



National Operational Plan

Analysis of school-based drug use prevention strategies against the UNODC-WHO International Standards on drug use prevention

National Operational Plan

Analysis of school-based drug use prevention strategies
against the UNODC-WHO International Standards on drug
use prevention

Table of Contents

- Abbreviations 5**
- 1. Introduction 7**
 - 1.1 Purpose and objectives of the Assessment 7
 - 1.2 Definition of drug use prevention strategies 7
 - 1.3 Methodology 7
 - 1.4 Limitations of the report 8
- 2. Context Analysis 9**
- 3. International Standards on Drug Use Prevention 11**
 - 3.1 Middle childhood (6-10 years) 13
 - 3.2 Early adolescence (11-14 years) 17
 - 3.3 Adolescence and adulthood (15-18/19) 21
- 4. Comparative analysis of Serbian drug use prevention strategies and UNODC/WHO international standards 26**
 - 4.1 Middle childhood (6-10) and early adolescence (11-14) 27
 - 4.1.1 Parenting skills programmes 27
 - 4.1.2. Personal and social skills education 28
 - 4.1.3. Classroom environment improvement programmes 28
 - 4.1.4 Media campaigns 28
 - 4.2. Adolescence and Adulthood (15+) 29
 - 4.2.1. Prevention education based on social competence and influence 29
 - 4.2.2. Programmes addressing individual psychological vulnerabilities 30
 - 4.2.3 Media campaigns 30
- 5. Main findings and areas of improvement (recommendations) 31**
 - 5.1 Main findings 31
 - 5.2 Recommendations 36
- Annex 1. Detailed analysis of current situation in terms of provision of preventive programmes by institutions in Serbia 38**
- Annex 2. Overview of comparative analysis of programmes implemented in Serbia with international standards 51**

Picture 1. International Standards on Drug Use Prevention.....	12
Table 1. Parenting skills programme characteristics	14
Table 2. Personal and social skills education	15
Table 3. Classroom environment improvement programmes	16
Table 4. Prevention education based on social competence and influence.....	18
Table 5. School policies on substance use	19
Table 6. School-wide programmes to enhance school attainment.....	20
Table 7. Addressing individual psychological vulnerabilities	20
Table 8. Natural Mentoring	21
Table 9. Brief Intervention.....	22
Table 10. Workplace prevention programme characteristics.....	23
Table 11. Community based multi-component initiatives characteristics.....	24
Table 12. Media campaigns characteristics	24
Table 13. Entertainment venues characteristics.....	25
Diagram 1. Evidence based programming	26
Picture 2. Evidence based programming.....	26
Diagram 2. Analysis of parenting programmes	27
Diagram 3. Analysis of programmes in light of standards for personal and social skills.....	28
Diagram 4. Analysis of media campaigns.....	29
Diagram 5. Analysis of prevention education programmes based on social competence and influence.....	30
Table 14. Overview of results of comparative analysis of programmes implemented in Serbia with international standards and recommendation for their improvement	36
Table 15. Overview of comparative analysis of programmes implemented in Serbia with international standards on parenting skills programmes	51
Table 16. Overview of comparative analysis of programmes implemented in Serbia with international standards on personal and social skills.....	54
Table 17. Overview of comparative analysis of programmes implemented in Serbia with international standards on prevention education based on social competence and influence	58
Table 18. Overview of comparative analysis of programmes implemented in Serbia with international standards on classroom environment improvement programmes	70
Table 19. Overview of comparative analysis of programmes implemented in Serbia with international standards on media campaigns.....	71
Table 20. Overview of comparative analysis of programmes implemented in Serbia with international standards on addressing individual psychological vulnerabilities.....	73
Table 21. Overview of comparative analysis of programmes implemented in Serbia with international standards on media campaigns	74

Abbreviations

ADHD	Attention-Deficit Hyperactivity Disorder
CBT	Cognitive Behavioural Therapy
DARE	Drug Abuse Resistance Education
GPS	General Population Survey
ESPAD	European School Survey Project on Alcohol and Other Drugs
IPT	Interpersonal Psychotherapy
M&E	Monitoring and Evaluation
N/A	No Answer
PAS	Preventing heavy alcohol use in adolescents
OSCE	Organization for Security and Co-operation in Europe
UN	United Nations
USA	United States of America
SFRY	Socialist Federal Republic of Yugoslavia
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

1. Introduction

1.1 Purpose and objectives of the Assessment

This Assessment has for purpose to map the available prevention strategies across Serbia, specifically the ones that are or have been implemented in the elementary schools. Furthermore, the assessment is resulting with precise list of the institutions and organisations that are actively involved in supporting the drug use prevention education platform in a defined period of time.

Collected data on drug use prevention strategies will allow closer understanding on the characteristic of the strategies, targeted groups or individuals and envisaged implementation modality. Identified strategies will be contrasted against the UNODC-WHO International Standards on drug use prevention thus enabling the identification of gaps for improvement both in terms of content alignment as well as the availability.

1.2 Definition of drug use prevention strategies

Drug use prevention strategies in the school setting are methodologically sound and structured educational approaches that are resulting with the desired outcomes, either sort term, long term or both in terms of preventing drug use. Considering that drug use prevention strategies should be adjusted to age group characteristics, setting and vulnerability, many strategies are developed to respond adequately to the strengthening resilient skills and influencing protective factors.

Identified prevention strategies' characteristics will be measured against the present International Standards on drug use prevention that are focused on prevention of the initiation of drug use and the prevention of transition to drug use disorders.

1.3 Methodology

The assessment, commissioned by the Ministry of Health of the Government of Serbia, was based on comparative analysis of qualitative and quantitative data provided by Serbian institutions in charge of implementing prevention programmes following UNODC-WHO International standards on drug use prevention. The methodological approach was limited to desk review of available information across the board of types of institutions implementing prevention programmes, with reflections and comparisons of the Serbian system with UNODC-WHO standards in order to understand the Serbian system better, and to find similarities and deviations by identifying good practices. Such insights are relevant to provide accurate recommendations for the enhancement and further strengthening of preventive programmes, with consideration of the legal and social culture in which they would be implemented.

1.4 Limitations of the report

Notably, there is a lack of data regarding the evaluation of drug use prevention strategies, since in most cases, respondents only gave yes/no answers without providing an explanation of how and whether the evaluation had been conducted. Moreover, across the institutions, mostly process evaluation (the pre- and post-testing) was conducted with no evaluation of the strategies' impacts. According to the data received for this assessment, all public health institutes submit information to the Institute of Public Health of Serbia (IPHS) but they are rarely evaluated. Analysis shows that the sustainability of most of the prevention programmes has been ensured as for instance, through staff education. However, for a great number of programmes, respondents only confirmed that sustainability has been ensured, without providing information through which means this has been achieved. Institutions often describe the standards they follow and apply during the implementation of prevention programmes with almost half of them reporting the consideration of only primary risk and protective factors as a strategic orientation of their interventions. Collected data provides more information on the following areas as listed below:

- Parenting/family skills
- Personal and social skills education
- Prevention education based on social competence and influence
- Media campaigns (and social networks)

Data on the following elements was not provided:

- Classroom environment improvement programmes
- Policies to retain children in school
- Addressing mental health and mental disorders
- School policies on substance use
- School-wide programmes to enhance school attachment
- Addressing individual psychological vulnerabilities
- Mentoring
- Brief intervention
- Workplace prevention programmes
- Tobacco policies
- Alcohol policies
- Community-based multi-component initiatives
- Entertainment venues

2. Context Analysis

Last available results from the national (GPS) in Serbia, conducted in 2014,¹ show that the use of psychoactive substances (consumed at least once during their life) was recorded at 8.0% for the age group between 18 to 64 (10.8% of men and 5.2% of women). The same percentage of 8.0% has been found through the European School Survey Project on Alcohol and Other Drugs (ESPAD),² conducted on a sample of 16-year old students, while the number moderately increased to 12.8% when surveying the younger adult population between 18 and 34 years of age. The most commonly used illegal substance across all age groups is cannabis (marijuana and hashish). The use of marijuana and hashish (at least once during lifetime) was reported by 7.7% of respondents aged 18 to 64 (10.4% of men and 4.9% of women),³ and 7% of surveyed 16-year old students.⁴ As regards other psychoactive substances, studies show that their usage is uncommon, with a percentage of 1.6% of respondents aged 18 to 64 and 2.5% among the population aged 18-34. The ESPAD studies, targeting 16-year-olds, show a higher incidence of psychoactive substances used among boys than girls for all substances, with the exception of the use of sedatives without a medical prescription. Moreover, the usage of new psychoactive substances (so-called 'legal highs' or 'smart drugs') in the younger adult population (18-34 years of age), was found to be at approximately 0.1%.⁵ According to a study on Health Behaviour in School-aged Children from 2018, 10.6% of the high school first- and second-grade students have tried marijuana at least once in their life, with 6.7% of them consuming it in the last 30 days (7.7% of the boys and 5.5% of the girls). Study shows that 45.9% of students had tried cannabis for the first time when they were 15 years old, while around 2.0% of high school students consume it (almost) on an everyday basis.⁶ Compared to more than 30 different European countries that participated in The European School Survey Project on Alcohol and Other Drugs (ESPAD), the 16-year-olds in Serbia used marijuana or other psychoactive substances at a lower percentage, while the consumption of sedatives without prescription was in line with the average in all countries taking part in the survey. Youths who use psychoactive substances usually try several different types, as was often the case for marijuana, other legal or illegal substances, sedatives without a medical prescription, and alcohol.⁷

According to data from the "National survey on lifestyles of citizens in Serbia, substance use and gambling" from 2014, 72.2% of the total adult population aged 18-64 years have been consuming alcohol in the last 12 months ahead of the survey (82.1% of the men

1 The first representative General Population Survey (GPS) in Serbia was conducted in 2014, on a sample of 5,385 persons, 18-64 years of age; see <https://www.emcdda.europa.eu/system/files/attachments/11658/GPS-Serbia.pdf>

2 European School Survey Project on Alcohol and Other Drugs (ESPAD) 2011. Available at: <http://www.espad.org/country/serbia>

3 Institute of Public Health of Serbia "Dr Milan Jovanović Batut", National Survey of Serbia's Living Lifestyles 2014 - Using psychoactive substances and gambling. Available at: <http://www.batut.org.rs/download/publikacije/Izvestaj%20srpski%20web.pdf>

4 European School Survey Project on Alcohol and Other Drugs (ESPAD) 2011. Available at: <http://www.espad.org/country/serbia>

5 Institute of Public Health of Serbia "Dr Milan Jovanović Batut", National Survey of Serbia's Living Lifestyles 2014 - Using psychoactive substances and gambling. Available at: <http://www.batut.org.rs/download/publikacije/Izvestaj%20srpski%20web.pdf>

6 Institute of Public Health of Serbia "Dr Milan Jovanović Batut, Health Behaviour in School-aged Children, 2018.

7 For more details, see <https://www.emcdda.europa.eu/system/files/attachments/11658/GPS-Serbia.pdf>

and 2.4% of the women).⁸ Almost every second fifth- and seventh-grader of the primary and first grader of high school (44.6%) has tried alcohol, while 31.0% have consumed alcohol in the month prior to the survey. With a percentage of 25.6%, almost one third of them got drunk, out of which 31.1% were young men and 19.8% young girls, while in the last 30 days, 12.1% of the respondents have consumed alcohol.⁹ The daily cigarette smoking rate of the adult population (18-64 years) was at 36.4% (40.9% of men and 32.0% of women).¹⁰ A study targeting primary- and high-school students found that 17.5% of surveyed students have smoked cigarettes at least once in their life, out of which 31.5% were high-school students.¹¹ The percentage of students who were smoking during the study was 11.5%, with more than half of them, 58.6%, doing so on a daily basis. Most of them have tried a cigarette for the first time at the age of 15 (34.7%) or 14 (25.9%).

The Republic of Serbia has ratified and is following all the major United Nations conventions on drugs, including the Convention on Narcotic Drugs from 1961¹² (amended by the Protocol in 1972), the Convention on Psychotropic Substances from 1971,¹³ and the Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances from 1988.¹⁴

In 2014, the Government adopted the Strategy for Drug Abuse Suppression for the period 2014-2021, whose accompanying Action Plan was implemented in the period 2014-2017. Implementation of drug prevention programmes are within the area of responsibility of several key institutions, including the public health institutes, schools, social welfare institutions, police, youth offices. They are in accordance with defined standards for prevention and apply to all age groups: early childhood, preschool and school age, as well as adolescents.

An important step towards the improvement of the implementation and coordination process of prevention measures was the establishment of the inter-ministerial Commission for Drug Prevention in Schools,¹⁵ targeting primary and secondary school students. The Commission works through multidisciplinary teams consisting of health professionals, doctors, police officers, representatives of youth offices, and social workers, all of which are familiarized with the value and importance of the International Standards for prevention. According to the data collected during this research, activities that the team is envisaged to implement focus on engagement of students, their parents, and teachers on the topics of drug abuse, its harmful effects, and how to develop the necessary skills to avoid it. Comparative review of these tasks with the Standards shows

8 National survey on life styles of citizens in Serbia, substance use and gambling 2014.

9 Institute of Public Health of Serbia "Dr Milan Jovanović Batut, Health Behaviour in School-aged Children, 2018.

10 National survey on life styles of citizens in Serbia, substance use and gambling

11 Institute of Public Health of Serbia "Dr Milan Jovanović Batut, Health Behaviour in School-aged Children, 2018

12 The Official Gazette SFRY" - Addendum No. 2/64.

13 Official Gazette of SFRY", No. 40/73.

14 Official Gazette of SFRY-International Treaties", No. 14/90.

15 Official Gazzete of Serbia, No55/05, <http://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/odluka/2018/52/3/reg>

that such activities are not necessarily in line with the Standards, as the main element is to focus on achieving milestones of development for each age. The topic of drug abuse and harmful effect is a small component relating to a specific age group.

Programmes and strategies are mostly developed in a manner suitable for a particular age group, while some of them are conveniently applicable for young people of different age groups that are also defined in the Standards (See picture 1 below):

- middle childhood: parenting/family skills programmes; personal and social skills education; classroom environment improvement programmes; approaches for greater commitment to school;
- early adolescence: prevention education based on personal and social skills and social influence; school policies and culture; about individual psychological vulnerabilities; mentoring/positive examples;
- adolescence and adult age: brief interventions

As an additional signal of the Government's dedication to the challenges of prevention programmes and their alignment with international standards, the Ministry of Health in charge of the coordination of the Commission for Drug Prevention in school settings, issued a request for analysis of the country's current prevention strategies, in order to align them better with international expertise.

3. International Standards on Drug Use Prevention

International Standards on Drug Use Prevention issued through collaboration of the UNODC and WHO describes the available scientific evidence for several types of programmes and strategies with documented impact of preventing substance use. The common link for these interventions is that they aimed at ensuring the safe and healthy development of children and youth, by empowering them to avoid their consumption, and normalizing positive brain socialization in different ages of development with very few interventions working on expanding knowledge of psychoactive substances per the standards. Programmes and strategies are disaggregated by age groups, although a sizeable number of them are convenient for the application to several groups, as seen on Picture 1 below.

Regarding the methodology of monitoring and evaluation of international standards, it includes the collection of systemic reviews from experts and scientific literature, the selection of systemic reviews evaluating the effectiveness of strategies, and the selection of systemic reviews with a good underlying methodology.¹⁶ In reference to this, the UNODC and WHO International Standards on Drug Use Prevention are based on 2,217 studies.¹⁷ Some deficiencies noted with the scientific studies include the fact

¹⁶ Introduction to evidence-based prevention strategies

¹⁷ Ibid

that only 5% of evidence-based programs have collected results disaggregated by sex, as benefits for girls and boys are not necessarily the same. Programmes mostly ensure efficacy but only to a lesser extent effectiveness, and there are chances for publication bias.¹⁸

Picture 1. International Standards on Drug Use Prevention

	Prenatal & Infancy	Early childhood	Middle childhood	Early adolescence	Adolescence	Adulthood
Family	Prenatal & infancy visitation		Parenting skills			
	Interventions for pregnant women					
School		Early childhood education	Personal & social skills education	Prevention education based on social competence and influence		
			Classroom management		Odgovor na individualne ranjivosti	
			Policies to keep children in school	School-wide programmes to enhance school attachment		
				School policies on substance use		
Community				Alcohol & tobacco policies		
			Community-based multi-component initiatives			
				Media campaigns		
				Mentoring		
Workplace				Prevention programmes in entertainment venues		
				Workplace prevention programmes		
Health sector	Interventions for pregnant women		Addressing mental health disorders			
				Brief intervention		

Source: Introduction to evidence-based prevention strategies/UNODC WHO International Standards on Drug Prevention

18 Ibid

3.1 Middle childhood (6-10 years)

The main skills desired at this age are: Emergent Executive Cognitive and Emotional Regulatory Functions such as:

- Maintaining attention
- Controlling emotions
- Social inclusivity
- Effective communication
- Receptivity to others
- Accurate perception of emotion

Interventions effective at this age group

- Parenting skills
- Personal and social skills education
- Classroom environment improvement
- Policies to keep children in school

Addressing mental health disorders

Middle childhood is a specific period in the child's life in which it becomes more involved with school, its peers and the community, while expressing a tendency to spend less time with the family and having more autonomy. Therefore, the role of community norms, school culture and quality education become increasingly relevant for children's emotional, cognitive, and social development. The international interventions and practices regarding the drug use prevention (including psychoactive substances, tobacco, alcohol, inhalant and new psychoactive substances) for middle childhood children and early adolescents are mostly aimed at the engagement of parents and school teachers, but community policies, initiatives, campaigns and mentoring, as well as health sector interventions, also play a significant role.

Source: UNODC policymakers training workshop on the nature, prevention and treatment of persons with substance use disorders

Strategies that are considered relevant for the middle childhood age group are: Parenting/family skills programmes, personal and social skills education, classroom management interventions, policies to keep children in schools, community based multicomponent initiative and addressing mental health disorders.

Parenting/family skills programmes are developed to support middle school and early adolescent children's parents in improving parenting skills through several simple practices including "warm child-rearing style, where parents set rules for acceptable behaviours, closely monitor free time and friendship patterns, help to acquire personal and social skills, and are role models."¹⁹

Efficiency and/or effectiveness of this type of programme is depicted through enhancing family bonding; supporting parents on how to take a more active role in their children's lives and being involved in their learning and education; supporting parents on how to provide positive and developmentally appropriate discipline; In terms of the implementation methodology, the programmes typically include a series of sessions (often around 10 sessions; more in the case of work with parents from marginalised or deprived communities or in the context of a treatment programme where one or both parents suffer from substance use disorders), that include activities for the parents, the

19 UNODC WHO International Standards on Drug Use Prevention, p.16.

children and the whole family and are delivered by trained individuals, in many cases without any other formal qualification.²⁰

However, there are also some characteristics of the parenting programmes which may lead to a lack of efficacy and/or effectiveness such as undermining of parents’ authority, provision of drug-related information only to parents, or poor training of staff (See Table 1 below).²¹

As regards the parenting skills programmes, it has been evaluated by five scientific reviews, that came to the conclusion that such programmes can prevent substance use in young people, persisting generally in the medium and long term.²² Besides, it has been shown that the programmes guided by more experienced facilitators were more consistently effective compared to single sessions or computed-based programmes, and that particular gender-specific programmes targeting mothers and daughters reported increased effectiveness.²³

In addition, the WHO also recommends the application of parenting skills programme in several variations: to support positive development, prevent youth violence, manage behavioural disorders in children and adolescents,²⁴ prevent child maltreatment,²⁵ to promote mother-infant interactions preferably delivered within ongoing mother and child health programmes for poorly nourished and frequently ill. Moreover, programmes included components for strengthening of mothers’ parenting skills including also treatment and psychosocial support to mothers with depression or with any other mental, neurological or substance use condition,²⁶ and caregiver skills training provided for management of children and adolescents with developmental disorders, including intellectual disabilities and pervasive developmental disorders (including autism).²⁷

Table 1. Parenting skills programme characteristics

Parenting skills programmes	
Characteristics that are associated with positive outcomes	Characteristics that are associated with negative or no outcomes
Enhance family bonding	Undermining of parents’ authority,
Typically include activities for the parents, the children and the whole family	Focus exclusively on the child
Support parents on how to take a more active role in their children’s lives	Poor training staff
Support parents on how to provide positive and developmentally appropriate discipline	Use only lecturing as a means of delivery

20 Ibid, p.18.

21 Ibid, p.18.

22 Mejja (2012), Thomas et al. (2016), Foxcroft and Tsertsvadze (2012), Allen et al. (2016), Kuntsche (2016).

23 UNODC WHO International Standards on Drug Use Prevention, p.17.

24 WHO (2017), Global Accelerated Action for the Health of Adolescents (AA-HA!), Guidance to Support Country Implementation

25 WHO (2016), INSPIRE: seven strategies for ending violence against children.

26 Ibid.

27 Ibid.

Support parents on how to be a role model for their children	Only provide information to parents about drugs so that they can talk about it with their children
Organised in a way to make it easy and appealing for parents to participate	
Typically include a series of sessions (often around 10 sessions)	
Delivered by trained individuals, in many cases without any other formal qualification	

Another type of programme in this age group category are the ones on **personal and social skills education**, where trained teachers play a main role in equipping children with the social and personal skills necessary to cope with challenging situations in daily life in a safe and healthy way. Programmes are typically delivered to all children through a series of structured sessions and comprise mostly developmental components without references to specific psychoactive substances.

Efficiency and/or effectiveness of this type of programmes is measured by the following characteristics: improving a range of personal and social skills; delivered through a series of structured sessions, often providing boosters sessions over multiple years; delivered by trained teachers or facilitators; sessions are primarily interactive.

Negative characteristics of the intervention can include using non-interactive methods, such as lecturing, as the main delivery method; providing information on specific substances, including fear arousal; focus only on the building of self-esteem and emotional education.²⁸

WHO advocates for collaboration between non-specialized health care facilities and school-based life skills education in order to promote mental health in children and adolescents.²⁹

Table 2. Personal and social skills education

Personal and social skills education	
Characteristics that are associated with positive outcomes	Characteristics that are associated with negative or no outcomes
Improving a range of personal and social skills	Providing information on specific substances, including fear arousal
Delivered through a series of structured sessions, often providing boosters sessions over multiple years	Focusing only on the building of self-esteem and on emotional education.
Primarily interactive sessions	Using non-interactive methods, such as lecturing, as main delivery method
Delivered by trained teachers or facilitators	

28 UNODC WHO International Standards on Drug Use Prevention, p.20.

29 WHO (2012), WHO Mental Health Gap Action Programme (mhGAP) Behaviour change techniques for promoting mental health, Evidence profile

Classroom environment improvement programmes focus on teachers and strengthening their management abilities in order for them to effectively implement a collection of non-instructional classroom procedures aimed at teaching prosocial behaviour and preventing and reducing aggressive and disruptive behaviour of all students.

These programmes' characteristics can be summarized as follows: often delivered during the first school years; include strategies to respond to inappropriate behaviour and acknowledge appropriate behaviour; include feedback on expectations and active engagement of students.³⁰

As regards the evaluation of classroom environment improvement programmes, one review³¹ included findings on secondary outcomes, according to which this type of intervention "significantly decreases problem behaviour in the classroom, including strong effects on disruptive and aggressive behaviour and strengthen the pro-social behaviour and the academic performance of the children."³²

Table 3. Classroom environment improvement programmes

Classroom environment improvement programmes	
Characteristics that are associated with positive outcomes	Characteristics that are associated with negative or no outcomes
Often delivered during the first school years;	Random drug testing
Include strategies to respond to inappropriate behaviour	/
Include strategies to acknowledge appropriate behaviour	/
Include feedback on expectations	/
Active engagement of students	/
Support normal school functioning, not disruption	
Support positive school ethos, commitment to school and student participation	
Policies developed with involvement of all stakeholders (students, teachers, staff, parents)	
Apply to all in school (student, teachers, staff, visitors, etc.)	
Apply to all substances (tobacco, alcohol, drugs)	
Policies clearly specify substances targeted, locations (school-premises) and/or occasions (school functions)	
Positively sanctioning for policies infraction <ul style="list-style-type: none"> • Provide or refer to counselling, treatment/ psycho-social services. • Expulsion only as a very last resort 	
Enforced consistently/promptly, incl. positive reinforcement for policy compliance.	

30 UNODC WHO International Standards on Drug Use Prevention, p.22.

31 Oliver, 2011.

32 UNODC WHO International Standards on Drug Use Prevention, str. 21

On the policy level, **policies to retain children in school** (as listed in the table 3 above) are extremely important protective factors in the context of substance use among middle childhood children, as they prescribe, among others, school attendance, attachment to school, and the achievement of age-appropriate language and numeracy skills.

The WHO favours conditional financial incentives to keep children in schools as a strategy to prevent youth violence.³³

Another programme for ensuring drug use prevention among middle school students and adolescents is ensured through the engagement of the health sector, and refers to **addressing mental health disorders**, since there is a positive correlation between the emotional and behavioural disorders and the high risk of substance use. The WHO also recommends several interventions to this matter: behavioural interventions for children and adolescents for the treatment of behavioural disorders; psychological interventions for children and adolescents with emotional disorders; initiating parent education/training before starting medication for a child who has been diagnosed as suffering from attention-deficit hyperactivity disorder (ADHD); and others.³⁴

3.2 Early adolescence (11-14 years)

The categorical early adolescence age group is considered as the milestone.

The main skills needed are those integral to self-regulation of emotion and behavior:

- Social and emotional skills to establish stable relationships
- Sensitivity to feelings & needs of others
- Conflict resolution
- Prosocial skills
- Impulse control

Interventions effective at this age are:

- Parenting skills
- Prevention education based on personal and social skills and social influence
- School policies and culture
- Addressing individual psychological vulnerabilities
- Mentoring

On the one hand, early adolescence is characterized by a first “trying out” of adult roles and responsibilities, while on the other hand, it is a time when youth is increasingly exposed to poor decisions and involvement in harmful behaviours, such as risky sexual behaviours, smoking of tobacco, consumption of alcohol, risky driving behaviours, and drug use. The key protective factors to resist the substance use incited by peers and the potential social rejection in case of declining it are good social skills and resilient mental and protective factors.

One of the programmes aimed to equip students with a range of personal and social skills, including substance and peer refusal abilities, is **prevention education based on social competence and influence**. It is an interactive programme conducted by trained teachers that stir discussions with students about different social norms and change of normative beliefs on substance use, attitudes, and positive and negative expectations associated with substance use.

33 WHO (2017), Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance to Support Country Implementation.
 34 UNODC WHO International Standards on Drug Use Prevention, p.24

Their efficacy and/or effectiveness is based on a set of characteristics, including utilization of interactive methods; utilization of a series of structured sessions (typically 10-15) once a week, often providing booster sessions over multiple years; implementation of the activities by trained facilitator (including also trained peers); provision of opportunities to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, especially related to substance use; impact perceptions of risks associated with substance use, emphasizing immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use.³⁵

A lack of efficacy and/or effectiveness could be related to the utilization of non-interactive methods, such as lecturing, as a primary delivery strategy; information-giving alone, particularly fear arousal; unstructured dialogue sessions; focus only on the building of self-esteem and emotional education; addressing only ethical/ moral decision making or values; utilization of ex-drug users as testimonials.³⁶ The WHO also recommends programmes to be based on social and emotional learning components.

Table 4. Prevention education based on social competence and influence

Prevention education based on social competence and influence	
Characteristics that are associated with positive outcomes	Characteristics that are associated with negative or no outcomes
Using interactive methods	Utilising non-interactive methods, such as lecturing, as a primary delivery strategy
Delivered through a series of structured sessions (typically 10-15) once a week	Information-giving alone, particularly fear arousal
Delivered by trained facilitator (including also trained peers)	Based on unstructured dialogue sessions
Providing opportunity to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, and particularly in relation to substance use;	Focusing only on the building of self-esteem and emotional education
Impact perceptions of risks associated with substance use, emphasizing immediate consequences	Addressing only ethical/ moral decision making or values
Dispel misconceptions regarding the normative nature and the expectations linked to substance use	Use ex-drug users as testimonials.

School policies on substance use prescribe that “substances should not be used on school premises and during school functions and activities by both students and staff.”³⁷ It can be used as an individual strategy or in combination with others prevention interventions such as skills based education and/or school-wide policies to promote school attachment and/or supporting parenting skills and parental involvement.

Their efficacy and/or effectiveness is based on the set of characteristics including support for normal school functioning, not disruption; policies are developed with the involvement of all stakeholders (students, teachers, staff, parents); policies clearly

35 UNODC WHO International Standards on Drug Use Prevention, p.27

36 Ibid, p.27

37 Ibid, p.28

specify the substances that are targeted, as well as the locations (school-premises) and/or occasions (school functions) the policy applies to; they apply to all in the school (student, teachers, staff, visitors, etc.) and to all psychoactive substances (tobacco, alcohol, drugs); they address infractions of policies with positive sanctions by providing or referring to counselling, treatment and other health care and psycho-social services rather than punishing; they enforce consistently and promptly, including positive reinforcement for policy compliance, while a so far, detected deficiency refers to a practice of inclusion of random drug testing.³⁸

Table 5. School policies on substance use

School policies on substance use	
Characteristics that are associated with positive outcomes	Characteristics that are associated with negative or no outcomes
Supporting normal school functioning, not disruption	Inclusion of random drug testing.
Policies developed with the involvement of all stakeholders (students, teachers, staff, parents)	
Policies clearly specify the substances that are targeted, as well as the locations (school-premises) and/or occasions (school functions) the policy applies to	
Apply to all in the school (student, teachers, staff, visitors, etc.) and to all psychoactive substances (tobacco, alcohol, drugs)	
Addressing infractions of policies with positive sanctions by providing or referring to counselling, treatment and other health care and psycho-social services rather than punishing	
Enforce consistently and promptly, including positive reinforcement for policy compliance.	

School-wide programmes to enhance school attachment are universal policies and interventions aimed at enhancing students’ affiliation with and commitment to school. Just as School policies on substance use, they can be implemented autonomously or jointly with, for instance, skill-based education and/or school policies on substance use and/or supporting parenting skills and parental involvement. It is characterized by providing support to a positive school ethos and commitment to school, as well as to student participation.³⁹ Findings from one review show that school-wide programmes contribute to preventing use of all substances, while another one came to the conclusion that this is true for illicit drug use only, and there are no significant results for alcohol and tobacco use.⁴⁰

38 UNODC WHO International Standards on Drug Use Prevention, p.29

39 Isto, str. 30.

40 Isto, str. 30.

Table 6. School-wide programmes to enhance school attainment

School-wide programmes to enhance school attainment	
Characteristics that are associated with positive outcomes	Characteristics that are associated with negative or no outcomes
Supporting positive school ethos and commitment to school	
Supporting student participation	

Prevention programmes which **address individual psychological vulnerabilities** are particularly relevant since some personality attributes such as sensation-seeking, impulsivity, anxiety sensitivity or hopelessness, are associated with an increased risk of substance use. Programmes are mostly comprised of development components and aim to assist adolescents in constructively dealing with negative emotions instead of using negative coping strategies such as alcohol misuse.

Their characteristics include using trained professionals (e.g. psychologist, teacher); participants being identified as possessing specific personality traits on the basis of validated instruments; programmes being organised in such a way as to avoid any possible stigmatisation; provision of participants with skills on how to positively cope with the emotions arising from their personality; short series of sessions (2-5).⁴¹

Table 7. Addressing individual psychological vulnerabilities

Addressing individual psychological vulnerabilities	
Characteristics that are associated with positive outcomes	Characteristics that are associated with negative or no outcomes
Delivered by trained professionals (e.g. psychologist, teacher)	
Participants have been identified as possessing specific personality traits on the basis of validated instruments	
Programmes are organised in such a way as to avoid any possible stigmatisation	
Provide participants with skills on how to positively cope with the emotions arising from their personality	
Short series of sessions (2-5)	

Natural mentoring is another intervention foreseen for early adolescents and found to lead to decreased rates of substance use and violence. It refers to “the relationships and interactions between children/adolescents and non-related adults such as teachers, coaches and community leaders”, developed through free time activities conducted on a regular basis.⁴² Characteristics of this intervention are the provision of adequate training and support to mentors and a very structured programme of activities.⁴³ Moreover, the WHO recommends mentoring as one of the evidence-based interventions for youth violence prevention.

41 UNODC WHO International Standards on Drug Use Prevention, p.32

42 Ibid, p.32.

43 Ibid, p.32.

Table 8. Natural Mentoring

Natural mentoring	
Characteristics that are associated with positive outcomes	Characteristics that are associated with negative or no outcomes
Providing adequate training and support to mentors	
Based on a very structured programme of activities	

3.3 Adolescence and adulthood (15-18/19)

The interventions labelled to be effective in this age groups are:

- Brief intervention
- Workplace prevention programmes
- Tobacco and alcohol policies
- Community-based multi-component initiatives
- Media campaigns
- Entertainment venues

Since adolescents are strongly involved in society and their families and schools cease to act as their only significant social setting, it was crucial to develop programmes in other settings too, such as their workplace, the health sector, entertainment venues and the community. Since programmes such as **prevention education based on social competence and influence, addressing individual psychological vulnerabilities, School-wide programmes to enhance school attachment,**

School policies on substance use, and Natural mentoring utilized for early adolescence are also applicable for adolescence, they will not be presented again. Other strategies developed for adolescents include: brief intervention, workplace prevention programmes, tobacco policies, and alcohol policies.

Brief intervention is a structured, one-to-one session lasting typically from 5 to 15 minutes delivered by trained experts. It is aimed at patients who might be at risk because of their substance use but who would not necessarily decide to apply for treatment. It can be conducted in the primary health care system or emergency rooms, but also in schools, at the workplace, online or via computers. In addition, it is often supplemented by motivational interviewing, including discussions about the substance use and provision of support to the patient in his or her decision-makings.

Forty-eight reviews⁴⁴ have found that this type of intervention may significantly reduce different forms of substance use with the effects, however, not persisting beyond 6-12 months. Computer- and internet-based interventions show small, short-term effects for alcohol and only little evidence for tobacco and cannabis, while telephone intervention was reported to be more effective, although the effect size was higher for face-to-face

44 Ashton et al. (2015), Baker et al. (2012), Bertholet (2005), Carey et al. (2012), Carey et al. (2016), Carney (2012), Carney et al. (2014), Christakis (2003), Davis et al. (2017), Dedert et al. (2014), Dedert et al. (2015), Diestelkamp et al. (2016), Donoghue et al. (2014), Dotson et al. (2015), Dunn (2001), Elzerbi et al. (2015), Elzerbi et al. (2017), Foxcroft et al. (2015), Foxcroft et al. (2016), Gulliver et al. (2015), Hennessy & Tanner-Smith (2015), Hennessy et al. (2015), Jensen (2011), Jiang & Gao (2017), Kaner (2007), Kazemi et al. (2013), Landy et al. (2016), Leeman et al. (2015), McGinnes et al. (2016), Merz et al. (2015), Moreira (2009), Newton et al. (2013), Oosterveen et al. (2017), Park & Drake (2015), Peirson et al. (2016), Reavley (2010), Riper (2009), Riper et al. (2014), Scot-Sheldon et al. (2014), Scott-Sheldon et al. (2016), Smedslund (2011), Smedslund et al. (2017), Tait (2003), Tait et al. (2013), Vasilaki (2006), Watson et al. (2013), Wood et al. (2014), Young et al. (2014).

delivery.⁴⁵ Moreover, brief intervention proved to be effective in reducing excessive alcohol consumption among people with psychotic disorders. The World Health Organisation also recommends employment of screening for hazardous and harmful alcohol use in non-specialist health care institutions, and, in cases where screening is not feasible, brief intervention to be conducted through a single 5-10-minute session. Brief intervention is also recommended for cannabis and psychostimulants users.

Table 9. Brief Intervention

Brief intervention	
Characteristics that are associated with positive outcomes	Characteristics that are associated with negative or no outcomes
One-to-one counselling	
Delivered by trained health and social workers	
Delivered in the primary health care system, emergency rooms but also as a part of school-based and workplace programs and online	

Workplace prevention programmes are usually multi-component programmes containing prevention elements, policies, counselling and referral to treatment. They are particularly important for adolescents since the job strain is positively correlated with the increased risk of substance use disorders, which expose employees, but also their friends, work colleagues, and families to safety risks.

Efficacy and/or effectiveness of these interventions is achieved through the following characteristics: developed with the involvement of all stakeholders (employers, management, employees); guarantee confidentiality to employees; include and are based on a policy on substance use in the workplace that has been developed by all stakeholders and is non-punitive; provide brief intervention (including web-based), as well as counselling, referral to treatment and reintegration services to employees who need them; include a clear communication component; embedded in other health or wellness related programmes (e.g. for the prevention of cardiovascular diseases); include stress management courses; trains managers, employees and health workers in fulfilling their roles in the programme; include alcohol and drug testing only as part of a comprehensive programme with the characteristics described in the above bullet points.⁴⁶

45 Ibid, p.35

46 Ibid, p.38

Table 10. Workplace prevention programme characteristics

Workplace prevention programmes	
Characteristics that are associated with positive outcomes	Characteristics that are associated with negative or no outcomes
Developed with the involvement of all stakeholders (employers, management, employees)	
Guarantee confidentiality to employees	
Include and are based on a policy on substance use in the workplace that has been developed by all stakeholders and is non-punitive	
Providing brief intervention (including web-based), as well as counselling, referral to treatment and reintegration services to employees who need them	
Include a clear communication component	
Embedded in other health or wellness related programmes (e.g. for the prevention of cardiovascular diseases)	
Include stress management courses	
Trains managers, employees and health workers in fulfilling their roles in the programme.	
Include alcohol and drug testing only as part of a comprehensive programme with the characteristics described in the above bullet points	

Tobacco policies aim to reduce the availability and accessibility of tobacco and tobacco smoking and are targeting entire populations. Four reviews⁴⁷ to this matter endorse the WHO evidence-based guidance within the WHO Framework Convention on Tobacco Control, containing a list of measures for reducing the demand of tobacco. Prescribed measures include price and tax measures, measures for the protection from exposure to tobacco smoke, regulations on contents of tobacco products, the disclosures of tobacco product, the packaging and labelling of tobacco products, education, communication, training and public awareness, and tobacco advertising, promotion and sponsorship.⁴⁸

Alcohol policies and interventions are developed “to reduce the harmful use of alcohol defined as the drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as the patterns of drinking that are associated with increased risk of adverse health outcomes.”⁴⁹

Community-based multi-component initiatives refer to community initiation of various partnerships, bringing together different stakeholders to focus on the substance use. Their characteristics include support to the enforcement of tobacco and alcohol policies at the local level; work in a range of community settings (families and schools, workplace, entertainment venues, etc.); involvement of universities to support the implementation of evidence-based programmes and their monitoring and evaluation; being equipped with adequate training and resources; medium term effect (e.g. longer than a year. The

47 Kazemi et al. (2013), Chan and Perry (2012), Thomas (2008), Webb (2009).

48 UNODC WHO International Standards on Drug Use Prevention, p.39

49 Ibid, p.40

WHO recommends community mobilization for the purpose of prevention of alcohol misuse.

Table 11. Community based multi-component initiatives characteristics

Community-based multi-component initiatives	
Characteristics that are associated with positive outcomes	Characteristics that are associated with negative or no outcomes
Supporting the enforcement of tobacco and alcohol policies at the local level	
Work in a range of community settings (families and schools, workplace, entertainment venues, etc.)	
Involving universities to support the implementation of evidence-based programmes and their monitoring and evaluation.	
Adequate training and resources are provided to the communities	
Initiatives are sustained in the medium term (e.g. longer than a year)	

Due to their potential to reach wide audience, **media campaigns** are often the first and/or only intervention delivered by policy makers.

Characteristics associated with efficacy and/or effectiveness of this type of intervention include precise identification of the target groups; solid theoretical basis; messages designed on the basis of strong formative research; strong connection to other existing drug prevention programmes in the home, school, and community; achievement of adequate exposure of the target group for a long period of time; being systematically evaluated; targeting parents, as this appears to have an independent effect also on the children; aiming at changing cultural norms about substance use and/or educating about the consequences of substance use and/or suggesting strategies to resist substance use.

Lack of efficacy and/or effectiveness stems from the possibility of badly designed or poorly resourced media campaigns as they can worsen the situation by making the target group resistant to or dismissive of other interventions and policies.⁵⁰

Table 12. Media campaigns characteristics

Media campaigns	
Characteristics that are associated with positive outcomes	Characteristics that are associated with negative or no outcomes
Precisely identifying the target group of the campaign	Media campaigns that are badly designed or poorly resourced should be avoided as they can worsen the situation by making the target group resistant to or dismissive of other interventions and policies.
Based on a solid theoretical basis	

⁵⁰ Ibid, p.44.

Designing messages on the basis of strong formative research	
Strongly connecting to other existing drug prevention programmes in the home, school, and community	
Achieving adequate exposure of the target group for a long period of time	
Systematically evaluated	
Targeting parents, as this appears to have an independent effect also on the children	
Aiming at changing cultural norms about substance use and/or educating about the consequences of substance use and/or suggesting strategies to resist substance use.	

Entertainment venues, including any outdoor or indoor setting present a high-risk setting for risky behaviours, such as substance use.

Prevention programmes utilizing entertainment venues are multi-component and their characteristics include trainings for staff and management on responsible serving and handling of intoxicated clients; provision of counselling and treatment for staff and management who need it; a strong communication component to raise the awareness and the acceptance of the programme; active participation of the law enforcement, health and social sectors; enforcement of existing laws and policies on substance use in the venues and in the community.⁵¹

Table 13. Entertainment venues characteristics

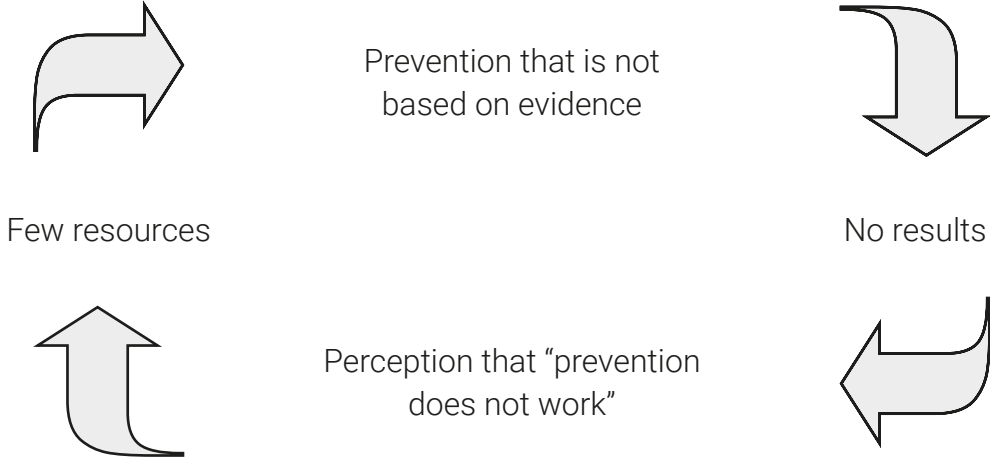
Entertainment venues	
Characteristics that are associated with positive outcomes	Characteristics that are associated with negative or no outcomes
Trains staff and management on responsible serving and handling of intoxicated clients	
Provides counselling and treatment for staff and management who need it	
Includes a strong communication component to raise the awareness and the acceptance of the programme	
Includes the active participation of the law enforcement, health and social sectors	
Enforces existing laws and policies on substance use in the venues and in the community	

Besides, international standards are grounded on the premise that a good prevention programme must be based on evidence of its effectiveness and transformational potential for final beneficiaries (children, adolescents and youth). UNODC stipulates that a prevention programme that is not based on evidence of its effectiveness does usually not deliver the desired results and can potentially even carry an iatrogenic effect, as it is implemented based on approximated assumptions that certain interventions will bring results. However, programmes which include rigorous monitoring and evaluation of the

⁵¹ UNODC WHO International Standards on Drug Use Prevention, str. 45.

implementation provide for an opportunity to reflect on what works or not and iteratively adapt the programme for better utility (See adjacent Diagram 1).

Diagram 1. Evidence based programming



4. Comparative analysis of Serbian drug use prevention strategies and UNODC/WHO international standards

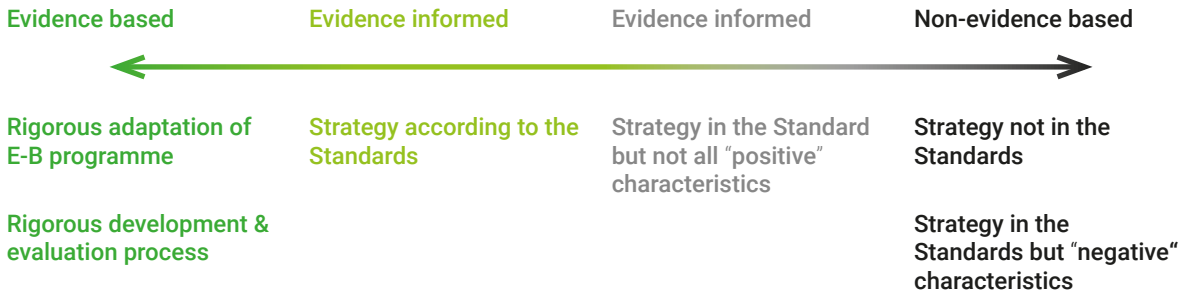
This section presents an overall comparative analysis of Serbian prevention programmes and UNODC/WHO International Standards on drug use prevention.

The comparative analysis is based on data collected and provided by the Ministry of Health of the Government of Serbia that reflects drug use prevention strategies implemented in the school system in the in March 2020 reported by the relevant institutions, CSOs and Ministries.

The assessment is conducted according to two criteria:

1. The extent to which an implemented programme includes characteristics associated with positive (or negative) outcomes,
2. The extent to which a programme adheres to the principle of being based on evidence (See Picture 2).

Picture 2. Evidence based programming



4.1 Middle childhood (6-10) and early adolescence (11-14)

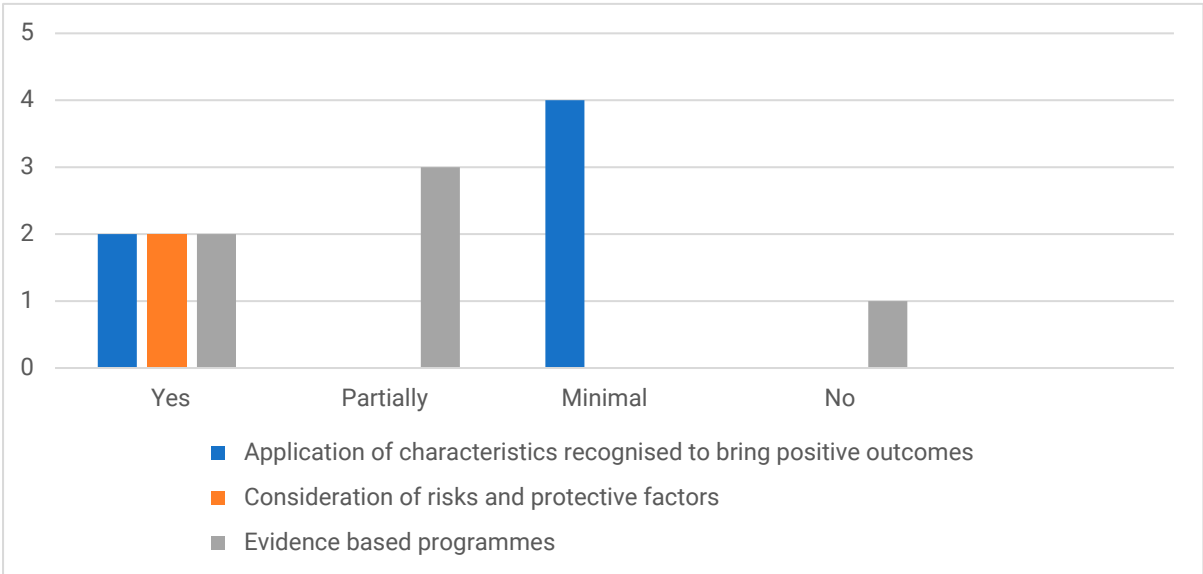
This section presents an overview of programmes exclusively developed and implemented for the middle childhood age group and early adolescents, together with an assessment of their adherence to international standards as presented in the WHO-UNODC Guidelines.

This grouping is made as the programmes implemented by Serbian institutions mostly exhibit the same characteristics and apply same methods.

4.1.1 Parenting skills programmes

A total of six (6) programmes that focus on parenting skills have been implemented by Serbian institutions (i.e. Drug Abuse Program in Schools (The Public Health Institute of Sabac); Prevention of drug abuse in schools (Sremska Mitrovica); School Yes, Drug No Campaign (The Public Health Institute of Valjevo); School YES, Drug NO” - universal prevention (The Public Health Institute of Pancevo); - Drug Abuse Prevention In Schools (The City Institute for Public Health of Novi Pazar); UNODC- Strengthening Family Programme 10-14 (Ministry of Education, Science and Technology Development, Ministry of Interior)). Assessments of these programmes show that only (2) out of six of these programmes apply most characteristics recognised to bring positive outcomes, while four (4) do apply only minimum characteristics recognised to bring positive outcomes and would need to undergo major modifications to align completely with international standards. Only two (2) out of six programmes fully consider the risk and protective factors. Two (2) programmes are evidence based, three (3) are partially evidence based while three (1) are not evidence based. (See Diagram 2 below for overview and Table 15 for detailed analysis per programme).

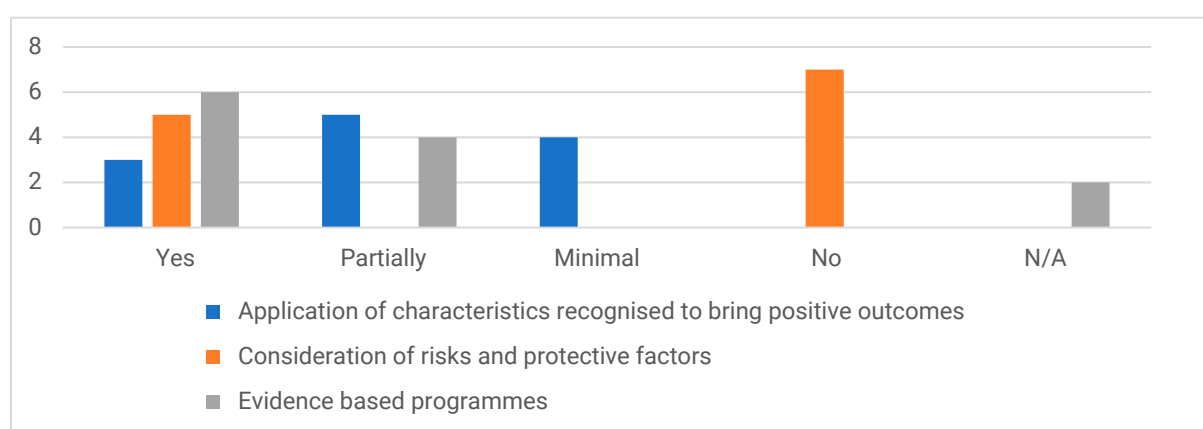
Diagram 2. Analysis of parenting programmes



4.1.2. Personal and social skills education

There have been 12 programmes⁵² that tackle development of personal and social skills across different institutions in Serbia. One (1) programme apply all prescribed standards recognised to bring positive outcome, while another two (2) include almost all standards recognised to bring positive outcome. Five (5) out of 12 programmes apply standards partially, while four (4) do it minimally. Five (5) programmes consider risk and protection factors, while seven (7) do not. Finally, six (6) programmes collect data on progress and success, four (4) of them do it partially, while no information was provided for two (2) programmes (See Diagram 3 below and Table 16 in Annex).

Diagram 3. Analysis of programmes in light of standards for personal and social skills



4.1.3. Classroom environment improvement programmes

There have been three programmes⁵³ focusing on improvement of the classroom environment. These programmes contain only a partial evidence base on the progress and success of the programme. Two (2) programmes apply characteristics to satisfactory extent, while one (1) applies only minimum characteristics (See Table 18 in the Annex).

4.1.4 Media campaigns

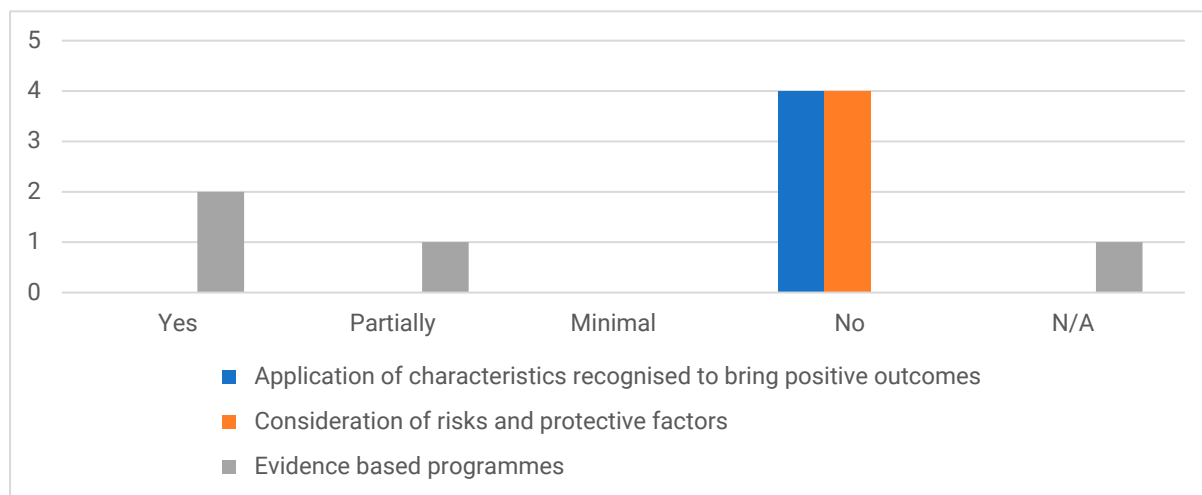
Even though media campaigns are not necessarily recognised as strategies for middle childhood and early adolescent groups, four programmes integrating media campaigns were found during the assessment. Neither of the four programmes integrates characteristics recognised to bring positive outcomes. Two (2) programmes are

52 These programmes are the following: The program "Fundamentals of Child Safety" (Ministry of Interior); Project "Summer at the Olymp" (Ministry of Interior); The project "Drugs are Zero, Life is One" (Ministry of Interior); Don't Destroy Yourself, Just Say NO to Drugs (Ministry of Interior); The Choice is Yours – DRUGS are a Failure (Ministry of Interior); Drug Abuse Program in Schools (The Public Health Institute of Sabac); Prevention of drug abuse in schools (The Public Health Institute of Sremska Mitrovica); Say How You Feel, developing emotional skills in children (The Public Health Institute of Vojvodina); Thousand Why and Only One Because" (The Public Health Institute of Zrenjanin); Jobs of general interest in health care for program activity (The Public Health Institute of Valjevo); School Yes, Drug No Campaign (The Public Health Institute of Valjevo); To Success Together (Ministry of Education, Science and Technology Development)

53 These programmes are: Jobs of general interest in health care for program activity (The Public Health Institute of Valjevo); School Yes, Drug No Campaign (The Public Health Institute of Valjevo); Creative workshop with schoolchildren on prevention of drug abuse (The City Institute for Public Health of Belgrade)

considered as evidence based and one (1) is partially evidence based. There was no data on the approach to collecting evidence base for one programme (See Diagram 4 below and Table 19 in the Annex).

Diagram 4. Analysis of media campaigns



It should be noted that there were projects which, due to a lack of or inconclusive data, could not be summarized under any of the identified international strategies: Health Education Material – The Public Health Institute of Vojvodina; Prevention of PAS use among students; Addiction prevention in schools; Peer education in drug prevention – The Public Health Institute of Nis; Addiction prevention in Zlatibor district schools for 7th grade elementary and 1st grade high school students – The Public Health Institute of Uzice; Implementation of prevention programs in schools; Regular PAS prevention programs in schools as a part of the general interest – The Public Health Institute of Cuprija; Prevention of drug abuse in schools – The Public Health Institute of Kraljevo; Drugs are Gambling with Life; Addiction to “ignore” -The Public Health Institute of Pancevo; Physical and Health Education Teaching (1st-4th grades of primary schools); Physical and Health Education Teaching (5.-8. grades of primary schools); Biology classes (5th-8th grades of primary schools) - The Ministry of Education, Science and Technology Development.

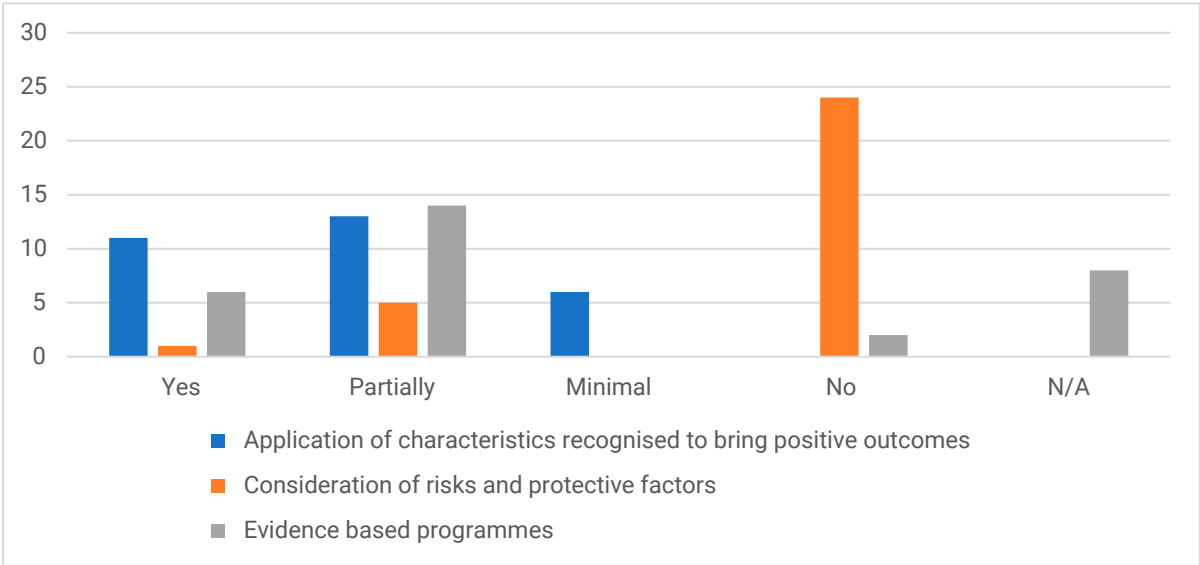
4.2. Adolescence and Adulthood (15+)

4.2.1. Prevention education based on social competence and influence

The assessment found 30 programmes focusing on prevention education based on social competence and influence, with at least half of them targeting also early adolescents. Analysis of these programmes shows that most of them apply the same approaches and exhibit the same/similar characteristics, hence their grouping is reasonable. Assessment of programmes’ characteristics showed that the vast majority (24 out of 30) did not consider risks and protective factors, while one did do so, and five (5) partially assessed them. Eleven (11) out of 30 programmes apply characteristics recognised

to bring positive outcomes (e.g. use of interactive methods, providing opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; discussing impact perceptions of risks associated with substance use, emphasising immediate consequences; dispelling misconceptions regarding the normative nature and the expectations linked to substance use, etc.), 13 do so only partially and six (6) only apply minimal characteristics. Six (6) programmes can be considered to be evidence informed, 14 conduct partial analysis; two (2) programmes are not evidence based, while the assessment did not receive data on this segment from eight programmes (See Diagram 5 below and Table 17 in the Annex).

Diagram 5. Analysis of prevention education programmes based on social competence and influence



4.2.2. Programmes addressing individual psychological vulnerabilities

There have been two (2) consecutive programmes implemented by the Ministry of Youth (“Citizens’ Association “The World of Words” - “We don’t Talk to Others, We Talk to You”) addressing individual psychological vulnerabilities. Neither programme was found to be evidence based. The second phase of the programme implemented in 2017 applies less than a half of the characteristics recognised to lead to positive outcomes, while the second programme. Assessment of the programme showed progress from the previous phase implemented in 2016, as previous phase applied only minimum of characteristics recognised to bring positive outcomes (See Table 20 in the Annex).

4.2.3 Media campaigns

Six (6) programmes included the aspects of media campaigns, out of which only one (1) included minimal characteristics recognised to bring positive outcomes, with the remaining five not including any. Three (3) programmes were evidence based, while no data was provided on this aspect for the rest (See Table 21 in Annex).

It should be noted that there were projects which could not be summarized under any of the named international standards (Project "Choice is yours, drugs are a failure" - The Public Health Institute of Cuprija); Each school itself creates the Student Health Care Program, which includes the PAS prevention program, through a school annual work plan and school program; Physical and Health Education Teaching (1st-4th grades of high schools); Teaching elective program "Health and Sports"; Accredited Programs For The Substance Abuse Prevention - The Ministry of Education, Science and Technology Development.

Utilization of **motivational interviews**, which are also one of the internationally recommended strategies, is applied across the programmes conducted by the Institute of Public Health of Pirot. There is no data on whether they are being conducted within the 5-15 minutes session as recommended. Moreover, across the programmes, there is no evidence of **workplace prevention programmes and prevention programmes in entertainment venues**, which are prescribed in the international standards and foreseen only for early adolescents.

5. Main findings and areas of improvement (recommendations)

5.1 Main findings

Analysis of collected data provided better understanding and concluded that not all strategies recommended by the International Prevention Standards are addressed across Serbian prevention programmes.

Identified strategies are analysed using the available information providing their characteristics, age group consideration and vulnerability level of targeted groups. It was a challenge to measure it against the strategic framework proposed by the International Standards on drug use prevention, as vast majority of analysed strategies are not specifically developed per age group, characteristics or implementation methodology suggested by the Standards. Overall impression is that identified strategies are considered as universal prevention programmes, including the prevention campaigns.

Complete analysis of identified prevention programmes would suggest further modification in at least one analysed aspect along with the radical positive shift toward the greater consideration and inclusion of project/programme process and most importantly impact evaluation thus allowing better understanding of the effects of the implemented programmes

More specifically the assessment of programmes across all age groups resulted in the following main findings:

Programmes are in most cases engaging in the empowerment of children and the youth and enhancing their resilience to peer and other types of social pressure, which

as a concept aligns with the culture promoted in international standards on prevention. It is evident that programmes are implementing activities aimed at improving students' personal and social skills, empowering them to cope with and confront the social pressures of drug use, to develop healthy responses to challenging life situations, to make appropriate decisions, and resist risky behaviour. For instance, both programmes conducted by the City Institute for Public Health of Belgrade, "Creative workshop with schoolchildren on prevention of drug abuse" and "Education of parents and students on the topic of drug abuse prevention in schools" include competencies to support students' personality development, identifying and responding to security risks, and introduce age-appropriate discussions on diverse social beliefs, while breaking misconceptions about the normative nature and expectations of drug abuse.

Programmes are in most cases interactive and integrate knowledge sharing and awareness raising approaches. A sizeable number of programmes are interactive, encouraging students', as well as teachers/parents' engagement in workshops, forums, and other forms of project implementation. For instance, the programme "Say How You Feel", conducted by the Public Health Institute of Vojvodina, applied well-structured creative and interactive workshops and organised the creation of a colouring book for children: "A story about feelings", brochures for parents: "Emotional adventures of our children", posters: "Types of emotions", a calendar: "Let's talk about emotions in 2015" and a manual: "Say how you feel". Similarly, an (early adolescent) programme "Stop-think-decide", conducted by the Public Health Institute in Kruševac, applied role play, sketches, Power Point presentations, radio shows, as well as discussions on attitudes, positive and negative expectations regarding drug use, and personal perceptions of the risks of abuse. However, while the international standards encourage participation of trained professionals, e.g. health experts, their participation has been only rarely observed across Serbian prevention programmes. Some exceptions refer to trainings within the programmes "Prevention of drug abuse in schools", conducted by the Public Health Institute of Požarevac and Kraljevo, which were developed as interactive discussions between students, parents, and teachers and conducted by trained professionals from different sectors of society with the coordination of public health experts.

Programmes are designed as multi-year interventions in most cases, though variations exist in terms of structuring. International standards recommend that activities be delivered through structured sessions lasting over a certain period, ranging from once a week to continuous implementation over several years. While more than half of implemented drug use prevention programmes in Serbia were/are lasting in continuity for several years, according to available data, there are only few projects characterized as having been carried out in a well-structured form ("Jobs of general interest in health care for program activity" and "School Yes, Drug No Campaign", both conducted by the Public Health Institute of Valjevo; Creative workshop with schoolchildren on prevention of drug abuse - The City Institute for Public Health of Belgrade; "Say How You Feel, developing emotional skills in children" - The Public Health Institute of Vojvodina).

Evaluations and evidence-based planning and implementation of programmes are not practiced by different institutions. As regards the programmes conducted by Serbian ministries and public health institutions, most of them were either entirely lacking evaluation or included only pre- and post-testing/questionnaires/surveys without provision of evaluation reports. Besides deviations in programme implementation forms and standards, Serbian prevention programmes are rarely based on significant scientific evidence as they are often not evaluated, or the evaluation process is incomplete, therefore providing only partial information. A group of experts screened evidence on prevention from scientific journals and official reports, and, by applying a relevant set of criteria, narrowed them down to several studies rated “acceptable” or “good”. They were later coded as to the intervention or policy they were concerned with, summarized, and included in the International Standards.

Programmes supporting parenting skills are implemented, however, there are variations when it comes to the level of alignment with international standards. Regarding parenting skills programmes, which are recommended for the early childhood, preadolescence and early adolescence groups, across several Serbian prevention programmes, there are activities aimed at supporting parents to participate more actively in their children’s life through e.g. setting age-appropriate rules and boundaries, controlling and quality structuring children’s leisure time, monitoring their activities and friendships, involvement in their learning and education, communication skills, engaging interactive discussions with children and teachers. However, rarely were parents supported in presenting themselves as role models for their children, there are not enough activities dedicated to the family as a whole, and nothing indicates that activities are developed or adapted to fit parents’ daily schedule, which would make them more appealing. For instance, there are currently only two programmes educating parents on how to become role models for their children, namely, “Drug Abuse Program in Schools” – The Public Health Institute of Šabac and “Prevention of drug abuse in schools” - The Public Health Institute of Sremska Mitrovica.

Some programmes include aspects of student attachment to school, though their effectiveness and utility is minimal. There is a lack of emphasis on strengthening the students’ association with and attachment to school and classroom management abilities of teachers in programmes. Besides, there is lack of emphasis on the strategies aimed at reducing aggressive and disruptive school behaviour and the ones aimed at acknowledging appropriate behaviour. For instance, across the Serbian prevention programmes, there were only four projects which included the standards of good classroom atmosphere: two programmes were implemented by the Public Health Institute of Valjevo, “School Yes, Drug No Campaign” and “Jobs of general interest in health care for program activity”, another one, “Creative workshop with schoolchildren on prevention of drug abuse” by The City Institute for Public Health of Belgrade, and finally “Stop - think – decide” by the Public Health Institute of Krusevac.

Personal and social skills education has been visible throughout several programmes. These programmes do contain some of the characteristics associated with positive

outcomes per the standards. Example of characteristics are the focus on the improvement of a range of personal and social skills. However, interactive sessions and involvement of trained teachers and facilitators are rarely implemented. It is however notable that they are not being delivered through a series of structured sessions and that they often use non-interactive methods, such as lecturing, as the main method, which is positively correlated with a lack of positive outcomes.

A rather high number of programmes apply **prevention education based on social competence and influence** and exhibit the majority of characteristics associated with the efficacy and/or effectiveness. These certainly include interactive methods (e.g., workshops), age-appropriate discussions on various socially spread beliefs, attitudes, positive and negative impact perceptions associated with substance use, breaking misconceptions about the normative nature and the expectations linked to substance use, provide the opportunity to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, especially in relation to substance use. While the increased engagement of peer educators is notable, there should be a more intense involvement of trained facilitators. In addition, it is apparent that the programmes are not delivered through a series of structured sessions on weekly basis, but often they provide boosters sessions over multiple years. The assessment also found that the programmes are often delivered through non-interactive sessions, such as lectures.

Programmes promoting school policies against substance use on school premises and during school activities are implemented only indirectly and through other programmes. Therefore, their effectiveness is hard to assess due to a lack of elaborate answers or reflections on results. As noted in international standards, such programmes are implemented (*in this case, exclusively*) through numerous different forms of implementation while applying standards of, for instance, development of students' social and personal skills, parental involvement, participation of health experts, or taking risk and protective factors into account.

Programmes addressing mental health among children and youth are scarce. International standards foresee addressing mental health disorders that are related to the increased use of substances. Prevention programmes introduced by different Serbian institutions, however, seem not to include it. The mapping of existing programmes identified two, "The World of Words - We don't Talk to Others, We Talk to You", and "The World of Words - You are not alone! We are with you!" that offer mental health and psychological support for the youth of the municipality of Velika Plana. These programmes offered psychological workshops, online counselling centers, individual counselling centers, and therapeutic work of psychological counselling centers, and were supported by the Ministry of youth and sport.

Serbian programmes do not deploy community-based multi-component initiatives. Analysis of available information on programmes implemented thus far shows that such interventions do not include community-based components. Four projects utilized mass

media and/or social networks for the spread of information (“Coordination, planning, organization and implementation of health promotion activities specifically targeted at vulnerable population groups”- The Public Health Institute of Požarevac and the Public Health Institute of Kraljevo; “Addiction to ignore” - The Public Health Institute of Pancevo; “Stronger Than Ever” - The Institute for Public Health of Vojvodina).⁵⁴ In 2016 Serbia adopted a new law prohibiting cigarettes and other tobacco products to be advertised, while on the other hand the Law liberalized the rules for the advertisement of alcoholic beverages.⁵⁵

Classroom environment improvement programmes, as well as policies aimed at attaching students to school, need more attention. As mentioned in the previous section, four prevention programmes focusing on referring to these issues, implemented by Serbian institutions, include some of the internationally recognized standards such as nurturing strategies to respond to inappropriate and acknowledge appropriate behaviour and engaging students with these topics. However, they do not include feedback on expectations and there are no data whether they are delivering during the first school years as recommended. Moreover, the number of these programmes could be increased. However, regarding the school attendance and attachment policies, Serbian institutions did not deliver any projects, due to the fact that school attendance is stipulated by education laws, which are enforced in Serbia.

Media campaigns were implemented without clear specification of target audience or the clear and solid theoretical basis for main campaign messages.

Regarding the practices common for preadolescents and early adolescents, **mentoring** is also not applied across the board of prevention projects implemented in Serbia. While the analysis evidenced the inclusion of professionals, such as health workers and teachers, in some programmes, this was done mainly through group discussions, workshops, forums, and trainings, whilst one-to-one counselling, including follow-up sessions, are still not common practise.

Targeting early adolescents (but also adolescents and adults) through **brief interventions, workplace prevention programmes, prevention programmes in entertainment venues, community-based multi-component initiatives** was left out entirely. Since the programmes dedicated exclusively to early adolescents do not differ, neither in terms of

54 In addition, six more media campaign projects were developed for early adolescent age group and these include: “The Choice is Yours – DRUGS are a Failure - The Ministry of Interior; “2019: The Center for Youth Work- “The Challenge of 21 Days - promoting healthy lifestyles and preventing risky behavior” - The Ministry Of Youth And Sport; “2018: The Youth of JAZAS of Novi Sad- “Health is Knowledge” - the summer school of the Youth of JAZAS of Novi Sad for peer education in the field of HIV / AIDS prevention and addiction disease” -The Ministry Of Youth And Sport; “ 2018: The Youth of JAZAS of Kragujevac - “Safe party” - The Ministry Of Youth And Sport; “Stop - think – decide” - The Public Health Institute of Krusevac; “I want to know because I choose!” - The Public Health Institute of Subotica.

55 As stipulated by the Law, , the regime for alcoholic beverages is actually liberalized, when compared to the 2005 Advertising Law. The Law stipulates that advertising for alcoholic beverages is allowed: in print media, as long as the publication in case is not aimed at minors; in broadcast media, for beverages containing less than 20% alcohol by volume only after 6.00pm and before 6.00am, and for beverages containing more than 20% alcohol by volume only after 11.00pm and before 6.00am; online, for beverages containing less than 20% alcohol by volume only; outdoor, if not in the vicinity of kindergarten, school, health institution, or any other institution intended to minors, for beverages containing less than 20% alcohol by volume only; at sport events and in connection with the sports, for beverages containing less than 20% alcohol by volume only. See more on <http://www.zslaw.rs/serbias-new-advertising-law-effective-as-of-may-6-2016/>

characteristics nor evaluation, from the ones aimed at all age groups, they will not be discussed again.

5.2 Recommendations

As seen from the above analysis, Serbia has adopted several interventions aligned with international standards related to drug prevention. However, there is still room for improvement in several areas, including introduction of evaluations of programmes as integral part and the need to invest more in seeking synergies between programmes, etc. The following table presents an overview of the results of a comparative analysis of the programmes implemented in Serbia, their alignment with international standards and recommendations for their improvement.

Table 14. Overview of results of comparative analysis of programmes implemented in Serbia with international standards and recommendation for their improvement

Age group	Drug use prevention strategy as identified per Standards	Extent to which Serbian institution implement such strategies	Recommendation (what should Serbian institutions improve)
Middle childhood, early adolescence	Some Parenting skills programmes	Provision of minimum international standards, such as parental involvement and implementation of activities aimed at improvement of parenting skills. In only two cases programmes fully comply with international recommendations regarding parenting skills programmes.	Adaptation of parenting skills strategies in order to include a number of missing elements and characteristics.
Early adolescence, Adolescence	Prevention education based on social competence and influence	International standard comprehensively applied in comparison to other types of programmes in Serbia. Serbian programmes include almost all characteristics associated with positive outcomes.	Minor modifications of prevention education based on social competence and influence standards. Most notably, it is recommended that programmes be implemented through a series of structured sessions, which are missing across the board of institutions, and delivered by trained facilitators.
Middle childhood	Personal and social skills education	Serbian programmes include personal and social skills education strategies – both individually and combined with other interventions. Mostly, they apply half of the identified characteristics associated with positive outcomes.	Medium modifications of personal and social skills education standards. Across the institutions, it is recommended that programmes be implemented through a series of structured sessions and delivered by trained facilitators.
Middle childhood	Classroom environment improvement programmes	Two out of four classroom environment improvement programmes include almost all characteristics associated with positive outcomes. However, another two only managed to ensure active engagement of students.	Major modifications of classroom environment improvement programmes necessary to ensure alignment with international standards.

Age group	Drug use prevention strategy as identified per Standards	Extent to which Serbian institution implement such strategies	Recommendation (what should Serbian institutions improve)
Adolescents	Addressing individual psychological vulnerabilities	Notably, (only two) programmes addressing individual psychological vulnerabilities are delivered by trained professionals. Further analysis shows that these two are also the only interventions where international standard to this matter are applied.	Major modifications of programmes addressing individual psychological vulnerabilities in order to ensure alignment with international standards. It is recommended for programmes to include a number of characteristics associated with positive outcomes which they currently are lacking.
Early adolescence, Adolescence	Media campaigns	While media campaigns have been implemented by several institutions and their programmes, there is no evidence of the application of any of the internationally recognised characteristics associated with positive outcomes (targeted audience and theoretical basis)	Major modifications of media campaigns are recommended in order to align them with international standards.
Middle childhood	Policies to keep children in school	Serbian institutions do not implement this standard. Elementary school education is mandatory by current legislation.	
Early adolescence, Adolescence	School-wide programmes to enhance school attachment	Serbian institutions do not report on implementing this strategy.	Serbian institutions may consider introducing this strategy and aligning it with international recommendations.
Middle childhood, early adolescence	Addressing mental health disorders	Serbian institutions do not report on implementing this strategy.	Serbian institutions may consider introducing this standard and aligning it with international recommendations.
Early adolescence, Adolescence, Adulthood	Brief intervention	Serbian institutions do not report on implementing this strategy.	Serbian institutions may consider introducing this standard and aligning it with international recommendations.
Early adolescence, Adolescence,	School policies on substance use	Although most implemented international standards indirectly mandate that substances should not be used on school premises and during school activities, available data on Serbian institutions does not speak to implementation of this standard per se.	Serbian institutions need to introduce this standard and align it with international recommendations.
Early adolescence; Adolescence	Mentoring	Serbian institutions do not report on implementing this strategy.	Serbian institutions may consider introducing this standard and aligning it with international recommendations.
Early adolescence, Adolescence	Alcohol and tobacco policies	While Serbian legislation introduced alcohol and tobacco policies (see above in text), available data on Serbian institutions does not speak to the implementation of this standard.	Serbian institutions need to introduce this standard and align it with international recommendations.
Middle childhood, early adolescence, Adolescence, Adulthood	Community-based multi-component initiatives	Serbian institutions do not report on implementing this strategy.	Serbian institutions may consider introducing this standard and aligning it with international recommendations.

Annex 1. Detailed analysis of current situation in terms of provision of preventive programmes by institutions in Serbia

The Ministry of Interior actively implements preventive programmes for different age groups, including early childhood (6-10), preadolescence (11-14), early adolescence (15-18/19) and even one programme for adults. Implementation of programmes is based on the National Strategy for the Prevention and Protection of Children from Violence and its Action Plans, the Community Policing Strategy, and the Law on Police. Throughout the interventions, the Ministry took into consideration protective and risk factors and applied interactive activities aimed at engaging the students in practicing personal and social skills. Duration of most of the programmes was between 1-3 months. Some programmes, e.g., “Family Empowerment Project POP 10-14”, “Summer at the Olymp” project, the project “Drugs are Zero, Life is One”, the program “Fundamentals of Child Safety” lasted throughout the school year. Programmes designed by the Ministry of Interior are approved and agreed upon by the MoI and the MoEDT, which sets the foundations for their sustainability. In some cases, such as the programme “Fundamentals of Child Safety”, lectures are compulsory, and taught in classes of a Head Teacher. The majority of programmes has been financed by the republican budget, while some of them have received financial support from international organisations. For instance, “Fundamentals of Child Safety” was additionally supported by the OSCE Mission to Serbia. Data received from the MoI shows that the Ministry conducted evaluations of 4 completed programmes (including all age groups programmes), for which four evaluation reports were delivered, including reports on program implementation and participation in programmes. At the time of this report, nine (9) programmes are still ongoing, meaning that their evaluation reports are pending and for six (6) programmes there is no data on this matter.

Out of eleven projects conducted by the **Ministry of Education, Science and Technology Development**, little less than a half of them (5) target middle childhood (6-10) and/or preadolescent (11-14) children. Interventions are based on the Law on the Fundamentals of the Education System and The Rules on the Curriculum of Teaching and Learning, while the standards applied to two programmes are aligned with the existing standards. However, the curriculums for the remaining three regular school teaching programmes (“Physical and Health Education Teaching” programmes (1st-4th and for 5th-8th grades of primary schools) and “Biology classes” (5th-8th grades of primary schools)) were adopted before the introduction of new standards, which entails the need for their possible revision. Programmes are having different duration periods with selective interventions (e.g. “To Success Together”) lasting for 2 years, education programmes (e.g. Lion Quest Adolescent programme) running for 7 weeks, and regular school teaching programmes being implemented through regular classes. Financial support has been ensured through the OSCE, UNODC, the Ministry of Interior, MoEDT and the budget of Republic of Serbia. It has been reported that the sustainability of all programmes is guaranteed, without insights into mechanisms ensuring it, however. Analysis of available data shows that two programmes are being evaluated, while for the three regular school teaching programmes this is not the case, as they are only

being applied for the second year. The ministry and UNODC partnered in implementing the "Strengthening Family" programme (aimed at 10-14 year olds). Upon finalization of the programme, its model was taken up by the Zvezdara Municipality and Novi Beograd Municipality to be implemented in schools.

The Ministry of Youth and Sport implemented only one project targeting elementary school students (corresponding to middle childhood age (6-10) and preadolescence age (11-14)). The five-month programme "Youth Initiative for a Healthy and Active Life" was implemented through the Association Iskra Citizens, Loznica and included activities such as education, counselling, organizing public events, interactive lectures, workshops, etc. The programme was based on the National Youth Strategy 2015-2025 and the Action Plan 2018-2020 and applied standards on the increased number of peer educators, with the aim to improve youth skills to reduce risky behaviour. The programme foresaw an active engagement of young people in schools on this topic. Available data indicates that the programme sustainability was planned to be achieved through the work of the trainers after the programme's completion, though it is not clear how this would be ensured. Also, an evaluation in the form of a participant survey was planned to be conducted at the end of the project, but there is no clear indication whether this was done and how. Programme was financed through a public competition and the budgetary resources.

Through the project "Drug addiction prevention in schools", **The Institute of Public Health of Serbia** targeted the preadolescence and early adolescence groups, as well as teachers and parents. It was included in the record of activities in accordance with the instruction of the Commission for Drug Prevention in Schools. There is no more data available for this programme, as it will be gathered at a further stage of analysis.

The Public Health Institute of Leskovac conducted seven projects targeting preadolescents, but also early adolescents, adults and parents. All projects included lectures, workshops and peer education, while the minority of them⁵⁶ also included counselling, sporting activities, interactive forums, and competitions. The basis of their implementation were strategic documents, laws and bylaws, as well as principles underpinning the Roma Decade. Projects were implemented in cooperation with an NGO and the City of Leskovac (e.g. "The schools of Leskovac without drugs and violence"), as well as the Commission for Addiction Disease Control and Prevention of the Republic of Serbia. All programmes considered risk factors, while most of them also took into account protective factors. Only three programmes ("Prevention of addiction diseases of elementary school age of Roma nationality", "It is my right to live a healthy and happy life", "School Yes, Drugs No") are being implemented continually, while others were discontinued some years ago. However, all of them, with the exception of "The schools of Leskovac without drugs and violence" were sustainable, while an evaluation was conducted only for three of them. One project was evaluated after each training ("How to avoid the addiction trap?") and two before and after interactive training ("It is my right

56 The schools of Leskovac without drugs and violence; It is my right to live a healthy and happy life; School Yes, Drugs No.

to live a healthy and happy life”, “School Yes, Drugs No”). Financial means were provided through various channels such as educators, the Ministry of Health, EU Progress, the City of Leskovac, and the Institute for Public Health Leskovac.

The Public Health Institute of Cacak conducted the programme “Drug Abuse Programme in Schools”, providing selective prevention and targeting preadolescents and early adolescents. It was conducted through workshops, lectures, and peer education and was based on a strategic document. The project applied various standards, such as age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse (perception of abuse risk); breaking the misconceptions about the normative nature and expectations of drug abuse, with occasional lectures as the primary strategy. The timeframe for implementation was the school year 2019/2020, but due to its planning, was not sustainable. However, evaluation in the form of an entrance/exit test was secured. There is no data on financial support available.

Targeting preadolescents and early adolescents and utilizing lectures and interactive forums, **The Public Health Institute of Sabac** conducted the programme “Drug Abuse Programme in Schools”. Regarding the applied standards, a part of the programme aimed at students in particular, providing “interactive activities that engage students in practicing personal and social skills (confronting the social pressures of drug use and developing healthy responses to challenging life situations, practicing coping skills, decision-making and resisting risky ones behaviours)”, while the preventive parent-oriented activities included the development of “parenting skills” (setting age-appropriate rules and boundaries, controlling and quality structuring children’s leisure time, parental involvement in children’s lives - monitoring their activities and friendships, involvement in their learning and education, communication skills, support for parents on how to become role models for their children...). Also, the programme included education of students with clear school rules regarding drug use on the school premises, and consistent application of those rules and interventions / procedures in case of their violation (adherence to the Protocol on handling in the presence and use of psychoactive substances in educational institutions). The programme lasted less than a year and was terminated due to the success of having achieved a coverage of 65% of the targeted audience, per recommendation of the Ministry, while evaluation was ensured through exit and entrance questionnaires.

Throughout the school year 2018/2019, **the Public Health Institute of Sremska Mitrovica** conducted the project “Prevention of drug abuse in schools” aimed at preadolescent and early adolescent students. Prevention was implemented through lectures, workshops, and interactive forums, was based on Methodological instructions for working with drug prevention teams among primary and secondary school students, and applied the same set of standards as the above-mentioned “Drug Abuse Prevention Program in Schools” project. The Institute for Public Health of Serbia “Dr Milan Jovanovic Batut” was responsible for the evaluation, which was conducted through entrance and exit testing of students who attended the public forums.

The Public Health Institute of Požarevac conducted three projects targeting early adolescents, adults, and the general population through the application of interactive forums, workshops and lectures, mass media information and peer education. Implementation was based on the National Programme of Health Promotion of General Interest, the National Youth Strategy, the Health Care Strategy, the National HIV Strategy, the Local Action Plan for Pozarevac, and the Action Plan for the implementation of the Strategy on Prevention of Drug Abuse and the Commission of the Government of the Republic of Serbia for the prevention of drug use in schools from 2018. Only one project, "Prevention of drug abuse in schools" stated that it brought on board teams with doctors, teachers, psychologists, pedagogues, social workers, police officers, and judges/prosecutors, who participated in the implementation of prevention programmes. As regards the applied standards, one programme ("Prevention of drug abuse in schools") was conducted by trained professionals from different sectors of society and with the coordination of public health experts in the form of interactive discussions with students, parents and teachers, while another one followed contemporary professional-medical and doctrinal views in the field of improving the health of children and young people, took into account the perspective of public health professionals' work, and applied methods of active teaching in youth work and methods of community organization that include both youth and general population. The third project employed interactive activities that engage students for skills development and age-appropriate discussions with peer educators in the presence of health professionals and teaching staff. While two projects lasted for several months, one ("Coordination, planning, organization and implementation of health promotion activities specifically targeted at vulnerable population groups" (pregnant women, young and pre-school children, school children, persons over 65 years of age and persons with disabilities)) runs every year from January 1st to December 31st. Sustainability for two projects, "Coordination, planning, organization and implementation of health promotion activities specifically targeted at vulnerable population groups" and a project of the Youth of JAZAS Pozarevac: "I know what I want, Drug I will not!", has been ensured through the programmes' inclusion as part of regular and planned health education activities and through peer educators, respectively, while the other one has not been continued due to a lack of funding. Evaluation has been conducted for 2 projects in the form of student surveys at the beginning and end of the programme and the annual and five-year analysis of the activities. Financing (for the two sustainable projects) was ensured through the budget of the Institute for Public Health and City of Pozarevac.

The Institute for Public Health of Vojvodina implemented eleven (11) programmes for middle childhood and preadolescent children, as well as early adolescents, parents and early childhood children (0-5 years), late adolescents (20-25) and adults (over 25). The forms of intervention included peer education, lectures, demonstration of "drunk goggles" (PAS simulation), interactive forums, and creating a brochure for parents "Addiction Diseases: I Don't Want It to Happen to My Family and I'm Working on It". These programmes had various basis of implementation including education on the harmful effects of drugs and preventive measures, combating drug abuse in schools, information, awareness of the consequences of PAS abuse, developing emotional competence in

children, addiction and Disease Prevention. Their duration differed, with most of them lasting for several months, and three projects⁵⁷ running all year for a total of 3-4 years. It is notable that they all applied a series of standards as, for example, interactive activities that engage students in the exercise of personal and social skills and practicing coping skills, decision making and resisting risky behaviors; age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use; breaking the misconceptions about the normative nature and expectations regarding drug abuse; non-interactive methods, lectures, as the primary strategy. For only one project, "Health Education Material", there is no data on utilized standards. All programmes were considered sustainable as they contain(ed) applicable and effective programme intervention activities. They were all evaluated through (pre and post) questionnaires on particular activities, e.g. prevention of PAS abuse in schools, health education resources, while in one case the sole demonstration of the harmfulness of PAS abuse on the SA and WITHOUT "drunk goggles" polygon is considered evaluation. Projects were financed by City Administration for Health of the City of Novi Sad, AP Vojvodina and the state budget.

Using workshops, peer education, focus groups, debates, and lectures, **the Institute for Public Health of Niš** developed programmes targeting early school-age children, preadolescents, adolescents, teachers, and parents. Normative basis for all projects (except one) were the Law on Health Care, The Youth Strategy, the Strategy on Combating Drug Abuse, Programmatic Assignment under Programs of General Interest. These programmes included coordination, planning, organization and implementation of health promotion activities specifically targeting vulnerable population groups (pregnant women, young and pre-school children, school children, persons over 65 years of age and people with disabilities). Besides, all of these programmes included standards of the group at increased risk. Although programmes are still being implemented continually, they are all evaluated, with the exception of the "Prevention of PAS use among students" project. Programmes' sustainability has been ensured either through (ministry) funding ("Addiction prevention in schools" and „Prevention of PAS use among students") or by incorporating it as a regular activity ("Parenting skills" and "Peer education in drug prevention"). Programmes were financed by the Republic of Serbia or Municipality of Nis.

The Public Health Institute of Subotica conducted two projects targeting preadolescents, early adolescents, teachers, parents, and youth on social networks. Two projects were aimed exclusively at early adolescents, while employing different forms of interventions. These included interactive lectures with presentations, interactive forums, multimedia forums, quiz competitions, promotion of physical activity and contact with nature, prize competitions for video clips, a media campaign on social networks, public discussions with high school students, parents and children together, as well as an action on the FB page of the project " I'm Against Drugs Because ... ". The basis of the implementation were laws and bylaws, programme work at the institute level in the Republic of Serbia,

57 Health Education Material; Say How You Feel, developing emotional skills in children; 8 projects on the prevention of tobacco and alcohol abuse sponsored by the City Administration for Health of the City of Novi Sad.

competition for the implementation of the Action Plan on Combating Drugs Abuse in AP Vojvodina 2014/2015, a partnership with the association Restart from Novi Sad, Subotica Youth Office, Subotica and AP Vojvodina high schools, competition for funding or co-financing programmes, and projects in the youth sector. All projects applied the standards of age-appropriate conduct of discussions on various socially-spread beliefs, attitudes, positive and negative expectations regarding drug use, including the consequences of abuse (perceptions of abuse risk), breaking the misconceptions about the normative nature and expectations regarding drug abuse, interactive activities with students, getting familiar with clear school rules, parental involvement, creative overcoming of developmental problems and useful leisure. Projects were implemented differently over a few months, one year, or continuously over the last eight years. Sustainability was managed through active cooperation with primary and secondary schools, teams of educators and circulation of messages on social networks. Evaluations were conducted for two projects, one project was only evaluated partially, and for the fourth project there is no data available. Projects were financed through the budget of the Republic of Serbia, the Provincial Secretariat for Sport and Youth, or the City of Subotica.

The Public Health Institute of Uzice conducted the “Addiction prevention in Zlatibor district schools for 7th grade elementary and 1st grade high school students” project, targeting preadolescents, early adolescents, and adults during the school year 2018/2019. Its implementation was based on a project of the Office for Combating Drugs of the Government of the Republic of Serbia and included preventive working standards. There was neither evaluation conducted, nor was the programme’s sustainability ensured. The project was financed by the Ministry of Health of the Republic of Serbia.

The Public Health Institute of Cuprija developed programmes targeting preadolescents, early adolescents, adults, and older individuals (parents). They were conducted through lectures, workshops, interactive forums, education of educators and their basis were the Ministry of Health of the Republic of Serbia, and the Public Health Institute. All programmes were grounded in International Standards for prevention of drug use in working with students and lasted from several months to one year. Sustainability has been ensured for only one of them, while evaluation for one has been conducted in the form of entrance and exit tests (there was, however no feedback), while for the other programmes there is no data available. Funding for one project was ensured through the Ministry of Health, while for other no financial support was foreseen.

Utilizing interactive forums, lectures, and workshops in schools, **the Public Health Institute of Zrenjanin** developed the “Recognizing Narcotic Drugs and Signs of Abuse” (for teachers only) and “A Thousand Why and Only One Because” (aimed at preadolescents) projects and initiated them within the framework of the plan of the Commission for Drug Prevention in Schools. The “A Thousand Why and Only One Because” programme applied a series of standards including international standards for the prevention of drug use in work with students, for example interactive activities of practicing personal and social skills in work with students, but without individual work with the students or preventive programmes with parents. The project was implemented in the first

half of the 2018/2019 school year and included 14 education activities conducted by the team of lecturers. Since then, the programme has been discontinued due to the inability to merge work and programme activities, unclear professional-methodological instructions, a lack of financial compensation, and with its sustainability not ensured. It was, however, evaluated.

Utilizing workshops, lectures, peer education, interactive forums, a regular form of primary care assistance, **the Public Health Institute of Valjevo** conducted two projects aimed at preadolescents, early adolescents, and adults. The basis of the implementation were the Law on Health Care and the Commission of the Government of the Republic of Serbia for Drug Prevention in Schools, while the applied standards included interactive workshops aimed at developing personal and social skills, activities that develop a good classroom atmosphere nurturing prosocial behaviour and reducing inappropriate, and programmes that develop parenting skills. One of them has been implemented for the last 5 years throughout the year, and the second one for several months. While both have had the internal evaluation, only one has ensured sustainability. Funds are coming from the Government of the Republic of Serbia and the Ministry of Health.

Addiction to “ignore”

- 660 students from 11 secondary schools in Pancevo were included
- 293 papers (284 posters and 9 films)
- 410 students from 11 elementary schools and 4 secondary schools from the territory of AP Vojvodina
- 1000 leaflets and 200 posters were distributed with 46 media presentations and
- Over 60 000 views of 343 content posts on FB page
- 673 young people participated in the research
- 166 adults participated in the public presentation of the project and the awarding ceremony

The Public Health Institute of Pancevo conducted programmes targeting preadolescents, early adolescents, and adults by utilizing lectures, workshops, interactive forums, a competition for the best poster and film on the topic of drug addiction, research, promotion of works via a dedicated Facebook page of the project and media, distribution of leaflets in Serbian and minority languages, and distribution of the winning poster. Basis of their implementation was the Strategy for the Prevention of Drug Abuse 2014-2021, the Pancevo Youth Care Strategy 2014-2017, the National Youth Strategy from 2015 to 2025, the Youth Policy Action Plan in AP Vojvodina for the period 2015-2020, the Action plan for the implementation of the National Youth Strategy for the period 2015-2017, and the fact that these

were projects of the Ministry of Health and the Ministry of Education of the Republic of Serbia. One project did not provide any information about the applied standards, while the others name several: preventive interventions involving parents, developing parenting skills, education of students with clear school rules regarding drug use in school premises, interactive activities that engage students in the exercise of personal and social skills (confronting the social pressures of drug use and developing healthy responses to challenging life situations, practicing coping skills, decision-making and resisting risky behaviors), discussing different social beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse (perception

of the risk of abuse), breaking the misconception of the nature and expectations related to drug abuse, and interactive workshops. One project lasted for one school year (Addiction to “ignore”), whilst the other one has been continually running for 15 years (“Drugs are Gambling with Life”), and their sustainability is ensured by refinancing either through a project or from the RS budget, or by continuous school interest, respectively. There is no data on the sustainability of the programme “School YES, Drug NO”. All programmes were evaluated and included project reports on the number of students, schools, adults, submitted papers, distributed promotional material and media appearances, assessment of the school’s professional service, research of changes in students’ knowledge, and pre- and post-education surveys. However, no impact analysis was conducted. The Provincial Secretariat for Sport and Youth and Ministry of Health financed programmes.

Utilizing workshops and lectures, **the City Institute for Public Health of Belgrade** is conducting the “Creative workshop with schoolchildren on prevention of drug abuse” and “Education of parents and students on the topic of drug abuse prevention in schools” projects, both dealing with universal prevention and aimed at early school childhood and pre-adolescent children, adolescents, parents and teachers. Implementation was based on The Drug Strategy in the Republic of Serbia 2009-2013, the Strategy for Combating Drug Abuse 2014-2021, and the Operational Plan for the Implementation of the Drug Abuse Prevention Program in Schools. Sustainability of both has been partly ensured, with one project running since 2010 and the other one since 2018. Process evaluation was conducted and has shown improvement of the level of knowledge, satisfaction of the trainees (educators and associates), satisfaction with the implementation of the entire program and student satisfaction. One project was funded through the project competition, while the other one did not receive any particular funding.

Utilizing workshops, lectures, peer education, interactive forums, and information through mass media, **the Public Health Institute of Kraljevo** conducted projects aimed at middle childhood, preadolescent and early adolescent children, teachers, and parents. Basis of their implementation was The Operational Plan of the RS Government Commission. All programmes applied interactive discussions with students, parents and teachers overseen by trained professionals from different sectors of society, with the coordination of public health experts. Two of them (“Coordination, organization, planning, and implementation of health promotion specifically targeting vulnerable population groups” and “Little School of Health”) lasted during the calendar year and were financially sustainable. The programme “Prevention of drug abuse in schools” lasted for less than a year and its sustainability could not be ensured, since there were no dedicated means to further implement it. Evaluation was conducted through pre- and post-activity surveys (“Prevention of drug abuse in schools”), as well as annual and a five-year analyses of the activities (“Coordination, organization planning and implementation of health promotion specifically targeting vulnerable population groups”), or the analysis published by professional papers (“Little School of Health”). They were financed through the budget

support of the Institutes for Public Health or the resources from the participating partners. (CK (Crveni Krst, eng. Red Cross) Kraljevo and Library).

The Public Health Institute of Novi Pazar conducted a programme titled “Drug abuse prevention in schools” targeting preadolescent and early adolescent children and lasting for less than a year. The intervention was conducted in the form of lectures and interactive forums and was based on the Government commission of the Republic of Serbia. It has implemented the international standards including prevention of drug abuse in older elementary school age and in work with high school students, and preventive activities directed to parents. Sustainability was not ensured due to a lack of budget, while an evaluation was performed (the results were not evaluated).

The Public Health Institute of Kragujevac conducted projects for early school childhood children, preadolescents, early adolescents, and adults utilizing lectures, discussions, and advisory work as the forms of intervention. They were based on the Law on Health Care, the Public Health Law, the Public Health Strategy, Drug Abuse Strategy, the Public Health Plan of the City of Kragujevac, the Government of the Republic of Serbia and line ministries and lasted mostly for one year with one of them being implemented continually. Programmes applied a series of standards, including providing information on intoxicants, interactive activities that engage students in acquiring knowledge and practicing personal and social skills (confronting the social pressures of drug use and developing healthy responses to challenging life situations, practicing coping skills, decision making and resisting risky behaviours), age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse (perception of abuse risk), advice on suspected drug abuse, educating students (future educators) with the help of health professionals from the Institute for Public Health. Sustainability was ensured for one for one project as well as evaluation, conducted through both entrance and exit tests. No data for other projects is available.

The Public Health Institute of Pirot conducted a number of programmes aimed at preadolescent and early adolescent children. For the intervention, the Institute applied a range of different forms such as motivational interviews, interactive forums for students and teachers, workshops, and lectures. Their basis for programme implementation was the Law on Public Health, the Drug Strategy, the LPA project for children from Pirot; the 2013 - 2017 National Action Plan for Children 2004-2015; the Youth Counselling Centre, and the Law on the Protection of the Population from Infectious Diseases. These programmes included focus on protective and risk factors. The programmes lasted from one month to one year (continuously). Across all projects, sustainability was ensured through staff training, while evaluations were conducted for only two out of around 20 projects. Programmes are funded either from the federal budget or the budget of the City of Pirot.

Early adolescence (15-18)

This section includes only projects developed exclusively for this age-group, since the programmes applicable to several age-groups, including early adolescence, are presented in the in the above section. In addition and based on the UN's definition of youth as youngsters between 15-19 years,⁵⁸ this section includes all projects related to "youth" as well as "young people" and "students."

All projects conducted by **the Ministry of Interior** utilized lectures as the main form of implementation, while some of them were enriched with discussions for students, educational movies, interviews with experts, and surveys on students' foreknowledge, attitudes and experiences. All of them took into consideration protective and risk factors, with one of them ("Together Against Drugs for Safer Sombor") applying also age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse, and three programmes using interactive activities that engage students in practicing personal and social skills (The project "Graduation"; "Be Smart, Overcome the Challenge. Drugs are Zero, Life is One"; Choose to Decline;). The project "Graduation" has been continuously active since the 2017/2018 school year, while all others lasted only for a few months. Sustainability has been provided solely for the project "Graduation", as it has been approved by several ministries, the Office for Combating Drugs of the Government of the Republic of Serbia, and the Agency for Traffic Safety, while other projects are either still lasting or there is no data provided. The same is true in terms of project evaluations (see Table 23). The project "Graduation" has been implemented within the framework of regular jobs for which funds from the budget have been provided, while the majority of the remaining projects were funded through the federal budget and two of them, "Choose Life, Drugs are a Failure" and "Save Your Life, Choose Youth Not Craziiness" additionally through the OSCE Mission.

The Ministry of Education, Science and Technology Development conducted three programmes utilizing regular school teaching and basing them on the Rules on the curriculum of teaching and learning and The Law on the Fundamentals of the Education System. All programmes' sustainability were ensured since "Physical and Health Education Teaching" and Teaching elective programme "Health and Sports" were conducted through regular classes, while the "Student Health Care Program" including the PAS prevention programme was a part of the school annual work plan and school programme. They were financed through the budget of Republic of Serbia and were not evaluated.

So far, all programmes implemented by **the Ministry of Youth and Sport** were aimed at the early adolescents and higher age-groups. Such programmes applied an array of forms of intervention including education, counselling, organizing public events, interactive lectures, workshops, seminars, trainings, social networks, courses. "We don't TALK to Others, We Talk to You", a mental health support programme for the youth of

⁵⁸ <https://www.un.org/en/sections/issues-depth/youth-0/index.html>

the municipality of Velika Plana, offered psychological workshops, online counselling centres, individual counselling centres, and therapeutic work of psychological counselling centres. Similarly, programmes apply various internationally recognized standards such as an increased number of peer educators, improvement of youth skills to reduce risky behaviour and active engagement of young people in schools on this topic, development of language competencies in risk prevention in vulnerable groups, psychological and educational support, education of young people, parental involvement, and workshops for risk prevention. There are high prospects for the sustainability of projects, largely due to after-programme involvement of trainers and educators and in some cases through partnerships with schools or integration of main themes into other regular projects, while all of them were financed through a public competition from the budgetary resources. So far, evaluation for 7 projects is expected in the form of report, while the project “2018: The Youth of JAZAS of Kragujevac - Safe party” conducted exit testing of the educators’ knowledge and skills and student satisfaction and “2017: The Adventure Association - “Peer Education in the Prevention of Doping in Sport” analysed the achieved knowledge and published a report.i objavljen izveštaj.

The Public Health Institute of Kruševac conducted the “Stop - think – decide” project, utilizing workshops, lectures, peer education and research, and applying a wide spectrum of standards, including various interactive activities aimed at students practicing their social and personal skills through role plays, sketches, Power Point presentations, and radio shows. Besides, based on the previously conducted participants survey, the project included discussions on attitudes, positive and negative expectations regarding drug use and personal perceptions of the risks of abuses, peer education through quizzes between classes and schools, performing sketches on coping with the social pressures of drug use, and resisting risky behaviour. The project was financed by the City of Kruševac and lasted for several months, with its sustainability ensured, as there is a notable interest of young people in these topics. Evaluation has been conducted in the form of a quiz competition.

The Institute for Public Health of Pozarevac conducted one project, utilizing peer education and applying interactive activities that engage students in skills development, as well as age-appropriate discussions with peer educators in the presence of health professionals and teaching staff. It was based on the National Youth Strategy, the Health Care Strategy, the National HIV Strategy, and the Local Action Plan for Pozarevac and lasted for around seven months, financed by the City of Pozarevac. Its sustainability was ensured through peer educators, but there is no data on evaluation available.

The Institute for Public Health of Vojvodina conducted the “Health education on reproductive health of high school students in Vojvodina” project, utilizing non-interactive lectures as the primary strategy. Moreover, an array of other methods/standards was employed, including creative workshops (lasting 90 minutes) focused on the prevention of PAS abuse and impact of sexual health, a handbook covering the PAS abuse, interactive activities that engage students in the exercise of personal and social skills (confronting the social pressures of drug use and developing healthy responses to

challenging life situations, practicing coping skills, decision making and resisting risky behaviours), age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse (perception of risk of abuse), and breaking the misconceptions about the normative nature and expectations regarding drug abuse. It lasted for three years, is sustainable as a result of its applicable and effective intervention activities and was financed by AP Vojvodina and the Secretariat for Sport and Youth. The programme was evaluated through pre intervention and post intervention survey questionnaires.

Conducting projects exclusively targeting early adolescents, ***the Public Health Institute of Subotica*** utilized numerous methods of implementation and applied different internationally aligned standards. Utilized methods included multimedia forums, quiz competitions, promotion of physical activity and contact with nature, a prize competition for video clip, a media campaign on social networks for the “I want to know, because I choose!” project, joint and separate public discussions with students and parents, and action on the FB page of the project “ I’m Against Drugs Because ...” for the “Learn More - Save Your Life!” project. Projects applied standards of interactive and creative activities, including discussions on relevant topics and familiarization with school rules and parents’ involvement. One project lasted for four months, with the other one running around the year. Their sustainability was ensured through recorded videos and messages on social media networks, which continue to exist. The project “I want to know, because I choose!” was financed through the Provincial Secretariat for Sport and Youth and “Learn More - Save Your Life!” through the budget of the City of Subotica. One project was evaluated to some extent, while for the other one there is no data available (See the table 29).

The Public Health Institute of Cuprija conducted a project delivered through workshops and lectures, applying the international standards for prevention of drug use in working with students. The project lasted for around 3 months, with its sustainability ensured (without providing more details on the sustainability mechanism), while evaluation was planned for January 2020. No data exist on whether this evaluation was conducted.

Most data on the project conducted by ***the Public Health Institute of Zrenjanin***, including the name of the programme conducted, is missing, although it has been noted that an evaluation was conducted through questionnaires which were filled in by students (549) and then forwarded to the Institute of Public Health of Serbia “Dr Milan Jovanovic Batut” (IPHS). Sustainability of the programme has been impaired as the team is too large and team members are lacking motivation. To ensure sustainability, team sizes should be reduced, lectures conducted at more convenient times of the day, and better education and financial compensation for team members should be provided.

Every year, ***the Public Health Institute of Kraljevo*** conducts a one-month long project aimed at the Red Cross Youth in Kraljevo and bases it on the intersectoral cooperation between the Red Cross and the Institute for Public Health. It is conducted in the form of workshops, lectures, and peer educators’ preparation, and applies standards

for the interactive activities with a focus on skill development with selected student representatives for peer educators. Evaluation is conducted through analysis, and the programme is financed by the participating partners (Red Cross and the Institute for Public Health). Its sustainability has been ensured since it is conducted on a yearly basis.

Applying standards of health professionals being engaged in educating students to be future educators, and subsequently conducting the programme by educated peers, **the Public Health Institute of Kragujevac** conducted the “Health promotion program through peer education” project, which lasted for around 6 months. It was based on the Law on Public Health, the Public Health Strategy, the Public Health Plan of the City of Kragujevac and its sustainability has been ensured since educators will educate their peers in high school. Besides this, there is no further data available.

Most of the projects by **the Public Health Institute of Pirot** were conducted through several lectures and workshops, while some of them (“Addiction and Youth”; “Psychoactive Substance Prevention (2018)”; “Narcotic Drugs and Alcohol Effect”; “Addiction Diseases - PAS Indicated prevention - Continuity from 2014-2019”; “ Drug Addiction Prevention - Universal Prevention Babušnica”; “Motivation to reduce the use of PAS - Indicated prevention - DPST Counselling Centre”; “Addiction prevention - universal prevention of Public Health Institute of Pirot”) applied exclusively motivational interviews. All programmes included protective and risk factors and were based on the Law on Public Health. They were all financed through the federal budget, and have mostly lasted throughout the years since 2014, 2015 and 2017 respectively, with several exceptions that lasted only for a month or a year.⁵⁹ All programmes have ensured sustainability through educated staff, and an evaluation was conducted for only one of them, “Motivation to reduce the use of PAS - Indicated prevention - DPST Counselling Centre”, since for the last 6 years of the programmes implementation, 11% of all motivational interviews (tested in DPST) have been interviews with PSA users.

59 “Your No changes everything - November 2014”; “Your No changes everything – November 2015”; “Your No changes everything – November 2016”; “Your No changes everything – November 2017”; “Your No changes everything – November 2018”; “Drug Addiction prevention - universal prevention of Public Health Institute of Pirot- 2018”.

Annex 2. Overview of comparative analysis of programmes implemented in Serbia with international standards

Parenting skills programmes

Table 15. Overview of comparative analysis of programmes implemented in Serbia with international standards on parenting skills programmes

Strategy	Characteristics that are applied per overview	Characteristics that are associated with positive outcomes	Characteristics that are not applied per overview Characteristic that are associated with no or negative outcome (highlighted in red)	Assessment
- Drug Abuse Program in Schools (The Public Health Institute of Sabac)	Programs that develop parenting skills (setting age-appropriate rules and boundaries, controlling and quality structuring children's leisure time, parental involvement in children's lives - monitoring their activities and friendships, involvement in their learning and education, communication skills, support for parents on how to become role models for their children...)	Workshop; Preventive interventions involving parents, programs that develop parenting skills Enhance family bonding; Supporting parents to take active role in their children's lives; Supporting parents on how to provide positive and developmentally appropriate discipline; Supporting parents on how to be a role model for their children; Organised in a way to make it easy and appealing for parents to participate; A series of sessions (often around 10 sessions); Activities for the parents, the children and the whole family; Delivered by trained individuals;	Organised in a way to make it easy and appealing for parents to participate; A series of sessions (often around 10 sessions) Delivered by trained individuals;	Programme applies more than a half of characteristics recognised to bring positive outcomes. Programme should undertake minor modifications to align completely with international standards.
- Prevention of drug abuse in schools (Sremska Mitrovica)	Lectures, workshops, interactive forums; programs that develop parenting skills (setting age-appropriate rules and boundaries, controlling and quality structuring children's leisure time, parental involvement in children's lives - monitoring their activities and friendships, involvement in their learning and education, communication skills, support for parents on how to become role models for their children...)	Workshop; Preventive interventions involving parents, programs that develop parenting skills Enhance family bonding; Supporting parents to take active role in their children's lives; Supporting parents on how to provide positive and developmentally appropriate discipline; Supporting parents on how to be a role model for their children; Organised in a way to make it easy and appealing for parents to participate; A series of sessions (often around 10 sessions); Activities for the parents, the children and the whole family; Delivered by trained individuals;	Organised in a way to make it easy and appealing for parents to participate; A series of sessions (often around 10 sessions) Delivered by trained individuals;	Programme applies more than a half of characteristics recognised to bring positive outcomes. Programme should undertake minor modifications to align completely with international standards.

<p>- School Yes, Drug No Campaign (The Public Health Institute of Valjevo)</p>	<p>Programs that develop parenting skills</p>	<p>Workshop; Preventive interventions involving parents, programs that develop parenting skills Enhance family bonding; Supporting parents to take active role in their children's lives; Supporting parents on how to provide positive and developmentally appropriate discipline; Supporting parents on how to be a role model for their children; Organised in a way to make it easy and appealing for parents to participate; A series of sessions (often around 10 sessions); Activities for the parents, the children and the whole family; Delivered by trained individuals;</p>	<p>Enhance family bonding; Supporting parents to take active role in their children's lives; Supporting parents on how to provide positive and developmentally appropriate discipline; Supporting parents on how to be a role model for their children; Organised in a way to make it easy and appealing for parents to participate; A series of sessions (often around 10 sessions); Activities for the parents, the children and the whole family; Delivered by trained individuals;</p>	<p>Programme applies only minimum characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards. More details on the content of programme is necessary.</p>
<p>- School YES, Drug NO" - universal prevention (The Public Health Institute of Pancevo)</p>	<p>Preventive interventions involving parents; programs that develop parenting skills; interactive workshops</p>	<p>Workshop; Preventive interventions involving parents, programs that develop parenting skills Enhance family bonding; Supporting parents to take active role in their children's lives; Supporting parents on how to provide positive and developmentally appropriate discipline; Supporting parents on how to be a role model for their children; Organised in a way to make it easy and appealing for parents to participate; A series of sessions (often around 10 sessions); Activities for the parents, the children and the whole family; Delivered by trained individuals;</p>	<p>Enhance family bonding; Supporting parents to take active role in their children's lives; Supporting parents on how to provide positive and developmentally appropriate discipline; Supporting parents on how to be a role model for their children; Organised in a way to make it easy and appealing for parents to participate; A series of sessions (often around 10 sessions); Activities for the parents, the children and the whole family; Delivered by trained individuals;</p>	<p>Programme applies only minimum characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards. More details on the content of programme is necessary.</p>
<p>- Drug Abuse Prevention In Schools (The City Institute for Public Health of Novi Pazar)</p>	<p>Preventive activities directed</p>	<p>Workshop; Preventive interventions involving parents, programs that develop parenting skills Enhance family bonding; Supporting parents to take active role in their children's lives; Supporting parents on how to provide positive and developmentally appropriate discipline; Supporting parents on how to be a role model for their children; Organised in a way to make it easy and appealing for parents to participate; A series of sessions (often around 10 sessions); Activities for the parents, the children and the whole family; Delivered by trained individuals;</p>	<p>Enhance family bonding; Supporting parents to take active role in their children's lives; Supporting parents on how to provide positive and developmentally appropriate discipline; Supporting parents on how to be a role model for their children; Organised in a way to make it easy and appealing for parents to participate; A series of sessions (often around 10 sessions); Activities for the parents, the children and the whole family; Delivered by trained individuals;</p>	<p>Programme applies only minimum characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards. More details on the content of programme is necessary.</p>

<p>UNODC-Strengthening Family Programme 10-14 (Ministry of Education, Science and Technology Development, Ministry of Interior)</p>	<p>Workshop; Preventive interventions involving parents, programs that develop parenting skills; Enhance family bonding; Supporting parents to take active role in their children's lives; Supporting parents on how to provide positive and developmentally appropriate discipline; Supporting parents on how to be a role model for their children; Organised in a way to make it easy and appealing for parents to participate; A series of sessions (often around 10 sessions); Activities for the parents, the children and the whole family; Delivered by trained individuals</p>	<p>Workshop; Preventive interventions involving parents, programs that develop parenting skills; Enhance family bonding; Supporting parents to take active role in their children's lives; Supporting parents on how to provide positive and developmentally appropriate discipline; Supporting parents on how to be a role model for their children; Organised in a way to make it easy and appealing for parents to participate; A series of sessions (often around 10 sessions); Activities for the parents, the children and the whole family; Delivered by trained individuals;</p>		<p>Programme applies all characteristics suggested by the International Standards.</p>
---	---	--	--	--

Personal and social skills (middle childhood)

Table 16. Overview of comparative analysis of programmes implemented in Serbia with international standards on personal and social skills

Strategies	Characteristics that are applied per overview	Characteristics that are associated with positive outcomes	Characteristics that are not applied per overview Characteristic that are associated with no or negative outcome (highlighted in red)	Assessment
The program "Fundamentals of Child Safety" (Ministry of Interior)	Interactive activity engaging students in practicing social and personal skills; enables students to acquire knowledge, skills and attitudes that will contribute to the development of children's safety culture; Classes are conducted by police officers of the Ministry of Internal Affairs who have knowledge and skills in the relevant areas studied in the subject; The teaching methods used are: oral presentation, conversation and demonstration. The following teaching aids are used: visual (drawings, pictures, and photographs), audio-visual (videos) and text (manuals)	Improves a range of personal and social skills; Delivered through a series of structured sessions, often providing booster sessions over multiple years; Delivered by trained teachers of facilitators and sessions are primarily interactive	Delivered through a series of structured sessions	Programme applies almost all characteristics recognised to bring positive outcomes. Programme should undertake only a minor modification to align completely with international standards.
- Project "Summer at the Olymp" (Ministry of Interior)	Workshop; Interactive activities engaging students in practicing social and personal skills	Improves a range of personal and social skills; Delivered through a series of structured sessions, often providing booster sessions over multiple years; Delivered by trained teachers of facilitators and sessions are primarily interactive	Improves a range of personal and social skills; Delivered through a series of structured sessions; Delivered by trained teachers or facilitators	Programme applies only minimum characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards. More details on the content of programme is necessary.
- The project "Drugs are Zero, Life is One" (Ministry of Interior)	Interactive activities engaging students in practicing personal and social skills	Improves a range of personal and social skills; Delivered through a series of structured sessions, often providing booster sessions over multiple years; Delivered by trained teachers of facilitators and sessions are primarily interactive	Improves a range of personal and social skills; Delivered through a series of structured sessions; Delivered by trained teachers or facilitators	Programme applies only minimum characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards. More details on the content of programme is necessary.

- Don't Destroy Yourself, Just Say NO to Drugs (Ministry of Interior)	Interactive activities that engage students in practicing personal and social skills.	Improves a range of personal and social skills; Delivered through a series of structured sessions, often providing booster sessions over multiple years; Delivered by trained teachers or facilitators and sessions are primarily interactive	Improves a range of personal and social skills; Delivered through a series of structured sessions; Delivered by trained teachers or facilitators	Programme applies only minimum characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards.
- The Choice is Yours – DRUGS are a Failure (Ministry of Interior)	Printing promotional material, media presentation, meeting with project institutions, distribution of IEC material, education in schools; Interactive activities that engage students in practicing personal and social skills	Improves a range of personal and social skills; Delivered through a series of structured sessions, often providing booster sessions over multiple years; Delivered by trained teachers or facilitators and sessions are primarily interactive	Improves a range of personal and social skills; Delivered through a series of structured sessions; Delivered by trained teachers or facilitators	Programme applies only minimum characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards.
- Drug Abuse Program in Schools (The Public Health Institute of Sabac)	Interactive forums; Interactive activities that engage students in practicing personal and social skills (confronting the social pressures of drug use and developing healthy responses to challenging life situations, practicing coping skills, decision-making and resisting risky behaviours)	Improves a range of personal and social skills; Delivered through a series of structured sessions, often providing booster sessions over multiple years; Delivered by trained teachers or facilitators and sessions are primarily interactive	Delivered through a series of structured sessions; Delivered by trained teachers or facilitators	Programme applies half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards.
- Prevention of drug abuse in schools (The Public Health Institute of Sremska Mitrovica)	Workshops; Interactive forums; Interactive activities that engage students in practicing personal and social skills (counteracting the social pressures of drug use and developing healthy responses to challenging life situations, practicing coping skills, decision-making and resisting risky behaviours)	Improves a range of personal and social skills; Delivered through a series of structured sessions, often providing booster sessions over multiple years; Delivered by trained teachers or facilitators and sessions are primarily interactive	Delivered through a series of structured sessions; Delivered by trained teachers or facilitators	Programme applies half of characteristics recognised to bring positive outcomes. . Programme should undertake medium modifications to align completely with international standards.

<p>- Say How You Feel, developing emotional skills in children (The Public Health Institute of Vojvodina)</p>	<p>Creating a colouring book for children: "A story about feelings", brochures for parents: "Emotional adventures of our children", posters: "Types of emotions", a calendar: "Let's talk about emotions in 2015" and a manual: "Say how you feel"; creative workshops; training for pedagogical-psychological services at schools, educators and teachers of all kindergartens and elementary schools in Novi Sad; official material available at: www.izjzv.org.rs, in the section "Educational resources"; Well-structured interactive workshops aimed at developing personal and social skills (tolerance of frustration in daily life, in a safe and healthy way, development of social competences, development of positive social norms and attitudes).</p>	<p>Improves a range of personal and social skills; Delivered through a series of structured sessions, often providing booster sessions over multiple years; Delivered by trained teachers of facilitators and sessions are primarily interactive</p>	<p>Delivered through a series of structured sessions; Delivered by trained teachers or facilitators</p>	<p>Programme applies half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards</p>
<p>"Thousand Why and Only One Because" (The Public Health Institute of Zrenjanin)</p>	<p>Interactive forums, lectures and workshops in schools; Interactive activities of practicing personal and social skills in work with students were applied; Designed by pedagogues and psychologist</p>	<p>Improves a range of personal and social skills; Delivered through a series of structured sessions, often providing booster sessions over multiple years; Delivered by trained teachers of facilitators and sessions are primarily interactive</p>	<p>Delivered through a series of structured sessions Inclusion of the session on psychoactive substances (not relevant for the middle childhood group)</p>	<p>Programme applies more than a half of characteristics recognised to bring positive outcomes. Programme should undertake minor modifications to align completely with international standards.</p>
<p>- Jobs of general interest in health care for program activity (The Public Health Institute of Valjevo)</p>	<p>Workshops, peer education, interactive forums, a regular form of primary care assistance; Well-structured interactive workshops aimed at developing personal and social skills; activities that develop a good classroom atmosphere nurturing prosocial behaviour and reducing inappropriate one.</p>	<p>Improves a range of personal and social skills; Delivered through a series of structured sessions, often providing booster sessions over multiple years; Delivered by trained teachers of facilitators and sessions are primarily interactive</p>	<p>Delivered through a series of structured sessions; Delivered by trained teachers or facilitators</p>	<p>Programme applies half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards</p>
<p>- School Yes, Drug No Campaign (The Public Health Institute of Valjevo)</p>	<p>Well-structured interactive workshops aimed at developing personal and social skills; activities that develop a good classroom atmosphere nurturing prosocial behavior and reducing inappropriate</p>	<p>Improves a range of personal and social skills; Delivered through a series of structured sessions, often providing booster sessions over multiple years; Delivered by trained teachers of facilitators and sessions are primarily interactive</p>	<p>Delivered through a series of structured sessions; Delivered by trained teachers or facilitators</p>	<p>Programme applies half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards</p>

<p>To Success Together (Ministry of Education, Science and Technology Development)</p>	<p>Educational component (conducted by trained volunteers / students who conduct a series of workshops; workshops were developed by psychologists from the Ministry of Education and are designed to develop social skills and strengthen students' resilience to risky behaviors; Sports component; it is conducted by physical education teachers in schools; students have free football trainings twice a week in order to better structures students' free time).</p>	<p>Improves a range of personal and social skills; Delivered through a series of structured sessions, often providing booster sessions over multiple years; Delivered by trained teachers or facilitators and sessions are primarily interactive</p>		<p>Programme applies all characteristics recognised to bring positive outcomes</p>
---	--	--	--	--

Prevention education based on social competence and influence

Table 17. Overview of comparative analysis of programmes implemented in Serbia with international standards on prevention education based on social competence and influence

Programmes	Characteristics that are applied per overview	Characteristics that are associated with positive outcomes	Characteristics that are not applied per overview Characteristic that are associated with no or negative outcome (highlighted in red)	Assessment
Drug Abuse Prevention Program in RS (The Public Health Institute of Subotica)	Interactive lecture with presentation - ppt; Age-appropriate conduct of discussions on various socially spread beliefs, attitudes, positive and negative expectations regarding drug use, including the consequences of abuse (perceptions of abuse risk), Breaking the misconceptions about the normative nature and expectations regarding drug abuse	Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use	A series of structured sessions (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers); Provide opportunity to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, and particularly in relation to substance use;	Programme applies half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards.
PAS Abuse Prevention Program in Schools. (The Public Health Institute of Subotica)	Interactive forums (a team of lecturers: a doctor, a psychologist, an educator, a judge, a public prosecutor, a police department officer, a social worker); Interactive activities with students (counteracting pressure and developing healthy responses). Getting familiar with clear school rules; parental involvement	Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use	A series of structured sessions (typically 10-15) once a week; Impact perceptions of risks associated with substance use; Dispel misconceptions regarding the normative nature and the expectations linked to substance use	Programme applies half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards.

<p>Health Education 2015 (The Public Health Institute of Vojvodina)</p>	<p>Educator's Handbook (15-page PAS topic; 3-page emotional competence, 2 PAS prevalence workshops, and 10 emotional-competence workshops); Conducted training of representatives of pedagogical-psychological services at schools and classroom teachers of all schools in Novi Sad; available at: www.izjzv.org.rs, under "Educational Resources"; Interactive activities that engage students in the exercise of personal and social skills (confronting the social pressures of drug use and developing healthy responses to challenging life situations, practicing coping skills, decision making and resisting risky behaviours); Age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse (perception of risk of abuse), Breaking the misconceptions about the normative nature and expectations regarding drug abuse</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Lectures as the primary strategy</p>	<p>Programme applies all characteristics recognised to bring positive outcomes. Programmes should omit utilization of lectures, since not-interactive methods are associated with negative outcomes.</p>
<p>8 projects on the prevention of tobacco and alcohol abuse sponsored by the City Administration for Health of the City of Novi Sad (The Public Health Institute of Vojvodina)</p>	<p>Education and health-educational resources (posters, agitators and leaflets with QR code linking them to special web pages; Interactive activities that engage students in the exercise of personal and social skills (confronting the social pressures of drug use and developing healthy responses to challenging life situations, practicing coping skills, decision making and resisting risky behaviours); Age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse (perception of risk of abuse), Breaking the misconceptions about the normative nature and expectations regarding drug abuse</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers) Lectures as the primary strategy</p>	<p>Programme applies more than a half of characteristics recognised to bring positive outcomes. However, it should omit utilization of lectures since it is a non-interactive method. Programme should undertake medium modifications to align completely with international standards.</p>

<p>- Education of parents and students on the topic of drug abuse prevention in schools (The City Institute for Public Health of Belgrade)</p>	<p>Workshop; Lectures; Competency to support student personality development, identifying and responding to security risks, improving teachers' competencies; Age-appropriate guided discussions on diverse social beliefs and breaking misconceptions about the normative nature and expectations of drug abuse; Familiarization of students with clear school rules; Preventive interventions involving parents guided by trained individuals or professionals from more relevant fields).</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week</p>	<p>Programme applies almost all characteristics recognised to bring positive outcomes. It is recommended that programme omits utilization of lectures, since non-interactive methods are associated with negative outcomes and that it includes structured sessions. Programme should undertake minor modifications to align completely with international standards</p>
<p>- School YES, Drug NO" The Public Health Institute of Pancevo</p>	<p>Preventive interventions involving parents; Programs that develop parenting skills; Education of students with clear school rules regarding drug use in school premises, Interactive activities that engage students in the exercise of personal and social skills (confronting the social pressures of drug use and developing healthy responses to challenging life situations, practicing coping skills, decision-making and resisting risky behaviours); Discuss different social beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse (perception of the risk of abuse); Breaking the misconception of nature and expectations related to drug abuse; Interactive workshops</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers);</p>	<p>Programme applies almost all characteristics recognised to bring positive outcomes. It is recommended that programme includes structured sessions. Programme should undertake minor modifications to align completely with international standards</p>

<p>Coordination, planning, organization and implementation of health promotion activities specifically targeting vulnerable population groups (The Public Health Institute of Kragujevac)</p>	<p>Education through discussions; Lectures; Educations; Advisory work; Providing information on intoxicants; Interactive activities that engage students in acquiring knowledge and practicing personal and social skills (confronting the social pressures of drug use and developing healthy responses to challenging life situations, practicing coping skills, decision making and resisting risky behaviours); Age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse (perception of abuse risk); Advice on suspected drug abuse</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers); Providing information on substances only</p>	<p>Programme applies almost all characteristics recognised to bring positive outcomes. It is recommended that programme includes structured sessions and experts. Programme should undertake minor modifications to align completely with international standards</p>
<p>- Prevention of Drug Addiction in Schools (The Public Health Institute of Kragujevac)</p>	<p>Interactive forums; Interactive activities that engage students in acquiring knowledge and practicing personal and social skills (confronting the social pressures of drug use and developing healthy responses to challenging life situations, practicing coping skills, decision-making and resisting risky behaviours); interactive activities involving parents; orally teaching and providing information on drugs</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers); Impact perceptions of risks associated with substance use; Dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Programme applies less than a half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards.</p>
<p>- 2015: The Association Iskra Citizens, Loznica - Youth Initiative for a Healthy and Active Life (Ministry of Youth and Sport)</p>	<p>Education, counselling, organizing public events, interactive lectures, workshops; the increased number of peer educators; improving youth skills to reduce risky behaviour; active engagement of young people in schools on this topic</p>	<p>Use interactive methods; delivered through as series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers); Impact perceptions of risks associated with substance use; Dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Programme applies less than a half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards.</p>

<p>Coordination, organization planning and implementation of health promotion specifically targeting vulnerable population groups (The Public Health Institute of Kraljevo)</p>	<p>Workshop; Lecture; Peer education; Interactive forums; Information through mass media; The trainings are conducted in accordance with contemporary professional-medical and doctrinal views in the field of improving the health of children and young people, with the aspect of work of public health professionals</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week; Provide opportunity to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, and particularly in relation to substance use; Impact perceptions of risks associated with substance use; Dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Programme applies less than a half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards</p>
<p>Little School of Health (The Public Health Institute of Kraljevo)</p>	<p>Peer education, workshop, education through public discussions; The interactive activities that engage students for skills development, age-appropriate discussion with peer educators in the presence of healthcare professionals and teaching staff</p>	<p>Use interactive methods; delivered through as series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week; Impact perceptions of risks associated with substance use; Dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Programme applies less than a half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards</p>
<p>Program of Drug Abuse Prevention in Schools (The Public Health Institute of Cacak)</p>	<p>Workshop; Lectures; Peer education; Age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse (perception of abuse risk). Breaking the misconceptions about the normative nature and expectations of drug abuse; with occasional lectures as the primary strategy</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week; Provide opportunity to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, and particularly in relation to substance use; Lectures as the primary strategy</p>	<p>Programme applies almost all characteristics recognised to bring positive outcomes. It is recommended that programme omits utilization of lectures as primary strategy. Programme should undertake minor modifications to align completely with international standards</p>

<p>PAS are not for Us in 2018- Part 1, 2, 3,4 (The Public Health Institute of Vojvodina)</p>	<p>Interactive forums and creating a brochure for parents "Addiction Diseases: I Don't Want It to Happen to My Family and I'm Working on It"; Interactive activities that engage students in the exercise of personal and social skills (confronting the social pressures of drug use and developing healthy responses to challenging life situations, practicing coping skills, decision making and resisting risky behaviours); Age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse (perception of risk of abuse); Breaking the misconceptions about the normative nature and expectations regarding drug abuse</p>	<p>Use interactive methods; delivered through as series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week Lectures as the primary strategy</p>	<p>Programme applies almost all characteristics recognised to bring positive outcomes. It is recommended that programme omits utilization of lectures as primary strategy. Programme should undertake minor modifications to align completely with international standards</p>
<p>- Drug Abuse Program in Schools (The Public Health Institute of Vojvodina)</p>	<p>Interactive forums; Age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse (perception of risk of abuse); Breaking the misconceptions about the normative nature and expectations regarding drug abuse</p>	<p>Use interactive methods; delivered through as series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week; Provide opportunity to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, and particularly in relation to substance use Lectures as the primary strategy</p>	<p>Programme applies almost all characteristics recognised to bring positive outcomes. It is recommended that programme omits utilization of lectures as primary strategy. Programme should undertake minor modifications to align completely with international standards</p>

<p>Stronger Than Ever - Part 2 in 2016 (The Public Health Institute of Vojvodina)</p>	<p>Creating a leaflet and an online application "How to Survive the Negative Impact of Peers" as well as organizing public events (demonstration of "Drunk Goggles"); Interactive activities that engage students in the exercise of personal and social skills (confronting the social pressures of drug use and developing healthy responses to challenging life situations, practicing coping skills, decision making and resisting risky behaviours); Age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse (perception of risk of abuse); Breaking the misconceptions about the normative nature and expectations regarding drug abuse;</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week Lectures as the primary strategy</p>	<p>Programme applies almost all characteristics recognised to bring positive outcomes. It is recommended that programme omits utilization of lectures as primary strategy. Programme should undertake minor modifications to align completely with international standards</p>
<p>Young and Red Cross (The Public Health Institute of Kraljevo)</p>	<p>The interactive activities with a focus on skill development with selected student representatives for peer educators</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers); Impact perceptions of risks associated with substance use; Dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Programme applies less than a half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards</p>

<p>- The project "I want to know, because I choose!" (The Public Health Institute of Subotica)</p>	<p>Multimedia forums; Quiz competition; Promotion of physical activity and contact with nature; Prize competition for video clip; Media campaign on social networks; Interactive activities with students (discussions about social beliefs, attitudes and expectations, including the consequences of drug abuse); Creative overcoming of developmental problems and useful leisure</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A series of structured sessions (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers)</p>	<p>Programme applies almost all characteristics recognised to bring positive outcomes. Programme should undertake minor modifications to align completely with international standards</p>
<p>- Health education on reproductive health of high school students in Vojvodina, 2014/15 school year (The Public Health Institute of Vojvodina)</p>	<p>Workshops; Interactive activities that engage students in the exercise of personal and social skills (confronting the social pressures of drug use and developing healthy responses to challenging life situations, practicing coping skills, decision making and resisting risky behaviours); Age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse (perception of risk of abuse). Breaking the misconceptions about the normative nature and expectations regarding drug abuse</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>A structured session (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers) Lectures as the primary strategy</p>	<p>Programme applies almost all characteristics recognised to bring positive outcomes. It is recommended that programme omits utilization of non-interactive methods such as lectures. Programme should undertake minor modifications to align completely with international standards</p>
<p>- Project of Youth of JAZAS Pozarevac: "I know what I want, Drug I will not!"</p>	<p>Peer education; Interactive activities that engage students for skills development; Age-appropriate discussion with peer educators in the presence of healthy professionals and teaching staff</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Structured sessions (typically 10-15) once a week; Impact perceptions of risks associated with substance use, emphasizing immediate consequences; Dispel misconceptions regarding the normative nature and the expectations linked to substance use.</p>	<p>Programme applies half of the characteristics recognised to bring positive outcomes. Programme should undertake minor modifications to align completely with international standards</p>

<p>- Together Against Drugs for Safer Sombor (The Ministry of Interior)</p>	<p>Education through lectures and discussions for students; Educational film; Age-appropriate discussions on various socially-spread beliefs, attitudes, positive and negative expectations about drug use, including the consequences of abuse.</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Structured sessions (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers); Provide opportunity to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, and particularly in relation to substance use;</p>	<p>Programme applies half of the characteristics recognised to bring positive outcomes. Programme should undertake minor modifications to align completely with international standards</p>
<p>- 2016: The Association of Single Mothers of SM Niš- "Raising awareness about prevention as a significant factor in maintaining health in young people" (The Ministry Of Youth And Sport)</p>	<p>Education; Seminars; Workshops; Forums; Campaigns; Presentations; Education and empowerment of peer educators to prevent risk factors in young people; Workshops - prevention of potential illnesses and identification of potential risks in peers; Involvement of teaching staff and parents</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasizing immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Structured sessions (typically 10-15) once a week; Provide opportunity to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, and particularly in relation to substance use; Impact perceptions of risks associated with substance use, emphasizing immediate consequences; Dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Programme applies less than a half of the characteristics recognised to bring positive outcomes. Programme should undertake minor modifications to align completely with international standards</p>
<p>- 2017: The Adventure Association - "Peer Education in the Prevention of Doping in Sport" (The Ministry Of Youth And Sport)</p>	<p>Trainings; Social networks; Peer education - peer instructors, trainings</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Structured sessions (typically 10-15) once a week; Provide opportunity to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, and particularly in relation to substance use; Impact perceptions of risks associated with substance use, emphasizing immediate consequences; Dispel misconceptions regarding the normative nature and the expectations linked to substance use Presentations (information-giving alone)</p>	<p>Programme applies minimum characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards</p>

<p>- 2017: The Youth of JAZAS of Novi Sad- "Health is in Knowledge" - prevention of HIV / AIDS, addiction diseases, PPI and preservation of reproductive health through peer education programs (The Ministry Of Youth And Sport)</p>	<p>Trainings; Workshops; Promo campaigns; Training schools; Educator training;</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasizing immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Structured sessions (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers);Provide opportunity to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, and particularly in relation to substance use; Impact perceptions of risks associated with substance use, emphasizing immediate consequences; Dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Programme applies minimum characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards</p>
<p>- 2018: The Youth of JAZAS of Kragujevac - "Safe party" (The Ministry Of Youth And Sport)</p>	<p>Workshops; Social networks; Conferences; Seminars; Educations; Trainings; Manuals; Training of peer educators; Teacher involvement; Parental involvement</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasizing immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Structured sessions (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers);Provide opportunity to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, and particularly in relation to substance use; Impact perceptions of risks associated with substance use, emphasizing immediate consequences; Dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Programme applies minimum characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards</p>
<p>- Health promotion program through peer education (the Public Health Institute of Kragujevac)</p>	<p>Education of educators; Educating students (future educators) by the health professionals from the Institute for Public Health. Subsequently, the program was conducted by trained peers</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasizing immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Structured sessions (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers);Provide opportunity to practice and learn a wide array of personal and social skills, including particularly coping, decision making and resistance skills, and particularly in relation to substance use; Impact perceptions of risks associated with substance use, emphasizing immediate consequences; Dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Programme applies minimum characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards</p>

<p>- Stop - think – decide (The Public Health Institute of Kruševac)</p>	<p>Workshop; Lecture; Peer education; Research; Interactive activity for students in practicing personal and social skills, through role play, sketches, PP presentations, radio shows. The project also included discussions on attitudes, positive and negative expectations regarding drug use and personal perceptions of the risks of abuse; Peer education through a quiz between classes / schools, performance on coping with the social pressures of drug use, and resisting risky behaviours, as well as through a fair of student ideas. This achieved the specific goals of the project: Creating a positive psychosocial climate at school; increasing the level of social competence of young people; developing friendship, a sense of belonging and a volunteer spirit.</p>	<p>Use interactive methods; delivered through as series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Structured sessions (typically 10-15) once a week; Delivered by trained facilitator (including also trained peers);</p>	<p>Programme applies almost all characteristics recognised to bring positive outcomes. Programme should undertake minor modifications to align completely with international standards</p>
<p>- The project “Graduation” (the Ministry of Interior)</p>	<p>Workshop, forums, educational movies, lectures and peer education through which graduates can learn a wide range of personal and social skills, with a special focus on resisting the influence of peers related to drug abuse, decision-making and understanding of drug-related risks, and get acquainted with legal regulations and consequences, i.e. rights and obligations; Interactive activities that engage students in practicing personal and social skills; Delivered by police officers with skills and knowledge; Project covers the following topics: “Prevention of inappropriate and violent behavior of high school graduates”; “Prevention of drug and alcohol abuse”; “Risks and consequences of non-compliance with traffic rules and regulations</p>	<p>Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use</p>	<p>Delivered through a series of structured sessions</p>	<p>Programme applies almost all characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards.</p>

Choose to Decline (the Ministry of Interior)	Workshop; Interactive activities that engage students in practicing personal and social skills	Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use	Delivered through a series of structured sessions; Delivered by trained teachers or facilitators	Programme applies less than a half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards.
<i>Lion Quest Skills for Adolescence Programme (UNODC)</i>	Workshop; Interactive activities that engage students in practicing personal and social skills, delivered through a series of sessions covering range od topics including the substance use, delivered by trained facilitator/ Programme includes follow up booster sessions. Programme is implemented over two academic years	Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use		Programme applies characteristics recognised to bring positive outcomes.
- Be Smart, Take on the Challenge. Drugs are Zero, Life is One (the Ministry of Interior)	Organizing creative workshops; Interactive activities that engage students in practicing personal and social skills.	Use interactive methods; delivered through a series of structured sessions (typically 10-15) once a week, often providing boosters sessions over multiple years; delivered by trained facilitator; provide opportunity to practice and learn a wide array of personal and social skills and particularly in relation to substance use; impact perceptions of risks associated with substance use, emphasising immediate consequences; dispel misconceptions regarding the normative nature and the expectations linked to substance use	Delivered through a series of structured sessions; Delivered by trained teachers or facilitators	Programme applies less than a half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards

Classroom environment improvement programmes

Table 18. Overview of comparative analysis of programmes implemented in Serbia with international standards on classroom environment improvement programmes

Programmes	Characteristics that are applied per overview	Characteristics that are associated with positive outcomes	Characteristics that are not applied per overview Characteristic that are associated with no or negative outcome (highlighted in red)	Assessment
Jobs of general interest in health care for program activity (The Public Health Institute of Valjevo)	Workshops; Lectures; Peer education; Interactive forums; A regular form of primary care assistance; Well-structured interactive workshops aimed at developing personal and social skills; Activities that develop a good classroom atmosphere nurturing prosocial behaviour and reducing inappropriate	Often delivered during the first schools years; include strategies to respond to inappropriate behaviour; include strategies to acknowledge appropriate behaviour; include feedback on expectations; active engagement of students.	Often delivered during the first school years; Include feedback on expectations;	Part of the programme that relates to the classroom improvement applies characteristics recognised to bring positive outcomes. Programme should undertake modifications to align completely with international standards
School Yes, Drug No Campaign (The Public Health Institute of Valjevo)	Interactive forums; Lectures; Well-structured interactive workshops aimed at developing personal and social skills; Activities that develop a good classroom atmosphere nurturing prosocial behaviour and reducing inappropriate; Programs that develop parenting skills	Often delivered during the first schools years; include strategies to respond to inappropriate behaviour; include strategies to acknowledge appropriate behaviour; include feedback on expectations; active engagement of students.	Often delivered during the first school years; Include feedback on expectations;	Part of the programme that relates to the classroom improvement applies characteristics recognised to bring positive outcomes. Programme should undertake modifications to align completely with international standards
Creative workshop with schoolchildren on prevention of drug abuse (The City Institute for Public Health of Belgrade)	Workshop; Activities that develop a good atmosphere in the classroom (team development, sense of belonging.); A program guided by trained teachers through a series of structured session (10-15); Age-appropriate guided discussions that include the consequences of drug abuse (perception of risk of abuse)	Often delivered during the first schools years; include strategies to respond to inappropriate behaviour; include strategies to acknowledge appropriate behaviour; include feedback on expectations; active engagement of students.	Often delivered during the first school years; Include strategies to respond to inappropriate behaviour; Include strategies to acknowledge appropriate behaviour; Include feedback on expectations; Active engagement of students.	Programme applies only minimum characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards.

Media campaign

Table 19. Overview of comparative analysis of programmes implemented in Serbia with international standards on media campaigns

Strategies	Characteristics that are applied per overview	Characteristics that are associated with positive outcomes that programmes implement	Characteristics that are not applied per overview Characteristic that are associated with no or negative outcome (highlighted in red)	Assessment
Coordination, planning, organization and implementation of health promotion activities specifically targeted at vulnerable population groups (The Public Health Institute of Pozarevac)	Lectures; Workshops; Interactive forums; information via mass media; The trainings are conducted in accordance with contemporary professional-medical and doctrinal views in the field of improving the health of children and young people, and from the perspective of the work of public health professionals; The methods of active teaching in youth work and methods of community organization that include both youth and general are applied.	Precisely identify the target group of the campaign; based on solid theoretical basis; design messages on the basis on strong formative research; strongly connect to other existing drug prevention programmes in the home, school and community; achieve adequate exposure of the target group for a long period of time; systematically evaluated; target parents, aim at changing cultural norms about substance use and/or educating about the consequence of substance use and/or suggest strategies to resist substance use.	Precisely identify the target group of the campaign; Based on a solid theoretical basis, systematically evaluated	Data indicate that programme applies mass media, but there are not data indicating that it contains any of characteristics associated with positive outcomes. Programme should undertake major modifications to align completely with international standards
- Coordination, planning, organization and implementation of health promotion activities specifically targeted at vulnerable population groups (The Public Health Institute of Kraljevo)	Lectures; Workshops; Interactive forums; information via mass media; The trainings are conducted in accordance with contemporary professional-medical and doctrinal views in the field of improving the health of children and young people, and from the perspective of the work of public health professionals; The methods of active teaching in youth work and methods of community organization that include both youth and general are applied. population	Precisely identify the target group of the campaign; based on solid theoretical basis; design messages on the basis on strong formative research; strongly connect to other existing drug prevention programmes in the home, school and community; achieve adequate exposure of the target group for a long period of time; systematically evaluated; target parents, aim at changing cultural norms about substance use and/or educating about the consequence of substance use and/or suggest strategies to resist substance use.	Precisely identify the target group of the campaign; Based on a solid theoretical basis, systematically evaluated..	Data indicate that programme applies mass media, but there are not data indicating that it contains any of characteristics associated with positive outcomes. Programme should undertake major modifications to align completely with international standards

<p>- Stronger Than Ever (The Institute for Public Health of Vojvodina)</p>	<p>Focus groups; design of printed and electronic health education tool (poster) and a Facebook page</p>	<p>Precisely identify the target group of the campaign; based on solid theoretical basis; design messages on the basis on strong formative research; strongly connect to other existing drug prevention programmes in the home, school and community; achieve adequate exposure of the target group for a long period of time; systematically evaluated; target parents, aim at changing cultural norms about substance use and/or educating about the consequence of substance use and/or suggest strategies to resist substance use.</p>	<p>Precisely identify the target group of the campaign; Based on a solid theoretical basis, systematically evaluated..</p>	<p>Data indicate that programme applies mass media and social networks, but there are not data indicating that it contains any of characteristics associated with positive outcomes. Programme should undertake major modifications to align completely with international standards</p>
<p>Addiction to "ignore" (The Institute for Public Health of Pancevo)</p>	<p>Lecture, workshop, interactive forums, competition for the best poster and film on the topic of drug addiction, research, promotion of works via FB page of the project and media, distribution of leaflets in Serbian and minority languages and distribution of the winning poster</p>	<p>Precisely identify the target group of the campaign; based on solid theoretical basis; design messages on the basis on strong formative research; strongly connect to other existing drug prevention programmes in the home, school and community; achieve adequate exposure of the target group for a long period of time; systematically evaluated; target parents, aim at changing cultural norms about substance use and/or educating about the consequence of substance use and/or suggest strategies to resist substance use.</p>	<p>Precisely identify the target group of the campaign; Based on a solid theoretical basis, systematically evaluated..</p>	<p>Data indicate that programme applies mass media and social networks, but there are not data indicating that it contains any of characteristics associated with positive outcomes. Programme should undertake major modifications to align completely with international standards</p>

Addressing individual psychological vulnerabilities

Table 20. Overview of comparative analysis of programmes implemented in Serbia with international standards on addressing individual psychological vulnerabilities

Strategies	Characteristics that are applied per overview	Characteristics that are associated with positive outcomes	Characteristics that are not applied per overview Characteristic that are associated with no or negative outcome (highlighted in red)	Assessment
- 2017: Citizens' Association "The World of Words" - "We don't Talk to Others, We Talk to You" (The Ministry Of Youth And Sport)	Psychological workshops; Online counselling centers; Individual counselling centers; Therapeutic work of psychological counselling centers; Education; Workshops for risk prevention; Peer education teams; Involvement of teachers and professional assistants in schools; Parental involvement.	Delivered by trained professionals; participants have been identified as possessing specific personality traits on the basis of validated instruments; programmes are organised in such a way as to avoid any possible stigmatisation; provide participants with skills on how to positively cope with the emotions arising from their personality; short series of sessions (2-5)	Participants have been identified as possessing specific personality traits on the basis of validated instruments; Provide participants with skills on how to positively cope with the emotions arising from their personality; Short series of sessions (2-5)	Programme applies less than a half of characteristics recognised to bring positive outcomes. Programme should undertake medium modifications to align completely with international standards
- 2016: the Citizens' Association "The World of Words" - "You are not alone! We are with you!" (The Ministry of Youth And Sport)	Development of language competencies in risk prevention in vulnerable groups; Psychological and educational support; Educating young people; Parental involvement; Workshops	Delivered by trained professionals; participants have been identified as possessing specific personality traits on the basis of validated instruments; programmes are organised in such a way as to avoid any possible stigmatisation; provide participants with skills on how to positively cope with the emotions arising from their personality; short series of sessions (2-5)	Participants have been identified as possessing specific personality traits on the basis of validated instruments; Programmes are organised in such a way as to avoid any possible stigmatisation; Provide participants with skills on how to positively cope with the emotions arising from their personality; Short series of sessions (2-5)	Programme applies minimum of characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards

Media campaigns – adolescents and adults

Table 21. Overview of comparative analysis of programmes implemented in Serbia with international standards on media campaigns

Programme	Characteristics that are applied per overview	Characteristics that are associated with positive outcomes	Characteristics that are not applied per overview Characteristic that are associated with no or negative outcome (highlighted in red)	Assessment
- The Choice is Yours – DRUGS are a Failure (The Ministry of Interior)	Printing promotional material; Media presentation; Meeting with project institutions; Distribution of propaganda material; Education in schools	Precisely identify the target group of the campaign; based on solid theoretical basis; design messages on the basis on strong formative research; strongly connect to other existing drug prevention programmes in the home, school and community; achieve adequate exposure of the target group for a long period of time; systematically evaluated; target parents, aim at changing cultural norms about substance use and/or educating about the consequence of substance use and/or suggest strategies to resist substance use.	Precisely identify the target group of the campaign; Based on a solid theoretical basis; Systematically evaluated	Data indicate that programme applies mass media and promotional tools, but there are not data indicating that it contains any of characteristics associated with positive outcomes. Programme should undertake major modifications to align completely with international standards
- 2019: The Center for Youth Work- “The Challenge of 21 Days - promoting healthy lifestyles and preventing risky behavior” (The Ministry Of Youth And Sport)	Courses; Conferences; Media campaigns; Standardized programs and developed youth work services; Education of peers and young people	Precisely identify the target group of the campaign; based on solid theoretical basis; design messages on the basis on strong formative research; strongly connect to other existing drug prevention programmes in the home, school and community; achieve adequate exposure of the target group for a long period of time; systematically evaluated; target parents, aim at changing cultural norms about substance use and/or educating about the consequence of substance use and/or suggest strategies to resist substance use.	Precisely identify the target group of the campaign; Based on a solid theoretical basis; Systematically evaluated;	Data indicate that programme applies mass media and promotional tools, but there are not data indicating that it contains any of characteristics associated with positive outcomes. Programme should undertake major modifications to align completely with international standards

<p>- 2018: The Youth of JAZAS of Novi Sad- "Health is Knowledge" - the summer school of the Youth of JAZAS of Novi Sad for peer education in the field of HIV / AIDS prevention and addiction disease" (The Ministry Of Youth And Sport)</p>	<p>Trainings; Youth camps; Social networks; Peer education programs; Peer education; Mentors; Workshops; Teacher involvement</p>	<p>Precisely identify the target group of the campaign; based on solid theoretical basis; design messages on the basis on strong formative research; strongly connect to other existing drug prevention programmes in the home, school and community; achieve adequate exposure of the target group for a long period of time; systematically evaluated; target parents, aim at changing cultural norms about substance use and/or educating about the consequence of substance use and/or suggest strategies to resist substance use.</p>	<p>Precisely identify the target group of the campaign; Based on a solid theoretical basis; Systematically evaluated;</p>	<p>Data indicate that programme applies mass media and social networks, but there are not data indicating that it contains any of characteristics associated with positive outcomes. Programme should undertake major modifications to align completely with international standards</p>
<p>- 2018: The Youth of JAZAS of Kragujevac - "Safe party" (The Ministry Of Youth And Sport)</p>	<p>Workshops; Social networks; Conferences; Seminars; Educations; Trainings; Manuals; Training of peer educators; Teacher involvement; Parental involvement</p>	<p>Precisely identify the target group of the campaign; based on solid theoretical basis; design messages on the basis on strong formative research; strongly connect to other existing drug prevention programmes in the home, school and community; achieve adequate exposure of the target group for a long period of time; systematically evaluated; target parents, aim at changing cultural norms about substance use and/or educating about the consequence of substance use and/or suggest strategies to resist substance use.</p>	<p>Precisely identify the target group of the campaign; Based on a solid theoretical basis; Systematically evaluated;</p>	<p>Data indicate that programme applies mass media, social networks, and promotional tools, but there are not data indicating that it contains any of characteristics associated with positive outcomes. Programme should undertake major modifications to align completely with international standards</p>
<p>- The project "I want to know, because I choose!" (The Public Health Institute of Subotica)</p>	<p>Multimedia forums; Quiz competition; Promotion of physical activity and contact with nature; Prize competition for video clip; Media campaign on social networks</p>	<p>Precisely identify the target group of the campaign; based on solid theoretical basis; design messages on the basis on strong formative research; strongly connect to other existing drug prevention programmes in the home, school and community; achieve adequate exposure of the target group for a long period of time; systematically evaluated; target parents, aim at changing cultural norms about substance use and/or educating about the consequence of substance use and/or suggest strategies to resist substance use.</p>	<p>Precisely identify the target group of the campaign; Based on a solid theoretical basis; Systematically evaluated;</p>	<p>Data indicate that programme applies mass media and social networks, but there are not data indicating that it contains any of characteristics associated with positive outcomes. Programme should undertake major modifications to align completely with international standards</p>

<p>Stop - think – decide (The Public Health Institute of Krusevac)</p>	<p>Radio shows;</p>	<p>Precisely identify the target group of the campaign; based on solid theoretical basis; design messages on the basis on strong formative research; strongly connect to other existing drug prevention programmes in the home, school and community; achieve adequate exposure of the target group for a long period of time; systematically evaluated; target parents, aim at changing cultural norms about substance use and/or educating about the consequence of substance use and/or suggest strategies to resist substance use.</p>	<p>Precisely identify the target group of the campaign; Based on a solid theoretical basis; Systematically evaluated;</p>	<p>Programme applies only minimum characteristics recognised to bring positive outcomes. Programme should undertake major modifications to align completely with international standards</p>
<p>- The project “Graduation” (the Ministry of Interior)</p>	<p>Media promotion of the project and informing the public through broadcasting of videos, participation of police officers and other partners in media appearances and press releases are also realized. All these above numbered activities should contribute to raising awareness of students, parents, school representatives, other community partners and citizens about safety during prom celebrations.</p>	<p>Precisely identify the target group of the campaign; based on solid theoretical basis; design messages on the basis on strong formative research; strongly connect to other existing drug prevention programmes in the home, school and community; achieve adequate exposure of the target group for a long period of time; systematically evaluated; target parents, aim at changing cultural norms about substance use and/or educating about the consequence of substance use and/or suggest strategies to resist substance use.</p>	<p>Based on solid theoretical basis; Design messages on the basis on strong formative research; Systematically evaluated;</p>	<p>Programme applies half of characteristics recognised to bring positive outcomes. Programme should still undertake significant modifications to align completely with international standards</p>

