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PROFESSIONAL PAPER

THE ROLE OF COMMUNITY IN REPUBLIC OF CROATIA IN PREVENTION OF DRUG ABUSE AMONG YOUTH ON THE LEVEL OF SELECTIVE INTERVENTIONS

Ljiljana Mikšaj-Todorović
Dalibor Doležal
University of Zagreb
Faculty of Education and Rehabilitation Sciences
Department of Behavioral Disorders

SUMMARY

In this paper the authors will reconsider the role of community in the Republic of Croatia in prevention of drug abuse among youth. Also, it is reconsidering various possibilities that are extending toward young consumers in the Republic of Croatia in the meaning of giving up on consuming illegal drugs. The paper will also analyse the role that various community segments such as district councils, parents, school, peer groups, social care service, centers for substance abuse prevention, NGO's and institutions of represion (police, distric attorney, court), have in dealing with the drug abuse problem. For this, the authors are reffering on the statement that in the Republic of Croatia exist many various segments of community that have potential for preventive working but are not interlinked. So, the community responds inadequatly on necessities of preventive intervention toward yound people abusing drugs.

Furthermore, the paper will discuss the results of a research conducted in Zagreb area which is talking about the question whether the yound drug abusers are ready for their drug lifestyle to change and what are their expectations towards community regarding this matter.

Key words: *community, prevention, drug abuse*

A problem becomes a *community* problem when substantial number of people identifies the circumstances that should be changed. Therefore, preventive programs around the world are mostly oriented toward community work. Ammerman and Hersen (1997) call the interventions conducted at the community level 'real world interventions'. Prinz and Connel (1997) argue that the preventive programs could be divided along the continuum based upon the target population of these programs. They made difference between:

- universal interventions – directed toward the whole population, not just specific subgroup
- selective interventions – directed toward target individuals identified by risk factors
- indicated interventions – directed toward the individuals who manifest the symptoms pointing to the developing of the disorder

In this paper, we will question the involvement of community in Republic of Croatia in prevention of drug abuse among youth on the level of selective interventions. Some authors call this also secondary prevention.

We consider the primary prevention in this country (which includes universal interventions

and is targeted at reduction of drugs availability and demand in general) to be utterly unsuccessful and off the target. Arguments for this statement were provided by Buđanovac and Jandrić (2004) in their paper.

However, where are we regarding the 'real world' interventions? Did 'a substantial number of people' in Republic of Croatia 'identify circumstances that should be changed'?

Objective indicators suggest that Croatia presently has a serious problem with drugs among young people. If we compare data from 1999 with the data from 15 years before, we will see that the soft drugs abuse among the young people in Croatia rose from 18% to 38%. The changes were drastic among the student population (Ilišin, 2002), where the consummation of soft drugs rose from 13% to staggering 53%. Accordong to Galić (2002), as much as 36,6% high school students consume marijuana occasionally.

First of all, these data show that the primary prevention does not work. Situation is even more aggravated by the legal solutions. Namely, according to Penal law in Croatia, every person who consumes drugs enters criminal zone, regardless of the fact he/she is disclosed or not. In 2003, the Assembly of Croatia started an initiative to decriminalize the possession of certain amount and type of drugs, so the community institutions could orient to the more severe drug-related crime, but this initiative failed. Therefore, drugs consumption includes the possession of drugs and is considered to be criminal deed. Of course, the same is true for other drug-related behaviours (manufacture, traffic, distribution).

Because of this, much behaviour related to drug abuse automatically enter the domain of repressive institutions, and this narrows the space for selective interventions toward the risk population.

However, this may be deliberate decision – the lawgiver is afraid (maybe rightly) that a large group of young people would be completely left out of any interventions, if repressive institutions fail to identify risk groups and to encourage other community subjects to work with them.

Unfortunately, it seems that their fear is justified. It is enough to compare Croatian National drug abuse prevention strategy with national strategies of Ireland, Spain and Scotland (Building experience, 2001; Spain National Plan on Drugs 2000; http: //www.emcdda.eu.int/multimedia/project_reports/ policy_law/scotland_actionplan2000.pdf), to see that it is very much generalized. Various subjects of prevention at the same time share and do not share responsibility for prevention of spreading of drug abuse among young people.

In other words, no one is responsible for implementation of concrete selective interventions in the real world. No one is appointed for designing of field intervention model that could be used in other environments. Also, no one is obliged to implement some successful models in his/her own environment.

In Croatian National drug abuse prevention strategy, there is little talk about something that would be of some use for the central topic of this paper: secondary prevention of drug abuse among young people, i.e. work with risk population.

We opted to consider possibilities offered to the young consumers in Croatia in the sense of motivation for giving up the drugs, after they gained drug-related experience and started to form drug-related lifestyle. Institutions of state have already admitted defeat in this area. They did little or nothing on the programs for youth who consume illegal drugs in experimental a recreational manner, or youth who consume illegal drugs frequently. Therefore, the Government of Republic of Croatia, through its various offices and units of local administration and self-administration, recently started with competitions for NGOs, appealing to them to do what they can. As we see it, in this field chaos reigns.

At the moment, there are few safe ways in which a young person can ask for help (if he/she, by some chance, decided to think about breaking his/her drug abuse habit or addiction): he/she can ask the physician for referral to psychiatric treatment in ambulance or hospital for addicts, or call (anonymously) in Centre for drug abuse prevention, providing that such Centre exists in his/her area. Besides that, State Attorney offers alternative – treatment in some of these institutions or court sanction.

All other potential possibilities are left to chance, which mostly means NGO factor.

The fact is, in Croatia there are no outreach programs. This is a paradox situation, if we know that there are numerous models in the world that could have been used a long time, and even possibly adjusted to Croatian conditions. However, even if such programs are developed in near future, they would have small chances for survival, because implementation of a program, successful or not, does not mean anything without support of the community in which it is taking place. Let us look to the Anglo-Saxon area, where the work on community organization is continuously going on for half a century. Some authors (acc. to Žganec, 1999:78) point to three types of fields to which the work should be directed: community development, com-

munity organization and community planning. There is also social action as special area of work. As a model of community work, we would like to give the example of Youth Offending Teams, which is being developed in Great Britain. Youth Offending Team (YOT) is under jurisdiction of Youth Justice Board (www. Youth-justice-board.gov.uk/Youth JusticeBoard/AboutUs). Youth Justice Board for England and Wales is a public body which is not under jurisdiction of any governmental department. The goal of Youth Justice Board (in further reading YJB) is prevention of criminality of children and youth. This goal is fulfilled through three main points:

1. Crime prevention
2. Identification of and work with juvenile delinquents
3. Reduction of recidivism

One of the key factors of YJS is before mentioned Youth Offending Team (in further reading YOT). Such teams exist in almost every town in England and Wales (www.youth-justice.board.gov.uk/YouthJusticeBoard/YouthOffendingTeams). YOT teams consist of representatives of the police, probation office, social welfare, health care, education, drug addiction experts and housing officers. Because the team consists of various professionals, such system enables wide approach to the needs of the young delinquents. YOT identifies the needs of every young offender in a way that simultaneously assesses the degree of danger that his problem presents to the community. In such way, YOT is able to find adequate program that will be the best adjusted to every young offender, according to his/her needs and possibilities; it also takes into account the preventive purpose of the program. The main feature of YOT is the fact that all of these experts are located in one facility (building), so the potential users do not have to go to many various institutions. It is especially important to emphasize that the YOT personnel does not have to meet with their clients in official rooms of the centre; they can meet with the clients in the place that suits the clients. This is important because many clients do not have enough financial means to reach the centre (this is something that is not taken into account in Croatia).

So, in the present situation in Croatia, whose responsibility is early detection of drug addiction problem, early intervention and motivation of young people to change drug-related lifestyle?

Numerous researches (Block and Block, 1980; Block, Block and Keyes, 1988; Shedler and Block, 1990) have found that the opportunistic experimenting with drugs is often related to good social and personal adjustment, and it does not need to lead to addiction. Regarding high level of presence of soft drugs in peer culture, it is not surprising that psychically healthy, socialized and curious young people are tempted to try them. However, if they do not show some serious deviations in their behaviour, there is hardly a cause for intervention toward them. On the other hand, they probably will not be motivated to change something in their lives.

Researches (Vander Zanden, 1993:407) have also pointed to the fact that young people who use drugs frequently are more often abused, show certain personality syndrome characterized by interpersonal alienation, weak impulse control and significant anxiety. Furthermore (acc. to Newcomb and Bentler, 1988; 1989) frequent drug abuse in adolescence is often related to increased loneliness, social isolation, disorganization and suicidal thought processes, as well as unusual beliefs – aspects that have significant influence upon processes of problem solution and social and emotional adjustment. For these young people, experimenting with drugs is highly destructive, and leads easily to pathological functioning.

At this point, the discussion about juvenile delinquency prevention grows into discussion about prevention of their psychical and mental health. This is a very good cause for intervention.

Since state and local self-administration react very weakly to this problem, it is left to the local community to take initiative in prevention of drug abuse among young people, as a form of self-defence.

While in other countries this works with more or less results, we could say that there is very little being done in Croatia in this aspect.

What are the local community factors in Croatia which would be able to implement selective prevention?

Several years ago, in Croatian towns, ***Quarter Councils*** were formed. They were supposed to solve various problems (including the problem of drug abuse among young people) at the neighbourhood level. The fact is that they exist formally, but they do not have any connection with the community in which they work, so the segments of community are left to themselves. This is strange, if we know that the model of community work has been known since 1948, when British colonial administration recognized that higher degree of independence in work of local communities has positive influence on the local community members, but also on the state as a whole (Žganec, 1999).

Parents as factors of prevention are left to themselves. In some Croatian towns, they have

founded associations for parents of drug addicts, but they are focused upon solving their own problems and the problems of their children. These associations to not have relation with other community segments, nor do they influence other segments, and they do not develop more general programs. So, parents of adolescents do not have any encouragement to participate in any program that would help them, or in which they could help others. One of contributing factors of illegal drugs abuse by young people is that they look at their own parents as consumers of psychoactive drugs (Kandel, 1974; Kandel 1990; Simons, Robertson 1989; Smart and Feyer, 1972). Such parental behaviour that influences their children is certainly not deliberate, and more than 80% of adolescents have reported that, within their families, there are rules against consumption of illegal drugs. In spite of that, the children are being raised in society that searches for happiness and is pill-oriented. Many of them see their parents use psychoactive substances, and as the result, they use mood-changing drugs themselves. In this context, drug abuse of the young is youth manifestation of the adults.

Who is the one who will work with the parents in responsible and intense manner, and teach them about their own need to change, before their children are in situation that includes police, court, therapy...?

The only places in which the parents of the adolescents can meet are local ***elementary schools.*** High schools are dislocated and have lesser potential for impact.

According to the guideline of the Ministry of Education, elementary and high schools have obligation to make programs of prevention of drug abuse among their pupils. Many experts in Croatia have witnessed the fact that such programs exist only on paper (Butorac and Mikšaj – Todorović, 1998; Žižak and Horvat-Kutle, 1995). Many schools have just given some information to the parents about the presence and dangers of the drugs in their neighbourhood.

Sometimes, some schools pay experts to do several workshops with parents or children, but it is only rarely a planned and systematic activity. Since there are no systematic activities, there are also no evaluations of efficiency. In this context, no one has ever asked the question that is very present in developed countries: is this what we do (and we do precious little) more harmful than beneficent?

Namely, numerous researches have found a long time ago (Bard, 1975; Kerr, 1986; Pereira, 1989; Stuart, 1974) that many school programs designed for struggle against drugs have, in fact, led to the increase of frequent drug abuse among teenagers.

Peers – teenagers see many of their peers taking drugs without any visible consequences. This creates climate of distrust toward anti-drug campaigns (Elias, 1986a; Martz, 1990). Generally speaking, adolescents who use illegal drugs join the groups in which the drugs are not only approved of, but also they play important role in every-day interactions (Brook, Whiteman and Gordon, 1983; Hays, Widman, Di Matteo and Stacy, 1987; Kandel and Adler, 1982; Marcos, Bahr and Johnson, 1986). Peer groups that consume drugs and those that do not consume drugs are not as such interested for mutual interactions. Whose responsibility is to make programs which will include all young people and to count on the positive mutual peer interactions?

Social welfare centres and health care institutions do not work proactively. Although they cover clearly defined area, they do not have programs that would make them present in the community, but mostly do case study when 'client knocks on their door'.

Centres for drug abuse preventions were founded in the period of last ten years in bigger Croatian towns. This makes them unavailable to the people in smaller communities. They were founded mostly by local self-administration. It was a very good idea – besides the work with the individuals who come on their own initiative to solve their addiction problems, they should also be the agencies that are intensely present within the community, and cover all segments of community in drug abuse prevention. However, they do not fulfil this task, because they lack the organization, numbers and quality of professional personnel necessary for such programs.

After reviewing the real situation in Croatia, we argue that, in this moment, Centres for drug abuse prevention are the only resource that have the potential to create a network of non-repressive and repressive community segments working on prevention of drug abuse among young people, with special emphasis on the activities that are topic of this paper, and early detection, early intervention and motivation of young people to enter the treatment with the goal of change of drug-related lifestyle.

Repressive segments of the society ***(police, State Attorney and courts)*** function much better. They have prescribed rules of behaviour and often ask the cooperation with other segments of the community. For example, State Attorney often cooperates with Centre for drug abuse prevention if the juvenile delinquent involved with drugs agreed to treatment instead of sanction. However, the work of repressive institutions cannot have greater influ-

ence on quality of prevention in general, nor can it influence drug-related juvenile delinquents.

However, the pressure that State Attorney uses when offering the young person the option of treatment instead of sanction is one of more important factors for motivating young people to enter the treatment. But, precondition for this is that they need to be discovered as criminal offenders. Only then are they encouraged to change.

Besides all these things, many young people ask for help from family and friends, and some participate in self-help groups (in Croatia, first AN club was founded only recently in Zagreb). The reasons that influence such kind of help are in great majority social in nature (psychosocial problems, especially interpersonal drug-related problems). Numerous researches have shown that such problems present the main motive for asking help, even more that the wish to reduce drug abuse (Graeven and Graeven 1983; Pringle, 1982; Rounsaville and Kleber, 1985; Thom, 1986; Tucker, 1995). The young person's decision to ask help in relation with drug abuse is also influenced by the reaction and influence of the social environment to his/her problem. Therefore, the question is, in which degrees are the reasons for such decision personal, and in which degree are they influenced by external factors?

Many, if not most of the young people, enter the treatment as the response to external pressure by some significant person in their life (family member, peer, boyfriend/ girlfriend) or by the legal system. However, the reasons to stop drug abuse or to enter the treatment are never strictly defined, i.e. they are always combination of internal and external reasons. For example, Murphy and Bentall (1992) have found three main factors in measuring the motivation for breaking the heroin addiction. The first is called 'motivation from personal reasons', an obviously internal reason, which consists of thoughts like 'I'm concerned for my health' and 'I have no future if I continue to take heroin'. The second factor they called 'external pressure', and is represented by various repression institutions he/she faces after the apprehension. It is characterized by thoughts like 'I'm afraid I will be in conflict with the police if I continue with drug abuse'. The third factor is considered to be adequate motivator for breaking the drug abuse, and it is characterized by consumption saturation ('I don't like it any more'). De Leon et al. (De Leon and Janchill, 1986; De Leon et al., 1994) made difference between 'circumstances' as external factors and 'motivation' as internal factor. Circumstances included losses (of family support, job or children) and/or fear (of imprisonment, health problems, death of overdose etc). Motivational reasons included negative and positive personal reasons for breaking drug abuse habit (drug abuse and drug-related lifestyle exasperation, hope for better lifestyle, improvement on personal and inter-personal level).

Not one of the existing segments of community in Croatia takes responsibility for early detection and early intervention toward the young people involved in drug abuse. There is no consideration of the possible motives for changes (personal or external), there is no work on so-called 'crisis induction', which means that the juvenile who thinks about breaking drug abuse habit, but does nothing, can be encouraged (motivated) to start with systematic change and remains in the treatment, if it is efficient.

Here lies another paradox. The problem is not in area of 'know how', because there is available systematic knowledge about *motivation* of the client for drug abuse treatment.

As the term's etymology implies, motivation is the "moving" force in the client - that is, the force moving the client to treatment and the force moving the client through treatment. Behaviour change theorists have recently begun to address the problem of motivation in a systematic way. As result of their work, much progress has been made in our understanding of the cognitive component of motivation. Social learning theory, rational choice theory, the health belief model, the theory of reasoned action, the theory of planned behaviour, the transtheoretical model, the assertiveness model..., all offer relatively developed cognitive accounts of motivation. Those theories conceptualize perceived outcomes or consequences of behaviour as weighted by their subjective importance to an actor, independent of that actor's perception of their severity or the actor's susceptibility (www.articles.findarticles.com...).

Also, there is knowledge available about what are the elements of the successful treatment, once the client has reached the decision about his/her own change (Peele, 1987; Lewis, 1999).

All these skills and knowledge are available to people who should be dealing with secondary prevention in Croatia. However, there is no framework in which these skills and knowledge could be implemented.

On the other hand, in Croatia there are many segments of community that have potential for preventional action, but they are not interconnected. Many NGOs, which were founded recently, in the last few years, have reported to the Governmental office for drug abuse prevention that, in their field work, they have had a lot of problems in cooperation with GOs and local institutions. In spite of that, some of them have been developing good pro-

grams, working with targeted risk groups, and ensuring support in change of lifestyle for many individuals. Although such programs present good model, we do not have information about the tendency for expansion of this model throughout the whole country.

So, the community responds inadequately to the need for preventive intervention among the young drug abusers.

What is the situation with the risk population?

A research was conducted (Mikšaj-Todorović, Doležal 2002) related to the question whether the young people are ready to change their drug-related lifestyle. The research was conducted in the period from March 2001 to February 2002. The sample of the respondents consisted of 1075 persons who were in some way or other connected with drug abuse. For this research, a questionnaire was made that consisted of 69 variables. The research was implemented by the technique of 'ant distribution'.

All respondents were in some way related to drugs; 77,4% consumes soft drugs, 34,1% consumes synthetic drugs, and 9,6% consumes hard drugs. More than 50% of the sample consumes drugs on daily basis, 2-3 times per week or once per week. In spite of this, 96,3 % do not consider themselves to be drug addicts. However, it is not easy to check out whether the substantial number of them does not have serious problems, i.e. syndrome of addiction; this is even more probable because 91,2% of them think they can easily stop being addicts.

These attitudes show that young drug consumers, many of whom are drug addicts by any definition, will not be the ones who will start the initiative for their own change. Segments of social community will certainly not encourage them to change.

However, just the talk with the respondents, with no other purpose than research, encouraged many of them to think about entering programs of counselling or drug abuse treatment. 25,4% of them said they would be willing to solve their problem of addiction, and 13,2% are not completely sure. So, we have here about 40% of young people who are ready to talk about their problem. But, the question is, talk to whom?

As much as 34,7% of the respondents would be willing to participate in drug-related counselling programs, and 27,3% of them are not sure. Who will approach them and offer them such programs?

During the talk with the researcher, many of them envisioned themselves in situation of participation in program of counselling or drug abuse treatment. 57,5% of them would not like their families to be involved in such programs (and 22,3% are not sure), which points to the fact that they want to keep their problem away from their families and share it with somebody else. But whom with?

The most precise finding is that 70,7% of the respondents are not informed about the existence of counselling offices or centre for drug abuse prevention, or have very few information about it. In other words, even if they wanted to talk about problem of addiction, they would not have a place to go. Is it possible that this information is available to them daily, but they failed to perceive it? Or is it possible that the segments of social community have not reached the young consumers to encourage them to problem solving and to explain to them where it could be done.

To conclude:

Primary prevention of drug abuse and drug-related criminal (reduction do drug availability and demand) in Croatia requires substantial reorganization of state institutions. Croatia, as a transitional country, in this moment has economic problems as priority, and it seems that there is no money no good will for social programs. The first step of primary prevention of social-pathological phenomena is increase of citizens' quality of living. This would mean that this country, with high rate of unemployment and poverty, and economic stagnation, needs radical consideration of resource redistribution. This is not very likely to happen, because we are witnessing rapid development of hard capitalism; readiness to provide money for social programs is very low.

However, infra-structure of state institutions and local community institutions already exists; it is heritage of the old socialistic system; but it is very much divided and very weakly connected. It is interesting to note how the existing experts do not take care about the needs of the young people in general (young illegal drug consumers are only illustration of this problem): they do not consider the programs that would meet those needs, at least partially. In the area of secondary prevention (work with the risk group or young people who already have problem), the only real initiative is shown by NGOs. They are doing a large portion of the work which falls under job description of state and local institutions and are trying (with difficulties) to connect the existing community segments. Of course, they have poor financial support, so lot of their effort is focused upon the search for donations. In this moment, there is no point in studying the experience of countries which have long traditions of community involvement in prevention of juvenile

delinquency. Association of the citizens with the goal of reaching certain social interests and cooperation with the governmental sector does not have long tradition in Croatia, but the process has started in parallel with the development of the democratization of the society in general.

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