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# COHERENCY ASSESSMENT OF POLICIES ON SOME OF THE PSYCHOACTIVE SUBSTANCES AND ADDICTIVE BEHAVIOUR IN THE REPUBLIC OF CROATIA

**Dijana Jerković****Lidija Vugrinec****Željko Petković**

Government of the Republic of Croatia

Office for Combating Drugs Abuse

## SUMMARY

*This paper presents the main results of the project on coherency assessment of policies on some of the psychoactive substances (tobacco, alcohol, drugs) and addictive behaviour (gambling) in the Republic of Croatia. The paper is an extension of the pilot project of the Pompidou Group of the Council of Europe on testing the coherency markers of the policies on licit and illicit psychoactive substances, which is being seen as the degree of the compliance of different policies, i.e. the measure in which the respective policies are being compatible to each other (Muscat and Pike, 2012). The goal of this paper is to present the assessment of the policy coherency by applying the Questionnaire on coherency markers (Conceptualisation of the problem; Policy context; Legislative/regulatory framework; Strategic framework; Structures and resources; Response and interventions); analysis of the five strategic documents in the fields of health and addictions to tobacco, alcohol and drugs; and by conducting focus group method with respective experts and policy makers. The survey has shown that, except in the policy on illicit drugs, there is discrepancy in the implementation and monitoring of the concerned policies. There is a need for coherency enhancement and for establishing some sort of coordinative body / bodies. The aforementioned would improve the implementation quality of the activities, ensure the central planning and monitoring of the conducted planned strategic goals, and facilitate the monitoring of the state on addiction phenomenon in the Republic of Croatia.*

**Key words:** coherency, policy, psychoactive substances, addictive behaviour

## INTRODUCTION

According to World Health Organization well-being should be a general goal of policies dealing with the topic of licit and illicit drugs and other addictive behaviours (WHO Regional Office for Europe, 2012). Because health is a state of total psychological, mental and social well-being (Constitution of the World Health Organization, 1946), the question of coherency of policies on psychoactive substances was recognized as priority topic of the Council of Europe's Pompidou Group<sup>1</sup> Work Programme 2011-2014 (Council of Europe, 2010).

Policy coherency is shown in the level of compliance of different public policies, or the extent

to which different policies support each other. In line with the above mentioned, ensuring mutual coherency of policies dealing with licit and illicit drugs is the key prerequisite for the development of an integrated approach to addictions (Muscat and Pike, 2012). Accordingly, the Pompidou Group has launched a research project on coherency assessment of policies on licit and illicit psychoactive substances (Muscat, 2008; Muscat et al; 2010). In the framework of the project an Expert Group on coherent policies was founded, composed of representatives from interested European countries, including representatives from the Republic of Croatia. During 2012 the Expert Group developed coherency markers for drugs, alcohol and tobacco

<sup>1</sup> The group for cooperation in the field of drug abuse and drug trafficking (Pompidou Group) is an intergovernmental organization founded in 1971 at the proposal of the former French president Georges Pompidou. In the beginning, this informal forum composed of seven European countries – France, Belgium, Germany, Italy, Luxembourg, the Netherlands and Great Britain, shared their experience in the field of combating drug abuse and drug trafficking. The cooperation then extended to new countries and the Pompidou Group currently consists of 36 members, including the Republic of Croatia.

policies (Muscat and Pike, 2012). The participant countries are asked to test the mentioned markers and report on results to the Pompidou Group.

The Office for Combating Drugs Abuse is continuously monitoring the implementation of prevention and combating drug abuse on national level and was therefore in charge of carrying out the coherency assessment of the relevant policies in the Republic of Croatia. Although the project of the Pompidou Group was focused on testing the policies coherency markers in the field of drugs, alcohol and tobacco, the Office extended its project activities to games of chance or more specifically to gambling. According to a population survey (Glavak Tkalić and Miletić, 2012), around two-thirds of respondents (67.0%) aged between 15 and 64 had at least once played a game of chance, while in the past month around one-third of respondents were involved in the mentioned activity. Furthermore, the results of the pilot project on gambling among Zagreb high school pupils showed that 75% of respondents have gambled at least once in their lives and that there is a considerable share of those who satisfy the criteria for risk (20 to 26%) and problematic gambling (8 to 12%) (Dodig and Ricijaš, 2011). Koić (2009) also states that in the clinical sample, 19-50% of gamblers have a history of alcohol or drug addiction. These data show that gambling is a growing problem in Croatia and indicate the relevance of inclusion of the policy in question into the project.

Considering the theories and models of addiction, West (2013, 27) defines addiction as “a repeated strong incentive to engage in a purposeful behaviour which is not of vital importance, and which is a result of engaging in that behaviour with significant potential of causing unintended harm”. Accordingly, the integrated policy should, apart from addiction to licit and illicit substances, also include a number of other addictive behaviours (e.g. pathological gambling, compulsive Internet use, addiction to computer games, food, work, shopping, sex etc.). Furthermore, bearing in mind the concept of multifinality (Hosman, 2011), or the fact that the same risk and protective factors can have a number of negative outcomes and that risk behaviours of youth have a greater number of common rather than different risk and protective factors (Bašić, 2000; Bašić and Ferić, 2004; Bašić 2009), in this context it is also important to observe the phenomenon of addiction and to focus on common factors for development of different addiction forms when planning comprehensive measures.

## METHODOLOGY OF TESTING COHERENCY MARKERS IN THE REPUBLIC OF CROATIA

The purpose of the Pompidou Group project is to test and analyse results of the Questionnaire on policies coherency. The overall goal of the project in Croatia is to determine the coherency between policies on psychoactive substances and addictive behaviour. In order to accomplish the mentioned goal, the following research questions were identified in the project:

- a) Are strategic and legal frameworks which define individual policies on psychoactive substances (tobacco, alcohol, drugs) and addictive behaviour (gambling) in place?
- b) Are coordinative mechanisms that ensure the implementation of individual policies on psychoactive substances and addictive behaviour in place?
- c) Is the system of implementation monitoring of single policies on psychoactive substances and addictive behaviour in place?
- d) Do individual policies on psychoactive substances and addictive behaviour comply with each other?
- e) What are the possibilities for improvement of the existing situation in the context of more efficient and economical implementation of single policies?

Because triangulation (application of multiple methods) increases confidence in authenticity of data (Propst et al, 2008; Bašić and Grozdić-Živolić, 2010), apart from the mentioned Pompidou Group's Questionnaire on policies coherency, an analysis of relevant strategic documents was conducted and the method of focus groups was applied, since it is considered to be an effective method of qualitative data gathering in social contexts (Redmond and Curtis, 2009). In order to get an objective insight into complementarity of policies in question, the analysis of policies coherency according to addictions in the Republic of Croatia consisted of following activities:

1. Translation of the Pompidou Group Questionnaire - *Coherency Policy Markers – Diagnostic Tool* (further in the text referred to as: Questionnaire) from English into Croatian;
2. Filling in of the Questionnaire by the part of competent bodies and relevant experts;
3. Interpretation of Questionnaire answers
4. Analysis of relevant strategic documents

5. Application of focus group method with representatives of competent bodies and relevant experts
6. Data analysis obtained through the method of focus groups
7. Preparation of conclusions and recommendations arising from the project
8. Preparation of the final report<sup>2</sup>
9. Delivery of reports to the Pompidou Group
10. Familiarization of project participants and the general public with project conclusions and recommendations.

It is important to mention that the analysis of the public policies in question was mostly referred to health issues, although the multidisciplinary and the integrated approach to addictions also include social, educational and repressive aspects as well as civil society organizations and the media. In accordance with the above mentioned, the gathered data contain only one part of data relevant for the research topic. In order to make them representative, it is necessary to include other aspects of the observed policies in future researches.

The Questionnaire consisted of sections that at the same time represent coherency markers: (1) Policy: situation and context, (2) Legal and regulatory framework, (3) Strategy and action plans, (4) Structures and resources, (5) Responses and interventions. The Questionnaire was filled in by the creators and implementers of the policies in question<sup>3</sup>: a representative of the Office for Combating Drugs Abuse<sup>4</sup>, a representative of the Health Ministry, two representatives of Croatian National Institute of Public Health and two prominent experts and scientists of the Psychiatry Clinic of the Clinical Medical Centre "Sestre Milosrdnice". In the framework of the first marker the respondents were instructed to describe the current state of affairs from the perspective of their field of activity and to name policy goals which would be in line with their competencies for each respective field. In the evaluation of other markers, the respondents assessed if

a single policy was coherent in its essence and if it was coherent with other policies in the field of addiction. When interpreting the obtained answers the project implementer assigned grades 1 to 3 to each marker or the pertaining low, middle or high coherency level.

Furthermore, a detailed analysis of five strategic documents in the field of health, i.e. addiction to tobacco, alcohol and drugs was conducted: National Strategy of Mental Health Protection for the period 2011-2016<sup>5</sup>, National Strategy for Prevention of Alcohol Abuse and Alcohol-Related Disorders for the period 2011 - 2016<sup>6</sup>, National Strategy for Combating Drugs Abuse in the Republic of Croatia for the period 2012 - 2017 (Official Gazette nr. 122/2012), National Strategy of Health Care Development for the period 2012 – 2020 (Official Gazette 116/2012) and Action Plan to Strengthen Tobacco Monitoring in the period 2013 - 2016<sup>7</sup>. These are documents that were mentioned by the respondents when completing the Questionnaires, and the purpose of their analysis was to gain the best possible insight into the level of coherency for the observed areas. The analysis of each document covered its goal and purpose, attitude to the definition of health by the World Health Organization, connection to other strategic documents, frequency of repetition and context of application of key words<sup>8</sup>, comments and a short conclusion.

In order to gain a more detailed insight into the mentioned problem area and to clear possible ambiguities that arose during the completion or interpretation of the Questionnaire, experts and creators of policies who had previously completed the Questionnaire were invited to take part in the focus group. The choice of participants who share similar experiences and knowledge allowed for focus group homogeneity, which enhanced the probability of ideas exchange and obtaining deeper information on the topic (Wilbeck, Abrandt Dahlgren, Öberg, 2007). The focus group gathered on 12, June 2013 in the facilities of the Office for Combating Drugs

2 The final report with all accompanying documents, table of strategic documents analysis and the overall topical analysis of the focus group are available in the Office for Combating Drugs Abuse

3 It is important to stress that there was a methodology limitation in selecting of respondents who at the same time represent creators and implementation of policies in question (possible bias, conflict of interest and alike)

4 In order to ensure objectivity and impartiality by the part of the Office for Combating Drug Abuse of the Republic of Croatia, a randomly selected representative of the Department for General Programmes and Strategies was selected, while the representatives of the National Drugs Information Unit and International Relations Department were in charge of project implementation.

5 [http://www.mzss.hr/layout/set/print/ministarstvo/strategije\\_i\\_planovi/nacionalna\\_strategija\\_zastite\\_mentalnog\\_zdravlja\\_za\\_razdoblje\\_od\\_2011\\_2016\\_godine](http://www.mzss.hr/layout/set/print/ministarstvo/strategije_i_planovi/nacionalna_strategija_zastite_mentalnog_zdravlja_za_razdoblje_od_2011_2016_godine); visited 22 August 2013

6 [https://www.google.hr/webhp?source=search\\_app&gws\\_rd=cr#fp=f3ef8c240dc62f81&q=nacionalna+strategija+za+alkohol](https://www.google.hr/webhp?source=search_app&gws_rd=cr#fp=f3ef8c240dc62f81&q=nacionalna+strategija+za+alkohol), visited 22 August 2013

7 [https://www.google.hr/webhp?source=search\\_app&gws\\_rd=cr#fp=f3ef8c240dc62f81&q=akcijski+plan+nadzora+nad+duhanom](https://www.google.hr/webhp?source=search_app&gws_rd=cr#fp=f3ef8c240dc62f81&q=akcijski+plan+nadzora+nad+duhanom), visited 22 August 2013

8 The following key words were part of the analysis: health promotion, addiction, addict, tobacco/cigarettes/smoking, alcohol/alcoholism/alcoholic, drugs, psychoactive substances/agents, games of chance/gamble/gambling, other addictions, poly-use/use of more substances, comorbidity, integrated, compliant, coordination, cooperation, monitoring, competent body.

Abuse of the Government of the Republic of Croatia and the meeting lasted for 90 minutes. The order of answering questions was randomly defined by the seating arrangement of the participants (from left to right, in circle). In order to achieve equal amount of participation from all participants, the participants answered the first question, than the second question and the same order was kept till all questions were answered. In order to assure best quality of analysis and answers interpretation, the interview was recorded in audio form. Furthermore, a moderating team participated in the implementation of the focus group (discussion moderator, operational minutes taker, a person in charge of interview recording and transcripts generation), and assistant professor dr. Ivana Jeđud-Borić of the Faculty of Education and Rehabilitation Sciences of the University of Zagreb provided scientific support for the analysis and data interpretation by holding a 6-hour training in qualitative methodology for all project implementers.

In processing of focus group data thematic analysis was applied, which refers to identification, analysis and reporting processes according to the so called patterns (themes) which can be identified in the data (Braun and Clarke, 2006). For the analysis of the focus group a deductive approach was selected, where the themes are processed according to the theoretical and analytical interests of researchers (Braun and Clarke, 2006; Zhang and Wildemuth, 2009). In accordance with the mentioned, a framework for interpretation of data through 6 themes was set: Monitoring system for policies on psychoactive substances and addictive behaviour; Coherency of goals of individual policies; Compliance of national strategies and action plans with the World Health Organisation definition of health ; Implementation of policies on the national and local level; Coordination of policy implementation and Possibilities of adjustment of policies to the current circumstances. Furthermore, taking into consideration the specific knowledge of participants, a possibility to define special topics was left open. The topics were defined according to insights into answers of participants given in the Questionnaires.

The procedure of qualitative analysis of the focus group consisted of following analysis steps: (1) reading of transcripts of the focus group, (2) definition of codes within each theme, (3) definition of categories within every theme, (4) interpretation of results for each theme followed by argumentation of categories through literal quotes of the interviewed parties and (5) formulation of conclusions and recommendations. The results are shown in a way that is usual for presentation of results of qualitative research: results are presented for each theme, i.e. associated category, and their interpretation is supported by literal quotes of project participants. Their statements are presented in *Italic font*, without quotation marks. When mentioning the statements, literal quotes of participants were used. Statements made by different participants were separated using a semicolon (;).

Table 1 gives an example of coding representation. Units of coding were identified for each topic and they were assigned the appropriate codes. In the later stage of data processing, codes were grouped into more abstract categories.

Regarding the ethical dimension of the project, it is important to stress that the participants have given their oral consent and have voluntarily participated in all project phases, they were given information on the purpose, goals and manner of participation in the project in writing. Also, the participants were guaranteed data confidentiality and protection of privacy through a summative representation of results and anonymity when quoting their statements literally. Furthermore, upon project completion, the participants will be acquainted with the conclusions and recommendations resulting from the project.

## DISCUSSION RESULTS

### *Representation of answers to the Questionnaire on policies coherency*

In line with their field of work, all research participants have submitted their answers to the Questionnaire questions. The received answers var-

**Table 1** Example of Coding Representation

Theme	Original text	Code	Category
Complementarity of respective policy goals	<i>The things I said in the beginning are the things that you've partly also said, so that the <u>goals are complementary</u>, but when it comes to reduction and control of the mentioned, <u>the interests, however, are not the same...</u> <u>Fields of interest of alcohol and gambling are not the same as fields of interest of illicit drugs, one is legal activity and the other illegal and the approach <u>methodology can therefore not be the same</u>, it will have to differ and this is what makes these two systems different.</u></i>	Complementary goals	Goals
		Different interests Different fields of interest	Interests
		Different methodology	Method



ied in the amount of information provided, so that two bodies for example have submitted almost identical answers, one Questionnaire contained very short answers (sometimes only “yes” or “no”), while one participant gave a detailed answer only for the first marker. Since we have a limited text size for this paper, but to still be able to present most important results, the continuation of this paper will give a short overview of the answers according to sections of the Questionnaire.

#### *Policy: situation and context*

Till 1990 the problem of illicit **drug** abuse was well-controlled in the Republic of Croatia. During the war, in the post-war and transition period, drugs supply and demand increased and continued to rise constantly till 2001. Croatia has a well-organized system of monitoring of drug addiction problem in place and it has been following trends of drug abuse through a Register of Persons Treated for Psychoactive Drugs Abuse since 1978. During 2012 health institutions of the Republic of Croatia registered 7 855 persons treated for illicit drugs addiction, 1 120 out of which were treated for the first time (14.3%). Among the total number of new treatment requirements there is a smaller share of opiate addicts (27.9%). In 2012 the average age of male patients was 33.1 years and for female patients 31.8 years. A growth in the average age of treated persons shows that persons stay in the treatment system for a number of years, while the number of newcomers remains stable. The majority of treated persons are men (82.5%), around 2/3 of all treated persons have a high school degree, and only 41.4% are permanently employed. Since 1991 a substitution pharmacotherapy with methadone is available, and from 2004 pharmacotherapy with buprenorphine as well. Furthermore, in the period between 2001 and 2007 the number of deaths due to opiate overdose grew (more than 100 persons died annually). In the past few years the number has fallen by almost a half. Also, the prevalence of HIV seropositive persons is continually low (0.5%) and the number of persons infected with hepatitis virus is decreasing (in 2012 HCV 37%, HBV 8%). (Katalinić, Markelić, Mayer, 2013). In the past few years the number of addicts in therapy communities is going down. Furthermore, the Republic of Croatia has

a longstanding tradition of carrying out researches on addictive substance abuse among pupils. Accordingly, since 1995 Croatia has been conducting a European School Survey Project on Alcohol and Other Drugs (ESPAD). According to the results of the last research (Hibell et al, 2012) in Croatia among research respondents there are 23% of male and 15% of female 16-year-old pupils who have at least once in their lives consumed cannabis. Surprising information is that Croatia ranks first among 36 ESPAD countries<sup>9</sup> when it comes to inhalants consumption, which were consumed by 28% of research respondents. Furthermore, since 2001 Croatia has been participating in the implementation of the research Health Behaviour in School-Aged Children (HBSC). The last research showed that among 15-year-old respondents there are 16% of boys and 11% of girls who have tried marijuana (Currie et al., 2012; Kuzman, Pavić Šimetin, Pejnovič Franelić, 2012). During 2011 the first national survey on psychoactive substance abuse in general population of the Republic of Croatia was conducted (Glavak Tkalić et al, 2012) which showed that 16% of respondents have tried any illicit drugs or more precisely 15.6% cannabis, 2.5 % ecstasy, 2.6 % amfetamines, 2.3% cocaine, 0.4% heroin and 1.4% LSD. As a reaction to the growing phenomenon of drug abuse, Croatian Parliament adopted the first National Strategy on Drug Monitoring, Drug Abuse Combating and Help for Drug Addicts in the Republic of Croatia<sup>10</sup> in 1996. On the basis of the mentioned document an Act on Combating Drug Abuse was passed (Official Gazette number 107/2001, 87/2002, 163/2003, 141/2004, 40/2007, 149/2009, 84/2011), and according to the Act the Office for Combating Drug Abuse of the Government of the Republic of Croatia was founded. The Office monitors the drugs problem area and national policy implementation, and in cooperation with other competent bodies drafts the National Strategy for Combating Drugs Abuse and the accompanying action plans, which are submitted to the Government of the Republic of Croatia and the Croatian Parliament for adoption. In 2005 the Croatian Parliament adopted the second National Strategy on Combating (Narcotic) Drug Abuse in the Republic of Croatia for the period 2006-2012 (Official Gazette number 147/2005), and

9 Albania, Belgium (Flanders), Bosnia and Herzegovina (The Republic of Srpska), Bulgaria, Croatia, Cyprus, Montenegro, The Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lichtenstein, Lithuania, Malta, Moldova, Monaco, Norway, Poland, Portugal, Romania, , Russian Federation (Moscow), Serbia, Slovakia, Slovenia, Sweden, Ukraine, United Kingdom.

10 The document is available in the Information Office of the Croatian Parliament.

the currently applicable National Strategy covers the period 2012-2017. (Official Gazette number 122/2012). The currently valid strategy sets strategic goals, priorities and measures through which it ensures that the responsibility for the implementation of the overall national policy of combating drugs exists on the national, local and international levels. The vision of the strategy is to reduce the supply and demand of drugs in the society and through an integrative and balanced approach towards the issue of drugs to provide adequate protection of life and health of children, youth, families and individuals and to keep the spreading of drug abuse within the boundaries of socially acceptable risk.

Croatia has a longstanding tradition of good quality system for treatment and rehabilitation of **alcoholics**, which was created by professor dr. Vladimir Hudolin in the sixties of the past century. Apart from the specialized alcohol addiction treatment programmes within the psychiatric ward, a tight network of more than 600 clubs of treated alcoholics was developed. In order to ensure a reliable monitoring system of epidemiologic alcoholism, a National Register of Treated Alcoholics was developed in 1965. The number of newly registered alcoholics and those treated for the first time was over 6000 persons (Sakoman, 1987) in 1965, after which alcohol prevalence was dropping. At the beginning of the war the number of clubs was reduced to 200, but due to a number of other social factors alcoholism prevalence did not increase. A systematic monitoring of alcohol addiction on national level is no longer available. However, the implementation of relevant researches provided an insight into consumption trends. In accordance with this, the ESPAD research results (Hibell et al, 2012) show that Croatia ranks third among participant countries for the number of young people who have five or more drinks in a row (the so called binge drinking). Boys still drink more, however the increase in the frequency of drinking among girls is indicative. Accordingly, HBSC research showed that 44% of boys and 26% of girls aged 15 were drunk two or more times in their lives (Kuzman, Pavić Šimetin, Pejnović Franelić, 2012). Furthermore, research among student population (Kuzman et al, 2011) shows that 41.4% of respondents have consumed alcohol 40 or more times in their lives. According to the above mentioned, Glavak Tkalić et al (2012), reported that 9.6 % of the respondents aged between 15 and 34 consumed six or more glasses of alcoholic drinks in a row

once or more times a week. The mentioned data show there is a strong presence of alcohol consumption among young people in Croatia, which requires adequate and timely prevention measures. As a response to the policy in question in 2010 the Government of the Republic of Croatia adopted a National Strategy on Prevention of Alcohol Abuse and Alcohol-Related Disorders for the period 2011 - 2016. The vision of the mentioned document is to improve the health and social outcomes for individuals, families and the community with considerable reduction of illnesses and death cases caused by alcohol abuse and other social consequences resulting from it. Furthermore, a draft of Croatian Action Plan on Alcohol 2012-2020 was made, which since it has not yet been adopted, is not considered in this paper.

The results of the ESPAD research show that Croatia ranks third among 36 ESPAD countries regarding **cigarette** smoking and that 41% of sixteen-year-olds (Hibell et al, 2012) are currently smoking. HBSC research shows that 21% of boys and 19% of girls aged fifteen are smoking on daily basis (Kuzman et al, 2012) and the national research on psychoactive substance abuse (Glavak Tkalić et al, 2012) showed that 36.3% of Croats smoke regularly. As a reaction to the above mentioned, the general goal of the Action Plan to Strengthen Tobacco Monitoring in the period 2013-2013 is to improve health in the population by adopting a non-smoking, healthier way of life followed by a simultaneous reduction of smoking prevalence which is a risk factor for a number of chronic diseases.

Croatia has a poorly regulated system for prevention and control of problems connected to **games of chance**. According to the research *Playing Games of Chance in the General Population of the Republic of Croatia* (Glavak Tkalić and Miletić, 2012), around a third (32.5%) of persons aged between 16 and 64 have in the past month played a game of chance. 2.5 % of respondents aged between 15 and 64 and 3.2% of persons aged between 15 and 34 were involved in problems caused by games of chance. There is no systematic epidemiologic monitoring of disorders connected to pathological gambling or a strategic document regarding this problem area in place in Croatia.

#### Legal/regulatory form

There are adequate, mutually complementary regulations in Croatia which regulate the researched field and which are completely in line with *aquis communautaire* of the EU and all rel-

**Table 2** Representation coherency assessment of the legislative/regulatory framework for different fields

Submarker	Fields			
	Illicit drugs	Alcohol	Tobacco	Gambling
Coherency level				
Rules and regulations	high	High	high	middle
Observance of international conventions	high	High	high	-*
Coherency of political goals	high	Middle	middle	Low

\*Project implementer does not have information on existence of international conventions in this field

evant international conventions. For example, the Act on Combating Drug Abuse (Official Gazette number 107/2001, 87/2002, 163/2003, 141/2004, 40/2007, 149/2009 and 84/2011) lays down conditions for plant growing which could be used to make drugs, conditions for the making, possession and trafficking of drugs and substances which can be used to obtain drugs, defines measures for combating drug abuse, prescribes a system for prevention of addiction and provision of help for addicts and occasional drug consumers. Furthermore, it is important to bear in mind that licit drugs, i.e. alcohol and cigarettes are illicit for children and youth under 18, because it is forbidden to sell these products to children and youth according to Act on Limiting the Consumption of Tobacco Products (Official Gazette number 125/2008, 55/2009, 119/2009, 94/2013), Act on Trade and Commerce (Official Gazette number 87/2008, 96/2008, 116/2008, 114/2011, 68/2013) and Act on Catering Industry (Official Gazette number 138/2006, 43/2009, 88/2010, 50/2012, 80/2013). Also, the National Programme on Safety of Road Traffic in the Republic of Croatia for the period 2011 - 2020 (Official Gazette number 59/11) and Act on Safety of Traffic on Roads (Official Gazette number 6772008, 74/2011) pay special attention to drunk driving. Furthermore, the Act on Games of Chance (Official Gazette number 87/2009, 35/2013) prescribes the system, types and conditions of organization of games of chance, rules and procedures of granting and abolishing the rights to organize games of chance, rights and obligations of games of chance organizers, distribution of income from games of chance, monitoring of the organization of games of chance and it forbids minors to take part in games of chance. Table 2 gives a summary of coherency assessment of legislative /regulatory framework for different fields.

#### *Strategy/action plans*

National Strategy on Combating Drugs Abuse in the Republic of Croatia for the period 2012 - 2017 and the accompanying action plans in the field

of drugs contain all elements expected to be part of a strategic document such as defined purpose, vision, general and specific goals, further development according to key fields, concrete measures and activities based on real situation and needs, they are harmonized with general and specific goals, have measurable markers of implementation and effect, defined implementers and implementation due dates and secured funds. Apart from the above mentioned, the mechanisms for continuous monitoring of implementation are established and their results are available to public through annual reports on implementation of the National Strategy and Action Plan. The listed documents are flexible, since they are implemented via annual implementation programmes of the Action Plan which allow for measures and activities to be adjusted to newly-occurred circumstances and trends. They foresee an integrative approach to drugs problem area, with a tendency towards activities complementary with other areas of addiction. Furthermore, strategic documents in the field of tobacco and alcohol are of a lower structural quality, but they clearly reflect the goals and direction of policies. The main shortcoming of the strategic framework in the field of alcohol is the fact that there is no valid action plan which would ensure full implementation, assessment of the required funds and monitoring of the Strategy implementation. Action Plan to Strengthen Tobacco Products Monitoring demands a clearer format. Documents from the fields of alcohol and tobacco show the analysis of the situation, from which it is evident that there is no systematic process of monitoring the problem (especially in relation to monitoring of trends in alcohol and tobacco consumption in general population and groups at risk), nor is there monitoring of influence of legal and strategic measures on consumption prevalence. The documents cover the fields in this segment in a comprehensive way, but they do not make relations to other addictions. Furthermore, the content of the mentioned documents foresees implementation monitoring, availability of reports on implementation and information on implemented measures evaluation.

**Table 3** Overview of coherency assessment of strategies/action plans according to fields of addiction

Submarker	Fields			
	Illicit drugs	Alcohol	Tobacco	Gambling
	<b>Level of coherency</b>			
Problem situation	high	middle	middle	Low
Supply reduction	high	middle	middle	low
Demand reduction	high	middle	middle	low
Harm reduction	high	middle	middle	low
Specific goals	high	high	high	low
Budget-related issues	high	low	middle	low
Activities	high	middle	middle	low

**Table 4** Overview of coherency assessment of structures/resources according to fields of addiction

Submarker	Fields			
	Illicit drugs	Alcohol	Tobacco	Gambling
	<b>Coherency level</b>			
Competent body	high	middle	high	low
Coordination body	high	low	middle	low
Mechanisms	high	low	middle	Low
Monitoring system	high	low	low	Low
Final assessment	high	middle	middle	Low
Coordination tools	high	low	middle	Low

Table 3 summarizes coherency assessment of strategies/action plans according to fields of addiction.

#### *Structures/resources*

Apart from gambling which is characterized by a lack of adequate mechanisms, national regulations of other policies define bodies responsible for the problem area of drugs, alcohol and tobacco. In order to ensure a timely and efficient implementation of policy on combating drug abuse, the Government of the Republic of Croatia has founded a Committee for Combating Drugs Abuse, while the Office for Combating Drugs Abuse is in charge of coordination and monitoring of national strategic documents implementation. Furthermore, County Committees for Combating Drugs Abuse coordinate Strategy implementation on local levels. On the other hand, National Strategy on Combating Alcohol Abuse and Alcohol-Related Disorders for the period 2011 - 2016 foresees establishment or appointment of bodies which would be responsible for the monitoring of Strategy implementation. The implementation of measures to strengthen tobacco monitoring is continuously supported by the National Committee for Combating Smoking of the Ministry of Health of the Republic of Croatia. There are, however, no local coordinative bodies in the field of alcohol and tobacco problem area monitoring. Furthermore,

monitoring of both problem areas is poorly developed, and there is at the moment no plan for monitoring of implementation of relevant strategic documents.

Table 4 shows coherency assessment of structures/resources according to fields of addiction.

#### *Responses/interventions*

In line with real needs of individual local communities (counties), the Action Plan for Combating Drug Abuse for the period 2012 - 2014<sup>11</sup> tries to ensure equal availability of different programmes and contents throughout the whole country. All listed tasks are carried out in coordination and cooperation with the competent ministries, state administration bodies, other competent state institutions, civil society organizations and international bodies and organizations. As was mentioned earlier, the Action Plan on Alcohol, which would contain concrete implementation measures, has not yet been adopted. Furthermore, the Action Plan to Strengthen Tobacco Monitoring for the period 2013 - 2016 has only just entered into force, and it is therefore difficult to assess what is the necessary level of implementation and adjustment of budget resources to the newly-occurred circumstances. We cannot talk about systematic responses and interventions in the field of pathological gambling, since there is no strategic document which would define policy

11 Taken from [http://www.uredzadroge.hr/wpcontent/uploads/2013/02/NAP\\_2012\\_2014\\_final.doc.pdf](http://www.uredzadroge.hr/wpcontent/uploads/2013/02/NAP_2012_2014_final.doc.pdf). on 22 August 2013



**Table 5** Overview of coherency assessment of responses/interventions according to different fields of addiction

Submarker	Fields			
	Illicit drugs	Alcohol	Tobacco	Gambling
	Coherency level			
Concrete actions	high	middle	middle	low
Implementation	high	high	middle	low
Lack of implementation due to budget limitations*	low*	high*	middle*	high*
Monitoring of action plan implementation	high	low	middle	low
Budget (possibility of adjustment to new circumstances)	high	low	middle	low

\*Since in the original Questionnaire the formulation of the highlighted submarker was in contrast with other submarkers, opposite values were used for interpretation (e.g. “low lack of implementation” means “high implementation level”)

**Table 6** Overview of analysed strategic documents with time periods of their validity

Document title	Time period
National Strategy on Mental Health Protection	2011-2016
National Strategy for Combating Alcohol Abuse and Alcohol-Related Disorders	2011-2016
National Strategy for Combating Drugs Abuse in the Republic of Croatia	2012-2017
National Strategy for Health Care Development	2012-2020
Action Plan to Strengthen Tobacco Monitoring	2013-2016

implementation and accompanying responses to the issue. Based on the listed answers, we have made an assessment of interventions coherency, which is shown in Table 5.

### *Analysis of strategic documents in the area of addictions*

As shown in Table 6, five relevant strategic documents in the field of health and addictions were analysed. Before we give a detailed overview of the mentioned documents, it is important to stress that the mentioned documents refer to different time periods. Although the National Strategy on Health Care Development is a more general document than other strategies from the field of health care/addictions, it can be noticed that the National Strategy on Mental Health Protection and National Strategy for Combating Alcohol Abuse and Alcohol-Related Disorders had been adopted before the mentioned document. Furthermore, most documents use concepts such as “combating”, “fight” or “control”, even in segments that are not related to work of repressive bodies or law enforcement. Also, in case of psychoactive substances, we notice a lack of terminology coherency. For example, in the strategic document related to drugs we often find “psychoactive substances or agents” which refer to licit or illicit substances with psychoactive effect, while other documents do not use or rarely use this concept. The continuation of this paper gives an overview of documents, starting from more general to more specific ones, regardless of the chronology of their origin.

*National Strategy for Health Care Development for the period 2012 - 2020*, as opposed to other four analysed documents, relates to all strategic documents which deal with the issue of addiction, and which existed at the moment the Strategy was drafted. This document at the same time covers the definition of health by the World Health Organization most completely. It deals with the problem of tobacco, drugs and most of all with alcohol. It also mentions “other forms of addiction”. An integrated approach is mentioned in a number of places and attention is given to coordination, policies coherency and cooperation.

*National Strategy for Mental Health Protection for the period 2011 - 2016* is harmonized with the National Strategy for Health Care Development and it relates to numerous strategic documents. The document mentions problems related to alcohol, while other addiction types are not mentioned. An integrated approach is not mentioned directly, although it recognizes a unified approach to all addictions. Monitoring of mental diseases and cooperation of all stakeholders of the system are considered to be the basis of successful planning and policy implementation. The tendency towards improvement of the general, overall health situation of the population is emphasised.

*National Strategy for Combating Drugs Abuse for the period 2012 - 2017* does not refer to other strategic documents that are subject of this analysis, but in its text it mentions other addiction types or substances. Furthermore, it strongly advocates the

need for an integrated approach to the problem area of drugs and other addictions, as well as the importance of coordination on all levels. Good quality, continuous monitoring of the situation and strategy implementation are considered to be the key for success of the national drugs policy. Health is continuously emphasized in the document, especially in relation to protection of health of children and youth and promotion of healthy life-styles.

*National Strategy on Combating Alcohol Abuse and Alcohol-Related Disorders for the period 2011-2016* mentions addiction exclusively in the context of alcoholism. In one part of the document, disorders connected to alcohol addiction and an integrated approach to alcoholism treatment and alcoholism-related disorders are mentioned. The need for coordination of measures implementation is mentioned once and the need for coherent activities is emphasized for a number of times. Health in general is mentioned occasionally, while references to guidelines of World Health Organization appear more frequently.

*Action Plan to Strengthen Tobacco Monitoring for the period 2013 - 2016* does not deal with other types of addiction. Promotion of health is used in the context of non-smoking, without emphasizing other healthy life-styles. This document is shorter than the previously analyzed strategies and has a weaker concept. Furthermore, there is no review of integratedness and coherency of measures, programmes or policies. On the other hand, cooperation between different sectors and levels is encouraged and importance is given to monitoring of tobacco, consequences of smoking and legal regulations.

#### ***Analysis of data obtained through focus group method***

In the continuation of this text we will give an overview of the most important results obtained through focus group method. For example, under the topic of existence of **monitoring system for policies on psychoactive substances and addictive behaviour**, the respondents established that there is a lack of coherency and they supported the efforts for establishing of policies coherency. The respondents believe that the area of drugs monitoring is developed to the greatest extent and that the mentioned monitoring system is characterized by clearly developed markers: supply and demand of drugs, research and alike. In other policies there is incoherency in monitoring and lack of markers for implementation monitoring. Furthermore, prevention is recognized as an area which focuses on common risks and

protective factors for occurrence of different types of addictions and at the same time on a number of risk behaviours. The following statements made by respondents illustrate the above mentioned:

*I... definitely support this integrative approach; Policy of reduction, i.e. availability has to be coherent, has to be similar...; In the field of gambling there is practically nothing except for assessments, in the field of alcoholism what used to be exists no more unfortunately, and in the field of drugs there were funds and people in charge of running it all;... prevention in schools is completely integrated and there is no special prevention for this or that...*

Under the topic of **complementarity of respective policy goals** the respondents established that the policies in question are characterized by complementary general goals, but that interests are different depending on whether it is about licit or illicit psychoactive substances, i.e. addictive behaviour. Furthermore, respondents single out two types of interest: social (common) and state interest and the related funds. It is stressed that the state earns from taxes on legal psychoactive substances (like for example tobacco products), which according to respondents points towards ambivalence of interests. Accordingly, it is mentioned that the methodology for reaching the goals has to be adapted to the existing interests.

The following quotes support the above mentioned:

*...goals are complementary, but only when it comes to reduction and control, but interests are not the same...; indeed, goals should really be the same...but measures and ways of reaching those goals cannot be entirely the same;... the state has interests, financial ones...; ...the state gets substantial funds, combating is automatically (short pause) made more difficult in a way; ...the state is ambivalent when it comes to alcohol and gambling; It would be very good if health was the most important thing in every country.*

Under the topic of **compliance of national strategies and action plans with the World Health Organisation definition of health** the respondents emphasized that it is important to aim for the definition of health in question, but that is it important to consider real possibilities. It is mentioned that with addiction we cannot talk about health or social well-being, since it is a problem that damages the health of individuals and families. Furthermore, the impor-

tance of making efforts towards strengthening and promotion of healthy life-styles is stressed which can be seen as the need to promote the concept of positive development.

*...there is no health here, not only for the individual but for the whole family; ...we were not trying to achieve overall social well-being, because it is not realistic considering the circumstances...; I think we should empower, this is what I suggest, empower this concept of development...; to work in the field of promotion and healthier life-styles.*

Under the topic of **implementation of policies on the national and local level**, all respondents agreed that the system of combating drug abuse is well-established. Furthermore, the state budget of the Republic of Croatia and the budgets of counties foresee funds for implementation of the policies in question on annual level. The respondents concluded that guaranteed funds influence better implementation of individual policies. In connection to the already mentioned, problems in implementation of alcoholics treatment have been singled out. Namely, although they form part of the treatment system, clubs of treated alcoholics have the status of NGOs and are financed through tenders. Furthermore, the policy connected to problematic gambling is evolving and its implementation on the country level is still to be defined. Related to the conversation on the role of adequate and regular securing of funds for implementation of individual policies, one respondent suggested the idea of establishing a fund for prevention, i.e. implementation of activities. The following quotes illustrate the above mentioned:

*Regarding drugs, I think that in structural sense, we have had a very well-established structure in each county for quite a long time...; ...here we have a better organized implementation through guaranteed funding...; On the other hand a programme of financing of rehabilitation programmes in alcoholology, which are most important for the existence of abstinence, is not at all systematically available..., ... as far as gambling is concerned, there is no funding system...; ...it would be best (laughter) if there was some kind of fund not only for promotion and prevention, but one part that would be earmarked and would be continually used, at least its small part, for implementation...*

Under the topic of **coordination of policy implementation**, the respondents emphasized that in order for coordination of a certain policy to be

successful we need a sort of coordinative body which would cooperate with all relevant partners, continually secure funds for implementation of the programmes and organize education for experts. Two participants expressed the idea of establishing a unified coordinative body which would be in charge of coordination of policies of all addictions. Since the highest level of coordination has been reached in the area of combating drug abuse, the two mentioned respondents said that the Office for Combating Drugs Abuse should be in charge of coordination of implementation and other related policies. The following quotes illustrate the above mentioned:

*I think it would be good if there was the same type of coordinative body... The Government's Office for Combating Drug Abuse...; I think that this body should coordinate completely all addictions and the state policy in implementation of reduction of consumption of tobacco, alcohol and gambling...; When talking about the coordination as such, we have the highest level of coordination related to drugs... It is expected from this Office to be the umbrella body, but also a technical and in certain parts professional body, a body that simply coordinates the activities...*

One respondent also thinks that there is a need for existence of one or more coordinative bodies, while two respondents think that the efficiency of one coordinative body would be questionable. The mentioned is evident from the following quotes:

*...I am definitely in favour of a coordinative body regardless of whether it would be in one place or more...; ...It would than, I think, be technically very difficult to implement...; I am afraid we would get one... How efficient would it be?*

Under the topic of **possibilities of adjustment of policies to current circumstances** the respondents think that in the national strategies in force there is a possibility of adjustment of measures to possible changes of circumstances. It is possible to make it operational through action plans. The mentioned is illustrated in the following quotes:

*...national strategy does not have to be changed entirely, the request for changes of a certain part of the strategy can be sent to the Government and on the basis of it changes can be made...; strategic document is a frame which foresees all necessary elements, it is broad enough to foresee everything that is necessary within action plans...*



When the focus group was finished with its meetings, the respondents were given the possibility of adding comments or giving opinions about some contents they deem relevant, and which were not covered sufficiently (or not at all) during focus group session. In this context emphasis was again put on the importance of coordinative body and introduction of changes into the existing policies.

Based on the conducted analysis, from the perspective of experts it is possible to draw a number of **conclusions** on coherency of the researched aspects of policies on psychoactive substances and addictive behaviour:

- Apart from the policy on combating drug abuse there is incoherency in the monitoring of policy implementation on other psychoactive substances and addictive behaviour;
- There is a need for better coherency of the policies in question;
- The area of addiction prevention is recognized as an integrated area which focuses on common risks and protective factors for a number of negative outcomes;
- The mentioned policies have complementary general goals, but methods and means of achieving them are different depending on (il)licit status of psychoactive substances;
- On the national and county level there is a system of combating drugs and the funds planned for the implementation of activities. Other policies do not have neither a structural nor a financial component of policy implementation solved in an adequate way;
- The need for establishment of a type of coordinative body/coordinative bodies was established;
- The adjustment of measures and activities in the strategic documents in force is possible through action plans and other operative documents.

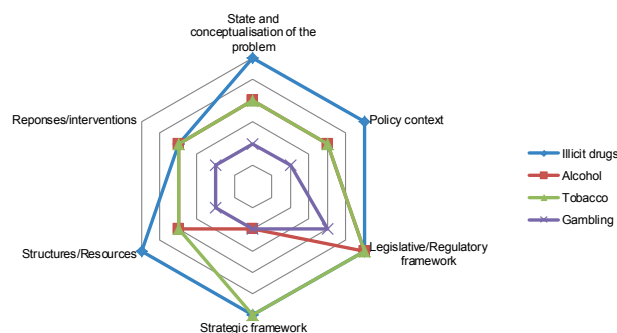
## CONCLUSIONS AND RECOMMENDATIONS

The conducted analysis and research present a sort of assessment of needs and existing resources in the area of public policies which deal with different addictions in the Republic of Croatia. Namely, the mentioned policies are more than a group of laws and programmes and they require consistency in implementation elements. Furthermore, we should not neglect the interaction between policies, nor the fact that the lack of observance of contextual fac-

tors generates risks which can lead to inconsistency with goals of other policies or even bring negative effects. Incoherency in policies brings to inefficient spending, lower quality of services, difficulties in realizing strategic goals and reduction of managing capacities.

Answers to the research questions made earlier point to the following conclusions:

among policies that were discussed in this paper, only the policy on combating drug abuse contains strategic and legal framework which defines the policy, coordinative mechanisms which assure the implementation of policy, system of monitoring policy implementation, coherence with other related policies and possibilities of adjustment to new trends and circumstances through operative documents. Policies regarding tobacco and alcohol satisfy only some of the listed elements, while the gambling policy, apart from the legal framework, is completely not regulated. A summary of project results is shown in the form of a spider diagram on Picture 1.



**Image 1** Summary of research project findings in a "spider diagram"

The reasons for establishment of strategic, institutional, legal and financial framework for implementation of coherent policy in the area of prevention and combating all sorts of addictions are not only in improvement of quality of implementation of activities and policies, but in the opportunity to ensure central planning and monitoring of implemented planned strategic goals within the same framework. This would significantly facilitate the implementation and monitoring of policies implementation, since the existence of the central body would enable the integration of data on implemented activities and central and rational planning and spending of funds earmarked for addiction combating.

On the basis of the conducted research, it is possible to list a number of **recommendations** for



improvement of coherency of policies on psychoactive substances and addictive behaviour in the Republic of Croatia:

- Results and conclusions of the project should be presented to research participants and decision-makers for the mentioned issues;
- In the next strategic documents definition of health should be aligned with the definition of the World Health Organization;
- Health and the concept of positive development should be promoted;
- A fund for prevention/implementation of preventive activities should be established;
- A system of prevention and treatment of addictions should be developed on the county level in the framework of the already existing bodies;
- In line with the existing resources, a body responsible for coordination of policies on all psychoactive substances and addictive behaviour should be established.

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