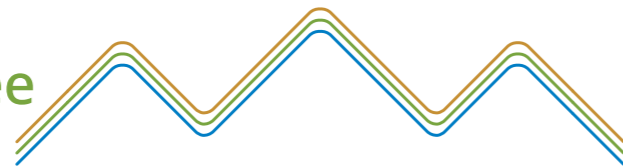




Towards tobacco-free Slovenia 2040

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ABOUT THIS PUBLICATION

The publication is intended for all those who in various sectors, both at the national or local level, (co)create tobacco control policies and can contribute to minimization of the damage caused by tobacco in Slovenia. With this publication, we want to present credible information and data on the scale of the problem, successes and key challenges in this area and effective measures that can further reduce the harmful effects of tobacco.

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ACHIEVEMENTS



CHALLENGES



SOLUTIONS



IN SLOVENIA, WE CAN BE PROUD OF NUMEROUS ACHIEVEMENTS IN THE FIELD OF TOBACCO CONTROL:



We have a long legislative tradition in the field of tobacco control - 25 years have passed since the adoption of the first law.



The current *Restriction on the Use of Tobacco and Related Products Act*, adopted in 2017, represents a comprehensive programme of tobacco control measures and includes state-of-the-art effective measures.



Numerous programmes for smoking prevention, reduction of exposure to tobacco smoke and promotion of smoking cessation are systematically implemented in primary health care.



Well-accessible different forms of smoking cessation assistance are available, many of them are free of charge.



Following the enactment of the *Restriction on the Use of Tobacco and Related Products Act*, the percentage of smokers among the adult population has declined for the first time in almost two decades. Among adolescents, the prevalence of smoking continues to decline.





We have a long legislative tradition in the field of tobacco control - 25 years have passed since the adoption of the first law.

The first *Restriction of the Use of Tobacco Products Act* was adopted in 1996 and was one of the most advanced laws in the field of tobacco control in Europe at that time. During the time of the law's preparation, adoption and entry into force, which attracted a lot of attention, the percentage of smokers decreased.

The currently valid *Restriction on the Use of Tobacco and Related Products Act* was adopted in March 2017.

With the adoption of a comprehensive and up-to-date programme of tobacco control measures, Slovenia progressed from 28th place in 2016 to 8th place in 2019 on the Tobacco Control Scale among European countries and approached the most advanced European countries in the field of tobacco control.



***Restriction on the Use of Tobacco and Related Products Act*, adopted in 2017, represents a comprehensive programme of tobacco control measures and includes state-of-the-art effective measures, the key being:**

- Large pictorial health warnings on packaging of tobacco products for smoking and textual health warnings on packaging of other tobacco and related products



- Plain packaging for cigarettes and roll-your-own tobacco



- A total ban on advertising (direct and indirect), display and promotion of tobacco, tobacco products and related¹ products, sponsorships and donations



- A ban on the sale of tobacco, tobacco products and related products to persons under 18 years of age



- A ban on the sale of tobacco, tobacco products and related products from automatic devices, ban on the direct availability of these products, ban on sale at mobile points of sale, outside the manufacturer's original packaging, via the Internet, telecommunications or any other evolving technology, ban on cross-border distance selling



- A ban on smoking or use of tobacco, tobacco products and related products, with the exception of chewing tobacco and snuff, in all enclosed public and working spaces, in all vehicles in the presence of persons under 18 years of age and on the functional land of educational institutions (the law allows certain exceptions)



- A ban on cigarettes and roll-your-own tobacco with a characterising flavour



- Compulsory permits² for sale of tobacco, tobacco products and related products at individual points of sale, in the event of infringements the permit may be temporarily suspended or permanently revoked



¹ Related products are e-cigarettes and nicotine-free e-cigarettes, herbal smoking products and novel tobacco products (a novel tobacco product is a tobacco product which does not fall into any of the following categories: cigarettes, roll-your-own tobacco, tobacco for pipes, tobacco for waterpipes, cigars, cigarillos, chewing tobacco, snuff or oral tobacco, and was placed on the market after 19 May 2014).

² Permits are issued by the Ministry of Health, which also maintains a list of business premises where tobacco, tobacco products or related products are sold.



Numerous programmes for prevention of smoking, reduction of exposure to tobacco smoke and promotion of smoking cessation are systematically implemented in primary health care.

Rules for the implementation of preventive health care at the primary level include the topic of healthy lifestyle, including non-smoking, in preventive examinations of pregnant women, preschool children, pupils and students. This provides many opportunities to check, monitor and advise on non-smoking, reduce exposure to tobacco smoke and promote smoking cessation.

National Institute of Public Health coordinates Health Promotion Centres or Health Education Centres, which carry out preventive activities and health promotion programmes in the form of individual counselling and group health education for residents of all ages and at all stages of life. They also carry out terrain work in form of visits to kindergartens, primary and secondary schools, where they carry out various workshops and other activities in the field of healthy lifestyle and cooperate with the local community. An important part of these interventions is devoted to the field of prevention and reduction of tobacco and related products use; among primary school students a workshop on addiction is carried out and among secondary school students the workshops on the topic of addiction and on the topic of tobacco and related products. Within Health in Kindergarten programme (also coordinated by the National Institute of Public Health), kindergarten staff is educated on various health-related topics, and a significant part of the content is also devoted to non-smoking and reducing exposure to tobacco smoke.

National Institute of Public Health also coordinates the Slovenian Network of Healthy Schools, in which more than half of primary and secondary schools from all over Slovenia participate. Preventive activities in the field of prevention and reduction of the use of tobacco and related products are also carried out within the framework of this programme.



In Slovenia, well-accessible different forms of smoking cessation assistance are available, many of them are free of charge.

Only complete cessation of any tobacco or related products³ use (hereinafter briefly smoking) guarantees an individual to avoid harmful substances and harmful consequences of use. **Cessation of smoking brings many health benefits at any age.**



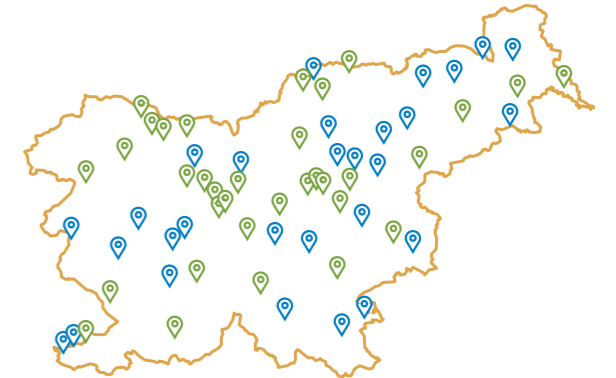
³ With exception of nicotine replacement therapy.



Most smokers want to quit smoking, and due to nicotine addiction many need additional help. There are several different free of charge smoking cessation programmes available in Slovenia, their costs are covered by health insurance. **A smoker who wants to quit smoking can thus select the most appropriate type of help for themselves.**

In Health Centres throughout Slovenia, trained professionals in the Health Education Centres and Health Promotion Centres, offer free support in smoking cessation in the form of **group workshops or individual counselling**⁴. More information on the location of the centres and their contact details is available at:

<https://www.skupajzdravje.si/zemljevid/>.



Health Education Centres and Health Promotion Centres in Slovenia, May 2021.

At a toll-free 080 2777 smoking cessation counselling service (Quitline) callers can get all the necessary information about smoking cessation. Proactive telephone counselling and guidance is also carried out, in which the counsellor offers the smoker personal help and support in the process of smoking cessation. More information on Quitline is available at: <https://www.skupajzdravje.si/opuscanje-kajenja/svetovalni-telefon-za-pomoc-pri-opuscanju-kajenja/>.

080 2777
DAILY
7 AM - 10 AM
5 PM - 8 PM

Counseling for smoking cessation is also available at <https://med.over.net/>, whereas more information on smoking cessation is available at: <https://www.skupajzdravje.si/kategorija/opuscanje-kajenja/>.

Various forms of nicotine replacement therapy (chewing gum, patches and inhalers) that help a smoker to quit smoking more successfully are available in pharmacies. Prescription drugs are prescribed by a general practitioner. The cost of nicotine replacement therapy and prescription drugs is covered by the individual themselves.



Various smoking prevention programmes and smoking cessation assistance interventions are also implemented by non-governmental organizations.



⁴ During COVID-19 pandemic these programmes function or have functioned to a limited extent.



Following the enactment of the *Restriction on the Use of Tobacco and Related Products Act*, the percentage of smokers among the adult population has declined for the first time in almost two decades.

After 2000 and until 2020, there were no significant changes in the percentage of smokers among the adult population of Slovenia; about one in four adults smoked.

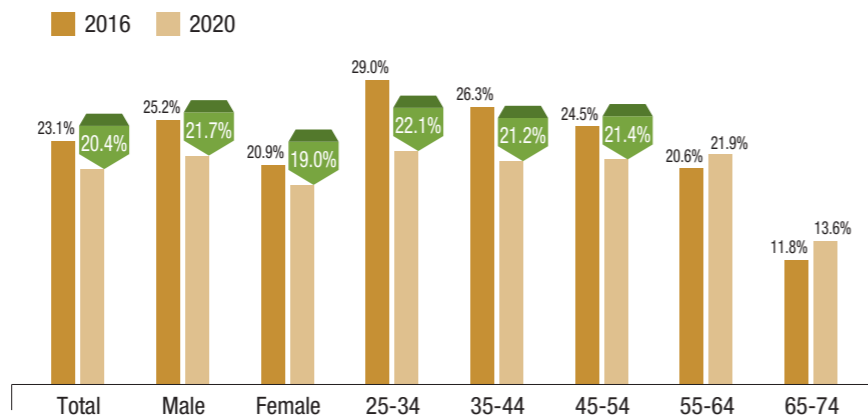
Following the adoption of the new law, the percentage of smokers among the adult population has declined.

Between 2016 and 2020, we recorded among the population of Slovenia aged 25-74 the following:

- a significant decrease in the percentage of smokers overall and in both genders, more markedly among men;
- a significant decrease in the percentage of smokers in the age groups between 25-54 years, most notably in the youngest group (25-34 years);
- a significant decrease in the percentage of regular (daily) smokers.

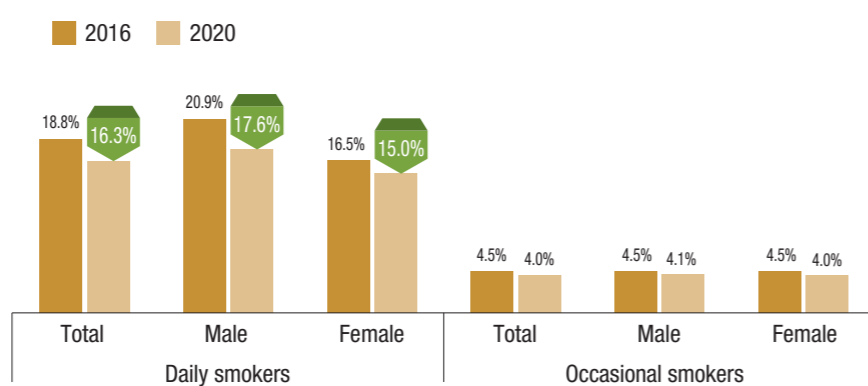


The percentages of smokers among Slovenian population, aged 25-74, overall, by gender and age, 2016 and 2020.



Source: CINDI Health Monitor Study, 2016 in 2020.

The percentages of daily and occasional smokers among Slovenian population, aged 25-74, overall and by gender, 2016 and 2020.



Source: CINDI Health Monitor Study, 2016 in 2020.



The prevalence of smoking continues to decline among adolescents also after enactment of the new law.

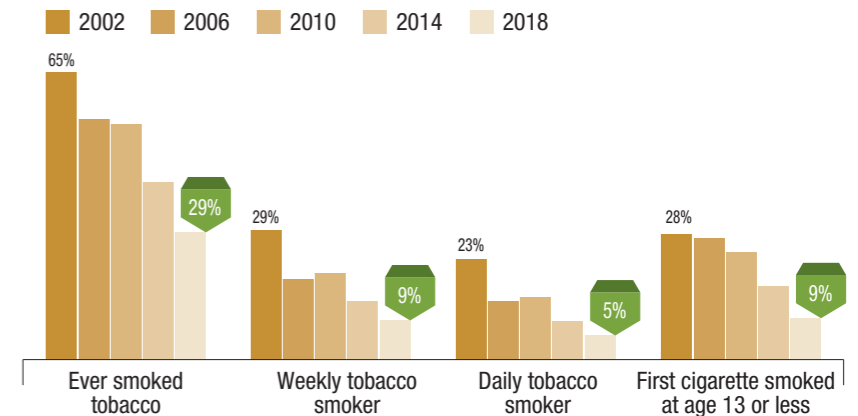
Among adolescents in Slovenia, tobacco smoking decreased significantly from 2002 to 2018 overall and in both genders.



Different indicators of smoking among 15-year-olds are about 2 to 4 times lower in 2018 compared to 2002.



Smoking among 15-year-olds in Slovenia, 2002, 2006, 2010, 2014 and 2018.



Source: Health Behaviour in School-aged Children, 2002, 2006, 2010, 2014 in 2018.











It is encouraging that the prevalence of smoking has been declining for some time among those that usually start smoking. In Slovenia, it is mainly adolescents, but also young adults, who start smoking; 63% of ever smokers smoked for the first time before 18 years of age, and 99% at the age of 25 years or less.



Young people (children, adolescents, young adults) are the key target group of the law with the aim of preventing the onset and continuation of smoking.

CHALLENGES

NEVERTHELESS, WE STILL HAVE NUMEROUS CHALLENGES IN THE FIELD OF TOBACCO CONTROL, AMONG THE KEY ARE:

-  Every fifth adult (18-74 years of age) and almost every tenth 15-year-old still smokes.
-  Tobacco remains one of the leading risk factors for death and years of healthy life lost.
-  Despite extensive reductions, exposure to tobacco smoke remains present and is not negligible.
-  Cigarette prices are among the lowest in the European Union. There are also significant differences between the prices of different groups of tobacco products.
-  Violations of the *Restriction on the Use of Tobacco and Related Products Act* are common.
-  Tobacco for oral use, the sale of which is prohibited in Slovenia, is sold as chewing tobacco.
-  New products containing tobacco or nicotine are introduced in Slovenia, they are mainly used by young people and their use is increasing. The use of nicotine products is especially risky among adolescents.
-  The number of points of sale for tobacco and related products is very high. Minors perceive tobacco and related products as easily accessible.



Every fifth adult (18-74 years of age) and almost every tenth 15-year-old still smoke.

Tobacco is still smoked by every fifth inhabitant of Slovenia, **aged 25 to 74**. Most of them smoke tobacco regularly, every day (16% regular smokers, 4% occasional smokers).



Among 15-year-olds almost every tenth smoke tobacco at least once a week, more than half of these smoke every day.



Tobacco remains one of the leading **PREVENTABLE** risk factors for death and years of healthy life lost.

Deaths - 2nd place

Slovenia	High blood pressure	Smoking	High body-mass index	High fasting plasma glucose	High LDL	High sodium	Alcohol use
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Disability-Adjusted Life Years - the leading risk factor

Slovenia	Smoking	High blood pressure	High body-mass index	High fasting plasma glucose	Alcohol use	High LDL	High sodium
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Source: Global Burden of Disease Study 2019.



Due to tobacco, 60 people die in Slovenia every week.



Of the 60 people who die each week from diseases caused by tobacco, 23 (40%) die before the age of 70.

<70 years



Almost one in six deaths (15%) among the population aged 30 and over is attributable to tobacco.

>30 years

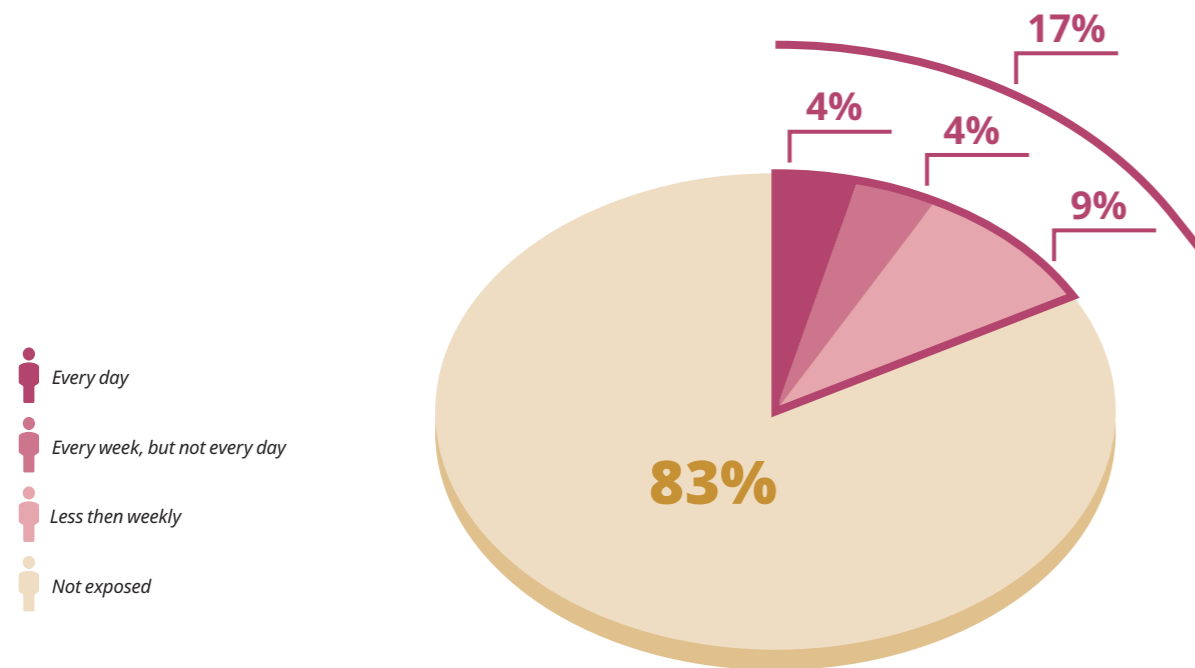


In Slovenia, tobacco causes more deaths per year than accidents (including traffic accidents), alcohol, illicit drugs, suicides and AIDS altogether.



Despite extensive reductions, exposure to tobacco smoke remains present and is not negligible.

In 2019, 17% or 227,500 inhabitants of Slovenia, aged 15 and more, who do not smoke, were exposed to tobacco smoke in varying frequency. Of all non-smokers exposed to tobacco smoke, almost a quarter or 48,300 are exposed daily.



Percentage of non-smokers, aged 15 years and more, exposed to tobacco smoke in Slovenia in 2019.
Source: European Health Interview Study, 2019.



The percentage of non-smokers exposed to tobacco smoke has decreased significantly over the past decade, especially after the introduction of a smoking ban in all enclosed public and workplaces in 2007. Between 2004 and 2008, the percentage of non-smokers, aged 25-64, exposed to tobacco smoke, decreased from 48% to 30%.

- Compliance with the ban on smoking in enclosed public and working spaces is high, but there are a few areas where violations are common. According to the Health Inspectorate of the Republic of Slovenia, there are frequent non-compliances with smoking rooms and, more recently, violations of the smoking ban in the facilities and functional areas of educational institutions.



- Exposure to tobacco smoke is nowadays present mainly in the home living environment.



About 2,000 unborn children are exposed to tobacco smoke every year due to pregnant women smoking.



Almost 5% of infants and toddlers between the ages of three months and two years are exposed to tobacco smoke; that is around 2,700 children. More than a third of them is exposed to tobacco smoke daily.



Among 10- to 17-year-old adolescents who do not smoke, about a third (48,000) are exposed to tobacco smoke according to our estimate, a third of them daily.



Exposure to elevated levels of harmful substances is also present in enclosed places, where electronic cigarettes are used, or heated tobacco products are smoked. There is no available data on such exposure in Slovenia.

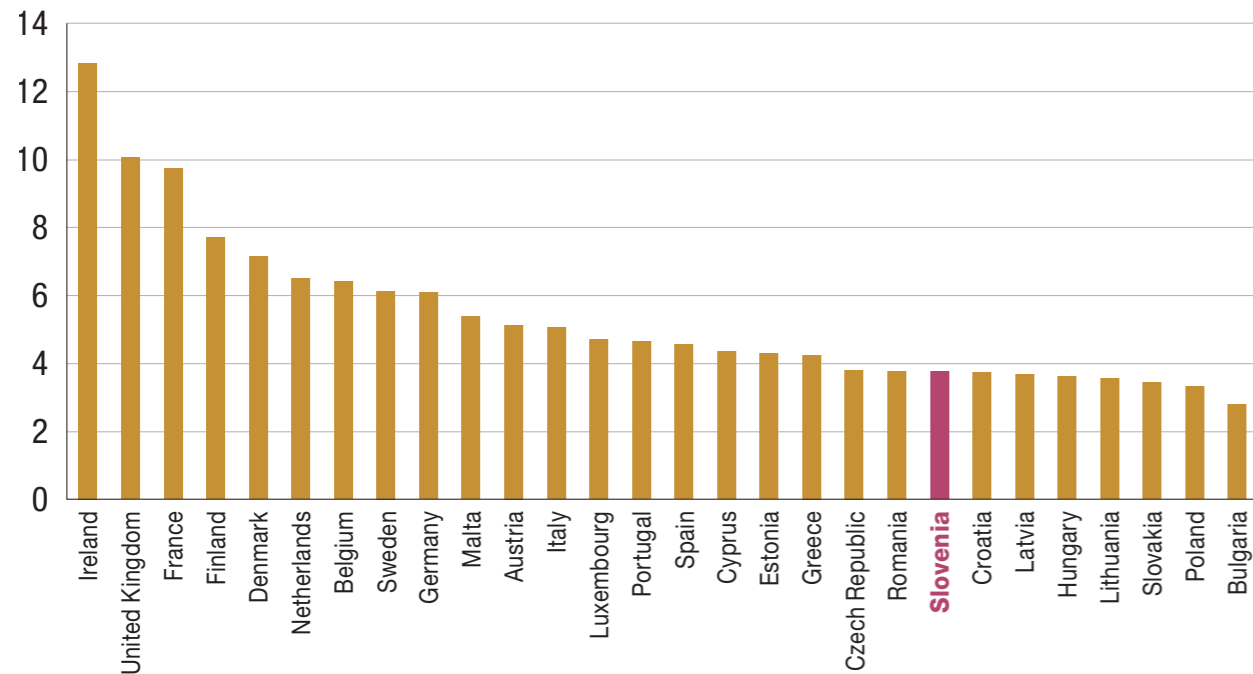


Cigarette prices are among the lowest in the European Union. There are also significant differences between the prices of different groups of tobacco products.



Increasing tobacco excise taxes, that lead to increase in prices, is the most effective and cost-effective measure to reduce tobacco use. But cigarette prices in Slovenia are amongst lower in the European Union.

Weighted average prices of 20 cigarettes in Slovenia, other European Union member states and United Kingdom, March 2021.



Source: European Commission. Excise Duty Tables. Part III – Manufactured Tobacco, March 2021.

Slovenia is also at the bottom of the scale in terms of the price of a pack of 20 cigarettes of one of the more popular cigarette brands and the cheapest brand, converted into international dollars at purchasing power parity, i.e. in 2018, Slovenia ranked 26th among 29 European countries (European Union Member States, United Kingdom, Norway).

In Slovenia there are also significant differences between the prices of different groups of tobacco products. The retail prices of a pack of 20 cigarettes range from EUR 3.10 to EUR 4.50, and the prices of equivalent quantities of roll-your-own tobacco range from EUR 1.80 to EUR 4.80. Due to the differences in the prices of different groups of tobacco products, some smokers, instead of quitting smoking, switch to cheaper products, especially those that are more price sensitive, i.e. young people and people with lower socioeconomic status. In order to prevent the transition to cheaper products and to encourage smoking cessation or cessation of other tobacco and related products, it is important to bring the prices of the different product groups as close as possible.



After 2015, there were no significant changes in taxation and prices of tobacco products in Slovenia. After 2016 there was also no decrease in the affordability of tobacco products.

excise duties

In Slovenia, excise duties are also imposed on electronic cigarettes and heated tobacco products. E-liquids (taxation on liquids with nicotine is higher, than on those without) and tobacco sticks for use in heated tobacco products are taxed, but not the devices for the use of both products.



Violations of the Restriction on the Use of Tobacco and Related Products Act are common.

Reports from Health Inspectorate of the Republic of Slovenia, Market Inspectorate of the Republic of Slovenia and non-governmental organizations as well as National Institute of Public Health show that there are numerous violations of the Act. Violations of the ban on sales of tobacco products to minors, non-compliance of smoking rooms and violations of the ban on advertising and promotion are most reported. Violations of the smoking ban in all vehicles in the presence of a minor are also present and are also reported by the Police.



Tobacco control measures cannot show their (maximum) effect in case of frequent violations.

DISEASES, HEALTH PROBLEMS AND (PREMATURE) DEATHS CAUSED BY TOBACCO SMOKING AND EXPOSURE TO TOBACCO SMOKE ARE EXTENSIVE, YET PREVENTABLE.

TOBACCO SMOKING CAUSES:

- **DIFFERENT TYPES OF CANCER:** lung cancer and cancer of trachea or bronchi, cancers of the oral cavity, larynx, pharynx, oesophagus, stomach, colon and rectum, pancreas, liver, kidneys, urine bladder, ureters, cervix, ovaries, acute myeloid leukaemia.
- **RESPIRATORY DISEASES:** chronic obstructive pulmonary disease, exacerbation of asthma, major respiratory symptoms, including coughing, phlegm, wheezing, and dyspnoea, increased incidence and severity of respiratory infections, premature onset of and an accelerated age-related decline in lung function.
- **CARDIOVASCULAR DISEASES:** coronary heart disease and myocardial infarction, stroke, atherosclerosis, abdominal aortic aneurysm.
- **OTHER DISEASES AND HEALTH PROBLEMS:** diabetes, rheumatoid arthritis, eye diseases that can result in blindness, erectile dysfunction, immune system disorders, low bone density in women and hip fractures, periodontal disease, etc. Smokers are more susceptible to infectious diseases such as tuberculosis and lower respiratory infections. They have generally poorer health, which results in increased absenteeism and increased need for health services. In women, smoking can cause reduced fertility and ectopic pregnancy.



EXPOSURE TO TOBACCO SMOKE CAUSES:

- **AMONG ADULTS:** lung cancer, stroke, ischemic heart disease, nasal irritation.
- **AMONG CHILDREN BEFORE OR AFTER BIRTH:** low birth weight, limited foetal growth, cleft lip and/or palate, sudden infant death, decreased lung function, lower respiratory infections (bronchitis, bronchiolitis, pneumonia), chronic respiratory symptoms (cough, mucus secretion, shortness of breath), asthma induction, worsening of existing asthma, and wheezing in the chest, middle ear disease (acute and recurrent otitis media and chronic middle ear effusion).



Research shows that smoking and exposure to tobacco smoke are also associated with numerous other diseases and health conditions, for which data are not yet sufficient to confirm causal relations.

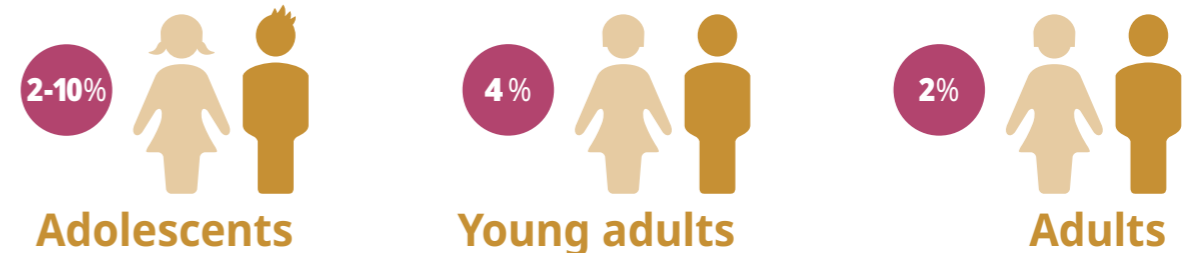


Tobacco for oral use, the sale of which is prohibited in Slovenia, is sold as chewing tobacco.

The *Restriction on the Use of Tobacco and Related Products Act* prohibits the sale of tobacco for oral use (snus) and allows the sale of tobacco products for sniffing and chewing. **Despite the ban in Slovenia, tobacco products for oral use (snus) are sold at many points of sale under the pretext that they are chewing tobacco products.** Manufacturers have avoided a ban on sales by “reclassifying” their products. The situation is similar in other European countries. For this reason, chewing tobacco products have already been banned in Finland, Austria and Greece.

The use of tobacco products for oral use is harmful to health and is not a safe substitute for smoking. These products contain nicotine and can cause addiction. Their use is associated with an increased risk of precancerous lesions in the oral cavity, cancer of the oral cavity, oesophagus, pancreas, heart attack and stroke with lethal outcome, high blood pressure, type 2 diabetes, and metabolic syndrome. The use of these products during pregnancy is associated with stillbirth, premature birth, foetal growth retardation and lower birth weight.

In Slovenia, tobacco for oral use (snus) is primarily used by adolescents and young adults. The data also show that the percentage of users among adolescents is increasing, while among adults the percentage has not changed in recent years.



Percentages of tobacco for oral use users.



New products containing tobacco or nicotine are introduced in Slovenia, they are mainly used by young people and their use is increasing. The use of nicotine products is especially risky among adolescents.

More and more countries, especially high-income countries, are implementing stricter tobacco control measures, as a result consumption of tobacco products and the percentage of smokers are declining. With the aim of securing its business, the tobacco industry has started offering alternative nicotine products, promoting them as “technological innovations”, “cleaner alternatives” and “smoke and ash-free products”. By misleading that they are “safer alternatives” compared to cigarette smoking or even smoking cessation aids, the tobacco industry wants to show that it is a part of the solution and not the problem. It wants to improve its bad reputation, while at the same time it strives to negotiate less restrictive measures for these new products.

Due to misleading information about the reduced harm of these products and to perceived higher acceptability of these products compared to classical tobacco products, many smokers are discouraged from quitting smoking and numerous young people who might otherwise never use tobacco or nicotine products are attracted to these products. The tobacco industry documents show this is the industry’s intention and promotional campaigns are designed to achieve this goal.



Already in the past, the tobacco industry has been misleading with “less harmful” products (filter cigarettes, “light cigarettes”), which have subsequently been confirmed to be no less harmful to health. Misleading about reduced harm of these products lead to decrease in smoking cessation rates.

Related products (electronic cigarettes and heated tobacco products) and nicotine pouches.



Electronic cigarettes



Heated tobacco products



Nicotine pouches



Electronic cigarettes (e-cigarettes)

E-cigarettes are a group of newer, fast-changing and very diverse products that have been on the market since 2006. By heating a liquid, they produce aerosol, inhaled by the user. The main components of the aerosol are nicotine (some e-cigarettes are nicotine-free), humectants, flavours and many other toxic substances, including carcinogens. The aerosol contains substances that are present in tobacco smoke, as well as those that are not. The amount of toxic substances and nicotine inhaled by the user is highly variable and depends on product and liquid characteristics and how the device is operated. In experienced users, the nicotine intake is comparable to that in cigarette smoking. With typical use the exposure to other toxic substances is generally lower than in cigarette smoking (except in the case of some metals). Nevertheless, the user of e-cigarettes is exposed to significant amounts of toxic substances. Newer generations of e-cigarettes can deliver higher levels of nicotine and toxic substances.

E-cigarettes are harmful to health. The harmful effects of their use on health should not be underestimated. Data on harmful effects is increasing, especially about those on the heart, blood vessels and respiratory system; the use of e-cigarettes is associated with an increased risk of cardiovascular and respiratory diseases. We do not yet know the harmful effects of long-term use of e-cigarettes, as they have been on the market for too short a time. All e-cigarettes that contain nicotine can cause addiction. The newest group of e-cigarettes in the form of a USB stick, which is especially attractive to adolescents, contains nicotine in the form of salt and delivers particularly high levels of nicotine. The European version of this product has technological adaptations so that, despite legal restrictions on a maximum nicotine content of 20 mg/ml, it delivers as much nicotine per breath as the product in the United States, where nicotine levels are around 60 mg/ml. This is associated with a higher potential for the development of addiction, which is of particular concern because of its use among adolescents.

Electronic cigarettes are not smoking cessation aids. Currently available data do not support their use in smoking cessation and further research is needed.

E-cigarettes are also used to inhale various illicit drugs, especially cannabis and mainly by teenagers. There is no data available for Slovenia on the prevalence of this behaviour. In the United States, about one-tenth of 13- to 14-year-olds and about a quarter of 17- to 18-year-olds report ever use of e-cigarettes with cannabis.



Heated tobacco products

Heated tobacco products have been on the market since 2014, in Slovenia since 2017. By heating tobacco, these products produce an aerosol containing nicotine and many toxic substances, including carcinogens. Aerosol contains substances that are present in tobacco smoke and those that are not. Individual products differ according to the level of toxic substances in the aerosol and the ability to deliver nicotine. Some deliver similar amounts of nicotine as cigarettes. The highest level of nicotine in the blood is attained as quickly as with conventional cigarettes. The number of other harmful and potentially harmful substances in the aerosol is similar to that in tobacco smoke. The levels of some substances are lower than in tobacco smoke, but of many are also higher. Over 20 harmful and potentially harmful substances are present in at least twice as high levels compared to tobacco smoke in the aerosol of the best-selling heated tobacco product.

Heated tobacco products are harmful to health and can cause nicotine addiction. There is no evidence that they are less harmful than cigarettes or that they are an effective aid for smoking cessation. Given the short period of availability of these products on the market, there are currently no data on the harmful effects of their long-term use, but there is also little research on the effects of short-term use.



Nicotine pouches are the newest product containing nicotine on Slovene market.

- Nicotine pouches are similar to tobacco for oral use (snus), but they do not contain tobacco. However, they contain nicotine, flavours, artificial sweeteners, pH regulators and fillers. **Nicotine is present in these products in various levels and can cause addiction.**
- Manufacturers emphasize “cleaner nicotine intake”, “recreational nicotine use”, and “tobacco-free product”, some even compare them to nicotine replacement therapy, **all of which misleads into thinking that the product is not harmful.** The tobacco industry has started selling nicotine pouches mainly in countries where tobacco for oral use (snus) is banned.
- Nicotine pouches are especially attractive to adolescents as they contain many attractive flavours, have attractive packaging and can be used discreetly. They contain high levels of nicotine, especially where they are not regulated. Nicotine pouches contain nicotine in the form of salt, which further accelerates the absorption of nicotine, which is of particular concern in terms of the development of addiction in adolescents and young adults. We have currently no data on the prevalence of the use of nicotine pouches in Slovenia.

The Restriction on the Use of Tobacco and Related Products Act regulates e-cigarettes and heated tobacco products similarly as tobacco products. Nicotine pouches are not regulated by the Act.

- **Most users of e-cigarettes or heated tobacco products also smoke tobacco.** In Slovenia, approximately three quarters of e-cigarette users and also three quarters of heated tobacco products also smoke. Harmful effects of two or more harmful products can combine.



Products for tobacco harm reduction? NO. These products are harmful to health and addictive or maintain nicotine addiction. Even though they may be less harmful for smokers compared to cigarettes, addictive and harmful products cannot be recommended. Due to many unknowns about the harmfulness of their long-term use, due to the potential addiction of new generations to nicotine and the increased risk of smoking initiation among adolescents using these products, the harm reduction approach is not appropriate.



Lower exposure to toxic substances does not automatically equal a reduction in health risks, but individuals often misperceive this and think that these products are less harmful or even harmless. In fact, harmful effects of long-term use of these products are not yet known, as these products are in use for too short a time.



Comparing new product groups with such an extremely harmful product as a cigarette is not appropriate and is misleading. All these products contain toxic substances, expose the user to significant amounts of harmful substances, are harmful to health and can addict the user.

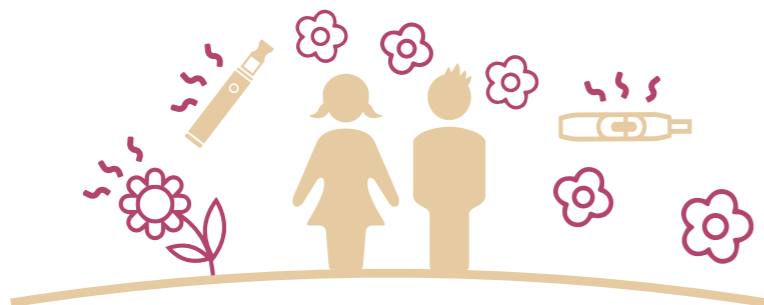


Tobacco for oral use and new products, such as e-cigarettes, heated tobacco products, nicotine pouches, are not a safe substitute for tobacco products - only by quitting smoking completely or quitting use of other nicotine products can an individual avoid harmful substances and harmful consequences for health.

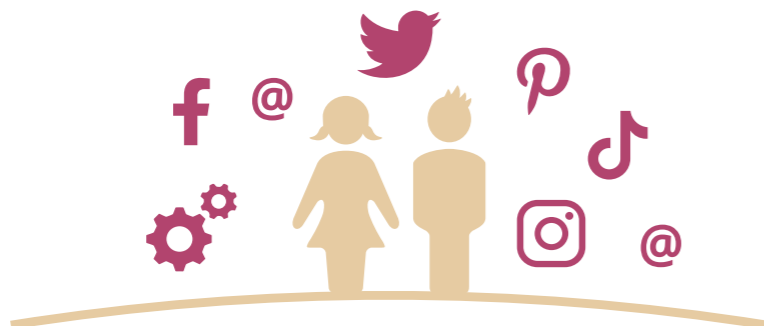


The use of any tobacco or nicotine product is harmful to health, especially among adolescents, young adults, pregnant women and anyone who does not currently use any of these products.

New products are designed to be particularly attractive to young people, numerous diverse and attractive flavours especially contribute to this. Flavours are one of the most important or even the most important factor in choosing a product. Most adolescents and young adults use flavoured tobacco or related product as their first product. Flavours decrease the perception of harm and increase the willingness to try.

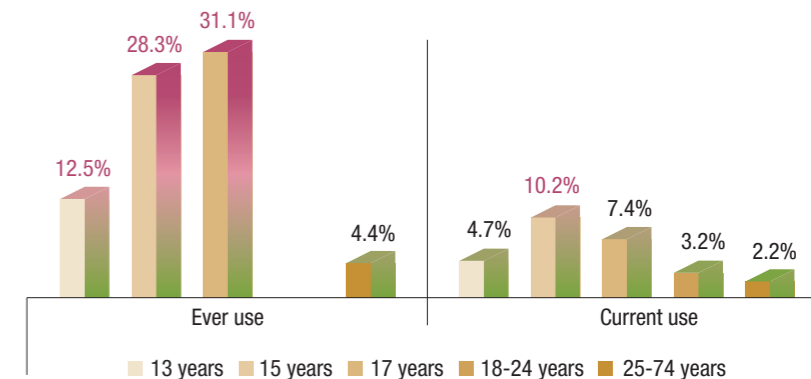


Adolescents and young adults also use these products because of new attractive technologies, because they are “fashionable”, more interesting or non-traditional products, have milder smoke, greater social acceptability, are used when socializing with friends, because of erroneous beliefs about safety of these products, and because of aggressive and intensive promotion in various media and on social networks. **Internet and social networks offer the industry immense opportunities** to reach potential customers.



In Slovenia, adolescents use novel products more often than adults.

Use of e-cigarettes in different age groups of Slovenian population, 2018, 2019 in 2020.

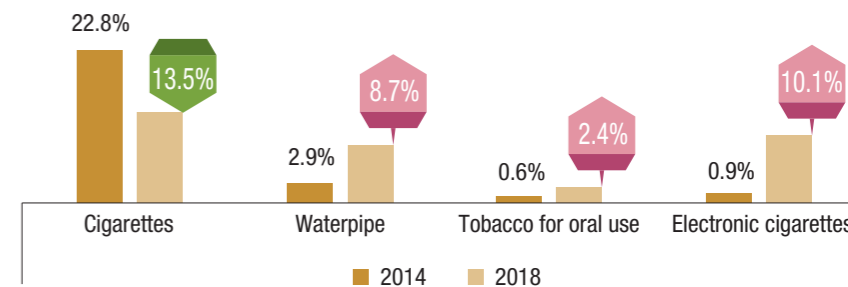


Source: NIJZ.



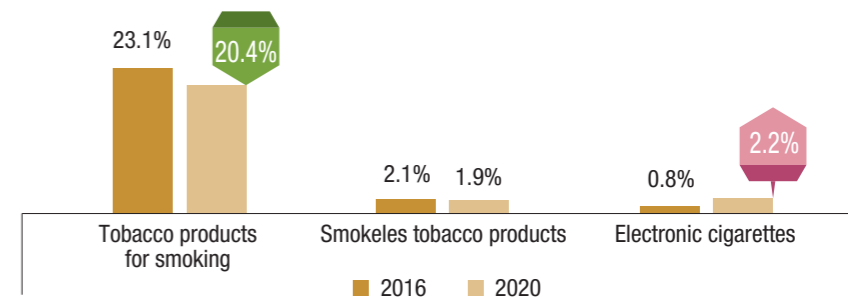
Use of novel and non-traditional products increase more among adolescents than adults.

Changes in the percentages of current users of different tobacco and related products among 15-year-olds in Slovenia between the years 2014 and 2018.



Source: NIJZ.

Changes in the percentages of current users of different tobacco and related products among inhabitants, aged 25 to 74, in Slovenia, between the years 2016 and 2020.



Source: NIJZ.



Use of any product containing nicotine is especially risky for adolescents.

- **Nicotine is harmful to adolescents, no matter where it comes from** – cigarettes, waterpipes, e-cigarettes, heated tobacco products, or any other product.
- **Nicotine is highly addictive, like heroin or cocaine.** Adolescents are very and more than adults susceptible to nicotine addiction. The younger an individual is when he or she starts using a product with nicotine, the more likely he or she will become addicted and more severe the addiction will be. **In adolescents, nicotine also increases the risk of addiction to other drugs.**
- Adolescence is the time of intensive brain development, which continues until a person is about 25 years old. **Nicotine exposure during intense brain development can interfere with the development of brain networks** that control attention, learning, and susceptibility to addiction. It can lead to permanent adverse effects on cognitive functioning, impaired working memory, attention, mood and sound perception, as well as increased impulsivity or anxiety.
- **Use of various nicotine products (e-cigarettes, waterpipes, tobacco for oral use) among adolescents increases the risk that they will also smoke cigarettes,** which is worrying, as it can lead to nicotine-addicted generations and consequent lifelong use of tobacco and thus new generation of smokers.

THE USE OF THESE PRODUCTS IN ADOLESCENTS IS ASSOCIATED WITH SIGNIFICANT RISK

Nicotine addiction



Permanent adverse effects on the developing brain are possible

Increased risk of smoking initiation



The number of points of sale for tobacco and related products is very high. Minors perceive tobacco and related products as easily accessible.



Easier access to tobacco points of sales is associated with higher odds of smoking among adolescents and young adults, higher number of smoked cigarettes among established smokers and lower odds of smoking cessation.

- **Minors generally perceive tobacco and related products as easily accessible, even after the introduction of permits for the sale of tobacco and related products.** After the introduction of the permits to sell tobacco and related products, 62% of 16-year-olds in 2019 state that despite legal restrictions, cigarettes are very easy or quite easily accessible, while in 2015, 66% reported easy accessibility.



- **In Slovenia there is a high number of points of sale of tobacco and related products, that is around 5,900.** This means there is one tobacco point of sale per 47 smokers, aged 25 to 74, or one tobacco point of sale per 304 inhabitants, aged 15 and more. Tobacco and tobacco products are thus probably more accessible than basic food products, such as bread and milk.



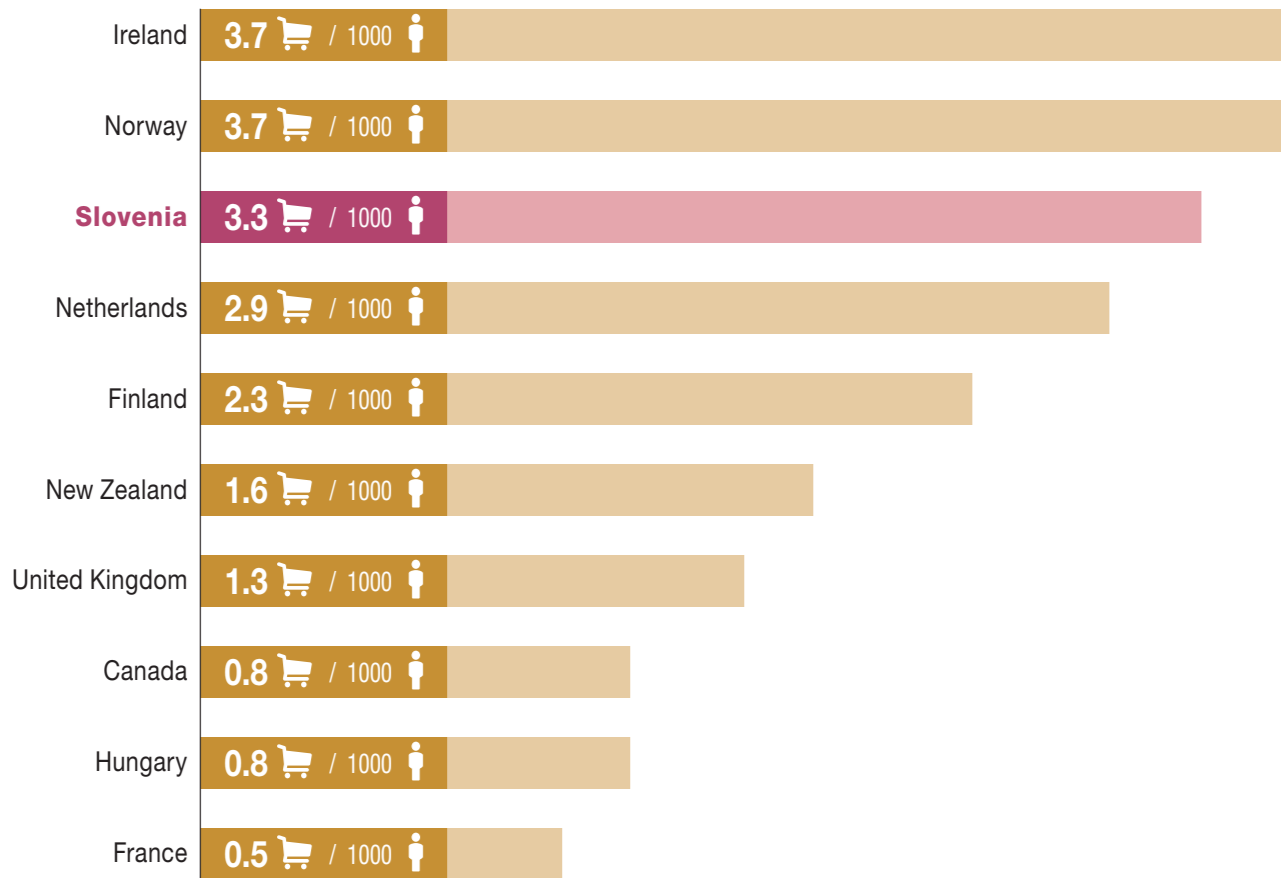
- **A large number of outlets are close to schools, i.e. where children, adolescents and young adults gather.** Most primary and secondary schools in Slovenia have a point of sale of tobacco products within 250 meters' distance.



- **Tobacco and related products may be sold at all types of points of sale.**



There is little available data on the number of tobacco points of sale in other countries, and these show significant differences between countries. **Slovenia ranks among the countries with a higher number of points of sale.** In France, they have one point of sale per 1,970 inhabitants, aged 15 and over, in Hungary per 1,307, in England per 787, in Finland per at least 428, in Ireland per at least 270, in the Netherlands per 345, in Canada per 1,180 and in New Zealand per 644 inhabitants, aged 15 years and over.



Number of points of sale per 1,000 inhabitants, aged 15 or more.









Various international documents reflect some other weaknesses in the field of tobacco control in Slovenia, among them the following:

- low budget for tobacco control, which should be at least EUR 2 per capita;
- not yet optimally implemented measures for the protection of public health policies in the field of tobacco control against the commercial and other vested interests of the tobacco industry (implementation of Article 5.3 of the Framework Convention on Tobacco Control, ratified by Slovenia in 2005);
- smoking rooms as exceptions to the ban on smoking and the use of related products in most enclosed public and work spaces;
- shortcomings in the provision of routine recording of smoking status, the implementation of brief advice on smoking cessation within the health system and the reimbursement of the costs of nicotine replacement therapy or prescription drugs;
- lack of smoking cessation assistance programmes in certain settings, e.g. hospitals,
- lack of media campaigns;
- high permitted quantities of excise products imported into Slovenia for own consumption, whereby the obligation to calculate excise duty does not arise (800 cigarettes or 100 millilitres of e-liquid or 800 tobacco sticks for use in heated tobacco products or 400 cigarillos or 200 cigars or 1 kilogram loose tobacco or other tobacco for smoking).



WE KNOW THE SOLUTIONS FOR FURTHER DECREASE OF THE USE OF TOBACCO AND RELATED PRODUCTS

-  The most important measure to prevent and reduce the use of tobacco and related products is to increase the taxation and thus prices of tobacco and related products in order to reduce their affordability. Different types of products need to be taxed equally to reduce price gaps and prevent the transition to cheaper products.
-  By ensuring strict compliance with and implementation of the measures of the currently valid *Restriction on the Use of Tobacco and Related Products Act* and consistent sanction of violators, legislative measures will show their (maximum) effect.
-  Regular updates of legislation with new effective measures and corrections or expansion of existing measures are key to further reduction of the use and consequences of tobacco and related products.
-  Strengthening of existing programmes for the prevention of tobacco and related products use among children, adolescents and young adults to further reduce the use of these products among youth.
-  Strengthening existing programmes for smoking cessation and cessation of use of other tobacco and related products and encouraging smoking cessation so that more smokers and users of other products quit their use.
-  Increasing the number of smoke- and aerosol-free places for further decrease in exposure and harmful consequences.



Let's create an environment that promotes healthy choices and does not include clues for smoking or the use of various tobacco and related products.



The most important measure to prevent and reduce tobacco and related products use is to increase the taxation and thus prices of tobacco and related products in order to reduce their affordability.

KEY MEASURES:

- **Regular increases in excise taxations and thus prices of tobacco and related products for a defined percentage over inflation and income growth.**
- **Equal taxation of different types of products to reduce price gaps.**



Increasing tobacco excise taxes that lead to price increases is the most effective and cost-effective measure to reduce tobacco use. Other interventions are important components of a comprehensive tobacco control strategy, but the direct impact of significant tax and price increases on consumption of tobacco products is by far the strongest. Tobacco taxes differ from other interventions as their impact can increase and build over time. But it has the biggest effects when supported by other tobacco control measures as part of a comprehensive package of measures (this is provided in Slovenia by the *Restriction on the Use of Tobacco and Related Products Act*).

Numerous studies and country examples show that increasing excise taxation and prices leads to a significant reduction in cigarette consumption due to a reduction in the number of cigarettes smoked and a decline in the number of smokers. On average, a tax increase that causes prices to go up by 10% reduces consumption by 4% in high-income countries. Tobacco taxes are the most effective in price-sensitive groups of people, youth in particular (who can be prevented from initiating a lifelong addiction) and inhabitants with lower socioeconomic status. This measure is also effective in reducing inequalities in smoking by socioeconomic position and consequently also health inequalities.



Country examples show that tax increases do not lead to lower revenues, but to additional revenue even in countries with already high taxes or decreasing consumption, for example in Australia, or in countries with high levels of illicit trade, such as Brazil. On the other hand, Canada is an example of the country that reduced revenues by reducing taxes.

World Health Organization recommends that increases of excise taxation should be significant and part of the comprehensive tobacco control programme. Taxation system should rely more on specific tobacco excises and increases in tobacco taxes should be so large as to reduce the affordability of the products. To increase the revenue, regular excise tax increases are necessary (regular excise tax increases are the most important for revenue increases also when consumption is decreasing) and there must be automatic adjustments of taxes for inflation and income growth. All products should be taxed in a comparable way, as gaps in prices incentivise users to change to cheaper products, in addition, an increase in the taxation of all different products will lead to higher revenue. It is recommended to tax all new tobacco products and other nicotine containing products. Heated tobacco products should be taxed at the same level as cigarettes. E-cigarettes should be taxed in a manner that discourages uptake by youth and non-users. Countries can also consider taxing the devices used with both products. E-liquids with or without nicotine should be taxed equally.



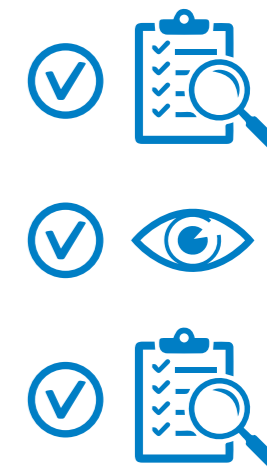
By ensuring strict compliance with and implementation of the measures of the currently valid *Restriction on the Use of Tobacco and Related Products Act* and consistent sanctions of violations, legislative measures will show their (maximum) effect.

Reports from inspectorates that monitor the implementation of provisions in the law, data from research carried out by the National Institute of Public Health and reports from non-governmental organizations show that there are numerous violations of the *Restriction on the Use of Tobacco and Related Products Act* in Slovenia.

For ensuring that tobacco control measures exert their (maximum) effect it is necessary to ensure maximum compliance and enforcement of applicable legislation.

KEY MEASURES:

- **Intensive and consistent monitoring of the implementation of legislation and appropriate sanctions of violations.**
- **Enhancing monitoring in areas with the most violations**, including a ban on the sale of tobacco and related products to minors and smoking ban in the educational institutions and their functional areas.
- **Simple, clear provisions in the law, as complete, not partial, prohibitions and the absence of exceptions facilitate control.**
- **Smaller number of points of sale for feasible control.**
- **Encouraging reporting of violations of the *Restriction on the Use of Tobacco and Related Products Act*.**

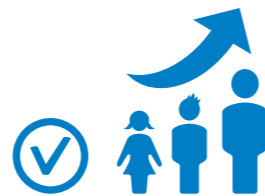




Regular updates of legislation with new effective measures and corrections or expansion of existing measures are key to further reduction of the use and consequences of tobacco and related products.

KEY MEASURES:

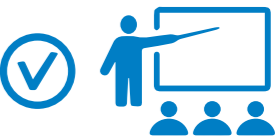
- **Reducing the number and types of points of sales of tobacco and related products and limiting their location** in order to reduce the availability of these products and facilitate compliance monitoring.
- **Measures to reduce the attractiveness of tobacco and related products, aimed especially at minors and young people in general** – firstly, the extension of the ban on characterizing flavours in all tobacco and related products, thus preventing initiation of use and the transition to products in which characterizing flavours are still permitted. Attractiveness can also be reduced by other measures, including the extension of selected tobacco control measures to other groups of tobacco and related products (large pictorial warnings, plain packaging, stricter bans on flavours ...).
- **Raising the minimum age for the purchase of tobacco and related products.** In Slovenia 95% of ever smokers, aged 35-44, smoked for the first time at the age of 21 or less and 99% at the age of 25 or less. Raising the minimum age for the purchase of tobacco and related products would prevent many from starting smoking and switching to regular smoking.
- **Regulation of all products containing nicotine** (except for registered nicotine replacement therapy). Due to the high nicotine content, addictiveness of these products and the harmful effects of nicotine, the legislation should include regulation of nicotine content, flavourings, sales restrictions and packaging provisions. Legislative measures must be designed to cover any new innovations in tobacco or nicotine products.
- **Ban on tobacco for chewing and snuffing.**
- **Accessibility of tobacco and related products can be decreased also by decreasing the permitted quantities of excise products imported into Slovenia for own consumption.**



By strengthening existing programmes for prevention of tobacco and related products use among children, adolescents and young adults, we can further reduce the use of these products among youth.

KEY MEASURES:

- **Strengthening the content and supplementing it with current topics for the prevention of tobacco and related products use in preventive health care for children and adolescents, carried out by health professionals in health centers and educational institutions.**
- **Developing guidelines to ensure that appropriate and effective programmes for the prevention of tobacco and related products use enter schools.** The schools are entered by various providers with a variety of programmes for children and adolescents, over which there is no overview. It is necessary to ensure that proven, effective and evaluated programmes enter schools.
- **Regular training for all providers of programmes and activities to prevent tobacco and related products use** (health professionals, teachers, representatives of non-governmental organizations, etc.).
- **A whole community approach to provide and strengthen the environment that contributes to reducing the tobacco and related products use in the community, primarily among children, adolescents and young adults.** The local community can make an important contribution to creating the environment free of clues for smoking and to working with children, adolescents and young adults to prevent tobacco and related products use, based on bringing together all key stakeholders in the local community.
- **Increasing the presence of preventive content in digital media and social networks,** as there is an aggressive promotion of tobacco and related products use through various contents in digital media (e.g. movies, video games, etc.).



In addition to various topics in the field of tobacco and related products, these programmes should focus on strengthening skills and knowledge in the context of normative learning, strengthening protective factors (good mental health and physical activity) and raising awareness of the impact of media, social networks, industry, family and peers.



By strengthening existing programmes for smoking cessation and cessation of other tobacco and related products use and with encouraging cessation, more users will quit tobacco and related products use.

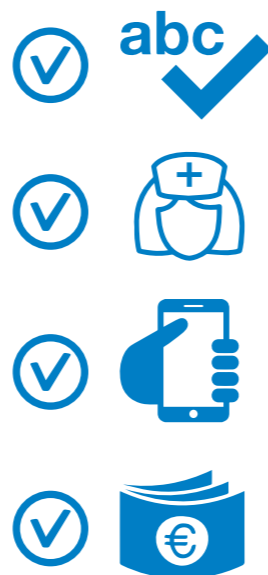


There is strong scientific evidence that the treatment of tobacco dependence is an effective health intervention and a good investment to ensure the sustainability of the health system.

Smoking cessation should be encouraged in all environments where people live and work, that is in the work environment, student dormitories, institutional care, prisons, psychiatric institutions, etc. Approaches adapted to the life situation of individuals (adolescents, pregnant women and their partners, parents of young children, hospitalized patients, patients with mental disorders, etc.) are more successful than general approaches.

KEY MEASURES:

- Preparation of comprehensive national guidelines for smoking cessation and cessation of other tobacco and related products use, as well as guidelines for the treatment of nicotine addiction.
- Raising awareness and training of healthcare professionals to routinely check the smoking status of their patients, to encourage smoking cessation and to implement short advice on smoking cessation, and direct patients to available effective smoking cessation programmes.
- Development and implementation of customized programmes to promote smoking cessation and smoking cessation support for specific target groups and specific environments.
- Development of digital smoking cessation applications.
- Coverage of nicotine replacement therapy and prescription drugs under health insurance.



The short advice on smoking cessation given by a healthcare professional is one of the most cost-effective tools that all healthcare professionals can use.



By increasing the number of smoke-free and aerosol-free places we will be able to further decrease the exposure and harmful consequences.

KEY MEASURES:

- **Abolition of smoking rooms** due to frequent and increasing violations of legislation regarding smoking rooms, to achieve the highest health standards and to fulfil the obligations of the WHO Framework Convention on Tobacco Control. The Guidelines for the Compliance with Article 8 of the Convention (Guidelines for Protection against Exposure to Tobacco Smoke) recommend a 100% smoke-free environment without smoking.
- **Increasing the number of smoke-free and related products' aerosol-free places:**
 - Ban on smoking within at least 6 meters from the entrances to buildings and measures to reduce exposure to tobacco smoke in open and semi-open spaces in the hospitality sector. More and more data show that exposure to tobacco smoke can also be significant in open and semi-open areas, where smoking is present, especially around building entrances and in hospitality sector.
 - Use of the World Health Organization's stricter definition of the enclosed space.
 - Ban on smoking in other environments. Many countries have also introduced smoking bans in other open spaces, especially where children are exposed to tobacco smoke, such as playgrounds, sports fields, swimming pools, parks, etc. Individual local communities in Slovenia have already banned smoking in some of these environments.
 - General smoking ban in all vehicles, not just in the presence of a minor. In addition to reducing exposure to tobacco smoke, this measure aims to increase road safety.
- Encourage healthcare professionals to routinely check tobacco exposure among their patients / their family members and to advise on reduction in exposure to tobacco smoke.
- Strengthening the content and activities on the harmful effects of tobacco smoke exposure and strengthening counselling for its reduction in the home environment within the preventive activities in primary health care, especially among certain groups of the population, such as pregnant women, their partners, young parents, and all that plan to start a family.





Other important measures

OTHER IMPORTANT MEASURES:

- **Provision of the additional funding sources for programmes with the objective to prevent and reduce the use of tobacco and related products by introducing earmarking.**
- **Communication (media) campaigns**, in particular during the time of the introduction of new measures and programmes for the prevention of smoking, the use of other tobacco products and related products, for the promotion of smoking cessation and for the reduction of exposure to tobacco smoke.
- **Ensuring transparency of lobbying contacts at all levels for the consistent implementation of Article 5.3. of the WHO Framework Convention on Tobacco Control.** It is important to consistently publish information on all contacts / meetings with representatives of the tobacco industry in order to maximize transparency and to limit direct contacts with the tobacco and other relevant industry to those that are strictly necessary for the implementation of the legislation.
- **Regular monitoring of the situation** in the field of prevalence of use, evaluation of the effects of legislation, compliance with legislation, evaluation of programmes and activities, and monitoring of the activities of the tobacco industry.



**IN SLOVENIA,
THE FIRST STRATEGY ON TOBACCO CONTROL
IS CURRENTLY UNDERWAY.**

Strategy for decreasing the consequences of tobacco use
for tobacco-free Slovenia
2021-2030

STRATEGY LONG-TERM VISION:

- **Slovenia will be a tobacco-free society in 2040**, where less than 5% of the population aged 15 and over uses tobacco products, related products and other nicotine products, not registered as nicotine replacement therapy;

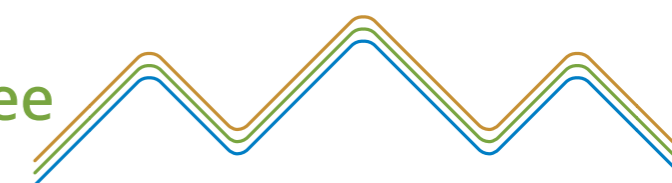
2040



- **will be a society with a minimal burden of disease, premature deaths and costs caused by tobacco and nicotine use.**



Towards tobacco-free
Slovenia 2040



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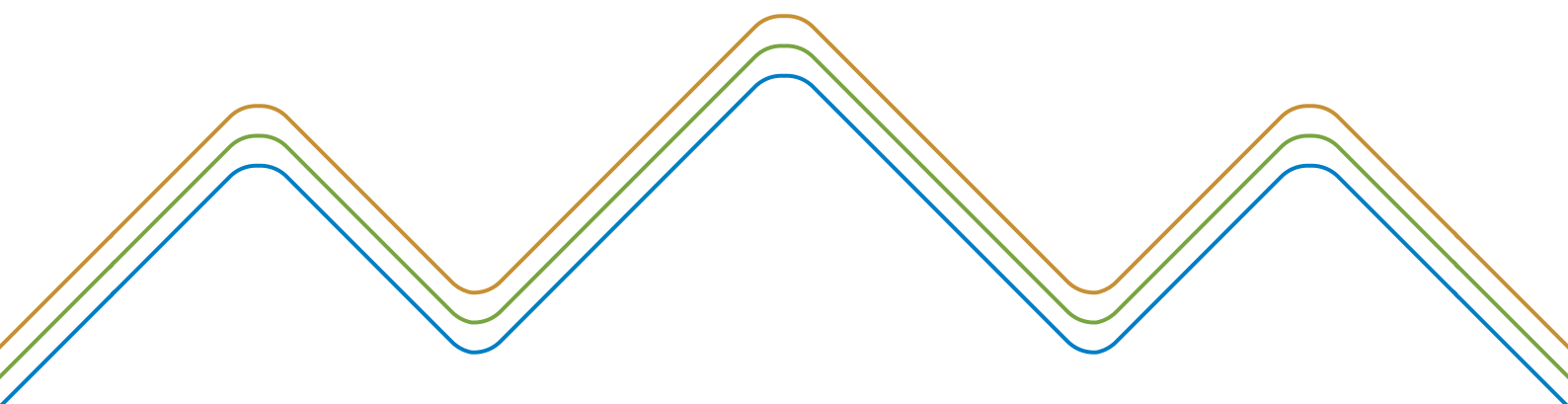
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