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“The Youth and Early Alcohol Consumption” as the Croatian Healthy Cities Network & national policy makers “learning opportunity”

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For NPH4 Chapter 6

The Croatian Healthy Cities Network (CHCN) was set up when the Republic of Croatia gained independency and has been a legally registered NGO since 1992. CHCN is a voluntary association of cities and counties committed to improving health and quality of life of their inhabitants. The Croatian Healthy Cities Network is organized and hosted within the Andrija Štampar School of Public Health (Medical School, University of Zagreb). This has enabled it to call on academic knowledge and research tools and provide support to local authorities, enabling them to put the WHO Regional Office for Europe Healthy Cities concept into practice for almost thirty-five years. The Croatian Healthy Cities Network widely opened its cooperation with Counties through the “Health - Plan for it” training program in Croatia (2002 – 2014). Priorities selected by most county’s health teams reflected main national challenges and were addressed, jointly, through action research. Here we present Croatian experience with “The Youth and Early Alcohol Consumption study” (1).

By the end of 2005 early alcohol consumption among young people was selected by twelve Croatian cities and counties, as a priority. In 2006 multidisciplinary local teams from six Croatian counties (Istria, Primorsko-Gorski Kotar, Međimurje, Zagreb County, Dubrovnik-Neretva and Krapina-zagorje County) gathered on training that enabled them to apply quantitative-naturalistic approach to find alcohol-related behavioral patterns of young people in their community. During 2007, based on gained results they had to choose interventions to be apply locally by the end of 2008. Four counties selected world-renown primary prevention programs and implement them successfully by 2009. Primorsko-Goranska and Zadar Counties chose “Life skills training” (2). The city of Split and Dubrovnik-neretva County implemented the Northland project in Croatia entitled “BUBA (Clear mind without the alcohol)” (3).

Istria County (with cities Poreč and Labin) and the city of Zagreb applied Promoting alternative thinking strategies (PATHS-growing) with kindergartens and primary school. Others had developed their own authentic prevention initiatives. Medjimurje County intervention was based on peer group learning (4), Krapina-zagorje County on youth quality free time activities (youth empowerment and self-organizing) (5) and Zagreb County on school-based substance misuse prevention program.

Pressed by alarming data (ESPAD 2011) (6) on binge drinking among Croatian youngsters the Croatian Government made a “fast move”. Although county teams had conducted various interventions for years, in 2012 national level policy makers unpleasantly surprised us by selecting an unknown and not yet validated program “Healthy for 5” as the national one. “Healthy for 5” was initiated by the Ministry of Internal Affairs and promoted as a program of “prevention of drinking alcohol, taking psychoactive drugs and gambling among students”. In addition to the Ministry of Health (which was supposed to implement it through the network of the County Institutes of Public Health), this program was supported by the Ministry of Environmental and Nature Protection and, with some reservations, the Education and Teacher Training Agency of the Ministry of Science, Education and Sports. Unlike the painstaking path chosen by cities and counties - working with students of the 5th, 6th and 7th grades of elementary school in the case of BUBA or already from kindergarten age in the case of PATHS-growing, this program promised to bring results with just five educational PP presentations. Government pressured the Institutes of Public Health to begin urgent implementation of the Healthy for 5 program. Opponents of the validated, continuous, time-consuming, demanding and expensive local programs finally “came into their own”. They used the existence of the national program as an excuse for the abolition of financial and other help to local and county programs. “Healthy for 5” program was “operational” for period of two years and its evaluation never presented publicly. But the consequences are visible. “Life skills training” in Primorsko-Goranska County is the only one that survives till today.

The Youth and Early Alcohol Consumption study presented here as a so called “negative” case or preferably “learning opportunity”. It stresses, once again, the necessity of communication and coordination among various levels of governance and stakeholders, and a need to plan very carefully before selecting and implementing a public health intervention. The practice of piloting interventions locally did not happen by accident. This is a model that Croatian Healthy Cities Network has developed during decades. Locally confirmed successful interventions may be elevated to the national level and with support transferred to other local environments. “Pushing” down national (one size fits all) ideas causes triple damage to the local community – does not bring benefit to the target population and “kills” creativity and a sense of “ownership” of local community.

And at the end we must turn back to politics and profession. The politics would like to see the results at once, and we, the public health profession know that there are no quick and easy solutions for complex problems. This struggle is part of our professional life, sometimes we succeed, sometimes not, but always there is something to be learned from experience.

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References

1. Šogorić S. Iza kulisa stručne rasprave o uspješnosti implementacije programa odgađanja ranog pijenja kod mladih u Hrvatskoj. Acta Med Croatica 2014;68(4-5):431-4. <https://hrcak.srce.hr/142208>
2. Škrgatić M, Mesić M. Program primarne prevencije "Trening životnih vještina". U: Vuletić, S. urednik. Qualia javnog zdravstva. Zagreb: Sveučilište u Zagrebu Medicinski fakultet; 2013. Str. 101-124 <http://bib.irb.hr/prikazi-rad?&rad=670139>
3. Džono Boban A, Čale Mratović M. Primjena kvalitativne metode istraživanja u javnozdravstvenom pristupu ranog pijenja alkohola među djecom i mladima u Dubrovačko-neretvanskoj županiji. U: Vuletić, S. urednik. Qualia javnog zdravstva. Zagreb: Sveučilište u Zagrebu Medicinski fakultet; 2013. Str. 73-80. <http://bib.irb.hr/prikazi-rad?&rad=670115>
4. Uvodić-Đurić D. Mladi i alkohol - prikaz rezultata kvalitativnog istraživanja pijenja alkohola među djecom i mladima Međimurske županije. U: Vuletić, S. urednik. Qualia javnog zdravstva. Zagreb: Sveučilište u Zagrebu Medicinski fakultet; 2013. Str. 57-72. <http://bib.irb.hr/prikazi-rad?&rad=670009>
5. Koražija, Nataša Partnersko uključivanje mladih u programe unapređenja zdravlja u zajednici – iskustvo Krapinsko-zagorske županije, 2014., postdiplomski specijalistički, Medicinski fakultet, Zagreb <https://www.bib.irb.hr/738255>
6. The 2011 ESPAD Report (page 79) http://www.espad.org/sites/espad.org/files/The_2011_ESPAD_Report_FULL_2012_10_29.pdf