

The Process of the Implementation of Quality Standards in Drug Prevention in Croatia: A Case Study

ANDREIĆ, J.-L.

Croatian Institute of Public Health (CIPH), Service for Combating Drug Abuse (SCDA), Zagreb, Croatia

Citation | Andreić, J.-L. (2023). The process of the implementation of quality standards in drug prevention in Croatia: A case study. *Adiktologie*, 23 (1), 73–87. <https://doi.org/10.35198/01-2023-002-0007>

INTRODUCTION: Prevention science and quality standards of drug prevention in the EU and in the world have developed in recent decades. Progress has been made in quality development in Croatia, but the experience of the process of improving the field of drug prevention and the implementation of quality standards in Croatia has not been described in detail in the literature. This case study is an example of adaptation of the European QS and the emergence of other quality assurance components in the field of addiction prevention in the Republic of Croatia. The study describes the Croatian example of the implementation of QS from the perspective of the Service for Combating Drug Abuse (hereinafter SCDA) of the Croatian Institute of Public Health (hereinafter CIPH), and the context, processes, mechanisms, and activities that contributed to the implementation of QS in the Republic of Croatia. **METHODS:** Narrative review from database searches, literature review including grey literature, followed by a subsequent content analysis. **RESULTS:** The current study includes the background of the circumstances in which the

implementation of QS occurred, as well as the activities that were performed. In addition, factors that could have contributed to the implementation of QS are presented. **CONCLUSIONS:** This Croatian case study suggests that different factors at a different level can influence QS implementation. The implementation of QS in the field of drug prevention is a long-term process influenced by various factors at the macro, mezzo, and micro levels. The study presents the shifts that have occurred as a result of the activities carried out and selected factors that could influence the implementation of QS at the micro, mezzo, and macro levels (or together). Reflection on the Croatian study on the implementation of QS may contribute and inspire/facilitate the implementation of QS and similar processes in other countries.

Keywords | Drug Prevention – Quality Standards – Croatia – Drug – Implementation Factors

Submitted | 19 February 2023

Accepted | 15 April 2023

Grant affiliation | Prepared within the framework of the FENIQS-EU project.

Corresponding author | Josipa-Lovorka, Andreić, Croatian Institute of Public Health, Service for Combating Drug Abuse, St. Preobraženja Street 4/II, 10 000 Zagreb, Croatia

josipa.lovorka-andreic@hzjz.hr

1 INTRODUCTION

Over the past few decades, significant advances have been made in the field of prevention science (UNODC & WHO, 2018; Sloboda & Petras, 2014), which has led to an understanding of the etiology of substance use prevention (Botvin et al., 2005) and to understanding what works in prevention (Nation et al., 2003). The development and implementation of evidence-based interventions is one of the key principles of prevention science (Belošević & Ferić, 2021), and evidence-based prevention refers to those preventive programmes, strategies, and policies that have proved to be effective in changing adolescent behaviour and attitudes (Pentz, 2003). The most effective interventions are based on etiological psychosocial theories of substance use and include risk and protective factors at different levels (at the level of the individual, family, and/or community; Griffin & Botvin, 2010). As a result of these findings, numerous efforts and quality standards have been developed over the past decade at the international and EU level to improve the field of drug and addiction prevention. This includes strategic documents, primarily the EU Drugs Strategy, which already recognised in the period 2005-2012 the need to improve the accessibility and effectiveness of preventive programmes as a priority in the field of prevention (Council of the European Union, 2004). In its next EU Drugs Strategy (2013-2020), in the field of drug demand reduction one of the priorities was the need to develop and implement quality standards in prevention (Council of the European Union, 2012). At the time of the adoption of this strategy, various quality standards (QS) had already been adopted with the aim of improving drug prevention efforts. Following the EQUS project (implemented according to the European Action Plan on Drugs 2009-2012), (Council of the European Union, 2012), which defined the lists of minimum quality standards in drug demand reduction (Uchtenhagen & Schaub, 2011), European Quality Standards of Drug Prevention were developed in 2011 (the EDPQS; Brotherhood & Sumnall, 2011). Those standards explain how to plan, implement, and evaluate drug prevention programmes in a quality way. The EDPQS serve to inform about the development of prevention strategies for the development of organisations that provide prevention services or for professional development, providing support in the development and promotion of best practice for reaching strategic and political goals (Brotherhood & Sumnall, 2011). Some time later, the “International Standards for the Prevention of Drug Use” (UNODC, 2015) were adopted, containing a summary of global evidence in drug prevention. In the second edition of 2018, those standards were upgraded in collaboration with the WHO, giving recommendations on the implementation of various interventions and policies in the prevention of substance use and also regarding other risky behaviours and promotion of the healthy development of children and young people (UNODC & WHO, 2018). Furthermore, in 2015 (based on the EU Action Plan on Drugs 2013–2016), the Council of the European Union adopted Council conclusions on the implementation of minimum quality standards in drug demand reduction in the EU, noting (in the area of drug prevention) that the implementation of minimum quality standards can improve the effectiveness and efficiency of drug prevention programmes (Council of the European Union, 2015). In the field of drug use prevention, four standards were established

that represent the minimum quality benchmark for interventions, with the aim of supporting and promoting a qualitative approach (Council of the European Union, 2015). This document shows the political will of EU countries to address drug prevention interventions (as well as other drug demand reduction interventions) within an evidence-based perspective (EMCDDA, 2022). In this period, we can see, according to many of the above quality standards in the field of drug prevention, that quality in the sense of evidence-based perspective is increasingly important, which the relevant strategic documents recognised. The aim of the study was to identify and describe the process and background of the development and implementation of QS in drug prevention through the efforts made (especially in the last decade) in the Republic of Croatia.

2 METHODS

2.1 Design

A narrative-descriptive methodological approach documenting the implementation of drug prevention QS in the Republic of Croatia. Narrative review from database searches, literature review including grey literature, followed by a subsequent content analysis.

2.2 Setting

The Republic of Croatia; period from 1991 (especially from 2010) to 2022. The period from 1991 to 2022 was chosen to describe the development of the drug prevention QS in the Republic of Croatia from the founding of Croatia as an independent state (in 1991) to the present day. Special emphasis was placed on the period from 2010 onwards, as more intensive activities focused on the implementation of QS in the Republic of Croatia began at that time.

2.3 Information sources

Various sources of information were used to prepare the case study, which include computer database searches, manual searches, documents (official documents, reports), and authoritative texts for understanding the case. Databases containing strategic documents and legislation regulating the field of addiction prevention in Croatia (Zakon.hr, Official Gazette), the Croatian websites of the OCDA and SCDA, the websites of Croatian state and local government bodies, the websites of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), European Commission, and UNODC, and the following databases were searched: Science Direct, Google Scholar, Hrčak, Dabar, CROSB, Scopus, Springer, ResearchGate, Psychnet.apa, SAGE Publishing, Springer Link, and the Publications Office of the European Union. Annual national reports on the implementation of the National Drug Strategy and reports submitted by the OCDA to the EMCDDA, research and projects commissioned by the OCDA (SCDA), and EU projects in which the OCDA (SCDA) has informally participated were reviewed. The following keywords were used for the

search: drug prevention, prevention science, effective prevention, drug abuse, substance use, (minimum) quality standards, evaluation, science-based prevention, evidence-based, drug report, drug survey, quality assessment, quality assurance, effective prevention, and intervention effectiveness.

2.4 Data collection and content analysis process

After a review of the retrieved documents and a topic-relevance review of abstracts/summaries (where present), texts were selected for further analysis. In the next phase, the data sources were categorised and systematised regarding the description of the following categories:

- a. the background to the process of the implementation of QS in drug prevention;
- b. key steps taken in the development of QS and QA systems in drug prevention;
- c. factors contributing to the implementation of QS.

The division of the factors that influenced the implementation of QS at different levels (micro, mezzo, and macro) which was used in this case study was inspired by an existing case study (Miočić, as quoted in Brajdić Vuković, 2021, p. 24) and the theory of ecological systems (Bronfenbrenner, 1979).

3 RESULTS

3.1 Background to the process of the implementation of QS in drug prevention

The national/local context

The Republic of Croatia is a Central European and Mediterranean country located in the southern part of Central Europe and in the northern part of the Mediterranean. Geo-strategically, Croatia is a transit country through which drugs are smuggled from east to west of Europe via the so-called “Balkan route”, and is also a maritime country (Čale Mratović, 2007). The Republic of Croatia became an independent state in 1991, when the socialist regime was replaced with a parliamentary democracy, and in the same year a defensive homeland war began in the Republic of Croatia, which lasted until 1995. The Republic of Croatia became a member of the European Union in 2013.

Addiction in Croatia

Although the uncontrolled expansion of heroin use began in the city of Split in the mid-1980s (Sakoman, 2005), in the mid-1990s, after the Homeland War, there was an epidemic of drug addiction (Government of the Republic of Croatia, 2004), which was influenced by social factors, such as the economic situation, war events, the increase in crime and the availability of drugs, population migrations, and numerous other sociological events in the community (Čale Mratović, 2007). According to the data from the Report on persons treated for drug abuse

in Croatia in 2020 (Valentić et al., 2022), since 2000 till today, opiate addiction dominated. Since 2014 there have been fewer and fewer people in treatment. Specifically, the highest total number of persons treated for psychoactive drug abuse in Croatia was recorded in 2013 (7857). Since then, it has mainly decreased, and in the year 2021, 5378 people were treated for psychoactive drug abuse. Furthermore, the number of people treated for the first time for opiates has decreased over time (in 2000 1009 people were treated for opiates for the first time and in 2010, 430 persons were treated for opiates for the first time, while in 2021, 126 people were treated for opiates for the first time) (Valentić et al., 2022). In 2022 there were almost ten times fewer people treated for opiate drug use for the first time than 20 years ago, and today’s challenges are the coverage of non-opiate users. Furthermore, data on the frequency of use of addictive substances in the last year among younger adults (aged between 15 and 34 years) in the period from 2011 to 2019 shows an increase in smoking, alcohol consumption, the use of sedatives and tranquillisers, and the use of illegal drugs such as cannabis, ecstasy, amphetamines, and cocaine (Štimac Grbić & Glavak Tkalić, 2020). Furthermore, the ESPAD data from 2019 and 2011 shows an increase in the use of cannabis in the last month (2019: 9.2%; 2011: 7%), which was both times above the rate of use in all ESPAD countries. At the same time, the data for the use of heroin in the last year shows a drop from 0.9% in 2011 to 0.7% in 2019 (ESPAD, 2019).

Legislation in the field of prevention

The first **National Drug Strategy**¹ in the Republic of Croatia as a basic document for the implementation of various activities in the field of combating drug abuse (which includes drug prevention) was adopted in 1996. Three other National Strategies on Combating Drug Abuse in the Republic of Croatia (2006–2012; 2009–2012 and 2012–2017) were implemented within the framework of three-year **Action Plans** (2006–2009; 2009–2012; 2012–2014; 2015–2017), adopted by the Government of the Republic of Croatia. In 2022, for the first time, the Government of the Republic of Croatia adopted a National Addiction Strategy for the period till 2030, which represents a turnaround and a new approach in creating an integrative and coherent policy in this area and defines national policy goals and policy priorities towards all addictions and behavioural addictions (not just drugs). Since 2006 strategic documents have stressed the importance of supporting the development, implementation, and sustainability of quality drug prevention programmes, and, since 2012, of effective and evidence-based drug prevention programmes. In addition to strategic documents, the need to implement measures to combat drug use covering the field of drug prevention in the Republic of Croatia is regulated by **The Drug Abuse Prevention Act (later: DAPA)**,² adopted in 2001 on the basis of the first National Strategy. The DAPA prescribes the adoption of the National Drug Strategy by

1 | National strategy for Drug Surveillance, Combating Drug Abuse, and Assistance to Drug Addicts

2 | The Drug Abuse Prevention Act (OG 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11, 80/13, 39/19); <https://www.zakon.hr/z/293/Zakon-o-suzbijanju-zlouporabe-droga>

parliament, as a fundamental document that provides the basis for the actions of state and local authorities, institutions, associations, religious organisations, and other stakeholders.

Institutional framework

The beginnings of the creation of an institutional framework related to drugs began shortly after Croatia's independence. In response to the situation related to drug consumption in the early 1990s, in 1993 the first **Commission for Combating Drug Abuse of the Government of the Republic of Croatia**³ was established; its task was, among other things, to propose to the Government of the Republic of Croatia measures to combat drug abuse. Furthermore, the institutional system was primarily established on the basis of the National Strategy for Combating Drug Abuse and the DAPA (National Strategy for Combating Drug Abuse (2012–2017), 2012). The institutional framework for combating drugs exists at the national and local level. On the national level it consists of: 1) the Commission on Combating Drug Abuse of the Croatian Government, 2) the Office for Combating Drug Abuse of the Croatian Government (OCDA), 3) the Expert Council, and 4) relevant ministries, state institutions, and other expert institutions. **1) The Commission for Combating Drug Abuse of the Government of the Republic of Croatia**, chaired by the Deputy Prime Minister of the Republic of Croatia, consists of representatives from all relevant ministries. Established on the basis of the DAPA, it develops drug policy and coordinates, at the political level, the activities of the ministries and other organisations involved in the implementation of the National Strategy on Combating Drug Abuse. It also adopts annual programmes of action in this field (EMCDDA, Country report, 2019⁴). **2) The Office for Combating (Narcotic⁵) Drug Abuse of the Government of the Republic of Croatia (hereinafter: the OCDA)**, established in 2002 on the basis of the DAPA.⁶ The OCDA, as an expert service of the government at the operational level, oversaw the systematic monitoring of the drug situation in Croatia, recommended measures to address drug-related issues, and performed professional, analytical, advisory, and other tasks related to combating drug abuse (and prevention), the application of the DAPA, the implementation of National Drug Strategies (hereinafter NDS) and action plans for combating drug abuse (hereinafter APs). In relation to legal and technical aspects, the OCDA, as the umbrella coordinating body on the operational level, is legally authorised to cooperate with all stakeholders on the national and local level, and also with NGOs, and is in charge of monitoring and improving the implementation of the National Strategy and AP and for international cooperation. All the relevant stakeholders envisaged in the National Drug Strategy reported to the OCDA once a year about activities they had conducted. Reporting to the Government of the Republic

of Croatia once a year, the OCDA was in operation from 2002–2018. “Attached to the Office for Combating Drug Abuse, **the Expert Council** also operates; it comprises experts from different fields (prevention, treatment, rehabilitation, policing, and law) and is tasked with supporting the Office for Combating Drug Abuse in its decision-making.” (EMCDDA, 2019b, pp. 2–3). The institutional framework **on the county level** consists of: 1) county committees on combating drug abuse, 2) health services (services for mental health protection, addiction prevention, and outpatient treatment of county public health institutes; departments of addiction treatment in hospitals), 3) social welfare services (centres for social welfare, family centres, homes) and regional offices of the Croatian Employment Service, 4) civil society organisations, i.e. non-governmental organisations (NGOs) such as associations and therapeutic communities; county offices for social activities (healthcare, the school system, social welfare, etc.), 5) educational institutions, family and religious institutions, the judiciary, and the police⁷ (Government of the Republic of Croatia, 2012). The County Committees for Combating Drug Abuse coordinate the implementation of the National Drug Strategy, create regional APs according to their needs and in line with the national AP, and once a year report to the OCDA about the activities they have conducted. The OCDA represents “a bridge” between the county commissions and the Governmental Commission on combating drug abuse and organise yearly joint meetings, thus ensuring vertical cooperation.

Institution responsible for the coordination and quality of prevention

The above-mentioned OCDA was in operation from 2002–2018 as the main body for the coordination, supervision, and effectiveness of the NDS⁸ and AP implementation (Office for Combating Narcotic Drug Abuse, 2012). In 2019, because of political decision, the OCDA began to act as the Service for Combating Drug Abuse (further: SCDA) within the Croatian Institute of Public Health (further CIPH), but no longer as an independent body. Since 2019, in accordance with the Health Care Act, the CIPH (Service for Combating Drug Abuse) and the Ministry of Health are responsible for monitoring the implementation of national drug (addiction) strategies and the accompanying APs. The CIPH plans, proposes, coordinates, and implements measures to preserve and improve mental health and the outpatient treatment of mental illness and disorders, including addiction and drug prevention. This study is described from the perspective of the activities undertaken by the OCDA, i.e. the current SCDA of the CIPH.

Funding of drug prevention in the Republic of Croatia

The competent ministries and other relevant bodies in charge of implementing the National Drug Strategy finance their preventive activities from regular state budget funds. Preventive projects of NGOs, on the national level, are financed through

3 | https://narodne-novine.nn.hr/clanci/sluzbeni/1993_07_68_1422.html (OG 68/93)

4 | https://www.emcdda.europa.eu/system/files/publications/11343/croatia-cdr-2019_0.pdf

5 | The word “narcotic” has ceased to be used since changes to the law in 2009 (OG 149/2009).

6 | https://narodne-novine.nn.hr/clanci/sluzbeni/full/2002_02_18_419.html

7 | https://www.emcdda.europa.eu/system/files/HR_National%20strategy_en.pdf

8 | The National Strategy on Combating Drug Abuse in the Republic of Croatia

tenders by different ministries and state bodies (Ministry of Health, Ministry of Social Policy, Ministry of Science and Education, OCDA (2002–2018), Central State Office for Youth) from lottery funds. Before 2019, one-year projects were funded through tenders, while since 2019 tenders have mainly been announced for three-year projects. In accordance with the regulation on the criteria for determining beneficiaries and the method used for distributing part of the revenues from games of chance (which are adopted every year), since 2014, the OCDA has been one of the beneficiaries of lottery funds (along with the other above-mentioned ministries), with the purpose of financing projects of non-governmental organisations. Overall, the OCDA participated in the financing of NGO projects through yearly tenders from its foundation (2002) to 2018 (except in 2015). Since 2018, since the OCDA has been operating under the SCDA of the CIPH, it is no longer able to publish a tender and fund NGOs directly. Furthermore, although most of the OCDA's activities are funded from the state budget, a significant share of funding also comes from grants provided by the EMCDDA to the former OCDA (today's SCDA of the CIPH). Significant funds for the improvement of quality and the implementation of standards for projects implemented by NGOs are now provided from the budget of the Ministry of Health.

Prevention system in Croatia

Prevention interventions are carried out in different systems (the education system, the social welfare system, the health-care system, civil society organisations (NGOs), and the police). Universal prevention interventions are implemented mainly in schools; every school has to have a prevention strategy/school prevention programme in its work plan for the year. Manualised programmes are still not a common practice, although there are a few structured and evaluated programmes (e.g. LifeSkills Training, Unplugged). Selective prevention interventions are usually conducted in cooperation with NGOs, social welfare centres and family centres, and the education and health systems. Indicated interventions are less often represented and they are mainly implemented in cooperation between different systems (e.g. the education and health systems). Environmental prevention policy stipulates that alcohol and cigarettes are illegal for children and young people under the age of 18, and the sale of these products to children and young people is prohibited, as is going out during the period from 11 p.m. to 5 a.m. for minors under the age of 16. Environmental strategies and universal, selective, and indicated prevention interventions are conducted in line with the NDS.

3.2 Key steps in the development of QS and QA systems in drug prevention in the Republic of Croatia

From 2010 till 2018 the OCDA (from 2019 onwards the SCDA of the CIPH) made numerous efforts to improve the quality of addiction prevention programmes by conducting different activities:

1. Development of an online database of drug (addiction) prevention programmes/projects

Before 2011, there was no systematic overview of prevention activities conducted in the Republic of Croatia, so the OCDA developed an online drug prevention programme database as an integral part of the Drug Demand Reduction programme database (www.programi.uredzadroge.hr). The purpose was to gain insights into all the prevention interventions and the identification of high-quality, evaluated, and efficient programmes for proposing best practice examples from the Republic of Croatia to be included in the Best Practice Portal of the EMCDDA.⁹ Another aim was to disseminate good practice and improve the quality level of drug projects.

2. Investing in the competences of experts – education/workshops

In the period from 2011 to 2022, the OCDA organised numerous training events/workshops in the field of drug prevention with the aim of developing professional attitudes and skills and quality assurance, such as:

- **2011** – four regional workshops on drug prevention programmes, supported by the EMCDDA (more than 180 experts participated) (Government of the Republic of Croatia Office for Combating Drug Abuse, 2012).
- **2012** – four regional workshops on EQUUS – Minimum Quality Standards in Drug Demand Reduction (Uchtenhagen & Schaub, 2011), on strategic project planning and development, and EU quality standards in the field of drug prevention. The workshops were organised with the support of the European Commission (TAIEX instrument), and with the participation of an EMCDDA's expert (OCDA, 2012¹⁰).
- **2013** – conference on the development and future prospects of the National Drug Information System in the Republic of Croatia. At the conference the EDPQS standards and the promotion of best practices were presented, as were national efforts in improving the effectiveness of drug demand reduction interventions in Croatia. The conference was organised by the OCDA with the support of the European Commission (TAIEX instrument) and EMCDDA.
- **2014** – a professional conference was organised for representatives of NGOs with the title “Improving the quality of programme implementation”. During the conference, the results of the project “Improving the quality of the implementation of programmes in the field of combating drug abuse”, the results of the evaluation of projects financed by OCDA in 2013, and recommendations on the implementation and evaluation of projects were presented. The con-

⁹ | https://www.emcdda.europa.eu/system/files/publications/723/Croatia_NR2012_443246.pdf

¹⁰ | <https://drogeiovisnosti.gov.hr/vijesti/odrzane-taiex-radionice-o-minimalnim-standardima-kvalitete-u-podrucju-programa-smanjenja-potraznje-droga/420>

Table 1 | Impact level according to environment

Level of Impact	Micro level – institution (staff/leaders)	Micro level – institution (characteristics, organisation of work, legal/institutional framework, strategic documents, research implementation, evaluations)
The online database	●●●●	●●●●
Enhancing staff competences by conducting educational events/workshops:		
– Practitioners from NGOs,	●●●●	●●●●
– Practitioners from health organisations	●●●	●●●●
– DOPs	●●	●●●
Committee for assessing the quality of drug prevention projects & certification	●●●●	●●
Research/studies	●●●●	●●●●
Linking the quality with financing (NGO projects)	●●●●	●●●●
Documents/standards	●●●●	●●●
Implementation/evaluation of the EBP programme (Unplugged)	●●●●	●●●●
Dissemination of EBP knowledge (websites)	●●●●	●●

●●●● powerful ●●● moderate ●● small ● insignificant

ference was organised by the OCDA, and 70 experts participated. Furthermore, in cooperation with the Faculty of Education and Rehabilitation Sciences a workshop on the EDPQS for NGO prevention practitioners was organised by the OCDA.

- **2015** – OCDA experts participated in numerous educational events for various experts on issues related to new drugs and/or to the evaluation and development of preventive programmes and presented an online projects database.
- **2017** – training for project assessors, and training for prevention practitioners from NGOs, on the topic of the development of programmes in the field of addiction in accordance with the EDPQS (EMCDDA, 2011). Workshops were organised by the OCDA in cooperation with the Faculty of Education and Rehabilitation Sciences.
- **2018** – training for prevention practitioners from NGOs

- **2019** – four regional workshops on the EDPQS for project implementers (prevention practitioners from NGOs, and, for the first time, prevention practitioners from the health system (services for mental health protection, addiction prevention, and outpatient treatment of county public health institutes); professional meeting in the field of prevention for experts educated during the year.
- **2020** – two training events on the European Prevention Curriculum, EUPC (EMCDDA, 2019a) for Decision, Opinion, and Policy makers (DOPs), namely representatives of the local community and the police. They were organised by the Laboratory for Prevention Research – PrevLab (University of Zagreb, Faculty of Education and Rehabilitation Sciences), (further PrevLab) in cooperation with the OCDA, in the framework of the “Building effective drug prevention results across Europe, based on prevention systems analysis and widespread professional training (ASAP)” EU project (2019–2021).

Mezzo environment (cooperation with academic society)	Micro and macro environments (scope of work, international cooperation, circumstances in international environment)	Macro and mezzo environment (development of prevention science, EU standards, participation in EU projects)
●	●●●●●	●●
●●●●●	●●●●●	●●
●●●●●	●	●●●●●
●●●●●	●●●●●	●●●●●
●●●●●	●●●●●	●●●●
●●●●●	●●●●●	●●
●●	●●●	●●●●●
●●	●●	●●●●
●●●●●	●●●	●●●●●
●●	●	●●●

- **2021** – two regional workshops for enhancing DOPs’ competences on evidence-based prevention (EBP), quality prevention standards, and practical work on preventive projects. Organised by the OCDA in cooperation with PrevLab.
- **2021** – Education for implementers of the prevention programme “Unplugged” organised by the OCDA in cooperation with the Teaching and Training Agency and Ministry of Science and Education (MoSE), with the participation of the ERF (PrevLab).
- **2022** – two regional EUPC three-day training events for key people, decision makers, and policymakers were organised by the OCDA.

3. Establishment of a Commission for assessing the quality of drug prevention projects & certification

In 2016, the OCDA established the first Commission for assessing the quality of drug demand reduction projects (with

all national stakeholders and local-level and independent experts in the field of prevention). The tasks of the Commission were: assessing the quality of interventions/projects enrolled in the online Database of Projects and Programmes; making a joint decision on meeting the criteria, awarding quality certificates, and making recommendations for improving the quality of interventions/projects. The certification process has not yet started as the Commission has been re-established on several occasions because of institutional and personnel changes. In 2022, the SCDA of the CIPH established a new Commission for quality assessment and certification of addiction prevention projects/programmes. All the members of the Commission, and their deputies, were educated in evidence-based prevention by the OCDA and PrevLab. The assessments will be based on the EDPQS and UNODC/WHO standards and modern knowledge, and the Commission develops assessment forms independently. It is envisaged that certified projects will be visible in the online database for further dissemination and recognition of quality.

4. Research/Studies

In the period from 2011–2022, the OCDA (later the SCDA of the CIPH) initiated and funded the conducting of a few epidemiological studies. In 2011, the first wave of the epidemiological scientific research of “Substance abuse among the general population in the Republic of Croatia” (Glavak Tkalić et al., 2012), was conducted. Later, two more waves of the same study took place, in 2015 (Glavak Tkalić et al., 2016) and in 2019 (Štimac Grbić & Glavak Tkalić, 2020). A study entitled “Nightlife of the city: behaviour patterns of nightclub visitors” (Glavak et al., 2018), on behavioural patterns in the context of nightlife and risky behaviour, especially the use of addictive substances, took place in 2018. Furthermore, as a continuation of investments in raising the quality level of programmes in the field of prevention, the OCDA initiated and secured funding for the implementation of research conducted by the scientists¹¹ from the Department of Behavioural Disorders (Laboratory for Preventive Research (PrevLab) of the Faculty of Education and Rehabilitation Sciences, University of Zagreb): (1) in 2014, the project “Improving the quality of prevention, harm reduction, rehabilitation, and social reintegration programmes in the field of addiction in accordance with quality standards (the EDPQS)” (Kranželić, 2014); (2) in 2016, the study “Compliance of addiction prevention programmes with the EDPQS – A contribution to enhanced addiction prevention in the Republic of Croatia” (Kranželić et al., 2016a), among providers of prevention programmes from NGOs and among decision makers in the field of addiction prevention and experts from the scientific/academic community, with the aim of examining: needs of prevention implementers for education and empowerment of human and organisational resources; the application of quality standards – the EDPQS (Brotherhood & Sumnall, 2011) in the development, implementation, and evaluation of addiction prevention programmes; the improvement of the prevention system at the local, regional, and national level.

5. Evaluations

Over the years, the OCDA has initiated and supported a few evaluation projects conducted in cooperation with experts from the Department of Behavioural Disorders, Faculty of Education and Rehabilitation Sciences, University of Zagreb, and their associates: (1) in 2014, an external evaluation (programme and financial), for NGO projects funded by the OCDA; in 2018, the Project of external programme and financial evaluation of projects funded in 2017 in accordance with quality standards (Ferić, 2018); from 2021 to 2023 a scientific evaluation study of the implementation of “Unplugged”. Furthermore, in 2015/2016 the OCDA independently performed a programme and financial evaluation on NGO projects funded by the OCDA. In cooperation with the Trimbos Institute from the Netherlands, two National Drug Strategy evaluations were conducted, the first for the period 2006–2012 (Trautmann et al, 2011) and the second for the period 2012–2017 (Kools et al., 2017).

6. Linking the quality of NGOs’ drug prevention projects with financing

At the national level, a public tender is announced to fund projects in the addiction area from a share in the proceeds from lottery funds on an annual basis in line with the Decree on criteria, benchmark, and procedures for financing and contracting programmes and projects of interest for the general welfare implemented by NGOs (Official Gazette No. 26/2015¹², 37/2021).¹³ This tender is used to finance projects implemented by NGOs and health organisations in the field of drug prevention, treatment, and social reintegration. In 2013, the OCDA started linking project quality and funding. As the body that financed NGOs’ projects, for the first time in a public tender¹⁴ for projects in the field of prevention, the OCDA introduced the criterion of meeting the I quality level of the database of projects for collecting information on EU best practices “Exchange on Drug Demand Reduction Exchange Action (EDDDA)” of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Until 2014, various ministries at the national level independently announced public calls (tenders) for financing NGO projects. At the initiative of the OCDA, in 2014, for the first time, for better coordination, the national tender was jointly announced by various national bodies (the Ministry of Health, the then Ministry of Social Policy and Youth, and the OCDA of the Government of the Republic of Croatia). Then the linking of the quality of the project with funding by the OCDA continued. Later, from 2016 to 2018, the EDDRA criteria were replaced with the European drug prevention quality standards¹⁵ (the EDPQS) (EMCDDA, 2011). Projects that met these criteria were funded by the then OCDA, while other ministries financed preventive projects in other priorities that did not meet the above criteria, i.e. so-called “ordinary” prevention. Prior to the introduction of the EDPQS criteria in the national public call, the OCDA, in cooperation with representatives of the Educational and Rehabilitation Faculty, organised education on the application of standards for prevention practitioners from NGOs. From 2019, the OCDA became the SCDA of the CIPH, and does not participate in the funding of NGO projects any more (as the SCDA of the CIPH no longer has authority). In 2019 the Ministry of Health, together with the Ministry of Demography, the Family, Youth, and Social Policy, jointly announced a tender for three-year NGO projects. In the framework of this tender, the Ministry of Health has continued the practice which the OCDA started and continued to partially fund prevention projects according to the EDPQS (EMCDDA, 2011) criteria, but some prevention projects that are funded still do not have to comply with the EDPQS standards (EMCDDA, 2011). Nevertheless, funds for the EDPQS (EMCDDA, 2011) priority have been increasing over the years,

12 | https://narodne-novine.nn.hr/clanci/sluzbeni/2015_02_17_321.html

13 | https://narodne-novine.nn.hr/clanci/sluzbeni/2021_04_37_759.html

14 | <https://drogeiovisnosti.gov.hr/vijesti/raspisan-javni-natjecaj-za-prijavu-projekata-udruga/435>

15 | For the purpose of assessing projects under that priority, the Assessment Quality Criteria Checklist was adopted from EDPQS Toolkit 1: Selecting quality drug prevention initiatives for funding and support (Funding & Decision-Making Toolkit), which was translated into Croatian (Felvinczi et al., 2015).

and in 2022, the share of financial resources in the tender that the Ministry of Health independently announced for NGO projects was, for the first time, higher than the share for “ordinary” preventive projects. However, the EDPQS criteria have not yet been introduced to fund projects of health institutions (Mental Health Services of county Public Health Institutes).

7. Documents/Standards

- National addiction prevention programme for children and young people in educational settings and in the social welfare system

According to the strategic document of the AP (2009–2012), the OCDA, in cooperation with relevant ministries and other competent bodies, created the first national drug prevention programme – “National addiction prevention programme for children and young people in educational settings and in the social welfare system for the periods 2010–2014” (further: National Addiction Prevention Programme – NAPP). The development of this programme aimed to harmonise and build a prevention system at the national level, and to ensure consistent and continuous implementation of prevention programmes that should be equally accessible to all children and young people. Furthermore, in 2015, the Government of the Republic of Croatia adopted a revised document (aligned with the current situation with changes in relation to associates and implementers in individual measures), with a validity period until the end of 2017 (OCDA, 2010, 2015).^{16,17} The NAPP also contains criteria for evaluating preventive programmes and standards of effective addiction prevention and evaluation, aimed at improving the prevention of all forms of addiction. The NAPP prescribes the duties of relevant stakeholders and provides guidance for further development in this area. For the assurance of implementation, county coordinators of school prevention programmes, county leaders of addiction prevention programmes for primary and secondary schools who oversee the implementation of addiction prevention programmes in primary and secondary schools, and county coordinators of addiction prevention programmes for children and young people in the social welfare system were appointed. The OCDA is tasked with coordinating and monitoring implementation.

- Minimum standards for the prevention of addiction of children and young people in the education system

Minimum standards for the prevention of addiction of children and young people in the education system (MoSE, 2017) were developed on the basis of the NAPP. At the initiative of the OCDA, the Teaching and Training Agency (which was the leader of this activity), established an Expert Working Group composed of representatives of state bodies, professional and scientific institutions, and independent experts, who created

the document. The minimum standards were adopted by the Commission for Combating Drug Abuse of the Government of the Republic of Croatia in March 2017, when the Conclusion on the need to adopt minimum standards at the level of the Ministry of Science and Education was adopted. The Ministry of Science and Education has adopted a document of the Minimum Standards for the Prevention of Addiction for Children and Young People in the Educational System, and, in cooperation with the Education and Teacher Training Agency, is in charge of ensuring the implementation and supervision of the application of the Minimum Standards. Experts from the OCDA participated in the work of the expert working group and the process of adopting these standards.

8. Initiating the implementation and sustainability of the implementation of EBP Unplugged

The project for the implementation and evaluation of the preventive programme “Unplugged” in the school environment in the area of the “Zagreb Ring” has been implemented by the OCDA in cooperation with the MoSE, the Teaching and Training Agency, and the Laboratory for Prevention Research (Faculty of Education and Rehabilitation Sciences, University of Zagreb) from 2020 to 2023. The aim of the project is to evaluate the effectiveness of the implementation of the Unplugged programme in the Zagreb County and to assess the appropriateness of adapting the programme to the Croatian context. In 2020, training of trainers was implemented for 12 trainers, thus ensuring the sustainability of the implementation and expansion of the programme. Furthermore, in 2021, education was organised for the school principals and educational staff of 12 control and 12 experimental schools in order to motivate them and encourage them to cooperate in the project. Also, in 2021, education for programme implementers was held, after which the implementation of the programme began. Long-term scientific evaluation (2021–2023) is carried out by the Laboratory for Prevention Research (Faculty of Education and Rehabilitation Sciences, University of Zagreb). The OCDA has initiated the implementation of this project and provides financial and organisational support. After completing the evaluation, further expansion of this programme to other counties is expected. During 2022, at the initiative of the Teaching and Training Agency, the implementation of the programme was extended to another county.

9. Dissemination of evidence-based prevention knowledge through the OCDA and SCDA websites

The SCDA (and previously the OCDA) disseminates information through its website on existing quality standards and activities provided in the field of prevention.^{18,19}

16 | https://drogeiovisnosti.gov.hr/UserDocsImages/uredarhiva/2011/06/Nacionalni_program_prevenicije_ovisnosti_s_koricom.pdf

17 | [https://drogeiovisnosti.gov.hr/UserDocsImages//dokumenti/Programi%20i%20projekti/NPPO//Nacionalni%20program%20prevencije%20ovisnosti%20\(2015.-2017.\).pdf](https://drogeiovisnosti.gov.hr/UserDocsImages//dokumenti/Programi%20i%20projekti/NPPO//Nacionalni%20program%20prevencije%20ovisnosti%20(2015.-2017.).pdf)

18 | <https://www.hzjz.hr/sluzba-za-suzbijanje-zluporabe-droga/>

19 | <https://drogeiovisnosti.gov.hr/ovisnosti-i-vezane-teme/podrucja-suzbijanja-ovisnosti/prevencija-zluporabe-droga-118/118>

3.3 Factors contributing to the implementation of QS

Impacts at the micro level of the institution environment (staff/leaders)

At the level of the micro-environment within the institution, the development of certain aspects would have been slower if it were not for sufficient knowledge and the intrinsic motivation of individuals in charge of the field of prevention. The initiation of the implementation of activities for the implementation of QS was influenced by mutual relations within the institution, and the whole process would not have been possible without the support of the leading people with whom the priorities of the implementation of the activities are determined. It seems that the abilities (knowledge to initiate and implement activities, good social skills and interpersonal relationships inside and outside the institution) of operational staff are also important. The leader's will, understanding of needs, and support within the institution are among the key factors, and leaders' abilities/political power to advocate EBP are also important.

Impacts at the level of the micro-environment of the institution (characteristics of the institution, organisation of work, research implementation, evaluations)

The implementation quality standards, in our case, requires a legislative (DAPA), strategic (NDS & AP), and institutional framework (the OCDA as a coordinated body), which allows the implementation of activities, coordination, monitoring, and "pushing" of individual activities (advocacy). In addition, political support (by the Commission for Combating Drug Abuse of the Government of the Republic of Croatia) and good inter-institutional cooperation with relevant ministries and bodies are also important.

The regular activities of the OCDA give us insight into needs. Financial independence and the scope of work prescribed by the legislative and strategic framework of the then OCDA led to the possibility of influencing the linking of the quality criteria with the financing of NGO projects. After the cessation of the possibility of financing NGO projects, strengthening the competences of DOPs (decision- and opinion makers), good inter-institutional/personal relationships and advocacy, and the involvement of the scientific community that gives credibility to activities became more important. One of the factors affecting the implementation of the QS was the result on the *evaluation of the National Strategy on Combating Drug Abuse for the Period 2006–2012* (Trautmann et al., 2011). According to the results of the evaluation, the recommendations included: the development of science-based programmes, regular monitoring and evaluation of current prevention activities, and the development of quality standards and policies that finance only projects of good practice and professional provision of services. The OCDA (now the SCDA of the CIPH) was recommended as the implementer of the recommendation (Trautmann et al., 2011).

Impact of the mezzo environment of staff/institutions (cooperation with academic society)

An important role in the implementation of QS was played by excellent cooperation with the scientific and academic community. Cooperation with the academic community is envisaged by strategic documents, but with the development of good interpersonal relations, cooperation becomes continuous and has a significant impact on the development of the implementation of standards. To achieve this cooperation, it is also necessary to identify in advance the needs for the implementation of QS and to provide funding. Cooperation between the OCDA and the academic community began in 2009, when scientists²⁰ participated in the drafting of the document "National addiction prevention programme for children and young people in educational settings and in the social welfare system for the period 2010-2014". Since then, representatives of the academic community (primarily the Faculty of Education and Rehabilitation Sciences) have continuously participated in numerous activities with the OCDA (later SCDA). Since 2011, the cooperation has included: training/workshops; evaluation and research studies; implementation and evaluation of EB interventions (Unplugged); participation in expert groups/committees (on drafting strategic documents, for assessing project quality, and similar; implementation of EU projects (for example ASAP, FENIQS-EU); providing mutual support. In this way, we are connecting science with practice.

Influence at the level of the micro and macro environments (scope of work and circumstances in international environment)

One of the factors that has contributed to the implementation of QS is the active international cooperation with all relevant international institutions (especially with the EMCDDA, who over time, have supported our efforts by expert consultations, guidelines/standards, and financial support by means of grants). Also, the National Contact Point, responsible for the collection and reporting of drugs and drug addiction within the Reitox Network²¹ of the EMCDDA, was established in 2006, in the then OCDA of the Government of the Republic of Croatia, and today it is in the SCDA of the CIPH. The EMCDDA was one of the first partners in the organisation of regional workshops in the field of drug prevention. Before 2013, there was significant collaboration with the TAIEX unit of the European Commission (DG enlargement), with whose support we conducted numerous workshops, such as one on EQUUS – Minimum Quality Standards in Drug Demand Reduction (Uchtenhagen & Schaub, 2011) and the creation and improvement of prevention programmes.

20 | Professors from the Faculty of Education and Rehabilitation Sciences (Prof. Kranželić and prof. Ferić)

21 | Reitox – Réseau Européen d'Information sur les Drogues et les Toxicomanies; https://www.emcdda.europa.eu/about/partners/reitox_en

Influence of the macro environment and mezzo environment (development of prevention science, EU standards, participation in EU projects)

The development of prevention science and of various standards at the EU and international level has contributed to the development of QS in Croatia, which is reflected in strategic documents that are in line with EU strategic documents. Participation in the EU project “Building effective drug prevention results across Europe, based on the analysis of the prevention system and broad professional training (ASAP)” contributed to strengthening the competences of experts, primarily decision makers at the national and local level. The OCDA provided informal support by participating in the organisation of workshops and printing manuals. During the project, an OCDA employee became one of the EUPC trainers, which contributed to the further expansion of EUPC training events.

4 DISCUSSION

The beginnings of the establishment of the prevention system began in the mid-'90s with the adoption of the first NDS, but proceeded more intensively after the adoption of the legal framework in the early 2000s, when, at the proposal of the Ministry of Health and the CIPH, the establishment of a network of centres for addiction prevention (which later became services for mental health protection, prevention, and the outpatient treatment of addicts) began, and which operate within the county public health institutes (Government of the Republic of Croatia, 2004). Already in the mid-2000s, when (according to Jandrić & Buđanovac, 2004), prevention in Croatia was primarily oriented toward deterrence and repression and less on scientific knowledge, an unsatisfactory situation in the field of addiction prevention was recognized, despite the existing theoretical guidelines in the then AP. According to Mihić et al. (2017), the implementation of individual model programs based on science and evidence of effectiveness began in the 2000s. The model of Communities that care began to implement in a single county in 2002 (according to Bašić et al., 2007a,b as cited in Mihić et al., 2017, p. 3), also as the Northland Project in the city of Split in 2002 (Mihić et al., 2017). Furthermore, according to Bašić and Grozić-Živolic, (2010) as cited in Mihić et al., (2017, p. 3), Life skills training program started to implement in the city of Rijeka in 2005 and Promotion of alternative thinking strategies (PATHS; Greenberg et al., 2003) in 2008. However, according to Bašić, (2009) as cited in Kranželić et al., (2016b), and Kranželić et al., (2013), there is still no systematic analysis and review of implemented activities in the field of addiction prevention. Also, Vugrinec et al., (2012), as cited in Kranželić et al., (2016b, p. 124), states that there is small and often non-sufficient information on evaluated and effective individual addiction prevention programs. Recognising a need, as experience has shown that addiction prevention programmes are implemented in a segmented manner, periodically, and without effective evaluation and standards (OCNDA, 2010), the OCDA began the more intensive implementation of QS implementation activities. At the time the OCDA started with the activities of implementing QS, the Republic of Croatia was preparing as a candidate country for EU membership, which enabled the use

of instruments for technical assistance and information exchange (TAIEX)²² and twinning of the European Commission. This case study focused on the key activities that were conducted to implement QS and improve the quality of drug prevention in Croatia and trying to describe the context and factors that led to the implementation of QS, so as to make it possible to transfer our experience to other countries. In the efforts carried out, the factors that influenced the implementation of QS at the micro, mezzo, and macro levels (or combined) were selected. However, those factors do not represent a continuous path to the implementation of QS and do not mean that QS are fully implemented. However, in this long-term process, from 2010 onwards, we can see the shifts that have occurred as a result of the activities carried out. They manifest themselves in: a) better review of needs and preventive interventions; b) strengthened competences of experts and DOPs on EBP and QS; c) the attempt to establish a quality recognition system (certification); d) conducting research and evaluations as a basis for the implementation of activities based on identified needs; e) a larger number of preventive NGO interventions, which are described in accordance with the EDPQS, which is supposed to reduce the chances of harmful interventions being implemented; f) the adoption of relevant documents and standards (for now in the educational system), which regulate the content of interventions, monitoring, and quality control; g) dissemination of EB programmes and information on evidence-based prevention. Despite the above-mentioned successes in establishing some QS in Croatia, drug prevention interventions for which there is no evidence of effectiveness continue to be conducted in the country. Therefore, the SCDA of the CIPH continues to perform activities relating to the implementation of QS.

5 CONCLUSION

The Croatian case study suggests that different factors at a different level can influence the implementation of QS, which, in the field of drug prevention, is a long-term process influenced by various factors at the macro, mezzo, and micro levels. These factors may have different impacts at different times. The results of the Croatian study suggest that the strategic and legislative framework could be a key factor, but it seems that it is equally important to understand the needs/support for the implementation of QS, the connection with the scientific community, and the implementation of bottom-up and top-down standards, as well as good cooperation at all levels (micro, mezzo, and macro), financial resources, and someone who can “push the process on” (or has political power).

Political and practical implications: the results of the research could have political and practical consequences, especially in countries where there has been no implementation of quality standards. This case study can provide an example of the factors that contributed to the implementation of QS in the field of drug prevention, and can be informative for the development of activities and key steps that can lead to the development of QS and QA in the field of drug prevention, such as the development of a database on existing prevention programmes, investment in the competences of prevention professionals, and cooperation with academic society. Reflection on the implementation of QS may contribute to similar processes in other countries.

Limitations: There are several potential limitations in this research. For example, it may not be possible to generalise the listed factors outlined in the study, as activities and efforts may vary, depending on factors such as legislation, the historical context, the financial possibilities, and institutional capacity. The statements in this paper reflect exclusively the views of the author and do not reflect the official views of the SCDA of the CIPH.

Future research could build on this study in several ways. For example, researchers might examine the long-term effects of implementing quality standards on the quality of preventive interventions and to what extent they affect the prevalence of drug use among young people. Also, factors contributing to the success of implementing standards in different contexts could be examined.

REFERENCES

- ASAP-Training Project. (2019). *Building effective drug prevention results across Europe, based on prevention systems analysis and widespread professional training*. <https://asap-training.eu/>
- Belošević, M., & Ferić, M. (2021). Implementacija pristupa temeljenog na dokazima učinkovitosti u preventivskoj znanosti. *Kriminologija & socijalna integracija*, 29(1), 145–164. <https://doi.org/10.31299/ksi.29.1.6>
- Botvin, G. J., & Griffin, K. W. (2005). Prevention science, drug abuse prevention, and life skills training: Comments on the state of the science. *Journal of Experimental Criminology*, 1(1), 63–78. <https://doi.org/10.1007/s11292-004-6462-y>
- Brajdčić Vuković, M., Miočić, I., Čekolj, N., & Ledić, J. (2021). *Kvalitativna studija slučaja: od ideje do realizacije*. Sveučilište u Rijeci, Filozofski fakultet. <https://urn.nsk.hr/urn:nbn:hr:186:253983>
- Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press.
- Council of the European Union. (2004). *EU drugs strategy (2005–2012)*. General Secretariat of the European Council.
- Council of the European Union. (2012). *EU drugs strategy (2013–20)*. General Secretariat of the European Council.
- Council of the European Union. (2015). *Council conclusions on the implementation of the EU action plan on drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union*. General Secretariat of the Council of EU.
- Čale Mratović, M. (Ed.). (2007). *Prevenција i izvanbolničko liječenje ovisnosti u Dubrovačko-Neretvanskoj županiji u 2006. godini* [Prevention and outpatient treatment of addiction in Dubrovnik-Neretva County in 2006]. https://www.zjzdnz.hr/downloadf/prevencija_i_izvanbol_lijecenje_ovisnosti_za_web.pdf
- European School Survey Project on Alcohol and Other Drugs. (n.d.). *The European School Survey Project on Alcohol and Other Drugs (ESPAD)*. Retrieved from <https://data.espad.org/>
- EU Drugs Action Plan for 2009–2012. (2008). *Official Journal of the European Union*, C 326.
- European Commission. (n.d.). *TAIEX*. https://ec.europa.eu/neighbourhood-enlargement/tenders/taix_en
- Brotherhood, A., & Sumnall, H. (2011). *European drug prevention quality standards: A manual for prevention professionals*. Publications Office of the European Union. <https://data.europa.eu/doi/10.2810/48879>
- European Monitoring Centre for Drugs and Drug Addiction. (2015). *Minimum quality standards for drug demand reduction interventions in the EU*. https://www.emcdda.europa.eu/news/2015/eu-minimum-quality-standards_en
- European Monitoring Centre for Drugs and Drug Addiction. (2019a). *European Prevention Curriculum: A handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use*. Publications Office of the European Union. https://www.emcdda.europa.eu/publications/manuals/european-prevention-curriculum_en
- European Monitoring Centre for Drugs and Drug Addiction. (2019b). *Croatia Country Drug Report 2019*. https://www.emcdda.europa.eu/publications/country-drug-reports/2019/croatia_en
- Ferić, M. (2018). *Projekt vanjske programske i financijske evaluacije projekata financiranih u 2017. godini u skladu sa standardima kvalitete* [Project of external programme and financial evaluation of projects funded in 2017 in accordance with quality standards]. (Nepublicirani interni dokument). Ured za suzbijanje zlouporabe droga Vlade Republike Hrvatske.
- Glavak Tkalić, R., Miletić, G.-M., & Maričić, J. (2016). *Uporaba sredstava ovisnosti u hrvatskom društvu: Istraživanje na općoj populaciji* [Substance use in Croatian society: A study on the general population]. Institut društvenih znanosti Ivo Pilar; Ured za suzbijanje zlouporabe droga Vlade Republike Hrvatske.
- Glavak Tkalić, R., Miletić, G.-M., Maričić, J., & Wertag, A. (2012). *Zlouporaba sredstava ovisnosti u općoj populaciji Republike Hrvatske* [Substance abuse among the general population in the Republic of Croatia: research report]. Institut društvenih znanosti Ivo Pilar; Ured za suzbijanje zlouporabe droga Vlade Republike Hrvatske
- Glavak Tkalić, R., Wertag, A., & Sučić, I. (2018). *Noćni život grada: obrasci ponašanja posjetitelja noćnih klubova* [Nightlife in the city: Patterns of behaviour of nightclub visitors]. Institut društvenih znanosti Ivo Pilar.
- Government of the Republic of Croatia. (2012). *Croatian report on drug situation*. Office for Combating Drug Abuse. https://www.emcdda.europa.eu/system/files/publications/723/Croatia_NR2012_443246.pdf
- Government of the Republic of Croatia. (2014). *Croatian drug report 2014*. Office for Combating Drugs Abuse. <https://www.emcdda.europa.eu/system/files/publications/992/Croatian%20National%20Report%202014.pdf>
- Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and adolescent psychiatric clinics of North America*, 19(3), 505–526. <https://doi.org/10.1016/j.chc.2010.03.005>
- Hrvatski zavod za javno zdravstvo, & Edukacijsko-rehabilitacijski fakultet Sveučilišta u Zagrebu. (2020). *Europski preventivski kurikulum: Priručnik za donositelje odluka, kreatorne javnog mišljenja i kreatorne politika u području znanstveno utemeljene prevencije korištenja sredstava ovisnosti* [European Prevention Curriculum: a handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use]. https://www.hzjz.hr/wp-content/uploads/2022/05/EUPC_HR.pdf
- Hrvatski zavod za javno zdravstvo. (n.d.). *Služba za suzbijanje zlouporabe droga* [Service for combating drug abuse (SCDA)]. <https://www.hzjz.hr/sluzba-za-suzbijanje-zlouporabe-droga/>
- Jandrić, A., & Buđanovac, A. (2004). Drug abuse prevention in the Republic of Croatia: Is our community helpless? *Kriminologija & socijalna integracija*, 12(1), 83–94. <https://hrcak.srce.hr/99023>
- Kools, J.-P., van der Gouw, D., & Keizer, B. (2017). *Evaluation of the National Drug Strategy 2012–2017 of the Republic of Croatia*. Trimboš Institute. <https://drogeiovisnosti.gov.hr/vijesti/predstavljeni-rezultati-evaluacije-nacionalne-strategije-suzbijanja-zlouporabe-droga/1304>
- Kranželić, V., Ferić Šlehan, M., & Jerković, D. (2013). Prevention science as a base for substance abuse prevention planning – lessons learned for improving the prevention. *Kriminologija & socijalna integracija*, 21(2), 61–75. <https://hrcak.srce.hr/114587>
- Kranželić, V., Ferić, M., & Jeđud Borić, I. (2016a). *Izješće o provedenim aktivnostima znanstveno-istraživačkog projekta Istraživanje usklađenosti programa prevencije ovisnosti s Europskim standardima za kvalitetnu prevenciju zlouporabe droga (EDPQS) – doprinos unaprjeđenju prevencije ovisnosti u RH* [Report on the implemented activities of the scientific research project Research on the compliance of the addiction prevention programme with the European standards for quality prevention of drug abuse (EDPQS) – contribution to the improvement of addiction prevention in the Republic of Croatia]. <https://drogeiovisnosti.gov.hr/UserDocsImages/dokumenti/Istra%C5%BEivanja/Istra%C5%BEivanje%20uskla%C4%91enosti%20programa%20prevencije%20ovisnosti%20s%20Europskim%20standardima.pdf>

- Kranželić, V., Ferić, M., & Jerković, D. (2016b). Procjena stanja i potreba u području preventivnih programa u Republici Hrvatskoj [Assessment of the state and needs in the field of prevention programmes in the Republic of Croatia]. In D. Roviš (Eds.), *Izazovi izgradnje cjelovitog pristupa prevenciji ovisnosti te liječenju, resocijalizaciji i socijalnoj reintegraciji ovisnika u Republici Hrvatskoj – Analiza stanja i potreba te iskustava Primorsko-goranske županije* (pp. 123–137). Medicinski fakultet Sveučilišta u Rijeci, Nastavni zavod za javno zdravstvo Primorsko-goranske županije.
- Mihić, J., Novak, M., Hosman, C., & Domitrovich, C. (2017). Assessing the quality of mental health promotion and prevention in Croatia: The case of Istria. *Health Promotion International*, 32(3), 511–521. <https://doi.org/10.1093/heapro/dav111>
- Ministarstvo zdravstva Republike Hrvatske. (2022). *Natječaj za prijavu programa udruga iz područja ovisnosti za 2022. godinu* [Call for proposals for the programme of associations in the field of addiction for 2022]. <https://zdravlje.gov.hr/o-ministarstvu/djelokrug-1297/suradnja-s-udrugama-1302/natjecaji-2022-godine/5596>
- Ministarstvo znanosti i obrazovanja. (2017). *Minimalni standardi prevencije ovisnosti za djecu i mlade u odgojno-obrazovnom sustavu* [Minimum standards for the prevention of addiction among children and young people in the education system]. <https://drogeiovisnosti.gov.hr/ureduredu/djelokrug/ovisnosti-i-vezane-teme/droge-i-ovisnost/publikacije/za-strucnjake/smjernice-i-standardi/minimalni-standardi-prevencije-ovisnosti-za-djecu-i-mlade-u-odgojno-obrazovnom-sustavu-2017/1251>
- Ministry of Labour, Pension System, Family and Social Policy. (2020). *The 14th Report of the Republic of Croatia on the application of the European Social Charter for the period from 1 January 2016 to 31 December 2019 (Articles 11, 13 and 14 of the European Social Charter and Art. 4 of the Additional Protocol)*. <https://rm.coe.int/12th-national-report-articles-11-13-and-14-of-the-european-social-char/1680a24a3f>
- Narodne novine. (1993). *Odluka o osnivanju Komisije za suzbijanje zloupotrebe droga* [Decision on the establishment of the Commission for Combating Drug Abuse]. *Narodne novine*, 68/93. https://narodne-novine.nn.hr/clanci/sluzbeni/1993_07_68_1422.html
- Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58(6–7), 449–456. <https://doi.org/10.1037/0003-066X.58.6-7.449>
- Pentz, M. A. (2003). Evidence-based prevention: Characteristics, impact, and future direction. *Journal of Psychoactive Drugs*, 35(Suppl 1), 143–152. <https://doi.org/10.1080/02791072.2003.10400509>
- Sakoman, S. (2005). *Društvo bez droge? Drugo dopunjeno izdanje* [A drug-free society? Second updated edition]. Institut društvenih znanosti Ivo Pilar.
- Sloboda, Z., & Petras, H. (2014). *Defining prevention science*. Springer. <https://doi.org/10.1007/978-1-4899-7424-2>
- Štimac Grbić, D. & Glavak Tkalić, R. (Eds.). (2020). *Uporaba sredstava ovisnosti u općoj populaciji Republike Hrvatske: 2019. I analiza trendova uporabe 2011–2019*. [Use of addictive substances in the general population of the Republic of Croatia: 2019 and analysis of usage trends 2011–2019]. Hrvatski zavod za javno zdravstvo; Institut društvenih znanosti Ivo Pilar. https://www.hzjz.hr/wp-content/uploads/2021/03/Uporaba_sredstava_ovisnosti_u_opcoj_populaciji_RH_2019.pdf
- Trautmann, F., Braam, R., Keizer, B., & Lap, M. (2011). Report on the results of the evaluation of the National Strategy for Combating Drug Abuse (2006–2012). Office for Combating Narcotic Drug Abuse. <https://drogeiovisnosti.gov.hr/vijesti/evaluacija-nacionalne-strategije-2006-2012/338>
- Uchtenhagen, A., & Schaub, M. (2011). *EQUUS: Minimum quality standards in drug demand reduction EQUUS handbook*. EQUUS Consortium. https://www.equs.eu/fileadmin/user_upload/Handbook_EN.pdf
- United Nations Office on Drugs and Crime. (2015). *International standards on drug use prevention*. United Nations. <https://www.unodc.org/unodc/en/prevention/prevention-standards-first.html>
- United Nations Office on Drugs and Crime, & World Health Organization. (2018). *International standards on drug use prevention* (2nd ed.). https://www.unodc.org/documents/prevention/UNODC-WHO_2018_prevention_standards_E.pdf
- Ured za Suzbijanje Zlouporabe Droga. (n.d.). *Prevenција zlouporabe droga*. <https://drogeiovisnosti.gov.hr/ovisnosti-i-vezane-teme/podrucja-suzbijanja-ovisnosti/prevencija-zlouporabe-droga-118/118>
- Ured za Suzbijanje Zlouporabe Droga. (2014). *Izješće o provedbi projekta “Unaprjeđenje kvalitete programa prevencije, smanjenja štete, rehabilitacije i resocijalizacije u području ovisnosti u skladu sa standardima kvalitete (EDPQS)”* [Report on improving the quality of prevention, harm reduction, rehabilitation and social reintegration programmes in the field of addiction in accordance with quality standards (EDPQS)]. <https://drogeiovisnosti.gov.hr/djelokrug/izvjescje-o-provedbi-projekta-unaprjedjenje-kvalitete-programa-prevencije-smanjenja-stete-rehabilitacije-i-resocijalizacije-u-podrucju-ovisnosti-u-skladu-sa-standardima-kvalitete-edpqs-2014/638>
- Ured za Suzbijanje Zlouporabe Droga. (2010). *Nacionalni program prevencije ovisnosti za djecu i mlade u odgojno - obrazovnom sustavu, te djecu i mlade u sustavu socijalne skrbi za razdoblje od 2010 do 2014 godine* [National addiction prevention programme for children and young people in educational settings and in the social welfare system for the period 2010–2014]. Vlada Republike Hrvatske, Ured za suzbijanje zlouporabe droga. https://drogeiovisnosti.gov.hr/UserDocsImages/uredarhiva/2011/06/Nacionalni_program_prevencije_ovisnosti_s_koricom.pdf
- Ured za Suzbijanje Zlouporabe Droga. (2012.). *Održane TAIEX radionice o minimalnim standardima kvalitete u području programa smanjenja potražnje droga* [TAIEX workshops on minimum quality standards in the field of drug demand reduction programmes]. <https://drogeiovisnosti.gov.hr/vijesti/odrzane-taie-radionice-o-minimalnim-standardima-kvalitete-u-podrucju-programa-smanjenja-potraznje-droga/420>
- Ured za Suzbijanje Zlouporabe Droga. (2015). *Nacionalni program prevencije ovisnosti za djecu i mlade u odgojno – obrazovnom sustavu, te djecu i mlade u sustavu socijalne skrbi za razdoblje 2015.–2017.* [National addiction prevention programme for children and young people in educational settings and in the social welfare system for the period 2015–2017]. Vlada Republike Hrvatske. [https://drogeiovisnosti.gov.hr/UserDocsImages/dokumenti/Programi%20i%20projekti/NPPO//Nacionalni%20program%20prevencije%20ovisnosti%20\(2015.-2017.\).pdf](https://drogeiovisnosti.gov.hr/UserDocsImages/dokumenti/Programi%20i%20projekti/NPPO//Nacionalni%20program%20prevencije%20ovisnosti%20(2015.-2017.).pdf)
- Ured za Suzbijanje Zlouporabe Droga. (n.d.). *Baza projekata i programa provedenih u području suzbijanja zlouporabe droga* [Database of projects and programmes implemented in the field of combating drug abuse]. Hrvatski zavod za javno zdravstvo www.programi.uredzadroge.hr
- Valentić, M. (2022). *Izješće o osobama liječenim zbog zlouporabe psihoaktivnih droga u Hrvatskoj u 2020. godini* [Report on persons treated for drug abuse in Croatia in 2020]. Hrvatski zavod za javno zdravstvo. <https://www.hzjz.hr/wp-content/uploads/2022/06/Izvjescje-o-osobama-lijecenim-zbog-zlouporabe-psihoaktivnih-droga-u-Hrvatskoj-u-2020.-godini.pdf>
- Vlada Republike Hrvatske. (1996). *Nacionalna strategija nadzora nad drogama, suzbijanja zlouporabe droga i pomoći ovisnicima o drogama u Republici Hrvatskoj* [National strategy for drug control, drug abuse prevention, and drug addiction treatment in the Republic of Croatia]. *Narodne novine*, 57/1996.
- Vlada Republike Hrvatske. (2001). *Zakon o suzbijanju zlouporabe droga*. *Narodne novine*, 107/01.
- Vlada Republike Hrvatske. (2002). *Uredba o osnivanju Ureda za suzbijanje zlouporabe opojnih droga* [Regulation establishing the Office for Combating Narcotic Drug Abuse]. *Narodne novine*, 18/2002. https://narodne-novine.nn.hr/clanci/sluzbeni/full/2002_02_18_419.html

Vlada Republike Hrvatske. (2003). *Nacionalni program suzbijanja zlouporabe opojnih droga* [National programme to combat narcotic drug abuse]. <https://vlada.gov.hr/UserDocsImages/2016/Sjednice/Arhiva/56824.%20-%202.pdf>

Vlada Republike Hrvatske. (2004). *Izvešće o provedbi Nacionalne strategije za suzbijanje zlouporabe droga u Republici Hrvatskoj za 2002. i 2003. godinu* [Report on the implementation of the National Strategy for Combating Narcotic Drug Abuse in the Republic of Croatia for 2002 and 2003]. Ured za suzbijanje zlouporabe droga. https://drogeiovisnosti.gov.hr/UserDocsImages//dokumenti/Izvešća/Izvešća%20o%20provedbi%20NS//Izvešće_uszd_2002_2003_.pdf

Vlada Republike Hrvatske. (2006). *Akcijski plan suzbijanja zlouporabe droga 2006.-2009.* [Action Plan for Combating Drug Abuse 2006-2009].

Vlada Republike Hrvatske. (2009). *Akcijski plan suzbijanja zlouporabe droga 2009.-2012.* [Action Plan for Combating Drug Abuse 2009-2012].

Vlada Republike Hrvatske. (2009). *Nacionalna strategija suzbijanja zlouporabe droga u Republici Hrvatskoj 2009. - 2012.* [National strategy for combating drug abuse in the Republic of Croatia 2009-2012]. <https://www.nn.hr/clanci/sluzbeno/2009/1981.htm>

Vlada Republike Hrvatske. (2011). *Izvešće o provedbi Nacionalne strategije suzbijanja zlouporabe droga u Republici Hrvatskoj za razdoblje od 2010. do 2012. godine* [Report on the implementation of the National Strategy for Combating Drug Abuse in the Republic of Croatia for the period from 2010 to 2012]. https://drogeiovisnosti.gov.hr/UserDocsImages//dokumenti/Izvešća/Izvešća%20o%20provedbi%20NS//Izvesce_uszd_2011.pdf

Vlada Republike Hrvatske. (2012). *Akcijski plan suzbijanja zlouporabe droga 2012.-2014.* [Action Plan for Combating Drug Abuse 2012-2014]. <http://www.drogena-lista.hr/UserDocsImages/PDF/dokumenti/AKCIJSKI%20PLAN%202012-2014.pdf>

Vlada Republike Hrvatske. (2012a). *Nacionalna strategija za suzbijanje zlouporabe droga u Republici Hrvatskoj za razdoblje od 2012. do 2017. godine* [National Strategy on Combating Drug Abuse in the Republic of Croatia for the period from 2012 to 2017]. Ured za suzbijanje zlouporabe droga. [https://drogeiovisnosti.gov.hr/UserDocsImages//dokumenti/Strategije//Nacionalna_strategija_suzbijanja_zlouporabe_droga_2012.-2017._final\(2\).pdf](https://drogeiovisnosti.gov.hr/UserDocsImages//dokumenti/Strategije//Nacionalna_strategija_suzbijanja_zlouporabe_droga_2012.-2017._final(2).pdf)

Vlada Republike Hrvatske. (2012b). *Uredba o Uredu za suzbijanje zlouporabe droga* [Decree on the Office for Combating Drug Abuse] (36/2012). Narodne novine.

https://narodne-novine.nn.hr/clanci/sluzbeni/2012_03_36_924.html

Vlada Republike Hrvatske. (2015). *Akcijski plan suzbijanja zlouporabe droga za razdoblje 2015.-2017* [Action Plan on combating drug abuse 2015-2017]. <https://drogeiovisnosti.gov.hr/UserDocsImages/dokumenti/Akcijski%20planovi/Nacionalni%20akcijski%20plan%20suzbijanja%20zlouporabe%20droga%20u%20RH%20za%20razdoblje%20od%202015.-2017.pdf>

Vlada Republike Hrvatske. (2015a). *Uredba o kriterijima, mjerilima i postupcima financiranja i ugovaranja programa i projekata od interesa za opće dobro koje provode udruge* [Decree on criteria, benchmarks and procedures for financing and contracting programmes and projects of interest for public welfare implemented by associations]. Narodne novine, 26/2015.

Vlada Republike Hrvatske. (2021). *Uredba o izmjenama i dopunama Uredbe o kriterijima, mjerilima i postupcima financiranja i ugovaranja programa i projekata od interesa za opće dobro koje provode udruge* [Decree amending the Decree on criteria, benchmarks and procedures for financing and contracting programmes and projects of interest for public welfare implemented by associations]. Narodne novine, 37/2021. https://narodne-novine.nn.hr/clanci/sluzbeni/2021_04_37_759.html

Vlada Republike Hrvatske. (2022). *Nacionalna strategija suzbijanja ovisnosti za razdoblje od 2020. do 2029. godine* [National addiction strategy for the period 2020-2029]. Službeni glasnik Republike Hrvatske, (18/2023). https://narodne-novine.nn.hr/clanci/sluzbeni/2023_02_18_307.html

Vlada Republike Hrvatske. (2022). *Nacionalna strategija suzbijanja ovisnosti za razdoblje od 2020. do 2029. godine* [National addiction strategy for the period 2020-2029]. Službeni glasnik Republike Hrvatske, (18/2023). https://narodne-novine.nn.hr/clanci/sluzbeni/2023_02_18_307.html

Zakon o zdravstvenoj zaštiti [The Health Care Act]. (2018). Narodne novine, 100/18, 125/19, 147/20, 119/22, 156/22. Narodne novine. <https://www.zakon.hr/z/190/Zakon-o-zdravstvenoj-zaštiti>