

Challenges with
addictions in

Ljubljana



Ljubljana
*Zdravo
mesto
Healthy
City*







Greetings,

Mayor,
Zoran Janković



Photo: Miha Fras

Ljubljana is a green, clean, safe and friendly city in which we care for the quality of life of every generation of our citizens. Our city is especially distinguished by solidarity and comradeship, as here we respect everybody and, although we are diverse, we know how to co-exist together in mutual respect.

The rhythm of modern life is very fast, and sometimes unfortunately also unrelenting; therefore, individuals' lives can be cut into by less pleasant, painful and difficult life challenges that cannot resolve themselves. In the social care field these include various addictions.

At the City of Ljubljana we support, co-finance and carry out a range of activities and preventive programmes in diverse fields from sport, culture and youth all the way to preschool and primary education and, last but not least, social care and health protection, via which we seek to help and restore quality of life to individuals and groups facing various addictions.

I am proud that Ljubljana is a city with a social sense where we know how to help each other, and I assure you that in the future we will continue to pay special attention to preventing various types of addiction and helping individuals who are facing these problems. I am convinced that only a city that is friendly to its most vulnerable citizens is friendly to everyone.

Tilka Klančar,
Head of the Health
and Social Care
Department



Photo: Miha Fras

At the City of Ljubljana, we strive to solve the problem of addiction in various ways. The most prominent role in this field is performed by the non-governmental organisations whose programmes we support and co-finance. Thus, the programmes of various organisations provide support to addicts and their relatives free of charge in the form of professional psychotherapeutic as well as lay counselling, telephone and personal conversations, advocacy, self-help groups, fieldwork consultations, various activities in day centres for illegal drug users and by implementing rehabilitation programmes. Lately, we have encouraged the development of programmes in the field of addiction to electronic devices and focused more on preventive work in general; we have also focused on the harmful use of alcohol and raising awareness and informing the public.

Addictions are of course nothing new, and we have been confronted by the issues in Ljubljana, as in other towns and cities, for a number of years, but new forms of addiction and the related challenges are constantly arising in addition to the widespread and well-known addictions to alcohol, tobacco and illicit drugs. Recent years have seen growth above all in the so-called internet addiction, namely addiction to computers, smart devices, computer games, gambling, sports lotteries, etc., while in the field of illegal drug addiction, the current challenge is the incredibly fast-growing and changing market for synthetic drugs. Effective approaches are needed at different levels for all the known and newly emerging forms of addiction, thereby reducing the harm faced by the addicts themselves, their families and the wider environment, as well as providing appropriate forms of support and assistance towards giving up harmful behaviour, and even effective prevention and reduction of the emergence of new forms of addiction and the numbers of addicted people. The brochure before you encapsulates opinions on various forms of these problems and presents the personal stories of some individuals, and describes programmes, services and measures that are implemented or co-financed by the City of Ljubljana.

You are welcome to read on.



Dr *Vera Grebenc*,
University of Ljubljana
Faculty of Social Work



HOW SHOULD YOUNG PEOPLE TODAY CHOOSE BETWEEN RIGHT AND WRONG?

*Dr Vera Grebenc,
University of
Ljubljana Faculty
of Social Work*

In our culture, a healthy and happy childhood is high on the scale of values. The desire of most parents is that their children should have a nice life. Among the everyday worries, the thought arises sooner or later "What if my child starts taking drugs? What can I do to stop this happening? What can I do if I find out that the child really is on drugs, drinking, or does not look up from his computer or phone for hour after hour?" Similar questions are posed by a range of professionals involved in the care and upbringing of children and young people.

Around the world since the middle of the 20th century, the management of the issue of addictions has become one of the central issues of politics and various disciplines. The strategies that have been established can be divided into several groups. One is aimed at preventing access to substances that can lead to addiction (e.g. limiting the sale of alcohol and tobacco to minors). Their characteristic is orientation towards sanctioning access to substances, sometimes involving the criminalisation of users. Others are based on paradigms of preventive and therapeutic work; their goal is to reduce hazardous behaviour that could lead to addiction. In the 1980s, the two strategies were joined by a strategy for harm reduction, especially in the use of drugs.

Despite numerous attempts to find answers involving experts and policy as well as civil society, it has not been possible to identify a response that is truly successful and appropriate for all.

One of the important documents that can be viewed as a basis for preventive work is the World Health Organisation's Ottawa Charter of 1986, which states that health promotion is the central social process of empowering people to maintain or improve their health and social wellbeing.

Through the concept of strengthening health, we transfer the focus from disease, deficit or incapacity to a positive perspective of health. If this perspective is applied to the health of children and young people, this means that the nations of the world are responsible for the implementation of such public health policies that can ensure the positive physical, mental and social development of children and young people.

The concepts of prevention and promotion of health are closely linked. Preventive programmes follow the mission of strengthening health. In the area of addictions, the goal of preventive programmes is to delay, prevent and reduce the use of alcohol, tobacco products, illicit drugs, and recently also in the management of other forms of risky behaviour that can lead to addiction (such as the use of computers and information technology, games of chance, slot machines or adrenaline activities) as well as raising awareness about risky lifestyles that can have a significant impact on worsening health and the future of young people (e.g. falling out of the education system, risky sex and sexually transmitted diseases, diet and physical activity).

All these topics can be addressed through a varied intensity of measures. The population at its broadest is targeted for universal prevention, with the aim of reducing the likelihood of the use of both permitted and illicit drugs. This is based on obvious benefits, measured by the absence of the potential adverse effects that drug use would cause. Selective prevention takes into account knowledge of risk factors and is therefore targeted at specific groups that we know are, precisely because of these factors, more likely to resort to drug use or develop risky behaviours.

The risk factors include the economic and social situation of the family, poor school performance, mental health problems, gender, age and particularities of the environment, culture and lifestyle. Through selective prevention, we enter the world of young people where they are, and approach them in a way that is culturally specific to them, while bearing in mind the needs of these young people. This prevention is intended for individuals where there are signs indicating the use of drugs but the addiction has not yet arisen, while we can assume there is a substantial likelihood that addiction might arise later in life due to the complexity of the risk factors.

There is no doubt that young people are an exposed group when it comes to the risk of drug use and other forms of behaviour that can lead to addiction.

When working with young people in the field of addiction prevention, we always have two desired goals in mind: the development of a youngster's personal autonomy and the ability to make informed choices. These two goals leave responsibility

for behaviour and life choices to the young themselves, regardless of whether we are talking about the use of permitted and illicit drugs, the excessive use of information technology, other risky behaviours, or everyday practices that can eventually become out-of-control behaviour and bring harmful consequences. Young people have to grow up, they have to take responsibility, and if we can trust young people, then we can leave behind supervision and patronage. It is therefore a common path, for the distribution of tasks and for allowing experience.

From the perspective of personality development, growing up is linked to the ability to recognise the consequences of one's own behaviour and to the awareness of the perspectives of others. During adolescence, intense psycho-biological processes take place in the body, which people around them perceive as the self-centred orientation of young people, proving their own strengths, exaggerating and a sense of invulnerability. As if young people were in the midst of creating 'their own important story'. We as adults, being more aware of the potential for various negative consequences in different life situations, are thus confronted with a challenge. In the role of educators, we are pushed into the pedagogical paradox - in the desire to protect young people or ourselves, we prevent them from encountering risks and learning from mistakes from which they might gain maturity, autonomy and experiences that will benefit them in their lives.

On the scale of values, Western society places highly consumerism, a personal career, competition, proving superiority, material wealth and pleasure. Young people therefore have great difficulty in finding a place for themselves in such a competitive society.

It is by no means easy for young people; they have never done it before. They can learn about and try to understand the world they live in from their own experience, from narration and from observation. And our world has become infinitely small. Social networks have triggered a new phenomenon, where each event has the potential to become part of the global world in an instant. Young people are thus constantly in contact with an infinite amount of information, images and ideas that they can no longer control and which are imposed on them. At the same time, they experience and perceive this world of various and multiple realities as a self-evidently parallel world. No longer

do they find it strange that simultaneously some people can live in the relatively safe environment of the Western world, with access to school, health and social services, feel relaxed with their parents, have their own room and their toys while one of their peers is considering suicide because of a poor grade at school, or is waiting to be taken to a special institution because he was born with a mental disorder. It does not surprise them that simultaneously there is a world in which children must take over responsibility for the survival of their families from their unemployed parents, must flee from war or hunger on refugee convoys, must cover their ears from the shrieks of violence and the dying, or must beg on the streets. Suddenly, it seems self-evident that there are children who can choose, and children who have nothing to choose from.

Therefore, considering how to prevent addiction requires us to think about the world in which we live, how to understand it and what we would like from it.

We adults can invent a full range of services, set rules and anticipate all possible situations and solutions, but without co-operation and dialogue with children and young people, we will stand with only these ideas. If we contemplate this assumption, we will soon find that we can distinguish good prevention from the kind that does not work, based on the criteria of co-operation and developing trust and ways of finding a solution together, taking into account interests, desires, existing resources and obstacles. Not only in the principles, but indeed we must enable young people to feel the power they have. With youthful energy and fresh ideas, let's join together in the search for better ways to live in this world than those that we know at the moment.

**“ALL THE FLOWERS OF ALL THE TOMORROWS
ARE IN THE SEEDS OF TODAY”.**
(CHINESE PROVERB)

*Ada Hočevar Grom,
Deputy Director of
the National Institute
of Public Health*

Care for young people should be a central concern of every society. However, in order for society to respond effectively to the needs of young people, it is imperative that these needs are perceived and trends monitored among young people in the desire to provide the best possible environment for their development.

Let's run through some data about today's youngsters in Slovenia. 40% of 15-year-olds have already smoked, and 9% of 15-year-olds smoke every day! In other words, a total of 64 classrooms of 15-year-olds smoke every day. The younger an individual starts smoking, the greater the likelihood that they will be more (strongly) addicted, a fact the tobacco industry is well aware of. On average, every resident of Slovenia over the age of 15 drinks 115 litres of beer, 44 litres of wine and 2 litres of spirits. 93% of those aged 15-16 years have already consumed alcohol at least once and 56% of them have already been drunk. Cannabis has been taken by almost a quarter of youngsters at least once in their lives. Slovenian youngsters estimate that individual drugs are significantly less hazardous to health than do their peers in other European countries. New synthetic drugs are also coming to the fore in Slovenia. 5% of young people have used these drugs within about the last year. National Institute of Public Health (NIPH) research has also shown that 82.1% of eighth grade students have played computer games in the last 12 months. Young people begin to play computer games at an average age of just over seven years, devoting an average of 1.7 hours a day to this on schooldays, and at weekends almost 2.5 hours a day. 4% of 15-year-olds play these games seven hours a day or more.

This is only a little dry data from research, behind which stand individuals with names and surnames, with their distresses and personal troubles, which are often resolved in a way that brings short-term relief, forgetfulness and peace but in the long run even greater distress. What can we do? The foundation of an individual's long-term health begins to be laid before birth, and is built upon in the first years of life and in all subsequent periods of life. Effective programmes to promote and protect health are

key to strengthening the health of the population and reducing health inequalities. Quality programmes for health promotion and disease prevention focus on maintaining human health. This is a very broad concept, whose purpose is not only to strengthen the control individuals have over their own health, but also to achieve to the greatest extent a health-friendly social and natural environment. So, more than simply changing lifestyles, changing the environment is the fundamental approach to achieving the goals in the 'Health for All' strategy and is a comprehensive social and political process.

Preventive programmes are only effective when they respond to social needs, include all relevant sectors based on scientific evidence, include monitoring of implementation, and last but not least evaluate the effects.

The happy fact is that in recent years we have become more and more aware that the environment in which we are born, grow up, live and create is significant in determining our lifestyle and related health choices. For this reason, it is ever more applicable to have a community approach that links together different actors at the local level (healthcare, social care, schooling, civil society, the local community etc.) in an effort to strengthen health and reduce inequalities in public health. In this regard, it is crucial that decision makers at the local level recognise the importance of the local environment in impacts on the health of the population in the broadest sense and promote activities and programmes to improve the health and health status of the population, thereby contributing to the social development and the wellbeing of the people.




My life and fake happiness/drugs

I came into this world in a wonderful and loving family, but from my first year pretty much up to when I was ten, if I'm honest, I don't remember much, but from what I've heard from my mother it sounds like a nice childhood. Because I do not remember the rest, as I've said, I will start from when I was 11. At that time, I began to notice in my family that my mum, my older brother and me spent most of our time alone, even though we lived with our dad. He was mostly at work and I only saw him in the evenings.

Mum and dad were arguing a lot at the time, and although they managed to cover this up for some time, I still knew all about it. Most of all, I remember the moment when I woke up one morning and happily ran downstairs to the kitchen to greet my mum and dad, and I only saw Mum sat slouched on the couch wiping tears from her eyes. I asked her what was going on and why she was upset. With a fake smile and tears in her eyes, she tried to explain in a kind way to me, as a little girl, that she and my dad were splitting up as they couldn't carry on any longer. Later, when my dad came home, they had a huge row in front of me and my brother. I remember hiding under a chair by the kitchen table, I was crying and I was scared. When I heard the degrading words that my father used as he yelled at my mum, I can say it broke my heart. In addition to psychological violence, there started some physical violence, which wasn't aimed at me, and although I wanted to defend my mum I didn't dare, not just because I was afraid of my dad back then but also so that he wouldn't hate me because I wasn't on his side. Luckily, then my older brother came up to me, took my arm, and led me to my room. In my room he sat me on my bed and turned the music up really loud so I wouldn't hear the row. Later he read me fairy tales, which I liked to hear when I was little. The separation took quite some time. In the meantime, mum and I went to my gran's until mum got enough money together to afford a house and a nice place for a new start.






Then a year later, we moved to a nice little house in a village. I was in seventh grade, or I'd just finished it. Years went by, I didn't have much contact with my dad, and likewise I hardly saw my brother as he stayed there with him.

The next year I went up to the 9th grade with some reluctance and trouble but I managed to finish it anyway with the help of cannabis. Soon after that I first came across hard drugs. I first tried ecstasy (after homemade candies), then speed, then mushrooms and LSD. Apart from LSD and mushrooms, I took these regularly for a couple of months, then I decided to stop. Even though I wasn't taking drugs for long, I had a crisis and wasn't sleeping at night for more than a couple of hours. Later I started using cannabis resin, which helped me a lot with sleeping and everything else. With my fear I enrolled in middle school and started as a first year, and was going for exactly a month and a half, before problems struck again, and I was admitted to the Mental Health Centre in Ljubljana. I was there for two months, as they put it due to depression, anxiety, ADHD, hallucinations, hearing voices (psychosis) and I could go on, but there's no point. Then I terminated the 'treatment' myself and after discharge from hospital spent some time attending the Pumo project (about project learning for young adults), I was going there for about 7-8 months. I often got praised, I enjoyed it there and learned a lot. I'd recommend Pumo to all those that are in trouble and are unemployed or have given up school temporarily, as there are lovely people there that help you, understand you and to them you are not just a number. In the meantime I was also going to therapy with therapist B, who always gave me hope, she really is a wonderful woman and therapist. But, of course, I set out to find my own way and generally concealed things from almost everyone.

Then, while I was going to Pumo, I'm sorry to say I came across drugs for the second time, but this time I went in much deeper than the first time. Again, I started with grass, speed, xi, and later with ice (ice cream) which is 4-CMC and I also tried angel dust which is PCP.



I took this almost every day, depending on how much money I had. It's fun as long as you have control over the drugs, but as soon as the drugs take control of you it feels horrible. I took all of this regularly for six months. Soon grass meant nothing to me and I spent most of my money on speed and ice. My immune system collapsed, and in a week, if I took drugs every day, I lost five kilos. From day to day the world was falling apart, I couldn't cry, I lost my nickname 'Sunshine', I became an unfeeling person who reaches only more and more for that false sense, the feeling of love and happiness. The feeling was like someone was whispering in your ear with all their heart "Everything will be fine, here you are". But I was not there anymore, I was frozen in time, the only thing I could think of was drugs, I lost people who meant a lot to me, my relationship with my mum was no longer a relationship, but the big thing, what I lost most, was myself. During all this time, I also wrote a lot of stories and sometimes I did some drawing when I couldn't sleep.

Now I'm trying hard to get back to reality, aware that it's really hard without drugs and false feelings, but luckily I have some people around me who encourage me and believe in me. They are the most important thing to me, and once more I really appreciate absolutely every moment I can share with them. Relations with my mum are back on again, and now I go to Projekt Človek, I notice things, I'm trying hard and I really want to be as happy as possible and loved without drugs and that in the future I can help people with similar problems.

I would really like to tell parents to watch their children, take care of them and listen to what the children are saying, because when they go quiet, that never means anything good.

Drugs are no solution; they just temporarily 'solve' things and erase the only realistic picture of life.

N, aged 16

MODERN TIMES AND ADDICTION

*Gregor Dular,
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At the mention of addiction, people first think of drugs. Yet addiction is a much broader concept. Simply put, its development leads to escape from oneself and others through the stunning of consciousness. This is due to the inability to satisfy human physical or mental needs. In addition to the misuse of psychoactive substances, which we call the development of chemical addiction, the consciousness is also stunned non-chemically, almost by any action in which (in the long run) we can retreat from reality. The most common present-day ways of non-chemical stunning are gambling, electronic games, work(aholism), shopping, sexuality and so on. From displacement at the beginning of this process, which brings a sense of comfort and calm, the process eventually develops to compulsion – a person simply needs to take something or do something, he no longer has control over his own actions, he does not know how to stop. At this point, we are already talking about the development of addiction, which is also known to be biological because of the improper functioning of the neural reward pathways. This is also why after establishing abstinence (from anything) a person with a problem simply cannot find pleasure in any activity for some time.

From the point of view of the development of addiction it is therefore necessary to emphasise that it is fundamental to a person's internal dynamics. The key question is why someone feels a desire to be stunned, rather than what he takes or (compulsively) does... And solving this problem lies in the arena of human empowerment. However, since a person is also conditioned by his environment, in the case of addiction, we are not talking about any individual's problem, but about a problem for the entire family, or even further, the whole of society.

With the modern tempo of development in our part of the world, society is facing massive new problems in many areas. In our opinion, the field of childhood and youth, in other words upbringing, is one of the more problematic. Of course, development is something beneficial and simultaneously unavoidable, but easy access to material goods, technological developments, the decline of societal cohesion, the growing emphasis on individualism and the (working) lifestyle that displaces family life to the sidelines bring with them new pitfalls in growing up.

Never before in history have children and young people had such a situation as at the present time. To a great extent they have become an 'asset', which must be carefully guarded, directed, structured and animated with the best offered to them. All of these tendencies are comprehensible at first glance, but in the long run we see their negative effects.

Levels of independence and self-initiative have fallen when compared to the past. Young people are accustomed to simply 'being'. They are not used to organising their own leisure time. Often, not only do they not have any practical goals, but the very idea of investing serious effort into their development seems strange. They exhibit low tolerance of frustration, and there is often a very low level of empathy. The absence of boundaries is also very noticeable.

We notice that young people do not know how to be in touch with themselves. Due to the flood of external (propaganda) messages they perceive their own identity as something external, intended to be shown to others. This unsuccessful pursuit of 'real' feelings within their life voids gives them still further disquiet and anxiety.

Because addiction does not 'appear' just like that, but is a longer-term process, in only rare cases in young people do we talk about developing addictions, rather more often about the development that leads in this direction. Therefore, in programmes for children and young people work is oriented with them, as appropriate, towards both prevention and cure. We try to get educational staff involved as well as the parents.


Regarding the course of development of addiction, we put more emphasis on preventive activities when working with adolescents. The essence of these is to offer young people (or groups) knowledge, and above all practical experience in interacting with the world that is relevant to meeting their needs. We do this via group work and by participating in sports and cultural events, mainly through multi-day camps. There, young people have the opportunity to test themselves in an environment where there is no need for masks, they benefit from real reactions from other young people, connect with each other through healthy activities and they get the opportunity to feel. They are confronted with practical tasks, through which they

gain a sense of their own value and their abilities. Since this is a period of marked social peer pressure, they also learn to stand up for their opinions and to trust them.

We always have to struggle with young people to encourage them to participate. After completing the activity, however, they rarely regret having attended.

In preventive activities, we believe that it would be important to educate teaching staff at school as well as parents, so that they could recognise sooner the characteristics that call for a reaction: a gradual withdrawal from people, apathy, aimlessness, decline in school success, lack of interest in all kinds of activity or giving them up, (sudden) drastic changes in appearance, etc. Of course, the occurrence of any of these symptoms is not necessarily the cause of a red alarm, but it is no doubt a sign that something significant is happening with the child / young person, something that without help they are probably not going to cope with.





“The reason for getting treatment was a court summons to a divorce hearing. Andreja and the boys could no longer handle such a life, so Lojze was given an ultimatum; treatment or out on the street.”

Lojze, aged 63

WHY DID LOJZE START DRINKING?

Lojze and his brother grew up in an outwardly good family, but behind closed doors the picture was different. The mother and father argued a lot. The cause of the quarrels was often alcohol, as the father drank too much and then became aggressive. Lojze says that as a child he was never given a warm word, a hug, or the praise for which every child yearns and every child needs. Luckily, he had no problems at school; he was a very bright child, even an above-average pupil. By learning and achieving tremendous school success, Lojze tried to encourage his parents to pay attention, praise him and give him the feeling that he was somebody special that they were proud of. Despite this, he was always left on the sidelines; he lacked self-confidence and a sense of being accepted. Although he was a successful high school student and active basketball player, who won quite a few matches with his team, Lojze was not happy with himself and could not find peace or security. He was always afraid of new people, situations and the new environments brought upon him by growing up and becoming independent. He drank more and more often and sank into alcoholism and irresponsibility. He enrolled in two faculties, but soon gave up both courses due to alcohol. After these failures, he decided to join the army. As he himself says, this was one of the most beautiful periods in his life, because he was forced into a year of abstinence, and he also learned discipline and consistency.


His girlfriend Andreja was waiting for him at home. When his military service was over, Lojze and Andreja got married. Lojze found a job. But instead of bringing him a sense of security, stability and satisfaction, he again found himself afraid of a new environment, a new way of life and new people. Even though he was a success at work, and was even promoted, he was stressed and, as he had done so many times before, found a solution in alcohol and drinking to excess. During this time, he and Andreja started a family; two sons were born, which, on top of his responsible job, gave Lojze further stress and a more frequent desire to get drunk. Despite his successful job, family and loving wife, Lojze drank regularly, he began to mix alcohol with sedatives and began to sink into the world of dependence, into a world of rows with his wife, into a world of feeling ashamed when he faced his sons, to the world of ever greater distress in all areas of life. The first signs of addiction were noticed after less than 10 years of regular alcohol consumption. Trembling hands in the mornings,

a need and desire for alcohol on the mornings, every thought associated with alcohol. Lojze drank dangerously and harmfully for 27 years, from the end of secondary school until 2000, when he decided to get treatment. The reason for getting treatment was a court summons to a divorce hearing. Andreja and the boys could no longer handle such a life, so Lojze was given an ultimatum; treatment or out on the street.

Lojze decided to get treatment

Lojze was treated at the Department for Alcohol Dependence at Begunje Psychiatric Hospital. Andreja intensively took part in the three-month treatment process. After three months Lojze successfully completed the treatment and was discharged from the department, but his path of abstinence and regulation had only just started. He was aware that, despite Andreja's support, he would not be able to handle these difficult tasks himself, so he joined the Healed Alcoholics' Club, which works as an Abstinence Society. Being part of a group of people who had experience behind them of over-drinking, broken relationships, stigma and shame was crucial for Lojze today to be a self-confident and proud father of two sons, successful both in the business and family fields and a proud grandfather of three grandchildren. His sons and Andreja know they can always rely on him. Their relationship is loving, trusting and respectful.

More importantly, they are in the Abstinent Society, in which they are active volunteers and use their experience to selflessly help those who are just setting out on the road, as well as those who have been following it for some time.



The singer in legendary group The Beatles John Lennon once said that “Life is what happens to you while you’re busy making other plans” and today I know how absolutely right he was. I was still able to plan and calculate my life; I never thought for a moment, that like a house of cards, everything would collapse due to illicit substances. The escape from a tough life that began in a childhood full of trauma became the drugs that were initially my companion only at parties at weekends, where I first took a substance that filled me with urgently needed self-confidence and enabled me an unlimited good mood. That’s why I reached out for the substance ever increasingly, to the point when it turned out that I was physically dependent on it. And so, entirely unplanned, I became her helpless slave, forced to think primarily about getting the next dose and to forget about once important values and ambitions. Trapped in the claws of addiction, unable to control my life, I turned to the Drogart counselling service with the assistance of a friend of mine. And if I came to the first conversation in scepticism and without hope for a better tomorrow, I can only smile today. In the counselling centre, for the first time, I had the benefit of a non-accusatory approach with a strong social sense, which is always present. The help and advice I was given in the counselling centre is the reason that I survived this period and I have managed to get clean of illegal drugs. I am sincerely grateful that such an organisation exists, where as an addict I did not feel rejected by society, but where via discussions in a safe environment I acquired a chance to get my house of cards back on its feet and to be free to look forward to a new tomorrow.

Male, aged 25



A DIFFERENT WAY OF WORKING WITH YOUNG PEOPLE WHO EXPERIMENT WITH ALCOHOL OR OTHER DRUGS

*Anja Mihevc and
Manca Bizjak,
DrogArt*

Youth is a time when young people try to find out who they are, where they are going and what they want. It is often a period that is very arduous for young people and adults, but at the same time it is absolutely necessary. When looking for themselves, young people also experiment - in all areas of life, including the use of alcohol and other drugs. In these drug experiments, the so-called 'recreational use' is common, which usually happens at weekends and is a way of having fun and feeling comfortable and relaxed after a hard week. Experimenting with drugs and recreational use are normally just transitional periods and do not leave behind major consequences for most young people. In cases where drug use drags on into adulthood, it can leave behind physical and psychological consequences.

When/if young people come into contact with alcohol or other drugs, it is important that they are well informed about this, that they know their limits and if they have already decided to use alcohol or other drugs, it is good that they follow the guidelines for reduced harm. In this regard, help from their peers is key. At the DrogArt Association, we promote a peer-based approach - we train young people for youth fieldwork, where at nightlife venues (clubs, public open spaces, etc.) they give information about reducing the risks associated with the use of alcohol and other drugs (so that the young people are informed in advance about the substances, the substance is taken for testing in advance, that there is safe transport home from the entertainment venue, that non-alcoholic drinks are also consumed, that something substantial is eaten beforehand etc.), or provide basic first aid if necessary. We also raise awareness of the 'party buddy' concept, which means that we encourage young people to take care of their friends at parties, to stay with them and never leave anyone behind. Information on alcohol, other drugs and related issues can be obtained by young people at our info point in the city centre every working day.

If individuals need more targeted assistance, we offer them the option to join an advisory-therapeutic process within the DrogArt counselling centre. Many youths and young adults

wonder whether they have problems using alcohol or other drugs, and how they can notice this. If to achieve the same result an individual needs ever-increasing doses of the drug, if they have trouble sleeping or feel anxious because of drugs, if they have tried and failed to give up, if a lot of time is spent concerned or withdrawing into themselves, if due to drug use they have problems at home, at school or at work, or if, despite knowing they have problems with drug use they carry on anyway, then they have problems with the use of drugs. In this case, as part of the DrogArt counselling centre we offer them counselling based on the principles of the psychotherapy of harm reduction. The counselling is anonymous and adapted to the individual's goals or needs.

The concept of harm reduction does not focus on abstinence, but on establishing what is most important to the individual, what if anything can be resolved to start with and without which it would not be possible to begin to establish abstinence. It is important to strengthen the individual's motivation to change, to promote the acceptance of responsibility and to search for the strength for the first step in the right direction.



It all started in the third year of high school when I was 17. I started playing a computer game that I already knew from when I was younger, and I was overwhelmed by a feeling of nostalgia. What first began as innocent reminiscing soon turned into daily play, due to which I threw just about everything (school, girlfriend, friends) onto the sidelines. What's more, relations at home became strained as I got annoyed if someone interrupted me when I was playing.

So a few months after I started this game, I was staying awake until three in the morning and then setting off sleepily to school the next day, with the only thing in my head being when I would be able to play again. Despite all this I still passed my school year and my parents stopped hassling me about playing this game.

So I spent most of the summer staring at the screen and I rarely met my girlfriend or friends. When we went on a school trip to Spain, I discovered that the hostel had computers on which it was possible to play, and so I spent most of my time in that room.

But the worst thing was what it did to relations with my girlfriend. I didn't tell her that I played games all day, and so she never knew why we hardly spoke anymore, let alone went out. When she used to call me in the evenings, I made out I was going to sleep, so that I could carry on playing on my computer. This escalated to the inevitable, and so she left me at the end of the summer. I admitted everything to her straightaway, but it was too late. In the hope she might take me back, I wanted to show her that I could change, and I completely quit playing. I also searched online for somewhere to help me, and that's how I discovered Logout.

I've been going to Logout for 18 months. In this time I've managed to get the game-playing under control, but I'm also more pleased with my life in general. I go to individual and group sessions, where we either have various discussions or one of us shares their problems or the good things that are happening.

Many people disapprove of playing video games and too much computer use, but few of them are aware that this can lead to addiction. I used to be one of those, as I went on too long not realising I was addicted to playing, which led to one of my more difficult periods, but luckily I managed to get through this experience with the help of the staff and other users at Logout.

D. A., aged 21

ADDICTION TO DIGITAL TECHNOLOGY

*Petra Belina,
Logout - Nora
Institute, Centre
for Contemporary
Addictions*

Addiction to the internet and digital technologies is a nonchemical form of addiction, in which the person's main necessity becomes the very behaviour to which they are addicted (such as playing computer games). While dealing with these problems, people encounter loss of control of their behaviour and feelings of helplessness and guilt.

The problem is becoming widespread and recognised

In China it is estimated that 13.7% of teenagers are addicted to the internet. Therefore, in 2007, the use of the internet was restricted by law. In Japan, the term 'Hikikomori' is used in connection with this problem. This is a reclusive form of behaviour, where an individual withdraws from the world, often seeking total isolation from the environment.

Smart phones that offer an ever greater and more convincing experience are becoming a cause of concern regarding addiction. In the last year at the Logout counselling centre, in addition to the growth of problems with smart phones, we have noticed that the age range of children being brought by their parents is going down.

When do we talk about addiction?

A lot of studies have already been undertaken on the subject of overuse of the internet and addiction to digital technology and lots of definitions have been set out. It is common to all of them that excessive use is a phase that can, if not recognised and averted in time, lead to addiction. Addiction to digital technologies is said to be when an individual satisfies most of his needs via specific behaviour related to devices or content on devices. Although this is harmful, they cannot stop and, consequently, cannot function normally without the device.

It is key to identify the signs, which arise in various combinations:

- loss of sense of time,
- ever increasingly thinking about online activities,
- lack of interest in free-time activities,
- less socialising with friends and family,

- a fall in academic success/work performance and neglect of school/work,
- greater absence from work/class,
- frequent interpersonal conflicts,
- changed sleep patterns,
- staying on the digital device while eating,
- mood swings,
- verbal or physical aggressive reactions when the device is taken away,
- emotional reactions to frustrating online activities,
- failed attempts to give up the behaviour,
- lying and concealing the use.

Differing forms of addiction

Because users are addicted to internet content, but not the media itself, we draw distinctions between various specific forms of addiction related to content: computer games, pornographic content, social networks, gambling and shopping.

In addition to specific addictions, some users are also observed to have a general addiction to the internet. This could be described as a set of addictions to a variety of internet content (games, online social networks, pornography, gambling or shopping) rather than to the internet itself.

Logout&Restart?

Logout&Restart is a low-threshold programme we have developed with the aim of helping those who have lost a sense of control over digital technologies. Our users are mainly adolescents and young adults. We can offer them regular weekly individual and group meetings, and parents can have regular group meetings and, if necessary, individual meetings. The course and the success of the treatment depend primarily on the motivation to change and the involvement of people around them. At this point it is worth mentioning that we at Logout understand young people quite well, since we give them space and time to talk about things that do not seem to matter to other adults in their lives.

J., aged 18

My life story really starts when Mum put me into foster care when I was three months old. I stayed there until I was three, when I went to another foster family in Gorenjska. There I spent a year in kindergarten, and then six grades of primary school. I learned how to write, read, draw, ride a bike, swim, ski and did various sports, most of all climbing.

After completing sixth grade, I moved back in with my mum and lived with her and my half-brother for four and a half years. During this time, I began to smoke cigarettes and grass and began to do stupid things. At school I became a slacker and answered the teachers back. Basically, I had a lot of problems at school, because I preferred to be around people that were not a good example. After four and a half years my mum couldn't put up with me anymore because I got on her nerves, and because they called her from school because of my behaviour, grades and playing truant. She decided to go to England on holiday with a friend. She packed me off to her mum's, my grandmother's. It was really hard for me, as I didn't know how she was, because I did not know her very well. While I was at my grandmother's I finished the first year of middle school to become a car mechanic. In the summer, we got on really well, but when school started, she gave me a hard time about studying and I should have given up smoking weed, because it wasn't good for me. After a couple of months, we started arguing and she made me go home straight after school.

I wasn't allowed out for even half an hour because she knew I would smoke dope and then I wouldn't be able to study. After a while, I started to escape from her through the window because she lived on the ground floor. I didn't have a key, so in the evening I let myself back in through the door that she left unlocked for me. After a while, I started to go off for a day or two to visit my dad who lived nearby, although my grandmother didn't allow me to.

Once I came home from school to my grandma's and I threw a bag into my room that had about 50g of grass. I waited from my gran to take the dog out and then I disappeared off for a week. After a couple of days, when I hadn't come home from school, my gran was going through the wardrobe to see what clothes I was wearing and spotted the bag. She opened it and took my grass to the police, made a statement, and reported me as a missing person.

On the fifth day, the police found me, took me to the police station and called my grandmother to come and collect me. A year later, I got a court summons for the 50g of grass and an order to be included into an educational institute because I was still underage.

I landed in the institute after six months or in September and began to get my life back on the right track. They involved me in a programme for children and young people as part of the Project Human Society's programmes. I went back to school as a third year, the last year, and I managed to pass it. I quit smoking dope, gave up the stupid stuff and set some goals for my life. When I finish studying, I'm going to find work and live off my own money and my own judgement. One day I would like to start a family.



KILIMANJARO

TACTICS FOR RESEARCHING AND MANAGING THE FUTURE – RISK AT STAKE

*Dr Amra Šabić,
Vida Vinček*

The TropTNT project is one of a group of preventive programmes and is aimed at averting and reducing the risks of alcohol consumption and managing other risks faced by young people during the period of growing up and becoming independent. The project, commissioned by the City of Ljubljana, is carried out by students from the Faculty of Social Work with their mentors, Dr Vera Grebenc and Dr Amra Šabić. The activities are aimed at youngsters aged between 14 and 19, who we meet in primary and secondary schools and at other locations where they gather for organised events. Some activities are also prepared for parents in the form of face-to-face and online chat rooms. The content and working methods are developed in line with the principle of co-creation, so that together with young people – for young people, the framework and the guiding principle at work is a method of risk assessment and planning the future.

The project comprises multiple programmes carried out by diverse teams. In this way it is possible to get closer to various groups and simultaneously operate in several locations. We operate the Growing Up Safer Programme in nine grades of primary school; 'Risk Management Planning' is designed for secondary school students; 'Flying Teams' is a programme of peer support in the community and at organised youth gatherings, while the 'After' programme is intended for discussions with young people after events and to encourage reflection on past actions. We offer parents two programmes of 'Chat rooms for parents', either in groups or individually, online or face-to-face. The online counselling is conducted by staff member Maja Herzog and runs at <http://nevidno-lepilo.si/projekt-varni-kot/>. Parents' groups that run face-to-face are designed as support groups working on the principle of empowerment and mutual support.

In each of the programmes implemented, the content of workshops is selected together with the participants. The participants are those who open up on the topical issues of everyday life (socialising and personal relations, interests and education, special events and situations, everyday tasks and responsibilities, spending spare time and others), and then the process of risk assessment begins. Together, we then analyse situations, identify the risks in these situations and talk about the positive outcomes and possible adverse consequences that can occur. Together, we make plans to reduce hazards, prevent

negative outcomes and produce positive scenarios for the future. The goals of our programmes are to increase the ability to critically evaluate risky situations and to plan the reduction of undesired consequences. This means that we talk about the issues of alcohol and other drugs, the first sexual experiences, the excessive use of information-communication technology, the problems of peer violence and many others in the context of the specific risks in contemporary society, taking into account the complexities of young people's everyday lives. It is not just about providing information but about siting this information in their everyday experience.

Today, access to a full range of information is no problem to young people; the problem they have is that often they do not know what to do with the information, how to sort it, and how much to rely on it. Often this information is imposed on them as self-evident, convincingly simplified and credible, and therefore it is difficult to assess its true value and relevance. Young people rarely talk to their parents or teachers about their risky behaviour. Therefore, it is difficult to check the information obtained with people who have more experience. Our activities enable them to use discussions to classify experiences in their value system, as only then do they become useful. In conversation with others they think about specific topics, they create their own opinions and can also clarify them. In this way, they develop and strengthen the characteristics that enable them to be better prepared to face the diverse challenges in growing up, they are more alert to the risks and to the possibilities of managing risk to either avoid risky behaviour or reduce the likelihood of adverse consequences.

We are aware that young people greatly prefer to have experiential learning than listening to lectures or warnings. They have difficulty listening to instructions on how to handle their future as they live in the here and now. Therefore, our groups are based on first providing a safe space and ensuring a good and relaxed atmosphere, as only under such conditions can we achieve a constructive conversation. It is important that personal relationships are established between us and the participants and that everyone in the group keeps up a respectful attitude towards one another. In our workshops, we co-create with participants; this means that students also have an influence on the course of workshops by choosing topics, participating in setting rules and co-creating content. Together we learn, offer opinions and share our experiences and stories. This is how we connect previous experiences and learn from them for future challenges.

THE ROLE OF THE CITY OF LJUBLJANA IN THE FIELD OF PREVENTIVE ACTION, HARM REDUCTION AND THE SOCIAL AND HEALTH REHABILITATION OF ADDICTS

We at the City of Ljubljana (MOL) support the development of numerous activities and programmes in diverse fields. Through its Health and Social Care Department, MOL mainly supports those intended for the most vulnerable in terms of the risk of developing various forms of addiction, and for individuals and groups who already have problems with addiction, while the Addiction Prevention Section and the Youth Section are more oriented towards preventive programmes.

Central to this field is the co-financing the activities of non-governmental organisations (NGOs) and public institutes that offer and implement social care programmes and programmes for health protection aimed at reducing harm from drug and alcohol abuse, at preventing and treating addiction to modern technologies and at social rehabilitation of addicts. The selection of these groups of programmes for co-financing with MOL funds is done via public tenders. When planning tenders, we take into account people's needs, and suggestions from implementing organisations that are based on their experience and developmental guidelines of social care and preventive health activities.

The City's Addiction Prevention Section issues funding via tenders and monitors the implementation of preventive programmes, which are carried out primarily in kindergartens and schools, and are designed to prevent the occurrence of harmful patterns of behaviour that could lead to various forms of addiction. The Section plans policies to prevent addiction and monitors the situation in this field in Ljubljana, participates in planning strategies and introducing quality standards for preventive programmes in the field of addiction and undertakes the appropriate education of pedagogical staff.

The City's operations in the field of youth also contribute to the prevention of addiction. This is the competence of the Youth Section, thanks to which MOL has carried the title of Youth

Friendly Municipality (since 2012). The Section co-ordinates the City's overall youth policy, promotes the activities and opportunities offered by public institutes and youth NGOs, and responds to the needs of young people in the city.

There follows a selection of co-financed social care and health protection programmes, where you can find basic information on programme content and contact details for the organisations that carry them out.

Addiction to illegal drugs

The use of and especially addiction to illicit drugs affects the individual physically, mentally and socially, and has a negative impact on society as a whole. In response to the needs of the target population, there is a whole range of active NGO programmes in Ljubljana. The activities include both programmes for reducing drug-related harm as well as traditional therapeutic programmes for those who want to stop using drugs for good. We also have a shelter for homeless users of illicit drugs, which is the only one of its kind in Slovenia.

Projekt Človek Society

Malenškova 11, 1000 Ljubljana

+386 1/542 37 46

uprava@projektclovek.si

www.projektclovek.si

Projekt Človek

- The social rehabilitation of those addicted to illegal drugs with preventive workshops in schools, fieldwork, phone counselling, a day centre, with a therapeutic community and a reintegration centre
- Individual, group, partner's and family therapeutic work plus psychosocial counselling in the field of addiction
- Self-help groups
- Training users in the form of led workshops and training volunteers to work with users
- Organising and carrying out preventive campaigns, awareness campaigns and camps and holidays for users
- Social and leisure time activities

Stigma Society for Reducing Harm from Drugs

Hacquetova ulica 9, 1000 Ljubljana

+386 1/430 12 05

drustvo.stigma@siol.net

www.drustvo-stigma.si

Programmes to reduce harm from drugs

- Reducing harm caused by use of illegal drugs with two day centres for illegal drug users and fieldwork
- Informing and raising awareness of users about the social care system, the risks associated with drug use, less hazardous forms of drug use and the issues of hepatitis C and the HIV virus
- Psychosocial counselling, discussions and lay counselling to stimulate positive change, manage employment and accommodation problems and transmit preventive messages

Slovenian Association to Reduce the Harmful Consequences of Drugs – DrogArt

Kardeljeva ploščad 16, 1000 Ljubljana

+386 1/439 72 70, +386 41 730 800

info@drogart.org

www.drogart.org

Prečna ulica 6, 1000 Ljubljana

info@drogart.org, info@kokain.si

Reducing the Harmful Consequences of Club Drugs and Cocaine among Youth and Young Adults

- Reducing the harmful consequences of club drugs and cocaine via a counselling centre and info point plus fieldwork
- Informing and raising awareness among users and the general public about the harmful consequences of club drugs and cocaine and about steps to reduce the risks associated with drug use
- Professional psychosocial counselling and therapeutic work with users and their relatives who encounter problems associated with the use of club drugs and cocaine
- Conversations and lay counselling at the info point
- Training volunteers for fieldwork at major events and providing information
- Publishing scientific publications plus publications for young people and their parents

Slovenian Association for Mental Health – Šent

Belokranjska ulica 2, 1000 Ljubljana

+386 1/ 230 78 30

info@sent.si

www.sent.si

Shelter for Homeless Users of Illegal Drugs

- Providing the option of overnight accommodation to homeless users of illegal drugs
- Individual help and accompanying users in regulating their social, health and economic status
- Informing and raising awareness of users about less risky ways to use illegal drugs
- Informing and raising awareness of the general public on reducing harm in the field of drugs
- Advocacy support to users

Day centre for reducing harm due to illegal drugs

- Reducing harm from illegal drug use via a day centre for illegal drug users plus fieldwork
- Support in integration into daily life, individual counselling to drug users, informing, advocacy support, exchange and collection of used needles
- Individual planning of personal development

‘UP’ Society to assist addicts and their relatives

Kersnikova ulica 3, 1000 Ljubljana

+386 1/434 25 70

drustvo.up@siol.net

www.drustvo-up.si

Assistance to addicts and their relatives

- A social rehabilitation programme for users of illegal drugs with a counselling centre, information office and reintegration centre
- Psychotherapeutic counselling and conversation plus lay counselling
- Advocacy assistance to users and a self-help group
- Preventive workshops for pupils and students and preventive lectures for parents
- Training volunteers to work with users
- Organising and operating camps and holidays for users
- Socialising and leisure time activities

Addiction to alcohol

The many adverse effects of the hazardous and harmful consumption of alcohol among young people and the frequent occurrence of alcoholism among adults make this one of the most pressing social problems and challenges in Slovenia, just as elsewhere in Europe. The adverse effects are not limited to individual health, but also extend to the area of partnerships and family relationships and have widespread negative social and economic consequences. Actively confronting the issue of alcohol is an important element of modern society, to which we contribute via the regular co-financing of diverse social care programmes aimed at preventing or reducing the harmful effects of alcohol plus the social rehabilitation of the addicted.

ABSTINENT Society for Life Management

Linhartova cesta 13, 1000 Ljubljana

+386 64 244 497

info@abstinent.si

www.abstinent.si

- **Moderation is life**
Weekly meetings of led users' self-help groups to deal with the distress and difficulties arising from excessive alcohol
- **consumption**
Discussions and lay counselling as part of monthly led themed
- **meetings**
- **Individual meetings**
Socialising and leisure time activities

Slovenian Association to Reduce the Harmful Consequences of Drugs – DrogArt

Kardeljeva ploščad 16, 1000 Ljubljana

+386 1/439 72 70, +386 41 730 800

info@drogart.org

www.drogart.org

Prečna ulica 6, 1000 Ljubljana

info@izberisam.org

Reducing the harmful effects of alcohol among young people – Choose yourself

- Informing and awareness-raising among young people and the general public on the hazards associated with alcohol via printed materials and modern communication channels
- Running preventive workshops in primary and middle schools plus fieldwork
- Telephone and face-to-face motivational counselling to change habits
- Informing at a mobile info point on the harmful consequences of alcohol

Training volunteers to do workshops and fieldwork

Addiction to tobacco

Smoking and associated harmful habits are a serious health risk. It is still a cause of concern how widespread is smoking and using tobacco, which is one of the most damaging (legal) drugs. Smoking and taking up smoking are impacted by many different factors, but there are various measures that help people not to start smoking or to give up, both preventive and those that encourage people to quit. At the City of Ljubljana we are aware of the importance of preventive action and in the future we will continue to work together with two of our public institutes, the Ljubljana Health Centre, which offers a programme of individual counselling to quit smoking, and Ljubljana Pharmacy, which also offers a programme to give up smoking, plus NGOs that strive to raise awareness and inform about the importance of a healthy lifestyle.

Contact details of programmes where you can find help to quit smoking:

Ljubljana Health Centre, a programme of individual counselling to give up smoking is available at all the units of Ljubljana Health Centre

T: 01/581 53 30 (Šiška unit), 01/300 33 68 (Bežigrad unit), 051 315 271 (Moste – Polje unit), 01/583 74 35 (Šentvid unit), 01/472 38 59 (Center unit), 01/200 46 27 (Vič unit)

Ljubljana Pharmacy, programme to quit smoking

T: 080 7117

E: lekarna.ljubljana@lekarna-lj.si

Electronic forms of addiction

As we are aware of the breadth, diversity and dynamic nature of the problem of addiction, we have opted for a category of other forms of addiction in City of Ljubljana funding tenders to co-finance social care programmes. Thereby we regularly enable new initiatives, and we try to be as flexible as possible and to identify new forms of addiction that require extra attention in a set period. We included addiction to computers or smart phones in this category in tender frameworks among the programme initiatives of applicant programmes. In an increasingly less manageable and relatively alienated world, these modern accessories are almost unavoidable companions to studies, work or entertainment, but at the same time they can offer the option of escaping to virtual reality or a safe and anonymous refuge where direct social contact is not necessary, which can quite imperceptibly lead to addiction.

LOGOUT - Nora Institute, centre for contemporary addictions

Metelkova ulica 15, 1000 Ljubljana

041 233 474

info@logout.si

www.logout.si

Logout & Restart: a programme of moderate and balanced use of technologies and the internet and assistance to dependent users

- Assistance with difficulties due to excessive use of technology and the internet with a counselling centre and info point
- Professional psychosocial counselling to users who have problems due to intensive and uncontrolled use of technology and the web (overload, addiction)
- Training users as part of led workshops in the creative use of technologies

Digital diet: a selective preventive programme

- Informing and counselling for parents at the appearance of the first symptoms of the risk of internet addiction developing

TREATING ADDICTIONS WITHIN A PUBLIC NETWORK

Network of centres to prevent and treat addiction to illegal drugs (CPZOPD)

A 1995 Decision by the Slovenian Ministry of Health established centres to prevent and treat addiction to illegal drugs in nine Slovenian towns and cities; today there are 18. At the same time, operations began of both the Network Co-ordination, the body that co-ordinates professional co-operation among the centres, and the Health Council at the Ministry that proposes policies for treating addiction. The Commission for the Supervision of the work of the CPZOPD was also founded; this monitors the professional development of the centres and supports their work in the community.

The Ljubljana centre is one of the five larger centres in Slovenia; it works in the network of centres to prevent and treat addiction to illegal drugs, and co-operates with other centres in the network, the Centre for the Treatment of Illegal Drug Addiction, hospitals, prison institutes, centres for social work and NGOs.

Maintenance and detoxification treatment with methadone, buprenorphine and SR morphine plus psychosocial treatment are performed at the Ljubljana Centre, and they also do referrals to other programmes if, after talking to the patient, they assess that this is necessary and best for him.

The activities of the centres to prevent and treat addiction to illegal drugs are:

- Counselling for addicts, relatives and teachers,
- individual, group and family therapy,
- preparation for hospital treatment,
- help with rehabilitation and reintegration into society,
- consultations for health and social services,
- patronage and links with therapeutic communities and self-help groups,
- outpatient detoxification and
- a methadone maintenance programme.

Source: On the 20th anniversary of the founding of the network of centres to prevent and treat addiction to illegal drugs. (2015). Ljubljana: Slovenian Ministry of Health. Available at: http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_2015/droge/20_cpzopd_publikacija_vsebina_2015.pdf (14.9.2017)

Contact:

Ljubljana Health Centre – Center unit
Centre to prevent and treat addiction to illegal drugs
Metelkova ulica 9, 1000 Ljubljana
T: +386 1 47 23 700

Centre for treating addiction to illegal drugs (CZOPD)

The National Centre for treating addiction to illegal drugs opened in Ljubljana in January 2003. CZOPD performs specialist outpatient activity, which includes individual, group, family and partner's treatment, counselling for drug users, their relatives and teachers, preparations for hospital treatment, help with rehabilitation and reintegration into society and consultations for health and social services.

In addition to outpatient activities, the option of hospital treatment is also available at CZOPD, prior to which the patient and, if possible, his relatives must join a preparatory group and two to three months of ongoing outpatient preparations. This is followed by a 14-week treatment in hospital, and later the option of a couple of months in a day ward, three times a week. At this stage, patients have the option to join a self-help group, additional therapeutic programmes and a club. The treatment programme is planned together with the patient, in discussions with him and, if desired, also in partnership with his relatives. This identifies and assures at the time of treatment what is most appropriate to individual needs and progress in terms of customised forms of help and treatment.

The most important goals of treatment at the Centre are to establish abstinence and to assist in retaining this alongside appropriate changes in lifestyle.

Contact:

University Psychiatric Clinic Ljubljana
Centre for treating addiction to illegal drugs
Grablovičeva ulica 48, 1000 Ljubljana
T: +386 1 58 74 900

Source: University Psychiatric Clinic Ljubljana. Centre for treating addiction to illegal drugs. Available at: <http://www.psih-klinika.si/strokovne-enote/center-za-zdravljenje-odvisnih-od-prepovedanih-drog/> (12.9.2017)

Unit for treating addiction to alcohol

The unit for treating addiction to alcohol is intended for people with difficulties due to harmful alcohol consumption or addiction to alcohol. In addition, people with problems due to dependence on various medicines, their relatives and those close to them can find assistance in the unit.

Treatment is possible through a referral by the GP or other doctor, or a person can decide to make contact himself and make an appointment for an introductory conversation, or this can be done by a relative. Outpatient treatment can be done as a preparation for intensive treatment or it can serve simply for diagnostics and counselling. There is also an option of hospital treatment that lasts for an average of one month, followed by a daily hospital visits in the mornings from Monday to Friday.

The treatment is holistically oriented, but it is generally carried out in the form of group or individual psychotherapy, and if necessary, the treatment is supplemented by psychiatric treatment.

The goal of treatment is abstinence, which enables appropriate changes in the fields of thought, emotions and behaviour.

Contact:

University Psychiatric Clinic Ljubljana
Unit for treating alcohol addiction
Poljanski nasip 58, 1000 Ljubljana
T: +386 1 30 03 475

Source: University Psychiatric Clinic Ljubljana. Unit for treating alcohol addiction. Available at: <http://www.psih-klinika.si/strokovne-enote/center-za-mentalno-zdravje/enota-za-zdravljenje-odvisnosti-od-alkohola/> (12.9.2017)

Challenges with addictions in Ljubljana

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- 365-day battle against violence against women in Ljubljana (2010)
- Voluntary Ljubljana – a friendlier Ljubljana (2011)
- Ljubljana – Healthy City, a guide to social care and health protection programmes (2012)
- Rainbow Ljubljana (2013)
- Social Ljubljana (2014)
- For mental health in Ljubljana (2015)
- Health profile of the City of Ljubljana (2016)

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<https://www.ljubljana.si/en/municipality/city-of-ljubljana-publications/>





»In the most difficult moments, it is important to have someone that you can trust and will help so that into the rainiest days a ray of hope can shine.«

Tjaša Ficko
City of Ljubljana Deputy Mayor