

SLOVENIA, PUBLIC HEALTH AND THE PROBLEMS OF ADDICTION

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Editorial

Slovenia is a small country that is moving rapidly toward full integration with the European Union and the global economy. With a long tradition of familiarity with alcohol and tobacco, Slovenia is no stranger to the public health problems associated with the use of dependence-producing substances. As the papers published in this issue of the Slovenian Public Health Journal show, the economic and political changes taking place in your country are creating new challenges for public health practitioners and policymakers. In this brief introduction, I would like to offer several observations on the role of public health in the development of an organized national response to the problems of addiction, and suggest some new opportunities for public health research and prevention policy.

First, what can we learn from these papers about the problems of addiction in contemporary Slovenia? One lesson is that Slovenia is experiencing the same kinds of problems as other countries undergoing rapid economic development. This is in part a result of applying new epidemiological tools, such as school surveys and the monitoring of admissions to alcohol and drug treatment programs. School surveys are one of the most useful ways to describe the extent of substance use. As indicated by survey research in the Gorenjska region, the prevalence of alcohol intoxication, tobacco use and cannabis smoking is comparable to that found in other European countries. This is a cause for concern and speaks to the need for systematic planning of prevention measures. Other papers in this issue identify the potential risks of the hallucinogen Ecstasy, which is especially popular with young adults who frequent dance clubs in urban areas, and the recognition among Slovenian psychiatrists that pathological gambling is a growing problem. It is clear from these papers that there is an important need in Slovenia to expand epidemiological surveillance programs so that an organized response can be formulated to the problems of substance use and addiction.

A second reflection is prompted by the following question: What are the most appropriate responses to the problems of addiction in Slovenia? As the emerging economies of Europe struggle to find ways to deal with the crime, psychiatric disorders, medical conditions,

and social problems associated with psychoactive substances, the first response is often to expand treatment programs, as suggested by several of the papers in this volume dealing with methadone maintenance, gambling, and alcoholism. Another response is to develop school-based prevention programs. A third response is to increase penalties for the use and distribution of drugs such as Ecstasy, heroin and cannabis. Based on what has been learned from research on alcohol (1) and the illegal psychoactive substances (2), these responses, while important, should only be considered an initial step in the development of a more comprehensive public health approach to the problems of substance use and addiction. Such an approach would begin with the consideration of more effective, evidence-based measures that focus on populations as well as individuals. In the area of alcohol abuse, for example, the most effective measures are higher alcohol taxes, procedures to deter drunk driving, such as random breath tests, and restrictions on the availability of alcohol (1, 3). Availability restrictions include higher age limits on the purchase of alcohol and controls on the times, locations and days of sale.

My final observation concerns the role of research in the development of an effective public health response. Perhaps the most encouraging thing about the papers written for this volume is the extent to which empirical research is starting to focus on the problems of addiction in Slovenia. When addictive substances begin to be recognized as a health issue, the first approach is often to use the methods of clinical epidemiology to describe the populations affected and the problems they are experiencing. Articles in this volume dealing with clients in alcoholism and methadone maintenance provide valuable information about the effectiveness of treatment and predictors of treatment response. This research is also useful in the development of a cadre of clinical scientists who are able to serve as experts when questions about public policy inevitably arise. But clinical research is just the beginning of an organized public health approach. Interdisciplinary collaboration is often required among social, behavioral and medical researchers in order to set up surveillance systems, health services research, prevention planning and policy

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analysis. The papers in this volume represent an important first step in building the necessary expertise, data bases, research findings and program evaluations that will prepare Slovenia for the public health challenges ahead.

References

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SLOVENIJA, JAVNO ZDRAVJE IN PROBLEMI ODVISNOSTI

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Uvodnik

Slovenija je majhna država, ki hitro napreduje na poti k polni integraciji v Evropsko unijo in svetovno gospodarstvo. Zaradi dolge tradicije uporabe tobaka in alkohola Sloveniji niso neznani zdravstveni problemi, povezani z uživanjem substanc, ki vodijo v odvisnost. Prispevki, objavljeni v tej številki revije, govorijo o tem, da družbene in politične spremembe v državi prinašajo nove izzive zaposlenim in politikom na področju javnega zdravstva. V tem kratkem uvodu bi rad podal nekaj misli o vlogi, ki jo ima javno zdravstvo pri oblikovanju organiziranih nacionalnih ukrepov za reševanje vprašani zasvojenosti. Nakazal bi tudi rad nekatere nove možnosti za javnozdravstvene raziskave in preventivno dejavnost.

Kaj lahko izvemo iz tu objavljenih člankov o vprašani zasvojenosti v današnji Sloveniji? Najprej to, da se Slovenija sooča s prav takimi problemi kot vse druge države v fazi hitrega gospodarskega razvoja. To je delno posledica uporabe novih epidemioloških instrumentov, kot so to ankete v šolah in spremljanje vstopa alkoholikov in odvisnikov od drog v programe zdravljenja. Raziskave, ki so jih opravili na področju Gorenjske, so pokazale, da so tam opijanje z alkoholom, kajenje cigaret in uporaba marihuane razširjeni v podobni meri kot v drugih evropskih državah. Ti izsledki so zaskrbljujoči in kažejo na potrebo po sistematičnem načrtovanju preventivnih ukrepov. Članki v reviji govorijo tudi o potencialni nevarnosti halucinogena ekstazija, ki je popularen predvsem med mladimi v plesnih klubih v mestnih središčih ter o zaskrbljenosti slovenskih psihiatrov zaradi naraščajočega števila zasvojenih z igrami na srečo. Ti prispevki jasno kažejo, da je treba v Sloveniji razširiti programe epidemiološkega nadzora, da bi na tej osnovi lahko organizirano ukrepali proti uživanju drog in zasvojenosti.

Odgovor pa zahteva tudi naslednje vprašanje: Kako naj se Slovenija najbolj ustrezno loti vprašanja zasvojenosti? Evropska gospodarstva v razvoju, ki si prizadevajo najti najboljše načine boja proti kriminalu, psihiatričnim motnjam, boleznim in družbenim problemom, ki so povezani z uporabo psihoaktivnih substanc, najprej pomislijo na širitev programov. To predlagajo tudi avtorji v nadaljevanju objavljenih prispevkov o vzdrževalnih metadonskih

programih, igranju na srečo in alkoholizmu. Druga možnost je uvajanje preventivnih dejavnosti v šole, tretji pa uvedba strožje kazenske zakonodaje na področju razpečevanja drog, kot so to ekstazi, heroin in kanbis. Kot so pokazale raziskave o uživanju alkohola (1) in nedovoljenih psihoaktivnih substanc (2), predstavljajo ti, sicer zelo pomembni pristopi, le prvo fazo v razvijanju celovitega javnozdravstvenega programa za preprečevanje uživanja in zlorabe drog. V okviru takšnega programa bi najprej uvedli z znanstvenimi dokazi podkrepjen ukrepe, namenjene tako posameznikom kot skupinam prebivalstva. Kar se tiče pitja alkohola, sodijo med najbolj učinkovite ukrepe te vrste višji davki na alkohol, ukrepi za preprečevanje vožnje pod vplivom alkohola, npr. naključni alko testi in omejitev dostopnosti alkoholnih pijač (1, 3). Med zadnje ukrepe sodijo zvišanje starostne meje za nakup alkoholnih pijač in omejitev časa, krajev in dni za prodajo alkohola.

Moja zadnja pomisel pa velja vlogi raziskovanja pri oblikovanju učinkovitih javnozdravstvenih programov. V prispevkih za to številko je verjetno najbolj opogumljajoče dejstvo to, da je v Sloveniji vedno več empiričnih raziskav, ki se ukvarjajo z vprašani zasvojenosti. Ko uživanje drog, ki povzročajo zasvojenost, prepoznamo kot zdravstveni problem, je navadno prvi korak namenjen opredelitvi prizadetih skupin prebivalcev in njihovih problemov s kliničnimi epidemiološkimi metodami. Članki v tej številki, ki so posvečeni uporabnikom programov za alkoholike in metadonskih programov, prinašajo dragocene podatke o učinkovitosti zdravljenja in napovednih dejavnikih izida. Te raziskave so v pomoč tudi pri oblikovanju skupin kliničnih znanstvenikov, ki bi lahko ponudile strokovne odgovore na nova vprašanja o javni politiki na tem področju. Klinične raziskave pa so le začetek organizirane javnozdravstvene akcije. Pogosto je za oblikovanje programov nadzora, zdravstvenovarstvenih raziskav, načrtovanja preventivnih ukrepov in analizo teh dejavnosti, potrebno interdisciplinarno sodelovanje med raziskovalci na področju družbenih, vedenjskih in medicinskih ved. Prispevki v tej številki revije predstavljajo pomemben korak naprej pri oblikovanju potrebne korpuse strokovnega znanja, podatkovnih

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baz, raziskovalnih izsledkov in evalvacij programov, ki bodo Slovenijo pripravili za soočanje s prihajajočimi izzivi na področju javnega zdravstva.

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