



MLADINSKI
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NATIONAL
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Policy paper

YOUTH HEALTH

■ **Introduction**

ON YOUTH POLICIES

In the past few years, youth policy in Slovenia has entered the socio-political agenda, and has become increasingly important and taken into account. Since 2010 it is also defined in the Act on the Public Interest in the Youth Sector (ZJIMS) as: “ /.../ a harmonised set of measures of various sectoral public policies with the purpose of promoting and facilitating the integration of youth in the economic, cultural and political life of the community and appropriate support mechanisms for developing youth work and operation of youth organisations, which is carried out in cooperation with autonomous and democratic representatives of youth organisations and professional and other organisations /.../«.

The National Youth Council of Slovenia (MSS), the umbrella organisation of national youth organisations and the key partner in the social dialogue in the field of youth, strives for the development of youth policies and, consequently, for the improvement of the situation of young people. With this in mind, MSS adopts policy documents tackling different sectoral policies, which call upon relevant stakeholders to implement the proposed actions. Such documents – the present one, tackling youth health, being one of them – are a basis for MSS to, inter alia, enter into discussions with policy makers, to react to current affairs, to inform young people and the wider public and undertake other measures.

A definition of youth says that one is young until one has reached the desired points of growing up (has moved away from one’s parents, has created a family, has become employed, has finished schooling, etc.), and has thus become autonomous and independent. Youth policies intend to properly regulate these key transitions in the lives of individuals. Through policy papers, MSS wants to form these processes according to the views of young people.

POLICY PAPER »YOUTH HEALTH«

Healthy young people form the basis of every society; thus, they must be able to grow up in an environment in which they can develop their whole potential. The purpose of this policy paper is to present and define youth health issues, focusing on those where measures are both urgent and possible.

Therefore, we mainly aim to:

- present systemic deficiencies preventing young people from leading a healthy lifestyle;
- emphasise problems in youth health, caused by a lack of health promotion, prevention measures and adequate information;
- propose systemic improvements of the current situation.

DEFINITIONS

Addiction¹ to drugs can be either psychological or physical. It is a state of illness. It does not only apply to the physical addiction to chemical agents, which affect one's consciousness, but also the complex behaviour of the addict. S/he is aware of the damage such behaviour brings, but repeats it and cannot give it up, because that would cause the withdrawal – abstinence reaction.

In general, drugs are divided into **permitted** and **non-permitted (illegal)**.² Alcohol, analgesics and other medicine, coffee, tea, etc. belong to permitted drugs. Illegal are those drugs and psychotropic substances whose production, marketing and possession are forbidden by law, except for use under strict supervision for medical, veterinary, research purposes. **Depressors of the central nervous system** (opium, morphine, codeine, heroine), **stimulants** (cocaine, crack, speedball, ecstasy, amphetamines), **hallucinogenic drugs** (such as LSD) and **cannabis** (marijuana, hashish, skunk) all fall in the category of illegal drugs.

RELEVANCE OF YOUTH HEALTH IN SLOVENIA

The care for youth health and well being must be a priority area of every country. It is an investment in future generations and in their old age. Healthy young people form the basis of every society and they need to be able to grow up in an environment where they can develop all their potential. They need to have a healthy natural environment, their awareness about the importance of caring for their own health must be raised from early age on, they must be informed and given the opportunity to choose a healthy lifestyle. Due to the currently good healthcare system, healthy food and active lifestyle among youth are often underrated; young people mostly do not yet feel the consequences of their unhealthy lifestyle, which become obvious only later in life. Thus, investments in health promotion, prevention measures and youth information – among other positive consequences – in the long term lower the costs for the health care of the population.

Health and well being of youth have an impact on the entire society, which must pay a lot of attention to this area and ensure that adequate measures are taken. Both in the EU and in Slovenia, the younger generation (alongside inter-generational cooperation) matters for the development of the society. Therefore, the state must aim at constant healthcare and well being for youth, emphasising the support for mental and reproductive health; sport and physical activity; balanced nutrition, healthy environment and lifestyle in general. In the absence of investments in health promotion, prevention measures and youth information, the costs for healthcare of the population later in time, will rise.

Regardless of gender, age, economic situation, residence, sexual orientation, ethnicity, religion, marital status or physical or mental disability, young people must

¹ Rozman, S. 1997. Nekemične odvisnosti: Odvisnosti od odnosov in odvisnosti od hrane. Available (in Slovenian) at <http://www.mf.uni-lj.si/dokumenti/6693ccd23f003e44ffa3dbc54cac83f2.pdf> (20 November 2011).

² Krajnc, Tadeja. 2011. Varstvoslovje: revija za teorijo in prakso varstvoslovja. 13(3): 280–296.

have the opportunity to choose a healthy lifestyle and be entitled to a healthy environment, adequate healthcare and social protection. Youth health and well being are namely inextricably linked with other issues, such as social inclusion, socio-economic status, equality and sustainable development.

■ **Key problems and measures in the area of youth health**

LIFESTYLE AND HEALTH RISKS AMONG YOUNG PEOPLE

Characteristics of the youth lifestyle

Young people's lifestyle represents both opportunities and threats, particularly for health. Let us first put forward its potential and positive characteristics. Young people have the highest learning potential; they are also closely engaged in formal and non-formal education. They are exposed to high quantities of different information, and to massive technological progress, linked to susceptibility and high-level use of technological innovation. Globalisation and the development of information networks, linking world economies, markets, cultural and political processes, enable young people to step out of the existing frameworks, to be relatively unburdened with the past and to look towards the future. In addition, one can characterise young people as creative, innovative, open, having a varied and complex lifestyle and a high level of adaptability, mobility and free time activities, which also means that they are linked into various social networks.

Potentially dangerous habits of young people include a consumerist way of life, a certain level of comfort and life standard, and high susceptibility, dependability and sensitivity to societal change, as well as a relatively low rate of pro-activity towards improving the situation in these areas. Today's youth feel the pressure on productivity, due to all the choices available; this pressure can be avoided but brings lasting consequences. Young people face many forms of social control, which push them into »prolonged« or »social childhood«. ³ Young people are thus probably among the ones most exposed to high susceptibility to media influence, particularly the marketing undertaken by the industry, which usually represents health risks. As young people's value systems change and individualisation appears, there is an increase in addictions and experimenting with drugs.

Young people's value systems change and individualisation comes to the forefront, which leads to increasing drug addiction and experimentation with illegal drugs.

³ Šaponja, D. 2006. V *Obravnava mladostnika s psihozo: zbornik prispevkov*. Čuk, V. (ur.). Ljubljana : Zbornica zdravstvene in babiške nege Slovenije – Zveza društev medicinskih sester, babic in zdravstvenih tehnikov Slovenije, Sekcija medicinskih sester in zdravstvenih tehnikov v psihiatriji.

If we wish to change the habits of all societal groups and generations towards the promotion of health, prevention measures and sustainable development in health, then we must pay particular attention to the lifestyle of youth. Their habits namely dictate the lifestyle and trends of the future.

Alcohol consumption

Risky and damaging⁴ alcohol consumption is one of the main risk factors for chronic disease, harm or violence, both for the alcohol consumer and for other people. In general, alcohol is the third main risk factor for lost healthy years, due to early death and fewer opportunities. Over 60 different diseases and injuries are linked to alcohol consumption. With adolescents, in particular, alcohol consumption can cause change in the brain and, when linked to high quantities of consumed alcohol, can also permanently damage it. Also worrying is the fact that alcohol-related disease is higher in young people.⁵ Alcohol causes 10% of all deaths in young women and 27 % in young men between 15 and 29 years of age.⁶

Despite harmful consequences, alcohol is increasingly present with youth, also due to the relatively easy access to it. Weaker financial status in the family, which often means fewer financial means for youth too, does not provide lower risks for alcohol consumption. The age at first contact with alcohol is falling, as almost half (45%) of 15-year-olds have had their first alcoholic drinks at the age of 13 or less.⁷ Earlier onset of alcohol consumption also increases the likelihood of alcohol addiction in adulthood.

The newest outcomes of the study Mladina (Youth) 2010 give reason to worry;⁸ they reveal that around 90% of youth between 15 and 29 years of age consume alcohol, while the rate of young people (15 – 16-year-olds) who never consume alcohol, has fallen from 28,6 % in 1993 to 10,1 % in 2010. Easy access to alcohol, non-application of legal measures on alcohol sale and relative price accessibility count among important encouragement factors in favour of alcohol consumption among youth.⁹ The study data shows that young people often name the following as »positive effects of alcohol« as causes for drinking: mostly feeling good, relaxed, talkative, easier contact-making with peers and better fun. Certain analyses show that alcohol also helps them to suppress their emotional distress, inhibitions,

⁴ Risky: that which is in time likely to lead to health-related or other damaging consequence.

Damaging: that which has already brought consequences to physical or mental health, but whose addiction syndrome is not yet apparent (Ivanuša, Marjan 2011).

⁵ Rehm J. et al. 2009. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol use disorders, 373(9682): 2223–33. London: Lancet.

⁶ Rehm J. et al. 2006. Volume of alcohol consumption, patterns of drinking and burden of disease in the European region 2002, 101: 1086-1095. London: Addiction.

⁷ Jeriček Klanšček, H. in sod. 2011. Neenakosti v zdravju in z zdravjem povezanih vedenjih slovenskih mladostnikov. Ljubljana: Inštitut za varovanje zdravja.

⁸ Lavrič, dr. M in sod. 2010. Mladina 2010. Končno poročilo o rezultatih raziskave. Ljubljana: Ministrstvo za šolstvo in šport, Urad RS za mladino.

⁹ Bajt, M., Zorko, M. 2009. Uživanje alkoholnih pijač med mladostniki - izsledki fokusnih skupin. Ljubljana: Inštitut za varovanje zdravja Republike Slovenije. Available (in Slovenian) at: http://www.zdravjevsoli.si/attachments/article/173/fokusne%20porocilo_alkohol.pdf (5. 11. 2011)

complexes, etc.¹⁰ to young people alcohol consumption represents the entry to adulthood, as well as the attainment of certain maturity to take decisions. They, however, attribute many other positive effects to alcohol, mainly related to affirmation in the society. Young people often mention that they sense a positive attitude of the Slovenian society to alcohol consumption, which also affects their own habits and decisions related to alcohol.¹¹

A health risk factor, alcohol is an important public health problem in Slovenia too, where its consumption (registered and non-registered together) is among the highest in the world, according to the World Health Organisation. Selected indicators of the consequence of risky and damaging alcohol consumption put Slovenia on top of EU Member States and European countries with very low child and adult mortality.¹² Slovenia is further away from the EU average in terms of damage caused by excessive alcohol consumption than by the quantity of use. Therefore the »needless costs« related to excessive alcohol consumption (costs of healthcare, criminal law procedures, and social protection; costs due to lower success rates and efficiency at school or studies; costs of lower or lost work capacity and lower work productivity; costs of illness or death and costs, related to the damaged property and damage in transport, due to traffic accidents) represent a considerable social and economic burden for individuals, families and the entire society;¹³ according to experts they amount to 2 – 5 % of the Gross National Product.¹⁴

Tobacco consumption¹⁵

Smoking is a preventable cause of death and disease risk in the EU and in Slovenia. Just below 3,000 people die annually due to smoking-related disease, among them more than half in the age of 35 – 69 years, which is far below life expectancy. One should emphasise that death is not the only consequence of tobacco use, since the quality of life caused by health problems and tobacco-related disease, diminishes for every smoker.

It is positive that smoking habits among youth in the period 2002–2010 have decreased. The newest data on smoking among young people from the HBSC 2010 study show that 29,2% of

Adult regular smokers began smoking in youth in 80–90 % of cases; thus, it is especially important to take smoking-prevention measures which have a proven effect on youth and young adults.

¹⁰ Statistični urad RS. 2009. Mladi v Sloveniji. Ljubljana: Statistični urad Republike Slovenije.

¹¹ See footnote 10.

¹² World Health Organisation. 2011. Global status report on alcohol and health. Geneva: World Health Organisation, 2011. Available at: http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf (18. 2. 2011).

¹³ Ibid.

¹⁴ Statistični urad RS. 2009. Mladi v Sloveniji. Ljubljana: Statistični urad Republike Slovenije.

¹⁵ Raziskave Slovensko javno mnenje. 1976–2001, raziskava Anketa o zdravju in zdravstvenem varstvu 2007, telefonske raziskave 2006, 2008–2011, ki so jih izvajali IVZ RS in MZ; Raziskava HBSC 2002, 2006, 2010. Ljubljana: Inštitut za varovanje zdravja RS.

young people at the age of 11-15 years have tried smoking (at least one cigarette, cigar or pipe), whilst 7,6% of them smoked at least once weekly. A bit more boys than girls tried to smoke (31,2 % boys and 27,2 % girls), whilst no gender difference was observed in weekly smoking. The rate of young people who tried smoking and that of weekly smokers considerably grows with age and was highest among 15-year-olds (53,1% of those who had already tried, and 19,4 % of weekly smokers).

The number of smokers among the adult population of Slovenia has been around a quarter for a while. Gender-wise we do not observe growth in the number of smokers. The use of tobacco in general is going down (in 1978 the rate of smokers among adults in Slovenia was the largest in the period 1976–2007 with 35,5 %, while it was 25,4% in 2007).

Easy access, withholding of information about tobacco effects, tobacco industry lobbying against evidently effective measures to diminish tobacco use, immoral and hidden marketing not forbidden by law and low price (especially in comparison to other EU countries); through these measures the tobacco industry targets youth to buy their products.

Regular smokers among adults have in 80–90 % started smoking¹⁶ in youth, and therefore it is particularly important to adopt measures that are proven to efficiently prevent smoking. For youth and young adults who already smoke, motivation to stop and support in this, are key. This is how we can importantly diminish the use of tobacco among active smokers.

Illegal drug use

It is not difficult for young people to access legal drugs, as they are mostly accessible at home, in school and with friends. The most widespread ones are tobacco and alcohol, and this is why we focused particularly on them. The access to illegal drugs is more difficult, but young people still use them to a considerable extent. The main reasons for drug use are curiosity, rebellion, difficulties in inclusion in peer groups, the desire for pleasure, escaping from the bad, wondering about the meaning of life, etc. The key in this process is what the young person knows about drugs, what her/his attitude is to drugs and whether or not s/he can resist them.¹⁷

Young people consciously decide to take drugs. Most often it begins with experiments and continues into addiction. Access to illegal drugs is more difficult than to legal drugs; nevertheless, youth often use the former.

¹⁶ Statistični urad RS. 2009. Mladi v Sloveniji. Ljubljana: Statistični urad Republike Slovenije.

¹⁷ Adapted after: Krajnc, Tadeja. 2011. Stališča do drog. Varstvoslovje: revija za teorijo in prakso varstvoslovja 13(3): 280–296.

Young people consciously decide to use drugs. Usually this begins with experimentation but grows into addiction. The time between experimentation and addiction is very relative, because the boundaries between them are often blurred.¹⁸ To successfully heal addiction, early detection of illegal drug use is needed, too.

The treatment of illegal drug users is available in the forms of hospitalisation and outpatient programmes. For outpatient programmes on prevention and treatment of addiction, the Centres for the prevention and treatment of addiction to illegal drugs (CPZOPD) are organised at the primary healthcare level in the framework of the public health service. Most users are between 25 and 29 years of age, whilst the age group of first-time CPZOPD users¹⁹ is between 20 and 24 years.²⁰ Latest research²¹ also shows that the average age of first entry to the CPZOPD programmes rises. This also indicates that the population of drug addicts in Slovenia is slowly ageing. Next to the worsening of their general health, addicts' **social problems** and risk of **homelessness** grow with age.

The highest health risk for illegal drug users are injection of drugs and related contagious disease among injecting drug users.

Drug users, also young ones, are exposed to the risk of infection with contagious disease due to drug injection, the dangers of prostitution caused by addiction and the risk of early death due to overdose, etc.

The highest health risk illegal drug users face is **drug injection**, which transmits **infectious disease** among them. These represent an important public health challenge, related to the risk of HIV, hepatitis B (HBV) and hepatitis C (HCV) infections and other serious disease.²² Female users of illegal drugs are at high risk as well, since addiction often leads to **prostitution** – as 'favours' in exchange for shelter or drug procurement. Consequently, the majority falls into the cycle of violence and drugs, with no exit, unless they have a safe space to find shelter in.²³

¹⁸ Inštitut za varovanje zdravja (2010). Nacionalno poročilo 2010 o stanju na področju prepovedanih drog v RS. Available (in Slovenian) at:

http://www.ivz.si/nacionalna_porocila?pi=5&_5_FileName=2803.pdf&_5_MediaId=2803&_5_AutoResize=false&pl=168-5.3 (22 November 2011).

¹⁹ In 2004 the average entry age was 23,1 years, then it started to gradually rise and in 2008 already reached 26,8 years; in 2009 it was 26,9 years (source: see footnote 19).

²⁰ Inštitut za varovanje zdravja. 2011. Nacionalno poročilo 2011 o stanju na področju prepovedanih drog v RS (sporočilo za javnost). Available (in Slovenian) at: http://www.ivz.si/aktualno?pi=3&_3_FileName=4247.pdf&_3_MediaId=4247&_3_AutoResize=false&pl=76-3.3 (22 November 2011)

²¹ Ministrstvo za zdravje. 2011. Predlog Nacionalnega programa na področju drog 2011–2021. Available (in Slovenian) at:

http://www.zmanjsevanje-skode.si/fileadmin/user_upload/Dokumenti/NACIONALNI_PROGRAM_NA_PODROCJU_DROG_JR.doc (22 November 2011)

²² See footnote 18.

²³ See footnote 21.

Death among drug users occurs mainly due to poisoning with heroine, opium and opiates, and methadone, but most deaths are unintentional. The poisoning with heroine, methadone and psycho-stimulating substances grow every year. The highest mortality in drug users was recorded precisely among youth (aged 20 – 29).²⁴

The highest death rate among illegal drug users in the past years has been among youth aged 20 – 29.

Easier financial access makes marijuana the most popular illegal drug among 15-year olds. After the share of 15-year-olds who had tried marijuana had fallen between 2002 and 2006, it has grown again between 2006 and 2010.²⁵

Intentional and unintentional harm and accidents

The general factors that increase life expectancy come from societal change and economic development, and consequently from the change in the health system, better life conditions and a healthy lifestyle. These general elements are among the reasons for a significantly lower mortality of youth, compared to the overall population.

Considering their lifestyle and related health risk factors among youth, their main injury or death causes are external; these are mostly unintentional injuries caused by traffic accidents (often due to speeding and driving under the influence of drugs)²⁶, as well as sports injuries, injuries at the workplace and injuries as a consequence of night life behaviour of young people (including intoxication with alcohol and other drugs), etc.

Considering their lifestyle and related health risks, the most widespread causes of death and injuries among young people are external (mostly unintentional harm because of traffic accidents, often due to speeding or driving under the influence of drugs).

Injuries and accidents can lead to death or leave lasting health-related consequences (the capacity to move, memory, etc.). They can thus also result in lower learning capacity and employability, which affect one's self-perception and psychological state. With the lack of experience and economic dependence young people are the age group most at risk as indirect victims of addiction (e.g. of domestic violence caused by alcohol and other drugs, the consequences of traffic accidents, etc.)

²⁴ See footnote 18.

²⁵ See footnote 21.

²⁶ Lavrič, dr. M in sod. 2010. Mladina 2010. Končno poročilo o rezultatih raziskave. Ljubljana: Ministrstvo za šolstvo in šport, Urad RS za mladino.

Nutrition and physical activity

Considering the currently good health conditions of the young population, young people often underrate the importance of balanced nutrition and active lifestyle. Unhealthy food and insufficient physical activity are (next to the already mentioned factors – stress, smoking, excessive alcohol intake, and illegal drug use) key characteristics of an unhealthy lifestyle, and its consequences become visible only later in life. All these elements contribute to the onset and development of the most widespread chronic disease and related complications.²⁷

Data reveals that age, gender and socio-economic status also importantly affect the level of physical activity of children and youth people. With age, physical activity diminishes: 11-year-olds are daily most physically active (25,5 % of them), followed by 13-year-olds (20,1%) and 15-year-olds (15,4%). Gender disaggregated data shows that sufficient daily activity is more present with boys (25,5%) than girls (14,9%), in all three age groups. Considering the socio-economic status, data shows that the guidelines on daily physical activity are best reached by youth from families with a high socio-economic status (25%) and least by youth with a low socio-economic status (15,2%).²⁸

Since regular physical activity is crucial for the development, health and general well being of youth, they must have the possibilities to reach sufficient levels of physical activity at every age.

The most important factors affecting the development of unhealthy eating habits and problems with body weight are linked to the following influences of the environment: change of eating habits due to social and cultural change, family practice, peer influence, inaccessibility (price-wise, in particular) of healthy quality food and beverages and marketing (price accessibility) of unhealthy food to children and youth.

Bad eating habits and insufficient physical activity, acquired in youth, are two main impacts on health protection and lead to many modern age diseases, which often manifest themselves only in adulthood (motoric system disease, cardiovascular disease, difficulties in regulating appropriate weight are only some of the chronic non-transmittable diseases). The decrease of physical activity among youth (also due to higher use of computers and other electronic devices) is also linked to the trend of lower

Two main health factors – bad eating habits and insufficient physical activity of youth – lead to numerous illnesses of the modern age, which often manifest themselves only in adulthood (e.g. disease related to the motoric system, cardiovascular disease, difficulties in regulating weight ...).

²⁷ Statistični urad RS. 2009. Mladi v Sloveniji. Ljubljana: Statistični urad Republike Slovenije.

²⁸ Inštitut za varovanje zdravja RS. 2010. HBSC Slovenija 2010: Z zdravjem povezano vedenje v šolskem obdobju. Poročilo o raziskavi. Ljubljana: Inštitut za varovanje zdravja RS.

motoric capacity and of negative change in physical characteristics, which holds especially for increased body weight and subcutaneous fat.²⁹ The modern-age diseases caused by the lack of physical activity and bad eating habits, lead to over 70 % of deaths among adults in Slovenia.³⁰ This already significantly affects the quality of life of youth but even more importantly, the quality of life in the active age. Most prone to this risk are individuals with lower education and those from lower socio-economic backgrounds.

When considering the success and quality of life in other areas, we often forget that a balanced diet and regular physical activity in youth do not only preserve physical health but also strengthen mental health and enable normal development. Body weight problems often cause a negative physical and psychological self-image of young people, lower their employability, their quality of life and increase the risk of health problems. We see the solution in a better promotion of health and prevention, and in ensuring more means for systemic measures towards diminishing the pressure of an »obesity-directed« environment on youth, and towards informing and improving the healthy lifestyle among young people.

It is to be emphasised that youth lifestyle in Slovenia can also be very healthy, since many young people favour occasional or regular recreation, sports and lead a healthy life in general. To encourage as many young people as possible to adopt a healthy lifestyle, awareness-raising on the importance of healthy eating habits, physical activity, the dangers of excessive alcohol intake, of the use of tobacco and other drugs, is more important than prohibition. Young people's decision for a healthy lifestyle is highly affected also by the behaviour of public personalities, parents and other important people.

The use of alcohol, tobacco and other drugs, eating habits and physical activity are causally linked to socio-psychological factors (e.g. low self image, low self-esteem, loneliness, alienation among youth, discomfort, the feeling of uselessness, depression, etc.). Therefore, efforts must increase to prevent the reasons leading to a risky lifestyle among young people;

a healthy lifestyle among youth must be strengthened and encouraged, also to diminish (social and economic) consequences and impact of risky behaviour; we must also strive to eliminate inequalities in access to prevention programmes in the rural and suburb areas.

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²⁹ Starc, G. in sod. 2010. Telesni in gibalni razvoj slovenskih otrok in mladine v številkah: Šolsko leto 2007/2008. Ljubljana: Univerza v Ljubljani, Fakulteta za šport.

³⁰ Marčič, R. 2009. Zdravje in dobro počutje. V *Matrika ukrepov na področju mladinske politike*. Boljka, U. (ur.), 135–160. Ljubljana: Inštitut Republike Slovenije za socialno varstvo.

HEALTH AND SAFETY OF YOUNG PEOPLE AT WORK

Young people are often exposed to risk factors affecting health (ranging from factors of a healthy work environment to psycho-social factors), due to their disadvantaged position in first-time employment.

They lack experience, are often under-skilled, due to youth they are not sensitive to health problems and risks, they are unaware of the duties the employer has and are insufficiently informed about the rights and responsibilities in the area of safety and health of young people at work. For this reason, there is higher likelihood of developing occupational disease, which progresses slowly (damage to the spine, hearing problems, mental health problems, etc.); young people are often victims of injuries and accidents at the workplace. Causes can be found in the lack of physical and psychological maturity of young people, but also their lack of confidence to openly admit they have problems.³¹ Young people must be better informed about their own care for the safety at the workplace, about the assessment of wider risks to health and well being, and must be given more attention in adapting to the new workplace – especially in the area of preventive health protection (such as timely recognition of the signs of burnout, stress and other psychological burdens).

Due to a lack of physical and psychological maturity and insufficient skills young people are more prone to develop occupational disease, which progresses slowly (damage to the spine, hearing problems, mental health problems, etc.).

More should be done for the holistic personal development of young people, and this by better support to a healthy working environment and by emphasising its importance. The age group between 15 and 29 gradually joins the active working population and faces specific problems when transiting between childhood and adulthood. This is a time of facing new challenges, such as reconciling work, free time, the new rhythm of life and the starting of a family.

MENTAL HEALTH OF YOUNG PEOPLE

Youth mental health is becoming an increasing problem of the developed world. According to some research between 19 and 28 % of young people face mental health problems. These differ, and mostly emphasise the lack of will, depression, inflicting self-injury, suicidal thoughts or attempts of suicide.³² Slovenia also faces increasing challenges in mental health issues (depression, less

³¹ Statistični urad RS. 2009. Mladi v Sloveniji. Ljubljana: Statistični urad Republike Slovenije.

³² Marčič, R. 2009. Zdravje in dobro počutje. V *Matrika ukrepov na področju mladinske politike*, ur. Urban Boljka 135–160. Ljubljana: Inštitut Republike Slovenije za socialno varstvo.

satisfaction with life, anxiety, etc.) and a high rate of suicide (among the highest in Europe).

Psychosomatic problems are no rarity among young people, since already a third of 15-year-olds report sleeplessness once weekly, are nervous, irritated or have headaches.³³

Depression is one of the most common mental problems, which affects not only adults but also children and youth, particularly in adolescence (when young people face new challenges, learn new roles in life, fear failure and need to adapt to physical change), and especially girls (due to behavioural and physical change, which can be accompanied with negative emotions or the feeling of loss of control over their own body).³⁴ Next to the symptoms of depression, difficulties with physical self-image come to the forefront – which affects the entire self-image, self-respect, leads to depressive thoughts and consequently also to worse physical and mental health – and with establishing true friendships.³⁵ Low self esteem and a poor image of self are supposed to be also the most outstanding factors for suicidal behaviour among Slovenian youth (more than depression).³⁶

Young people's mental health problems often continue and expose themselves in adulthood, and significantly diminish one's quality of life.

Clearly defined »risk« groups exist in the field of mental health of young people. Especially girls are at risk – mostly with illnesses linked with self-image (anorexia, bulimia, etc.; whilst boys have more behavioural problems); older adolescents; young people from financially weaker and non-classical families; young people without friends and those with lower school performance or lower satisfaction with school. Such factors cause a sense of deprivation among youth, lead to a sense of weak support from parents and peers, and to a negative self value.³⁷

Young people use certain forms of risky behaviour, such as alcohol consumption, smoking and use of other psychoactive substances, to seek understanding and acceptance from peers, to alleviate negative emotions, moods and dissatisfaction with themselves.³⁸

Mental health problems in youth often continue and become explicit in adulthood and significantly lower the quality of one's life.³⁹ According to a survey on mental

³³ Jeriček H., Lavtar D., Pokrajac T. 2007. HBSC Slovenija 2006: Z zdravjem povezano vedenje v šolskem obdobju. Poročilo o raziskavi. Ljubljana: Inštitut za varovanje zdravja Republike Slovenije.

³⁴ Jeriček Klanšček, H. in sod. 2011. Neenakosti v zdravju in z zdravjem povezanih vedenjih slovenskih mladostnikov. Ljubljana: Inštitut za varovanje zdravja.

³⁵ Ibid.

³⁶ Mihevc Ponikvar, B., Rok Simon, M. 2010. V *Med otroštvom in odraslostjo: Analiza položaja mladih v Sloveniji*. Rakar, T. in Boljka, U. (ur.). Ljubljana: Ministrstvo za šolstvo in šport – Urad Republike Slovenije za mladino in IRSSV.

³⁷ See footnote 36.

³⁸ Marčič, R. 2009. Zdravje in dobro počutje. V *Matrika ukrepov na področju mladinske politike*. Boljka, U. (ur.), 135–160. Ljubljana: Inštitut Republike Slovenije za socialno varstvo.

³⁹ See footnote 36.

health in 2006, around 28% of adult Slovenians suffered from mental health problems, 13% had to limit their activity due to them, but only 6% have sought help. While a good fifth report feelings of anxiety, a good 6% of adult Slovenians are at high risk of developing depressive disorders or already suffer from them. Just as with youth, women fare worse among adults with mental health problems, but so do older people and people with lower education levels, lower social status and consequently higher insecurity and fewer opportunities.⁴⁰

SEXUAL AND REPRODUCTIVE HEALTH

Nowadays young people on average mature earlier and thus start their sexual life earlier than they used to. Availability, accessibility (physical, cultural, financial) and quality of information and counselling are absolutely necessary in order to improve sexual and reproductive health among youth.

According to experts,⁴¹ being sexually active earlier is linked to riskier sexual behaviour, to lesser use of condoms at the first sexual intercourse, to teenage motherhood and to a higher risk of sexually transmitted infections. It is a fact that the general awareness and use of reliable contraception have grown, especially the use of the pill, which is reflected in fewer teenage pregnancies. However, this does not imply that young people are more responsible in their sexual life, since peroral contraceptives (the pill) do not protect from sexually transmitted disease. Due to insufficient protection, significantly higher mobility of young people, and to faster changing of sexual partners, the spreading of sexually transmitted disease is more worrying than ever before. Despite the progress in communication means, the specificity of youth as a target group makes it difficult for young people to seek and find healthcare.⁴² In addition, the use of intoxicating substances increases risky sexual behaviour.

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Sexual and reproductive health and rights are crucial for the achievement of gender equality and fundamental human rights. Information and sexual education must focus on both genders equally. Early negative experience can significantly affect

⁴⁰ Kamin, T. in sod. 2009. Duševno zdravje prebivalcev Slovenije. Ljubljana: Inštitut za varovanje zdravja RS.

⁴¹ Inštitut za varovanje zdravja RS. 2010. HBSC Slovenija 2010: Z zdravjem povezano vedenje v šolskem obdobju. Poročilo o raziskavi. Ljubljana: Inštitut za varovanje zdravja RS.

⁴² Marčič, R. 2009. Zdravje in dobro počutje. V *Matrika ukrepov na področju mladinske politike*, Boljka, U. (ur.), 135–160. Ljubljana: Inštitut Republike Slovenije za socialno varstvo.

one's image of self, long-term well being and satisfaction with life, mental health and the attitude to sexuality in adulthood.⁴³

A positive approach and avoidance of stigmatisation based on sexuality are necessary at all levels. Sexual identity and related rights are such sensitive issues that one must take account of educational, health, social and cultural aspects. These to the largest extent determine young people's positive attitudes to their body and their gender, and the accessibility to sexual and reproductive health choices.

HEALTH CARE FOR YOUNG PEOPLE

The access to and organisation of healthcare for youth are not always adapted to their real needs and to their status (especially during studies and in their transition to employment).

According to epidemiological data and existing strategic documents in the area of health and healthcare, more attention in the future will need to be given to the elimination of differences in health between groups of young people. These differences occur due to the different lengths of education, the transition between education and employment and related exposure to socio-economic factors (and consequently higher health risks), such as poverty, unemployment, low education levels, family problems and the lack of support from the social environment.

Considering the lifestyle of young people, particularly their high level of mobility and susceptibility to the use of different technologies, more should be done to render healthcare friendlier and more accessible to youth. Health promotion and prevention programmes are usually intended for both youth and adults, but the specific needs and characteristics of young people are neglected or forgotten, also when it comes to health insurance. The current age limit (26 years) for free-of-charge inclusion in the basic and additional health insurance discriminates against young people who enter education later in life, and those whose regular education process is longer than the foreseen average education time.

Health insurance for young people must be adapted to the length of their chosen education path, independently of the economic strength of the family or the supporting social environment, instead of being general, according

⁴³ Ibid.

THE IMPACT OF A CHANGING ENVIRONMENT ON YOUNG PEOPLE'S HEALTH

Young citizens must be protected from (involuntary) exposure to environmental risk factors, be warned about possible choices and about the consequences of »risky« forms of lifestyle, and in general be informed about these matters; moreover, we should strive for a long-term improvement of the situation. Cross-sector cooperation is crucial in order to achieve these goals, and it should be guided by the care for the health of citizens, with a particular emphasis on healthcare for the most vulnerable groups. The remaining open questions and areas require cross-sector programmes, policies, approaches and strategies, including the work of youth organisations, policy makers, media and education institutions; the coherence between national and international strategies of health protection, promotion and strengthening; as well as the practical implementation of measures at the local level.

All young people must have the freedom to choose a healthy lifestyle and must be entitled to a health environment. We need to be aware of and strive for the limitation of the impact of unhealthy environments, and must diminish the differences in access to prevention programmes in rural areas and suburbs. The impact of the environment (chemical pollution of food, presence of pollutants in the water and the air) has an increasing long-term impact on the health and well-being of young people too, as respiratory disease, the presence of metals in people and different types of cancer, etc., grow constantly.

■ Recommendations

The state of youth health as put forward in this policy paper, needs urgent improvements. The National Youth Council of Slovenia strives for the implementation of a set of measures by the state, local authorities and civil society organisations, as the central agents of change in this area.

- We call upon the government and governmental institutions to render the outcomes of all measures for youth accessible to everyone, especially to vulnerable groups, i.e. youth from under-privileged environments, young people with a lower socio-economic status and with lower education. The measures should at the same time enable regular monitoring and evaluation by different sectors, with the aim of increasing young people's possibilities to decide for a healthy lifestyle and for quality of life.
- Competent ministries receive income from higher prices of products that harm health, which lowers the consumption of alcohol, tobacco and other unhealthy alimentary products, and consequently

Strategies for the improvement of health should include a special youth chapter. Caring for youth health and well being must become a matter of national interest.

leads to lower direct and indirect harm due to their excessive consumption. We urge them to earmark these funds for the funding of prevention programmes (e.g. The Tobacco Euro Initiative⁴⁴ etc.).

- We call upon decision makers to set up evaluation and certification mechanisms for relevant and efficient programmes, and to use them to direct more funds into prevention programmes that adequately inform young people (through all types and levels of education) and raise their awareness about the impacts that tobacco, excessive alcohol consumption, various drugs, unhealthy eating habits and insufficient physical activity have on people. In this way they should ensure a systematic, long-term, regular, and quality implementation of contents and programmes, in order to strengthen healthy lifestyle choices among youth.
- We invite decision makers and ministry responsible for education to introduce – at all education levels – prevention programmes on drug use and information provision on the health risks related to the use thereof.
- We call upon all decision makers to strengthen their cooperation with youth organisations on risk management in the area of social exclusion of drug addicts and former drug addicts, and their re-integration into society.
- We call upon competent decision makers to include chapters on youth health in all health-related strategies. The care for health and well being of young people should become a matter of national interest. Young people need encouragement (also through measures) to lead a more quality and active life, and to be informed about the importance of balanced nutrition and of a healthy attitude to one's body.
- We appeal to decision makers, the ministry responsible for sport, other relevant ministries and the Faculty of Sport in Ljubljana, to emphasise the positive impact of recreational sport and exercise for youth health in the National programme of Sport, and to dedicate more funds to supporting and establishing different free-of-charge forms and programmes of recreational (non-competitive) sport and exercise. More attention should particularly be given to the wider population of youth (especially girls) in elementary, secondary and university education, where insufficient opportunities are available to engage in free and non-competitive sport activities in free time. Youth organisations and employers should include sport in their activities and thus encourage youth to engage in recreational exercise.

Municipalities and regions, and especially state institutions, schools, public establishments and employers shall boost their efforts to use public transport and space for safe active transport (walking, cycling) to school, public institutions and workplace.

⁴⁴ The Tobacco Euro, for more information see (in Slovenian): http://www.sodeluj.net/peticija_tobacni_evro/images/stories/Zakonske_pobude_sofinanciranje_NVO_z_dravje.pdf (22 November 2011).

- Municipalities should network with each other and with associations or business to increase the public sport areas and to ease the access to them, particularly in rural areas, to therefore encourage group recreation of young people with lower motoric skills, and of different population groups in the local community, including families. They should support long-term projects at the local level, enabling free-of-charge sport activities, programmes and sport areas, which will diminish the inequalities in exercise, stemming from socio-economic inequalities.
- Municipalities and regions, and particularly state institutions, schools, public establishments and employers, shall boost their efforts to make use public transport and public space for safe active transport (walking, cycling) to school, public institutions and workplace.
- We call upon decision makers and formal education institutions to increase the attention to healthy nutrition in education institutions, to subsidise only healthy and wholesome meals, which importantly contribute to protection from chronic non-infectious disease. This goes for both high school students and students at the tertiary level (e.g. meal vouchers only for healthy and quality food). The state should regulate the offer of unhealthy food especially in areas where young people dwell more often, and should positively support quality and sustainability-oriented providers.
- We urge ministry responsible for education to strengthen cross-subject connections between health matters, and to include issues on physical, mental, social and environmental health in the existing curriculum; this will provide young people with basic knowledge about the functioning of the body in relation with the strengthening of health, healthy nutrition, physical activity; they will be educated for a healthy lifestyle, aware of related issues and will be given an emphasis on sustainability. Active methods and forms of work play an important role in this, as they encourage youth to sense the problems and seek strategies to solve them; to gain knowledge, life skills and critical thinking about their own behaviour for better health.
- The Restriction of the Use of Tobacco Products Act (ZOUTI, 2007) is not perfect, but it is good. However, it is not being implemented and is intentionally systemically violated by the tobacco industry (both by the central companies and their branches) and its partners. We therefore suggest that decision makers increase the number of health and market inspectors, and thereby stand for a more efficient and stricter control over the implementation of the legislation regulating industries related to the risky lifestyle of young people, and to fine the violators with higher and (when violations are repeated) stricter fines, such as the revocation of the right to sell certain company's goods for a period of time.

Decision makers and formal education institutions should take better care of healthy nutrition at school and should subsidise only healthy and wholesome meals, as an important nutritional protection from chronic non-infections disease.

- Decision makers and competent ministries shall ensure regular and effective control over the implementation of the Act Restricting the Use of Alcohol (ZOPA); at the same time they shall better regulate the advertising of alcoholic beverages, increase the tax on alcoholic beverages, particularly the so-called »alcopops« (beverages composed of spirits and high amounts of sugar, flavours and colorants, which give them a pleasant taste, and are therefore popular mostly among young people), and shall work to implement the measures that have proven to be effective but do not yet exist in Slovenia. Better regulation of the access to and sale of alcohol is needed at petrol stations and during sports and cultural mass events, particular those destined to young people.
- We call upon youth organisations to adopt a code to better respect the provisions of ZOUTI and ZOPA and to strive for health and well being of youth. Most youth organisations in Slovenia, despite having minors within their membership, do not regulate this area properly. A significant number of young people spend part of their free time in youth organisations. These should encourage youth to undertake as many activities as possible in healthy areas outside urban centres, and also to be confident to choose a healthy lifestyle – including through the example and skills of youth leaders and youth workers. Moreover, prevention programmes within non-formal education and other activities should be used to raise awareness about the importance of a healthy lifestyle and about the immoral marketing different industries resort to.
- Key stakeholders and competent ministries shall introduce clearer and stricter control over the marketing and accessibility of tobacco, unhealthy foods and beverages to young people; Slovenia's regulations on marketing are currently dispersed (included in the Media Act, the Act Regulating the Sanitary Suitability of Foodstuff, Products and Materials Coming into Contact with Foodstuffs; the Consumer Protection Act; the Protection of Competition Act; the Code of the Radio-Television of Slovenia and the Code of the Slovenian Advertising Chamber) and are too general.
- We urge decision makers, employers and trade unions to pay more attention to the control and positive encouragement of employers, so that these will ensure minimal standards on healthy working conditions in line with European legislation (both on working conditions and workplace environment), and will implement the rules on safety at the workplace, enforce stricter control, and if needed, impose higher fines for the violation of minimum standards. The special characteristics of young people as first-time employees should especially be taken into account.

Programmes need to be developed and strengthened to prevent and diminish burnout at work, encourage employees to exercise and widen the choice of benefits or subsidy options for sport activities within work teams.

- We see relevance in the establishment of an institution or online counselling service for the rights of young workers; it shall offer the support of a psychologist and a lawyer at the same time; collect and impart relevant information, related to youth employment; and provide youth-friendly interpretations of existing laws and early drafts of new legislation.
- We find it extremely important that employers pay their employees' (also young ones) social contributions, and thus enable them to use healthcare services and other rights, emanating from the work contract, which in a wider context affect the health of employees.
- We urge employers and decision makers to develop and strengthen programmes aiming at the prevention and diminishing of burnout at the workplace, at encouraging employees to exercise, and together with trade unions at widening the choice of benefits or subsidy options for sport activities in the work team.
- We inform decision makers that all areas of life of young people need to be in order, for youth to successfully face the key challenges for mental health. Adequate measures need to be in place to improve the lives of young people in their different aspects, public debate must be encouraged, projects promoting mental health and raising awareness about mental illness need to be supported and encouraged (and should, overcoming stigmatisation, involve also people with mental illnesses). This is the only way to improve the mental health of the adult population too.
- Young people are a particularly vulnerable part of the society; thus, all key youth stakeholders must develop programmes, interventions and support to be included in the education system from pre-school to university, they must encourage information-giving about social and emotional skills within and outside of the (formal and non-formal) curriculum, introduce prevention programmes in the area of abuse, bullying, (peer) violence, social exclusion. Young people must be encouraged to enter education, employment, youth organisations, culture and sport. Special care and education on mental health should be provided for parents and future parents. Training on mental health of children and young people for experts on health, education, youth work and other relevant sectors is needed; expert working groups for children and young people must be in place, and the prevention and therapeutic potential of primary healthcare must be increased.
- We call upon decision makers to eliminate inequalities between people, since these are among key stressors for young people and adults; inequalities impact also on inequalities in mental health. Special promotional and prevention programmes and other measures to overcome inequalities should reach specially the most »vulnerable« groups. Everyone must have equal access to counselling centres and other help related to de-stigmatisation of mental problems of youth and to support in seeking help.

Special care and education on mental health must be in place for parents and future parents.

- Ministry responsible for education and ministry responsible for health must boost the role of educators who work only with youth, and pay more attention to their specialisation. Specialised education on youth mental illness must focus on observation and detection of problems and on immediate adequate action and provision of accessible and varied prevention; counselling, support and therapy. At the same time methods must be developed to enable educators to transfer recognition skills for mental problems on young people, so they can help each other.
- The main measure we propose is that decision makers strengthen the impact of sexual education, improve information, and encourage safe sex within education processes. The information should not only focus on information about contraceptives but should entail systematic, unified, holistic education for healthy and safe sex, and should aim at educating for responsible sexual behaviour – towards more access to anatomy and physiology contents. Young people are insufficiently acquainted with the functioning and laws of their bodies; more needs to be done for better respect of diversity of sexual choices; the development of partner relations and potential unpleasant experience should be discussed more often, and public debates should raise awareness among young people about the dangers and risks of sexually transmitted disease and other consequences of risky sexual behaviour.
- Youth organisations and education institutions can help improve the reproductive health of young people through workshops accessible to all, where young experts can address open communication on sexuality and thus make young people better informed.
- Young people must have access to expert support and services for prevention, sexual and reproductive healthcare and well being. Decision makers and competent ministries should in particular ensure access to primary reproductive healthcare for prevention measures, counselling and regular medical examinations of reproductive organs regardless of gender, which shall become part of systematic check-ups.
- We urge decision makers to adapt the health insurance process for youth to the duration of their chosen educational path, regardless of the economic situation of the family or the supporting social environment, and regardless of age. At the same time we call upon all stakeholders to adopt measures encouraging youth to finish formal education in the foreseen time, with minimum deviations, whilst supporting employability, so that young people can regulate their status.
- We call upon competent decision makers to give special attention to health insurance of young people outside education and employment (those »without a status«), and to strengthen the control of employers, who often do not pay the obligatory contributions for employees, including young ones.

It is urgent to adopt measures to improve the impact of sexual education, better information and encouragement of safe sex through the education process.

■ **Key findings**

For the set strategies to have an impact, focus needs to be made on the collected data and research outcomes; most of all, specific needs and characteristics of young people need to be considered, and should be the basis for special measures to promote health and health services. These should take into account the particularities of the different socio-economic statuses of youth and should foresee special activities for those in socio-economic situations and from under-privileged environments, in order to enable young people to live in environments that support health, encourage healthy choices and enable easier access to suitable health protection and care, by supporting dynamic healthcare systems and the use of new technologies.

The majority of young inhabitants of Slovenia assess their current health as very good or good. Judging by the analysis of youth health in the Mladina 2010 research, 80,5 % of youth are satisfied or very satisfied with their health, 71,0 % of all participants in the research are satisfied with their lives, and »only« 53,6 % satisfied or very satisfied with their physical appearance. Economic development, social development and progress in healthcare continually increase life expectancy, whilst difficulties in the youth population may differ a lot and span between minor behavioural disturbances and very serious disease.

Although a lot has been achieved for youth health in Slovenia, awareness must be raised among the public, and the attention of policy and decision makers must be directed to a continued cross-sector engagement for better health and well being of young people, and should spread to areas where measures are still needed and possible.

■ **Conclusion**

Holistic regulation of the youth health policy in Slovenia is a necessary step towards the improvement of young people's lifestyle and health, as an investment in the future, and consequently leading to sustainable development of the society. Young people are often the most ignored part of the society, often believed not to require special measures. Such attitudes are wrong, particularly due to the importance of life transitions that take place precisely in youth. If we thus desire a healthy, coherent and connected society, with a perspective for the future and as a space where people live happily and productively, youth need to be given proper care.

The National Youth Council of Slovenia strives for the cooperation of all social actors in this process, all those who can in a way contribute to improving the existing circumstances and conditions. We strive to develop a long-term and coherent policy in line with the needs of youth and enabling their autonomy. This is how we can make an important impact on the quality of life in Slovenia and on the future of our society.