



XVI. Alpe – Jadran – Balkan mednarodna konferenca o alkoholizmu in drugih odvisnostih / International Conference on Alcoholism and Other Addictions

Pot k sodelovanju: Integracija različnih oblik strokovne pomoči na področju zdravljenja in obravnave alkoholizma ter drugih odvisnosti /
A path to collaboration: Integration of different approaches to alcoholism and other addictions

Knjiga povzetkov

Book of Abstracts

Bled, 26. – 28. 09.2024

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I. POVABILO

Z največjim veseljem vas pozdravljamo na XVI. Mednarodni konferenci Alpe Jadran Balkan - Integracija različnih oblik strokovne pomoči na področju alkoholizma in drugih odvisnosti.

Teme, ki bodo predstavljene na konferenci, so raznovrstne. Predstavljeni bodo rezultati različnih raziskav, primeri dobrih praks dela z osebami s posledicami zasvojenosti in predstavitev aktualne politike na tem področju. Ob strokovni in znanstveni vsebini konference pa bo ostalo še dovolj prostora in časa za izmenjavo izkušenj in osebno druženje, kar bo konferenčnemu dogajanju dodalo še zadnji kamenček v našem mozaiku, ki ga bomo sestavljali v treh dneh skupnega bivanja na Bledu, od 26. do 28. septembra 2024.

Želimo si, da bi naše skupno znanstveno in strokovno srečanju prispevalo k boljšemu razumevanju odvisnosti, izboljšanju politik ter omogočilo seznanjenje s številnimi dobrimi praksami, ki jih premalo poznamo. Verjamemo, da bo konferenca prispevala k učinkovitejšemu strokovnemu delu ter sledenju poklicnemu poslanstvu, ki smo si ga izbrali sami. In vse to delamo z velikim ponosom in zanosom.

Menimo, da bodo ravno naše razprave bistveno prispevale k uspešnosti te mednarodne konference. Hkrati pa verjamemo, da se bodo naše osebne vezi še bolj trdno spletle ter da si bomo ob zaključkih zaželeli čimprejšnjih podobnih srečanj ter da bodo nova spoznanja uspešno zaživel v naših delovnih okoljih.

Namen in cilj konference je predstaviti različne poglede na zdravljenje, preprečevanje, urejanje, resocializacijo oseb in družin, ki se soočajo s težavami zaradi alkohola in drugimi oblikami zasvojenosti. Prepričani smo, da bo vsak udeleženec pridobil nova spoznanja, dobil potrditve za vse, kar že ve ter okrepil osebne stike s strokovnjaki iz Slovenije in tujine. Gotovo bo vse to pozitivno vplivalo na naše strokovno delo.

Z največjim veseljem vas tokrat vabimo na Bled, ki predstavlja enega izmed biserov Slovenije. Bled z okolico in naravnimi lepotami je eno izmed najlepših alpskih letovišč, značilno po blagem, zdravilnem podnebjem in termalni ter jezerski vodi. Lepota gora odseva v jezerski gladini, sonce, mir in svež zrak vzbujajo prijetne občutke obiskovalcev v vsakem letnem času in zagotavljajo idealne razmere za prijeten oddih ali dejavne počitnice. Bled privablja poslovneže, umetnike, športnike, raziskovalce, rekreativce, stare in mlade, ljudi z vsega sveta. Z lepoto jih očara in prepriča, da se radi vračajo.

In še nekaj informacij o blejski zdravilni vodi. Termalni vrelci, ki so zajeti v treh plavalnih bazenih Grand hotela Toplice (23°C) in hotelov Park in Golf (28° - voda je ogrevana), omogočajo poleg prijetnega kopanja tudi uspešno zdravljenje menedžerskih bolezni, izčrpanosti, nevrovegetativnih motenj in starostne onemoglosti. Analiza termalne vode v Grand hotelu Toplice po prof.dr. V. Kletzinskem je pokazala, da stalna temperatura izvira znaša 23°C.

Vsem predavateljem in drugim, ki na tej mednarodni konferenci sodelujete s prispevki, se iskreno zahvaljujemo, da ste se odzvali na naše povabilo ter se odločili biti pomemben člen v soustvarjanju tega pomembnega dogodka.

Želimo vam prijetno strokovno druženje!

I. INVITATION

We are delighted to welcome you to the 16th International Conference Alpe Adria Balkans - Integration of Various Forms of Professional Assistance in the Field of Alcoholism and Other Addictions.

The topics presented at the conference will be diverse. Results of various research studies, examples of good practices in working with individuals affected by addiction, and presentations of current policies in this field will be showcased. Alongside the professional and scientific content of the conference, there will be ample space and time for exchanging experiences and personal interaction, adding the final piece to our mosaic, which we will assemble over three days of joint stay in Bled, from September 26 to 28, 2024.

We hope that our joint scientific and professional meeting will contribute to a better understanding of addictions, improve policies, and allow us to become acquainted with numerous good practices that are not well known. We believe that the conference will contribute to more effective professional work and adherence to the professional mission we have chosen for ourselves. And we do all this with great pride and enthusiasm.

We believe that our discussions will significantly contribute to the success of this international conference. At the same time, we believe that our personal bonds will become even stronger and that, at the end, we will wish for similar meetings as soon as possible and that new insights will successfully come to life in our work environments.

The purpose and goal of the conference are to present various perspectives on the treatment, prevention, regulation, and resocialization of individuals and families facing problems due to alcohol and other forms of addiction. We are convinced that every participant will gain new insights, receive confirmations for what they already know, and strengthen personal contacts with experts from Slovenia and abroad. All this will undoubtedly have a positive impact on our professional work.

We are delighted to invite you to Bled, one of Slovenia's gems. Bled, with its surroundings and natural beauty, is one of the most beautiful Alpine resorts, characterized by a mild, healing climate and thermal and lake water. The beauty of the mountains is reflected in the lake's surface, the sun, peace, and fresh air evoke pleasant feelings in visitors in every season and provide ideal conditions for a pleasant rest or active holidays. Bled attracts businesspeople, artists, athletes, researchers, recreationists, the old and the young, people from all over the world. Its beauty enchants them and convinces them to return.

And a few more details about Bled's healing water. Thermal springs, captured in three swimming pools of the Grand Hotel Toplice (23°C) and the Park and Golf hotels (28°C - the water is heated), allow for pleasant bathing as well as successful treatment of managerial diseases, exhaustion, neurovegetative disorders, and age-related frailty. The analysis of thermal water at the Grand Hotel Toplice by Prof. Dr. V. Kletzinski showed that the constant temperature of the spring is 23°C.

We sincerely thank all the speakers and others who are participating in this international conference with contributions for responding to our invitation and deciding to be an important part of creating this significant event.

We wish you a pleasant professional gathering!

II. UVOD

XVI. Mednarodna konferenca Alpe Jadran Balkan je tradicionalen dogodek, kateremu s svojo prisotnostjo dodajo pomembno dodano vrednost tudi pomembni odločevalci kot npr. predstavniki področnih ministrstev oz. drugih pomembnih inštitucij in s izrazijo prav posebno podporo dogodku in našim prizadevanjem k boljši informiranosti ter ozaveščenosti slovenske in mednarodne javnosti o težavah, povezanih s pitjem alkohola in drugih odvisnostih v regiji.

V preteklosti so konferenco izmenično organizirali kolegi v Avstriji, Italiji, Sloveniji in na Hrvaškem. Tokrat jo v Sloveniji organiziramo sedmič, prvotni krog sodelujočih pa smo razširili in prilagodil naslov. Konferenca bo združila znanstvenike in strokovnjake na področju obravnave in zdravljenja težav zaradi pitja alkohola in drugih odvisnosti iz več evropskih držav. Želimo si, da bi se območje organizatorjev razširilo tudi na druge države, nastale na ozemlju nekdanje Jugoslavije, saj nas povezujejo podobni koncepti ter skupna izhodišča, ki so bila izoblikovana pred več kot 50 – imi leti.

Vsebina konference je tokrat usmerjena na integracijo različnih oblik pomoči na področju alkoholizma in drugih odvisnosti. Pri pripravi in izvedbi konference sledimo naslednjim ciljem:

- izpostaviti interdisciplinarni pristop k obravnavi in zdravljenju odvisnosti,
- zagotoviti platformo za predstavitev znanstvenih študij s poudarkom na multidisciplinarnem sodelovanju ter
- nadaljevati proces izgradnje skupne paradigme obravnave in zdravljenja odvisnosti v regiji Alpe-Jadran-Balkan.

Pri pripravi programa smo sledili napovedanim naslovnim temam:

1. Različne oblike zdravljenja in pomoči na področju obravnave alkoholizma in drugih odvisnosti
2. Multidisciplinarno in multi-sektorsko sodelovanje pri obravnavi alkoholizma in drugih odvisnosti
3. Preventivni programi in aktivnosti na področju odvisnosti
4. Nevrobiološki vidiki odvisnosti
5. Psihoterapija v procesu zdravljenja in obravnave odvisnosti
6. Izobraževanje strokovnjakov.

Zavedamo se, da težave povezane s pitjem alkohola predstavljajo enega izmed najpomembnejših javnozdravstvenih in socialnih problemov v Sloveniji.

Ocenjujemo, da ima težave zaradi pitja alkohola 9-12-% splošne populacije, kar predstavlja veliko breme za družbo v celoti (približno 4% BDP). Svetovna zdravstvena organizacija v svojih napovedih do leta 2030 navaja bolezni, ki bodo predstavljale največje breme za družbo. In v tem poročilu strokovnjaki alkoholizem postavljajo na četrto mesto med vsemi boleznimi.

Mednarodna konferenca o alkoholizmu in drugih odvisnostih tradicionalno omogoča srečevanje strokovnjakov in znanstvenikov, da se predstavijo eden drugemu ter dopolnjujejo svoje strokovno in

znanstveno delo. Prepričani smo, da bo vsakdo v programu našel nekaj zase in se bo s prijetnimi občutki, novimi močmi, pozitivno energijo ter novimi spoznanji vrnil v svoje delovno okolje.



II. INTRODUCTION

The 16th International Conference Alpe Adria Balkans is a traditional event that gains significant added value from the presence of key decision-makers, such as representatives of relevant ministries and other important institutions, who express special support for the event and our efforts to better inform and raise awareness among the Slovenian and international public about issues related to alcohol consumption and other addictions in the region.

In the past, the conference was alternately organized by colleagues in Austria, Italy, Slovenia, and Croatia. This time, we are organizing it in Slovenia for the seventh time, and we have expanded the original circle of participants and adapted the title. The conference will bring together scientists and professionals in the field of addressing and treating problems caused by alcohol consumption and other addictions from several European countries. We hope that the organizing area will also expand to other countries that emerged from the former Yugoslavia, as we share similar concepts and common foundations that were established more than 50 years ago.

The content of the conference is focused on the integration of various forms of assistance in the field of alcoholism and other addictions. In preparing and conducting the conference, we follow these goals:

- Highlighting an interdisciplinary approach to addressing and treating addictions,
- Providing a platform for presenting scientific studies with an emphasis on multidisciplinary collaboration, and
- Continuing the process of building a common paradigm for addressing and treating addictions in the Alpe-Adria-Balkan region.

In preparing the program, we followed the announced main topics:

1. Various forms of treatment and assistance in addressing alcoholism and other addictions
2. Multidisciplinary and multi-sectoral collaboration in addressing alcoholism and other addictions
3. Preventive programs and activities in the field of addictions
4. Neurobiological aspects of addiction
5. Psychotherapy in the process of treating and addressing addictions
6. Education of professionals.

We are aware that issues related to alcohol consumption represent one of the most important public health and social problems in Slovenia. We estimate that 9-12% of the general population has problems due to alcohol consumption, which represents a significant burden on society as a whole (approximately 4% of GDP). The World Health Organization, in its forecasts up to 2030, lists diseases

that will represent the greatest burden on society. In this report, experts rank alcoholism fourth among all diseases.

The International Conference on Alcoholism and Other Addictions traditionally enables professionals and scientists to meet, present to each other, and complement their professional and scientific work. We are convinced that everyone will find something for themselves in the program and will return to their work environment with pleasant feelings, new strength, positive energy, and new insights.

PROGRAM

MEDNARODNA KONFERENCA ALPE JADRAN BALKAN 2024/ INTERNATIONAL CONFERENCE PROGRAM ALPE JADRAN BALKAN 2024

Pot k sodelovanju: Integracija različnih oblik strokovne pomoči na
področju zdravljenja in obravnave alkoholizma ter drugih odvisnosti
/

A path to collaboration: Integration of different approaches to
alcoholism and other addictions

Hotel Park Bled, 26. – 28.09.2024

Registracija udeležencev / Registration desk:

Četrtek / Thursday: 10:00 – 19:00

Petek / Friday: 8:30 – 18:00

<i>Četrtek / Thursday</i>	<i>September 26, 2024</i>	
<i>11:00 – 11:30</i>	<i>Svečana otvoritev konference / Opening Ceremony of the Conference</i>	
	ga. Vesna Marinko, generalna direktorica Direktorata za javno zdravje, Ministrstvo za zdravje	
	g. Dan Juvan, državni sekretar, Ministrstvo za delo, družino, socialne zadeve in enake možnosti	
	g. Borut Sever, direktor FIHO	
	ga. Suzi Kvas, generalna sekretarka Socialne zbornice Slovenije	

	<i>Plenarna sekcija 1 / Plenary section 1</i>	
11:30 – 12:00	dr. Zdenka Čebašek Travnik (Slovenia)	Etika in profesionalizem na področju obravnave odvisnosti / Ethics and Professionalism in the Field of Addiction Treatment
12:00 – 12:30	prof. dr. Zoran Zoričič (Croatia)	Preprečevanje sindroma izgorevanja v adiktologiji / Preventing Burnout Syndrome in Addiction Medicine
12:30 – 13:00	Matej Košir (Slovenia)	Sprememba paradigme v preventivi: trendi in izziv v prihodnosti / Paradigm shift in Prevention: Trends and challenges in the Future
13:00 – 13:30	dr. Mateja Markl, Vesna Marinko, dr. Peter Debeljak (Slovenia)	Sistemske nacionalni pristop za učinkovitejše naslavljanje problematike alkohola / A Systemic National Approach for More Effective Addressing of Alcohol Issues
13:30 – 14:00	Coffee break with refreshments	
	<i>Plenarna sekcija 2 / Plenary section 2</i>	
14:00 – 14:30	Anto Orešković (Croatia)	Terapevtski pristopi pri odvisnostih od iger na srečo / Therapeutic Approaches to Gambling Addiction
14:30 – 15:00	prof. dr. Rasema Okić (Bosnia and Hercegovina)	Digitalne tehnologije – ali človeško kognitivno propada? / Digital Technologies – Is Human Cognition Declining?
15:00 – 15:30	Ilinka Vaskova, Olivera Subotin Popovska, Pavlina Vaskova, Gelena Veleska (North Macedonia)	Podpora ženskam, žrtvam alkoholizma / Support for Women Victims of Alcoholism

15:30 – 15:50	Nataša Sorko, prof. dr. Darja Zorc Maver (Slovenia)	Družina kot dejavnik tveganja pri psihosocialnem razvoju otrok iz družin z alkoholizmom / Family as a Risk Factor in the Psychosocial Development of Children from Families with Alcoholism
16:50 – 16:10	Coffee break with refreshments	
	<i>Predstavitve 1 / Presentations 1</i>	
16.10 – 16.30	Dijana Kecman, Nataša Kopač (Slovenia)	Prikaz majhne skupine primerov z več različnih praks z medinstitucionalnim sodelovanjem in sistemskim pristopom / Presentation of a small group of cases with various practices involving inter-institutional cooperation and a systemic approach
16:30 – 16:50	dr. Mateja Markl (Slovenia)	Vedenjsko – kognitivni pristop pri obravnavi oseb s tveganim in škodljivim pitjem alkohola – Individualni in skupinski setingi / Behavioral-Cognitive Approach in Treating Individuals with Risky and Harmful Alcohol Consumption – Individual and Group Settings
16:50 – 17:10	dr. Zdenka Čebašek Travnik (Slovenia)	Preprečevanje recidiva s pomočjo čuječnosti / Preventing Relapse with Mindfulness
17:10 – 17:30	Jožef Kociper (Slovenia)	Potreba po spremembi in duhovnosti v času odločanja za zdravljenje / The Need for Change and Spirituality During the Decision-Making Process for Treatment

<i>Petek / Friday</i>	<i>September 27, 2024</i>	
<i>9:00 – 11:00</i>	<i>Plenarna sekcija 3 / Plenary section 3</i>	
9:00 – 9:30	doc. dr. Nera Živlak Radulović (Bosnia and Hercegovina)	Integrativni pristop k zasvojenostim kot najučinkovitejša strategija preventive in recidiva / An Integrative Approach to All Addictions as the Most Effective Strategy for Prevention and Relapse
	<i>Predstavitve 3 / Presentations 3</i>	
9:30 – 9:45	Urška Leban Guzej (Slovenia)	Pomoč osebam z odvisnostjo v obliki skrbništva za odrasle / Assistance to individuals with addiction in the form of adult guardianship
9:45 – 10:00	Doc. dr. Uroš Perko (Slovenia)	Evalvacija zdravljenja odvisnosti od alkohola po socialno andagoški metodi / Evaluation of Alcohol Addiction Treatment Using the Socio-Pedagogical Method
10:00 – 10:15	Karmen Henigsmann (Slovenia)	Vpliv stigmatizacije oseb, ki so zasvojene z alkoholom, na njihove otroke in možni pristopi k zmanjševanju negativnih posledic / The impact of stigmatization of individuals addicted to alcohol on their children and possible approaches to reducing negative consequences
10:15 – 10:30	Maja Tomanić, prof. dr. Nera Živlak Radulović (Bosnia and Hercegovina)	Sistemska družina terapija odvisnosti od alkohola – prikaz primera / Systemic family therapy for alcohol addiction – a case study
10:30 – 10:45	Diana Udović Djurić, B. Bacinger Klobučarić, M. Payerl-Pal (Croatia)	Kako se z otroci pogovarjati o alkoholu – predstavitev slikanice »Alkohol Rugalica u gostima« / How to Talk to Children About Alcohol – A Picture Book

		resentation »Alkohol Rugalica u gostima«
10:45 – 11:00	Izidor Derganc (Slovenia)	Problematika zlorabe alkohola pri zaprtih osebah v Zavodu za prestajanje zaporne kazni zapora in mladoletniškega zapora Celje / The problem of alcohol abuse among incarcerated individuals in the Prison and Juvenile Detention Center Celje
11:00 – 11:15	Katja Voh, Helena Skarlovnik Cesar (Slovenia)	Specifika dela in sodelovanja strokovnih služb pri obravnavi zaporno kaznovanih s težavami zaradi uživanja psihoaktivnih substanc / The specifics of work and cooperation of professional services in the treatment of incarcerated individuals with issues related to the use of psychoactive substance
11:15 – 11:30	Andreja Čakš (Slovenia)	Socialno varstvena storitev osebna pomoč za odpravljanje zasvojenosti in pridruženih težav / Social welfare service personal assistance for addressing addiction and associated issues
11:20 – 12:00	Coffee break with refreshments	
12:00 – 12:15	Špela Dovžan (Slovenia)	Razvoj terenskih aktivnosti programa Izberi sam skozi čas / Development of outreach activities of the 'Izberi sam' program over time
12:15 – 12:30	Tabita Ruiz (Slovenia)	Izkušnja spolnega nasilja v otroštvu in zasvojenost – psihoterapevtsko delo v klinični praksi / Experience of Childhood Sexual Abuse and Addiction – Psychotherapeutic Work in Clinical Practice

12:30 – 12:45	J. Veleski, I. Vaskova, G. Veleska (North Macedonia)	Ukrepi vzgojnega značaja pri obravnavi alkoholizma / Measures of Educational Character in the Treatment of Alcoholism
12:45 – 13:00	Matjaž Horjak, Magdalena Horjak (Slovenia)	Predstavitev društva Izhod TC / Introduction to the Izhod TC Association
13:00 – 13:15	Manca Kozlovič (Slovenia)	Kaj razkrivajo skriti nakupi na področju dostopnosti alkohola mladim? / What Do Secret Purchases Reveal About Youth Access to Alcohol?
13:15 – 14:30	Coffee break with refreshments	
	<i>Delavnica / Workshop</i>	
14:30 – 16:00	dr. Zdenka Čebašek Travnik, dr. Simona Mlinar (Slovenia)	Preprečevanja recidiva s pomočjo čuječnosti / Preventing Relapse with Mindfulness
	dve skupini: ena bo potekala v slovenskem, druga pa v hrvaškem jeziku / Two groups: one will be conducted in Slovenian, and the other in Croatian language.	
16:00 – 16:30	Zaključki konference / Conference closing remarks	

<i>Sobota / Saturday</i>	<i>September 28, 2024</i>
	<i>Mednarodno srečanje za člane klubov zdravljenih alkoholikov / International Meeting for Members of Clubs of Recovered Alcoholic</i>
10:00 – 10:15	Otvoritev / Opening session
10:15 – 12:00	Kratke predstavitve predstavnikov Zvez klubov zdravljenih alkoholikov / Kratke prezentacije predstavnika Saveza klubova liječenih alkoholičara / Brief presentations by the representatives of the Association of Clubs of Treated Alcoholics
	Slovenia (Nataša Sorko)
	Croatia (prof.dr. Zoran Zoričić)
	Bosnia and Hercegovina (prof.dr. Nera Zivlak Radulović)
	North Macedonia (Pavlina Vaskova)
	Razprava / Discussion
12:00 – 12:45	Plenarna sekcija z zaključki / Plenary session with conclusions
	Zaključek / Closing session
12:45 – 13:15	Coffee break with refreshments
13.30	Voden turistični ogled Blejskega gradu / Guided tour of Bled Castle

*Organizator si pridružuje pravico do spremembe programa / The organizer reserves the right to change the program

IV. POVZETKI PLENARNIH PREDANJ in PREDSTAVITEV glede na program KONFERENCE / ABSTRACTS OF PLENARY LECTURES AND PRESENTATIONS ACCORDING TO THE CONFERENCE PROGRAM

Plenarna sekcija 1 / Plenary section 1

dr. Zdenka Čebašek Travnik (Slovenia)

Etična vprašanja na področju odvisnosti

Zakaj in kako govoriti o etiki na področju odvisnosti? Komu bi to znanje lahko koristilo in ali bi nam z več znanja etike uspelo pomagati našim pacientom oziroma uporabnikom, odvisnim od alkohola? Ena od definicij medicinske etike pravi, da je disciplina postavljanja vprašanj in kritičnega premisleka o teh vprašanjih.

Predstavljeno bo razmišljanje v okviru modela "biopsihosocialnih sistemov", kjer se psihosocialni dejavniki dopolnjujejo in delujejo z nevrogenetiko. Sistemski pristop obravnava kompleksnost odvisnosti in pristopa k svobodni izbiri in moralni odgovornosti znotraj biološke danosti, osebne izkušnje in družbenozgodovinskega konteksta posameznika.

Nekaj vprašanj, na katera bomo poskusili odgovoriti:

Ali so ljudje, ki uživajo alkohol na škodljiv način, moralno odgovorni za svoje vedenje?

Kako naj se družba odzove na ljudi, ki uživajo alkohol na načine, ki škodujejo sebi in drugim?

Ali je moralno upravičeno odvisne od alkohola na podlagi zakona prisiliti v zdravljenje?

Ali je etično sprejemljivo, da odvisni od alkohola niso deležni enake medicinske obravnave kot drugi?

V katerih okoliščinah je upravičeno testirati posameznike na uporabo alkohola ali drog?

Ali je sprejemljivo, da zdravniki predpisujejo zdravila, ki povzročajo odvisnost in če je tako, v kakšnih okoliščinah?

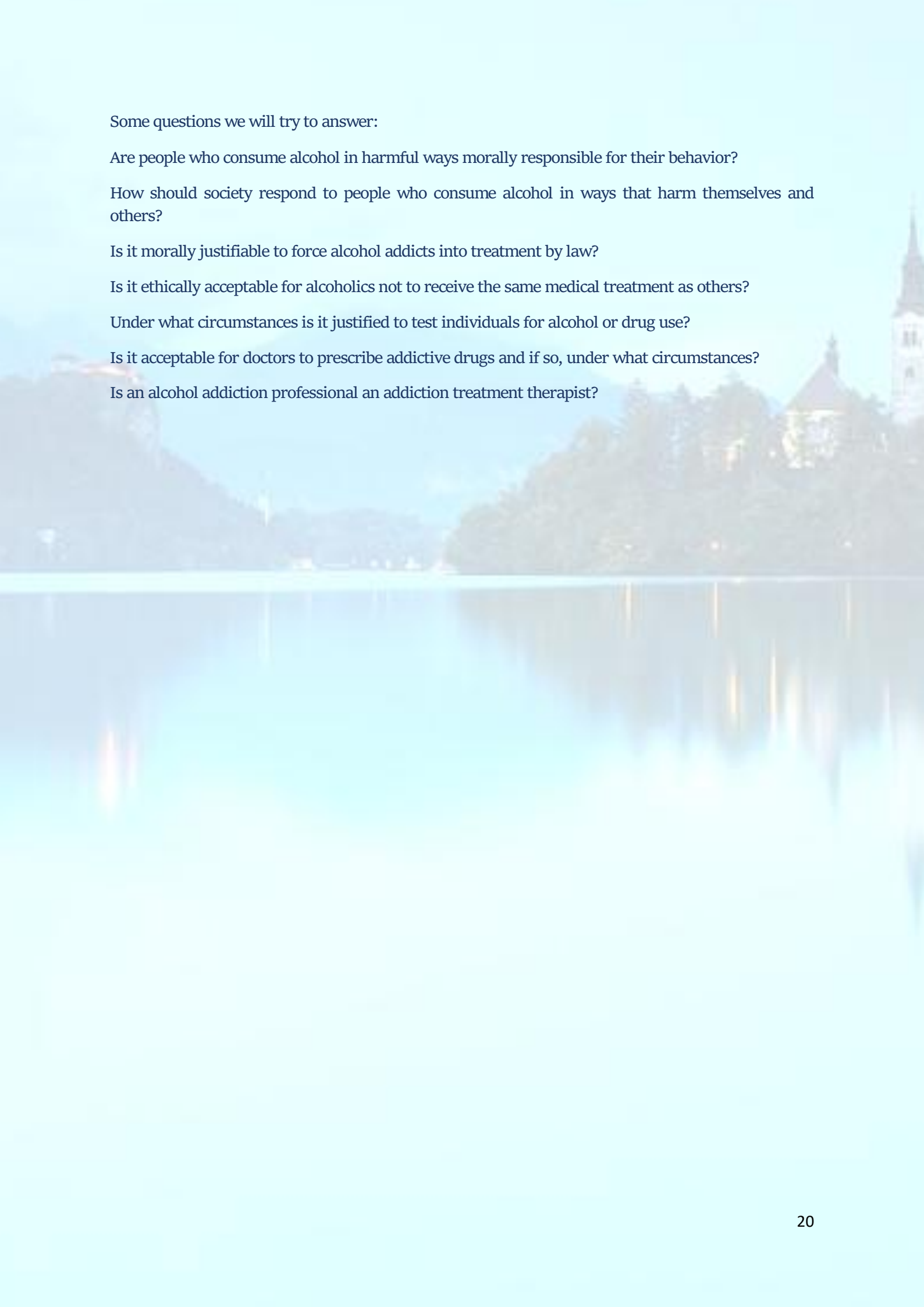
Ali je strokovnjak, ki je odvisen od alkohola, lahko terapevt za zdravljenje odvisnih?

dr. Zdenka Čebašek-Travnik (Slovenia)

Ethical issues in addiction

Why and how to talk about ethics in the field of addiction? Who could benefit from this knowledge and would we be able to help our patients or users addicted to alcohol with more knowledge of ethics? One definition of medical ethics says that it is the discipline of asking questions and thinking critically about those questions.

Thinking within the framework of the "biopsychosocial systems" model will be presented, where psychosocial factors complement and interact with neurogenetics. The systems approach considers the complexity of dependence and the approach to free choice and moral responsibility within the biological givenness, personal experience and socio-historical context of the individual.

A scenic view of a lake with mountains and a church in the background. The lake is calm, reflecting the surrounding landscape. In the distance, a church with a tall spire is visible on the right side. The mountains are covered in greenery and some buildings are visible on the slopes. The sky is clear and blue.

Some questions we will try to answer:

Are people who consume alcohol in harmful ways morally responsible for their behavior?

How should society respond to people who consume alcohol in ways that harm themselves and others?

Is it morally justifiable to force alcohol addicts into treatment by law?

Is it ethically acceptable for alcoholics not to receive the same medical treatment as others?

Under what circumstances is it justified to test individuals for alcohol or drug use?

Is it acceptable for doctors to prescribe addictive drugs and if so, under what circumstances?

Is an alcohol addiction professional an addiction treatment therapist?

prof. dr. Zoran Zoričič (Croatia)

Preprečevanje sindroma izgorevanja v adiktologiji

Programi zdravljenja in obravnave za osebe zasvojene z alkoholom so bili razviti pred približno šestdesetimi leti v naši regiji, dvajset let kasneje pa so se razvili tudi sistemi za zdravljenje odvisnosti od drog, iger na srečo in digitalnih odvisnosti.

Hudolinov sistem zdravljenja, različica Minnesotskega modela, se je dolgo časa zanašal na entuziazem velikega števila strokovnih delavcev, ki so v prejšnjem sistemu večinoma delovali prostovoljno. S spremembami v sistemu, družbenih vrednotah in socioekonomskih odnosih je postalo vse težje motivirati mlade strokovnjake za delo z odvisniki.

Podpora državnih in lokalnih oblasti z zagotavljanjem honorarjev za delo prispeva k stabilnosti sistema, strokovnjaki pa morajo z organizacijo tečajev za senzibilizacijo in izobraževanje krepiti motivacijo strokovnih delavcev. Čeprav zadovoljstvo pri delu z odvisniki običajno pride šele po dolgem času, lahko celovitost biološkega, psihoterapevtskega, socialno-terapevtskega in duhovnega pristopa motivira mlajše strokovnjake, da se lažje odločijo za delo na tem področju. Adiktologija ponuja in zahteva, da je adiktolog dobro izobražen, motiviran, hkrati strokovnjak, učitelj, motivator in intelektual. Prav ta zahteva po kompetentni in humanistični osebi lahko motivira za nadaljnje delo in prepreči izgorelost.

Ključne besede: adiktologija, sindrom izgorelosti

prof. dr. Zoran Zoričič (Croatia)

Preventing Burnout Syndrome in Addiction Medicine

Treatment and recovery programs for alcohol addicts were developed about sixty years ago in our region, and twenty years later, systems for treating drug, gambling, and digital addictions were also developed.

Hudolin's treatment system, a variation of the Minnesota model, long relied on the enthusiasm of a large number of professional workers, who mostly acted voluntarily in the former system. With changes in the system, social values, and socioeconomic relations, it has become increasingly difficult to motivate young professionals to engage in work with addicts.

Support from state and local authorities through the provision of work fees contributes to the stability of the system, and it is up to the profession to strengthen motivation by organizing sensitization and education courses. Although gratification in working with addicts usually comes after a long time, the comprehensiveness of the biological, psychotherapeutic, social-therapeutic, and spiritual approach can motivate younger professionals to more easily decide to work in this field. Addictology offers and requires that an addictologist be well-educated, motivated, simultaneously a professional, teacher, motivator, and intellectual.

This very demand for a competent and humanistic person can motivate further work and prevent burnout.

Keywords: addictology, burnout syndrome

Matej Košir (Slovenia)

Sprememba paradigme v preventivi: trendi in izziv v prihodnosti

V zadnjih desetletjih je preventivna znanost prispevala številne dokumente, v katerih so na podlagi večdesetletnih raziskav in izkušenj zbrane številne ugotovitve o tem, kaj deluje in kaj ne na področju preventive in zakaj. Žal pa praksa v veliki meri ne sledi znanosti, saj še vedno uporabljamo pristope, ki so neučinkoviti ali celo škodljivi. Urad Združenih narodov za droge in kriminal (UNODC) je leta 2013 izdal prvo izdajo mednarodnih preventivnih standardov (posodobljeno leta 2018), ki je eden najpomembnejših dokumentov na področju preventive in zagovorništva v smeri na dokazih temelječe preventivne politike in prakse. Poleg tega je leta 2020 Nacionalna akademija znanosti, inženirstva in medicine ZDA (NASEM) izdala usklajeno študijsko poročilo z naslovom »Spodbujanje pozitivnih zdravih vedenj in izidov pri mladostnikih: za uspešen razmah v 21. stoletju«. Kot okvir za to poročilo je odbor akademije uporabil O'Donnellovo opredelitev optimalnega zdravja kot »dinamičnega ravnovesja telesnega, čustvenega, socialnega, duhovnega in intelektualnega zdravja«. Nazadnje (marca 2022) je Komisija ZN za droge (CND) na pobudo Slovenije soglasno sprejela resolucijo o »spodbujanju celovite in na znanstvenih dokazih temelječe zgodnje preventive«. Resolucija predstavlja pomemben mejnik in konceptualni premik na področju preventive, saj spodbuja vlade, naj zagotovijo ustrezna sredstva za zgodnjo preventivo, ki temelji na znanstvenih dokazih in zajema prenatalno skrb, obdobje dojenčka ter zgodnje in srednje otroštvo, ter ji namenijo večji poudarek. Očitno gre za veliko potrebo po spremembi paradigme na področju preventive, ki bi upoštevala vidike boljšega izvajanja preventivnih standardov, ki bi se začeli izvajati čim prej (koncept zgodnje preventive) in se osredotočali na različne dimenzije zdravja (koncept optimalnega zdravja). Predavatelj bo izpostavil nekatere od zgoraj omenjenih trendov in izzivov na področju preventive, ki temelji na dokazih, ter predstavil nekaj inovativnih pristopov, kako izboljšati stanje na področju preventive na svetovni ravni (npr. model »difuzije inovacij«).

Matej Košir (Slovenia)

Paradigm shift in Prevention: Trends and challenges in the Future

Over the past decades, prevention science has contributed several documents in which, based on many decades of research and experience, many findings have been collected about what works and what does not work in prevention and why. Unfortunately, practice does not follow science to a great extent, since we still use approaches that are ineffective or even harmful. In 2013 (updated in 2018), the United Nations Office for Drugs and Crime (UNODC) issued a first edition of international prevention standards, which is one of the most important documents in the field of prevention and advocacy for evidence-based prevention policy and practice. Additionally (in 2020), the U.S. National Academies of Sciences, Engineering, and Medicine (NASEM) issued a consensus study report titled »Promoting Positive Adolescent Health Behaviors and Outcomes: Thriving in the 21st Century«. As a framework for this report, the committee used O'Donnell's definition of optimal health as »a dynamic balance of physical, emotional, social, spiritual, and intellectual health«. Finally (in March 2022), the UN Commission on Narcotic Drugs (CND) adopted by consensus a resolution on »promoting comprehensive and scientific evidence-based early prevention« initiated by Slovenia. The resolution represents a significant milestone and conceptual shift in prevention as it encourages the governments to provide appropriate resources for and put greater emphasis on scientific evidence-based early prevention, encompassing prenatal care, infancy, and early and middle childhood. There is obviously a strong need for paradigm shift in prevention, which would take into consideration the

aspects of better implementation of prevention standards, starting as early as possible (early prevention concept) and focusing on different dimensions of health (optimal health concept). The presenter will highlight some of the above-mentioned trends and challenges in evidence-based prevention and present some innovative approaches on how to improve the situation in prevention globally (e.g., »diffusion of innovation« model).

dr. Mateja Markl, Vesna Marinko, dr. Peter Debeljak, Ministrstvo za zdravje (Slovenia)

Sistemiški nacionalni pristop za učinkovitejše naslavljanje problematike alkohola

Škodljivo uživanje alkohola je globalni javnozdravstveni izziv, ki letno povzroči okoli tri milijone smrti, v Sloveniji pa skoraj tri smrti na dan. Alkohol povečuje tveganje za kronične bolezni, duševne motnje, prometne nesreče, nasilje in socialne težave. Raziskave so pokazale, da so najučinkovitejši ukrepi celoviti nacionalni programi. Tudi Eurocare poudarja pomen celostnega pristopa, ki vključuje ozaveščanje, preventivne programe, regulacijo cen, omejevanje dostopnosti in oglaševanja. Uspešni primeri evropskih držav, kot so Švedska, Norveška, Finska, Islandija in Irska, dokazujejo, da stroge regulacije in celoviti ukrepi učinkovito zmanjšujejo škodljive učinke alkohola.

Slovenija zaostaja za temi državami, saj se sooča z visokimi stopnjami škodljivega uživanja alkohola, še posebej med mladimi. Kljub nekaterim napredkom številke ostajajo zaskrbljujoče, kar vodi v resne zdravstvene in ekonomske posledice.

V prispevku bodo predstavljene nacionalne aktivnosti za zmanjšanje porabe in negativnih posledic alkohola na javno zdravje ter tudi na ravni posameznika. Nacionalni strateški program predlaga celovit pristop k reševanju problema, vključno z osveščanjem in preventivnimi programi, finančno politiko glede alkohola in strožjo regulacijo ter izboljšanjem sistema zgodnje prepoznavne oseb s tveganjem / škodljivim pitjem in dostopa do zdravljenja. Na področju preventive so predvideni ukrepi za razvoj programov za zmanjšanje škodljivega pitja, opolnomočenje centrov za duševno zdravje odraslih ter strožji nadzor nad ponudbo in prodajo alkohola. Poleg tega se načrtujejo programi izobraževanja mladih, dodatne aktivnosti politik prepovedi alkohola na delovnem mestu ter promocija zdravega življenjskega sloga. Cilji teh ukrepov so zmanjšanje dostopnosti alkohola, zmanjšanje števila bolezni zaradi alkohola, izboljšanje javnega zdravja in povečanje ozaveščenosti. Nosilci ukrepov vključujejo vladne in nevladne organizacije, lokalne skupnosti, šole, delodajalce ter zdravstvene ustanove.

Okrepili smo tudi druge aktivnosti ter sprejeli več celovitih ukrepov za obvladovanje problematike alkohola. Od sistemskega spremljanja indikatorjev, medijskih aktivnosti in osveščanja, okrepitev šolskih in drugih programov za mlade, sofinanciranje programov nevladnih organizacij ter raziskovalno delo z vključitvijo pregleda aktivnosti na lokalni ravni.

dr. Mateja Markl, Vesna Marinko, dr. Peter Debeljak, Ministrstvo za zdravje (Slovenia)

A Systemic National Approach for More Effective Addressing of Alcohol Issues

Harmful alcohol consumption is a global public health challenge, causing around three million deaths annually, and nearly three deaths per day in Slovenia. Alcohol increases the risk of chronic diseases, mental disorders, traffic accidents, violence, and social problems. Research has shown that the most effective measures are comprehensive national programs. Eurocare also emphasizes the importance of a holistic approach, which includes awareness-raising, preventive programs, price regulation, and restrictions on availability and advertising. Successful examples from European countries such as Sweden, Norway, Finland, Iceland, and Ireland demonstrate that strict regulations and comprehensive measures effectively reduce the harmful effects of alcohol.

Slovenia lags behind these countries, facing high rates of harmful alcohol consumption, especially among young people. Despite some progress, the numbers remain alarming, leading to serious health and economic consequences.

The paper will present national activities to reduce alcohol consumption and its negative impacts on public health and at the individual level. The national strategic program proposes a comprehensive approach to addressing the problem, including awareness-raising and preventive programs, financial policies regarding alcohol, stricter regulation, and improving the system for early identification of individuals with risky/harmful drinking and access to treatment. In the field of prevention, measures are planned for the development of programs to reduce harmful drinking, empowerment of adult mental health centers, and stricter control over the supply and sale of alcohol. Additionally, programs for youth education, further activities on alcohol prohibition policies in the workplace, and the promotion of a healthy lifestyle are planned. The goals of these measures are to reduce alcohol availability, decrease the number of alcohol-related diseases, improve public health, and increase awareness. The implementers of these measures include governmental and non-governmental organizations, local communities, schools, employers, and healthcare institutions.

We have also strengthened other activities and adopted several comprehensive measures to address alcohol-related issues. These include systematic monitoring of indicators, media activities and awareness-raising, strengthening school and other programs for young people, co-financing programs of non-governmental organizations, and research work including a review of activities at the local level.

Anto Orešković (Croatia)

Terapevtski pristopi pri odvisnostih od iger na srečo

V zadnjih desetih letih je po epidemioloških podatkih zaznati povečanje pojavnosti zasvojenosti z igrami na srečo, ki ji obstoječi terapevtski programi ne uspejo slediti. Razviti je treba intervencije, da bi ustavili negativne trende, pomagali tistim, ki imajo težave in razmišljati o širšem družbenem interesu. Terapevtske cilje je treba prilagoditi obstoječim trendom in razpoložljivim virom. Terapevtski pristopi pri zdravljenju so predvsem psihosocialni, psihoterapevtski s farmakoterapijo, metode pa so v okviru kognitivno-vedenjske terapije, sistemske družinske terapije, motivacijskih tehnik, KLOK, podpornih skupin, ki si prizadevajo vplivati na vedenjske vzorce, procese odločanja in nagrajevanja z usposabljanjem za reševanje problemov, socialne veščine in preprečevanje ponovitev. Farmakoterapija ima vlogo pri zmanjševanju hrepenenja, obvladovanju kriznih situacij in delovanju na simptome tesnobe in depresije. Pomembno je omeniti tudi nove pristope, povezane s telefonskimi intervencijami, VKT intervencijami prek interneta, čuječnostjo, mobilnimi aplikacijami za spremljanje abstinence. Zdravljenje se večinoma izvaja ambulantno prek Dnevne bolnišnice in v klubih za zdravljenje odvisnikov od iger na srečo. Bolnišnično zdravljenje je potrebno le za bolnike z akutnimi krizami, z izrazito samomorilnostjo in za odvisnike od iger na srečo s hudimi komorbidnimi duševnimi motnjami. Poudariti je treba, da je komplementarnost vseh terapevtskih intervencij pomembna.

Anto Orešković (Croatia)

Therapeutic Approaches to Gambling Addiction

In the last ten years, according to epidemiological data, the progression of gambling addiction is evident, which the available therapeutic programs fail to follow. Interventions should be developed in order to stop negative trends, to help those who have a problem and for the wider social interest. Therapeutic goals should be adapted to existing trends and given resources. Therapeutic approaches in treatment are primarily psychosocial, psychotherapeutic with pharmacotherapy, and the methods are within the framework of cognitive behavioral therapy, systemic family therapy, motivational techniques, KLOK, support groups. It seeks to correct cognitive distortions, influence decision-making and reward processes with training in problem solving, social skills and relapse prevention. Pharmacotherapy has the role of reducing cravings, coping with crisis situations and acting on symptoms of anxiety and depression. It is also important to mention new approaches related to telephone interventions, CBT interventions via the Internet, mindfulness, mobile applications for monitoring abstinence. Treatment is mainly carried out on an outpatient basis through the Day Hospital and in clubs for treated gambling addicts. Inpatient treatment is only necessary for patients with acute crises, with pronounced suicidality, and for gambling addicts with severe comorbid mental disorders. It should be emphasized that the complementarity of all therapeutic interventions is important.

prof. dr. Rasema Okić (Bosnia and Hercegovina)

Digitalne tehnologije – ali človeško kognitivno propada? /

Od začetka 21. stoletja so digitalne tehnologije tako zelo zavzele naša življenja, da si je vsakdanje življenje brez njih težko predstavljati. Pametne telefone uporablja polovica svetovnega prebivalstva, kar je skoraj 4 milijarde ljudi. Mnogi ne znajo več funkcionirati brez njih. Vse te funkcije, ki jih najdemo v digitalnih napravah, hkrati osvobajajo naše možgane rednega in običajnega miselnega napora, zaradi česar človek postane odvisen od tehnologije in popolnoma izgubljen brez nje. Na žalost pretirana uporaba tehnologije oslabi naše kognitivne sposobnosti. Pogosto ne poznamo niti svoje telefonske številke na pamet, pozabljamo rojstne dneve naših bližnjih, za najpreprostejše matematične operacije uporabljamo kalkulator na mobilnem telefonu...

Vse več je otrok, rojenih v digitalni dobi, ki ne vidijo problema v tem, da ne poznajo nekaterih stvari, ker jih imajo na svojih mobilnih telefonih. Prav otroštvo in mladostništvo pa sta čas hitrega in dinamičnega oblikovanja in razvoja, in tako smo priča uporabi mobilnih telefonov pri otrocih "za vse in brez omejitev".

Digitalna tehnologija ne oslabi le kognitivnih sposobnosti, temveč tudi potrebo po gradnji socialnih in čustvenih veščin. Obstaja veliko zdravstvenih zapletov, povezanih z digitalnimi tehnologijami: poslabšanje vida (kratkovidnost), debelost in težave z gibanjem, tesnoba in depresija.

Na področju izobraževanja je vpliv digitalnih medijev intenziven. Poleg poslabšanja kognitivnega razvoja raziskave kažejo na povečano motenje, zmanjšano pozornost in slabše učne rezultate. Prav zato so znanstveniki upravičeno zaskrbljeni, da bi digitalna demenca kot bolezen lahko prizadela prihodnje generacije, in poudarjajo potrebo po uravnoteženi digitalni vključenosti.

Ključne besede: digitalna tehnologija, pametni telefoni, kognicija, demenca

prof. dr. Rasema Okić (Bosnia and Hercegovina)

Digital Technologies – Is Human Cognition Declining?

Since the beginning of the 21st century, digital technologies have occupied our lives so much that it is simply difficult to imagine everyday life without them. Smartphones are used by half of the world's population, which is almost 4 billion people. Many do not know how to function without them. However, all these functions found in digital devices at the same time free our brain from regular and usual mental effort, due to which man becomes dependent on technology and completely lost without it. Unfortunately, excessive use of technology weakens our cognitive abilities. Often we don't even know our own phone number by heart, we forget the birthdays of our loved ones, we use the calculator on our mobile phone for the simplest mathematical operations...

There are more and more children born in the digital age, who do not see a problem in the fact that they do not know some things because they have them on their mobile phones. And precisely childhood and adolescence are a time of rapid and dynamic formation and development, and we witness children's use of mobile phones "for everything and anything without restrictions".

Digital technology not only weakens cognitive abilities, but also the need to build social and emotional skills. There are numerous health complications associated with digital technologies: vision impairment (myopia), obesity and movement problems, anxiety and depression.

In the field of education, the influence of digital media is intense. In addition to impairments in cognitive development, studies show increased distraction, decreased attention span, and decreased learning outcomes. This is precisely why scientists are rightly concerned that digital dementia as a disease could affect future generations, and they emphasize the need for a balanced digital engagement.

Keywords: digital technology, smartphones, cognition, dementia

Ilinka Vaskova, Olivera Subotin Popovska, Pavlina Vaskova, Gelena Veleska (North Macedonia)

Podpora ženskam, žrtvam alkoholizma

Organizacija (ASSOCIATION OF CLUBS OF RECOVERED ADICS IN REPUBLIC OF MACEDONIA - ACRAM) je bila ustanovljena februarja 1974 na pobudo zdravljenih alkoholikov in njihovih terapevtov po vzoru anonimnih alkoholikov v ZDA, ki so od leta 1969 organizirani kot klubi. Cilj delovanja klubov je: ohranjanje abstinence, resocializacija in reintegracija v družbo. Naraščajoče število klubov je povzročilo potrebo po ustanovitvi združenja z namenom boljše organiziranosti, izmenjave in zastopanosti v družbenih dejavnostih. Društvo je delovalo kot nevladna organizacija na prostovoljni osnovi, neprofitno, občasno financirano iz državnega proračuna, donacij, članarine in realiziranih projektov.

Epidemiološki podatki kažejo, da je v Republiki Makedoniji okoli 60.000 alkoholikov, v povprečju pa se jih zdravi le 400 letno. Večina jih je poročenih (75 %), celo 91 % pa ima slabe družinske in zakonske odnose. Spremembe vedenja zaradi alkoholizma vodijo v hladne čustvene odnose, izolacijo in nasilje v družinah. Žrtev nasilja v družini je lahko vsak, največkrat pa so to žena, otroci ali starejši v družini. Zadnje raziskave kažejo, da nasilje narašča in vsaka četrta ženska je žrtev nasilja v družini.

V obdobju od januarja 2023 do 30. septembra 2023 je bil podprt projekt »Podpora ženskam, ki so žrtve nasilja«. V 9 mesecih je bilo doseženih veliko rezultatov. Vse načrtovane aktivnosti so bile realizirane in začutila se je potreba po nadaljevanju projektnih aktivnosti. Dejavnosti je treba razširiti na pomoč staršem alkoholikov, možem alkoholikov in tudi na odzivanje, ko gre za trpinčenje otrok.

Ker se zdravi majhen delež alkoholikov, ženskam s projektnimi aktivnostmi omogočamo podporo in zaščito pred kakršnim koli nasiljem (psihično, fizično, ekonomsko in tudi socialna izolacija). Vse to dosežemo z medijsko predstavitvijo naših projektnih aktivnosti, z dobrim informiranjem na infotelefonu, svetovalni službi ter skupinah za pomoč in samopomoč in zdravstveni službi. Vse te oblike dela ženskam nudijo pomoč pri konstruktivnem reševanju težav, ki izhajajo iz nasilja v družini s strani mož alkoholikov. Ženske pridobijo samozavest, samospoštovanje, naučijo se nekaterih veščin za premagovanje strahu in jim pomagajo pri pravilni pozitivni izbiri življenja brez nasilja.

Javnozdravstvena služba pomaga motivirati alkoholika za začetek zdravljenja, poleg vzdrževanja abstinence pa se preko programov v klubih izvaja tudi program nenasilnega vedenja. Ta dva programa, eden za abstinenco in drugi za nenasilno vedenje, pomagata alkoholiku in njegovi družini pri harmonizaciji življenjskih odnosov brez alkohola in nasilja.

Aktivnosti so usmerjene v:

- identifikacija žrtev nasilja preko info telefona, svetovalnic, preko centra za socialne zadeve, posebnih zavodov za zdravljenje alkoholikov, policije, občanov itd.
- individualno delo z ženskami v svetovalnici.
- javnozdravstvena služba se izvaja z namenom prepoznavanja težav, potreb in možnosti za motivacijo alkoholika za zdravljenje.
- izvajajo se izobraževalne dejavnosti z namenom seznanjanja z naravo alkoholizma, rezultati in načini zdravljenja, saj se le tako soočijo s problemom.

- vključujejo se v psihosociološke delavnice, kjer spoznavajo svoje stanje, se psihično in socialno krepijo, pridobivajo nove uporabne ročne spretnosti in se vključujejo v kulturno-rekreativne dejavnosti (kino, gledališče, razstave, ogledi ipd.)

- Če do zdravljenja pride, sta skupaj z možem vključena v klube zdravljenih alkoholikov in oba sodelujeta v programu resocializacije.

Splošni cilj: Preprečevanje nasilja nad ženskami s strani njihovih partnerjev, alkoholikov.

Cilj projekta: Psihosocialna zaščita žensk, žrtev nasilja moža - alkoholika.

Aktivnosti se ocenjujejo na sestankih supervizijskih timov vseh sodelujočih v projektu. Rezultati so izračunani z analitičnim vrednotenjem standardiziranih vprašalnikov, zapisnikov o izvedenih aktivnostih, števila zajetih uporabnikov delavnic, registracije vsakega telefonskega klica in intervencije v svetovalnici in v javnozdravstveni službi. V zadnjem obdobju je število načrtovanih telefonskih klicev na info liniji, udeležba na svetovanju, udeležba na delavnicah presegla naše načrtovane rezultate.

Ciljne skupine so družine alkoholikov z ženskami, ki so žrtve nasilja s strani mož alkoholikov.

Nasilje je zelo resen osebni in družbeni problem, saj nasilne dejavnosti resno ogrožajo demokratične procese in osebno svobodo, varnost ter pravico do dostojanstva in srečnega življenja. Nasilje v družini se dogaja znotraj družine najpogostejše žrtve pa so najšibkejši družinski člani. V družinah alkoholikov je to zakonec, običajno žena.

Ženske, žrtve nasilja zaradi alkoholizma, potrebujejo podporo in sprejemanje, da so lahko zaščitene pred kakršnim koli nasiljem. Zadovoljiti je treba elementarne eksistenčne potrebe, ki so običajno razlogi, da ženske trpijo nasilje. S projektnimi aktivnostmi so doseženi naslednji rezultati:

- ženske dobijo jasno perspektivo svojega problema tako, da vidijo možnosti za rešitev problema, saj so v prejšnjem obdobju problem skrivale, problem pa je postajal vse težji in so imele občutek krivde za to, kar se jim dogaja in se počutile nemočne. rešiti njihov problem.
- z udeležbo na psihosocialnih delavnicah se jim povrne samozavest, izgine občutek krivde, vključijo se v socialno okolje in dobijo pomoč svojcev.
- pridobijo veščine za lajšanje stresa, strahu in samopomoč.
- ženske, ki so žrtve nasilja zaradi alkoholizma, so preko info linije, medijskih predstavitev dejavnosti, plakatov, letakov in brošur bolje informirane.

Na začetku izvajanja projekta ni bilo organizirane mreže za podporo ženskam, ki so v kritičnem položaju zaradi nasilja mož alkoholikov. Projektne aktivnosti so ženskam prvič omogočile, da zaprosijo za pomoč in da jim je pomoč lahko organizirana. Z realizacijo projekta se je začelo ustvarjanje celovite pokritosti projekta s povezovanjem s posebnimi javnimi zdravstvenimi zavodi, zavodi za socialno varstvo, za pravno varstvo itd. Intenzivnost zanimanja za sodelovanje uporabnikov v aktivnostih kaže na nujnost in trajnost projekta.

Info linija: Nahaja se v "Dare Dzambaz"- Centru humanitarnih organizacij v Skopju, z namenom ohranjanja stika z uporabniki, dajanja informacij o delovanju svetovalnice kot tudi za druge projektne aktivnosti.

Delovni čas info linije je bil od 13.00 do 20.00 oziroma 8 ur na dan.

Realizatorji: 2 osebi z visokošolsko izobrazbo in izobraženi za delo na info liniji ter izobraženi prostovoljci

Svetovanje: Deluje štiri dni v tednu od 13.00 do 18.00 v prostorih Centra humanitarnih organizacij "Dare Džambaz", Skopje. Uporabniki imajo možnost individualnega pogovora in strokovne pomoči za svojo težavo. Osebe, ki izvajajo svetovalno delo so: 4 strokovnjaki: zdravnik specialist psihiatrije in alkoholizma, specialist socialnih zadev in specialist med. psihologije.

Psihosocialne delavnice: Te dejavnosti so organizirane v skupinah in v skupine so vključene ženske, v skupini poteka svetovalno delo. Potekajo trikrat tedensko po 90 minut. V vsako skupino se lahko vključi do 12 žensk. Potekajo v prostorih Centra humanitarnih organizacij "Dare Džambaz", Skopje. Zajemajo aktivnosti usposabljanja za reševanje čustvenih težav, krepitev samozavesti in učenje socialnih veščin. Na teh delavnicah se enkrat mesečno učijo ustvarjalnih veščin (kot so krojaške veščine, izdelovanje vrečk za darila itd.). V okviru psihosocialnih dejavnosti so organizirane kulturne in rekreacijske dejavnosti (obiski kina, gledališča, ogledi ipd.) za sprostitev, spreminjanje vsakdanje rutine in izboljšanje kakovosti bivanja.

Izvajalci: Psihiatri, klasični psihologi in specialisti za socialne zadeve.

Terensko delo-javno-zdravstvena služba: Izvaja se na znanih uporabnikih pomoči, ki so bili nekoč člani kluba, vendar je prišlo do recidiva in se je ponovilo utrujajoče stanje v družini skupaj z zlorabami in nasiljem. Izvaja se zato, da bi pomagali ženi in motivirali alkoholika, da se ponovno začne zdraviti. Dejavnosti se lahko izvajajo na pobudo klubov, ko se ugotovi, da je prišlo do recidiva, saj včasih žena ne sme posredovati, ker se boji posledic. Ta dejavnost je zelo specifična in vedno obstaja možnost določenih težav. Zato je potrebna dobra organizacija skupaj s strokovnjakom, kot je socialna delavka. Predstavniki javne zdravstvene službe bi morali biti ljudje, ki so bili alkoholiku v času abstinence bližje, da bi bili ljudje v tej dejavnosti spremenljivi.

Izvajalci: 6 oseb prostovoljcev, dolgotrajno izobraženih abstinentov in njihovih žena

Priprava, tisk in distribucija informativno-izobraževalnega gradiva:

Na začetku smo natisnili plakate, letake in brošuro. Potrebno je obogatiti informacije in natisniti dodatne publikacije z novimi vsebinami. (500 plakatov, 2000 letakov, 1000 brošur, četrtletni bilten)

Medijska predstavitev projektnih aktivnosti med potekom aktivnosti.

Na podlagi našega izkušnje, po številu telefonskih klicev, obiskanosti svetovalnic smo ugotovili, da ima javno nastopanje v medijih največjo informacijsko moč. Tako nas v prihajajočem obdobju čakajo javni nastopi, ki bodo prispevali k boljši informiranosti in preprečevanju nasilja nad alkoholiziranimi vedenji.

Rezultati so:

- Ženske, ki so žrtve nasilja zaradi alkoholizma preko info linije, medijskih predstavitev dejavnosti, plakatov, letakov in brošur, so bolj informirane.
- Ženske dobijo jasno perspektivo svojega problema tako, da vidijo možnosti za rešitev problema, saj so v prejšnjem obdobju problem skrivale, problem pa je postajal vse težji in so imele občutek krivde za to, kar se jim dogaja in se počutile nemočne. rešiti njihov problem.
- Z udeležbo na psihosocialnih delavnicah se jim povrne samozavest, izgine občutek krivde, vključijo se v socialno okolje in dobijo pomoč svojcev.

- Pridobijo veščine za lajšanje stresa, strahu in samopomoč.

Zato smo v Socialnih klubih zdravljenih alkoholikov poskrbeli za pomoč pri resocializaciji in rehabilitaciji odvisnikov od alkohola in članov njihovih družin, preprečevanju dolgotrajnih hospitalizacij in njihovem vključevanju v celotno družbeno življenje.

Ker brez TREZNEGA PREBIVALSTVA NI TREZNE DRŽAVE.

Ilinka Vaskova, Olivera Subotin Popovska, Pavlina Vaskova, Gelena Veleska (North Macedonia)

Support for Women Victims of Alcoholism

The organisation (ASSOCIATION OF CLUBS OF RECOVERED ADICS IN REPUBLIC OF MACEDONIA - ACRAM) was established in February 1974 on the initiative of the treated alcoholics and their therapists, following the example of anonymous alcoholics in the USA, who have been organised as clubs since 1969. Objective: sustaining abstinence, re-socialisation and reintegration in society. The increasing number of clubs has created a need for establishment of an association in order to achieve better organisation, exchange and representation in the social activities. The association has functioned as a non-government organisation on voluntary basis, non-profit, occasionally financed by the state budget, donations, membership fee and realised projects.

The epidemiological data show that in the Republic of Macedonia there are around 60.000 alcoholics, but in average only 400 are treated a year. Most of them are married (75%), and even 91% have distorted families and marriage relations. The changes in the behaviour due to alcoholism lead to cold emotional relations, isolation and violence within the families. Everyone can be a victim of family violence, but most often it is the wife, the children or the elderly persons in the family. Latest researches show that violence is increasing, and every fourth woman is a victim of violence.

During the period between January 2023 and 30 September 2023 was assisted the project 'Support for the women who are victims of violence'. During the course of 9 months many results have been achieved. All of the planned activities were realised and the need for continuation of the project activities was felt. The activities should be broadened to help the parents of the alcoholics, the husbands of women alcoholics and also to react when it comes to abuse of the children.

Since a small proportion of alcoholics are treated, we provide the women with our project activities to gain support and protection of any kind of violence (psychic, physical, economic and also social isolation). We achieve all this by media presentation of our project activities, by giving good information on the info line, the counselling service, and the groups for help and self-help and public health service. All these forms of work provide the women with help for constructive solving of problems that come from family violence by husbands who are alcoholics. Women gain their self-confidence, self-respect, they learn some skills to overcome the fear and are assisted to make the right positive choice of life without violence.

The public-health service helps to motivate the alcoholic to start treatment, and a program for non-violent behaviour is conducted besides the keeping of the abstinence through the programs in the clubs. These two programs, one for abstinence and the other for non-violent behaviour, help the alcoholic and his family to harmonise the living relations without alcohol and violence.

The activities are aimed towards:

- Identification of the victims of violence through the info line, counselling, through the centre for social matters, special institutions that treat alcoholics, the Police, the citizens etc.
- Individual work with the women in the counselling.
- Public-health service is done in order to identify the problems, needs and possibilities for motivating the alcoholic to be treated.
- Educational activities are conducted in order to inform them on the nature of alcoholism, results and types of treatment, since this is the only way for them to deal with the problem.
- They are included in psycho-sociological workshops where they realise their condition, they strengthen both psychically and socially, gain new useful manual skills and are included in cultural and recreational activities (cinema, theatre, exhibitions, sightseeing etc.)
- If the treatment takes place, together with their husbands they are included in the clubs of recovered alcoholics and both participate in the re-socialisation program.

General objective: Prevention of violence towards women by their husbands-alcoholics.

Project objective: Psychosocial protection of women, victims of violence by their husbands-alcoholic.

The activities are evaluated on supervision team meetings of all participants in the project. The results are calculated by analytic evaluation of the standardised questionnaires, minutes of the conducted activities, the number of covered users of the workshops, registration of each telephone call and intervention in the counselling and in the public-health service. During the last period the number of planned telephone calls on the info line, the attendance at the counselling, the participation in the workshops has exceeded our planned results.

Target groups were the alcoholic families with women who are victims of violence by husbands-alcoholics.

Violence is a very serious personal and social problem, since the violent activities seriously endanger the democratic processes and the personal freedom, the safety and the right to dignity and happy life. Family violence takes place within the family and most common victims are the weakest family members. In the alcoholic families that is the spouse, usually the wife.

Women victims of violence of alcoholism have a need of support and acceptance so that they can be protected from any kind of violence. It is necessary to satisfy the elementary existence needs, which are usually the reasons why women suffer violence. The following results shall be achieved with the project activities:

- Women get clear perspective of their problem by seeing the possibilities for solving the problem, since in the previous period they hid the problem, and the problem got harder and harder and they had the feeling of guilt for what was happening to them and felt powerless to solve their problem.
- Their self-confidence returns by participation in the psychosocial workshops, as well as their feeling of guilt disappears, they are included in the social environment and get help from their relatives.
- They gain skills for relief of stress, fear and self-help.

- Women, who are victims of violence of alcoholism through the info line, media presentations of activities, posters, leaflets and brochures are better informed.

At the beginning of the realisation of the project there was no organised network for support of women who are in a critical position as a result of violence by their husbands who are alcoholics. The project activities for the first time enabled women to ask for help and that help can be given to them in a well-organised manner. The realisation of the project made a beginning of creation of an overall covering of the project by making connections with special public treatment institutions, institutions for social protection, for legal protection etc. The intensity of the interest for participation of the users in the activities shows the necessity and the sustainability of the project.

Info line: Located in “Dare Dzambaz”- Centre of humanitarian organisations in Skopje, in order to keep contact with the users, to give information about the functioning of the counselling as well as for other project activities.

Working hours of the info line was from 13.00 till 20.00, or 8 hours a day.

Realisation persons: 2 persons with a university diploma and educated to work on the info line and educated volunteers

Counselling: Works four days in a week from 13.00 till 18.00 in the offices of the Centre of humanitarian organisations “Dare Dzambaz”, Skopje. The users have the possibility to talk individually and to receive expert help for their problem. The persons who are going to realise the counselling work are: 4 experts: doctor who is specialist for psychiatry and alcoholism, specialist for social matter and specialist for med. psychology

Psychosocial workshops: These activities are organised in groups and in them the women are included in the counselling work. They are held three times a week for 90 minutes. Each group can have up to 12 women. They are held within the premises of the Center of humanitarian organisations “Dare Dzambaz”, Skopje. They cover training activities for solving emotional problems, strengthening the self-confidence and learning social skills. In these workshops once a month creative skills are learnt (such as tailoring skills, making bags for presents etc.). Within the framework of the psychosocial activities are organised cultural and recreational activities (going to the cinema, theatre, sightseeing and etc.) in order to relax, changing the everyday life routine and improving the quality of living.

Realisation persons: Psychiatrists, classical psychologist, and specialist in social matters.

Field work-public-health service: It is conducted on well-known users of help, who used to be club members, but relapse happened and the tiring condition in the family was repeated together with the abuse and the violence. It is conducted in order to help the wife and to motivate the alcoholic to start treatment again. The activities can be done upon the initiative of the clubs when it has been realised that a relapse has occurred, because sometimes the wife must not intervene being afraid of the consequences. This activity is very specific and there is always a possibility of certain troubles. That is why it is necessary to have good organisation together with an expert such as a social worker. The representatives of the public-health service should be the people who were closer to the alcoholic during the period of abstinence, so that in this activity the people would be changeable.

Realisation persons: 6 persons volunteers, long-term educated abstinent, and their wives

Preparation, printing and distribution of information-educational material:

At the beginning we printed posters, leaflets, and a brochure. It is necessary to enrich the information and to print additional publications with new contents. (500 posters, 2000 leaflets, brochure 1000, quarterly bulletin)

Media presentation of the project activities during the course of activities:

Based on our experience, by the number of telephone calls, the attendance of the counselling, we have realised that public performance in the media has the greatest information power. So in the forthcoming period we shall have public performances, which will contribute for better information and prevention of violence form the alcoholic behaviour.

The results are:

- Women, who ware victims of violence of alcoholism through the info line, media presentations of activities, posters, leaflets and brochures are better informed.
- Women get clear perspective of their problem by seeing the possibilities for solving the problem, since in the previous period they hid the problem, and the problem got harder and harder and they had the feeling of guilt for what was happening to them and felt powerless to solve their problem.
- Their self-confidence returns by participation in the psychosocial workshops, as well as their feeling of guilt disappears, they are included in the social environment and get help from their relatives.
- They gain skills for relief of stress, fear and self-help.

Therefore the Treated Alcoholics Social Clubs have provided assistance in resocialization and rehabilitation of the alcohol addicts and members of their families, prevention of the long-term hospitalizations, and their include in the entire social life.

As, without SOBER POPULATION THERE IS NOT A SOBER CIOUNTRY.

Nataša Sorko, prof. dr. Darja Zorc Maver (Slovenia)

Družina kot dejavnik tveganja pri psihosocialnem razvoju otrok iz družin z alkoholizmom

Težave z zasvojenostjo v Sloveniji predstavljajo enega izmed najpomembnejših javnih zdravstvenih, socialnih in skupnostnih problemov, kar vpliva na delovanje številnih družin, zaradi česar se pogosto pri delovanju družine izkaže, da je družinsko okolje dejavnik tveganja za psihosocialni razvoj otrok. V prispevku bodo predstavljeni le nekateri izsledki izvedene raziskave, v katero so bili vključeni otroci iz družin z alkoholizmom in se je na osnovi njihovih prejetih odgovorov presojalo glede raziskovalnega vprašanja ali primarno družinsko okolje lahko predstavlja dejavnik tveganja za psihosocialni razvoj otrok. Izpostavljamo, da je družina z težavami z alkoholizmom tista, v kateri je vsaj en član zasvojen z vsaj eno psihoaktivno snovjo (Čebašek - Travnik, 1999), kar pa vpliva na dinamiko celotne družine. Otroci, ki odrasčajo v takšnih družinah, so nevidna populacija, pogosto prezrti s strani strokovnjakov in širše družbe (Perko, 2013; Perko, 2008; Čebašek - Travnik, 1999; Stafford, 1997). Otroci iz družin s težavami z zasvojenostjo so prikrajšani za podporno socialno okolje, ki omogoča pridobivanje pozitivnih osebnih, socialnih in drugih izkušenj s spodbujanjem njihovih potencialov, talentov, virov moči in se poskušajo na različne načine prilagoditi travmatičnemu dogajanju v družini (Čebašek - Travnik, 1999; Dehn, 2010; Perko, 2013).

Potrdili smo, da je družina dejavnik tveganja pri otrocih iz družin s težavami z zasvojenostjo in se kaže v slabši samopodobi otrok, slabšem učnem uspehu, slabšem zadovoljevanju osnovnih in psiholoških potreb, njihovem čustvenem odzivanju, porušeni hierarhiji odnos v družini, prevzemanju vlog odraslih, doživljanju različnih strahov kot npr.: pred zapuščenostjo, izgubo ipd., v družinskih skrivnostih, zdravstvenih težavah na področju telesnega in duševnega zdravja medtem ko pa se dejavnik zaščite kaže kot doživljanje občutka varnosti in varni navezanosti, doživljanje človeške topline, mobilizaciji družine z vidika krepitve virov moči v socialno-ekološkem kontekstu, kar se kaže v čustvenih procesih, strukturi in hierarhiji družine ter pri izbiri starševskega stila.

Ključne besede: dejavniki tveganja, dejavniki zaščite, zasvojenost, družina, otroci, psihosocialni razvoj

Nataša Sorko, prof. dr. Darja Zorc Maver (Slovenia)

Family as a Risk Factor in the Psychosocial Development of Children from Families with Alcoholism

Addiction problems in Slovenia represent one of the most significant public health, social, and community issues, affecting the functioning of many families. This often reveals that the family environment is a risk factor for the psychosocial development of children. The paper will present only some findings from a conducted study, which included children from families with alcoholism. Based on their responses, the research question was assessed whether the primary family environment can be a risk factor for the psychosocial development of children.

We emphasize that a family with alcoholism issues is one where at least one member is addicted to at least one psychoactive substance (Čebašek - Travnik, 1999), which affects the dynamics of the entire family. Children growing up in such families are an invisible population, often overlooked by professionals and the broader society (Perko, 2013; Perko, 2008; Čebašek - Travnik, 1999; Stafford, 1997). Children from families with addiction problems are deprived of a supportive social

environment that enables them to gain positive personal, social, and other experiences by encouraging their potentials, talents, and strengths, and they try to adapt to the traumatic events in the family in various ways (Čebašek - Travník, 1999; Dehn, 2010; Perko, 2013).

We confirmed that the family is a risk factor for children from families with addiction problems, which manifests in lower self-esteem, poorer academic performance, poorer satisfaction of basic and psychological needs, their emotional responses, disrupted family relationship hierarchy, taking on adult roles, experiencing various fears such as abandonment, loss, etc., family secrets, health problems in the area of physical and mental health. On the other hand, the protective factor is reflected in the experience of safety and secure attachment, experiencing human warmth, mobilizing the family in terms of strengthening resources in the socio-ecological context, which is reflected in emotional processes, family structure and hierarchy, and the choice of parenting style.

Keywords: risk factors, protective factors, addiction, family, children, psychosocial development

Dijana Kecman, Nataša Kopač (Slovenia)

Prikaz majhne skupine primerov z več različnih praks z medinstitucionalnim sodelovanjem in sistemskim pristopom

Obstaja več različnih praks, ki jih lahko uporabimo pri zdravljenju odvisnosti od alkohola pri pacientih, ki jim grozi odvzem skrbništva nad otroki. Izbiramo jih na osnovi izkušenj posameznih strokovnjakov. Do sedaj ni bilo opredeljeno, katera od omenjenih praks bi lahko bila najboljša izbira pri zdravljenju. Predvidevamo, da ob hkratni uporabi več različnih praks prihaja do boljših izidov zdravljenja. Namen prispevka je prikaz vpliva uporabe izbranih praks skozi pet kliničnih primerov z grozečim ali že izgubljenim skrbništvom nad otroki. V prispevku smo primerjali vpliv uporabe štirih različnih praks na izid zdravljenja, in sicer: sodelovanje svojcev pri zdravljenju bolezni odvisnosti; multisektorsko sodelovanje; sistemski pristop in vključitev družine v družinsko ali partnersko svetovanje ter nadaljevanje rehabilitacije z vključitvijo v podporno skupino za pomoč pri vzdrževanju abstinence po končanem zdravljenju na EZOA. Pri vseh obravnavanih primerih smo upoštevali individualne potrebe posameznika in družine ter na podlagi le teh svetovali različne že omenjene prakse. Člani družin, ki smo jih izbrali za prispevek, so bili vključeni v program zdravljenja na našem oddelku med letoma 2020 in 2024. Sestava izbranih družin je bila raznolika, od nuklearnih; enostarševskih; razširjenih ter do sestavljenih družin. Cilj prispevka je bil predstavitev razlik v izidih glede na vključenost v zgoraj omenjene oblike obravnave. Uporaba več zgoraj omenjenih praks hkrati je doprinesla k boljšem izidu zdravljenja bolezni odvisnosti v smislu ohranjanja abstinence v domačem okolju ter v smislu vrnitve otrok v primarno družino ali preprečitve grozečega odvzema otrok. Glede na raznolikost družin so smiselne tudi nadaljnje raziskave na tem področju.

Dijana Kecman, Nataša Kopač (Slovenia)

Presentation of a small group of cases with various practices involving inter-institutional cooperation and a systemic approach

There are several different practices that can be used in the treatment of alcohol dependence in patients who are at risk of losing custody of their children. We choose them based on the experience of individual experts. So far, it has not been determined which of the mentioned practices might be the best choice for treatment. We hypothesize that using several different practices simultaneously improves treatment outcomes. The purpose of the paper is to demonstrate the impact of the use of selected practices through five clinical cases involving threatened or already lost custody of children. In the paper, we compared the impact of the use of four different practices on the outcome of treatment, namely: the participation of relatives in the treatment of addiction; multisectoral cooperation; systemic approach and involving the family in family or partner counseling and continuing rehabilitation by joining a support group to help maintain abstinence after completing treatment at EZOA. In all discussed cases, we considered the individual and family needs and based on these needs recommended the previously mentioned various practices. The members of the families we selected for the contribution were included in the treatment program at our department between 2020 and 2024. The composition of the selected families was diverse, from nuclear; single parents; extended and extended families. The aim of the paper was to present the differences in outcomes

according to the involvement in the above-mentioned forms of treatment. The results show that the use of several of the above-mentioned practices simultaneously contributed to improved outcome of addiction treatment in terms of returning children to the primary family or preventing the threatened removal of children. Given the diversity of families, further research in this area is recommended.

dr. Mateja Markl (Slovenia)

Vedenjsko – kognitivni pristop pri obravnavi oseb s tveganim in škodljivim pitjem alkohola – Individualni in skupinski setingi

V prispevku bo predstavljena učinkovitost vedenjsko-kognitivnega pristopa (VKT) pri obravnavi oseb s tveganim in škodljivim pitjem alkohola. Prispevek se bo osredotočil na dve ključni področji: (1) vlogo VKT pri zmanjševanju tveganega in škodljivega pitja ter (2) primerjavo učinkovitosti individualnih in skupinskih terapevtskih setingov.

Namen predstavitve je prikazati, kako VKT, ki temelji na prepoznavanju in spreminjanju disfunkcionalnih miselnih shem in vedenjskih vzorcev, omogoča posameznikom razviti bolj prilagodljive strategije za obvladovanje sprožilcev, ki spodbujajo pitje alkohola. Avtorica bo poudarila ključno vlogo kognitivne restrukturacije in vedenjskih tehnik pri doseganju trajnih sprememb v vedenju, ter prikazala empirične dokaze o učinkovitosti tega pristopa.

Predstavljene bodo ključne prednosti vedenjsko-kognitivnega pristopa, kot so zmanjšanje tveganega in škodljivega pitja, preprečevanje recidivov, in povečanje samoučinkovitosti. Raziskave kažejo, da VKT zmanjša število dni tveganega pitja za 44 % v šestih mesecih (McCrary et al., 2006) ter zmanjša stopnjo recidivov za 38 % v primerjavi s kontrolno skupino (Irvin et al., 1999). VKT je še posebej učinkovita v kombinaciji z motivacijskim intervjujem (Miller & Rollnick, 2012).

V drugem delu predstavitve bodo obravnavane prednosti in izzivi izvajanja VKT v individualnem in skupinskem setingu. Individualni seting omogoča prilagoditev terapije specifičnim potrebam posameznika, medtem ko skupinska terapija nudi podporo vrstnikov in omogoča učenje na podlagi izkušenj drugih. Prispevek bo obravnaval tudi koristi kombiniranja obeh setingov, saj ta pristop omogoča, da posameznik izkoristi prednosti obeh oblik terapije.

Zaključek bo poudarjena pomembnost prilagajanja terapevtskega pristopa glede na specifične potrebe posameznikov ter izpostavitev, da je VKT zaradi svoje prilagodljivosti in široke uporabe primerna za obravnavo različnih vidikov problematike pitja alkohola. Prispevek bo ponudil vpogled v sodobne terapevtske pristope in spodbujal razpravo o nadaljnjih možnostih za izboljšanje terapevtskih intervencij na tem področju.

dr. Mateja Markl (Slovenia)

Behavioral-Cognitive Approach in Treating Individuals with Risky and Harmful Alcohol Consumption – Individual and Group Settings

The paper will focus on the effectiveness of the Cognitive Behavioral Approach (CBA) in addressing individuals with risky and harmful alcohol drinking habits. It will cover two key areas: (1) the role of CBA in reducing risky and harmful drinking, and (2) a comparison of the effectiveness of individual and group therapeutic settings.

The aim of the presentation is to demonstrate how CBA, which is based on recognizing and altering dysfunctional thought patterns and behavioral habits, helps individuals develop more adaptive strategies for managing triggers that lead to alcohol consumption. The presenter will highlight the crucial role of cognitive restructuring and behavioral techniques in achieving lasting behavioral change and present empirical evidence supporting the effectiveness of this approach.

The aim of the presentation is to demonstrate how CBA, which is based on identifying and modifying dysfunctional thought patterns and behavioral habits, enables individuals to develop more adaptive strategies for managing triggers that lead to alcohol consumption. Some key benefits of the cognitive-behavioral approach will be outlined, such as the reduction of risky and harmful drinking, prevention of relapse, and enhancement of self-efficacy. Research indicates that CBA reduces the number of risky drinking days by 44% over six months (McCrady et al., 2006) and decreases relapse rates by 38% compared to a control group (Irvin et al., 1999). CBA is particularly effective when combined with motivational interviewing (Miller & Rollnick, 2012).

In the second part, the advantages and challenges of implementing CBA in both individual and group settings will be discussed. Individual settings allow for the therapy to be tailored to the specific needs of the person, while group therapy provides peer support and learning from others' experiences. The presentation will also explore the benefits of combining both settings, as this approach allows individuals to take advantage of the strengths of each form of therapy.

In conclusion, the importance of adapting therapeutic approaches to the specific needs of individuals will be emphasized, along with the assertion that CBA, due to its flexibility and broad applicability, is well-suited to addressing various aspects of alcohol-related issues. The presentation will offer insights into contemporary therapeutic approaches and encourage discussion on further possibilities for improving therapeutic interventions in this field.

dr. Zdenka Čebašek Travnik, dr. Simona Mlinar (Slovenia)

Preprečevanje recidiva s pomočjo čuječnosti / Preventing Relapse with Mindfulness

Recidiv je pogost pojav pri obravnavi bolezni odvisnosti in ga lahko razumemo kot začasno oviro na poti okrevanja. Običajno se zgodi v obdobjih stresa ali ko je nekdo izpostavljen ljudem ali krajem, ki so povezani s preteklim pitjem alkohola. Za nekatere ljudi je recidiv močna učna izkušnja in jim pomaga razjasniti situacije, na katere morda še niso pripravljeni. Za druge ponovitev signalizira potrebo po drugačni vrsti zdravljenja ali pogostejših obravnavah. Ponudniki zdravljenja lahko pomagajo pri teh prilagoditvah. Ena od novejših je uvajanje programov čuječnosti, ki temeljijo na osnovi zmanjševanja stresa, v programe preprečevanja recidiva. Tako je nastal protokol MBRP (mindfulness based relapse prevention).

MBRP združuje obstoječe programe preprečevanje recidiva in protokol vadbe čuječnosti. V ZDA so ga razvili pred dvajsetimi leti in ga uspešno izvajajo še danes na podlagi kliničnega vodnika (Mindfulness-Based Relapse Prevention for Addictive Behaviors, avtorji Bowen, Chawla, Grow, Marlatt). Drugo izdajo tega vodnika (2021) smo prilagodili za naše razmere in ga postopoma uvajamo v Društvo Žarek upanja. Izvajata ga avtorici tega prispevka v obliki delavnic, ki bodo ovrednotene z raziskavo.

Dosedanje izkušnje kažejo, da so nekateri pacienti že seznanjeni z možnostmi meditacije in vadbe čuječnosti, pogrešajo pa program, s pomočjo katerega bi oboje redno izvajali in tako povečali svoje možnosti za preprečevanje recidiva.

dr. Zdenka Čebašek Travnik, dr. Simona Mlinar (Slovenia)

Preventing Relapse with Mindfulness

Relapse is a common phenomenon in the treatment of the disease of addiction and can be understood as a temporary obstacle on the road to recovery. It usually occurs during periods of stress or when someone is exposed to people or places associated with past drinking. For some people, relapse is a powerful learning experience and helps them clarify situations they may not be ready for. For others, recurrence signals the need for a different type of treatment or more frequent treatments. Treatment providers can help with these adjustments. One of the more recent ones is the introduction of stress reduction-based mindfulness programs into relapse prevention programs. This is how the MBRP (mindfulness-based relapse prevention) protocol was born.

The MBRP combines existing relapse prevention programs and a mindfulness training protocol. It was developed in the USA twenty years ago and is still successfully implemented today based on a clinical guide (Mindfulness-Based Relapse Prevention for Addictive Behaviors, authors Bowen, Chawla, Grow, Marlatt). We have adapted the second edition of this guide (2021) for our conditions and are gradually introducing it in the Žarek upanja Society. It is carried out by the authors of this paper in the form of workshops, which will be evaluated through research.

The experience so far shows that some patients are already familiar with the possibilities of meditation and practicing mindfulness, but they miss a program that would help them regularly implement both and thus increase their chances of preventing relapse.

Jožef Kociper (Slovenia)

Potreba po spremembi in duhovnosti v času odločanja za zdravljenje

Namen tega prispevka je predstaviti pogled s strani strokovnjakov in članov skupin. Pokažemo ugotovitve iz ankete o duhovni kompetenci pri strokovnjakih in ugotovitve iz srečanj s člani različnih terapevtskih skupin za odvisne od alkohola.

Cilj je prepoznati svoja stališča do motivacije in duhovnih vsebin, ki jih izpostavljajo odvisni od alkohola ob začetku odločanja za spremembo in zdravljenje.

Metoda: povzetek ankete med 270 strokovnjaki, ki delajo z ljudmi v terapevtskem odnosu in navedbe članov skupin o duhovnih temah.

Rezultati ankete in reakcije veliko članov skupin odvisnih od alkohola kažejo na pomembnost duhovnega področja v terapevtskem odnosu in tudi na potrebo strokovnjakov po večji kompetenci na duhovnem področju.

Zaključek raziskave kaže na nujnost izobraževanja strokovnjakov o duhovnih vsebinah, ki se posebej od odločanju za zdravljenje pokažejo pri odvisnih od alkohola.

Kljub mnogim težavam in izzivom se lahko oseba, ki je odvisna od alkohola, sčasoma zave potrebe po spremembi in se odloči za zdravljenje. To se lahko zgodi zaradi notranje motivacije, pritiska bližnjih ali pa zaradi situacijskih okoliščin, ki ji ne dopuščajo druge izbire. Razumevanje teh izzivov je ključno pri podpori osebi na poti do okrevanja.

V trenutku odločanja se alkoholik sreča s svojo svobodo. Prepozna svojo nemoč in šibkost volje. Še bolj pa začuti globlje hrepenenje po osvobojenosti, po normalnem življenju. Izstopiti želi iz sužnosti alkohola, iz odvisnosti snovi in svojim rutinam. Zavedanje samega sebe je povezano s širšim zavedanjem življenja. Zaveda se usmerjenosti in smisla svojega dosedanjega življenja. Vidi potrebo po spremembi, po korekciji smeri. Njegova čuječnost se prebuja. To so tako terapevtske kot duhovne vsebine.

Duhovnost v psihoterapiji je že desetletja prisotna v terapiji AA - anonimnih alkoholikov. V zadnjih letih psihoterapija uvideva pomen duhovnosti tudi na drugih področjih zdravljenja. Takšen celostni pristop zajema telesno, duševno, socialno in duhovno dimenzijo.

Jožef Kociper (Slovenia)

The Need for Change and Spirituality During the Decision-Making Process for Treatment

The purpose of this paper is to present a view from experts and group members. We present findings from a survey on spiritual competence among professionals and findings from meetings with members of various therapeutic groups for alcohol addicts.

The goal is to recognize one's attitudes towards motivation and spiritual content, which are exposed by alcohol addicts when they start making decisions for change and treatment.

Method: summary of a survey of 270 professionals who work with people in a therapeutic relationship and the statements of group members on spiritual topics.

The results of the survey and the reactions of many members of alcohol-dependent groups show the importance of the spiritual field in the therapeutic relationship and also the need for professionals to have greater competence in the spiritual field.

The conclusion of the research shows the necessity of educating professionals about spiritual content, which is especially evident in the decision-making process for treatment in alcohol addicts.

Despite many difficulties and challenges, a person addicted to alcohol can eventually realize the need for change and decide to seek treatment. This can happen due to internal motivation, pressure from loved ones, or due to situational circumstances that do not allow her to make another choice. Understanding these challenges is key in supporting a person on the road to recovery.

At the moment of decision, the alcoholic meets his freedom. He recognizes his helplessness and weakness of will. Even more, he feels a deeper longing for freedom, for a normal life. He wants to get out of slavery to alcohol, substance addiction and his routines. Self-awareness is connected to a wider awareness of life. He is aware of the direction and meaning of his life so far. He sees the need for change, for direction correction. His awareness is awakening. These are both therapeutic and spiritual contents.

Spirituality in psychotherapy has been present in AA - Alcoholics Anonymous groups for decades. In recent years, psychotherapy has seen the importance of spirituality in other areas of treatment as well. Such a holistic approach covers physical, mental, social and spiritual dimensions.

doc. dr. Nera Živlak Radulović (Bosnia and Hercegovina)

Integrativni pristop k zasvojenostim kot najučinkovitejša strategija preventive in recidiva

Uvod: Motnje odvisnosti ne moremo obravnavati kot samostojne motnje, saj se pogosto prepletajo, kar otežuje proces zdravljenja. Komorbidnost v okviru bolezni odvisnosti je prej pravilo kot izjema. To nas zavezuje k podrobnejši oceni odvisniškega vedenja nasploh pri pristopu k pacientu.

Cilj tega dela. Opozoriti na potrebo po celovitem pristopu k zdravljenju odvisnosti s poudarkom na vidiku redne prisotnosti komorbidnosti.

Razprava: Komorbidnost po (Lorains., 2011) pri sindromu odvisnosti od iger na srečo je naslednja: odvisnost od tobaka (60,1 %), odvisnost od psihoaktivnih snovi - alkohola (57,5 %), anksiozne motnje (37,4 %), motnje razpoloženja (37,9 %). Zaradi navedenega je treba izvajati integrativni pristop za olajšanje vsakodnevne dela strokovnjakov na področju zasvojenosti. Celostni pristop je omogočen skupaj z: 1. Nekatera farmakološka zdravljenja se prepletajo, ko gre za zdravljenje odvisnosti od alkohola, drog ali iger na srečo / npr. Zdravilo z imenom »naltrekson« je enako učinkovito pri zdravljenju omenjenih oblik zasvojenosti. 2. Glede psihoterapevtskih pristopov imamo podobne rezultate predvsem pri bihevizizmu. Behavioristična načela obravnavajo vse oblike zasvojenosti z odkrivanjem sprožilcev, stopenjsko izpostavljenostjo, sistematično desenzibilizacijo, časovnim strukturiranjem ter pozitivno in negativno okrepitvijo. 3. Če analiziramo socioterapevtski pristop motenj odvisnosti, je skupinska podpora terapija enako uporabna v vseh oblikah. Skupinsko delo temelji na »zrcalnem fenomenu«, socializacijskem procesu, skupinski podpora, delitvi občutkov in pristopu tukaj in zdaj. Poudarjamo pomen upoštevanja in uporabe modela transdiagnostičnega pristopa pri zdravljenju odvisnosti. Ta vrsta modela ne obravnava le predstavljenega problema, ampak lahko zajema tudi vprašanja, ki se pojavljajo skupaj.

Sklep: S celovitim pristopom zdravljenja odvisnosti lahko hkrati zdravimo tudi komorbidnosti odvisnosti, kar je zagotovo najboljši način sekundarne in celo terciarne preventive.

Ključne besede: celovit pristop, motnje odvisnosti, komorbidnost, preventiva

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doc. dr. Nera Živlak Radulović (Bosnia and Hercegovina)

An Integrative Approach to All Addictions as the Most Effective Strategy for Prevention and Relapse

Introduction: Addictive disorders cannot be viewed as independent disorders as they are often intertwined, which makes the treatment process complicated. Comorbidity within addictive disorders is a rule rather than an exception. This obliges us to a more detailed assessment of addictive behavior in general when accessing the patient.

The goal of this work. To point out the need of comprehensive addiction treatment approach, emphasizing the aspect of regular comorbidity presence.

Discussion: Comorbidity according to (Lorains., 2011) when it comes to gambling addiction syndrome is as follows: tobacco addiction (60.1%), psychoactive substances addiction - alcohol (57.5%), anxiety disorders (37.4%), mood disorders (37.9%). Due to above mentioned, integrative approach to facilitate the daily work of professionals in the field of addiction should be implemented. An integrative approach is made possible along with: 1. Some of the pharmacological treatments are intertwined when it comes to the alcohol abuse treatment, drugs or gambling treatment / e.g. medicine called "naltrexone" is equally effective while treating mentioned forms of addiction. 2. Regarding the psychotherapeutic approaches, we have similar results especially when it comes to behaviorism. Behaviorist principles treat all forms of addiction by detecting triggers, graded exposure, systematic desensitization, time structuring and positive and negative reinforcement. 3. If we analyze the socio-therapeutic approach of addictive disorders, group support therapy is equally useful in all forms. Group work is based on the "mirror phenomenon", socialization process, group acting as support, sharing of feelings and the here-and-now approach. We emphasize the importance of consideration and use of the transdiagnostic approach model in the addiction treatment. This model type does not only treat the problem that is presented but it can also cover issues arising together.

Conclusion: With a comprehensive approach of the addiction treatment, we are able to simultaneously treat addiction comorbidities, which is certainly the best way of secondary and even tertiary prevention.

Key words: comprehensive approach, addictive disorders, comorbidity, prevention

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Predstavitev 3 / Presentations 3

Urška Leban Guzej (Slovenia)

Pomoč osebam z odvisnostjo v obliki skrbništva za odrasle

Izhajajoč iz definicije in namena skrbništva za odrasle v slovenski pravni ureditvi prispevek predstavi institut skrbništva, postopek postavitve pod skrbništvo in vlogo centra za socialno delo v tem postopku. Prispevek razmeji skrbništvo kot ukrep države od drugih storitev in nalog, ki jih izvaja center za socialno delo, vendar poudari pomembnost pomoči posamezniku, bodisi v fazi, ko se ta postavlja pod skrbništvo, bodisi po postavitvi pod skrbništvo. Iz sodne prakse kaže izpostaviti izreke sklepov sodišč, ki poudarjajo pomoč skrbnika, v primerjavi s prejšnjo pravno ureditvijo odvzema poslovne sposobnosti. Pogoj za postavitev pod skrbništvo je ogrožanje osebe, ki zaradi težav v duševnem zdravju ali drugega vzroka, ki vpliva na zmožnost razsojanja, sama brez škode zase ni sposobna poskrbeti za svoje pravice in koristi. Zaradi snovnih in nesnovnih odvisnosti lahko pride do nekontrolirane porabe denarja. Zaradi upada funkcionalnosti osebe z odvisnostjo v vsakdanjem življenju ali celo upada njenih kognitivnih sposobnosti lahko pride do nemoči obvladovanja finančnih obveznosti. Prezadolženost je ogromen problem današnjega časa, na svojih plečih pa ga ne nosijo samo posamezniki, pač pa celotna njegova družina. Z institutom skrbništva se lahko vzpostavi obvladovanje te neposredne potencialne nevarnosti in sanira že nastala škoda. Prispevek opredeli tudi nekatere pomanjkljivosti v državnem sistemu, ki onemogočajo takojšnjo in tudi trajno zaščito osebe pod skrbništvom, ki jo odvisnost vodi v prezadolženost, zaradi česar je tudi pomoč tej osebi omejena ali celo nemogoča.

Urška Leban Guzej (Slovenia)

Assistance to individuals with addiction in the form of adult guardianship

Taking as its starting point both the definition and the purpose of guardianship for adults according to Slovenian national legislation, the paper presents the institution of guardianship, the procedure for placing a person under guardianship, and the role of a social work centre in this process. The article distinguishes guardianship as a national measure from other services and tasks provided by a social work centre, but also stresses the importance of assisting the individual, either at the initial stage of being placed under guardianship or in the period following being placed under guardianship. The case-law highlights the court decisions that emphasize the assistance provided by the guardian, compared to previous legislation, which emphasized the loss of legal capacity. Guardianship is conditional on the person becoming, whether because of a mental health problem or any other factor that affects the capacity to judge, incapable of ensuring, without harm to him or herself, his or her own rights and best interests. Material and non-material dependencies can lead to uncontrolled spending, and a person with such dependencies may experience a decline in his or her day-to-day functionality, or even a decline in cognitive abilities, which, in turn, may lead to the person's inability to manage financial obligations. Over-indebtedness is a profound problem in our time, and it is not only the individual who shoulders this burden, but his or her entire family. Guardianship can be used to address this immediate potential risk and also to remedy any harm already caused. The paper also identifies some deficiencies in the national system that make it impossible to immediately and permanently protect a person under guardianship whose dependency leads to over-indebtedness, which results in limited or even impossible assistance for that person.

doc. dr. Uroš Perko (Slovenia)

Evalvacija zdravljenja odvisnosti od alkohola po socialno andagoški metodi

Uvod:

S socialno andragoško metodo je dr. Janez Rugelj v Sloveniji nadgradil sistem dr. Vladimirja Hudolina. Bistvo metode je zapoznalo osebnostno dozorevanje in vsestransko oblikovanje ljudi, ki so zaradi patoloških vplivov staršev prišli v hudo partnersko in osebno krizo in so se pripravljene dolgoročno zelo potruditi, da napravijo nekaj iz sebe. V svoji metodi urejanja alkoholikov in drugih ljudi v stiski je uvedel več kot petdeset vzgojno-terapevtskih sredstev. Uvedba in uporaba vzgojnih sredstev ter avtoritativno vodenje terapevtskih skupin sta originalni posebnosti v psihoterapiji in se kažeta kot visoko učinkoviti pri zdravljenju alkoholikov.

Metode:

V presečni raziskavi smo prek evidenc Zavoda Mitikas pregledali, koliko alkoholikov se je zdravilo v letu 2019. Preverjali smo, koliko jih je končalo osnovni 3 letni program zdravljenja in koliko jih v letu 2024 abstiniira.

Rezultati:

Ugotovili smo, da se je v letu 2019 zdravilo 30 alkoholikov. Od tega jih 6 (20%) ni končalo osnovnega programa in so recidivirali. 24 (80) jih je končalo osnovni 3 letni program, od tega jih 14 (58,33%) še redno obiskuje program, 10 (41,67) pa je s programom zaključilo. Vseh 24 (100%), ki je končalo vsaj 3 letni program, poroča o popolni abstinenci od začetka zdravljenja. Poročajo o višjem zadovoljstvu z življenjem, boljšem psiho-fizičnem zdravju, napredku na delovnem področju ter boljših medosebnih odnosih. Vsi so redno športno aktivni, 22 jih je preteklo vsaj 1 maraton, redno hodijo v gore in so ponotranjili bralne navade.

Razprava:

Rezultati kažejo, da je socialno andragoška metoda v primerjavi z ostalimi programi visoko učinkovita. S svojo zahtevnostjo je primerna le za redke alkoholike in njihove partnerje. Metoda je priporočljiva za tiste, ki so se pripravljene nadpovprečno potruditi, da uredijo svoje življenje in vzpostavijo dolgotrajno popolno abstinenco s spremenjenim načinom življenja.

doc. dr. Uroš Perko (Slovenia)

Evaluation of Alcohol Addiction Treatment Using the Socio-Pedagogical Method

Background:

With the social andragogical method, Dr Janez Rugelj built on the system of Dr Vladimir Hudolin in Slovenia. The essence of the method is the delayed personal maturation and all-round development of people who have reached a severe crisis in their partnership and personality and are ready to make a great effort to make something of themselves in the long term. He has introduced more than fifty educational and therapeutic tools in his method of regulating alcoholics and other people in distress. The introduction and use of educational tools and the authoritative leadership of therapeutic groups are original features in psychotherapy and are proving to be highly effective in the treatment of alcoholics.

Methods:

In a cross-sectional study, we examined how many alcoholics were in treatment in 2019 through the records of the Mitikas Institute. We examined how many had completed the basic 3-year treatment programme and how many were abstinent in 2024.

Results:

30 alcoholics were in treatment in 2019. Of these, 6 (20%) did not complete the basic 3 year programme and relapsed. 24 (80) completed the basic 3-year programme, of whom 14 (58.33%) are still attending the programme regularly and 10 (41.67) have completed the programme. All 24 (100%) who completed at least 3 years of the programme report complete abstinence since the start of treatment. They report higher life satisfaction, better psycho-physical health, progress at work and better interpersonal relationships. All of them are regularly active in sport, 22 have run at least 1 marathon, regularly hike in the mountains and have internalised their reading habits.

Discussion:

The results show that the social and educational method is highly effective compared to other programmes. Its complexity makes it suitable only for a few alcoholics and their partners. It is recommended for those who are willing to make an above-average effort to put their life in order and to establish long-term total abstinence through a changed lifestyle.

Karmen Henigsmann (Slovenia)

Vpliv stigmatizacije oseb, ki so zasvojene z alkoholom, na njihove otroke in možni pristopi k zmanjševanju negativnih posledic

Odnos do pitja alkohola je v Sloveniji pogosto sprejemljiv. Za marsikoga predstavlja glavno družbeno vezivo, saj je alkohol prisoten ob vseh pomembnih dogodkih posameznikovega življenja. Na drugi strani pa lahko vsakodnevno zaznavamo stigmo, ki bdi nad zasvojenostjo z alkoholom in se lahko kaže v različnih predsodkih, stereotipiziranih razmišljanjih in žaljivem diskurzu, kadar se govori o osebah, ki so zasvojene. Tovrstno odzivanje okolja ves čas spremljajo tudi otroci oseb z zasvojenostjo, ki so s tem tudi sami žrtev omenjene stigmatizacije, ki lahko vodi tudi do izkušenj diskriminacije.

Stigma predstavlja večplastni problem, ki se hkrati pojavlja v različnih sferah otrokovega okolja. Prisotna je lahko v družini, soseščini, lokalnih institucijah, medijih in kulturi na splošno. V ozadju stigmatizacije je pogosto napačno prepričanje, da se zasvojenost pripisuje slabim izbiram in "šibki" osebnosti posameznikov, medtem ko je razvoj zasvojenosti veliko bolj kompleksen pojem.

Posledice stigme na otroka so med drugim lahko občutki sramu in krivde, osamljenost in socialna izoliranost. Otroci zgodaj razvijejo mehanizem prikrivanja vsega, kar se dogaja doma, da bi se lahko zaščitili pred stigmo in morebitno diskriminacijo. Zaradi tega pogosto ne poiščejo pomoči, ki bi jo v stiski potrebovali.

Prispevek se osredotoča na možnosti naslavljanja stigme preko delovanja v mikro kot makro okolju otroka, s širšim osveščanjem o zasvojenosti kot bolezni, ki jo je potrebno zdraviti in o ustrezni rabi na osebo osredotočenega jezika. Osredotoča se tudi na podporno delo s tovrstnimi otroki, ki zahteva takten in premišljen pristop, z namenom popravilne izkušnje, ki temelji na razumevanju in sprejemanju družinskega ozadja otroka in neobsojajočem podpornem pristopu.

Karmen Henigsmann (Slovenia)

The impact of stigmatization of individuals addicted to alcohol on their children and possible approaches to reducing negative consequences

The attitude toward alcohol consumption in Slovenia is often permissive. For many, alcohol represents a significant component of social life, as it is present at all significant events in an individual's life. On the other hand, we can often observe the stigma surrounding alcohol addiction, manifested through various prejudices, stereotypical thinking, and derogatory discourse when discussing individuals with addiction. This societal response is constantly observed by the children of parents with addiction, who consequently become victims of this stigmatization themselves, potentially leading to experiences of discrimination.

The stigma represents a multifaceted problem that simultaneously appears in different spheres of a child's environment. It can be present within the family, neighbourhood, local institutions, media, and culture in general. The background of stigmatization often lies in the mistaken belief that addiction is attributed to poor choices and a "weak" personality, while the development of addiction is a much more complex concept.

The consequences of this stigma on a child can include feelings of shame and guilt, loneliness, and social isolation. Children quickly develop a mechanism to conceal everything happening at home to

protect themselves from the stigma and possible discrimination. Consequently, they often do not seek the help they need in distress.

This contribution focuses on the possibilities of addressing the stigma through an approach that reaches both the micro and macro environments of the child, with broader awareness of addiction as a disease that needs treatment and of the appropriate use of "person-centered" language. It also focuses on supportive work with such children, requiring a tactful and thoughtful approach aimed at corrective experience, based on understanding and accepting the child's family background, and a non-judgmental supportive approach.

Maja Tomanić, prof. dr. Nera Zivlak Radulović (Bosnia and Hercegovina)

Sistemska družina terapija odvisnosti od alkohola – prikaz primera

Uvod:

Zasvojenost z alkoholom je sistemski proces, ki se razvija skozi sinhronizirane patološke interakcije tako bioloških kot psiholoških značilnosti posameznika in družbenih elementov v posameznikovem okolju, torej ne le znotraj posameznika, temveč v celotnem družinskem sistemu. Zaradi tega velja, da sistemska družinska terapija predstavlja psihoterapijo proste izbire. Obnašanje družinskega člana je opazovano kot produkt sistema, ki deluje po načelih krožne vzročnosti: upoštevan je pomen in pomen medsebojne povezave med simptomatskim vedenjem družinskega člana in družinskim sistemom.

Cilj:

Namen prispevka je pokazati, da poleg aktivnega sodelovanja oseb s problemi odvisnosti od alkohola in njihovega angažiranja preko Kluba zdravljenih alkoholikov (kjer je vzpostavljena abstinenca), kombinacija z družinsko terapijo vodi do dolgotrajne spremembe v delovanje družine in stabilnost družinskega sistema.

Prikaz primera:

Pacient S.S., star 45 let, je bil pregledan pri psihiatru, kjer so mu postavili diagnozo sindrom odvisnosti od alkohola. Po opravljenem pregledu je bolnik napoten na zdravljenje preko Kluba zdravljenih alkoholikov mesta Banja Luka. Klient po vzpostavitvi enoletne abstinence ni imel simptomov, se je pa soočal z vrsto težav v odnosu do partnerja in družine. Oba partnerja sta bila motivirana za vključitev v sistemsko družinsko terapevtsko obravnavo. Par je bil v zdravljenju 6 mesecev, nato pa je razvil ustreznejše zakonske odnose in starševske kompetence.

Zaključek

Gre za primer družine, v kateri je bil uporabljen multidisciplinarni pristop, kjer je bil poleg klienta obravnavan tudi zakonec, kar je privedlo do spremembe drugega reda, to je izboljšanja družinskega funkcioniranja poleg odprave simptomov.

Ključne besede: odvisnost od alkohola, klub zdravljenih alkoholikov, sistemska družinska terapija

Maja Tomanić, prof. dr. Nera Zivlak Radulović (Bosnia and Hercegovina)

Systemic family therapy for alcohol addiction – a case study

Introduction:

Alcohol addiction is a systemic process, which develops through synchronized pathological interactions of both biological and psychological characteristics of the individual and social elements in the individual's environment, i.e. not only within the individual but also throughout the entire family system. For such reason, it is considered that systemic family therapy represents psychotherapy of free choice. The behavior of a family member is observed as a product of a system which functions according to the principles of circular causality: the significance and meaning of interconnection between the symptomatic behavior of a family member and the family system is considered.

Objective:

The aim of this paper is to show that in addition to the active participation of persons with alcohol abuse issues and their engagement through the Club of Treated Alcoholics (where abstinence was established), the combination with family therapy leads to a long-lasting change in family functioning and stability of the family system.

Case report:

Patient S.S. who was 45 years old, was examined by a psychiatrist, where he was diagnosed with alcohol addiction syndrome. After the examination, the patient is referred for treatment through the Club of Alcoholics in Treatment of the City of Banja Luka. After establishing one-year abstinence, the client had no symptoms, but faced a series of difficulties in relation to his partner and his family. Both partners were motivated to be engaged into systemic family therapy treatment. The couple was in treatment for 6 months, developing afterwards more adequate marital relations and parental competencies.

Conclusion

This is an example of a family in which a multidisciplinary approach was applied, where in addition to the client, the spouse was also treated, which led to the second order change, i.e., improvement of family functioning in addition to symptoms removal.

Key words: alcohol addiction, club of alcoholics in treatment, systemic family therapy

Diana Udović Djurić, B. Bacinger Klobučarić, M. Payerl-Pal (Croatia)

Kako se z otroci pogovarjati o alkoholu – predstavitev slikanice »Alkohol Rugalica u gostima«

Kljub pojavu in dostopnosti številnih novih psihoaktivnih snovi ostaja alkoholizem eden vodilnih javnozdravstvenih problemov današnjega časa. Poraba alkohola na prebivalca narašča v skoraj vseh državah sveta, še posebej pa je problem izrazit v evropski regiji. Po rezultatih Evropske šolske raziskave o alkoholu in drugih drogah (ESPAD) iz leta 2019 je kar 79 % dijakov, starih od 15 do 16 let, vsaj enkrat v življenju pilo alkohol, od tega jih je pila skoraj polovica (47 %). alkohola v zadnjem mesecu. Pomembna je tudi razširjenost prekomernega epizodnega pitja (35 %), pri čemer se zmanjšujejo razlike v razširjenosti tovrstnega pitja med dekleti (34 %) in mladimi moškimi (36 %).

Tudi na Hrvaškem je poraba alkohola visoka, posledično pa so izrazite tudi številne težave, ki jih povzročata alkohol in alkoholizem.

Pitje alkohola je na teh območjih družbeno sprejemljivo vedenje, zakoreninjeno v običajih in tradiciji. Zato je potrebno izvajati preventivne aktivnosti, namenjene ozaveščanju javnosti o škodljivih posledicah pitja alkohola. Pomembno je, da s preventivnimi aktivnostmi začnemo čim prej.

V okviru mednarodnega preventivnega programa »Otroci za varnost v prometu«, katerega nosilec je Nacionalni inštitut za javno zdravje – Območna enota Murska Sobota, izvajal pa ga je Inštitut za varovanje zdravja Međimurske županije v sodelovanju s Policijsko upravo Međimurje, Vrtcem »Cvrčak« in II. OŠ Čakovec je slikanica "Alkoholna rugalica v gosteh" (avtorica Diana Udović-Djurić) zasnovana kot izobraževalno gradivo za delo z otroki predšolske in zgodnje šolske starosti na temo škodljivosti alkohola. Otroci so zgodbo zelo dobro sprejeli, vzgojitelji in učitelji pa so jo ocenili kot uporaben pripomoček pri delu z otroki. Prevod v slovenski jezik je v teku.

Diana Udović Djurić, B. Bacinger Klobučarić, M. Payerl-Pal (Croatia)

How to Talk to Children About Alcohol – A Picture Book resenation »Alkohol Rugalica u gostima«

Despite the emergence and availabilty of numerous new psychoactive substances, alcoholism remains one of the leading public health problems of today. Alcohol consumption per capita is increasing in almost all countries of the world, and the problem is particularly pronounced in the European region. According to the results of the European School Survey Project on Alcohol and Other Drugs (ESPAD) from 2019, as many as 79% of students aged 15-16 drank alcohol at least once in their life and almost half (47%) of them drank alcohol in the last month. The prevalence of excessive episodic drinking (35%) is also significant, with decreasing differences in the prevalence of this type of drinking among girls (34%) and young men (36%).

Alcohol consumption is also high in Croatia, and as a result, numerous problems caused by alcohol and alcoholism are also pronounced.

Drinking alcohol in these areas is a socially acceptable behavior, rooted in customs and traditions. Therefore, it is necessary to carry out preventive activities aimed at raising public awareness of the harmful consequences of drinking alcohol. It is important to start preventive activities as early as possible.

Within the framework of the international preventive program "Children for safety in traffic", which is carried out by the National Institute of Public Health - Murska Sobota Regional Unit, and which was carried out by the Institute of Public Health of the Međimurje County in cooperation with the Međimurje Police Department, the Kindergarten "Cvrčak" and II. Čakovec elementary school, the picture book "Alcohol Rugalica in guests " (author Diana Uvodić-Djurić) was designed as an educational material for working with children of preschool and early school age on the topic of the harmful effects of alcohol. The story was very well received by children, and educators and teachers evaluated it as a useful tool in working with children. Translation into Slovenian language is in progress.

Izidor Derganc (Slovenia)

Problematika zlorabe alkohola pri zaprtih osebah v Zavodu za prestajanje zaporne kazni zavora in mladoletniškega zavora Celje

Zaradi enega alkoholika so čustveno in vedenjsko prizadeti vsaj štiri ljudje. Na Nacionalnem inštitutu za javno zdravje ocenjujejo, da je v Sloveniji 250.000 čezmernih pivcev, kar pomeni, da je s posledicami alkoholizma zaznamovanih skoraj milijon ljudi.

V Sloveniji predstavlja alkohol velik problem. 43 odstotkov prebivalcev, starih med 25 in 64 let, pije visoko tvegano. Vsak drugi 17-letnik je bil v življenju že vsaj dvakrat opit. Pri sindromu odvisnosti od alkohola je prvi korak opustitev alkohola, šele potem se lahko začne zdravljenje, saj gre za psihoaktivno snov, ki je škodljiva za zdravje in odnose, ki jih ima alkoholik. Sam problem alkoholizma se odraža tudi v zaporskem sistemu, kjer je opaziti povečano število zaprtih oseb s težavami zaradi zlorabe alkohola.

V prispevku bo predstavljeno delo z zaprtimi osebami v Zavodu za prestajanje mladoletniškega zavora in kazni zavora Celje. Predstavljena bo multidisciplinarna obravnava obsojenca s težavami zaradi zlorabe alkohola, od motivacije obsojenca k podpisu dogovora o vključitvi v program, do spremljanja obsojenca do konca prestajanja kazni zavora. Predstavljena bosta dogovora o vključitvi v program obravnave, program in način dela, v katere se vključuje obsojence, pri katerih je zaznana ta problematika. Pojasnjeno bo testiranje prisotnosti alkohola pri obsojencih in urinsko testiranje obsojencev v zavodu ter posledice ne oddaje testov in posledice pozitivnega testa. Predstavljeno bo tudi sodelovanje z zunanjimi institucijami ter problematika zlorabe alkohola.

Izidor Derganc (Slovenia)

The problem of alcohol abuse among incarcerated individuals in the Prison and Juvenile Detention Center Celje

At least four people are emotionally and behaviorally affected because of one alcoholic. The National Institute of Public Health estimates that there are 250,000 excessive drinkers in Slovenia, which means that almost a million people are affected by the consequences of alcoholism. In Slovenia, alcohol is a big problem. 43 percent of residents between the ages of 25 and 64 drink high-risk. One in two 17-year-olds has been drunk at least twice in their lifetime. In alcohol dependence syndrome, the first step is to give up alcohol, only then can treatment begin, since it is a psychoactive substance that is harmful to the health and relationships that the alcoholic has. The problem of alcoholism itself is also reflected in the prison system, where we observe an increased number of incarcerated persons with alcohol abuse problems.

The presentation will describe the work with incarcerated persons in Celje Prison and Juvenile Prison. A multidisciplinary treatment of a convict with problems due to alcohol abuse will be presented, from motivating the convict to sign an agreement to join the program, to accompanying the convict until the end of serving his prison sentence. Arrangements for inclusion in the treatment program, the program itself and method of work in which convicts who are affected by this problem will be presented. Testing for the presence of alcohol in convicts and urine testing of convicts in the institution will be explained, as well as the consequences of not submitting tests and the consequences of a positive test. Cooperation with external institutions and the issue of alcohol abuse will also be presented.

Katja Voh, Helena Skarlovnik Cesar (Slovenia)

Specifika dela in sodelovanja strokovnih služb pri obravnavi zaporno kaznovanih s težavami zaradi uživanja psihoaktivnih substanc

Zloraba in zasvojenost s psihoaktivnimi substancami sta močan dejavnik tveganja za izvrševanje in ponavljanje kaznivih dejanj – zloraba alkohola je pogosto povezana z nasilništvom, družinskim in s spolnim nasiljem ter s povzročanjem prometnih nesreč, zloraba drog pa predvsem z njihovo nedovoljeno preprodajo in s premoženjskimi delikti. Zato tej problematiki v zaporih namenjam o posebno pozornost v smislu posebnih obravnav uživalcev, vendar se delo strokovnih delavcev na tem področju bistveno razlikuje od dela v zdravljenju namenjenih ustanovah. Zapor namreč primarno ni namenjen terapevtskemu zdravljenju, pogoji dela in bivanja so drugačni, poleg tega so psihoaktivne snovi v zaporih žal dostopne, kar pa ne le ovira iskren terapevtski odnos z zaprtimi, ampak predstavlja tveganje za pojav ali napredovanje zasvojenosti, za zdrs in recidiv. Predvsem zaradi trajanja zaporne kazni obstajajo razlike pri delu tudi med zapori, vsem pa ju skupna nuja po sodelovanju različnih strokovnih služb tako znotraj samega zaporskega sistema kot tudi s tistimi zunaj njega in s svojci. V prispevku bodo vzporedno s primerom dobre prakse predstavljene značilnosti obravnavane populacije, njihove potrebe ter seveda potek obravnave v Zavodu za prestajanje kazni zapora Maribor.

Katja Voh, Helena Skarlovnik Cesar (Slovenia)

The specifics of work and cooperation of professional services in the treatment of incarcerated individuals with issues related to the use of psychoactive substance

Abuse and addiction to psychoactive substances are significant risk factors for committing and repeating criminal offenses - alcohol abuse is often associated with violence, domestic and sexual abuse, and traffic accidents, while drug abuse is primarily related to drug trafficking and property crimes. Therefore, special attention is given to this issue in prisons, in the form of specific treatments for users. However, the work of professionals in this area differs significantly from that in treatment-oriented institutions. Prisons are primarily not intended for therapeutic treatment; furthermore, working and living conditions are different. Additionally, psychoactive substances are unfortunately accessible in prisons, which not only hinders an honest therapeutic relationship with inmates, but also poses a risk for the onset or progression of addiction, relapse, and recidivism.

Due to the duration of the prison sentence, there are differences in the work between various prisons; however, all share the necessity for cooperation among different professionals both within the prison system and out of it, and family members. This article will present, alongside an example of good practice, the characteristics of the treated population, their needs, and the course of treatment in the Maribor Prison.

Andreja Čakš (Slovenia)

Socialno varstvena storitev osebna pomoč za odpravljanje zasvojenosti in pridruženih težav /

Socialno varstvena storitev osebna pomoč je ena izmed storitev CSD namenjena odpravljanju socialni stiski in težav. Posamezniku omogoča razvijanje, dopolnjevanje, ohranjanje ter izboljšanje socialnih zmožnosti ter identificira vire v okolju, ki ga lahko podprejo. Osebna pomoč ima zakonsko podlago v Zakonu o socialnem varstvu. Upravičenec do storitve je vsakdo, ki se znajde v socialni stiski in težavi ter soglaša z uporabo storitve, aktivno sodeluje v procesu svetovanja. V njej aktivno sodeluje z deležniki v okolju oziroma z ustrezno mrežo stalnih oblik pomoči, ter je pripravljen spremeniti svoje socialno vedenje, poiskati ustrezne rešitve in urediti odnose z drugimi osebami v socialnem okolju. Storitve obsega deset srečanj. Na tretjem srečanju se v Dogovor zapišejo cilji, ki jih upravičenec želi doseči. Ob koncu srečanj se opravi evalvacija, na podlagi katere je cikel možno ponoviti. Pri zasvojenosti je osnova delo na motivaciji za abstinenco in vključitev v programe nevladnih organizacij. Osebe s težavo z zasvojenostjo imajo tudi pridružene težave, ki ji sočasno rešujemo (nasilje, razveza zakonske ali partnerske zveze, stiki z otroki, delo za ohranitev zakonske ali partnerske zveze, zadolženost). Storitve osebna pomoč temelji na prostovoljni vključitvi, zato je tudi stopnja uspešno doseženih ciljev večja. Vendar je potrebno poudariti, da se osebe v osebno pomoč vključujejo tudi na podlagi napotitve sodišča in se pojavlja dilema prostovoljne vključitve, kar terja dodatni angažma za dosego pripravljenosti osebe z zasvojenostjo na spremembe in na sodelovanje z nevladnimi organizacijami. V prispevku so predstavljeni primeri iz prakse.

Andreja Čakš (Slovenia)

Social welfare service personal assistance for addressing addiction and associated issues

One of the services offered by the Social Work Centre Ljubljana is the social assistance service personal help, designed to aid people in overcoming social difficulties and problems. The service enables individuals to develop, update, maintain, and improve their social capacities, while also identifying resources in the community that can support them. Personal help is legally based on the Social Assistance Act, whereas a potential beneficiary of personal help is anyone who is in social need and agrees to use the service, actively participating in the counselling process. An individual who seeks outpersonal help is directly engaged with partners in the community and an active network of ongoing support, demonstrating a personal willingness to change social behaviour, find appropriate solutions, and manage relationships with others within the greater social community. The service consists of ten meetings. At the third meeting, the objectives that the user of the service wishes to achieve are written down in an agreement. At the end of the meetings, an evaluation is carried out, which allows the help and support cycle to be re-enacted. In cases of addiction, the focus is on establishing the individual's motivation for abstinence and encouraging involvement in programs offered by NGOs. Individuals with addiction problems also have co-related issues that need to be dealt with concurrently (for example: violence, divorce, relationships with children, working to maintain a marriage or partnership, debt). The personal help service is based on voluntary participation, which results in a higher success rate. It should be noted, however, that some beneficiaries of the service participate in personal help on the basis of a court referral, thus raising the dilemma of voluntary involvement, which consequently requires additional engagement so as to ensure that the individual suffering from addiction is willing to change and cooperate with NGOs. This paper presents examples from practice.

Špela Dovžan (Slovenia)

Razvoj terenskih aktivnosti programa Izberi sam skozi čas

Program Izberi sam se osredotoča na zmanjševanje škodljivih posledic alkohola med mladimi. Alkohol je izrazito zakoreninjen in družbeno sprejemljiv, mladi pa pitja pogosto ne dojemajo kot tveganega. Raziskave kažejo, da se večina mladih sreča z uporabo alkohola. Po podatkih ESPAD 2019 so mladi v Sloveniji še vedno nad evropskim povprečjem po prevalenci pitja in pogostosti opijanja.

Z vidika vzpostavljanja stikov in zaupanja so mladi zahtevna publika - hitre spremembe v trendih zahtevajo prilagajanje pristopov in materialov ter ne dopuščajo stagnacije. Mladim so v času, ko se zabavajo, pomembne realne, aktualne in takoj uporabne informacije. Zato se naše aktivnosti skozi čas spreminjajo in razvijajo glede na zaznane spremembe in trende. Z vrstniškim terenskim delom (dijaški partiji, Chillouti, specifične intervencije v dijaških domovih,...), in spletnimi aktivnostmi dosegamo tudi tiste mlade, ki so bolj pasivni pri iskanju pomoči in jih spodbujamo k sprejemanju odgovornih odločitev. Spremembe aktivnosti vedno izhajajo iz potreb uporabnikov - ugotovitev in povratnih informacij iz terena, evalvacijskih vprašalnikov... Poleg tega pa je na potek aktivnosti močno vplivala epidemija Covid_a. Pomembno vlogo pri razvoju imajo vrstniški terenski delavci_ke, ki so v neposrednem stiku s ciljno populacijo. V prispevku bomo predstavili razvoj vrstniškega terenskega dela skozi različna obdobja. Terensko delo je središče naših aktivnosti in temelj za razvoj vseh drugih aktivnosti, ki celostno nagovarjajo problematiko alkohola med mladimi.

Špela Dovžan (Slovenia)

Development of outreach activities of the 'Izberi sam' program over time

The "Choose for Yourself" program focuses on reducing the harmful effects of alcohol among young people. Alcohol is deeply rooted and socially accepted, and young people often do not perceive drinking as risky. Research shows that the majority of young people encounter alcohol use. According to the 2019 ESPAD data, young people in Slovenia are still above the European average in terms of drinking prevalence and frequency of intoxication.

From the perspective of establishing connections and trust, young people are a challenging audience—rapid changes in trends require adapting approaches and materials, and do not allow stagnation. For young people, real, current, and immediately applicable information is important when they are having fun. Therefore, our activities change and develop over time based on observed changes and trends. Through peer outreach work (high school parties, Chillouts, specific interventions in student dormitories, etc.) and online activities, we also reach those young people who are more passive in seeking help and encourage them to make responsible decisions.

Changes in activities always stem from user needs—findings and feedback from the field, evaluation questionnaires... Additionally, the Covid-19 pandemic has significantly impacted the course of activities. Peer outreach workers play an important role in development, as they are in direct contact with the target population. In this article, we will present the development of peer outreach work through different periods. Outreach work is at the core of our activities and forms the foundation for the development of all other activities that comprehensively address alcohol-related issues among young people.

Tabita Ruiz (Slovenia)

Izkušnja spolnega nasilja v otroštvu in zasvojenost – psihoterapevtsko delo v klinični praksi /

Posledice spolnega nasilja povezujemo s povečanim tveganjem za različne psihiatrične diagnoze in oblike zasvojenosti, kljub temu da ni povezano s specifičnim sindromom ali boleznijo. (Kendler, Kenneth S., Cynthia M. Bulik, Judy Silberg, John M. Hettema, John Myers, and Carol A. Prescott, 2000) Statistično relevantno razliko najdemo med od 21 % do 57 % žensk zasvojenih, ki so doživele spolno zlorabo v otroštvu in od 3 % do 12 % zasvojenih žensk, ki nimajo zgodovine spolne zlorabe v otroštvu. (Simpson idr., 2002) Raziskave opredeljujejo spremenljivke, kot so starost v času spolne zlorabe, trajanje zlorabe, starost žrtve, kar vpliva na vrsto in intenziteto posledic, ki jih žrtve doživljajo.

Longitudinalna študija opravljena na Novi Zelandiji kaže na močno korelacijo med spolnim nasiljem v otroštvu in depresijo, anksioznostjo, posttravmatsko stresno motnjo, tvegano spolno prakso, negativno samopodobo in zasvojenostjo z alkoholom ter drugimi drogami (prevalentno med 18. in 30. letom). (Fergusson, idr. 2013)

Raziskava o obremenjujočih izkušnjah v otroštvu (angl. Adverse Childhood Experiences, poznane tudi pod okrajšavo ACE; v slovenskem jeziku OIO) je bila opravljena v 22 državah po svetu vključno s Slovenijo. Statistični podatki pridobljeni v Sloveniji ne kažejo relevantne razlike s podatki, pridobljenimi v tujih državah. (Kuhar, Zager Kocjan, 2020)

Zakonski družinski terapevti se v klinični praksi pogosto srečujemo z osebami z zgodovino spolne zlorabe v otroštvu in posledicami, o katerih te poročajo. »Relacijska družinska terapija je psiho-organski model, ki temelji na treh osnovnih nivojih doživljanja, in sicer sistemskem, interpersonalnem in notanjepsihičnem. Ti nivoji pa se še nadalje delijo na kognitivno-mentalno-emocionalni in somatski del, saj je družina organsko-psihično-socialna enota.« (Gostečnik, 2017) Pri predelovanju travme spolne zlorabe in posledično odpravljanju zasvojenosti kot posledica le-te je delo na teh nivojih nujno potrebno. V prispevku bomo predstavili tovrstno klinično delo na podlagi intervjujev in izkušenj v psihoterapevtskem delu.

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Tabita Ruiz (Slovenia)

Experience of Childhood Sexual Abuse and Addiction – Psychotherapeutic Work in Clinical Practice

The consequences of sexual abuse are associated with an increased risk of various psychiatric diagnoses and forms of addiction, even though it is not associated with a specific syndrome or disease. (Kendler et al., 2000) A statistically significant difference is found between the 21% to 57% of female addicts who experienced childhood sexual abuse and the 3% to 12% of female addicts who have no history of childhood sexual abuse. (Simpson et al., 2002) Research identifies variables such as age at the time the abuse happened, duration of abuse, age of the victim, which influence the type and intensity of the consequences experienced by victims.

A longitudinal study conducted in New Zealand shows a strong correlation between childhood sexual abuse and depression, anxiety, post-traumatic stress disorder, risky sexual practices, negative self-esteem and addiction to alcohol and other drugs (prevalent between the ages of 18 and 30) (Fergusson et al., 2013).

The Adverse Childhood Experiences (ACEs) survey was conducted in 22 countries around the world, including Slovenia. The statistics obtained in Slovenia do not show any significant difference with the data obtained in foreign countries (Kuhar and Zager Kocjan, 2020).

In clinical practice, marriage and family therapists often see people with a history of childhood sexual abuse and the consequences they report. "Relational Family Therapy is a psycho-organic model based on three basic levels of experience, namely systemic, interpersonal and intrapsychic. These levels are further subdivided into cognitive-mental-emotional and somatic components, as the family is an organic-psycho-social unit." (Gostečnik, 2017) In processing the trauma of sexual abuse and, consequently, in addressing addiction as a result of it, work on these levels is essential. In this presentation we will present this kind of clinical work based on interviews and experiences in psychotherapeutic work.

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J. Veleski, I. Vaskova, G. Veleska (North Macedonia)

Ukrepi vzgojnega značaja pri obravnavi alkoholizma

Praktično delo na področju alkoholizma kot kompleksne človeške anomalije zahteva temeljno razumevanje vsakega od njegovih segmentov, ne glede na perspektivo, s katere nanj gledamo. Tu se stikata empirizem in teorije več znanstvenih disciplin, ki se ukvarjajo s pojavom alkoholizma. Zato učinkovitosti timov, ki delujejo na tem področju, ni mogoče doseči brez ključnega vključevanja posameznikov, ki so se zdravili in vzdržujejo dolgotrajno abstinenco, članov njihovih družin in številnih prostovoljcev. Le Klub zdravljenih alkoholikov lahko poveže vse te segmente in abstinentu zagotovi varno pot do trajne abstinence. V klubu se vse dogaja spontano, z globoko iskrenostjo v izražanju subjektivnih doživetij, da bi obudili njihovo pristnost in prave principe medčloveških odnosov. Spontanost teh procesov v okviru testiranja realnosti in afirmacije zdravega načina življenja je ključna. Natančneje, poenostavitev teh procesov je uvod v dolgotrajno abstinenco in rehabilitacijo nekdanjega alkoholika in njegove družine. Prav zato imajo ukrepi vzgojnega značaja enako težo kot drugi medicinski, sociološki, pravni ali psihoterapevtski posegi.

J. Veleski, I. Vaskova, G. Veleska (North Macedonia)

Measures of Educational Character in the Treatment of Alcoholism

Practical work in the field of alcoholism, as a complex human anomaly, requires a fundamental understanding of each of its segments, regardless of the perspective from which it is viewed. This is where empiricism and the theories of several scientific disciplines that deal with the phenomenon of alcoholism intersect. Therefore, the efficiency of teams working in this field cannot be achieved without the crucial involvement of individuals who have undergone treatment and maintained long-term abstinence, members of their families, and numerous volunteers. Only the Club of Treated Alcoholics can connect all these segments and provide the abstinent with a secure path to sustained abstinence. In the club, everything happens spontaneously, with deep sincerity in the expression of subjective experiences, in order to revive their authenticity and the true principles of interpersonal relationships. The spontaneity of these processes within the framework of reality testing and the affirmation of healthy lifestyles is crucial. Specifically, the simplification of these processes is an introduction to long-term abstinence and the rehabilitation of the former alcoholic and their family. Precisely for this reason, measures of an educational character carry the same weight as other medical, sociological, legal, or psychotherapeutic interventions.

Matjaž Horjak, Magdalena Horjak (Slovenia)

Predstavitev društva Izhod TC

Društvo "IZHOD TC" je vodilna organizacija na področju pomoči in svetovanja odvisnikom v procesu rehabilitacije na območju Obalnih občin, aktivno delujoča že od leta 2005.

Od leta 2013 izvajamo program oz. projekt "Moški dnevno-nočni rehabilitacijski program". V tem programu so vključene naslednje aktivnosti:

24-urni nadzor in terapevtsko delo z uporabniki v stacionarni hiši. Aktivnosti izvajajo delavci in prostovoljci društva "IZHOD TC" vsak delovnik. Ciljna skupina so osebe, ki so posredno ali neposredno prizadete zaradi uživanja drog, vključno tistimi, ki uživajo droge "rekreativno".

Vztrajajoč pri krščanskih moralnih vrednotah kot temelju svojega delovanja, je društvo vodilo več kot 400 posameznikov skozi svoj celovit program, spodbujajoč okrevanje in obnovo zdravih življenjskih navad. Na čelu programa je šest predanih strokovnjakov, med njimi direktor, vodja programa in štirje svetovalci terapevti.

Program moškega dnevno-nočnega rehabilitacijskega centra traja 15 mesecev. Uporabniki programa so vodeni skozi 6 faz programa, katere so namenjene sledenju in vrednotenju napredka vsakega posameznika. Na podlagi mesečnih ocen in individualnih razgovorov uporabniki napredujejo skozi faze programa.

Program, sestavljen iz različnih elementov, vključuje poklicno usposabljanje v okviru podjetja Servus d.o.o., preučevanje Svetega Pisma, rekreacijske dejavnosti in gospodinske odgovornosti. Tak celostni pristop ne le obravnava odvisnost, temveč tudi razvija ključne življenjske spretnosti in spodbuja občutek namena in pripadnosti.

Program je namenjen zasvojenecem iz celotne Slovenije in tujine (Hrvaška, Srbija, Makedonija...) ter je dostopen vsem, ki se spopadajo s težavami zasvojenosti.

Poleg osnovnega programa Društvo ponuja tudi t. i. program Reintegracije, ki traja od 6-12 mesecev. Namenjen je osebam, ki so končale osnovni 15-mesečni program in želijo še nekaj časa ostati v bližini Društva, prostovoljno delati in dokončati določene priprave, kot so končanje študijskega leta na šoli/univerzi, opravljanje voznškega izpita, aktivno iskanje zaposlitve itd., kar jim bo pomagalo pri nadaljnjem življenju.

Društvo "IZHOD TC" ni omejeno zgolj znotraj okvirjev rehabilitacijskega centra; aktivno se vključuje v preventivne pobude, obiskuje osnovne in srednje šole na Obali ter po vsej Sloveniji. Sodelovanje z različnimi organizacijami, namenjenimi mladim, vključno s popravnimi zavodi, kot je tisti v Radečah, si prizadeva zaustaviti val odvisnosti, še preden se ukorenini, s tem pa varuje prihodnost slovenske družbe.

Matjaž Horjak, Magdalena Horjak (Slovenia)

Introduction to the Izhod TC Association

The association "IZHOD TC" is a leading organization in the field of assistance and counseling to addicts in the rehabilitation process in the coastal municipalities, actively operating since 2005.

Since 2013, we have been implementing the program or the "Men's day-night rehabilitation program" project. The following activities are included in this program:

24-hour supervision and therapeutic work with users in a residential home. The activities are carried out by workers and volunteers of the association "IZHOD TC" every weekday. The target group is people who are directly or indirectly affected by drug use, including those who use drugs "recreationally".

Insisting on Christian moral values as the foundation of its activities, the association guided more than 400 individuals through its comprehensive program, promoting recovery and the restoration of healthy lifestyle habits. The program is headed by six dedicated professionals, including the director, the program manager and four consultant therapists.

The men's day-night rehabilitation center program lasts 15 months. The users of the program are guided through 6 phases of the program, which are intended to track and evaluate the progress of each individual. Based on monthly evaluations and individual interviews, users progress through the stages of the program.

The program, consisting of various elements, includes vocational training within the Servus d.o.o. company, study of the Holy Scriptures, recreational activities and household responsibilities. Such a holistic approach not only addresses addiction, but also develops key life skills and fosters a sense of purpose and belonging.

The program is intended for addicts from all over Slovenia and abroad (Croatia, Serbia, Macedonia...) and is accessible to everyone who is struggling with addiction problems.

In addition to the basic program, the Society also offers so-called i. the Reintegration program, which lasts from 6-12 months. It is intended for people who have finished the basic 15-month program and want to stay in the vicinity of the Society for some time, volunteer and complete certain preparations, such as finishing the academic year at school/university, passing the driving test, actively looking for a job, etc., which it will help them to continue living.

The association "IZHOD TC" is not limited only within the framework of the rehabilitation center; actively participates in preventive initiatives, visits primary and secondary schools on the Coast and throughout Slovenia. Cooperation with various organizations aimed at young people, including correctional institutions such as the one in Radeče, strives to stop the wave of addiction before it takes root, thus safeguarding the future of Slovenian society.

Manca Kozlovič (Slovenia)

Kaj razkrivajo skriti nakupi na področju dostopnosti alkohola mladim?

V Sloveniji je prodaja alkohola mladoletnim osebam prepovedana. Brez izgovora je z namenom preverjanja, v kolikšni meri lahko mladi dostopajo do alkoholnih pijač že več kot 10 let nazaj začel z raziskavo "Skriti nakupi".

Namen projekta "Skriti nakupi" je opraviti terensko raziskavo v sodelovanju z mladoletnimi osebam, mladinskimi delavci in s Tržnim inšpektoratom Republike Slovenije. Na podlagi 1. odstavka 7. člena in 11. odstavka 15. člena Zakona o omejevanju porabe alkohola (ZOPA) preverjamo, v kolikšni meri lahko mladoletna oseba v Republiki Sloveniji dostopa do alkoholnih pijač v trgovinah, barih in bencinskih črpalkah. Raziskava temelji na metodologiji, znani kot "skriti kupec", ki je v javnem zdravju, zlasti v preventivnem delu, prepoznana kot znanstveno podprta metoda za omejevanje dostopa do alkoholnih in tobačnih izdelkov med osebami, ki jim je uporaba teh izdelkov odsvetovana (Čož in drugi, 2020; Kamin in Kokole, 2016). Cilji projekta so raziskati, v katerih primerih pride do poteka nakupa, odpiranje prostora za dialog z različnimi deležniki, za zagovorniške akcije in ugotavljanje predlogov za izboljšave na tem področju.

Za razumevanje učinkovitosti metode nam primerov ni treba iskati v tujini (kot je npr. Nova Zelandija, ki za spremljanje dostopnosti do alkoholnih in tobačnih izdelkov s strani otrok in mladostnikov prav tako uporablja skrito nakupovanje), saj lahko njeno učinkovitost prepoznamo že v lokalnem okolju. Skozi leta smo z izvajanjem projekta namreč dokazali, da nam skrito nakupovanje odpira številne priložnosti. Na začetku pridobljeni podatki so znašali približno 95 %, v letu 2023 pa je odstotek dostopnosti mladih do tovrstnih izdelkov padel že na 54 % (Poročilo TIRS, 2023). V letu 2024 so podatki, ki jih je zbiral Mladinska Zveza Brez izgovora pokazali poslabšanje stanja, saj je odstotek ponovno zrasel na 62% (TIRS, 2024). Projekt se med drugim poslužuje mladinskega dela kot priznanega in učinkovitega orodja za razvijanje osebnih in socialnih veščin mladih, ki so bistvene za njihovo prihodnjo rast ter razumevanje kompleksnosti področja preventive.

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Manca Kozlovič (Slovenia)

What Do Secret Purchases Reveal About Youth Access to Alcohol?

In Slovenia, the sale of alcohol to minors is prohibited. Over 10 years ago, No Excuse Slovenia initiated the "Mystery shopping" project to assess how easily young people can access alcoholic beverages. The project's goal is to conduct field research in collaboration with minors, youth workers, and the Market Inspectorate of the Republic of Slovenia. Based on Article 7, Paragraph 1, and Article 15, Paragraph 11 of the Alcohol Consumption Restriction Act (ZOPA), we investigate the extent to which minors in Slovenia can access alcohol in stores, bars, and gas stations.

The research uses the "Mystery shopper" methodology, recognized in public health, particularly in prevention efforts, as a scientifically supported method to limit access to alcohol and tobacco products among restricted groups (Čož et al., 2020; Kamin and Kokole, 2016). The project's aims include identifying instances of successful purchases, creating a dialogue with stakeholders, advocating for changes, and identifying areas for improvement.

To understand the method's effectiveness, we need not look abroad (such as New Zealand, which also uses mystery shopping to monitor access to alcohol and tobacco by minors), as its impact is evident locally. Over the years, we have demonstrated that mystery shopping offers numerous opportunities. Initial data showed that around 95% of minors could access alcohol, but by 2023, this figure dropped to 54% (TIRS Report, 2023). However, in 2024, data collected by No Excuse Slovenia showed a worsening trend, with accessibility rising back to 62% (TIRS, 2024).

The project also employs youth work as an effective tool for developing the personal and social skills essential for young people's growth and understanding of prevention complexities.

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Delavnica / Workshop

dr. Zdenka Čebašek Travnik, dr. Simona Mlinar (Slovenia)

Preprečevanja recidiva s pomočjo čuječnosti

Namen delavnice je udeležencem predstaviti in ponuditi osebno izkušnjo čuječnosti kot možnosti možnosti za preprečevanje recidiva v skupinski obravnavi odvisnosti od alkohola.

Prvi del delavnice je kratka predstavitev temeljnega programa čuječnosti, znanega kot na čuječnosti utemeljeno zmanjševanje stresa (Mindfulness-Based Stress Reduction (MBSR)), ki ga je sestavil Jon Kabat-Zinn (1979). Program traja 8 tednov in obsega 8 tematskih srečanj (enkrat tedensko), ki trajajo po 2-2,5 uri ter "dan tišine (6 ur. Program uvaja sistematični trening meditacije in čuječega gibanja, ob tem da namensko usmerjamo pozornost in gojimo zavedanje. Sledila bo kratka predstavitev programa MBRP (Mindfulness-Based Relapse Prevention), z osnovno idejo kako pomagati uporabnikom razumeti njihovo željo po alkoholu in kako ravnati s takšnimi mislimi oziroma željami, da bi preprečili recidiv.

V delavnici bodo izvedene tri osnovne meditacije, nekaj vaj in predstavljene osnovne točke programa MBRP. Sledil bo pogovor o izkušnjah udeležencev v sedanjem trenutku.

Delavnica traja 90 minut. V primeru večjega števila prijav bo delavnica potekala hkrati v dveh ločenih skupinah: v slovenskem (dr. Simona Mlinar) in v primeru interesa tudi v hrvaškem jeziku (dr. Zdenka Čebašek-Travnik).

dr. Zdenka Čebašek Travnik, dr. Simona Mlinar (Slovenia)

Preventing Relapse with Mindfulness

The purpose of the workshop is to present and offer the participants a personal experience of mindfulness as a possibility for relapse prevention in group treatment of alcohol addiction.

The first part of the workshop is a brief presentation of the basic mindfulness program, known as Mindfulness-Based Stress Reduction (MBSR), developed by Jon Kabat-Zinn (1979). The program lasts 8 weeks and includes 8 thematic meetings (once a week), which last 2-2.5 hours each and a "day of silence" (6 hours. The program introduces systematic training in meditation and conscious movement, while purposefully directing attention and cultivating awareness. This will be followed by a short presentation of the MBRP (Mindfulness-Based Relapse Prevention) program, with the basic idea of how to help users understand their desire for alcohol and how to deal with such thoughts or desires in order to prevent relapse.

In the workshop, three basic meditations will be performed, some exercises and the basic points of the MBRP program will be presented. This will be followed by a discussion about the experiences of the participants in the present moment.

The workshop lasts 90 minutes. In case of a large number of applicants, the workshop will be held simultaneously in two separate groups: in Slovenian (Dr. Simona Mlinar) and, in case of interest, also in Croatian (Dr. Zdenka Čebašek-Travnik).

VI. ORGANIZATOR KONFERENCE

Društvo Žarek upanja je nevladna organizacija, s status društva, ki deluje v javnem interesu in splošne humanitarne organizacije.

Osnovna dejavnost društva je izvajanje celostne psihosocialne obravnave za osebe s težavami zaradi pitja alkohola in drugih oblik zasvojenosti ter njihove bližnje osebe z namenom vztrajanja v abstinenci, urejanja, resocializacije in njihove ponovne vključitve v socialno okolje. Nudimo pomoč vsem tistim družinam, ki so se znašle v stiski zaradi različnih oblik odvisnosti in zasvojenosti.

Posebno pozornost namenjamo preventivnim programom za otroke, mladostnike in njihove starše. Hkrati društvo izvaja tudi raziskovalno dejavnost. Rezultate izvedenih raziskav si lahko preberete na spletni povezavi www.zarekupanja.net ali v petih izdanih strokovnih publikacijah in znanstvenih monografijah (Odraščanje: z ali brez alkohola, Pot v odraslost: z ali brez alkohola, Kako odrasle motivirati za zdrav življenjski slog, Sodobni pristopi s področja motivacije posameznikov za krepitev zdravega življenjskega sloga, Pasti odraščanja v alkoholni kulturi).

Programi, ki jih društvo izvaja:

- Vzgoja in izkustveno učenje (celostna psihosocialna obravnava oseb s težavami s pitjem alkohola in njihovih bližnjih oseb, individualno, partnersko, družinsko in skupinsko, storitve so: informiranje, svetovanje, razbremenilni pogovori, terapija, svetovalni in motivacijski razgovori, skupinska psihoterapija, program ima strokovno verifikacijo)
- Korak v pravo smer (preventivni program za otroke)
- Izobraževanje strokovnih delavcev in drugih zainteresiranih
- Stanovanjska skupina Zasavje za osebe s težavami z zasvojenostjo in v duševnem zdravju

Vključitev v programe društva za osebe je brezplačna.

Razlogi za vključitev v program:

- razreševanje stisk povezanih z uživanjem alkohola ali drugimi oblikami zasvojenosti;
- izboljšanje svojega telesnega, duševnega in duhovnega zdravja;
- izboljšanje odnosov v družini in v delovnem okolju;
- spoznavanje samega sebe in drugih;
- spoznavanje in soočanje kako so se s podobnimi težavami spopadli in jih rešili drugi;
- spreminjanje svojega življenjskega sloga, da bo ta zdrav in bo ponujal nove življenjske izzive;
- biti dober zgled svojim otrokom glede uživanja alkohola;
- spoštovanje sebe in bližnjih;
- osebnostno bogato in zadovoljujoče življenje.

Skupinska psihosocialna obravnava: urniki in lokacija

Termini izvajanja skupin:

Letališka 3 Ljubljana, Letališka c. 33, pritličje	vsako sredo ob 17. uri
Letališka 4 Ljubljana, Letališka c. 33, pritličje	vsako sredo ob 18. uri
Litija 1 Litija, Dom invalidov, sejna soba	vsak ponedeljek ob 17. uri
Litija 2 Litija, Dom invalidov, sejna soba	vsak ponedeljek ob 18. uri
Vič 1 Ljubljana, Letališka c. 33, pritličje	vsak torek ob 18. uri
Vič 2 Ljubljana, Letališka c. 33, pritličje	vsak torek ob 19.30 uri
Letališka 1 Ljubljana, Letališka c. 33, pritličje	vsako sredo ob 17. uri
Letališka 2 Ljubljana, Letališka c. 33, pritličje	vsako sredo ob 18. uri
Ženska skupina Ljubljana, Letališka c. 33, pritličje	vsak četrtek ob 9. uri
Rožnik 1 Ljubljana, Letališka c. 33, pritličje	vsak četrtek ob 18. uri
Rožnik 2 Ljubljana, Letališka c. 33, pritličje	vsak četrtek ob 19.30 uri

Svetovanje poteka v prostorih Društva Žarek upanja, v terminu, za katerega se dogovorite po telefonu ali e-mailu.

Izvajanja programov omogočajo:



REPUBLIKA SLOVENIJA
MINISTRSTVO ZA DELO, DRUŽINO,
SOCIALNE ZADEVE IN ENAKE MOŽNOSTI



REPUBLIKA SLOVENIJA
MINISTRSTVO ZA ZDRAVJE



FUNDACIJA ZA
FINANCIRANJE
INVALIDSKIH IN
HUMANITARNIH
ORGANIZACIJ
V REPUBLIKI
SLOVENIJI



Mestna občina
Ljubljana



OBČINA LITUA

Kontaktne podatki:

DRUŠTVO ŽAREK UPANJA, Letališka c. 33, SI – 1000 Ljubljana

T: 01 89 77 023 G: 031 301 470; 031 341 784

E: info@zarekupanja.net W: www.zarekupanja.net

TRR: SI56 0201 1009 0148 128

VI. CONFERENCE ORGANIZER

The Žarek upanja Association is a non-governmental organization with the status 70 fan association operating in the public interest and as a general humanitarian organization.

The primary activity of the association is the comprehensive psychosocial treatment of individuals with alcohol and other addiction problems and their close ones, aiming for abstinence, regulation, resocialization, and reintegration into the social environment. We provide assistance to all families in distress due to various forms of addiction.

Special attention is given to preventive programs for children, adolescents, and their parents. The association also conducts research activities. The results of the conducted research can be read on the website www.zarekupanja.net or in five published professional publications and scientific monographs (Growing Up: With or Without Alcohol, The Path to Adulthood: With or Without Alcohol, How to Motivate Adults for a Healthy Lifestyle, Modern Approaches to Motivating Individuals to Strengthen a Healthy Lifestyle, The Pitfalls of Growing Up in an Alcohol Culture).

Programs implemented by the association:

- Education and experiential learning (comprehensive psychosocial treatment of individuals with alcohol problems and their close ones, individual, partner, family, and group, services include: information, counseling, relief conversations, therapy, counseling and motivational interviews, group psychotherapy, the program has professional verification)
- Step in the Right Direction (preventive program for children)
- Education of professional workers and other interested parties
- Residential group Zasavje for individuals with addiction and mental health problems

Participation in the association's programs is free of charge.

Reasons for joining the program:

- Resolving distress related to alcohol consumption or other forms of addiction;

- Improving physical, mental, and spiritual health;
- Improving relationships in the family and work environment;
- Understanding oneself and others;
- Learning and confronting how others have dealt with and resolved similar problems;
- Changing one's lifestyle to be healthy and offer new life challenges;
- Being a good role model for children regarding alcohol consumption;
- Respecting oneself and close ones;
- Leading a personally rich and fulfilling life.

Group psychosocial treatment: schedules and locations

Group session times:

Letališka 3 Ljubljana, Letališka c. 33, ground floor	every Monday at 5 PM
Letališka 4 Ljubljana, Letališka c. 33, ground floor	every Monday at 6 PM
Litija 1 Litija, Dom invalidov, meeting room	every Monday at 5 PM
Litija 2 Litija, Dom invalidov, meeting room	every Monday at 6 PM
Vič 1 Ljubljana, Letališka c. 33, ground floor	every Tuesday at 6 PM
Vič 2 Ljubljana, Letališka c. 33, ground floor	every Tuesday at 7.30 PM
Letališka 1 Ljubljana, Letališka c. 33, ground floor	every Wednesday at 5 PM
Letališka 2 Ljubljana, Letališka c. 33, ground floor	every Wednesday at 6 PM
Women's group Ljubljana, Letališka c. 33, ground floor	every Thursday at 9 AM
Rožnik 1 Ljubljana, Letališka c. 33, ground floor	every Thursday at 6 PM
Rožnik 2 Ljubljana, Letališka c. 33, ground floor	every Thursday at 7.30 PM

Counseling takes place at the premises of the Žarek upanja Association, at a time agreed upon by phone or email.

Program implementation is enabled by:



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MINISTRSTVO ZA DELO, DRUŽINO,
SOCIALNE ZADEVE IN ENAKE MOŽNOSTI



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MINISTRSTVO ZA ZDRAVJE



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OBČINA LITUJA