



Municipality Novi Grad Sarajevo

5th Regional Conference - ECAD Balkan network  
**15-17 November 2007**

**LOCAL COMMUNITY  
IN FIGHT AGAINST DRUG ABUSE**





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**”Local community in fight against drug abuse”**

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## INTRODUCTION

Program for prevention of drug addiction with basic principles of rising the awareness about drugs and other psycho-active abuse problems among youth was implemented for the first time in 2003 by Municipality Novi Grad Sarajevo. In same year the municipality joined European Cities Against Drugs – ECAD, with headquarters in Stockholm (Sweden). Representatives of Municipality Novi Grad Sarajevo were active participants at ECAD Annual Mayors Conference as well as at the regional network conferences. At the 4<sup>th</sup> Regional Conference – ECAD Balkan Network held in October 2006 in Burgas (Bulgaria), Municipality Novi Grad Sarajevo was entrusted and honoured to be the host of 5<sup>th</sup> Regional Conference – Balkan network.

The Conference goal is obtaining the support for local community in carrying out fight against drug abuse policy, and stimulus for the authorities on the Bosnia and Herzegovina state level to make action plan in order to accept Strategy could be suitable implemented. At the same time Conference enables regional experience exchange, especially in the field of implementation of prevention activities. It is our intention to, through the Conference, broadcast the message and sends an invitation to all other local communities in Bosnia and Herzegovina to start their own prevention programs for fight against drug abuse which would create suppositions for creating of network and unique front.

Local, foreign and regional experts from different fields – medicine, education, social policy and police, took part in Conference.

Co-organisers were Canton Sarajevo Government and Sarajevo city without whose financial and expert help Conference would not be able to meet high ECAD standards. We express our gratitude to Mr Safet Kešo, secretary in Canton Sarajevo Government, commissary of Canton Sarajevo Ministry for Internal Affairs Mr. Himzo Selimović, Sarajevo Mayor Mrs. Semiha Borovac, and Deputy Mayor Dr. Josip Jurišić.

We owe special gratitude to local companies BH Telecom and Manager Mr. Nešad Rašidbegović, and Bosnalijeku and Manager Mr. Edin Arslanagić whose support had also help Conference organisation and course to be in high level.

We thanks to ECAD Director Mr. Thomas Hallberg, as well as Balkan Network Manager Dr. Ivailo Dimitrov for shown trust, expert support and help in respective field.

Conference was held from November 15-17, 2007 in Holiday Inn, and most of the presentations are represented in this publication.

Organisation committee



We, the undersigned, organisers and participants of the 5<sup>th</sup> Regional Conference – ECAD Balkan network, named “Local community in fight against drug abuse” held in Sarajevo from 15<sup>th</sup> to 17<sup>th</sup> November, 2007, hereby make an

## DECLARATION

We agreed that:

- Knowledge is the basic for solving the spreading of drug problem, and as a strategy on national level based on international conventions with an obligated security measures of its implementation on local level,
- Coordination between both authorities from area of prevention from drug abuse, addiction diseases and associations of the citizens, civil sector. We are expecting from governmental institutions stronger stimulus in faster and more quality development of civil society,
- A clear leadership is the key stone for success,
- We recommend those for the local Government: to finance education for drug coordinators and to create special boards who could act as leaders on local, regional and national level,
- The task for members of ECAD from Bosnia and Herzegovina in the following period is to spread local network between municipalities, and to develop stronger cooperation with members from region and wider in Europe.

Municipality Mayor  
Novi Grad Sarajevo

Mr. Damir HADŽIĆ

Secretary for science and  
information  
Canton Sarajevo

Mr. Safet KEŠO

Chairman of Municipality Council  
Novi Grad Sarajevo

Mr. Hamdija LAGUMDŽIĆ

Sarajevo Mayor

Mrs. Semiha BOROVIĆ

**Damir HADŽIĆ**  
**Mayor of Municipality Novi Grad Sarajevo**

### **CONFERENCE OPENING**

Ladies and Gentlemen,

Municipality Novi Grad Sarajevo is a member of an European City Association in fight against drug abuse – ECAD since 2003. It is our honour and privilege to be a part of large European family gathered under the slogan “For drug free Europe”, since our membership came out from local community activities and understanding burning problem of youth.

It is our wish and intention in these two days to once more draw attention of universal Bosnia and Herzegovina public, and first of all of those who make decisions and creates policy, presence and future of young people, and to the actual life problems of ordinary person. The fact that the organiser of this Conference is local institution, on the lowest hierarchy position, points out that we are the one who has the strongest position on citizens life “beat”. At the same time, we feel that it is our obligation to be the first instance that can reply to the fellow townsmen's questions and needs.

Therefore, it is our goal to speed up certain processes on establishing the Bosnia and Herzegovina state strategies and action plans on fight against drug and other psycho-active substances abuse. As unit of local self-governance we are aware of the fact and complexity of the task which is upon us, but I am convinced that will succeed in our intentions with a help of all those present, as well as those with excused absence. I base my faith on the fact that our partners are very respectable – local institutions: Administration of town Sarajevo and Government of Canton Sarajevo, and our friends from 258 cities members of the ECAD.

I declare the 5<sup>th</sup> Regional Conference - ECAD Balkan network named "Local community in fight against drug abuse" opened and wish to all the participants successful work.

**Prim.dr. Josip JURIŠIĆ**  
**Sarajevo Deputy Mayor**

Dear participants, dear guests of Sarajevo

I am very pleased to greet you on behalf of Sarajevo Mayor Mrs. Semiha Borovac and myself as her Deputy, and wish you successful work and pleasant staying.

I am convinced that this meeting will be motivation for all local communities in Bosnia and Herzegovina to participate in the activities on drug abuse suppression and reduction of drug addiction.

During the war, and especially after the end of war in Bosnia and Herzegovina, the risk factors for development of the different addictions were drastically increased.

Unstable political and economic structures, unemployment, the lack of outlook, posttraumatic children's and adult's burden makes the development of normal social communities difficult, as well as their participation in development of personality and society. This state is suitable for appearance of different kinds of addictions which makes us responsible to assemble and conduction of suitable programs and projects in prevention of this plague.

The increasing use of narcotics in Bosnia and Herzegovina and it surrounding is evident. We are faced with serious social problem which requests universal action on safety, health, social, education and economy plan. The drug and alcohol abuse, depression and anxiety represents big challenge for health and social sector. Suitable opposition to this phenomenon within high unemployment, low incomes, limited education, stressful working conditions, different kinds of discriminations, social exclusion and accepted unhealthy life styles is a challenge to all social structures, and especially for local communities.

Our vision of Bosnia and Herzegovina who transforms from the transition country faced with numerous problems into healthy community motivates

the Sarajevo's city authorities to, approach, through the project of World Health Organisation "Healthy city - health for everybody in 21<sup>st</sup> century", to the fight for improvement of Sarajevo's residents health, although, unfortunately, we are not responsible for health care.

The strategies accepted by Sarajevo City Council ("Sarajevo's residents health statistics") defines risk factors for common, and especially psychic health. Sarajevo's city administration through direct cooperation with competent authorities, non-government organisations, health institutions and schools by supporting the prevention and promotion of health life styles through media, seminars, platforms, social events tries to response to the increase of addiction diseases, especially drug addiction.

Sarajevo together with city's municipalities wishes to improve the addiction diseases prevention through citizens, first of all children, youth and their parents, education on addiction disease, give more efficient support and help to those who have problems with use of various psycho-active substances, and to those who have decided to quit.

The Regional ECAD-a Conference is "Local community in fight against drug abuse". I am convinced that the experience of her organiser, Municipality Novi Grad Sarajevo, who is, through the years, implementing drug addiction prevention program, will strengthen activities in other municipalities and stimulate them for constructive stand on drug abuse. We praise the Municipality Novi Grad .

We hope that this conference will give results in fight against drug addiction.

We wish successful conference, and pleasant staying in Sarajevo to the guests from our country and abroad.

**Tomas HALBERG**  
**Director ECAD**

## **ECAD - TODAY IN THE WORLD**

### **About ECAD**

Today ECAD has around 250 cities from 30 European countries. The ECAD's headquarter is in Sweden capital Stockholm. ECAD is organised on regional level and the regional offices headquarters are in Saint Petersburg, Riga, Burgas and Istanbul. ECAD's regions are established on the basis of developed members network. Four regions include Norway, Sweden, Russia and Balkan. For public and member information ECAD has a web site [www.ecad.net](http://www.ecad.net), and issues the monthly bulletin in six languages: English, Swedish, Russian, Lithuanian, Latvian and Bulgarian. ECAD's policy is created and implemented by ECAD Council consisting of 10 cities representatives: Stockholm, St. Petersburg, Helsinki, Istanbul, Vilnius, Oslo, Reykjavik, Warsaw, Burgas and Cork.

### **Conference of high interest**

ECAD City Mayor Summit is held once a year, and the last one was in Istanbul from May 10-11, 2007. Next City Mayor Summit will be held in Warsaw from May 28-29, 2008.

### **Program**

According to ECAD's program for this year the Conference for Youth for members cities who have youth organisation was held in Reykjavik from October 18-19. They are: Helsinki, Kaunas, Klaipeda, Oslo, Reykjavik, Riga, Sofia, St. Petersburg and Vilnius and they have completed the first stage of Youth in Europe (YIE) drug prevention program. The first stage prevention program implementation results were presented at the conference held in October in Istanbul.

Youth in Europe have their own web site [www.youthineurope.org](http://www.youthineurope.org).

## **Education**

This year ECAD is in cooperation with St. Petersburg' State University and Milan University organised two seminars for education of local and regional coordinators in St. Petersburg and Milan named "Leading program for coordinators".

## **International activities**

With support of Swedish Government, in a year 2008 in Stockholm will be held the World forum on fight against drug with goal to give support to the UN Convention for fight against drug and UN Convention on children rights which will give all the support for children protection from illicit drugs (Article 33.).

Forum's target group is organisation of people's movement. You can find more information at [www.wfad08.org](http://www.wfad08.org).

Before the UN General Assembly session (UNGASS) the special session of Department for narcotic and drug suppression will be held.

NGO Committee - program "After 2008" regional consultations for civil society will be held in Vienna. ECAD is co-responsible for NGO's regional conferences in Eastern Europe and Central Asia held in Kiev from September 12-14, second stage will be held in Belgrade (Serbia) from November 18-20.

## **Conferences**

Mayor's Conference for 2009 will be held in Sweden, Gothenburg.

## **International activities**

Civil society about drugs forum

ECAD is chosen between 75 applicants as organisation whose program activities are in order with Green paper in Civil society role in EU policy on drugs. First council will be held from December 13-14, 2007 In Brussels.

## **World**

### **Prevention**

#### **Island**

Drug use amongst teenagers was decreased from 15 % to 7 % in period from 1997 to 2006.

### **Protection and treatment**

There is 1800 drug addicts (mostly heroin addicts) in San Petignano Commune (Italy). According to the official data and evaluation program of Bologna University around 70% of them stays drug free four years after complete rehabilitation.

## **GLOBAL POLICY**

Six teams has conducted research amongst sixteen year old cannabis users in United Kingdom and Sweden. Research has shown that in United Kingdom 23 % of them uses cannabis and in Sweden 1 %.

Other research shows that amongst 1 million Glasgow residents there is between 11000 and 13000 heroin addicts, while in Sweden amongst 9 million residents there is 7000 heroin addicts.

## **SUMMARY**

### **Column of successful fight against drug is:**

- **KNOWLEDGE,**
- **STRATEGY,**
- **CORDINATION AND**
- **PROCESS LIDER.**

**Dr. Ivailo DIMITROV**  
**Regional Office ECAD**  
**Director**

Dear ladies and gentlemen, dear colleagues!

I use the opportunity and my position as a Director of the Balkan office of ECAD, to express my gratitude to Mr. Damir Hadzic – Mayor of Municipality, Novi Grad Sarajevo for the possibility the Fifth Balkan Conference to take place in your beautiful city. Thank You for the excellent organization and for the chance to convoke here politicians and specialists from all the Balkan countries to try to submit and to find decision for the problem with drugs in our region.

Only by integrated policy and activities in the sphere of decreasing of supplying and demanding of drugs we will be able to manage with the threat to the young generation and stability at the Balkans.

Corresponding to the needs of our region of activities, connected with the drug prevention, ECAD created its Balkan office in the town of Burgas , Bulgaria at the beginning of 2007 year.

ECAD is an independent organization, the basic aim of which is to counteract the drug legislation movement in Europe through close co-operation with state and municipal structures for drug combat.

ECAD and Municipality of Burgas join their efforts for carrying out restrictive drug policies according to the ECAD constitution and the UN Convention on Drugs in the Balkan region.

The ECAD Regional office in Burgas acts as a knowledge bank for international drug issues. In its activities and for creation of Balkan network for drug prevention, the Office use democratic means for collecting, analyzing and forwarding scientific evidences for the harm of drugs to the general public, politicians and all people engaged with taking decisions of public significance.

### Activities of ECAD Balkan office in Burgas:

1. Publishing information at the site of the Organization for the activities of the ECAD Regional office.
2. Support for the organization of the Balkan Conferences of ECAD.
3. Organization of Regional Initiatives and work shops of cities – members of ECAD.
4. Participation in activities and conferences organized from ECAD.
5. Writing articles for drug prevention and publishing in the media.
6. Making software for creating data base about spreading and using drugs at the territory of the Balkan countries and the prevention activities in the cities - members of ECAD.

Dear colleagues, before the presentation of the initiative for creation and development of Balkan network for drug prevention, I will acquaint you with the 2006 Annual report on the state of the drugs problem in Europe of the European monitoring centre for drugs and drug addiction in Lisbon, Portugal.

### **Finish**

Dear colleagues,

I know that it is not difficult to start an initiative, even at Regional Balkan significance. The difficulty is to find support for its realization in a way to be efficient and useful for the benefits they are directed to.

I am sure that every one of us, included in our Balkan family of ECAD, as well as the new and future members, will do utmost for the development of this regional net for drug prevention.

We must to integrate our efforts and to find financing for working programs for prevention, that gives the chance to the young people in each of our countries to live in a safety society with lower risk of drug use.

Once again I use the opportunity to thanks to the organizers for the possibility, for Fifth time, to exchange ideas and experience in the struggle with use and distribution of drugs.

**Dr.sci. Hana KORAC**

## **THE ROLE OF POLICE IN COMBATING DRUGS AND COOPERATION WITH LOCAL COMMUNITY**

I would like to start my presentation by quoting the long-standing opinion of the colleague Mr Thomas Hallberg, which I support completely: „Drugs are a threat to any democratic society.”

Today, we are speaking about the “Planetary genocide”, that is unfortunately on the increase. Relating to the endangered state of the young generation, the question is: “Do we need to follow a principle: “When someone is in danger we should save him/her first than ask how did he/her get into danger.”

We observe drug addiction as a degradation of conscience and maturity of the youth, but even more a degradation of a family, parents and society as a whole.

Speaking about the police work within the Protection Measures Program, we apply the suppressive measures directed towards drug addicts to stop them to spread diseases and repressive measures directed towards drug crime: preventing, combating and reducing drug availability.

In order to speak about the prognosis, acting in the future, short-term, medium-term and long term plans we shouldn't postpone the historical element, as well as the real state in society and capability of adapting to the conditions – that shouldn't be connected to the current situation but observed as a whole by following their developments, trends and movements.

**Suitable conditions for the presence and rise of drug abuse (not only in transition and post-transition countries):**

**A large amount of money is in circulation, and money is power, big profits** particularly when we speak about a crime organisation that has very strong structure of organisation, job distribution, responsibility and planning of crime activities. Its objective, apart from the organised structure and successful realisation of the crimes, is to disable or slow the

repression and persecution agencies, make more difficult the detection of perpetrators and proofs; **permanent joining** of several persons; **corruption** – instrument used by the members of crime organisations to ensure immunity; **internationalisation, international crime** – covering of crime activities through legal business and corporations (almost unlimited funds); **use of force or threat, intimidation; influence over media (very serious)** – expansion that is acquiring larger proportions; new forms of crime; aggressiveness, violence, violent crime; inhumanity that terrifies.

### **Why Bosnia is not just a transition country?**

Assuming that the drug crime starts with drug purchasing, under drug influence, illegal market, fight for the territory – that is the answer at the same time.

It makes sense to speak about the prevention in Bosnia and Herzegovina, because we have the healthy youth in general and we are aiming to keep it.

Our police are aware that Bosnia and Herzegovina, specially in after war period, is suitable for so-called the **Balkan route** that runs through Sarajevo; **the East route** over Albania, Kosovo, Yugoslavia used by marijuana and heroin traffickers; **the West route** over Croatia and Herzegovina used by heroin and ecstasy traffickers (there is no cocaine unlike Italy, Spain and Britain).

The Ministry of Interior has established the Department of Preventing and Combating Drug abuse, investigators and prevention work; at the Ministry of Interior there is the Working team too, investigators, the experts of the Ministry of Interior for these issues, the team that exists at every Police Administration – more precisely the municipality as the local self-administration which task is work on primary prevention.

### **What makes the police efforts more difficult in combating the drug abuse and psychoactive substances?**

The process of globalisation; the transformation problems, liberalisation of political and economic system at the global level; tough market competition; lack of coordination between the criminal-law solutions and crime-investigation and criminological approaches; exceptional mobility and transfer of money and capital, development of communication

systems;

Drug crime arises as a parallel system to the state system and it could be marked as society acting out of public control; it covers not only one, but several crime activities: racketeering, prostitution, gambling, money smuggling, murders (MoI solved 95% of these cases); considering the criminal act of drug abuse: in the past two years (2005 and 2006) 244 persons were arrested and handed over to the competent prosecutor's office because of illegal sale of drugs, and 975 official reports were submitted against 1245 persons under the founded suspicion that they committed some of the drug criminal acts; about 20 files relating to the organised crime were filed and solved successfully;

**Prevention includes:**

Primary, secondary and tertiary prevention.

**Police work in primary prevention (community policing)**

Community policing as a model of police work meets the police reform in Bosnia and Herzegovina; de-politicisation and professionalism of police, transformation from the traditional model into the model of community policing that is compatible with the world standards, innovations in the work of the uniformed police, crime-investigation police, public relationship, education of police officials, democratisation within MoI (Ministry of Interior), police-management etc.

We should promote through the education program:

Work on conscience rising about the risks and consequences of drug abuse that is realised in several ways: directly in contacts with citizens, indirectly through media (openness that doesn't endanger the police work), cooperation with other police agencies, institutions under which jurisdiction are these issues; develop awareness about the risks of drugs.

Primary prevention implies the activities directed toward the health population, family, local community, pre-school facilities, schools, NGOs and media, feedback from citizens.

We can compare the period of adolescence with **boat ride** from „comfortable net” of the childhood coast to the coast of the adults toward **the lighthouse**. One on that road can meet the challenges, problems,

waves of different size that represent certain tasks and those waves can easily upturn the boat.

In order to make the community policing successful, the professional approach of the chiefs of sectors, police officer (key person) is very important; they should have directives to realise the contacts with citizens through their engagement, search new approaches and possibilities of new solutions, prevent crime, realise the contacts with NGOs, social subjects. The Working team of the MoI was established and it consists of the investigators from the Police Departments who work on prevention and combating drug abuse – the investigators who know their job. The working team initiates the contacts with educational institutions, local communities and other subjects. Realising more contacts on the field inspires the citizens with confidence toward the police, makes relationship more open for better cooperation, and helps the prevention and combat against drugs and other deviant and crime behaviour.

The cooperation is realised by the representatives of MoI through the professional lectures, forums, round tables, making, distributing and installing of educational material (posters, brochures); Police cooperation with the local community is realised through the cultural and sport activities – MoI work together with the Ministries which cover these issues realising different activities and programs.

The forum of MoI, that was organised on the International Day against Drug Abuse – 26 June, was the positive example of cooperation with non-government sector. The Ministry of Interior will try to continue with the same activities and strive to expend them in the future.

**Secondary prevention** is of interest from the crime-investigation point of view, because it causes numerous crime consequences – dealers, traffickers, and main characters – **importers**.

**Tertiary prevention** starts by registering the new and old cases of the capturing drug shipment and everyday detections are reality.

The Ministry of Interior performs the sustained training of the police officials, dog handlers – that work at the Drug Prevention and Combating Department, even out of Bosnia and Herzegovina.

This department is available as well for the education of the police officials who come from the other police agencies and that relationship does exist; MoI makes steps in overcoming the past way of working,

### **Cooperation with non-governmental organisations (NGO)**

The criteria for choosing non-governmental organisations were established in 2005 by the members of the Council and they serve as a guideline for choosing projects which NGO apply for and give the partnership in the activities.

Prior to establishing criteria the association Basketball club "Bosna" was supported, Judo club "City Centre Sarajevo", Youth against aids, UG for support and re-socialisation of addicts and those cured from drugs, Citizens' association "Yeti", Football sport school "Bubamara", The Athletic union of Sarajevo Canton, Basketball club MV.

### **Media promotion**

In 2001 and 2002 the marketing agency MC Ericsson was used for promotion. This agency made media campaign where they used TV spots, TV documentary-educationally serial, TV serial of programs for youth, newspaper articles, radio spots, quizzes with this topic as well as other activities as (web site devoted to the drug abuse problems [www.narkomanija.com](http://www.narkomanija.com)). During the campaign 1000 posters B2 were placed in schools and other educational institutions as well as 2000 placards.

The activities on making a new program on drug abuse prevention, alcohol abuse prevention and other kind of addictions for period 2008-2012 are in progress in order to keep on continuity of work on prevention of drug abuse and other addictions in Canton Sarajevo.

connecting all social subjects responsible for the security of living in local community. Traditionally, the public consider the police the most responsible for the security, but without the partnership with all subjects in society, from longstanding experience, there is no quality solution of the problems.

### **The actual drug policy**

Can be compared with pyromaniac who set the fire first and then call the firemen. It is clear why this policy doesn't bring the results. The policy should be changed very soon. Police work in accordance with the Convention ratified by SFRJ (The Socialist Federal Republic of Yugoslavia), Strategy of the EU Council of Ministers, 2005-2010, and we are expecting the drug abuse strategy. The criminal policy against drugs is mild, I dare to say very mild, four criminal legislations create chaos ( prison sentence from 1 to 10 years for criminal act of putting drugs in distribution, but if it is the case of organised crime the minimal sentence is 3 years); law on traffic regulates these issues, but the amount of drug isn't specified; Law on offence, Cantonal law on Public order predicts pecuniary penalty, Law on precursors (here it should be made the amendment in comparing with other drugs that doesn't exist in this Law which makes our job more difficult).

Relating to the above we recommend the following conclusions:

- **Aim for social skills to resist drug, dissuading from persuasion of the risk group of the youth to experiment with drug, put the accent not on the drug but on the risk free growing up; it is to be known not only to refuse drug, but how to do it as well;**
- **Attempt to change the punishment policy;**
- **Cooperation between government and non-government sector on global level, because we think the point is on the planetary genocide.**

In hope we will meet on these roads, I would like to thank you in advance

**Rada LUKIĆ**

**DRUG ADDICTION PREVENTION PROGRAM  
ON MUNICIPALITY NOVI GRAD SARAJEVO  
TERRITORY FOR PERIOD 2003—2007**

**INTRODUCTION**

As the presentation title says this is first of all primary prevention. It is important to stress out that in 2003 when the program was established there were no any other official documents that would serve us as indicator, with exception of cantonal program prevention. Therefore, besides the wish to reply to the citizens need, the greatest motive was our own enthusiasm.

Starting with the fact that psycho-active substances addiction problem comprehensive, and that public considers it as health care and police problem, or state mechanism of repression, we base our program on comprehension that addiction problem is family and society problem. Therefore, basic principle of our work was and it still is facing of all subjects on municipality territory: educational, social, medicine and police institutions, and non-government sector that deals with addiction problems and conducts their own prevention programs (“CA PROI”, “LINK”, NARCO NO”, Parents’ association in fight against drug, foundation local democracy Barcelona, Centre for dialogue and other).

**PROGRAM PRINCIPLES**

Local self-governance authority organisation, municipality, in different departments intrudes the need for principle respect and continuous development of multidisciplinary team work.

For successful project implementation and avoidance of duplication of certain activities constant coordination with other institutions and their programs is necessary: Sarajevo healthy city by City Governance and Alcoholism, drug and tobacco addiction prevention program by Canton Sarajevo Governance.

One of the basic principles of prevention program is coordination with local municipality ecology action plan.

Because of the lack of systematic approach to drug addiction and psychoactive substances problem in the B&H Federation and in Bosnia and Herzegovina (next to the last) the most important principle that we wish to, and that guide us is initiation of systematic solutions on higher level of executive and legislative authorities.

Apprehending the time and space that we are living in, increasing significance of non-government sector, principle, and program task is development and improvement of current partnership with citizens' associations.

## **DOCUMENTATION**

Thanks to the admittance to European Association ECAD one of the most important documents is ECAD Resolution which was ratified by Council of Municipality Novi Grad in May, 2003. For us this was first document with instructions, as well as support in our efforts to implement prevention program in local community.

All other documents that we link to our program (International Convention on children rights, basic human legitimacy to health etc., subsequently legislative ratification, cantonal program and City Governance project) served us as foundation and give us the activity guidelines.

Municipality drug addiction prevention program is component of Municipality Mayor activity program, and bright example of municipal policy conduction is Municipality growth strategy up to 2015.

And of course, we cannot do anything without money, but municipality budget enables complete project implementation for one year, and since 2007 for three year period.

## **LONG-TERM GOALS**

Program has long-term goals.

Yesterday, there was some pessimistic speech in respect of prevention program efficiency because of their split up (segmented action of primary, secondary and tertiary prevention). We have identified this difficulty, but

we are aware that only thing that we can do in local level is to be persistent in finding a solution and to work on development of efficient mechanisms in local community. Maybe we are slightly idealist but we believe that we can reach out to every citizen and that we will succeed in cooperation with them.

Therefore, adoption of healthy life styles, which is long-term and tough process in every posttraumatic, transitional and post-conflict society, what Bosnian society is, and suppression of new psycho-active substances users are long-term project goals.

### **SPECIFIC GOALS**

Considering that B&H society is still very patriarchal, society in which drug addiction problem silenced for very long and, I would say treated as taboo, lead us to determination of specific program goals. Also, numerous prejudices about dealers' victims and their families, such families problems whit which they encounter in their micro-communities, determine that project part was dedicated to parents' education n order to improve their knowledge on addiction diseases and to influence on attitude development on drug and other psycho-active substances.

Other specific goal is directed to team and individuals qualification for educational purposes and adoption of health improvement skills.

Direction to method and skills development of counselling with families and children exposed to social and health risks is third specific Municipality Novi Grad Sarajevo prevention program goal.

### **TARGET GROUPS**

Program is primary directed to healthy population – primary and high school students.

Considering that child's first socialisation is acquired within family, and that parent is first and most important instance in every child life second target group were parents.

After the parents come teachers, school pedagogues and psychologists, and social workers as authority at school children and adolescents.

Considering that most of the highly influence medias, electronic (RTV

B&H, FTV and radio, TVSA, PINK etc.), is located in our municipality, and that we do not have sufficient number of skilled reporters with serious approach to drug addiction problem (frequent sensational problem approach) they are our third target group.

### **PROGRAM CONTENT**

As I said in introduction Drug addiction prevention project program in our municipality is primary prevention that we conduct through:

- Problem research,
- Public education,
- Interpolation to other municipality programs i.e. Novi Grad days, building of sports, cultural and educational capacities;

Inclusion into Municipality youth strategy – I would like to note that in the research on youth needs in our municipality the drug addiction problem emphasize as greatest problem that they encounter today, as well as fining the space for youth and their parents activity.

### **PROGRAM ACTIVITIES IN THE FIELD OF PRIMARY PREVENTION**

Program activities are directed to the problem research, peers education, meetings organisation, public tribunes and debates students contests, initialisation of Counselling offices for parents and Info youth centres; initialisation of phone line for citizens in order to apply drug addicts and dealers gathering places, and informational and promotional campaign.

### **INNER DEPARTMENT TEAM**

Inner department team is entrusted for program implementation. Inner department team constitution and number were changed during four years. First IDT calling had even 17 members, and today that number is reduced to 11.

However, immanent team members are managers of 4 municipality departments (social affairs and health care; education, sport, culture and information; general administration and local self-governance; and finance) and secretary of unique municipality administration apparatus.

Other members, depending on activity period, were experts from social work department, school pedagogues and psychologists, physicians, police administration and MIA of Canton Sarajevo representatives, Citizens Associations, and, since last year, elected officials – 3 municipality councillors from different political parties.

### **EDUCATION OF PERSONNEL AUTHORISED FOR WORK WITH YOUTH**

Special attention is directed to organisation of seminars for personnel authorised for work with children and youth. This means seminars in which, through interactive workshops, took part pedagogues and psychologists, parents' councils, police, health care and social workers. Seminars and all other program activities were followed by informational activities.

### **MEETING ORGANISATIONS**

During the four year activity three meeting with respective leaders were organised:

- “Drug addiction - modern society plague”,
- “Research results presentation”,
- “Responsible parenthood and addiction problems amongst youth regarding the aspect and role of local community”.

### **MEETING GOALS**

As a special mean of prevention program activities, meeting organisation was always conducted with precise intention to animate public sensibility, initiate legislations in the respective field, at executive and legislative authorities intercedes state strategies and action plan for suppression of drug addiction. Conclusions from mentioned meetings were forwarded to all instances in city, cantonal, entity and state level.

### **TRIBUNES**

In the scope of public education three dialogue tribunes were organised:

- “Drug addiction - modern society plague”,
- “Addiction - family and society problem”,
- “Truth and prejudices on drug”.

Inner department team provided tribune leaders of different profiles in the field of social policy, health care, school, crime, prosecution and judiciary, as well as leaders of profiled citizens associations.

All tribunes have dialogue character and enables to all participants to actively participate and not just to watch.

Organisation of debate clubs contents with more than 150 students that we have conducted in cooperation with “Dialogue Centre” association is a special mean of public education activity.

### **COUNSELLING OFFICE AND INFO CENTRE**

At the end of 2004 Counselling office and Youth info centre was founded. Besides the goals on education of adolescents, information and counselling of addicts, abstinent and their parents, to provide adequate information on drug illicit, it was intended to give social support to the parents and former addicts as socially excluded group with very specific problems and difficulties in founding the quality solutions.

### **WORK IN COUNSELLING OFFICE AND INFO CENTRE**

- Psychology method application (initial interviews, observation and counselling methods),
- Personal experience application,
- Group work was conducted with 3 compatible methods application: confession, drug abuse interpretation through psychosocial prism and drug abuse consequences.

For work in Counselling Office for parents and Info Centre two teams with 2 psychiatrists, 2 psychologists and 1 member of CA in each team were organised.

In over one year of work SRICM provided services to citizens (for more than 250 persons). Phone line for providing information to citizens about right on health care, treatment and accommodation in commune, where and to who to address for psycho-social help etc. is opened. There was in average 35 calls in one month.

## **INFORMATIONAL AND PROMOTIONAL CAMPAIGN**

After constitution of inner department team and establishment of prevention program one of the first questions was HOW TO MAKE A DISTINGUISHED PROGRAM?

It was decided to affirm students' talent and creativity through informational and promotional campaign. According to afore mentioned we have conducted open competition for best art work with catchword suitable for youngest students, as well as for adolescents. Board have, amongst 700 works, chose a 13 year old female primary school pupil work, buy out copyright and printed posters (jumbo and regular), t-shirts, caps, files and written invitations. This part of campaign had such success that even today, four years later, lots of people thinks that the name of Municipality prevention program is "Drug beauty is fake".

Public information on Inner department activities is done continuously through printed and electronic medias and participation in thematic TV broadcasts.

In cooperation with "PROI", "LINK" and Parents against drug abuse associations we have made and distribute leaflets "Marijuana – myths and facts" and "Marijuana – parents' guide".

Our local community activities recognition are shown in invitations to present our program to other cities and municipalities in Bosnia and Herzegovina.

For our seminar we have made and distribute leaflets titled – how to recognise an drug addict, drug addicts' dictionary, parents' guide, factors that led to drug and alcohol use, how to know that child is using drug, drug use tendency, pedagogic and psychological aspects of addiction problem, recommendations for parents and teachers – what to do in order to maintain control, most often questions related to use of marijuana, addiction and tolerance, dealers and addicts connections.

Finally we have organised music and sports manifestation with catchword "Drug beauty is fake".

## **RESULTS**

- Drug addiction prevention program on the Municipality Novi Grad Sarajevo territory is established as municipality's strategic program,
- Strongest local practice in project approach for problem solving directed to final user – citizens,
- Direct and indirect participation in program for more than 15.000 participants,
- Education for more than 5.000 young fellow townsmen, teaching staff, pedagogues, psychologists, social and medicinal workers,
- Increased population awareness on addiction to psycho-active substances problem,
- Intensive contribution to development of team work,
- Development of partnership with interested subjects: government institutions and citizens associations,
- Help in supplying of expensive therapies for treatment of addicts tainted with hepatitis B and C,
- Opening and equipment of police station in Dobrinja,
- Acquisition of automobiles for police governance,
- Counselling office for parents and Youth Info Centre,
- Contribution to development of larger number of sports facilities and children playgrounds,
- Intensive contribution to legislatives constitution and ratification according to the EU principles,
- **MEMBERSHIP IN ECAD.**

**Doc.dr. Habiba SALIHOVIĆ, primarius**

The chairman of Canton Sarajevo Government Council for implementation of drug addiction, alcoholism and other addictions prevention program

### **THE PROGRAM FOR PREVENTION OF DRUG ABUSE, ALCHOLISM AND OTHER ADDICTIONS IN CANTON SARAJEVO FROM 1999-2007**

The difficult situation in our country in war and post war period has been an extremely favourable ground for drug smuggling, and has contributed to expansion of drug abuse and other types of addictions. Poverty, huge number of refugees, difficult adapting to new social standards, the feeling of uselessness, high percentage of people with traumas, are just some of the reasons for starting with drugs.

After the war the whole population in Bosnia and Herzegovina were highly traumatised. According to the results of epidemic studies around the world, the post war areas are denoted as high risk zones for expansion of drug abuse.

Since there exists noticeable spreading of drug abuse as well as a high number of addicts, The Ministry of Health has, upon the request from the Government of Canton Sarajevo, made **“The program for the prevention of drug abuse, alcoholism and other addictions”** (in wider text Program). The Program was adopted on the 28 th Government meeting, held on 13 July 1999, and its activities started accordingly.

The main objectives of the Program are defined as:

- the improvement of whole population general health,
- specific prevention of drug abuse and making early diagnosis.

Secondary objectives are as following:

- reduction of drug and alcohol abuse as well as reduction of the number of children smoking cigarettes,
- reduction of new drug addicts,
- reduction of health problems and deaths caused by drug abuse,
- reduction of family problems caused by addicts.

The program implied:

covering the whole population in Bosnia and Herzegovina, engagement of all institutions and organisations which can be relevant to this Program, using whole range of activities which can roughly be divided into: Primary prevention, early revealing, diagnostic, treatment, rehabilitation and re-socialisation of drug addicts.

At the Government meeting held on 13 July 2000, it was decided to establish the Expert team for implementation of the Cantonal program for prevention of drug abuse, alcohol abuse and other types of addictions. This team consisted of experts who are, in their work, directly involved in this problem, as doctors, teachers, policeman working with drug problems, social workers and others who could contribute to this field.

The members of the Team fluctuated, but steady members should be the representatives from The Ministry of Health, Police, Ministry of Education and the Department for alcoholism and other addictions. The main principle is multidisciplinary approach in the first priority that the Team had, been to find the place where the department for alcoholism and other addictions had been situated previously, was completely ruined. At the same time the team started public campaign on prevention.

On the 18 July 2000, The Minister of Health established the Committee which should find the new location for the Department. Eventually, the location was found. It was decided that it would be situated in the basement of the old Trauma Department at **Clinical Centre University of Sarajevo**. This place had also been devastated but it was repaired, so the Department for drug abuse and other addictions of Canton Sarajevo commenced its work on 29 September 2002 in this newly renovated place. The department had 10 beds.

On the 21 May 2002 the Counsel for addictions diseases was opened together with the ambulance for out-hospital Program for Methadone therapy. The special attention was paid to the primary prevention on drug abuse with children and young people and in that connection The department for public health of Canton Sarajevo made survey on how much school children and young people knew about drugs. This survey involved 2000 primary and secondary students as well as 985 students from the University. The result of the survey were basis for identifying priorities for work. The very important factor in the program was the opportunity for 3000 children to show their knowledge in this area and express their own opinions. The survey showed that one of the priorities should be the education of teachers and pedagogues in primary and secondary schools. In that connection in period from 2002-2004 there were organised educational seminars where 280 teachers and pedagogues attended as well as 106 religion teachers and students from Theological faculty.

Also educational seminars are held for parents in five primary and five secondary schools with 313 attendees. Peer education seminars were held for 425 children aiming to enable them to work on prevention on prevention on drug abuse in their school. At the end of 2004, the educational seminars were held for teachers and pedagogues from 22 schools (95 attendees) aiming to create separate politics on prevention and early revealing of drug abuse with school children.

At the end of 2003 the preparations for making new prevention program were made and in 2004 it was published as "New program for prevention of drug abuse, alcohol abuse and other addictions" for period from 2004-2007.

The reasons for making this new program came out of the need for continuity of activities on prevention addictions problems in our conditions, as well as out of need for establishing new contents. This new program has given more room to primary prevention on drug abuse with children and young people, through continuity of work with schools and spreading of network of schools in prevention on drug abuse.

On the secondary level, this program based its activities on the continuation of work on prevention on drug abuse through work with Counsel for addicts and methadone therapy.

The activities presupposed harm reduction in cooperation with non-governmental organisations, through the cooperation with societies fighting against addictions. Unfortunately this segment was not realised due to various causes.

The novice on this secondary level of prevention was the planned activities directed on alcohol abuse and smoking. This was realised according to the plan.

The continuation of activities was planned on building and furnishing the therapy community and establishing its administration board, as well as finding the financial means for its existence. This resulted in opening a new institution for addicts at the end of July 2007.

In 2005, 2006 and 2007 the network of primary and secondary schools working with drug abuse was expanded. Each year the program involved five primary and five secondary schools including the best three schools from the previous year, and the principle of equal representations of schools from both suburbs and centre was respected.

In 2001 in order to inform the population in the best possible way, especially those interested teachers and parents the brochure "Guidebook for parents" was published. It was edited in 10.000 examples. In 2003 it was published "The guidelines for parents and teachers" edited in 10.000 examples. Both brochures were distributed to schools. Leaflets "Marihuana-the truth and misconception" were printed in 2.500 examples. In 2003 the posters "Don't let drugs rule your life"-was made and printed in 500 examples, in 2004 the posters for celebration of 31 of May-Non-smoking day-was made in 500 pieces, in 2007 for 26 of June the poster "By choosing drugs you are always on blind way"-200 pieces.

#### **Drug addicts record**

is made on the basis of regular health statistics "Registration of treated drug addicts" who are treated on the Department dealing with addictions. The monitoring is the steady activity, and the record is published once a year.

**Prim.dr.Emira TANOVIĆ-MIKULEC**

## **PRIMARY PREVENTION FROM DRUG ADDICTION**

**The presentation of the activities held by Federal Institute of Public Health - Canton Sarajevo- within the realisation of "The Program of prevention from drug addiction, alcoholism and other addictions" and "Innovated prevention program of drug addiction, alcoholism and other addictions for period 2003-2007" – Canton Sarajevo Government**

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### **Introduction:**

According to its definition, prevention is a proactive process focused on the raising of capacities for saving and promotion of health and well-being of people, including specifically identified individuals and groups of people exposed to risk at its high level.

Prevention from drug abuse represents a promotion of constructive life styles (behaviours) and standards which reduce the possibility of drug abuse, including development of social and physical environment which facilitates the adoption of healthy life styles. **Prevention is to give the best results if comprehensive strategies are included and if it is a long-term and continual process for every following generation. Education and informing have an exceptionally important role within that process.**

In that context, the approach focusing on knowledge increase and formation of positive attitudes toward health is the main goal of every preventive work, and keeping away from drugs and positive practice, when health is being considered, is a specific goal within the primary prevention from drug abuse.

The social and cultural context of every society has a significant influence on development of drug addiction and abuse problems, or, on the other hand, on prevention from the development of these problems.

Beside the high level of informing, knowledge and rising of the positive attitudes and practice, prevention from drug abuse, in its strict sense, also includes the wider spectrum of measures which effectively reduces the supply and demand for drugs, and which, at the same time, represents the key strategic frames in a fight against drug abuse and addiction.

### **Initiation and implementation of activities in segment of primary prevention**

Federal Institute of Public Health of Canton Sarajevo, as one of the key partners in the implementation of primary prevention within "The Program of prevention from drug addiction, alcoholism and other addictions" and "Innovated prevention program from drug addiction, alcoholism and other addictions for period 2003-2007." Canton Sarajevo Government used an approach based on the basic conceptual frame of primary prevention: **partnership and interdisciplinary approach, coordination and management of activities, inter-sectors cooperation, monitoring, evaluation, analysis and estimation of results and modification of intervention activities.**

During the implementation the general preventive intervention was carried within the methodical frame which is, in its biggest part, harmonized with the concept "**Say NO to drugs**". Based on the basic suppositions that drug abuse is a big public health problem, this kind of approach is one of the examples which shows that the activities in solving exceptionally complex problems as drug abuse, could be directed.

The social and cultural context of society determines what is or isn't possible to be realized within the development of drug abuse and addiction problem. The activities taken to prevent the problem of drug addiction represents, at the same time, the wide spectrum of different attitudes and systems of collective values which are being promoted by different groups included in the activities relating to prevention from drug addiction. However, the basic starting point has to be based on science and participation of professionals from the area of prevention and operative standards with clear guidance which defines the minimum of knowledge and skills related to development of preventive programs and their monitoring.

Within the activities of Federal Institute of Public Health-Canton Sarajevo in process of implementation of Cantonal program, exceptionally important approach is the one which integrates interdisciplinary work and multi-sectors cooperation.

### **Methodology of work**

Methodology of work of Federal Institute of Public Health of Canton Sarajevo in segment of primary prevention from drug abuse had several stages:

- Establishment of cooperation with schools on territory of Canton Sarajevo and questioning primary and secondary school students about their knowledge, attitudes and practice related to drug abuse, along with the extension of informing level of the groups in question.
- Drafting studies based on the results of questionnaires (as a base for education process).
- Drafting promo-educational materials (guides for parents, posters and agitations).
- Education which includes: education of educators (teachers, professors, pedagogues, religious teachers) and education directed to increasing level of knowledge for students and parents.
- Implementation of individual projects of prevention from drug addiction and development of individual politics in primary and secondary schools for 10 primary schools and 10 secondary schools on the territory of Canton Sarajevo (network of schools to fight drug abuse).
- Evaluation and reporting.

**First stage** included activities related to the establishment of cooperation with primary, secondary schools and faculties and preparation for process of polling. **1906** students from **16 schools** were polled (**8** primary and **8** secondary schools) from the territory of Canton Sarajevo at the age of **12-16**. **748** students from primary schools were polled or (**41%**) and 1122 students from secondary schools or (**58,9 %**) were polled. **985** students from **12** faculties from the University of Sarajevo were polled. Among the polled students **955** or (**97 %**) were at the age group of **18-26**, and **30** or (**2,6 %**) were at the age of **26 and more**.

**TABLE No. 1: Number and structure of polled pupils/students in educational institutions**

Educational institutions	Number of pupils/students	From that pupils / students
Primary schools	784	406
Secondary schools	1122	696
Faculties	985	530
TOTAL	2891	1632

**Second stage** was related to production of studies (processing of data, analysis and production of studies), which results served as a base for development of modules for educational process of educators and informing parents and students.

The results of questionnaires which questioned knowledge, attitudes and practice are different in relation with the level of education and the age of questioned pupils and students. Among the primary school students **0,3 %** declared that they had tried drugs; among the secondary school students **2,4 %**, and **22,5 %** questioned students from University of Sarajevo, declared that they had tried drugs too.

Within the total number of questioned students from primary schools only **4.8 %** declared that they are actively involved in the fight against drug abuse in their school, local community or NGO. Within the total number of questioned students from secondary schools **11,9 %** declared that they are actively involved in the fight against drug abuse in their school, local community or NGO, and within the total number of questioned students only **2,0%** declared that they are actively involved in the fight against drug abuse as members of NGO or youth associations.

**Third stage was related to production of educational materials:** produced educational pamphlets: "Guide for parents" and innovated pamphlets "Guide for parents and teachers" posters and agitations.

**TABLE No. 2: Number of printed copies of educational materials**

Name of educational material	Number of copies
Pamphlets "Guide for parents"	10 000
Pamphlets "Guide for teachers and parents"	5000
Agitation "Marihuana truth and mistakes"	2000
Posters	4000
TOTAL	21 000

**Fourth stage** was education which consisted of: the education of educators and education related to increasing level of knowledge of parents and students, which has been implied by Federal Institute of Public Health of Canton Sarajevo along with the formation of an interdisciplinary team which was the supporter of this educational segment.

Conceptual frame of the educational process and defined modules consolidated results of previously held questionnaires. The modules consisted of:

- **Basic concept of primary prevention,**
- **Facts about drugs which are mostly used in our area,**
- **Health and social consequences of drug abuse,**
- **Law frame related to drug abuse,**
- **Methodology of educating persons of the same age,**
- **Social skills as key segments of health education of young people in schools.**

Education related to raising the level of knowledge of parents and students included lectures and interactive work shops which were guided by expert teams of public health.

**TABLE No. 3: Number of participants in process of education in period 2001-2003.**

Participants in process of education	2001.	2002.	2003.
Teachers, professors, pedagogues, religious teachers in primary schools	100 –	136 19	72 67*
Students	425	–	–
Parents	–	–	313
TOTAL	525	155	385 (425)*

**\*Within the frame of cooperation with Rijaset of Islamic community the education was organized for 67 teachers of Islamic religious instruction in Islamic teacher's college in Zenica and in the region of Travničkog muftijstva**

**Fifth stage** which has existed since 2005 and still is related to implementation of individual prevention projects of drug abuse and support of developmental project activities in realization of operative goals and support to development of action in school environment.

For this stage, which has been implemented in the partnership with selected coordinators from 10 primary and 10 secondary schools which represent the "network of schools of Canton Sarajevo to fight drug abuse" the necessary things were:

- To define previous politics of community (school), related to preventive activities in fight against drug abuse,
- To define priorities for prevention of drug abuse in schools,
- To talk openly about problems which are recognized in community (schools being related to drug abuse),
- To define approximate strategy and plan of action for prevention of drug abuse in school environment,
- To define the organisation of structure for action plan,
- To mobilize all interested, teachers, children, professionals, active individuals and to create coalition for prevention of drug abuse in schools,

- To recognize all interested students (future peer-educators),
- To insure series of trainings for selected students peer-educators, who will make possible to selected students controlling of facts, communicational skills, skills of making decisions, skills for solving problems,
- To insure that peer-educators have open canals for communication and transfer of knowledge and skills toward their friends from the same age with a support of supervisors (teachers and experts from public health, psychologist-pedagogues), and to make possible that course and process of peer-education would be documented (materials, reference books, performances, messages etc.).

**Sixth stage** is the evaluation and reporting. Evaluation results have shown that **40 000** persons on territory of Canton Sarajevo had opportunity to increase the level of informing (almost every 10<sup>th</sup> citizen of Canton Sarajevo), and **313** parents and **425** students increased level of knowledge in frame of this segment of education which was related on increasing level of knowledge which Federal Institute of Public Health was organizing. In segment of education of educators **89,4 %** participants in this process said that they got enough information and knowledge that they haven't had till now, and that they filled and improved their knowledge about harmfulness of drugs as key elements of primary prevention from drug abuse.

Within the stage related to the support to development of individual politics in primary and secondary schools **560** parents, **1200** students and **60** students for educators of the same age were educated. New approaches have been created for messages about prevention from drug abuse in a number of secondary schools (performances, songs, fashion shows, etc) which are strongly integrating generation answer when this kind of problem is in question in our environment. All messages and approaches to education included professional recommendations connected to work on prevention in school environment. (Pompidou group)

Reports about carrying out of all segments of primary prevention and received results, they've been delivered on regular base to the ministry of Health, Expert Council for the implementation of cantonal program, and to Government and Parliament of Canton Sarajevo.

**Implications for future:**

The shown approach of Federal Institute of Public Health in carrying out of segments of primary prevention for drug abuse at the age of school children and young people considering previously realised programs, represents inter-sectors and interdisciplinary approach to this problems which included Government of Canton Sarajevo, Ministry of health Canton Sarajevo, Expert Council for implementation of Cantonal program and competence ministries included in work of Council, then Federal Institute of Public Health of Canton Sarajevo, primary and secondary schools on the territory of Canton Sarajevo and University of Sarajevo, experts from the area of psychiatry and psychology, experts from the area of legislature.

In the following period it is necessary to strengthening of mechanisms of coordination and cooperation among those who have participated in the process of primary prevention. At the same time it is necessary to define precise guidelines for competences and skills of participants in programs of prevention which are considering approach of prevention based on science as an important contribution to protection of dignity and rights of those toward those programs are directed.

**Hase TIRIĆ**

Canton Sarajevo Therapeutic community –"KAMPUS"

### **THERAPEUTIC FAMILY CONCEPT**

Public institution Canton Sarajevo Therapeutic community "Kampus" is first and only therapeutic community in Bosnia and Herzegovina whose founder is Canton Sarajevo. This ensures quality work program which is implied by qualified and professional staff. "Kampus" is situated in Rakovica, 15 km from Sarajevo and it has 30 beds for male psycho-active substances addicts.

Whole treatment in "Kampus" lasts 24 months and consists of residential and non-residential section. *Residential section* of treatment lasts 12 months and consists of three stages: adaptation, rehabilitation and re-socialisation. *Non-residential section* of treatment also lasts 12 months and implies self-help groups, volunteering, education and employment.

Client is active participant in therapeutic process, and it has main responsibility in achieving personal growth and progress in meaningful and responsible life. Accordingly the treatment program is adjusted with client's individual needs, interests and affections.

In order to help client to obtain insight in his earlier conduct, way of thinking and emotional states, and to make changes, regular individual and group therapies with psychologists and social workers, as well as theme lectures and workshops are organised. Different working and occupational activities in order to clients develop working habits and obtain new skills are organised in "Kampus".

Non-educated clients are encouraged to extra ordinarily take the exams and obtain suitable vocation.

Family therapy is conducted parallel with clients' treatment because we believe that the family is very significant for successful maintenance of client's abstinence after the treatment.

Treatment team are working and occupational therapists, psychologists, social workers, sociologists, sports trainers, medical staff, religious officials.

It is our goal to provide employment as working and occupational therapists for treated persons, in order to help other psycho-active substances addicts with their experience and knowledge.

Considering that the clients will stay in “Kampus” at least one year, interior design has to contribute to creation of safe ambience. Thus, entire space is equipped as family house, and not as institution.

Personnel that are experts in respective field, program adjusted to client and nice ambience helps the recovery of persons who wishes to be psycho-active substances free.

**Sanela PEKIĆ**  
**“LINK”**

## **SCHOOL ROLE IN ADDICTION PREVENTION IN COMMUNITY**

Primary prevention considers intervention before health problem arise. It is a group of different measures directed to healthy population and samples which can lead to the problem.

Primary prevention contributes to the adoption and improvement of certain behaviours, healthy life styles, and strengthening of awareness on responsibility for one's own behaviour and health, especially amongst children and youth. Consequentially education is one of the most significant factors in prevention and promotion of health.

In order to make community prevention efforts efficient it is necessary to plan and continuously conduct activities that are based on multidisciplinary approach. Anyway it is important to stress out that our main partners needs should be children and youth, because their ideas are of high importance considering that each generation have specific interests, as well as ways of satisfying needs for belonging, freedom, entertainment.

### **Three components of primary prevention**

When we talking about primary addiction prevention, there are three significant components on which preventive activities should influence, and they are: PERSONALITY, SURROUNDING AND DRUG. All three components influence to each other.

Addiction prevention should offer to youth series of possibilities for satisfaction of their needs for power, freedom, entertainment, belonging and love without use of psycho-active substances. I use term psycho-active substances; because it is a substance that changes the state of conscience and young people use it in order to satisfy one or more afore mentioned needs. It is also necessary that youth gain certain knowledge on psycho-active substances' abuse and addiction problem, and to enable them to gain confidence, and to develop communication skills, resistance to group pressure and solving of problems and crises. All this influence to the decrease psycho-active substances' demand.

It is also necessary to work on decrease of PAS supply, in what the main role is one of the police. And in order for their work to have good results it is necessary that there is legislation in the community that discourage PAS abuse, and that encourages and promotes healthy life styles. This is a segment in which each individual can contribute by choosing a healthy life style.

### **School as institution for bringing up and education**

System for bringing up and education in Bosnia and Herzegovina is in reform. In primary schools concept of 9 year studies is established. Namely, global goal of reform of primary education in Federation of Bosnia and Herzegovina is: “*Education for life: gaining of knowledge, ability and skills development, positive attitudes and habits form, value adoption, development of each child full potentials.*” School is and it should be a place in which students will be raised and educated, because knowledge and skills are gained through education, while values, attitudes and habits are build with bringing. School, as institution for bringing up and education can represent support, as well as burden for students. There are different factors in schools that are considered as **protection factors** in prevention. They are, among others: approach to the information and education; social network; social support; development of cognition, social and emotional abilities; ability for independent making of decisions; satisfying development perspective.

However, there are **burden factors** in schools, from which, according to Eder (1990.), the most important are:

- School pressure for success that is seen as overwork, to high expectations and fear of exams;
- Heavily communication with teachers and peers;
- Difference in parents’ requests regarding students’ success and their actual success.

Teachers, together with students, should work on strengthening of factors that protects students and enables them for life in community. School, her bringing and education mission does not fulfil only through implementation of syllabus, but also through extra-curricular activities that provides for students different sections. Good practice example, that is recommended, is that each school should have *section for addiction prevention* that is *sobriety league*. The main goal of this section is activities conduction through which students will gain knowledge, develops social skills and make habits that includes choice of healthy life free of addictions.

### **Strategy prevention directed towards school**

Talking about strategies directed towards school and which have goal in addiction prevention, we have to bear in mind existence of several target groups. They are, first of all, school pedagogues and psychologists, than teachers, students and their parents. Preventive activities will be successful only if all target groups are included.

In innovated cantonal program for prevention of alcoholism, drug and other addictions for period 2004 – 2007 it was suggested that each school construct their own *school program for prevention of tobacco, alcohol and psycho-active substances addiction*. This program should be conceived as integral part of process for bringing up and education which should be conducted by expert staff in schools. According to afore mentioned, each school should make following steps which would contributed to continuous and planed activities in filed of prevention:

It is important to include parents in development and finishing of addiction prevention program. Good practice shows that it is significant to include students in development and finishing of addiction prevention program in schools.

#### **1. To form counselling committee with schools ', parents ', students committees' and other organisations representatives that would work together on formulation of preventive messages**

It is very important to include representatives of all target groups to program development. In order to do so, it is necessary to form counselling office on the school level that would work on development and monitoring of school's prevention program implementation.

#### **2. To name the person who would be responsible for conduction of addiction prevention program implementation in school**

Teacher who would be responsible for addiction prevention program implementation should be included in its' development. Upon occasion of teacher selection that would lead school section for addiction prevention it should be considered that this is a person who has following qualities: to be able to lead and facilitate; to respect children and youth, to be kind, enthusiastic and to give support, to have suitable knowledge on themes that would be treated at section, and to be informed on youth problems and needs,

as well as to be informed on community resources and their use in section work.

### **3. Drafting of prevention and education program**

School's prevention and education program should be comprehensive in order to gain better results. The best results will be accomplished by combination of different prevention approach that can be realised in school. It is most important to include in program gaining of knowledge, skills development and habits creations directed to healthy lif styles. It is important to stress out that education program should be based on students' needs assessment.

### **4. Establishment of section for addiction prevention, i.e. sobriety league**

Team work is base for good section work. It opens cooperation possibilities and relieve of load work division, as well as joint responsibilities towards problem tasks. Work in section requires more time and readiness for initiation of new learning and working processes. Work in section requires adjustment of different interests, problem definition and solution finding, and practicing of democratic forms of communication like active listening, value, expectations and others feeling understanding.

**Before the commencement** of work itself student should express their **needs, interests and expectations from work in section**. It is very often happened that because of the un-fulfilment of this condition students' and teachers' approach to work has different assumptions which can cause problems. Therefore, it is very important, in the beginning, to indicate needs, interests and expectations in order to make sure that all of us are in the same track. It is necessary to bring up **experiences, stories and personal attitudes** on addiction prevention.

Teacher should be informed on trend and methods of addiction prevention, current actions, advertising campaigns, brochures and movies in the respective field. Teacher should also be in contact with experts in the field of addiction prevention that can answer to possible students' questions and demands, i.e. for consultation during the section conduction.

The most successful results of work with students are achieved in workshops in which students supports and respects each other. In this atmosphere it is easier for students to learn, express their ideas, cooperate to each other, to

encourage each other, assume responsibilities and make decisions. If team leader respects all students, they would be able to follow his example. Creating of this kind of working atmosphere, much efficient working results are achieved, and through adoption of social skills students are being prepared for life.

**5. To chose student for section members and educators of their peers; gender balance in section should be considered**

After the section establishment it is necessary to include students who will participate in section work. Considering that section members will be peers educators they will represent a role model for their colleagues and present message on positive and healthy life styles.

Peers educators should be strong and influence individuals not only in schools, but even in leisure time. It is recommended to include, in section, students from different social systems within the class (adjustable, quiet, successful, and intrusive). It is important to include both gender in gender mixed classes.

Selection of students who will be section member should be dealt by class masters and classmates.

For this kind of work recommended number is 15 to 20 students who will with they variety and collective motives accomplish good group dynamic and working ambience.

It is recommended to include students from sixth and seventh grades of primary schools, and first and second grades of high schools.

**6. To have guidelines which are implemented in all school and in which implementation parents are included as well, and which regulates what it should be done if psychoactive substances abuse arises in schools. These regulations should include measures that should be conducted in order to help these students instead to expel them from school.**

School prevention program should contain guidelines which could be used by teacher i.e. class master together with school pedagogue if use of psychoactive substances arises at school. It is also necessary to establish certain prevention measures on smoking and drinking of alcohol in and around school premises.

**7. To cooperate with experts in the field of addiction prevention in government and non-government sector and which can be consulted during the preparation and implementation of school prevention program**

It would be useful to have knowledge on community resources in order to use them in achieving of better quality of school prevention program.

**To make school prevention and education program available.**

Even the best programs lose on value if everybody in school is not aware of his presence. It would be useful to give a copy of addiction prevention plan and program to every teacher, school pedagogue, interested students and parents.

**LINK**

One of the activists of primary prevention in the community is our Association for addiction prevention and suppression of illicit which gathers young people who chosen healthy life styles. Considering that our main goal is improvement of knowledge, development of skills and habits creation which would help young people to chose psycho-active free life, it is very important for the conducted activities to be in order with our target groups needs. Link represent chain link in series of preventive activities in community, because it gathers and educate young people who are active participants in implementation of preventive activities intended to their peers, with help of experts in the field of addiction prevention.

We rely on World Health Organisation recommendations, and we use guidelines of cantonal addiction prevention program, as well as other relevant sources in our work.

One of the tools is Guide for multidisciplinary approach to the prevention of psycho-active substances abuse that was issued last year, and that was intended for school staff which conducts preventive activities in order to get familiar with addiction problem from different aspects. We offer workshops' examples that could be organised in schools. In making of guide more than 15 respective experts in the field of addiction prevention and treatment were included.

## **Conclusion**

Primary prevention needs to be approached planned and systematically, considering the target groups for which is intended, because this is the only way to obtain long-term effects.

All community should be included in primary prevention. One of the main activists in community and who should be constant partner in addiction prevention is school, as institution for bringing up and education. School, through their own prevention program, should strengthen young person through curricular and extra-curricular activities. However, I think that it is important for each individual in community to bears a part of the responsibility for primary prevention, because with their example, obeying the law and healthy life style contributes to addiction prevention.

One of the most important segments of primary prevention not only of addiction, but all other forms of socially non-admissible behaviour is family. There fore the school role, that gathers not only children, but their parents as well, is to sends messages that indicate and educate to the healthy parenthood.

Finally, I would like to stress out that messages that school sends should promote positive and healthy choices and role models, instead of focusing to those negative ones.

**Dr. Samir KASPER MD**

PI Institute for fight against addiction disease  
Zenica

**ROLE OF CANTONAL INSTITUTE FOR FIGHT AGAINST  
ADDICTION DISEASES IN PRIMARY, SECONDARY AND  
TERTIARY PREVENTION ACTIVITIES IN ZENICA-DOBOJ  
CANTON**

PI Institute for fight against addiction disease is established by ZE-DO Canton Government on December 5, 2005. it represents main institution in this canton that does all preventive, therapeutic and rehabilitation procedures related to addiction diseases, and at same time cooperates with GO and NGO whose activity is related to this field, and conducts coordination, direction and experts supervision of their work. This cooperation is done on partnership principle and it does not imply, under any circumstances, work under dictation.

All segments related to addiction diseases are gathered in this institution. It consists of 3 departments:

1. Department for primary prevention of addiction diseases,
2. Department for treatment of addiction diseases,
3. Department for social rehabilitation.

This work concept is based on experience resulted from activities of Centre for Mental Health Zenica who was dealing with this issues in the Municipality Zenica territory before formation of Institute.

First perceived problem was addiction disease specificity who could not be treated preventable, like other somatic and mental diseases, because very often they involve client's social environment with very frequent presence of other disorders in background of addiction that could be treated only by team of experts.

Other perceived problem was campaign approach to preventive activities. While narco mob continuously work with their "marketing" methods, preventive measures were derivate to work of few enthusiasts in organisation of public tribunes, campaigns etc., who are last for one moth

at best, and one often it was derived to vain talk and conclusion that problem exist.

Third perceived problem was that medicinal workers alone cannot do much in this field and that cooperation with other society institutions is necessary in order to gain results.

Fourth perceived problem was necessity of strategic approach to this issue, because short-term measures did not gain results.

Fifth perceived problem was inadequate approach to the preventive measures. Namely, because of the lack of expert's staff preventive measures were conducted by insufficient educated volunteers who are very often instead of prevention conducted promotion of use of illegal psycho-active substances.

Sixth perceived problem was interlacing of preventive and therapeutic activities like in any other medicine area, thus making of distinctive border lines between prevention and treatment were impossible or at least contra-productive.

Seventh perceived problem was necessity of concrete field work considering that we could not do much when we are isolated from the society.

Eight perceived problem is already mentioned. Therefore, preventive activities should be, literary, done by all society segments, but bearing in mind that, according to our experience, this was activity in which everybody had their one short-term goals, need for creating supervised network within one coordinating body was shown. In Ze-Do canton it is our Institute.

Ninth perceived problem was stereotype existence related to this kind of disease, especially in environment like ours. Those stereotypes very often disable any efficient measures in this field and they were contra-productive because they talked about addiction as a way of life. At that it was forgotten that each addict include 5-10 new addicts, and that on illicit of spreading contagious diseases we do not speak.

Epidemiology indicators shows that this is not so called urban disease related to larger cities and certain subcultures, but that it also spreads to

smaller cities, and even rural areas, which requests suitable response and creation of specialised institution.

As various population groups and social situations are involved in this issue it requires creation of special educational and preventive procedures for each of them what requires creation of special institution.

On the basis of perceived issue and adopted concept it came over to projection of necessary preventive measures that should be conducted. In primary prevention field they include:

- Promotion of healthy life style in cooperation with educational institutions,
- Education of teachers as core of preventive fight in all institutions related to this issue, from repressive (police) to educational and social care,
- Peers education as best measure for overcoming of generation gap in preventive activities,
- Mental hygiene which is, as a preventive measure, very often unjustified forgotten, and it implies cooperation with Centres for Mental Health in county level in prevention of mental disorders which very often have consequence in some kind of addiction disease,
- Intervention in social environment considering that from everyday clinical practice we found out that adverse social environment generates addiction disease and that best conducted measures do not have results if client is constantly returning to that environment.

In cooperation with Centres for Mental Health, Psychiatric ward of Cantonal Hospital Zenica, and independently, Institute conducts treatment of pathologic states that could lead to complications in development of addiction disease, and they are:

1. Adolescents crises,
2. Neurotic disorders,
3. Affective disorders,
4. PTSD,
5. Adjustment disorders,
6. Psychotic disorders,
7. Broken Home in cooperation with social work authorities,
8. Certain organic states with repercussion to mental health.

For this purpose we use following therapies:

- Psychotherapy with accent to the transactional analysis applied as individual or group therapy, and according to clinical state we use other psychotherapy modules. Relating to preventive activities special attention was drawn to the group work with so called experimenters,
- Psycho-pharmaceutical therapy with 2 modules application,
- Drugs free method,
- Methadone detox and substituted program in ambulance, and from next year clinical conditions,
- Treatment of other pathologic states related to addiction diseases.
- Social therapy that includes intervention in social environment and social rehabilitation procedures in Daily Centre,
- Adequate treatment of crises states through anti-drug phone line,
- Family therapy that implies work on sanitation of family pathology that encourages development of addiction.

Secondary preventive measures include early detection and treatment of addiction disease with modern psychotherapy and psycho-pharmaceutical therapy procedures with treatment of complications, with what chronic rate is being reduced to minimum.

Tertiary prevention implies social rehabilitation and re-socialisation of addict with preservation of positive interactions with social environment. This is work concept of Daily Centre. Persons for which we asses that they do not have positive social stimulus in environment are directed to rehabilitation treatment in communes in county and abroad depending on client's personality.

#### Conclusion

Ze-Do canton experiences shows that this complex problem could be treated it is necessary to include all society segments from repressive to educational. However, in order to conducted measures becomes efficient existence of main coordinating institution which would direct these activities, conduct their evaluation and provide guidelines for further actions on the basis of positive or negative results is necessary. This can be specialised institution like in Zenica or some other form of organisation, but anyhow, coordination in this field is not only desirable, but necessary.

**Mr. Nada GLUŠIČ**  
Office for addiction prevention  
Ljubljana

**SCHOOL FOR PARENTS  
AS A METHOD FOR EDUCATION IN ADDICTION  
PREVENTION**

**HOW IT BEGINS**

In 1995 we have conducted the first cycle of encounters “School for parents” (SP) named “Can my child become an addict?”. Cycle has 6 meetings in which different phases in children and adolescents education were presented. At individual encounters between 50 and 100 parents and trainers took part in it. At each encounter we ask them to fill the survey, from which we have found out that parents think highly of this encounters and that they want more encounters in their communities.

In 1996 we have organised few encounters in kinder gardens but the interest was low. It appears that parents do not wish to think on any kind of addictions at children that age. We have changed the title in order to get closer to the parents with children in kinder gardens, but lectures were on children’s bringing up. Gradually almost every of 23 kinder gardens in Ljubljana opened one school for parents each school year until 2003.

In 1997 – School for parents opens on several primary schools. The parents’ participation is low, but schools conclude that the encounters are useful.

In 2000 – Project is upgraded in high schools.

In 2003 – extensive survey was conducted in which 27 of total 100 hundred institutions in Ljubljana (kinder gardens and schools) took part. The visits intensity in School for parents is very different, but the need for this kind of education is still necessary.

## **Dilemmas**

I as coordinator for all SP encounters had some dilemmas, because of the, in my opinion, parents' low participations and because of considerably high financial and personnel resources invested in project realisation.

My dilemmas and questions were:

- Does each parent need school for parents?
- How to animate and include more parents?
- Who should have the main role in parent's inclusion?
- How to monitor results?
- What kind of programs to prepare in order to interesting and useful for parents?
- Do we expect from the local and state authority to offer such education and is she going to do that?
- How do parents, in Ljubljana, faces with educational problems?
- How to organise SP in order to make it interesting for most of the parents?
- What is parents' attitude towards school for parents? How do they percept it? Is it a help or just one more obligation?
- At what age is the best to start with SP?

## **Research purpose**

In order to solve the above mentioned dilemmas I have decided to conduct research with certain hypothesis:

1. Is there any difference considering the gender, age, education degree, number of children, problem level in brining up or parents' attitude on illegal substances (between parents that participate in schools for parents and those who not participate).
2. How the promotion of schools for parents influence to the parents' participation.
3. Most of the parents have positive attitude towards SP that they attend to and positive evaluation on her applicability.
4. Estimate on schools for parents' applicability depends on the education degree.
5. Operation methods in SP effects impression and applicability of SP.

6. Parents who attend more often have more positive grades on SP.
7. Parents participation intensity depends on (un)fitted education.
8. It is the best to organise the SP once a month during the all school year.

### **Methods**

I've used for the analysis:

Quantitative method with 525 parents (344 involved and 181 uninvolved parents)

Quantitative method with focus group of 7 parents.

### **Quantitative method results:**

1. Statistically significant differences between involved and uninvolved parents express depending on:

Their education degree (parents with higher education degree are more involved) and

Impression on (un)competency for solving the educational problems. Mothers, in pre-school level, with educational problems are significantly more involved.

*Few details:*

#### ***Pre-school level:***

More than half mother (58%) has educational problems, amongst involved even 72%.

55% of all fathers (involved and uninvolved) considers that they do not have educational problems, but 60% of involved fathers thinks that they have.

#### ***Primary school level:***

46% of all parents declared that they have educational problems, amongst involved 43 %;

Amongst fathers 67% do not recognise educational problems.

**Obviously:** Fathers are less involved; they do not register educational problems with same intensity as mothers. But awareness intensity on lack of educational competency is much higher amongst mothers.

### 3. How does parents experiences school for parents?

They were careful  
Involved in debate  
Develop mutual contacts  
Took interest in theoretic introductions  
Took notes  
Obtain information on drugs

#### Parents assessment on school for parents applicability

3 significant factors of applicability were crystallised:

Personal capability and knowledge for solving problems  
Clear educational approach  
Encounters are base for family discussion

### 4. SP applicability considering parents education

Parents with high school and craft education gained more from SP.  
However, parents with higher education degree  
*Gain less on drugs (-)*  
*Gain less on education (-)*  
*Talk less about problems with children (-)*  
**BUT: Ask more opportunities for connection with other parents (+)**

### 5. Operation method in SP influence to the SP impression and applicability

More active methods are useful (discussion, acting,...)

### 6. Participation intensity in SP

More encounters – higher personal capability (But: more than 6 encounters does not have significant influence)  
Encounters schedule: once a month is preferred

### **Qualitative method conclusions**

Four main categories point out as significant for parents:

Theoretic knowledge

Practice examples and experience exchange

Group relation strengthening

Improved cooperation with schools.

95% of involved parents still want to go to SP.

Eager authority and school (and some other institutions) engagement is necessary in order to induce the interest in school for parents.

***It pays of !!!***

**Dušan RASPOPOVIĆ**  
Office for drug addiction prevention  
Podgorica

**PUBLIC INSTITUTION FOR REHABILITATION AND  
RE-SOCIALISATION OF PAS USERS  
PRESENTATION**

Office for drug addiction prevention in Podgorica was founded in August 2003.

Action plan for 2007 was created according to the Strategy for prevention of drug addiction amongst children and youth in Podgorica 2007/2010 that was accepted on Assembly of capital Podgorica session held on December 12, 2006.

Office's main action scope is prevention, so activities are directed to the education of children of pre-school and school age and their parents on psycho-active substances, as well as in promotion of healthy life styles.

Office for drug addiction prevention keeps record on individuals who asks for help, as well as on number of individuals that office has sent to the treatment in country or abroad. Tracking of kinds of abused drugs, analysis of the present state, monitoring of existent prevention programs, as well as recommendation of suitable and efficient measures for suppression of this complex problem is provided with afore mentioned record.

Office for drug addiction prevention provides, to all interested citizens, information related to addiction prevention, addict's treatment and rehabilitation, makes contacts with authorised health institutions in order to give suitable help and fast reactions, complimentary give parents narcotic detection test and forwards the information gathered from the parents and citizens related to the narcotic distributors to the Podgorica police.

Through campaign “You are not alone with drug, the ill is with you” realisation office for drug addiction prevention gives brochures, promotional t-shirts, handbooks, fly sheets, billboards in order to improve information on narcotic illicit

Office for drug addiction prevention is organiser of quiz contest “Knowledge against drug” which is designed for pupils in primary schools. In this occasion the handbooks “Knowledge against drug” are distributed to educators and pupils.

Since the beginning of realisation of Activities program for prevention of drug addiction amongst children and youth in Podgorica, printed and electronic medias have, with their professional and continuous monitoring of all program activities, give great contribution for their successful realisation.

Since the children’s education is most powerful instrument in drug addiction prevention the Office opens and equips cabinets for prevention of addiction diseases in primary and high school.

Office for drug addiction prevention in order to promote healthy life styles organise sports, musical and cultural manifestations, competitions etc.

We have noticed quality and continuous cooperation of city office with local and international organisations, surrounding countries and cities (PHI Health hall, PI Children Union, Police, ME-Ombudsman, Podgorica is member of ECAD and GDPN).

Office for drug addiction prevention continues high quality cooperation with non-government sector, and especially with non-government organisations for addiction diseases.

In cooperation with NGO CAZAS, NGO JUVENTAS on prevention of AIDS, then with NGO Youth of Montenegro, NGO Parents Association of Montenegro, Office for drug addiction prevention has organised several sports, musical and cultural manifestations.

Continuation and consolidation of partnership with NGO sectors, backing up of quality projects, candidacy of joint projects before the international financial institutions are priority office’s goals in 2007..

In cooperation with PHI Health hall Podgorica, office has opened Parent's counsel house. Psychiatrists from Centar for mentally health works with parents every Monday from 10 to 13.

At Office for drug addiction prevention the program for group psychotherapy with former addicts is conducted three times a week. Second round of addicts has commenced with psychotherapy, and we also have group psychotherapy for female drug addicts.

**Dr. Ljubica BOGOSAVLJEVIĆ**  
President of Arilje Municipality Assembly

## **DRUG ABUSE PREVENTION PROGRAM IN ARILJE MUNICIPALITY**

Board founded by the Arilje Municipality Assembly is dealing with research of psycho-active substances abuse problem and drug addiction prevention in Municipality Arilje since 1998.

Board consist of: representatives of Municipality Assembly and municipal institutions and organisations who, in respective field, are dealing with youth: primary and high schools, health halls, social work centres, judicial authorities, NGOs, MIA (Ministry for Internal affaires).

Board makes program and annual plan of work. Once a year Board gives full report to his founder.

### **Finance**

All Board activities are financed from Fund for fight against addict diseases. The funds are gathered from the municipality budget, local and foreign donors, companies and individuals.

### **Board tasks**

Initiate, takes, coordinates continuous professional activities in prevention and suppression of drug abuse and other addict diseases. Contributes to the preservation of physical, mentally and reproductive health of children and youth in municipality territory.

### **Mission**

Education and support to young people in order to easily resist to pressure made by other to consume psycho-active substances.

Promotion and support of healthy life styles amongst youth.

## **PROGRAM ACTIVITIES**

### **1. Pupils' education**

Pupils' education in the field of drug addiction, alcoholism, smoking was done continuously since 1998.

Education includes pupils from all five primary schools in Municipality Arilje (1 in city and 4 in country side), age between 5<sup>th</sup> and 8<sup>th</sup> grade, as well as "Saint Achilles" high school students in Arilje.

Students' education in the field of reproduction health (sexual education, STD, risk behaviour) was done since 2002. Pupils of 7<sup>th</sup> and 8<sup>th</sup> grade of primary schools and high school in Arilje were included.

Education program includes: peer's education, interactive lectures and conversation with experts, educational movies, public and media tribunes.

### **2. Teachers' education**

Four five days educational camps "Addiction disease prevention – Arilje 1998, 1999, 2000, 2001" were organised and 350 students from Arilje, Požega, Ivanjica, Zemun, Stara Pazova, Bor took part in it.

Lecturers and workshop conductors were eminent experts from Psychiatric Institute, Institute for mentally health, Institution for addiction diseases, Republic Institution for health care from Belgrade, Health centre from Užice, Požega, Arilje.

### **3. Peers educators training**

In 2003 and 2005 two seminars for peers educators training in the field of reproductive health care were organised by Yumsik Belgrade, and 24 high school students took part in it.

### **4. Expert associates and school teachers education**

In 1999 and 2002 two educational seminars for teachers and expert associates "School role in addiction disease prevention" were organised and there was 100 participants.

## **5. Parents education**

In 2002 two seminars for parents education who lasts for two days were held and 100 parents took part in it. Education is done through general parents meetings and public tribunes and Medias.

## **6. Addicts treatment**

In 1989 Counselling office for addiction diseases was open in Health hall and it is open every day. It consists of a team: psychiatrist, psychologist, social worker, nurse.

Counselling office cooperates with Institution for addiction diseases in Belgrade in which the addicts are directed for testing and detox program.

## **Street manifestation**

Performances on the main street in order to mark significant dates. Volunteers and experts spoke with citizens, distributes advertising material, gifts (Fight against AIDS, smoking day, Youth day, Volunteers day).

## **Normative activity**

On the Board initiative Arilje Municipality Assembly makes following decisions:

- On working hours of restaurants and bars on the Arilje Municipality territory: in the summer from 07-01, during the school period from 07-24, and on Friday and Saturday from 07-01 (1998),
- On facilities purpose near schools, in a way to prohibit opening of cafes, amusement parks, clubs whose contents distracts children from the classes in a 100 meter distance (2000),
- On tobacco and alcohol sale prohibition in the stores near the school, up to 100 meter distance (2000),
- On prohibition of serving the alcohol to minors (1998),
- On prohibition of minors under age of 16 to visit the bars after 11 PM without parents supervision (1998),
- On prohibition of billboard advertisement of tobacco, alcohol, pornography on the Arilje Municipality territory (2002).

Municipal Strategy for youth with action plan was accepted (2007).

### **Healthy life styles promotion**

Since the winter brake in 1998, there is traditional educational, sports, cultural, entertainment manifestation “Arilje’s winter joy” that lasts for seven days. In program variety of this manifestations few thousands of children and youth participates every year: art workshops with exhibition, theatre plays, movie marathon, Disney’s matinee, quiz, sports tournaments, snow games, mask festival, rock concerts, public and TV tribunes on different aspects of addiction disease.

During the summer basketball tournaments are organised with participations of large number of teams from Arilje and surrounding towns.

Rafting on Drina, visits to the explorers station Petnica, participation in Mask festival, humanitarian concerts, workshops for Easter eggs painting, filed trips...

### **Experts and explorers activity**

Research on Arilje’s primary and high school pupils’ information and attitudes on PAS, experiences, phenomenon prevalently in surroundings, family attitudes etc. in 1998 amongst 1681 pupils.

Research on risk factor for PAS abuse amongst youth in Arilje, in 2002 amongst 600 pupils and adults.

During the project “Municipality strategy for youth” in 2006 in Arilje youth attitudes and needs were examined amongst 300 pupils.

In numerous scientific conventions congresses we make presentation of our experiences in addiction disease prevention.

## **Projects**

**“Arilje’s School of healthy life”** in 2002, financed by YUSAID and Municipality Arilje. Main activities:

Purchase of computer equipment for schools in Arilje, of TVs, video recorders, cassette players for primary schools in country side, acquisition of apparatus for disco club in high school.

Education of primary and high schools pupils (400), school teachers (50), parents (50) in the field of addiction disease prevention; making the pamphlets on Hepatitis C.

Develop of protective behaviour protective forms as an alternative to unhealthy life style (sports tournaments, art workshops, movies, amateur theatres support and youth organisations).

**“Youth centre”** in 2003, financed by YUSAID and Municipality Arilje. In the project framework 110 m<sup>2</sup> of space was reconstructed and equipped and converted into pleasant place for youth grouping, association and education. Within the centre there is Youth Counselling office, peers education on reproductive health care is performed. Young people have continuous Internet connection and youth newspapers.

**“Youth health preservation in Arilje”** in 2005, same donors. Youth centre is additionally equipped, peers training was organised for new group of eight peers educators, education was expanded to the pupils in country side schools, continuation of Youth Counselling office continued.

**“Municipality strategy for youth”** in 2006-2007, financed by SDC through Program for municipality support, of Ministry for Foreign Affairs of Czech Republic and Municipality Arilje.

Research on youth status and needs was conducted in Arilje, work analysis for all institutions and organisations in municipality who deals with youth and programs provided for improvement of youth status in seven areas: youth education, youth employment, health, use of leisure time, information, mobility, culture and sport.

## **12. Promotional activities**

All Board's activities were monitored by local and national electronic and printed Medias.

Two movies were made: "Addiction disease prevention in Arilje" and "Arilje's School of healthy life".

Comprehensive and various promotional and educational material: paroles, drug abuse, smoking, HIV and HCV infection, contraception and STDs brochures; posters, badges, t-shirts, pencils and school material...

Positive experience in addiction disease prevention were forwarded to the numerous surrounding local communities by Board in order to help them to organise their one teams and activities according to their needs.

In 2006 Municipality Arilje won the first prize as Example of best practice in local self-governance in Serbia for their work with youth on drug abuse prevention, at WNG Association organisation of dutch local self-governances and Regular city's conference from Belgrade.

Municipality Arilje is ECAD member since 2007.

**Mr. Nefiza DAUTOVIĆ**

**SCHOOL ROLE AND AVAILABILITY IN  
INSTITUTIONS NETWORK IN ACTIVITIES  
RELATED TO FIGHT AGAINST ADDICTIONS**

Operation content:

This operation intent to set on foot school role and availability related to fight against addictions. In order to understand context operation will provide basic starting point of educational actions combining them with Children right convention, bringing up and education goals according to Education reforms in Bosnia and Herzegovina. School experience will be set on foot to improve her role, availability and remove obstacles for more quality actions. Creating the develop vision the operation will provide content of certain elements that should be accepted if we wish for school to quality fulfil their social tasks.

My name is Nefiza Dautović and I am master of educational sciences, and my vocation is pedagogy and psychology professor at primary school. My experience in filed of addiction is different. It started 26 years ago during the making of master's thesis at Correction facility, especially with protégés who encountered with drug at age 12 primary school drop outs which ended with felony. They were not provided with adequate and necessary support in this critical age.

Other segment of my involvement is activities in Citizens association "Women for women" Sarajevo working with addicts' mothers. This provides me with possibility to note addicts' parents, especially mothers.

Third segment are experiences and availabilities of primary schools to systematically achieve prevention.

Fourth is participation in Municipality Novi Grad Sarajevo team where the dialogue method between experts, children, parents and teachers proved her quality.

of the approach significance two Convention articles are important:

### **Children right convention – action starting point**

Starting point of bringing up and educational approach of all democratic countries is Children right convention. For comprehensive understanding

Article 3: Child interest is most important

**“All measures undertaken towards children have to be of highest interest and welfare”,**

Article 33: Drug abuse

**“State has to protect child of illegal narcotic use, sell and production.”**

At interpretation of “protection” should always have in mind that knowledge and attitude on drug use the safest way of protection. This brings us to the question:

Do our school provides such knowledge and attitude?

### **Bringing up and education goals and tasks**

It is indisputably that education is always had special social interest and that social goals was always transferred to the schools.

We live in time of changes and globalisation. Bosnia and Herzegovina society is weighted with transition and post-transition difficulties consider school as important development agent, and do not invest sufficiently in development concept. Education reform should improve process. In **Promise 2: “We will make the framework of modern education plan and program for all education levels in which will be included all subjects and which will be focused to the relevant and modern knowledge, skills and attitudes that students needs in order to face with 21<sup>st</sup> century challenges.”**

Reality is far away from promises. At this moment there is no any segment of official educationally binding approach to the field of prevention, education and youth support in attitudes strengthening in fight against drugs.

### **School facing the challenges**

High expectations were always directed to schools i.e. to prepare the children for future. Her quality is still measured with academy knowledge percent.

Actually, at this moment, in schools, we do not have children whose parent, brothers or sister are addicts.

School's role and availability are decreased for several reasons:  
There is no educational plan and program which integrates addiction prevention education,  
Teachers are not educated in this field,  
Organisations of students' leisure time are not supported by authorised ministry.

There are small interventions that depend on school sensibility. Teachers and personnel that are experts in respective field in some schools recognise and develop their one program and activities. Resources are small, but through implementation confirm need for systematic actions.

We single out:

Ministry for education co-finance 6 hours a week for Program against drug i.e. - 1 % of school.  
Institution for public health pf Canton Sarajevo provides financial support to the micro project activities implementation.

Activities are achieved in the micro-communities school level. We pose the question on science approach, program and activities quality, number of involved students and parents.

### **School experience**

School experience in micro project activities implementation, especially teachers' assessment, shows increase of risk factors in current school surrounding.

Large number of children spends leisure time alone, isolated that has consequence in risk factors: children do not have possibility to develop social skills; they do not have loving feeling.  
Time spend at computer is longer for most of the children where it is obvious lack of organisation of quality leisure time.

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- There are small, slightly intervention that depends on micro-school community sensibility. Teachers and expert associates in some schools recognise problem and develops their one program and actions. Resources are small, but through implementation confirm need for systematic actions.

- Parents' education style becomes questionable, especially lack of quality communication with parents. Parents are occupied with material goods and forgets about love and care that child needs. School continuously tries to found out "how to motivate parents"?
- The main risk factors are curiosity, immaturity, pliability, lack of self control, need for affirmation. This is confirmed in numerous school experiences.
- Trend, use availability, peers influence and identification with older acquaintances are problems that cannot be dealt in schools. Today, to young people are offered with entertainment, money, they are aware on bribery and corruption, and they very often react in mode: "We are young, foolish, we can do what ever we want and nobody can touch us.".
- Lack of quality knowledge and positive attitudes on life. This can illustrates drug addicts' perception difference depending on age. In one school research younger children considers drug addict as ugly, filthily and sick person, while in seventh and eight class children declares that they are "good friends", somebody who would not let you down, somebody with whom you will have good time. The basic for every perception is lack of knowledge.
- Since early age children, first from their parents or family notice cigarette, alcohol and tranquilisers use as a way of solving problem and adopts behaviour model in which drug use could be next step.

### **School possibilities**

School community with her download, organisation structure, personnel, different activities, time spent at school and pedagogic teachers' download gives different possibilities for realisation of prevention strategies. School community can create primary prevention strategies and influence to the develop safety factors

- Capability development through information and knowledge increase,
- Positive life attitudes development, self esteem abetment,
- Parents' education and stronger bringing up actions,

- Child support,
- Quality leisure time,
- Program on a school level,
- Experts participation.

### **Development – obstacles and possibilities**

Concerning school social status and organisation conditions obstacle and possibilities identification should be related:

Obstacles:

- Lack of policy definition of all and even education authorities and school,
- Lack of program based on scientific approaches related to the field in question and working material,
- Lack of teachers' education for program realisation,
- Lack of link between school community and other institutions.

In order to understand school position in action system it is necessary to put up to date existence of state policy that solves crucial matters of institution organisation in Government and Parliament. Policy should, off course, include Ministry for education and other Ministries, especially health care and social care competence. Local authorities role would be recognised through every day life of citizens. School should have possibility to develop partnership with other institutions. Especially institutions that improves leisure time quality, provides experts' help for children and parents, deals with research. Capacities and possibilities non-government sector provides are different but they should be systematised and certified. In school aspect, and creation of quality activities in drug addiction field, **following factors should be treated:**

- Curriculum based on scientific approaches related to this theme that should be created by personnel that are experts in respective field,
- Teachers' expertness and increase of their professional competence for problem understanding and program implementation,
- Work methods application that would, besides general children information and education, influence to the adoption of

attitude “life without addiction”.

In this wide network as target group there should be included: - school material publishers – students’ book creators, management structures civil authorities representatives, school departments who would become expert associates in program implementation, teacher who would have the opportunity to make quality education, parents who would become active partners in program realisation, students as primary users who would have the possibility to choose the world and life without addiction.

**Conclusion:**

School is public institution that has clear action mechanism. It has broad possibilities spectrum in fight against drug addiction, i.e. working conditions, organisation scheme, personnel structure, time that children spends at schools, monitoring of children’s development, communication with parents, creation of cooperation network with other institutions. What lacks is:

- Program based on scientific approaches related to the field in question and working material,
- Teachers’ education for program realisation,
- Education policy.

**School can do a lot, but it cannot act alone.**

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**RISK FACTORS RESPONSIBLE FOR PSYCHO-ACTIVE  
SUBSTANCE ABUSE AMONGST ADOLESCENTS**

**INTRODUCTION**

Drug addiction is a problem in the entire world, and is the widest social-medical disorder. It is a socio-pathological phenomenon that is destroying social, economical and family life of an individual. As a result of occasional or continuous dangerous and unhealthy use of psychoactive substance, health disorders occur and their form and intensity depends on the kind of the substance used, or on the other hand on the way of use, quantity, length of the use, age of the addict and numerous other factors. The misuse of psychoactive substances includes use of psychoactive substances on maladaptive way, in the period longer than one month, and is different than addictions to psychoactive substances because there are no abstinence symptoms. By default it leads to health disorders, either physical (hepatitis in intravenous use), or mental (secondary depressive episodes as a consequence of alcohol use).

It is noted that the level of use of illegal drugs in USA, as well as in many parts of the world, is greater in bigger cities than in smaller towns, and is greatly smaller in rural area (1, 2, 3).

Similar researches are present with group of authors in Holland. New drugs are mainly present with Holland avant-garde children, and then comes the middle class and at the end lower class (4).

Problems related to misuse of psychoactive substances in Bosnia and Herzegovina (BiH) are registered for the first time in early eighties. Until 1992, problems related to use and misuse of different drugs were to some extent under certain social control, even though preventive, therapeutic and rehabilitation activities were random (5). As a country in transition,

BiH has all the characteristics of post-war social community and post-traumatic society with following indicators: great number of unemployed, great number of disabled, great number of people with mental disorders caused by post-war stress syndrome, increased number of suicides and murders, increase of crime and violence, domestic violence, and misuse of alcohol and other psycho-active substances (5).

Current data for whole BiH are missing, but it is assumed that this number is much higher. We should point out the fact that that drugs is "conquering" smaller cities, and even rural areas, what is different then in the past when drug addiction was mostly connected to city centres (5). In BiH cannabis, anti-Parkinson tablets, glues, solutions, heroin, ecstasy, hypnotic solutions, alcohol and cigarettes are mostly used, while hallucination medicaments, cocaine and others are rarely used.

Even though drug addiction can occur in any period of life, its phenomenon is most significant in adolescence. For that reason this paper is focused on this group, as well as on comparing the misuse in cities and rural areas.

## **METHOD**

Type of research

Study of prospective, epidemic-analytical type has been conducted.

Sample

This research has been implemented on 600 adolescents, 200 in Tuzla Canton (100 Primary school students and 100 Secondary school students) and 400 in Sarajevo Canton (200 Primary school students and 200 Secondary school students). Age of examinees was from age of 12, to age of 17, with equal gender representation, and equal place of residence (rural-urban).

### **Research Instruments**

Needed information was gotten using test *Q 2000*, used as an instrument, and created from 1990-1991. The Test is scientifically significant and widely accepted in the world, and is related to current issues, The Test consists of wide spread of questions related to relevant factors that can influence the use and misuse of drug in all aspects of adolescents' life; health culture, life stile and adolescents behaviour in school community.

The research implemented in schools was anonymous and voluntary. Preparations for the research, as well as the research, has been implemented during 2001, simultaneously in Sarajevo and Tuzla Canton.

### Results

The results of the research have been processed with standard statistic methods, and tables and charts are prepared using software programme EPI-INFO (6). Relevant data of our examinees, related to age and gender, are shown in the following four tables and five charts, with supporting comments.

#### Demographic characteristics of drug users

Comparing to the overall number of examinees, 20 are regularly using cannabis (3,34%). Use of the drugs based on the area of living can be seen in Table 1. In urban areas use of drugs is 70,0%, and in rural 30,0%. In Sarajevo Canton (urban area) use of drugs is significant and is 40,0%, and in rural area is 15,0%. In urban area of Tuzla Canton use of drugs is 30,0%, and in rural 15,0%. Value of  $\chi^2$  test show that received data are very close to statistically significant, in terms of type of area as well as the differences between Tuzla and Sarajevo Canton.

Table 2 shows that 62,4% of those that are using alcohol are from urban areas and 37,6% are from rural areas. Out of the overall examinees, 93 are regularly using alcohol (15,55%). Value of  $\chi^2$  test show great significant difference between those that use alcohol and those that don't, depending on the type of area they live in.

		Do you drink alcohol			
		Yes		No	
		N	%	N	%
Type of area ( $\chi^2=6,483$ p=0,0150)	Urban	58	62,4	239	48,4
	Rural	35	37,6	255	51,6
Area ( $\chi^2=29,212$ p=0,0001)	Vogosca	13	14,0	177	35,8
	Sarajevo	28	30,1	169	34,2
	Tuzla, urban	30	32,3	70	14,2
	Tuzla, rural	22	23,7	78	15,8

In Sarajevo, 30,1% use alcohol; in Vogošća 14,0%; in Tuzla urban area 32,3%, and rural part 23,7%. The difference between those that are using and those that are not using alcohol, in urban and rural areas of Sarajevo and Tuzla Canton, is also statistically significant here.

#### **Distribution of young people, based on age**

There are 85,0% of examinees from secondary schools that are using drugs, while 15,0% are from primary schools. Value of  $\chi^2$  test shows statistically significant difference between examinees from secondary and examinees from primary school that are using drugs.

Distribution of young people using the drugs, based on gender

Table 4 shows that gender distribution of those using drugs is quite equal: 55,0% boys and 45% girls stated they tried cannabis.

Development aspects of young people using drugs

<b>Table 5. Development aspects related to misuse of drugs</b>					
		Did you try smoking "pot"			
		Yes		No	
		N	%	N	%
Body weight		63		55	
Height		171		167	
BMI		21		19	
Did you get your first period ( $X^2=1,747$ $p=0,1862$ )	Yes	9	100,0	251	83,7
	No			49	16,3
How old were you when you first got your period ( $X^2=0,142$ $p=0,7068$ )	12 years	4	44,4	87	29,4
	13 years	5	55,6	84	28,4
Comparing it with your friends, what is your growth ( $X^2=2,000$ $p=0,1573$ )	Bit late			68	12,6
	Bit early	2	10,5	67	12,4
Did you have sex yet ( $X^2=39,981$ $p=0,0001$ )	Yes	8	40,0	29	5,1
	No	12	60,0	540	94,9
If you had sex, how old were you the first time you had one	Mean	13		13	
Did you use contraceptives (protection) ( $X^2=17,155$ $p=0,00001$ )	Yes	6	66,7	29	14,3
	No	3	33,3	174	85,7
With how many people did you have sex ( $X^2=36,126$ $p=0,00001$ )	None	7	46,7	406	92,5
	One	3	20,0	16	3,6
	Two	3	20,0	8	1,8

Did you have sex with adults ( $X^2=0,724$ $p=0,3949$ )	Yes	1	5,0	11	2,1
	No	19	95,0	505	97,9
Did you have any sex disease	Yes	1	5,3	6	1,1

### **Distribution of young people using drugs, based on gender**

Table 4 shows that gender distribution and use of drugs is quite equal: 55,0% boys and 45% girls stated they tried smoking cannabis.

Table 5 shows psycho-sexual and psycho-physical development: 100% of those that tried smoking cannabis got their first period, and 83,7% of those that never tried cannabis got period. First menarche occurred at 44,4% in the age of twelve for those using drugs, and 29,4% with those that never smoked cannabis. Menarche occurred in the age of 13, with 55,6% of those smoking cannabis, and 28,4% with those that are not smoking cannabis. This table also shows that 40,0% of those that tried smoking cannabis had sex, which is significantly more than those that are not using cannabis (5,1%), and that is shown by  $x^2$ . Risky sex behaviour, with two or more persons, is more expressed with those smoking cannabis (20,0%) than with those that are not smoking cannabis (1,8%). The same case is with sex with adults (5,3% of those that tried cannabis and 1,1% of those that did not try). 66,7% of those using drugs stated they used contraceptives, and 14,3% of those that are not using. When it comes to sexually risky behaviour, value of  $x^2$  shows statistically significant difference between examinees that tried cannabis and those that did not.

75,0% of young people that tried cannabis are also smokers, and 4,3% are those that are not smokers. Value of  $x^2$  test shows statistically significant difference between these two groups of young people. Parents allow smoking with 29,4% of young people that tried cannabis, and with 2,6% of those that did not try cannabis. Value of  $x^2$  test here also shows very statistically significant difference in both groups of examinees.

Table 6. Simultaneous use of drugs and smoking					
		Did you try cannabis			
		Yes		No	
		N	%	N	%
Do you smoke ( $X^2=154,701$ $p=0,00001$ )	Yes	15	75,0	25	4,3
	No	5	25,0	553	95,7
If you smoke, do your parent allow you to smoke ( $X^2=28,590$ $p=0,00001$ )	Yes	5	29,4	7	2,6
	No	12	70,6	262	97,4
If you smoke, how many cigarettes do you smoke every time	M	10		8	
If you smoke, how old were you when you had your first cigarette	M	12		13	

Table 7. Simultaneous use of drugs and alcohol					
		Did you try cannabis			
		Yes		No	
		N	%	N	%
Do you drink alcohol ( $X^2=63,920$ $p=0,00001$ )	Yes	16	80,0	77	13,6
	No	4	20,0	490	86,4
Do your parents allow you to drink alcohol ( $X^2=14,330$ $p=0,00001$ )	Yes	7	38,9	43	10,1
	No	11	61,1	383	89,9
If you drink alcohol, how old were you when you first tried alcohol	Mean	12		12	
How often do you drink alcohol with your friends	Everyday or almost everyday	2	10,0	2	,5
How often do you drink alcohol with your family ( $X^2=19,688$ $p=0,00001$ )	Couple of times a week	3	15,0		
	Couple of times a year	2	10,0	30	7,2
How often do you drink alcohol alone ( $X^2=0,140$ $p=0,9866$ )	Couple of times a week	1	5,0	3	,7
	Couple of times a month	1	5,0	5	1,2
	Once a month	1	5,0	5	1,2
	Couple of times a year	2	10,0	8	1,9
How often are you drunk ( $X^2=2,708$ $p=0,2582$ )	Couple of times a week	3	15,0	1	,2
	Couple of times a month	1	5,0	3	,7
	Couple of times a year	5	25,0	10	2,3

Table 7 shows that 80,0% of young people that tried cannabis also use alcohol, and 13,6% use alcohol but they never tried cannabis. From the group of those that smoked pot, parents allow 38,9% of them to drink alcohol, and parents allow 10,1% of those that did not try cannabis to drink alcohol. The same Table shows that young people that tried cannabis and alcohol often drink with friend and family, then the group that does not use drugs. For the above mentioned data, value of  $\chi^2$  test also showed statistical significant difference with these two groups of young people.

Table 8. Overview of drug use					
		Did you try cannabis			
		Yes		No	
		N	%	N	%
Were you offered to buy "pot" ( $X^2=62,544$ $p=0,00001$ )	Yes	15	78,9	65	12,5
	No	4	21,1	455	87,5
If you are smoking "pot", how old were you when you first tried it ( $X^2=2,143$ $p=0,7095$ )	12	1	7,1		
	13	2	14,3		
	14	4	28,6	1	100,0
	15	5	35,7		
	16	2	14,3		
Did you try any other drug ( $X^2=65,350$ $p=0,00001$ )	Yes	6	30,0	6	1,3
	No	14	70,0	458	98,7
What was the other drug	Ecstasy	3	15,0		
	Heroin			1	,2
	Cocaine	2	10,0		
	Glue			2	,4

Table 8 shows that young people that use narcotics, often have a chance to buy cannabis (78,9%) that those that are not using narcotics (12,5%). Also, the same group more often tried other types of narcotics 30,0% , comparing it to 1,3% of those that are not using narcotics. For both of these two aspects, statistical significance is very high between these two groups. Age limit to start using drugs is lower with the group that is using drugs (in the age of 12 and 13). Other types of drugs that are mentioned are ecstasy, cocaine.

Risky behaviour is often present with young people that tend to use narcotics: being in the car driven by a drunk friend 10,0%: drunk adult (5,0%), use seat belts regularly 15,0%. Data for the group that does not use narcotics, according to the same aspects; 0,9%, 0,7% and 41,7% always uses seat belts. This is shown in Table 9.

Table 9. Risky behaviour of young people that are using drugs					
		Did you try smoking "pot"			
		Yes		No	
		N	%	N	%
How often are you in a vehicle drivn by a drunk friend	Often	2	10,0	5	,9
How often are you in a vehicle driven by a drunk adult	Often	1	5,0	4	,7
Do you use seat belts during driving ( $X^2=7,136$ $p=0,00755$ )	Always	3	15,0	240	41,7
	Never	6	30,0	86	14,9

### **School aspect of young people using drugs**

Table 10 shows that young people that tend to use narcotics are worst in school (30,3%) then those that are not using narcotics (5,0%). Young people that are using narcotics are more to skip school (80,0%), then those that are not using narcotics (13,7%). Value of  $\chi^2$  test shows high statistically significantly difference in success in school and in skipping school, with young people that are using narcotics then those that don't.

### **Frequency of suicidal thinking of young people that are using drugs**

Having in mind well known fact about psycho-destructive aspect of narcotics on one side, and relatively short use of the mentioned substances, overview of obtained results is interesting.

Table 11 shows that young people that are using narcotics are more inclined to suicidal thinking (50,0%) then those that are not using (19,5%). That is also shown in  $\chi^2$  test, with very high statistical significance.

Also, those that are using narcotics more often feel lonely and sad, 15,0%, then 8,7% of those that are not using narcotics.

**Relevant events in life and use of drugs**

<b>Table 11. Overview of representation of suicidal thinking of young people that are using drugs</b>					
		Did you try cannabis			
		Yes		No	
		N	%	N	%
Have you ever been so unhappy to think about suicide ( $X^2=10,968$ $p=0,0009$ )	Yes	10	50,0	112	19,5
	No	10	50,0	461	80,5
If you have a problem, do you have anybody you can share it with ( $X^2=1,856$ $p=0,1730$ )	Yes	17	85,0	534	93,0
	No	3	15,0	40	7,0
Do you feel lonely and sad ( $X^2=0,959$ $p=0,3275$ )	No	17	85,0	527	91,3
	Yes	3	15,0	50	8,7

Table 12 shows events in life for both groups of examinees. Young people that are using narcotics more often faced with the following stressful events: one of the brothers/sisters died (5,3%); got a stepfather/stepmother (10,5%); moved to another neighbourhood (11,1%); got a teacher that he/she does not like (63,2%); girlfriend/boyfriend broke up (44,4%). The other group faced the same events less often.

### **Socio-economical aspects of young people that are using drugs**

Dilemma, whether drug addiction is part of “wealthy” environment was also interesting from the aspect of this research, and deduction was

Table 13. Overview of socio-economical parameters of young people that are using drugs					
		Did you try to smoke cannabis			
		Yes		No	
		N	%	N	%
Where do you live ( $X^2=0,007$ $p=0,9355$ )	In rented apartment	5	25,0	138	24,2
	In the apartment bought by my parents	15	75,0	432	75,9
Have you been a refugee ( $X^2=0,764$ $p=0,3820$ )	Yes	8	40,0	178	30,8
	No	12	60,0	400	69,2
Did you suffer any material loses ( $X^2=1,393$ $p=0,2379$ )	Yes	3	27,3	148	45,3
	No	8	72,7	179	54,7
Who do you live with	With one of my parents and his/hers new partner	1	5,0	10	1,8
How many hours a day, during working days, do you spend with an adult member of your family	Between two and three hours a day	5	26,3	55	9,9
What is the atmosphere like in your family	Mean	7		8	
What is your mothers' education ( $X^2=2,625$ $p=0,1052$ )	University	8	42,1	129	22,6
	Un-educated	1	5,3	78	13,7
What are your mothers working hours	She worked half-time	3	16,7	46	8,1
What is your fathers education ( $X^2=1,0,34$ $p=0,3093$ )	Primary school			35	6,5
	Secondary school	8	44,4	270	50,0
How does your father work	He works half-time	3	17,6	50	9,2
What is the economical situation within your family ( $X^2=0,055$ $p=0,8150$ )	We are poor and have no money	1	5,0	20	3,5
	We have more then enough	1	5,0	28	4,9
How many of your friends smoke, even though it is only occasional	Mean	3		1	
How many of your friends drink alcohol, even though only occasionally	Mean	3		1	
How many of your friends use narcotics	Mean	2		0	
How many of your friends have sex	Mean	1		0	
How many of your friends often get into a fist-fight	Mean	2		1	
How many of your friends are working out in their free time	Mean	2		3	

Table 13 shows socio-economical status and use of narcotics, as well as habits of the friends. The same Table presents living conditions of the examinees. 40,0% of those that are using narcotics said they have been refugees, and 30,8% of those that are not using narcotics have been refugees. Some material losses happened to 27,3% of those that are using narcotics, and to 45,3% of those that are not using. 5,0% of those using narcotics live with one parent and his/hers new partner, and 1,8% of those that are not using. With 42,1% of those that are using narcotics mothers have University degree, and 22,6% with those that are not using. Working hours of mothers of those using drugs is half-time (with 16,7%) and 8,1% with those that are not using narcotics. Working hours of fathers of those that use narcotics is half-time (with 17,6%) and 9,2% with those that are not using. Mothers have more education, are more employed, and the father is also employed with young people that are on drugs. Test  $\chi^2$  does not show statistically significant difference between the groups, in comparison to the use of cannabis, or material situation. The data from the Table show that the influence of the group on an individual is significant when it comes to use of harmful and dangerous substances.

#### **Recent positions on risky behaviour and misuse of harmful substances with young people that misusing drugs**

To which extent the use of harmful substances caused wrong perceptions on ordinary behaviours in life, considering the relatively short duration, can be analysed based on the following statistical presentations.

**Table 14. Overview of the use of potential harmful factors with young drug users**

		Did you try cannabis			
		Yes		No	
		N	%	N	%
Will you smoke cigarettes during next year ( $X^2=75,579$ $p=0,00001$ )	Absolutely no	N 7	433		
		% 36,8	80,0		
	Definitely	N 10	22		
		% 52,2	4,0		
Will you use alcohol during next year as well ( $X^2=66,813$ $p=0,00001$ )	Absolutely no	N 3	415		
		% 16,7	77,1		
	Definitely	N 8	27		
		% 44,4	5,0		
Will you be involved in the fist-fight next year ( $X^2=6,227$ $p=0,0126$ )	Absolutely no	N 10	327		
		% 55,6	60,2		
	Definitely	N 5	43		
		% 27,8	7,9		
Will you be driving without a seat belt next year ( $X^2=7,240$ $p=0,007$ )	Absolutely no	N 6	282		
		% 31,6	52,2		
	Definitely	N 7	79		
		% 36,8	14,6		
Will you be driving in the vehicle driven by a drunk person next year ( $X^2=6,100$ $p=0,0135$ )	Absolutely no	N 12	462		
		% 66,7	85,1		
	Definitely	N 2	13		
		% 11,1	2,4		
Will you, next year, ride a bicycle drunk ( $X^2=0,960$ $p=0,3272$ )	Absolutely no	N 13	499		
		% 72,2	92,6		
	Definitely	N 1	14		
		% 5,6	2,6		
Will you have sex next year ( $X^2=7,532$ $p=0,006$ )	Absolutely no	N 8	367		
		% 42,1	68,1		
	Definitely	N 8	98		
		% 42,1	18,2		
Will you have sex next year, without using the protection (contraceptives) ( $X^2=1,721$ $p=0,1896$ )	Absolutely no	N 14	453		
		% 77,8	84,7		
	Definitely	N 3	42		
		% 16,7	7,8		
Will you use narcotics next year ( $X^2=79,720$ $p=0,00001$ )	Absolutely no	N 8	517		
		% 42,1	96,1		
	Definitely	N 6	10		
		% 31,6	1,8		

It is evident from the Table 14 that young people that are using cannabis have characteristics of non-critical behaviour towards other virtual and dangerous situations (36,8% of examinees that use narcotics said they would definitely smoke next year, comparing it to 80% of those that are not using...that they would drink alcohol, get into a fist-fight, drive/ride without a seat belt, use narcotics..). When it comes to risky behaviour in future, value of  $\chi^2$  test shows very high statistical significance between the two groups of examinees.

#### **Delinquent behaviour of young users**

$$(X^2=10,059 \text{ p}=0,0394)$$

From the data shown in Table 15 it is evident that drug users are more into different types of delinquent behaviour. When it comes to delinquent behaviour of youth in question, value of  $\chi^2$  test shows significant difference between the two groups of examinees.

#### **Correlation between the use of alcohol, smoking and drugs**

Aptitude towards the use of one or more mentioned unhealthy material can give an answer to the question whether it is a general weakness towards the use of one of the mentioned unhealthy material, or it is manifested through poly-valiant potential. In the next table it can be concluded that high level of positive correlation towards the simultaneous use of different groups of psycho-active substances is evident. Crossing the connection between smoking and alcohol, smoking and use of drugs, use of alcohol and drugs, it can be seen that obtained results are in high positive correlation, and that can point out to genetic and phylo-genetic affiliation towards simultaneous use of polyvalent harmful material. The Table shows that most significant is smoking, comparing it to the use of drugs. Alcohol, comparing it to the other drugs, is very significant. Alcohol, comparing it with smoking, is somewhat significant, and the lowest significance is between use of drugs and alcohol. So, those that smoke, simultaneously take alcohol and drugs.

Table 15. Correlations					
			Do you smoke	Do you drink alcohol	Did you try cannabis
Spearman ro	Do you smoke	Coefficient of correlation		,390(**)	,509(**)
		Significance		,000	,000
		N		587	598
	Do you drink alcohol	Coefficient of correlation	,390(**)		,330(**)
		Significance	,000		,000
		N	587		587
	Did you try cannabis	Coefficient of correlation	,509(**)	,330(**)	
		Significance	,000	,000	
		N	598	587	
** Correlation is significant on level 0,01					

## DISCUSSION

After the implementation of the research and obtained precise data, we can say that there are no significant discrepancies comparing it to world data. The data we have got say that use of alcohol is expressed with 15,55%, and use of cannabis with 3,34%. It is evident that use of psycho-active substances is more often in urban than in rural areas. Namely, the difference is significant between urban and rural areas, and between Sarajevo and Tuzla Canton, with youth that are using and those that are not using alcohol. So, 62,4% of youth that are using alcohol are from urban area, and 37,6% are from rural area. For use of cannabis, value of  $\chi^2$  test shows that the obtained results are very close to the limit of significant importance, when we talk about the type of area, and differences between Tuzla and Sarajevo Canton.

Researches implemented by some authors in USA showed that the level of use of illegal drugs is greater in bigger (7,1%) than in smaller cities (7%), and in rural area is 5,2% (1, 2, 3).

Group of authors from Holland have similar researches; new drugs are mainly represented between Holland avant-garde children, and then the middle class follows, and at the end the lowest class (4).

As we can see from the results of our research, the use of psycho-active substances is more expressed with adolescents in secondary (15-17 years of age), then in primary school (12-14 years of age). That is confirmed with  $\chi^2$  test that showed very high significance between these two groups of examinees. There are some similar researches in world's literature, related to age distribution of use of psycho-active substances. So, the group of authors examined the use of alcohol by adolescents from the age of 10 to the age of 15 (6). For alcohol, prevalence was greater with girls (9,6%) then with boys (6,8%). American research from year 2000 showed that 14,8 million Americans illegally uses drugs (6,7% of those are in the age 12 and older), and the most used drug is cannabis 75% (8).

### CONCLUSION

1. This research has shown that psycho-active substances abuse is more spread in urban than in rural areas. Thus, alcohol use in urban area is 62,4%; and cannabis 70,0% ( $\chi^2=29,212$   $p=0,0001$ ).
2. Afore mentioned substances are more often in high school period (alcohol 71,0%, drug 85,0%).
3. In alcohol use more dominant users are males, while the gender difference is not significant for drug use (alcohol  $\chi^2=20,080$   $p=0,0001$ ; drug  $\chi^2=0,477$   $p=0,5037$ ).
4. It is surprising positive correlation between emphasised psychosomatic development (physical and psychosexual maturity) and psycho-active substances abuse i.e. 100% of female gender examinees who tried cannabis got their first period.
5. More frequent appearance of some nuisance (tiredness, headache, sleepiness, allergy manifestations...) at substances users ( $\chi^2=12,250$   $p=0,0001$ ).
6. We have concluded that beginning of psycho-active substances use is related to age group from twelve years and more. It is even earlier when is connected with simultaneous use of different illicit substances ( $\chi^2=154,701$   $p=0,00001$ ).
7. Passive parents' support to the users of illicit substances is surprisingly high, at more than 50% (i.e. at smokers is 72,5%;  $\chi^2=22,269$   $p=0,00001$ ). There is high probability that individual will adopt group's characteristic (It will start with consummation of one or more illicit substances if it is present in his surrounding). Adolescents that are substances abusers have significantly lower success and higher number of absence from school (30,0%, 80,0% individually;  $\chi^2=64,363$ ;  $p=0,00001$ ).

1. Psycho-active substances users have high percent of suicidal thinking (young people that uses drug 50,0%; smokers 47,5%; young people that uses alcohol 36,6%;  $\chi^2=17,184$   $p=0,00001$ ).
  2. Tightens between life stress and faster after effect of psycho-active substances use is proven (change of one parent has resulted in smoking at 79,0%).
  3. Analysing social and economic parents' status relating to appearance of psycho-active substances use we have concluded that with higher level of afore mentioned there is increased velocity of their use.
  4. Psycho-active substances users are more liable to delinquency (theft at 30,0% of smokers, 35% drug users, 22,2% alcohol users).
  5. It is surprising users intention to not to quit with use of current psycho-active substance; they would use narcotics in future (i.e.  $\chi^2$  test=18,449;  $p=0,00001$ ) relating to those who never uses narcotics.
- during our work we have shown that there is a high degree of positive correlation to simultaneous use of different psycho-active substances. Interbreed of smoking and alcohol, smoking and drug use, alcohol and drug use has shown that obtained results are very positive correlated that implies that genetic affinity to simultaneous use of polyvalent illicit substances.

In this research conclusion places and levels towards who should direct series of preventive measures for suppression of psycho-active substances use are clearly detected. Considering that there are numerous polyvalent factors the scale of obligatory measures (rising of awareness, general knowledge on drug and improvement of coordination between relevant state institutions) should be directed to:

- Conduction of specific activities of schools (frequent students' information, education of teaching staff on psycho-active substances, detection of and work with risk groups amongst students, affirmation of negative attitude on use of afore mentioned substances, occasional check of conducted preventive measures effects...).
- Intensive cooperation with parents in order to get them familiar with all aspects of psycho-active substances uses (frequent information, education, and improvement of parent - child communication quality).
- Improvement of coordination between relevant state institutions in fight against illicit substances use; from special state

- institution who would be carrier of national strategy, monitoring and controlling program conduction in schools, functioning of police in prevention and punishment of drug smugglers and dealers and different activities within broader layers of social community .

**Nerma DAUT, psych.**  
**Miroslav VALENTA**  
**CA "NARCO-NO"**

## **STEPS FOR SUCCESSFUL PREVENTION IN BOSNIA AND HERZEGOVINA – FIVE YEAR EXPERIENCE**

First of all I would like to contentment for being here and to express my gratitude to Mrs. Rada Lukić and Municipality Novi Grad for invitation to participate in this convention. Our task is to present you the association NARCO-NO work, to share our experiences, and to make some recommendation for successful prevention of addictions in Bosnia and Herzegovina that are gathered in five year experience.

### **Goal and vision of our five year work**

Association NARCO-NO operates successfully for five years. For our fifth anniversary, that was held on September 15, 2007, our volunteers had assignment to draw their silhouettes under motto "How am I indicator to healthier society?". This activity represents the way that NARCO-NO acts, considering that in our projects and activities we promote healthy life style and indicates healthier society to youth.

CA NARCO-NO directs his work to: practical primary addiction prevention working with youth that represents our main definition.

Namely, we have discussed many times is the name NARCO-NO suitable for our operations, because people automatically thinks: addicts, fight against psycho-active substances abuse or similar terms related to the secondary or tertiary prevention. However, we are based on primary addiction prevention amongst youth, meaning that our work is directed to health, healthy life styles and habits promotion. Our projects strengthen protection factors and decreases risk factors for addiction development.

Other aspect that we are based on is **practical addiction prevention**, in which we points out word "practical". Namely, since the beginning we are based on catchword "Addiction begins in every day life, so prevention should start in every day life". Accordingly, we create, develop and carry

out practical addiction prevention activities amongst youth.

We also promote volunteer's work amongst youth as a way of active participation in social changes.

### **Guiding star**

We know from the experience that vision and willing are not sufficient to change the society. We all need guiding star, and NARCO-NO found its' own at seminar in Vitez together with primary school teachers.

Gerald Koller from Austria, pedagogue and initiator of expertness addiction prevention in western countries held informational seminar on possibility of prevention in schools in April, 2002.

*He pointed out that we have knowledge and skills and that any expert can gives us solution for addiction prevention problem. Therefore, all responses to the addiction problem lay in our selves, our culture and tradition.*

*He told to teachers to think about question "What helped us to not become an addict?". Responses were grouped in a star shape and we gained eight so-called protection factors.*

*NARCO-NO strengthen up and promotes these protection factors. This model becomes guiding star for development of practical primary addiction prevention, because it helps to adjust our work to people and conditions in Bosnia and Herzegovina.*

We can influence the youth to develop their abilities, gain self-confidence, inform them on addictions, and give them skills to deal with problem and enjoy healthy life. We can support them in their growth through school, sport, various activities, give them alternatives, connect young people, associate with them.

Therefore NARCO – NO, as NGO, together with youth takes over the responsibility to strengthen protection factor to keep them away from addiction and to develop awareness on healthy life styles.

## **NARCO-NO development**

NARCO-NO “tree” shows our development. Tree symbolises dynamic growth process of our organisation, that is still in progress and which will be continued in future. All projects that we have realised in last five years are shown. We should point out that some of those projects last continuously since establishment.

NARCO-NO has three stages i.e. his operations have three courses:

### **First stage was practical primary addiction prevention**

Namely, in 2002 we started two practical projects, phone council office DRUG.TEL in Sarajevo and Intercultural creative weeks (ICW) in Vitez. In order to approach young people in risk groups we have dedicated to direct work with jeopardise children groups, in 2004 we have started project “Big brother, big sister”.

### **Second stage was expert associates’ specialisation in primary addiction prevention amongst youth**

Need for activities conduction in the field of primary addiction prevention got bigger with time and need for professional and educated staff that would be able to realise those activities was shown. Within project “Two year specialisation in primary prevention” from 2003 to 2005 we have educated 13 experts from Bosnia and Herzegovina who than promotes and work in primary addiction prevention in schools, youth centres and informal groups in small towns.

Within project “Big brother, big sister” we have conducted educational program for 10 expert associates employed in Social work centres in order to educate and monitor volunteers within project.

By hiring four interns in 2007 we have strengthen our capacities in practical primary addiction prevention. Interns are young experts who has degree in psychology or social work and who were volunteers in our association.

### **Third stage was strategy and program of addiction prevention in local level development**

Third NARCO-NO activity is strategy and program of addiction prevention in local level development. In order to preserve practical work with young volunteers we have started project "Prevention strategy development in 6 B&H municipalities" in 2006 which included local participants i.e. institutions who are dealing with youth education and policy, and make strategies for addiction prevention in those 6 B&H municipalities. At this moment we are working on project "Prevention program development in primary school Vareš" together with teachers, parents and pupils from 5<sup>th</sup> to 8<sup>th</sup> grade.

### **Projects in 2007**

Realised or current projects in this year are:

1. "Big brother, big sister"
2. Intercultural creative weeks (ICW) in Vitez, Busovača and Vareš,  
Indicators for healthier society
  - a) Intercity theatre project
  - b) Preventive magazine/newspaper sectionPrevention program development
  - a) Follow-up: Strategy development in 6 municipalities,
  - b) Pilot project: Program development in school with teacher, pupils and parents
  - c) Employment of 4 interns/ex volunteers

### **"Big brother, big sister"**

Noticing the need for addiction origination suppression amongst children exposed to the risk factors and youth socially useful engagement and volunteering promotion CA NARCO-NO started pilot project "Big brother, big sister".

Project's main goal was social involvement and psychosocial support for jeopardise children (children from socially and materially challenged families) through youth and adult volunteer engagement.

Project links primary school children, who are Social work centre clients and who are from socially and materially challenged families, with one “older sister” or one “older brother” – human science student, with whom they spend time. Once or twice a week volunteers spend time with children, independently or in smaller groups, help them with homework, go for walk or to the playground, they plan and organise joined movie or theatre nights, visits ZOO, workshops, field trips or other sport and cultural manifestations, or spend time in child’s or volunteer’s home.

Be a friend to a child who needs attention and time is what we want to achieve with project “Big brother, big sister”. Project ensures friendships, guidance and support to each child of selected adult – volunteer, with whom they will develop and nourish quality relationship. During the three years of project existence we have around 140 children and 140 volunteers.

Volunteers are supported by expert associates, social workers and psychologists employed in Social work centres; while expert associates work is conducted under therapeutics’ supervision.

Project is implemented in Sarajevo and East Sarajevo. Project is realised in cooperation with GO and NGO i.e. NARCO-NO on one hand and SVC, municipalities and Universities from Sarajevo and East Sarajevo on the other hand.

### **Intercultural creative weeks (ICW) in Vitez, Busovača and Vareš**

ICW is project that gives the youth interesting and entertainment prevention activities during the summer break and contributes to creation of active and creative leisure time. In cooperation with social work, pedagogue and art school students from Switzerland CA NARCO-NO conducts this project for the sixth time in Vitez, second time in Busovača and for the first time in Vareš.

CA NARCO-NO prepares project with municipality representatives and high school students. Volunteers are educated on addiction prevention and health improvement, they organise logistic project frame and promotes project in local community.

For the ICW project organisation “Verein IDEMO” was founded in Switzerland last year. Her goal is to create potential of youth from different cultures and to, with volunteering, overcome social, generation, culture, national and religious barriers in Bosnia and Herzegovina and Switzerland.

ICW is project in which youth from Bosnia and Herzegovina, Bosnia and Herzegovina, Switzerland, Germany, Italy and Spain spend one month during the summer break making the dreams on friendship, healthy society, tolerance and understanding comes true.

More than 140 young people in Vitez, Busovača and Vareš and 52 painting art and pedagogue students has progressed towards better joined European future.

### **Intercity theatre project**

Intercity theatre project links 22 young persons, high school students from 6 municipalities in B&H: East Sarajevo, Sokolac, Busovača, Vitez, Vareš and Visoko. The emphasis was made on youth bonding and inclusion of local participants from educational, health, culture and sport field in suppression of all kind addictions amongst youth and children. Project for addiction prevention was, through experts program adjusted to youth in Bosnia and Herzegovina, made in creative and entertainment way.

Today we have 222 high school students who were educated in primary addiction prevention, theatre and experience pedagogue, according to which they made screenplay for play “Better tomorrow” with actress Dženita Imamović.

I have seen this play several times and it amazes me every time. It shows that youth believes that good and healthy society can make piece with corrupted one, and in better tomorrow.

If we take a look at our guiding star.....

**Samir IBIŠEVIĆ**  
NGO "PROI"

## **COMPREHENSIVE APPROACH TO DRUG ADDICTION PROBLEM**

### **Organizational Background**

UG PROI is an NGO based in Sarajevo, Bosnia and Herzegovina (BiH). The organization was established in 2000 by a group of former drug addicts, their families, and health care professionals who had participated in their treatment. These individuals felt a need to share their strength, challenges, successes, and hope with others suffering from drug abuse. Since its beginning, the organization has emphasized treatment and prevention of drug abuse and prevention of HIV/AIDS and other blood-borne infections. The organization was registered at the Ministry of Justice and Canton Sarajevo Administration Department (no 521, register II, 21st November 2001) as a not-for-profit, private voluntary organization.

UG PROI provides advice and support to drug addicts and their families. It not only helps them get treatment but also aids in reunification with their families and in re-integration into the community after treatment. The organization encourages and utilises evidence-based methods of prevention of HIV/AIDS, Hepatitis B and C, and other blood borne infections among drug users. UG PROI also works with high schools to educate youth about drug use and abuse and related harm. In May 2005, UGI PROI established a residential therapeutic community for the treatment and rehabilitation of addicts near Kakanj, a small village about 60 kilometres from Sarajevo, on a property donated by a local family.

### **Vision**

At UG PROI we believe that the people and society of Bosnia and Herzegovina possess many strengths and resources. The vision of UG PROI is that our country will build its capacity to enable its citizens to enjoy equality, health, and economic progress and to build a better future for its youth. To these ends, we believe strongly in values such as positive motivation, increased self-awareness, and personal responsibility.

## **Alliances**

UG PROI co-operates with the Drug Addiction Department of Kosevo hospital in Sarajevo, the Cantonal Centre for Social Work, the Ministry of Health and other government resource agencies. It is a founding member of the National Coalition of non-governmental organizations in Bosnia and Herzegovina ("Zajedno"). At the regional level, it co-operates with the NGOs "Help" and NE-OVISNOST in Croatia. On the international level, UG PROI is affiliated with Daytop, based in the USA, and it is an associated member of the European Federation of Therapeutic Communities (EFTC).

## **Approach toward drug addiction:**

Addiction is condition of one's body and mind, which occur as a consequence of previous, underlying influences. Addiction is complex disorder of whole person and UG PROI is aware that:

- Successful treatment requires attention to all major life domains.
- Always will be persons, which are not willing to change their state of addiction.
- Prevention is best treatment.

Therefore, program of UG PROI consist from three areas:

1. Drug free treatment in therapeutic community,
2. Harm reduction,
3. Prevention of drug abuse

## **Activities**

From its beginning, UG PROI has worked intensively on capacity building with America's Development Foundation, the Catholic Relief Service and World Vision. Current activities include:

- Counselling and treatment of drug addicts, including the first multidisciplinary and ecumenical residential therapeutic community in Federation of BiH currently serving 17 residents,

- Information and counselling to family members of addicts,
- HIV/AIDS and Tuberculosis prevention programs funded by the Global Fund,
- Active membership in the BiH Country Coordinating Mechanism-CCM to fight HIV/AIDS,
- Outreach and harm reduction programs for intravenous drug users,
- Bio-behavioural survey research study on the prevalence of HIV, syphilis, HBV, and HBC, as well as patterns of HIV-risk related behaviours among injection drug users in BiH,
- Drug prevention and education programs in high schools across BiH,
- Special events aimed at prevention (e.g., annual Sarajevo “Race Against Drugs,” “NO DRUGS” rock concert, “CONCEPT” – the theatre performance delivered by residents of therapeutic community)

#### **Sources of funding in last three years**

Federal and local governments (Federal Ministry of Sport and Culture, Cantonal Ministry of Health – Sarajevo, Old Town Municipality, Centre Municipality); International NGOs (e.g., Project Hope, Foundation Partnerships in Health, Global Fund); External Governments (e.g., US Embassy, Netherlands Embassy, UNICEF, UNFPA, UNDP); fundraising events; private donations; fees for services to other organizations.

UG PROI offers its services to all citizens of BiH who have a problem related to drug abuse, regardless of religion, nationality, ethnicity, gender, or other attribute. In 2006, the organization directly served over 200 clients and their families.

#### **Program Description: Residential Treatment**

The drug treatment program at UGI PROI follows the Therapeutic Community (TC) model, developed by “Daytop” recovery programs in the United States. Daytop is the oldest and most successful existing TC program in the world, and it has been in existence for over 40 years. The President of UG PROI graduated from a four-month Daytop internship in New York and New Jersey, USA, in 2002. Other staff of UG PROI benefited from a distance-learning program on recovery topics provided by Daytop. TCs are drug-free residential settings that use treatment stages

community, which includes treatment staff and those in recovery, as key agents of change. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills. This approach is often referred to as "community as method." TC members interact in structured and unstructured ways to influence attitudes, perceptions, and behaviours associated with drug use. Four full-time employees staff the program: program director and an administrative assistant, two counsellors providing 24-hour, 7-day on-site coverage. Additionally, a clinical social worker and a professor of art provide direct services to clients approximately four hours per week.

The appended program logic model provides details of the UGI PROI therapeutic community program including target population, underlying theory, program elements, and short- and long-term outcomes. Length of stay is, on average, 16 months, and it is divided into five phases: admission, orientation, intensive treatment, exit, and re-socialisation. Each phase has its own goals, which have to be achieved by residents and evaluated by staff. Three cardinal rules guide program participation: No violence or threats of violence, No drugs or alcohol, and No sex or sexual acting out.

### UG PROI Therapeutic community treatment program

Target populations	Theory of change	Program activities	Short-term outcomes	Long-term outcomes
<p>Adult males affected by addiction to opiates and other serious drugs. No co-occurring mental health diagnosis.</p> <p>Possibility of payment 150E/month</p> <p>Willingness</p>	<p>Addiction is a disorder of the whole person.</p> <p>Successful treatment requires attention to all major life domains.</p>	<p><b>1. Behaviour Management</b>                      Confrontation by peers/counsellors                      Encouragement (positive reinforcement for following program rules and regulations)                      Rewards and sanctions                      Learning experience (time out)                      Verbal haircut sessions                      Encounter groups</p> <p><b>2. Emotional/psychological</b>                      Intake interview                      Individual counselling                      Group counselling (static group, peers group, week wrap-up)                      Morning meeting                      Encountering with parents and parents meeting                      Art-therapy                      Diary                      Weekly after care meetings in Sarajevo for 8 months.</p> <p><b>3. Vocational</b>                      Computer skills                      Carpentry                      Construction                      Raising of domestic animals                      Gardening and agricultural production</p> <p><b>4. Spirituality</b>                      Seminars (prepared by residents)                      Religious practice</p>	<p>Abstinence from substances including alcohol.</p> <p>Full participation in program activities.</p> <p>Compliance with program rules.</p> <p>Higher level of responsibility</p> <p>Re-connection with families (significant ones)</p> <p>Improving of general health conditions.</p>	<p>Abstinence from substances including alcohol</p> <p>Successful reintegration into community</p> <p>evidenced through enrolment in educational or vocational training, employment, and establishment of permanent residence.</p> <p>Integration into social support and friendship network.</p>

~~The program participants~~ levels of personal and social responsibility. TCs differ from other treatment approaches principally in their use of the community. Most residents admitted to the TC have recently completed a hospital-based detox program. This occurs via close collaboration with the detox inpatient unit of Kosevo University Hospital in Sarajevo. Since May 2005, the program has served approximately 60 clients. As of November 1<sup>st</sup> 2007, 8 residents successfully completed the program, 17 currently remain in treatment, and 35 withdrew from treatment, mainly during the first month of the program.

### **Program environment**

Many factors contribute to the expected success the TC program. Of special note, the physical environment of the program represents a key asset that we plan to exploit fully. The TC is located 60 kilometres from Sarajevo, near the village of Veliki Trnovci (Kakanj Municipality). The rural mountainous setting is one of natural beauty and peace, removed from the urban environment, thus promoting residents' psychosocial recovery. Roughly 15.000 square meters of cultivable farmland, with more than 100 fruit trees, has been allocated for use by the therapeutic community. A recently constructed stable for domestic animals provides residents with opportunities for vocational activities, as part of the program area of professional development. All staff and residents of the TC participate in such occupational activities. Agriculture, including crop and livestock production, has a great potential for generating revenue from the TC, thus reducing costs of stay. Moreover, an emphasis on developing the capacity for sustainable agricultural production will encourage governmental agencies to continue to invest resources in the program.

### **Gaps to be bridged**

BiH falls seriously behind the region in establishing TCs that provide residential drug treatment. In Croatia, which has approximately twice the population of BiH, there are more than 30 centres based on the TC model. The Croatian government supports almost all of them. But, in 2006, from Bosnian government, UG PROI received only 5% of needed funds, despite the fact that in the BiH Federation area, UG PROI operates the only residential drug treatment program that follows the TC philosophy. Therefore, UG PROI is seeking resources to enable it to further develop and improve its TC program.

Another substantial gap at UG PROI involves a dearth of agricultural tools and technical expertise. Currently, the program does not have a tractor or other modern farm machinery. There is no greenhouse at the site, and such a facility would help us increase our agricultural output. Finally, expert technical assistance in planning and maximizing the sustainability and productivity of farm activities at this stage in the program's development is key to future success.

In sum, we are seeking resources that will enable us to develop the agricultural component of the TC program to its fullest potential.

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## CONTENTS

1. Introduction.....	4
2. Declaration.....	6
3. Damir Hadžić, Mayor of Municipality Novi Grad Sarajevo.....	7
4. Prim. Dr. Josip Jurišić, Sarajevo Deputy Mayor.....	9
5. ECAD – Today in the World Tomas Hallberg, Director ECAD.....	11
6. Dr. Ivailo Dimitrov, direktor ECAD Balkan network.....	14
7 The role of police in combating drugs and cooperation with local community Dr. sci. Hana Korać, MUP KS .....	16
8. Drug addiction prevention program on Municipality Novi Grad Sarajevo territory for period 2003-2007. Rada Lukić.....	22
9. The Program for prevention of drug abuse, alcoholism and other addictions in Canton Sarajevo from 1999-2007 Doc. Dr. Habiba Salihović, primarijus.....	30
10. Primary prevention from drug addiction Prim. Dr. Emina Tanović-Mikulec.....	34
11. Therapeutic family concept Hase Tirić.....	42
12. School role in addiction prevention in community Sanela Pekić.....	44
13 Role of Cantonal Institute for fight against addiction diseases in primary, secondary and tertiary prevention activities in Zenica-Doboj Canton Dr. Samir Kasper.....	51
14. School for parents as a method for education in addiction prevention Mr. Nada Glušić.....	55

15. Public Institution for rehabilitation and re-socialisation of PAS users presentation Dušan Raspopović.....	60
16. Drug abuse prevention program in Arilje Municipality Dr. Ljubica Bogosavljević.....	63
17. School role and availability in institutions network in activities related to fight against addictions Mr. Nefiza Dautović.....	69
18. Risk factors responsible for psycho-active substance abuse amongst adolescents Doc. Dr. Ifeta Ličanin.....	76
19. Steps for successful prevention in Bosnia and Herzegovina – five Year experience Nerma Daut, Miroslav Valenta .....	97
20. Comprehensive approach to drug addiction problem Samir Ibišević.....	103

