevention services in education about drug abuse.
6. Environmental approach: related to change of standards, politics and attitudes that have influence upon systematic and individual drug-related problems.

Of these activities, in our country the most common are informative ones, such as lectures for children, parents and teachers, various workshops for general school population, and media campaigns.

In general, there is no preventive education; it is being conducted in some of the mentioned individual programs of prevention, but this approach is not adequately accepted and systematized. It is exception, rather than a rule.

It is evident that in our communities there are certain programs of alternative activities that are trying to confront the drug abuse with sport and various cultural activities, but, as we have stated before, there are no accessible records about efficiency of such programs, and it is not clear how successful they are and how many young people do they include. Financial means and other support given to such programs should be based upon such evaluation, because in such way the best ones would get the most resources. Unfortunately, it is not so.

There are no programs of alternative activities focused directly towards young consumers who still have not developed lifestyle, but can be considered as population at risk.

Regarding the fact that most of the programs for prevention of young people's behavior disorders are oriented to leisure time and sport, we should say few words about the role of sport in drug abuse prevention. Public media are full of paroles like "Sport against drugs", "Running against drugs" etc. First of all, in Croatian professional and general public there is no data regarding the correlation between consumption of certain types of drugs and engaging in sport activities. How can we argue that the sport activities will be preventive activities? (It should be kept on mind that many top athletes use prohibited substances as to improve their results. There is no data available about the number of young athletes who consume illegal drugs).

Until some research of these topics is made, we have to lean on "sound reasoning". Sport activi-

ties mostly take place in free time, and mostly advertise life without intoxicating substances (except alcohol, which is embedded in our culture too deeply). Young people indulged in sport can have positive role models, ideals according to whom they can shape their behavior, learn to structure their time, to set goals, to achieve self-actualization etc. Regarding the primary prevention, sport activities are certainly good idea, because early inclusion of children in sports can reduce the risk of later consumption of intoxicating substances.

To be a successful secondary prevention activity, sport activities should include population at risk and consumers who are not yet addicts. However, the question is, how to implement this inclusion. It is not very likely that these young people will search some sport club on their own initiative just because of the motto "Sport against drugs". On the contrary, sport should reach toward them in some way. How? How to reach the population at risk? How to offer sport activities in such way that the young people accept them? Who will organize all this? It is possible to imagine a program of secondary prevention in which community leaders of various sport activities would come into centers for drug abuse prevention to specially organized meetings with young consumers. They would personally motivate and lead the interested individuals to their clubs and organizations, and include them in their work. Of course, the question of financing these activities remains open.

Testing on drugs in the schools and dormitories, much advertised in media, should identify the consumer population that would be included in various programs of secondary prevention afterwards. Unfortunately, we need to express severe doubt regarding the test results, which would be, in our context most probably, stigmatization, if not outright persecution, instead of adequate reaction of the community. The reason for this doubt is the lack of the final point of preventive strategy – the change of outdated standards, politics and community attitudes.

Regarding the community-oriented interventions, in Republic of Croatia there are institutions that are inherently preventional (schools, kindergartens, social welfare centers, health care centers).

National drug abuse prevention strategy from 2003. and Action plan for drug abuse prevention from 2004. lists goals and tasks of every institution, but the problem arises when this needs to be implemented in practice. Within these institutions, there are no people who would work on the prevention exclusively; there are no locations where the preventive activities would take place. It is hard to

build cooperation between the institutions if there are no well defined ways to do it, which means appointing people, locations and cooperation programs, defining goals, strategies etc. There is also the problem of conflict between professions and conflict between different approaches to the prevention, which makes the cooperation even more remote possibility.

## SHORT REVIEW OF PREVENTIVE PROJECTS IN CROATIA

In 2002, all the existing programs of prevention of behavior disorder in Republic of Croatia were listed (Žižak, Bouillet, 2003). Some of the conclusions of this project are of interest for this paper.

In whole Croatia, there were 239 programs related to different levels of prevention of behavior disorders of children and youth. Non-governmental organizations conducted most of these. More than half of the programs were related to leisure time and sport activities.

In most of the programs, children were listed as main users, (mainly elementary school children), while the programs intended for youth up to 21 years were less frequent. Slightly more than half of the programs also listed parents as users, beside children and youth. The programs intended exclusively for education of the professionals are very rare. 75% of programs have less than 500 users, while 60% of programs have less than 10 people included in program implementation. 40% of the programs are being conducted only in one local community, and less than 15% in more than five communities. Most of the programs are short termed (up to one year, often shorter), and only 10% of the programs are long termed.

Therefore, we are talking mostly about "small programs" – by the criteria of number of users and professionals involved, and also by the criteria of duration and covered area (most often just one local community).

It is important to emphasize that there are only 7% of programs intended for children and youth with manifested behavior disorders. Out of them, 8 programs are related to drug abuse, while others are intended mostly for the young people who are included in treatment of social welfare institutions.

Out of 239 programs, there are only 5 that could be called all-encompassing, i.e. those that include educational system, social welfare system, health care system, legal system and also other elements of the community.

In more than 40% of the programs the evaluation is conducted only occasionally, or not at all.

Therefore, the conclusion can be made that in Republic of Croatia there are very few early intervention, treatment and post treatment programs (there is only one post treatment program in whole Croatia), very few programs intended for adolescent at risk, extremely few programs intended for parents and professionals; on the other hand, there are many similar programs, and only 5 all-encompassing programs.

There are no model-programs adjusted to the needs of youth at different levels of risk, no model-programs adjusted to the needs of specific local communities, and interconnection of these or similar small preventive programs is low, or non-existing.

Programs implemented in the field of drug abuse prevention (8 of them for the whole Croatia) are mostly directed to population that already has developed clinical forms of addiction (programs of detoxication, rehabilitation, non-hospital treatment, therapeutic communities), and there is only one that envelops the population of experimental users at risk of becoming addicts (the target group are young people aged 12 to 24, who consume soft and synthetic drugs).

48 programs entered the selection for model-programs, and 30 of them presented complete documentation, at the proposition of Governmental Committee for Prevention of Behavior Disorders of Children and Youth.

Not one of them fulfilled all the criteria of the Committee; therefore the term "model-program" was changed into "potential model-program".

14 programs fulfilled more than 50% of criteria, and there is only one among them related to the problem of drug addiction.

In conclusion, there is not one program in Croatia related to the field of drug abuse prevention that would fulfill all criteria and become "model-program" for whole Croatia, connecting with other institutions of the society that would need to participate in prevention of this problem. There is no connection, no cooperation between the institutions that have inherent function of prevention of behavior disorders, and therefore prevention of drug abuse. The community participates in drug abuse prevention through occasional provision of resources for some sport activities, plays or school workshops (great majority of programs enter into this type, but it is important to emphasize that their target group are not drug addicts, but children and youth with behavior disorders in general). Since there is no evaluation, it is impossible to talk about their efficiency. However, judging by the fact that

they mostly do not fulfill the prescribed standards for the program, it could be said with high probability that their efficiency is very low – more so, because their content and methodology are not adjusted to drug abuse prevention of young consumers.

## WHY IS THE SITUATION IN DRUG ABUSE PREVENTION SO UNSATISFACTORY?

Such a unsatisfactory situation in drug abuse prevention in Croatia is the consequence of numerous factors. We will try to identify at least some of them here.

### 1. Public awareness

Unfortunately, numerous shortcomings in prevention are not something unexpected, regarding the obvious increase of conservative attitudes in all fields of social life in Croatia. This is most certainly the cause of repression, stigmatization, persecution (there are some tendencies toward decriminalization of soft drugs, but also very strong opposition to this), and deterrence.

In our local communities, we are witnessing frequent phenomena of discarding and stigmatizing everything that is different. For example, children with AIDS are not allowed to be in the same class with healthy children, Gypsy children are segregated in separate classes, there are many cases of physical aggression toward foreigners etc. It is therefore small wonder that the consumers of illegal drugs are viewed in the same manner. Of course, alcohol, which is legal and abused far more frequently than all other drugs (except nicotine) causes most medical, psychical and social problems, but its consumers are embedded in the society, and consumption of alcohol is encouraged in all possible ways.

Therefore, the basic problem with illegal drugs is the fact that they are outlawed, and also the fact that their expansion is something relatively new in our country. The consumers of these drugs are viewed as something weird, alien, unwanted in any environment. In such atmosphere it is very hard to implement any efficient prevention programs.

### 2. Unwillingness to learn from foreign experiences

Next problem, in our opinion, is that professionals dealing with drug problem are unwilling to learn from foreign experiences.

Judging by public statements and texts made by people in charge of dealing with drug abuse



problem, and also some "experts", we can conclude that few of them are ready to benefit from foreign accumulated experience and adjust it according to cultural, social and political conditions.

### 3. The way of expressing the ideas

The truth is, many professionals dealing with drug abuse issues, do express good ideas in their written and oral statements, but without detailed, real and possible way how to implement them in practice. It seems sometimes that the way of expressing on paper is more important than the possibility of implementation.

It is interesting to read some authors' works about prevention, in which they provide detailed strategy, content, planning methods, tasks of specific institutions etc. – on paper.

For example, there are texts about "the need to enable the teachers to become creators of 'quality school', 'healthy school', 'school without failure'". Of course, this idea is excellent, but so is the idea that there should be no hunger in the world. We can give an immediate answer how to do it – all the rich countries should give a part of their wealth to the poor countries. But the question remains – how to do it in reality? Who will do it, in what manner, when, where... Similarly, it is not enough to expose a good idea about education of teachers without detailed, real, possible way to do it in space and time.

The next frequent phrase states, "The career of successful parenting should be affirmed". What does it mean? Should we send the parents in the schools for upbringing children? Does it have to be mandatory or voluntary? Which parents should be taught to raise their children? Who will detect problematic parents/families? In which way will they be persuaded to participate in education? Are unsuccessful parents just the ones whose children are drug addicts? Who will conduct the education? Where? When? Who will provide funds?

It is stated that the schools need to improve measures of early detection of the consumers, of drugs trading and distribution in their environment; to provide quality intervention and help in rehabilitation of pupils/consumers; to ensure constant cooperation with community institutions whose task is to provide adequate protection and help for the consumers; to ensure ongoing education of its employees so they will be able to implement programs of prevention and evaluate them. There is no explanation about the manner in which the school should implement all these activities in its already stuffed curriculum, when children often spend in the classrooms more than 6 hours per day. It is not clear

who would conduct all preventive activities – teachers, who already have too much work, or specific professionals, like social pedagogues, psychologists or pedagogues, whose number is too small even for doing their everyday tasks, not to say anything about complex preventive programs and their evaluations.

It is true that the school representatives have often stated in public that the schools are not capable of implementing such prevention activities in present conditions. Schools in our country, as Itković (1995) argues, do not have their own elaborated prevention programs, or the vision of contents of such programs.

It is obvious that such manner of writing about drug abuse prevention does not, in fact, offer realistic answers to the problems, although the basic ideas are usually very good and, in principle, acceptable. Authors who express such ideas usually do not advocate some specific theoretical concept that exist in foreign literature, and they do not provide clear guidelines how to implement them in practice.

### 4. The lack of scientifically based prevention programs

The lack of scientifically based prevention programs, as well as their scientific evaluation and monitoring, is the next problem of drug abuse prevention in Croatia. The lack of culture of evaluation is present in most fields of work with people. It is not clear how some preventive program can be expected to succeed without well defined strategy and structure.

It is often not clear enough that the results of the work should be evaluated, if possible by scientific methods, to reach the conclusion about what works, and what does not.

It is obviously not understood that the goal of evaluation is to show which methods bring results and should be implemented therefore. It seems that no one cares about the results of the programs financed by various governmental offices.

If there are some evaluations, they are not published in professional and general public, and this leads us to the question: in which degree are the institutions really interested in implementation of drug abuse prevention programs?

### 5. The real interest of institutions

In what degree are the institutions really interested in solving the drug abuse problem? The criminologist Walter Miller (Bersani, 1970) wrote about this problem long time ago. His research resulted in

hypothesis that publicly expressed concern about problems of crime serves the latent psychological and structural functions. What does that mean? There is a discrepancy between declared goals of dealing with crime and the real, hidden goals. Declared goals are, as a rule, related to the solution of the problem – whether the problem is crime or drug abuse. For example, the media are full of various texts about drugs; there are many articles, TV shows etc. with representatives of the institutions working on the solution of drug abuse problem. As a rule, it is a small circle of individuals who emphasize the importance of this issue, stress its danger for young people and the society as a whole, and talk about how much was done or how much is presently being done, how much money is invested, how much effort and resources are needed etc. So, these individuals argue that the task of the society and responsible institutions is to solve the problem of drug abuse.

However, what is their real, or hidden agenda? Is the solution of the problem really their goal?

All of us have often witnessed statements about rapid increase of drug consumers and drug addicts in Croatia. This problem is discussed in Parliament, there are many texts in newspapers related to it, it is the topic of many special TV-shows etc. The general public is left in the conviction that enormous number of young people occasionally or regularly consumes certain types of drugs and that this problem permeates our society, so it must be solved in quick and efficient manner.

The heads of institutions and other professionals, for example, state that more experts are needed in schools, welfare centers, centers for drug abuse prevention etc. They emphasize the need for educating community on drug issues, the need for more institutions dealing with drug abuse problems on different prevention levels, the need to networking.

But, what happens in reality? For example, government has banned employing of social pedagogues schools, prevention centers are not well manned (for example, Center for drug abuse prevention in Zagreb has about ten employees, and this is the biggest city in Croatia, with great number of registered and unregistered drug users). It is known from practice that networking is poorly developed. Therefore, there is a big gap between what it is spoken and what has been actually done.

All of this leads to only two possible conclusions – first, the problem is greatly “inflated” from some reason; second, the problem is big, but the responsible institutions do not want to solve it in efficient manner. If we choose the second conclusion,

about the problem being big one (and there are many indicators of this even without the statements of people in positions of power), the next logical conclusion is that their declarative goal of solving the problem of drug abuse is not real, and that they have different agenda. Of course, every high position in institutions brings certain amount of power and money, which very often are the primary motives, masked by declarative “concern for society”. Scandals, which often arise around distribution of resources for implementation of preventive programs, confirm this assumption rather well. It is also confirmed by frequent clashes between some of more prominent people in this field, which are never related to professional differences, but to distribution of power.

## 6. Conflict of professions

Of course, the importance of domination over this field is visible from the existing conflict of professions. If the declared goal of dealing with the drug abuse problem was real, people from all professions – physicians, psychiatrists, psychologists, social pedagogues, social workers, pedagogues, teachers etc. – should cooperate and coordinate their efforts in the same direction – reduction of drug abuse. Instead of that, different professions and/or professional institutions fight between themselves for “their part of the cake”, claiming that they are the only ones who know how to work, discarding and ridiculing the efforts of others, obviously searching for some gains for themselves in whole situation.

These are some of the more prominent problems because of which the prevention in Croatia does not function the way it should.

All these factors are interconnected and work in interaction. They make the implementation of theoretical ideas in practice very hard, if not outright impossible. Although certain parts of the community do have theoretically detailed tasks in the community, they are not in position to carry those tasks through.

## IS OUR COMMUNITY HELPLESS?

In the present situation (previously described), we have to say – yes it is.

Different parts of community (schools, welfare centers, hospitals, kindergartens, sport clubs, etc.) do have defined tasks in prevention (in National drug abuse prevention strategy or in some preventive programs). But, first, those tasks are not

well defined and don't have clear structure – and therefore can not be put into practice (because people in the institutions do not know who has to do what, in what manner, where, when...), and, second, the Government, on one hand, put tasks in front of the institutions and, on the other hand, don't provide them enough conditions to conduct those ideas in practice.

So, it is very frustrated for people working in the institutions because it looks like they don't want to work – they do, but in such conditions it is very hard if not impossible. And as long as there is a conflict between the Government and the institutions - there is not much that could be done in the field of crime and drug prevention.

However, most of the good things and improvements in prevention are made by individuals, by enthusiastic people who gave their time and knowledge and are doing something on the local level – but we don't know much about their work because it is not published anywhere.

## INSTEAD OF CONCLUSION

We wanted to finish this paper with short allegory that may describe the situation of dealing with drug abuse problem in Croatia:

Large tank army is attacking the trenches manned by relatively few defenders divided into units, and every unit has commanding officer.

The attackers have clear idea about conquering the country; they have enough tanks, men and resources. They bid their time, and do not rush into attack, but instead conquer the country step by step.

The units of defenders are only partly connected, and it is not clear who is commanding whom. Commanding officers are quarreling, because every one of them has his/her own vision of fighting the invading tanks; however, these visions were not tried before on home ground. Some are more sensible, some are completely insensible, but none can be realized in practice, because this would mean exiting the safety of trenches and exposing oneself to fire.

Headquarters from the rear lines sends the packages of armament to the soldiers on the front. In the packages there are wooden spears, bows and arrows, and there is not enough packages for all units. Unit commanders quarrel between themselves who should get spears and who arrows, and in which amount. They mostly understand that it is not enough, that the spears and arrows cannot stop tanks, and they are furious at the headquarters, but

they cannot help themselves, because they do not participate in decision-making. Therefore, they hope for a miracle – for example, that the tanks will run out of the fuel before they reach them.

On the other hand, there are some generals in the headquarters who think that spears and arrows are right weapons for fighting tanks, and they are sorry because they are not able to provide more spears and arrows.

Other generals are not so naïve, and they know that much more powerful armament is needed for fighting tanks, but they do not intend to spend their money for such armament. They think that the tanks will not roll over them, but just over ordinary people, while they will get away unscathed. Therefore, they keep their money for other things, more useful for them.

We leave to the reader to contemplate about the question: which army has more chances to win?

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