



TOLMIN



The presentation **Health in the Municipality 2020** is designed to provide an overview of the key indicators of health in the community in comparison with the national and regional average.

The environment in which people live and work has a significant impact on their health. By showing the state of health, we wish to support stakeholders at the local level, particularly decision-makers, in their activities to promote and improve the health of their inhabitants.

Data for all Slovenian municipalities, additional graphical presentations and definitions of the indicators can be found at <http://obcine.nijz.si>.

More information on health can be found at <https://podatki.nijz.si>.

SOME FACTS ABOUT HEALTH IN THE MUNICIPALITY

State of health and mortality

- An average of 13.4 calendar days per year of sick leave was taken by the workforce in employment, compared to the national average of 16.4 days.
- The percentage of individuals taking medication for high blood pressure was lower than the national average. The same applied to those taking medication for diabetes.
- The rate of hospital treatments for heart attacks was 2.5 per 1,000 inhabitants aged between 35 and 74, compared to a national rate of 2.1.
- Among the elderly population, the rate of hospital treatments for hip fractures was 8.2 per 1,000, compared to a national rate of 6.5.
- The percentage of users of home help services was close to the national average.
- The suicide mortality rate was 18 per 100,000 population, compared to a national rate of 19.

Health risk factors and prevention

- Children's physical fitness was close to the national average.
- The rate of hospital treatments for injuries sustained in transport accidents was 1.8 per 1,000 inhabitants (national rate of 1.4).
- The percentage of traffic accidents caused by drink driving was close to the Slovenian average.
- The rate of response to the Svit programme (screening for colorectal cancer) was 70.5%, against a national average of 64.6%.
- The screening rate for the Zora programme (screening for cervical cancer) was 78.5%, against a national average of 71.7%.

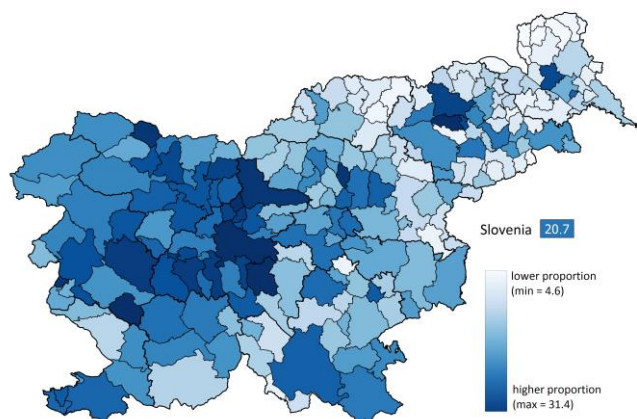


Figure 1: Percentage of users of cannabis (marijuana, hashish) at any time in their lives, Slovenia, 2018

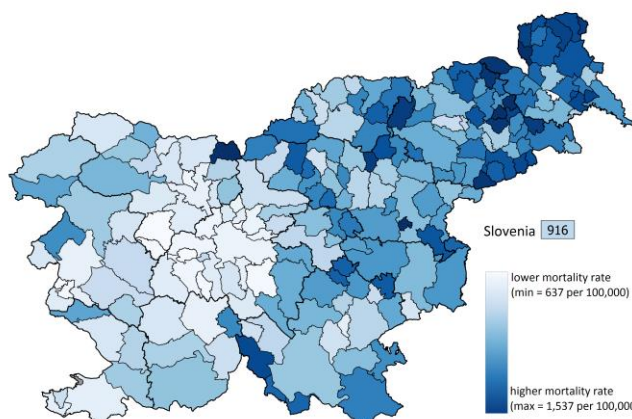


Figure 2: Mortality by place of permanent residence per 100,000 inhabitants (age-standardised, 2014–18 average)





WHAT IS CANNABIS?

Cannabis is a plant that grows up to six metres tall and contains more than 400 different chemical substances, among which the best known are the active cannabinoid substances THC (delta-9-tetrahydrocannabinol) and CBD (cannabidiol). While CBD has no psychoactive effects, THC is a psychoactive substance that can cause addiction and other human health risks. In Slovenia it is a crime to cultivate and sell, deal in or enable the use of psychoactive cannabis and preparations of it (hashish, hashish oil and marijuana), while possession of a small quantity for one's own single use is treated as a misdemeanour or minor offence, meaning that in Slovenia possession of a small quantity of psychoactive cannabis for one's own one-time use is not a crime in formal legal terms. The exception to this is cannabis which is permitted to be grown and used for industrial and nutritional purposes, and for which in EU countries the permitted concentration of THC is below 0.2% in dry plant matter and which is used to make rope, material, flour, oil, cosmetic preparations and so forth.

Can cannabis* cause addiction?

The psychoactive substances in cannabis (THC) affect the brain's comfort centre, in which the mechanism for addiction develops. As with other psychoactive substances, after long-term use a tolerance develops. This means that for the same effect, the user must use a greater quantity of the psychoactive substance, and addiction can also develop. It is known that addiction develops to a larger extent among people who started using cannabis* in their youth.

What are the effects of cannabis use in children and adolescents?

The use of cannabis is harmful, especially in the period of adolescence. When humans are growing up their brains are very sensitive to external influences. Research has shown that in children and adolescents, cannabinoids affect the development of the part of the brain in charge of processing received information and for thought processes which ultimately lead to solving problems and making decisions (e.g. in calculations). With regular use these abilities diminish, especially among those who started using this drug before the age of 18. Some research links the use of cannabis in children and adolescents to worse learning outcomes and early dropping out from school. There is also an increased risk of using other drugs and of addiction.

The situation in Slovenia

Cannabis (marijuana and hashish) is the most widespread prohibited drug among the inhabitants of Slovenia. In recent years the THC content in cannabis has been growing, which adds greater health risks to users.

Adolescents

The typical period of starting to use cannabis reaches into the time of late adolescence, reaching a peak in early adulthood. According to data from the 2018 survey Health-related behaviour in the school age, every fifth (21%) 15 year-old and almost every other 17 year-old (42%) has already at some time in their lives used cannabis, while nearly 3% of 15 year-olds and almost 4% of 17 year-olds use cannabis daily** (Figure 3).

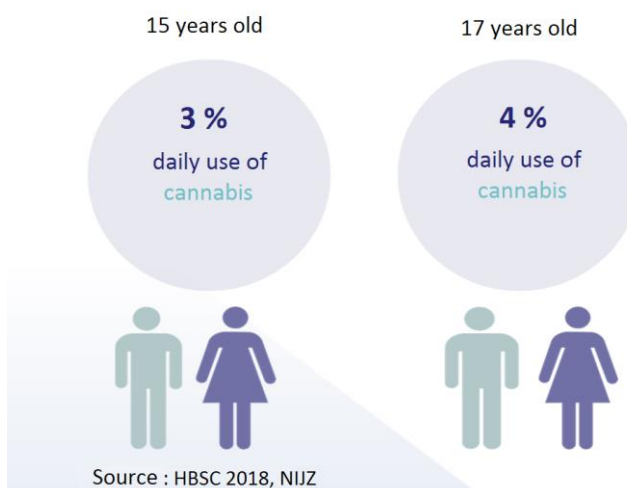


Figure 3: Daily** use of cannabis among 15 and 17 year-olds

Almost half of 15 year-olds (48%) and 62% of 17 year-olds state that they could very easily or easily obtain cannabis within the next 24 hours, meaning that cannabis is a very easily accessible drug in Slovenia.

Adults

Use of cannabis can cause harmful health effects, both acute and chronic. Among the acute effects, one of the most serious is the increased risk of involvement in traffic accidents. Chronic effects include the onset of addiction, respiratory diseases and the development of psychotic symptoms. Those who frequently use cannabinoids and those who started using it in their youth are more at risk.

Over the past decade the number of THC poisonings in Slovenia has grown. Between 2014 and 2017 cannabinoids were the most common prohibited drugs detected in adults treated for drug poisoning at the Ljubljana University Medical Centre.

According to data from the National survey of the use of tobacco, alcohol and other drugs among the inhabitants of Slovenia, conducted in 2018 by the National Institute of Public Health, cannabis has been used at some time in their lives by 21% of the inhabitants of Slovenia aged 15-64, among whom the most common users are men aged between 25 and 34 years (40%).

* here and below the word cannabis is used to denote psychoactive cannabis and preparations from it (marijuana, hashish, hashish oil)

** daily use means the use of cannabis on 20 or more days in the past 30 days



A comparison of research data from 2018 and data from 2011-2012 shows that there was a rise in the use of cannabis, in both sexes and in almost all age groups (Figure 4).

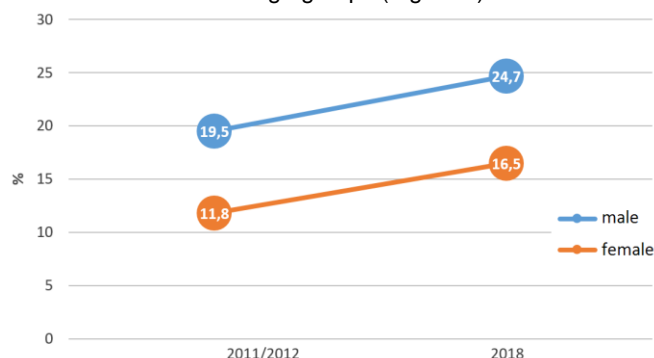


Figure 4: Use of cannabis at any time in life by age group, 2011/2012 and 2018

Use of cannabis for medical purposes

Through the amendment of the Decree on the Classification of Illicit Drugs it has been possible in Slovenia since 2014 for a physician, in accordance with the expert guidelines and regulations, to prescribe medication based on natural or synthetic cannabinoids, and since 2016 this has included medical cannabis (THC).

According to data from the 2018 National survey of the use of tobacco, alcohol and other drugs among the inhabitants of Slovenia, 8% of Slovenians had at some time used cannabis for various health purposes. Among these users women account for a higher proportion. Among those who have not yet used cannabis for health reasons, 14% of them are considering using it in the future (Figure 5).

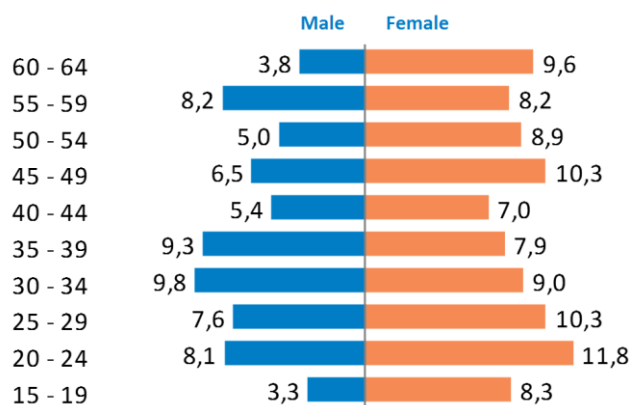


Figure 5: Use of cannabis for medical purposes by sex and age group

Just 2% of those using cannabis for health purposes obtained it on prescription. The majority bought it from an acquaintance, in a specialised shop or online. They used it for various health issues, most commonly for acute or chronic pain, difficulty sleeping and various skin diseases (Figure 6). It should be pointed out that marijuana, hashish and hashish oil offered on the black market are not registered medicines and are not used for treatment in official medical practice, since these preparations cannot guarantee efficacy and safety.

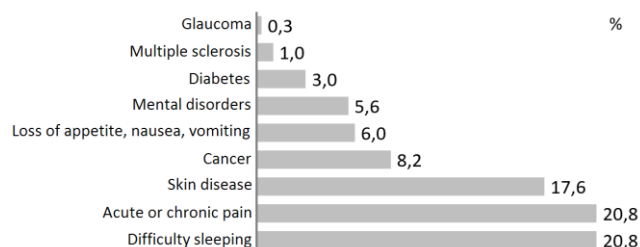


Figure 6: The most common health issues for which people used cannabis

Cannabis and driving

Driving under the influence of any kind of psychoactive substance, including cannabis, is prohibited. Alongside alcohol, cannabis is becoming an increasingly detected substance in drivers and is having a serious impact on traffic safety. Studies show that there is at least a twofold increase in the risk of traffic accidents among drivers who are under the influence of cannabis. The risk is further exacerbated with a combination of THC and alcohol or other psychoactive substances. Research on the use of drugs among Slovenian drivers conducted by the Traffic Safety Agency in 2016 showed that 8% of respondents had already been at the wheel of a vehicle while under the influence of prohibited drugs, with cannabis being the most common of them. For this reason the police are devoting increasing attention to checking for the presence of drugs in drivers on the roads (special procedure and test using a device for rapid identification of drugs).

Prevention

For effective prevention of drug use among adolescents, protective factors are vital, and first and foremost of these is a supportive close family environment and good relations within the family. Children whose parents offer them sufficient support and safe connections spend less time seeking out the company of their peers who use psychoactive substances, and also there is a lower probability of drug use among young people who spend a lot of quality time with their parents and family.

A positive school environment and appropriate measures in the local community and local policies also play a big part. Their effect lies principally in facilitating, offering and financing spaces and activities where young people can socialise and spend time in the form of various activities through which adolescents can connect with their peers in a healthy way. A growing body of research indeed confirms the importance of organising leisure time youth activities and peer groups for the early shaping of one's lifestyle. Very few adolescents whose friends do not use drugs report ever having tried drugs themselves. Another very important factor on the local level is measures that contribute to reducing the accessibility of psychoactive substances and to the creation of healthy environments.

* here and below the word cannabis is used to denote psychoactive cannabis and preparations from it (marijuana, hashish, hashish oil)

** daily use means the use of cannabis on 20 or more days in the past 30 days



Health indicators in the municipality: Tolmin

A number of selected health indicators are shown for the municipality and compared with those for the administrative unit, the statistical region and Slovenia as a whole. The graph compares the indicators at municipal level with the national average. The indicators have been tested for statistical significance. Because of the small number of events, in small municipalities we can expect larger year-on-year fluctuations in the indicator values. Definitions, additional data and graphical presentations are available on the NIJZ website ►.

● ▲ ■ ▼ Position of the municipality relative to the national average (|) and to the range of values by municipality, from the lowest to the highest (■). With indicators in which there is no marking, there was no occurrence in the time period observed (°).

The colours and forms of markings have the following meanings:

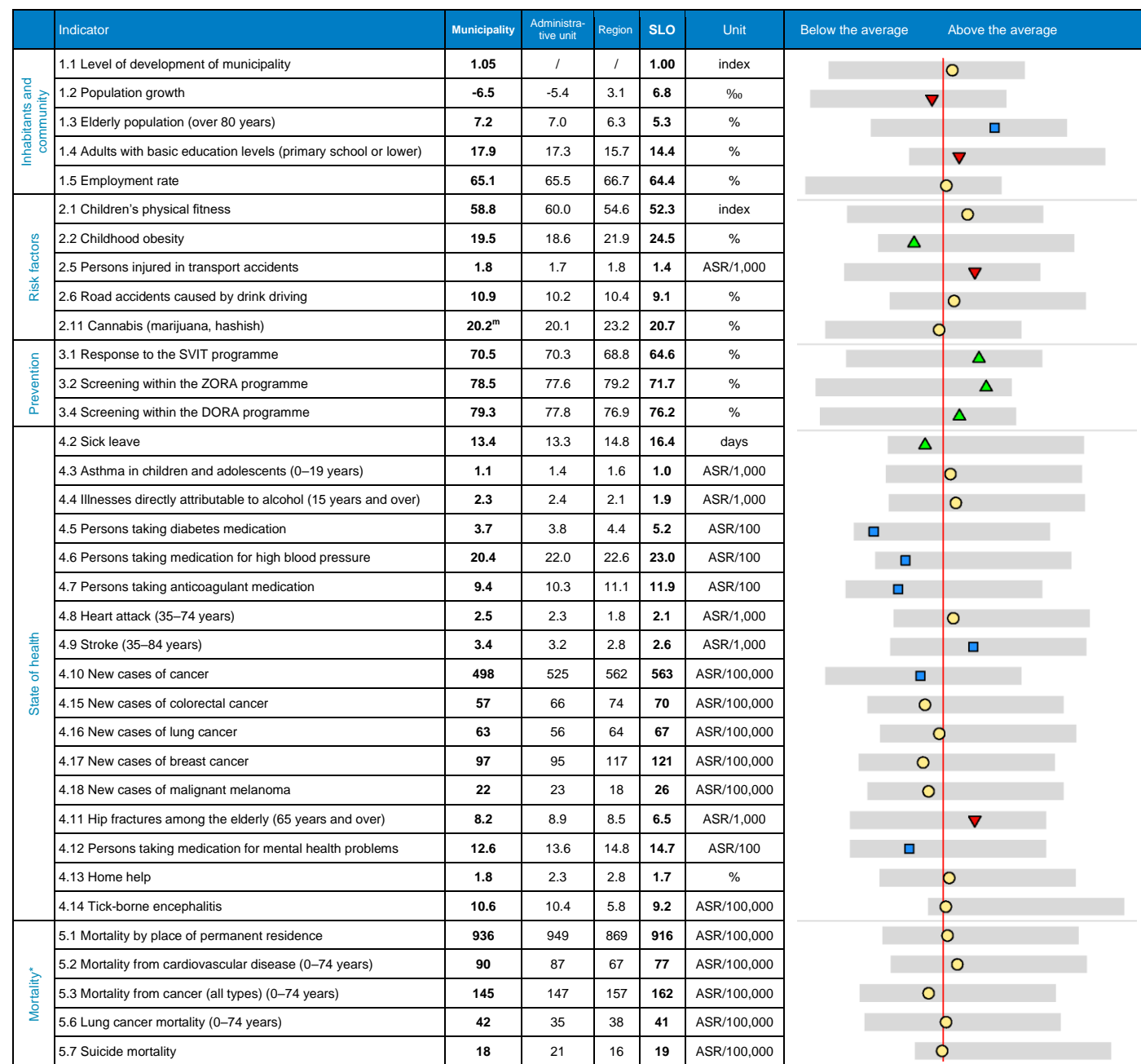
▲ Green – the municipality is better than the national average to a statistically significant degree.

■ Blue – the municipality is different from the national average to a statistically significant degree and the desired movement in the indicators cannot be determined clearly.

▼ Red – the municipality is worse than the national average to a statistically significant degree.

● Yellow – there is no statistically significant difference between the municipality and the national average.

○ White – because of the small size of the population observed (small number of examples), the value of the selected indicator is not reliable.



Key: /: indicator at this administrative level not practical; ASR: age-standardised rate per 100, 1,000 or 100,000 inhabitants, and the Slovenian population as at 1 July 2014. *: amended calculation by place of permanent residence instead of usual residence is explained in the 'Descriptions of indicators' in the 'Methodological explanations' document on the website.

^m: Data based on the statistical model.

Notes on indicators:

Inhabitants and community: 1.1: 2018; 1.2: 2018; 1.3: 2018, 80 years and over; 1.4: 2018, 25–64 years; 1.5: 2018, 15–64 years. **Health risk factors:** 2.1: 2018, children and adolescents, 6–14 years; 2.2: 2018, children and adolescents, 6–14 years; 2.5: 2013–2017 average; 2.6: 2013–2017 average; 2.11: 2018. **Prevention:** 3.1: 2018; 3.2: average 1 July 2015 – 30 June 2018, women, 20–64 years; 3.4: 1 January 2018 – 31 October 2019, women, 50–69 years. **State of health:** 4.2: 2018, inhabitants in employment; 4.3: 2014–2018 average, hospital treatment, 0–19 years; 4.4: 2014–2018 average, hospital treatment, 15 years and over; 4.5: 2018; 4.6: 2018; 4.7: 2018; 4.8: 2014–2018 average, hospital treatment, 35–74 years; 4.9: 2014–2018 average, hospital treatment, 35–84 years; 4.10: 2012–2016 average, newly diagnosed cases of cancer excluding non-melanoma; 4.11: 2014–2018 average, hospital treatment, 65 years and over; 4.12: 2018; 4.13: 2018, 65 years and over; 4.14: 2009–2018 average; 4.15: 2012–2016 average; 4.16: 2012–2016 average; 4.17: 2012–2016 average; 4.18: 2012–2016 average. **Mortality:** 5.1: 2014–2018 average; 5.2: 2014–2018 average, 0–74 years; 5.3: 2014–2018 average, 0–74 years; 5.6: 2014–2018 average, 0–74 years; 5.7: 2014–2018 average.

Data sources: National Institute of Public Health, Statistical Office of the Republic of Slovenia, Ministry of Finance, Slovenian Traffic Safety Agency, Faculty of Sport (University of Ljubljana), Cancer Register, Social Protection Institute of the Republic of Slovenia.