0,0 alkohola

NIJZ
Nacionalni inštitut za **javno zdravje**

Odstotek mladih žensk, ki se pogosto opijajo, narašča.

Dvig cen

512.700
oseb pije tvegano

Prepoved oglaševanja

ALKOHOLNA POLITIKA V SLOVENIJI

PRILOŽNOSTI ZA ZMANJŠEVANJE ŠKODE IN STROŠKOV

Prebivalci Slovenije podpirajo strožje ukrepe za omejevanje porabe alkohola, kot so uvedba licenc za prodajo alkohola, določitev minimalne cene alkohola in popolna prepoved oglaševanja alkoholnih pijač.

Pri sprejemanju učinkovitih ukrepov alkoholne politike Slovenija zaostaja za najnaprednejšimi državami v Evropi.

€ 153.000.000 €
zdravstvenih stroškov na leto

Omejen dostop

Prepoznava tveganih pivcev

NIJZ
Nacionalni inštitut za javno zdravje

ALKOHOLNA POLITIKA V SLOVENIJI

PRILOŽNOSTI ZA ZMANJŠEVANJE ŠKODE IN STROŠKOV

LJUBLJANA

2016

O PUBLIKACIJI

Publikacija ALKOHOLNA POLITIKA V SLOVENIJI – priložnosti za zmanjševanje škode in stroškov je nastala z namenom, da bi vse, ki odločajo v procesu oblikovanja alkoholne politike v naši državi, opremili z verodostojnimi informacijami in podatki o obsegu problema alkohola v Sloveniji in o tem, kateri ukrepi alkoholne politike so dokazano učinkoviti. Publikacija je namenjena vsem tistim, ki soustvarjajo politiko na področju alkohola v različnih resorjih tako na ravni države kot na ravni lokalne skupnosti in ki lahko pripomorejo, da bo škoda zaradi alkohola v Sloveniji čim manjša. Publikacijo so pripravili strokovnjaki, ki se ukvarjajo s problematiko alkohola na Nacionalnem inštitutu za javno zdravje in Ministrstvu za zdravje, sodelavci spletne strani MOSA in Mednarodne mladinske zveze za alkoholno politiko. Vsebina publikacije je nastala na osnovi podatkov in virov, zbranih v knjigi *Alkohol v Sloveniji. Trendi v načinu pitja, zdravstvene posledice škodljivega pitja, mnenja akterjev in predlogi ukrepov za učinkovitejšo alkoholno politiko*[1], ki jo je izdal Nacionalni inštitut za javno zdravje, ter na osnovi nekaterih drugih slovenskih in tujih virov.

NIJZ Nacionalni inštitut za javno zdravje

REPUBLIKA SLOVENIJA
MINISTRSTVO ZA ZDRAVJE

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apyn Alcohol Policy Youth Network

ALKOHOL PREDSTAVLJA RESEN PROBLEM

- Večina 15-letnikov v Sloveniji, kar 81 %, je že poskusila ali pila alkoholne pijače kljub prepovedi prodaje alkohola mlajšim od 18 let, pri čemer sta bila dva od petih že vsaj dvakrat opita.
- V zadnjih letih opažamo naraščanje deleža mladih žensk, ki tvegano pijejo.
- 28 % moških in 16 % žensk v starosti od 25 do 34 let se opija 1- do 3-krat mesečno ali pogosteje.
- Vsak dan je zaradi vzrokov, ki jih pripisujemo izključno alkoholu, v bolnišnico sprejetih deset oseb.
- Zaradi škodljivih učinkov alkohola na zdravje in zaradi prometnih nezgod, ki jih povzročijo alkoholizirani vozniki, vsako leto v povprečju umre okrog 956 oseb.

ŠKODA, POVEZANA Z ALKOHOLOM, MOČNO PRIZADENE DRŽAVNO BLAGAJNO

Ocena zdravstvenih stroškov, ki so povezani s pitjem alkohola, je v Sloveniji v letih 2011–2014 v povprečju znašala 153 milijonov € letno. Če prištejemo še grobo oceno nekaterih drugih stroškov (npr. prometne nezgode, nasilje v družini, kriminalna dejanja – kraje, vandalizem), se ta številka zviša na 234 milijonov €. Vsem tem stroškom pa bi bilo treba prišteti še nekatere druge, npr. stroške zmanjšane produktivnosti in stroške, ki nastanejo zaradi duševnega trpljenja bližnjih, predvsem otrok.

SVETOVNA ZDRAVSTVENA ORGANIZACIJA DRŽAVAM PRIPOROČA SPREJETJE DOKAZANO UČINKOVITIH UKREPOV

Dokazano najučinkovitejši ukrepi so[2]:

- preprečevanje vožnje pod vplivom alkohola,
- omejevanje dostopnosti alkohola (npr. uvedba licenc za prodajo alkohola, omejitev prodaje po urah in dnevih, določena spodnja starostna meja za nakup alkohola in pitje alkoholnih pijač),
- zmanjšanje cenovne dostopnosti alkohola (npr. zvišanje minimalnih davčnih stopenj, določitev minimalne cene alkohola, prepoved akcijskih in promocijskih cen, dodatna obdavčitev za mešane gazirane alkoholne pijače),
- omejevanje tržnega komuniciranja alkoholnih pijač,
- povečevanje odgovornosti strežnega osebja,
- zgodnje prepoznavanje in obravnavanje tveganih pivcev,
- zdravljenje duševnih in vedenjskih motenj ter drugih bolezni in stanj zaradi pitja alkohola.

V SLOVENIJI ŠE NISMO UVEDLI VSEH UČINKOVITIH UKREPOV

V sprejemanju učinkovitih ukrepov alkoholne politike Slovenija zaostaja za najnaprednejšimi državami v Evropi in se med 29 evropskimi državami glede obsega uvedbe učinkovitih ukrepov uvršča na 16. mesto, medtem ko je po obsegu posledic zaradi škodljive rabe alkohola v samem evropskem vrhu.

DRŽAVI KORISTI UKREPANJE ZA ZMANJŠEVANJE ŠKODE ZARADI ALKOHOLA

Vlaganje v preprečevanje tveganega in škodljivega pitja alkohola vodi k boljšemu zdravju in blagostanju prebivalcev. Pomeni manj bolezni in smrti, tudi med mladimi in delovno aktivnimi prebivalci, manj prometnih in drugih nezgod, manj nasilja, manj nesrečnih družin, manj odsotnosti z dela, višjo delovno učinkovitost ter prihranek denarja za posameznika in državo.

USPEŠNOST ALKOHOLNE POLITIKE V DRŽAVI JE ODVISNA OD SODELOVANJA VSEH KLJUČNIH AKTERJEV

Svetovna zdravstvena organizacija priporoča, da se na ravni države in lokalnih skupnosti za koordinacijo ukrepanja in mobilizacijo vseh ključnih akterjev sprejme strategijo in akcijski načrt za alkoholno politiko z jasnimi cilji, prednostnimi nalogami in ukrepi[3,4].

JAVNO MNENJE PODPIRA UKREPE ALKOHOLNE POLITIKE

Prebivalci Slovenije v veliki meri podpirajo ukrepe za omejevanje porabe alkohola. 79 % prebivalcev podpira uvedbo licenc za prodajo alkohola, 62 % prebivalcev podpira določitev minimalne cene alkohola, 57 % prebivalcev pa podpira popolno prepoved oglaševanja alkoholnih pijač.

KAKŠNA JE RAZSEŽNOST PROBLEMA?

V zadnjih desetletjih je bilo narejenih veliko raziskav, ki so pokazale, da ima škodljivo pitje alkohola lahko veliko različnih posledic[3,5–7]:

POSLEDICE TVEGANEGA IN ŠKODLJIVEGA PITJA ALKOHOLA

Posledice tveganega in škodljivega pitja alkohola se kažejo na različnih ravneh[3,6]:

POSAMEZNIK

npr. slabše počutje, poslabšanje zdravja, pojav bolezni, težave v odnosih in na delovnem mestu, prometne in druge nezgode, poslabšanje finančnega stanja

DRUŽINA

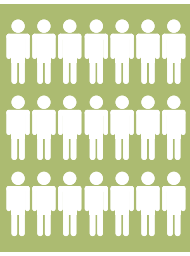
npr. slabši odnosi ali nasilje, duševne težave pri bližnjih in otrocih

OKOLICA

npr. težave na delovnem mestu, večja konfliktnost, kriminal, kaljenje nočnega reda in miru

DRUŽBA

npr. slabše zdravje prebivalstva, izguba prihodka zaradi zmanjšane delovne učinkovitosti, stroški obravnave in zdravljenja, stroški dela policije, zavarovalniški stroški



Načeloma velja, da več kot popijemo ob eni ali več priložnostih, večjemu tveganju izpostavljamo sebe, svojo družino in druge.

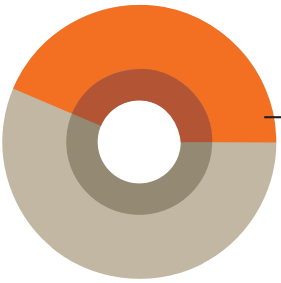
KAJ JE TVEGANO IN KAJ ŠKODLJIVO PITJE ALKOHOLA?

Tvegano pitje alkohola je način pitja, pri katerem obstaja verjetnost, da bo povzročena škoda zaradi pitja alkohola[6]. Škodljivo pitje alkohola je način pitja, kjer je z alkoholom povezana škoda že prisotna[6].

Zasvojenost z alkoholom opredelimo takrat, ko so bili v zadnjem letu prisotni vsaj trije od naslednjih pojavov: povečana toleranca, ko je za doseganje enakega učinka potrebna čedalje večja količina alkohola, telesne motnje zaradi odtegnitve alkohola (abstinenčna kriza), težko obvladljiva želja po pitju alkohola, težave pri obvladovanju pitja alkohola, vztrajanje pri pitju alkohola kljub škodljivim posledicam, zanemarjanje drugih dejavnosti zaradi pitja alkohola[8,9].

Ljudje se razlikujemo v tem, koliko alkohola v življenju popijemo, katere alkoholne pijače pijemo in kako pogosto pijemo[10–13]. V Sloveniji velja (za starost 25–64 let)[12]:

- **vsak deseti** prebivalec pije **čezmerno** (presega mejo manj tveganega pitja), **vsak drugi prebivalec** se je v zadnjem letu visoko tvegano opil;
- **28 % moških** in **16 % žensk** v starosti od 25 do 34 let **se opija enkrat do trikrat mesečno ali pogosteje**;
- 20 % prebivalcev v zadnjem letu ni pilo alkohola.



43 % = 512.700 prebivalcev, starih 25–64 let, je tveganih pivcev (pijejo čezmerno in/ali so se v zadnjem letu vsaj enkrat opili)[13]

Ljudje v raziskavah običajno poročajo o manjših količinah popitega alkohola, kot ga v resnici popijejo[14]. Glede na to predvidevamo, da je število oseb, ki pijejo tvegano, višje.

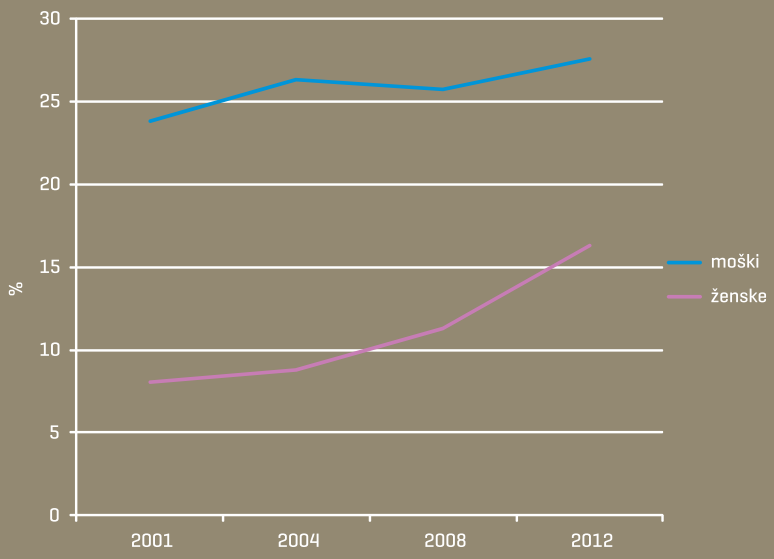
NAJPOGOSTEJE SE TVEGANO OPIJA:

- moški
- star 25–39 let
- s srednjo izobrazbo
- iz vzhodne Slovenije

NAJPOGOSTEJE ČEZMERNO PIJE:

- moški
- star 55–65 let
- s poklicno izobrazbo
- iz vzhodne Slovenije

Čezmerno pitje alkohola s starostjo narašča, visoko tvegano opijanje pa je najpogostejše med mlajšimi[12].



Odstotek prebivalcev Slovenije, starih 25–34 let, ki se opijajo 1–3-krat mesečno ali pogosteje[12].

Odstotek tveganih pivcev je višji med moškimi, pričakovati pa je, da se bodo razlike med spoloma v prihodnosti zmanjševale, saj v zadnjih letih značilno narašča odstotek mladih žensk (25–34 let), ki se pogosto opijajo[12].

NEKATERE POSLEDICE TVEGANE IN ŠKODLJIVE RABE ALKOHOLA V ŠTEVILKAH

Škodljiva raba alkohola predstavlja enega glavnih preprečljivih dejavnikov tveganja za kronične bolezni, poškodbe, nezgode, napade, nasilje, umore in samomore ter se v svetu uvršča med najpomembnejše dejavnike tveganja za obolevnost, manjzmožnost, invalidnost in umrljivost[3,7,15,16].

Škodljiva raba alkohola predstavlja vzročno komponento (edino ali dodatno) za več kot 200 prepoznanih bolezenskih stanj in poškodb[3]. Bolezni in stanja, katerih povzročitelj je izključno alkohol, lahko v celoti preprečimo, npr. zasvojenost z alkoholom, alkoholno cirozo jeter, alkoholni gastritis (vnetje želodčne sluznice) idr.[17]

Vsak dan v Sloveniji zaradi razlogov, izključno povezanih z alkoholom, umreta dve osebi. Od leta 2008 v povprečju vsako leto pri nas umre 881 oseb, stopnja umrljivosti pa je nad evropskim povprečjem[18–22]. Pogosteje umirajo moški, 2/3 jih umre pred 65. letom starosti.

Zaradi prometnih nezgod, katerih povzročitelji so alkoholizirani, vsako leto v povprečju umre dodatnih 75 oseb[23]. Skupaj je to najmanj 956 smrti na leto, ki bi jih lahko preprečili. V letu 2014 smo v Sloveniji zaradi smrti, 100-odstotno pripisljivih alkoholu, skupaj izgubili vsaj 4367,5 let potencialnega življenja ali v povprečju 9,8 let potencialnega življenja na vsako umrlo osebo, ki je umrla pred svojim 65. letom starosti[24].

V bolnišnicah v Sloveniji zaradi škode, izključno povezane z alkoholom, vsak dan beležimo deset hospitalizacij, v povprečju 3876 hospitalizacij na leto[18, 25]. Število v zadnjih letih sicer pada, a podatki iz prakse kažejo, da v bolnišnice prihajajo osebe, ki so v slabšem zdravstvenem stanju[18,26].

Škodljivo pitje alkohola pa je povezano tudi s številnimi drugimi boleznimi, kot so npr. rakava obolenja, mišično-skeletne in srčno-žilne bolezni, bolezni želodca in prebavil ipd., kjer je alkohol pomemben dejavnik tveganja za razvoj teh bolezni[15].

Tako je smrti, povezanih z alkoholom, dejansko bistveno več.

Izpostavljenost še nerojenega otroka alkoholu v času nosečnosti povzroča posledice v telesnem in duševnem razvoju ploda[15].

Smrti, poškodbe in bolezni zaradi alkohola so nepotrebne in jih lahko preprečimo, saj se tveganemu in škodljivemu pitju alkohola lahko izognemo.

Prebivalci vzhodne Slovenije imajo 1,7-krat večje tveganje za smrt zaradi razlogov, izključno povezanih z alkoholom, v primerjavi s prebivalci zahodne Slovenije[20].

Z ALKOHOLOM SE VEČINA SREČA ŽE V MLADOSTI

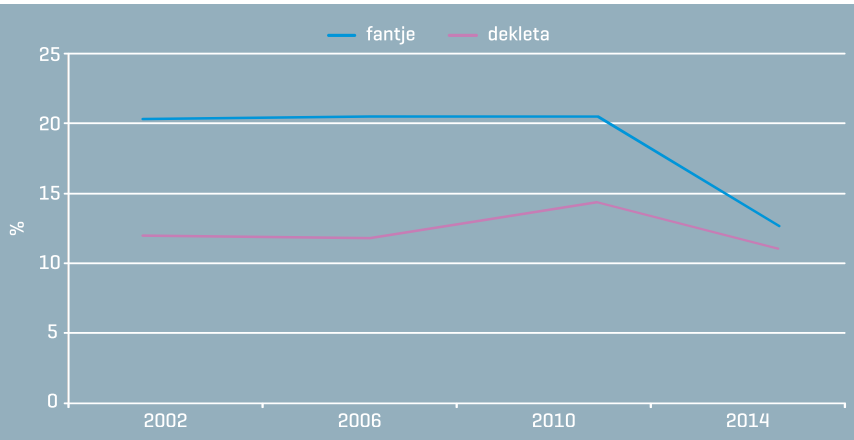
Čim mlajša je oseba, ko začne piti alkohol, tem večja je verjetnost, da bo imela pozneje v življenju težave zaradi alkohola[27,28].

Alkohol ima nevrotoksičen učinek (je škodljiv za centralni živčni sistem) v vseh obdobjih našega življenja. Ob tem raziskovalci ugotavljajo, da so možgani otrok in mladostnikov občutljivejši za škodo, ki nastane zaradi izpostavljenosti alkoholu. Večja občutljivost je posledica razvojnih sprememb, predvsem dozorevanja možganov. Alkohol kot droga povzroča zasvojenost, ta proces se lahko začne že v otroštvu in mladostništvu[27,28].

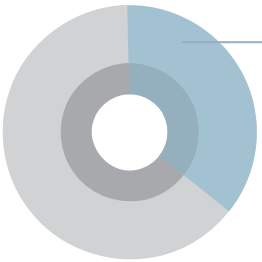
40 % 15-letnikov se z alkoholom sreča že pred 13. letom[29–31].

Odstotek mladostnikov, starih 15 let, ki so že pili alkohol pri starosti 13 let ali manj[29–31].

Opijanje je pogostejše med fanti, a se v zadnjih letih razlike med spoloma zmanjšujejo.



Odstotek 15-letnikov glede na spol, ki so že pili alkohol pri starosti 13 let ali manj[29–31].



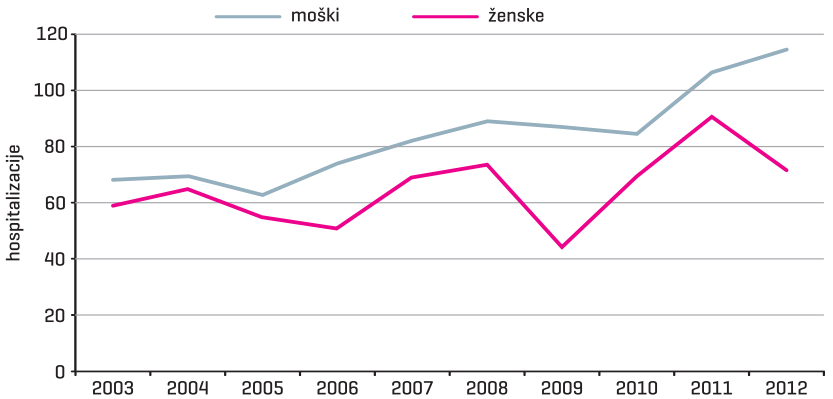
Eden od treh slovenskih 15-letnikov je bil v življenju že vsaj dvakrat opit[31].

Kljub zakonski prepovedi prodaje in strežbe alkohola mladoletnim[32] je alkohol mladim zlahka dostopen[33–38]. Do alkohola najpogosteje pridejo pri prijateljih in doma, težav pa nimajo niti pri nakupu na bencinski črpalki ali v lokalu. Pitje alkohola jim pomeni način zabave in sprostitve[39–42], v zvezi z alkoholom pa imajo več pozitivnih kakor negativnih pričakovanj[43].

Več kot polovica 15- in 16-letnikov (56 %) je bila že tako opitih, da se jim je pri govoru zapletalo, so se pri hoji opotekali, so bruhali ali se pozneje niso spomnili, kaj se je dogajalo[36].

V zadnjih 15 letih med slovenskimi mladostniki (starimi 15–19 let) število hospitalizacij zaradi akutne zastrupitve z alkoholom značilno narašča, v letu 2012 jih je bilo v bolnišnico sprejetih 186[25,44,45].

Akutne zastrupitve z alkoholom so vodilni vzrok za bolnišnično obravnavo zaradi zastrupitev tudi v starostni skupini od 7 do 14 let[44,45].



Porast hospitalizacij zaradi akutne zastrupitve z alkoholom med mladostniki (15–19 let)[25,44,45]

V letu 2014 so bolnišnične obravnave zaradi posledic zaužitja alkohola oseb, starih do 19 let, predstavljale 5 % vseh bolnišničnih zdravljenj zaradi posledic škodljive rabe alkohola[24].

STROŠKI, POVEZANI S PITJEM ALKOHOLA

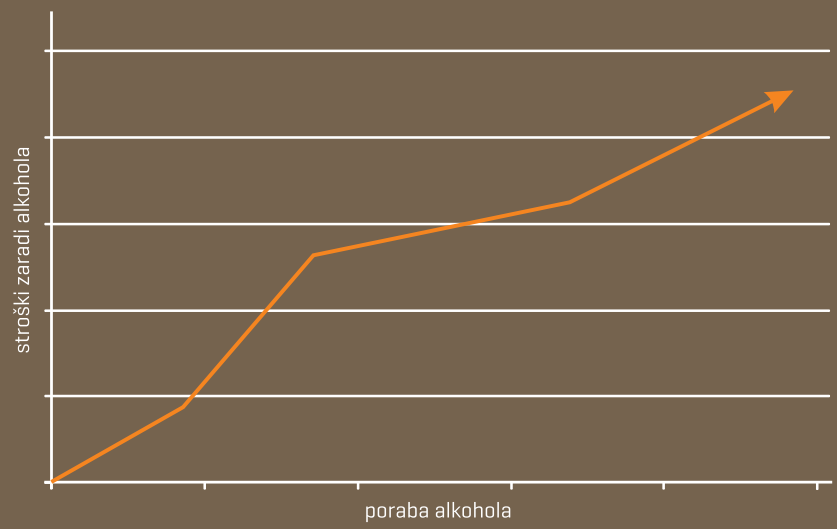
Ocena zdravstvenih stroškov, ki so povezani s pitjem alkohola, je v Sloveniji v letih 2011–2014 v povprečju znašala 153 milijonov € letno[46,47]. Če prištejemo še grobo oceno nekaterih drugih stroškov (npr. prometne nezgode, nasilje v družini, kriminalna dejanja – kraje, vandalizem), se ta številka zviša na 234 milijonov €[46–48]. Za primerjavo: v zadnjih letih vsako leto v državni proračun s trošarinami od alkohola in alkoholnih pijač dobimo približno 90 milijonov €[49].

OCENA POVPREČNIH LETNIH STROŠKOV (2011–2014) GLEDE NA VRSTO STROŠKA

NEPOSREDNI IN POSREDNI ZDRAVSTVENI STROŠKI		NEKATERI DRUGI STROŠKI
prvi obiski pri družinskih zdravnikih, obiski pri specialistih, zdravljenja v bolnišnicah, odsotnost z dela, izgubljeni prihodnji zaslužek, zdravila		npr. prometne nezgode, ločitve in nasilje v družini, kriminalna dejanja - kraje, vandalizem, itd.
153 milijonov EUR	+	81 milijonov EUR

234 milijonov EUR

Z naraščanjem porabe alkohola v Sloveniji naraščajo tudi povzročena škoda in stroški. Na porabo alkohola vplivajo tudi cene alkoholnih pijač, ki so po podatkih Svetovne zdravstvene organizacije v Sloveniji nizke, zlasti za vina[50].



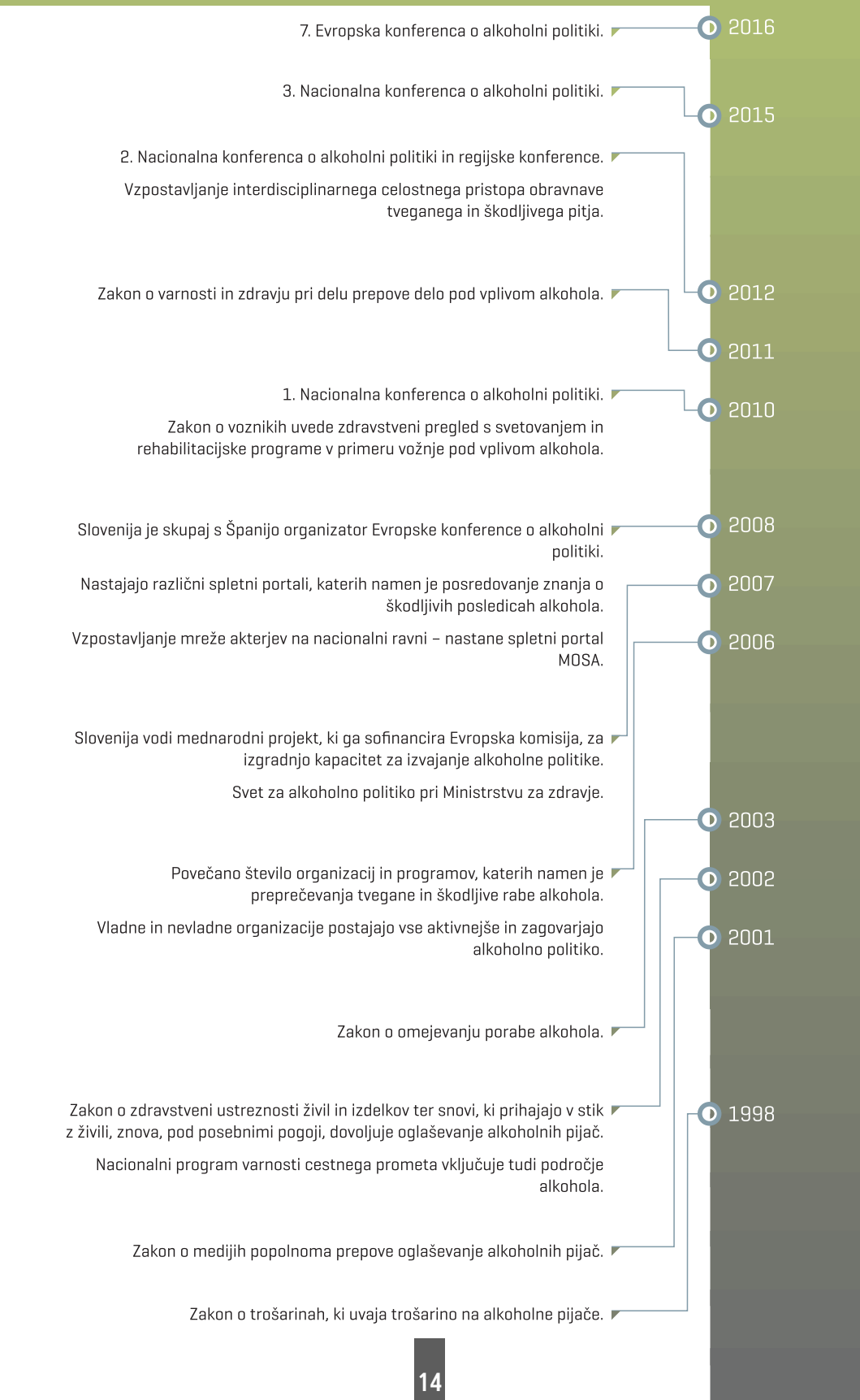
KAJ JE ALKOHOLNA POLITIKA?

Alkoholna politika obravnava odnos med pitjem alkohola, blagostanjem in zdravjem posameznika ter javno blaginjo. Združuje ukrepe, ki jih država sprejme z namenom preprečevanja in zmanjševanja škode zaradi rabe alkohola. Alkoholna politika je uspešna le, če pri njenem oblikovanju in izvajanju sodelujejo različni akterji: tako politični snovalci in odločevalci (npr. državni svet, državni zbor, ministrstva) kot tudi stroka (npr. strokovne organizacije, inštituti, strokovna združenja, fakultete), civilna družba (npr. nevladne organizacije, lokalne skupnosti) in mediji[5].

Alkoholna politika, ki se je v Evropi začela intenzivneje razvijati v devetdesetih letih 20. stoletja, vse bolj pridobiva na pomenu. Za Evropo je bilo prelomno leto 2001, ko sta EU in Svetovna zdravstvena organizacija v Stockholmu z Deklaracijo o alkoholu[51] opozorili na mednarodne razsežnosti problema. Sledile so številne raziskave, v katerih so ugotavljali, kako veliko breme za družbo predstavljata tvegana in škodljiva raba alkohola, in hkrati analize o učinkovitosti posameznih ukrepov alkoholne politike. Nova spoznanja so vplivala na mobilizacijo stroke in civilne družbe na tem področju, posledično pa sta se odzvali tudi mednarodna in nacionalna politika.

Alkoholna politika se v Sloveniji financira iz proračuna, sredstev Zavoda za zdravstveno zavarovanje Slovenije, evropskih sredstev, virov iz sodelovanja s Svetovno zdravstveno organizacijo in drugih bilateralnih sredstev.

MEJNIKI SLOVENSKE ALKOHOLNE POLITIKE[52]



MEJNIKI EVROPSKE ALKOHOLNE POLITIKE[52]

2016

7. Evropska konferenca o alkoholni politiki.

3. Evropska mladinska konferenca o alkoholni politiki.

2015

Pobuda držav članic Evropski komisiji za pripravo celovite strategije za zmanjševanje škodljivega pitja in njegovih posledic[53].

2014

6. Evropska konferenca o alkoholni politiki.

2. Evropska mladinska konferenca o alkoholni politiki.

2012

5. Evropska konferenca o alkoholni politiki.

1. Evropska mladinska konferenca o alkoholni politiki.

2010

Evropski akcijski načrt za obdobje od 2012 do 2020.

Vrsta analiz o učinkovitosti in cenovni učinkovitosti posameznih ukrepov.

Evropski informacijski sistem na področju tvegane in škodljive rabe alkohola.

2008

4. Evropska konferenca o alkoholni politiki.

Globalna strategija SZO o zmanjševanju škode, ki nastane zaradi tvegane in škodljive rabe alkohola.

2006

3. Evropska konferenca o alkoholni politiki.

2004

Strategija za pomoč državam članicam EU pri zmanjševanju škode zaradi alkohola.

2. Evropska konferenca o alkoholni politiki.

2001

Svet EU sprejme sklepe, v katerih Evropski komisiji nalaga, naj čim prej sprejme ukrepe in strategije za zmanjšanje škode zaradi alkohola.

1. Evropska konferenca o alkoholni politiki.

Nov zagon dobijo mreže strokovnih in nevladnih organizacij, kar pospeši nastajanje različnih programov in mobilizira skupnost za podporo alkoholni politiki.

Deklaracija o mladih in alkoholu.

1995

Evropska listina o alkoholu.

Prvi akcijski načrt za področje alkohola.

1992

V SLOVENIJI ŠE NISMO UVEDLI VSEH UČINKOVITIH UKREPOV

V zadnjih letih nam je v Sloveniji uspelo narediti nekaj pomembnih korakov v smeri učinkovite alkoholne politike. Sprejetih je bilo kar nekaj naprednih in učinkovitih ukrepov za zmanjševanje rabe alkohola. Tako je leta 2001 Zakon o medijih popolnoma prepovedal oglaševanje alkoholnih pijač, leta 2003 pa je bil sprejet Zakon o omejevanju porabe alkoholnih pijač (ZOPA)[32], ki je pomembno prispeval k omejevanju dostopnosti alkoholnih pijač, še posebej za mlade. Popolna prepoved oglaševanja alkoholnih pijač je bila uzakonjena le krajše obdobje, do leta 2002, ko je bil sprejet Zakon o zdravstveni ustreznosti živil in izdelkov ter snovi, ki prihajajo v stik z živili, saj je pod določenimi pogoji znova dovolil oglaševanje alkoholnih pijač. Z uveljavitvijo sprememb prometne zakonodaje, ki po novem vključuje tudi zdravstvene ukrepe, smo zmanjšali število prometnih nezgod, v katerih je bil prisoten alkohol. Z uvedbo referenčnih ambulant v primarnem zdravstvu smo povečali kapacitete za preventivno obravnavo tistih, ki tvegano in škodljivo pijejo. K boljšemu povezovanju vseh ključnih akterjev so pripomogla tudi vlaganja države v spletni portal MOSA – Mobilizacija skupnosti za odgovornejši odnos do alkohola (www.infomosa.si) in redna strokovna srečanja na nacionalni in lokalni ravni.

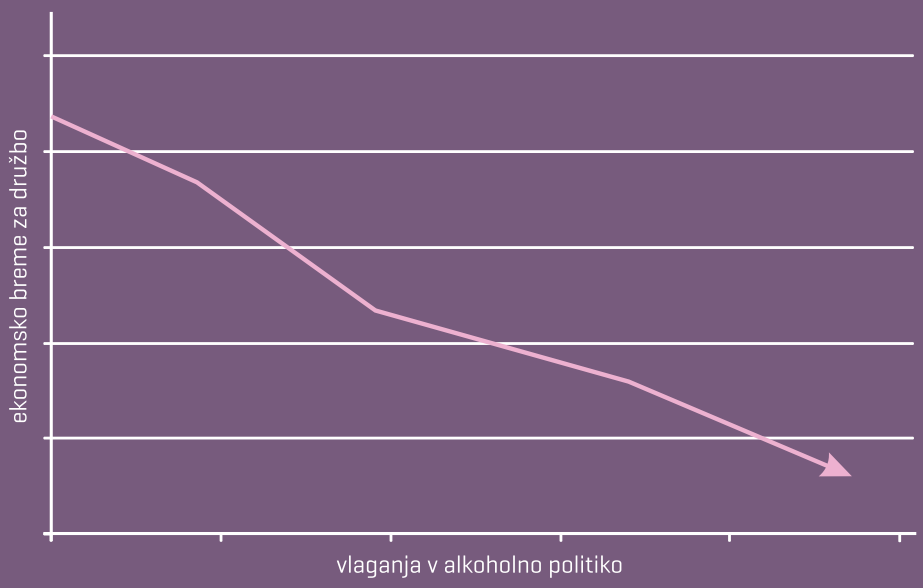
Glede na mednarodne primerjave in priporočila v Sloveniji še nismo uvedli vseh učinkovitih ukrepov alkoholne politike in se tako ne uvrščamo v skupino najuspešnejših evropskih držav, kamor sodijo predvsem skandinavske države (Švedska, Norveška, Finska). V sprejemanju učinkovitih ukrepov alkoholne politike se po mednarodnih ocenah uvrščamo na 16. mesto med 29 evropskimi državami[55]. Raziskava v Sloveniji je pokazala, da večina ključnih akterjev ugotavlja, da se alkoholna politika v Sloveniji izvaja v omejenem obsegu ter da manjka politične volje za vodenje učinkovite alkoholne politike[56,57].

Za boljše rezultate potrebujemo odločitev politike, da na nacionalni in lokalnih ravneh za to področje sprejme celovito strategijo, ki bo bolje povezala ključne akterje, zagotovila potrebne vire in vključevala učinkovite ukrepe.

ZAKAJ VLAGATI V ALKOHOLNO POLITIKO?

Vlaganje v preprečevanje tveganega in škodljivega pitja alkohola pomeni manj izgubljenih let življenja in tudi manjše ekonomsko breme za posameznika, njegove bližnje in družbo zaradi[5]:

- manj prezgodnjih smrti,
- manj samomorov in umorov,
- manj bolezni in zastrupitev,
- manj prometnih in drugih nezgod, poškodb ter invalidnosti,
- večje delovne učinkovitosti in manj odsotnosti z dela,
- manj nasilja in duševnih stisk,
- manj socialne izključenosti in revščine.



DOKAZANO UČINKOVITI UKREPI IN KAKŠNO PODPORO IMAJO PRI PREBIVALCIH SLOVENIJE?

Država ima pri preprečevanju tvegane in škodljive rabe alkohola na voljo vrsto dokazano učinkovitih ukrepov[5,6,58–63], ki so znanstveno podprti in jih predlaga Svetovna zdravstvena organizacija. Učinkoviti ukrepi, ki jih v Sloveniji podpira tudi večina prebivalcev[64], so prikazani v nadaljevanju.

UČINKOVITI UKREPI ALKOHOLNE POLITIKE	JAVNO MNENJE POLNOLETNIH PREBIVALCEV SLOVENIJE	
Preprečevanje vožnje pod vplivom alkohola	77%	podpira ukrep 0,0 za vse voznike
Starostna omejitev za nakup	93%	podpira prepoved nakupa in pitja alkoholnih pijač pred 18. letom starosti
Uvedba licenc za prodajo alkoholnih pijač	79%	podpira uvedbo licenc za prodajo alkohola
Višje cene alkoholnih pijač	80%	podpira ukrep, da mora biti v prodaji vsaj polovica brezalkoholnih pijač, ki stanejo enako kot alkoholne pijače ali so od njih cenejše
	62%	podpira določitev minimalne cene, pod katero se alkohol ne sme prodajati
	61%	podpira zvišanje cen alkohola
	75%	podpira prepoved opijanja na javnih površinah (npr. v parkih, na zelenicah)
Omejevanje tržnega komuniciranja alkoholnih pijač	57%	podpira popolno prepoved oglaševanja alkoholnih pijač
	90%	podpira obstoječo prepoved prodaje in ponudbe alkohola mladoletnim in opitim ter prepoved prodaje in ponudbe alkohola npr. v šolah, med športnimi prireditvami in na delovnem mestu

KATERI UKREPI ALKOHOLNE POLITIKE SO ŠE DOKAZANO UČINKOVITI?

Še posebej v času gospodarske krize bi bilo smotrno, da bi država prednostno sprejela ukrepe, s katerimi bi ob vloženih sredstvih lahko dosegli največ.

UKREP	UČINKOVITOST UKREPA	STROŠKI ZA DRŽAVO	ALI JE V SLOVENIJI UKREP SPREJET?
Preprečevanje vožnje pod vplivom alkohola			
Postopno znižanje dovoljene vsebnosti alkohola v krvi za voznike do 0,2 g/l	zelo učinkovit	nizki	DELNO Najvišja dovoljena raven alkohola v krvi je 0,50 grama alkohola na kilogram krvi (ZPrCP).
0,0 g/l alkohola v krvi za mlade voznike, voznike javnega prevoza in voznike težkih tovornih vozil	zelo učinkovit	nizki	DA (ZPrCP)
Naključno preverjanje vsebnosti alkohola v izdihanem zraku	zelo učinkovit	visoki	DA Vozniki imajo lahko največ do vključno 0,24 miligrama alkohola v litru izdihanega zraka pod pogojem, da tudi pri nižji koncentraciji alkohola ne kažejo znakov motenj v vedenju, katerih posledica je lahko nezanesljivo ravnanje v cestnem prometu. Poklicni vozniki, učitelji vožnje, vozniki začetniki, vozniki, ki prevažajo otroke, in nekateri drugi vozniki ne smejo imeti alkohola v organizmu (ZPrCP).
Postopno pridobivanje vozniškega dovoljenja	zmerno učinkovit	nizki	DA Od 16. do 18. leta starosti je obvezna vožnja s spremljevalcem. Voznik začetnik mora po najmanj štirih mesecih od izdaje vozniškega dovoljenja opraviti obvezen program dodatnega usposabljanja. Ob izgubi vozniškega dovoljenja zaradi vožnje pod vplivom alkohola je obvezna udeležba v rehabilitacijskih programih pred vnovičnim opravljanjem vozniškega izpita (ZVoz).

UKREP	UČINKOVITOST UKREPA	STROŠKI ZA DRŽAVO	ALI JE V SLOVENIJI UKREP SPREJET?
Omejevanje dostopnosti alkohola			
Določena spodnja starostna meja za pitje alkohola	zelo učinkovit	srednji	NE
Nadzor države nad prodajo alkohola na drobno (državni monopol nad prodajo alkohola, uvedba licenc za prodajo alkohola)	zelo učinkovit	nizki	NE
Določena spodnja starostna meja za prodajo alkoholnih pijač	zelo učinkovit	ni podatka	DA Prepovedana je prodaja in ponudba alkoholnih pijač mlajšim od 18 let (ZOPA).
Omejevanje gostote prodajnih mest	zmerno učinkovit	nizki	NE
Omejitev prodaje po urah in dnevih	zmerno učinkovit	nizki	DA Prepovedana je prodaja alkoholnih pijač med 21. uro in 7. uro naslednjega dne v trgovinah; prepovedana je prodaja žganih pijač v gostinskih obratih od začetka dnevnega obratovalnega čas do 10. ure dopoldan (ZOPA).
Zmanjšanje cenovne dostopnosti alkohola			
Obdavčitev – zvišanje minimalnih davčnih stopenj, v skladu z inflacijo, za vse alkoholne pijače; stopnje naj bodo vsaj sorazmerne z vsebnostjo alkohola Določitev minimalne cene alkohola Prepoved akcijskih in promocijskih cen Dodatna obdavčitev za mešane gazirane alkoholne pijače	zelo učinkovit	nizki	DELNO Uvedeno imamo trošarino na pivo, vmesne pijače in etilni alkohol. Za vino in fermentirane pijače trošarina ni uvedena oz. znaša 0 EUR (ZTroUPB837). Trošarine se ne usklajujejo z inflacijo.

UKREP	UČINKOVITOST UKREPA	STROŠKI ZA DRŽAVO	ALI JE V SLOVENIJI UKREP SPREJET?
Obravnava tveganih in škodljivih pivcev ter zdravljenje duševnih in vedenjskih motenj zaradi pitja alkohola			
Kratke intervencije za tvegane pivce v primarnem zdravstvu	zelo učinkovit	srednji	DELNO Ukrep se izvaja v okviru Zakona o voznikih in v okviru Nacionalnega programa primarne preventive srčno-žilnih bolezni. Vsi zdravniki splošne/družinske medicine tveganega in škodljivega pitja alkohola ne odkrivajo, čeprav obstajajo klinične smernice za zgodnje odkrivanje in kratke ukrepe[65–67].
Zdravljenje duševnih in vedenjskih motenj ter drugih bolezni zaradi pitja alkohola	zelo učinkovit	srednji/visoki	DA Stroške zdravljenja krije zdravstveno zavarovanje.
Povečevanje odgovornosti strežnega osebja	zmerno učinkovit	nizki	NE Zaposleni v strežbi odškodninsko niso odgovorni, z denarno kaznijo se kaznujejo pravna oseba, odgovorna oseba pravne osebe in posameznik v zvezi s samostojnim opravljanjem dejavnosti, ki streže osebi, ki kaže znake opitosti, ter kdor omogoči osebi, mlajši od 18 let, pitje alkoholne pijače na javnem mestu (ZOPA).
Omejevanje tržnega komuniciranja alkoholnih pijač	zmerno učinkovit	nizki	DELNO Prepovedano je oglaševanje alkoholnih pijač, ki vsebujejo več kot 15 vol. % alkohola; alkoholne pijače z manj kot 15 vol. % alkohola je prepovedano oglaševati na radiu in televiziji med 7. in 21.30. uro, v kinematografih pa pred 22. uro (ZZUZIS-A). Prepovedano je oglaševanje na panojih, tablah, plakatih ali svetlobnih napisih, ki so od vrtcev in šol oddaljeni manj kot 300 metrov (ZZUZIS-A).

Legenda: ZOPA – Zakon o omejevanju porabe alkohola, ZPrCP – Zakon o pravilih cestnega prometa, ZVoz – Zakon o voznikih, ZTro-UPB837 – Zakon o trošarinah, ZZUZIS-A – Zakon o spremembah in dopolnitvah zakona o zdravstveni ustreznosti živil in izdelkov ter snovi, ki prihajajo v stik z živili. Preglednica je nastala na osnovi več virov in je objavljena z dovoljenjem avtorjev[5,6,60–63,65–67].

Programi ozaveščanja in informiranja neposredno ne vplivajo na zmanjševanje tveganega in škodljivega pitja alkohola, so pa kljub temu nepogrešljiv del celovite alkoholne politike, saj vplivajo na boljšo sprejemljivost drugih ukrepov v družbi in povečujejo njihov učinek. Pomemben del alkoholne politike so tudi obravnave tveganega in škodljivega pitja alkohola ter zasvojenosti zunaj zdravstva ter pomoč svojcem, pri čemer odpravljanje posledic stane bistveno več kot ukrepi, s katerimi škodo lahko preprečimo. Za preprečevanje škode so pomembni tudi preventivni in promocijski programi, ki krepijo zdrav življenjski slog prebivalstva.

KJE SO ŠE PRILOŽNOSTI ZA UČINKOVITEJŠO ALKOHOLNO POLITIKO V SLOVENIJI?

Svetovna zdravstvena organizacija (SZO) v Globalnem akcijskem načrtu za preprečevanje in nadzor nad nenalezljivimi boleznimi 2013–2020[68] navaja devet prostovoljnih ciljev, med njimi tudi za najmanj 10 % zmanjšati škodljivo pitje alkohola[58]. SZO predlaga deset področij ukrepanja celovite alkoholne politike, ki jih je kot ključne prepoznala tudi slovenska stroka[52,68].

1. Vodenje, ozaveščanje in zavezanost k ukrepanju
2. Obravnava tvegane in škodljive rabe alkohola v zdravstvu
3. Pristopi v lokalni skupnosti in na delovnem mestu
4. Preprečevanje vožnje pod vplivom alkohola
5. Ukrepi na področju cen alkohola
6. Omejevanje dostopnosti alkohola
7. Tržno komuniciranje alkoholnih pijač
8. Preprečevanje javnozdravstvenih posledic neformalne pridelave ter nedovoljene ponudbe in prodaje alkohola
9. Preprečevanje negativnih posledic pitja in zastrupitve z alkoholom
10. Spremljanje in nadzor

Načeloma velja, da smo kot država lahko najuspešnejši, kadar zgoraj navedene ukrepe povežemo v celovito alkoholno politiko, katere ključni cilj je varovanje prebivalcev pred z alkoholom povezano škodo.

1. VODENJE, OZAVEŠČANJE IN ZAVEZANOST K UKREPANJU

- Sprejeti strategijo in akcijski načrt, ki bosta temeljila na dokazano učinkovitih ukrepih, spodbujala sodelovanje države, stroke in civilne družbe in za izvajanje katerih bodo zagotovljeni tudi potrebna infrastruktura, finančni viri ter sistem upravljanja in spremljanja napredka;
- Vzpostaviti medsektorsko koordinativno telo za razvoj alkoholne politike;
- Zagotoviti podporo sprejemanju in izvajanju alkoholne politike ter ozaveščati javnosti o tveganjih, ki jih za zdravje in blagostanje prebivalstva predstavljata tvegano in škodljivo pitje alkohola, in o možnostih učinkovitega ukrepanja;
- Ozaveščati akterje alkoholne politike o dokazano učinkovitih ukrepih alkoholne politike;
- Spremljati javno mnenje glede podpore posameznim ukrepom.

2. OBRAVNAVA TVEGANE IN ŠKODLJIVE RABE ALKOHOLA V ZDRAVSTVU

- Vzpostaviti celovit sistem za zgodnje odkrivanje tistih, ki tvegano ali škodljivo pijejo, in za prepoznavanje zasvojenosti z alkoholom, ki poleg zdravstvenih vključuje tudi službe socialnega varstva, delovne organizacije in izobraževalne ustanove;
- Vzpostaviti celovite in dolgoročne programe pomoči za posameznike, zasvojene z alkoholom, in njihove svojce, ki bodo dostopni tudi specifičnim skupinam prebivalcev (npr. starejšim, mladim);
- Vzpostaviti sistem za prepoznavanje in spremljanje tveganega in škodljivega pitja alkohola pri nosečnicah in bodočih materah;
- Nadgraditi obstoječe programe obravnave tveganega in škodljivega pitja alkohola s programi za zmanjševanje neenakosti in za specifične skupine prebivalstva (otroci, mladi, ženske, starejši, etnične skupine);
- Vpeljati pozitivne spodbude tako za izvajalce kot za uporabnike in delodajalce, da se bodo prej in pogosteje odločali za napotitev, vključitev ali v primeru delodajalcev spodbujanje k vključitvi v obravnavo v zdravstvu;
- Za zagotavljanje večje dostopnosti v izvajanje kratkih intervencij poleg zdravnikov družinske medicine vključiti tudi druge zdravstvene profile.

3. PRISTOPI V LOKALNI SKUPNOSTI IN NA DELOVNEM MESTU

- Zagotoviti pregled programov, projektov in aktivnosti, ki se v Sloveniji izvajajo v lokalni skupnosti, izobraževalnem sistemu in delovnih organizacijah;
- Zagotoviti nacionalne strokovne smernice ter sistem vrednotenja za programe, projekte in aktivnosti, ki se na področju alkoholne politike izvajajo v šolskem in delovnem okolju ter v lokalni skupnosti;
- Sprejeti lokalne akcijske načrte za alkoholno politiko, ki bi temeljili na prepoznanih lokalnih potrebah in bi v skupna prizadevanja povezali vse ključne akterje na lokalni ravni;
- Zagotoviti ustrezna orodja in usposabljanja za izvajalce programov, projektov in aktivnosti na lokalni ravni, v sistemu izobraževanja in v delovnih organizacijah.

4. PREPREČEVANJE VOŽNJE POD VPLIVOM ALKOHOLA

- Zagotavljati dosledno izvajanje Nacionalnega programa varnosti cestnega prometa[69];
- Zagotoviti obsežne kampanje, ki so namenjene informiranju, ozaveščanju in izobraževanju splošne javnosti, zlasti mladih voznikov;
- Nadaljnje zniževanje dovoljene koncentracije alkohola v krvi voznikov.

5. UKREPI NA PODROČJU CEN ALKOHOLA

- Proučiti nadaljnje možnosti povečevanja cen alkoholnih izdelkov in zagotoviti ozaveščanje prebivalstva o pomenu uvajanja tovrstnih ukrepov;
- Proučiti možnosti uvedbe posebnih obdavčitev alkoholnih pijač, ki so posebej privlačne za mlade – npr. mešane gazirane alkoholne pijače (angl. alcopops);
- Uvesti višanje trošarin v skladu z inflacijo;
- Proučiti možnost uvedbe najnižje cene, pod katero se posamezne alkoholne pijače ne smejo prodajati;
- Prihodke iz naslova trošarin za alkohol in alkoholne pijače naj se uporabi za programe zmanjševanja tveganega in škodljivega pitja alkohola.

6. OMEJEVANJE DOSTOPNOSTI ALKOHOLA

- Uvesti izboljšave zakonodaje predvsem z vidika lažje interpretacije ukrepov omejevanja dostopnosti do alkohola in njihovega nadzora;
- Proučiti možnost uvedbe dodatnih ukrepov za zmanjšanje gostote prodajnih mest in krajšanje odpiralnih časov za

prodajo alkohola;

- Proučiti možnosti prepovedi prodaje alkohola na bencinskih črpalkah in obcestnih počivališčih;
- Spodbujati lokalne skupnosti, ki se soočajo s problemom srečevanja in zbiranja mladih z namenom opijanja, da se odločajo za prepoved popivanja na javnih površinah, ki niso določene za prodajo alkoholnih pijač.

7. TRŽNO KOMUNICIRANJE ALKOHOLNIH PIJAČ

- Uvesti popolno prepoved oglaševanja vseh alkoholnih pijač;
- Prepovedati sponzorske in donatorske aktivnosti, ki so namenjene promociji alkoholnih pijač;
- Posebno pozornost posvetiti prepovedi aktivnosti za pospeševanje prodaje;
- Zagotoviti sistem spremljanja in vrednotenja tržno komunikacijskih sporočil za alkoholne pijače v vseh medijih, vključno s spletom in mobilnimi aplikacijami, ki bo zagotavljal boljši nadzor.

8. PREPREČEVANJE JAVNOZDRAVSTVENIH POSLEDIC NEFORMALNE PRIDELAVE TER NEDOVOLJENE PONUDBE IN PRODAJE ALKOHOLA

- Izboljšati nadzor nad proizvodnjo in prodajo alkoholnih pijač, npr. z uvedbo davčnih nalepk;
- Vzpostaviti učinkovit sistem nadzora neregistrirane porabe alkohola in njegove kakovosti.

9. PREPREČEVANJE NEGATIVNIH POSLEDIC PITJA IN ZASTRUPITVE Z ALKOHOLOM

- Več pozornosti nameniti usposabljanju strežnega osebja in zagotavljanju varnosti v pivskih okoljih;
- Vzpostaviti lokalne akcijske skupine ter sprejeti regijske in lokalne akcijske načrte za preprečevanje tveganega in škodljivega pitja alkohola, zlasti med mladimi, v pivskih okoljih in v lokalni skupnosti nasploh;
- Proučiti možnost uvedbe posebnih dovoljenj/licenc za prodajo in ponudbo alkoholnih pijač z namenom, da se licenca lahko odvzame, če prodajalec oz. ponudnik ponavlja kršitve zakonodaje;
- Uvesti obvezna zdravstvena sporočila o tveganjih, povezanih s pitjem alkohola v času nosečnosti, in druga zdravstvena opozorila na embalaži alkoholnih pijač oziroma prehranskih izdelkov, ki vsebujejo alkohol.

10. SPREMLJANJE IN NADZOR

- Zagotavljati celovit sistem spremljanja posledic tveganega in škodljivega pitja alkohola in učinkovitosti ukrepanja;
- Zagotavljati spremljanje fizične in cenovne dostopnosti alkohola;
- Zagotavljati ekonomsko oceno bremena, ki ga za posameznika in družbo predstavlja alkohol, in sistem merjenja ekonomske uspešnosti in učinkovitosti ukrepov alkoholne politike;
- Vzpostaviti sistem spremljanja posledic tvegane in škodljive rabe alkohola ter zasvojenosti v nosečnosti;
- Zagotavljati podatke o tveganem in škodljivem pitju alkohola v različnih skupinah prebivalstva (npr. ženske, mladi, starejši, etnične skupine, brezposelni) s predlogi konkretnih ukrepov;
- Zagotavljati sistematično spremljanje preventivno-promocijskih programov, raziskav in akterjev s področja problematike alkohola v Sloveniji;
- Vzpostaviti sistem vrednotenja preventivno-promocijskih programov in programov zmanjševanja škode na področju problematike alkohola;
- Zagotoviti celovita periodična poročila o rabi alkohola, vzorcih pitja, posledicah tveganega in škodljivega pitja alkohola, preventivnih programih in izvajanju ukrepov alkoholne politike na nacionalni in regionalnih ravneh.

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77%
podpira ukrep 0,0
za vse voznike

81%
15-letnikov
je že poskusilo
ali pilo alkohol

Zdravstveni stroški, povezani s škodljivim pitjem alkohola, so med leti 2011 in 2014 v povprečju znašali vsaj 153 milijonov EUR letno.

3876
oseb sprejetih
v bolnišnico/leto

Vsak dan je v Sloveniji zaradi škode, povezane z alkoholom, v bolnišnico sprejetih deset oseb, vsako leto približno 3876 oseb.

956
smrti/leto

Kljub zakonski prepovedi prodaje alkohola mladoletnim je večina slovenskih 15-letnikov že pila alkoholne pijače, dva od petih sta bila že vsaj dvakrat opita.

0.0 blood alcohol content

NIJZ
National institute of Public Health

Increase in percentage of young female binge drinkers

Increase in alcohol prices

512 700
hazardous drinkers

Ban on alcohol advertising

ALCOHOL POLICY IN SLOVENIA

OPPORTUNITIES FOR REDUCING HARM AND COST

Public support of stricter alcohol-related measures, such as alcohol licensing, minimal alcohol pricing and total ban on alcohol advertising

Slovenia lagging behind European countries with strictest alcohol policies

€

Annual alcohol-related health costs:
153 million

Limiting alcohol availability

Recognizing hazardous drinkers

NIJZ
National institute
of Public Health

ALCOHOL POLICY IN SLOVENIA

OPPORTUNITIES FOR REDUCING HARM AND COST

LJUBLJANA

2016

ABOUT THE PUBLICATION

The aim of the publication is to equip policy-makers in different sectors at the national and local community levels, and others working to reduce alcohol-related harm in Slovenia, with credible data on the extent of the alcohol problem in the country and information on effective, evidence-based alcohol-related policy measures. The publication was prepared by alcohol experts working at the National Institute of Public Health and the Ministry of Health of Slovenia, colleagues from the MOSA network, Mobilizacija skupnosti za odgovornejši odnos do alkohola (Mobilizing society for more responsible attitudes towards alcohol), and the Alcohol Policy Youth Network. The contents of the publication are based on data and sources included in the monograph, *Alkohol v Sloveniji. Trendi v načinu pitja, zdravstvene posledice škodljivega pitja, mjenja akterjev in predlogi ukrepov za učinkovitejšo alkoholno politiko* (*Alcohol in Slovenia. Trends in the way of drinking, health consequences of harmful drinking, stakeholders' opinions and suggested measures for an effective alcohol policy*),[1] published in 2014 by the National Institute of Public Health, as well as on other national and international sources.

NIJZ National institute of Public Health

REPUBLIC OF SLOVENIA
MINISTRY OF HEALTH

mosa
www.infomosa.si

apyn Alcohol Policy Youth Network

ALCOHOL IS A SERIOUS PROBLEM

The harmful effects of alcohol use are many. In Slovenia:

- despite the ban on selling alcohol to persons under 18 years of age, most 15 year-olds have tried or drunk alcoholic beverages and two out of five have engaged in binge drinking at least twice in their lives;
- there has been an increasing trend in binge drinking among young women over the past ten years;
- among young adults (25–35 years), 28% of men and 16% of women engage in binge drinking at least once and up to three times per month;
- ten people are admitted to hospitals every day for reasons exclusively related to alcohol;
- every year, an average of 956 people die as a result of the harmful effects of alcohol use on health and traffic accidents caused by drunk drivers.

GOVERNMENT FUNDS ARE STRONGLY AFFECTED BY COSTS RELATED TO ALCOHOL USE

For the period 2011–2014, health costs related to alcohol use in Slovenia were estimated on average at €153 million per year; adding the costs resulting, for example, from traffic accidents, crime, domestic violence and theft, brings the amount to €234 million. Reduced productivity and the anguish felt by close family members, especially children, are also costs that need to be taken into account.

WHO RECOMMENDS EVIDENCE-BASED MEASURES

To reduce alcohol-related harm, WHO recommends taking evidence-based action to:

- prevent drunk driving;
- limit alcohol availability, for example, by introducing alcohol licensing, restricting sales to certain days/hours, and decreasing the age limit for the purchase and use of alcohol;
- reduce the affordability of alcohol, for example, by increasing minimal alcohol tax rates and introducing minimal alcohol prices, bans on happy hours and promotional pricing, and additional taxation on mixed carbonated alcoholic beverages (alcopops);
- limit the marketing and advertising of alcoholic beverages;
- increase the responsibility of serving personnel;
- ensure the early identification and treatment of hazardous drinkers;
- provide treatment for alcohol-related mental and behavioural disorders, as well as other alcohol-related diseases and conditions.[2]

EFFECTIVE MEASURES NOT YET IN PLACE IN SLOVENIA

Slovenia is lagging behind the countries in Europe that are most advanced in introducing effective measures of alcohol policy. While being in top place among 29 European countries with respect to the consequences of alcohol-related harm, Slovenia is in 16th place concerning the introduction of effective measures to reduce it.

BENEFITS OF REDUCING ALCOHOL-RELATED HARM

Investment in the prevention of hazardous and harmful alcohol use leads to better population health and well-being, lower morbidity and mortality rates (also among youth and the working population), fewer traffic and other accidents, less violence, fewer unhappy families, less absenteeism, higher work efficiency, and better economy for the individual and the country.

EFFECTIVE ALCOHOL POLICY DEPENDS ON COOPERATION AMONG KEY STAKEHOLDERS

To facilitate the coordination of interventions and the mobilization of all key stakeholders, WHO recommends adopting alcohol strategies at the national and local-community levels, including action plans with clear goals, priority areas and activities.[3,4]

PUBLIC SUPPORT OF ALCOHOL-POLICY MEASURES

The Slovenian population strongly supports introducing measures to limit alcohol use, such as alcohol licensing (79%), minimal prices for alcohol (62%), and a total ban on alcohol advertising (57%).

Research in recent decades has identified a variety of adverse outcomes of harmful alcohol use.[3,5–7]

CONSEQUENCES OF HAZARDOUS AND HARMFUL ALCOHOL USE

The consequences of hazardous and harmful alcohol use are seen at the following levels:[3,6]

INDIVIDUAL

poor health; illness; relationship problems at home and at work; involvement in traffic and other accidents; worsening financial status

FAMILY

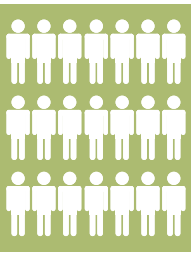
relationship problems; episodes of violence; emotional problems in family members, including children

ENVIRONMENT

problems at work; enhanced conflicts; criminal offences; disturbance of the peace

SOCIETY

poorer population health; reduced work efficiency, resulting in loss of income; treatment-related costs; police involvement; insurance cases



In general, the more people drink, the greater the risk of it affecting themselves, their families and others.

WHAT IS THE DIFFERENCE BETWEEN HAZARDOUS AND HARMFUL ALCOHOL USE?

Hazardous alcohol use constitutes drinking alcohol to the extent of possibly causing alcohol-related harm whereas harmful alcohol use is drinking alcohol to the point of actually causing alcohol-related harm.[6]

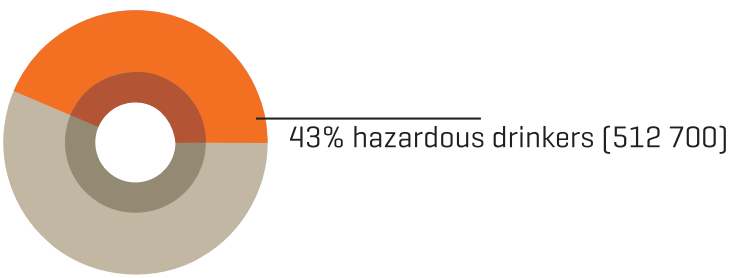
Alcohol addiction is defined by the presence of at least three of the following phenomena in the preceding year: the ability to tolerate the increasing amounts of alcohol needed to achieve the same effect; physical disorders resulting from alcohol withdrawal (abstinence crisis); a barely manageable desire for alcohol; problems in managing alcohol use; a continued use of alcohol despite harmful consequences; neglect of other activities due to alcohol use.[8, 9]

People consume alcohol in different ways, depending on the beverage and amount involved and how often they drink.[10–13] A Slovenian population survey carried out in 2012 among 25–64 year-olds indicated that:

- **every tenth** resident drank **excessively** (that is, they exceeded the limit for moderate drinking) and every other resident had engaged in binge drinking at least once in the previous year;
- **28% of men** and **16% of women** aged 25–34 years had engaged in **binge drinking at least once and up to three times per month**;
- 20% of the population had not drunk alcohol in the previous year.[12]

Another Slovenian population survey carried out in 2011–2012 indicated that almost half the population aged 25–64 years were hazardous drinkers (drank excessively) and/or had been engaged in binge drinking in the previous year (Fig. 1).[13]

Fig. 1. Percentage of hazardous drinkers, 25–64 years, Slovenia, 2011–12



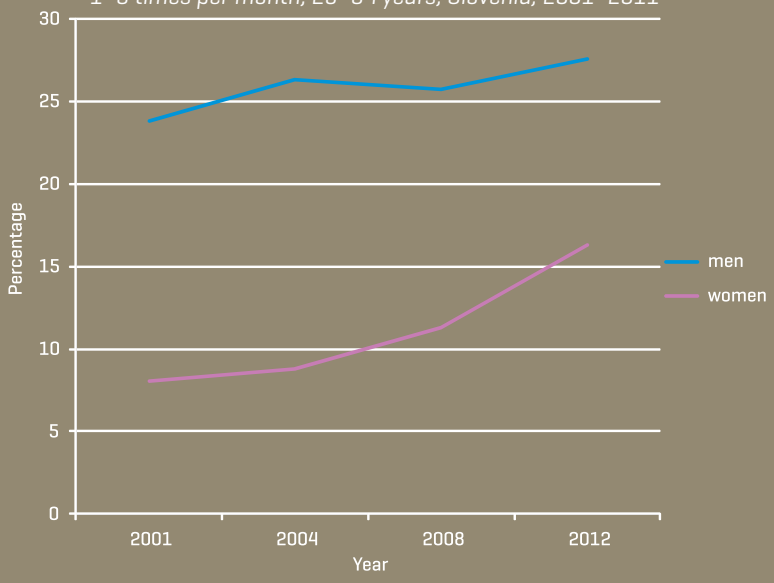
Source: Uporaba tobaka, alkohola in prepovedanih drog med prebivalci Slovenije ter neenakosti in kombinacije te uporabe (Use of tobacco, alcohol and illicit drugs in Slovenian population, inequalities and combinations of such use).[13]

People taking part in surveys usually underreport their alcohol consumption.[14] Thus, the actual number of hazardous drinkers in Slovenia is probably higher than that recorded.

In Slovenia, binge drinking occurs most frequently among the younger population while excessive drinking increases with age (Fig. 2).[12] Fig. 3 illustrates the percentage of the population who engage in binge drinking at least once and up to three times a month.[12]

Fig 2. Binge drinking and excessive drinking, Slovenia, 2001–2012

Fig. 3. Percentage of population who binge drink at least 1–3 times per month, 25–34 years, Slovenia, 2001–2011



The percentage of hazardous drinkers is higher for men than women; however, as binge drinking among women aged 25–34 years has increased in recent years (Fig. 4), it can be assumed that this gender difference will decrease in the future.[12]

Fig. 4. Increasing trend in binge drinking among women, 25–34 years, Slovenia

Source of Figs. 2, 3 and 4: Izzivi v izboljševanju vedenjskega sloga in zdravja. Desetletje CINDI raziskav v Sloveniji (Challenges in improving behaviour style and health. Ten years of CINDI research in Slovenia).[12]

CONSEQUENCES OF HAZARDOUS AND HARMFUL ALCOHOL USE

Harmful alcohol use represents one of the main preventable risk factors for chronic diseases, injuries, accidents, assault, violence, murder and suicide. It is also one of the most important risk factors for morbidity, disability, disablement and mortality.[3,7,15,16]

Harmful alcohol use is the sole or an additional causal factor of more than 200 known medical conditions and injuries.[3] Diseases and conditions caused exclusively by alcohol (for example, alcohol addiction, alcohol liver cirrhosis, alcohol gastritis, inflammation of gastric mucosa) can be prevented.[17]

Every day in Slovenia, two people die for reasons exclusively connected to alcohol. Since 2008, an average of 881 people have died every year in Slovenia as a result of alcohol use, a mortality rate, which is above the European average.[18–22] Men die more frequently from alcohol-related causes than women, two thirds of them before the age of 65. In addition, an average of 75 people die every year as a result of traffic accidents caused by drunk drivers.[23] Thus, at least 956 deaths a year are preventable. In 2014 in Slovenia, at least 4368 years of potential life were lost solely as a result of deaths due to harmful use of alcohol (on average 9.8 years per person who died before the age of 65).[24]

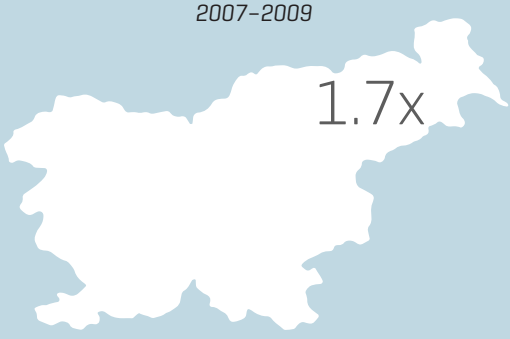
Ten people are hospitalized every day due to alcohol-related harm, which adds up to an average of 3876 admissions a year.[18,25] Although the number of admissions has been decreasing in recent years, the data indicate that the health status of those admitted is poorer than in the past.[18,26]

Contributing to the numbers of alcohol-related deaths are those caused by various diseases, such as cancer, muscular-skeletal and cardiovascular diseases, and gastrointestinal diseases, for which alcohol is an important risk factor.[15]

During pregnancy, exposure of the foetus to alcohol can affect its physical and mental development.[15]

Alcohol-related deaths, injuries and diseases are unnecessary and can be prevented by avoiding hazardous and harmful alcohol use.

Fig. 5. Risk of alcohol-related death in eastern Slovenia as compared to western Slovenia, 2007–2009



The risk of alcohol-related death among the population of eastern Slovenia is 1.7 times higher than that of the population of western Slovenia.

Source: Posledice tveganega in škodljivega uživanja alkohola v Sloveniji (The consequences of hazardous and harmful alcohol consumption in Slovenia).[20]

MOST PEOPLE HAVE THEIR ALCOHOL DEBUT IN ADOLESCENCE

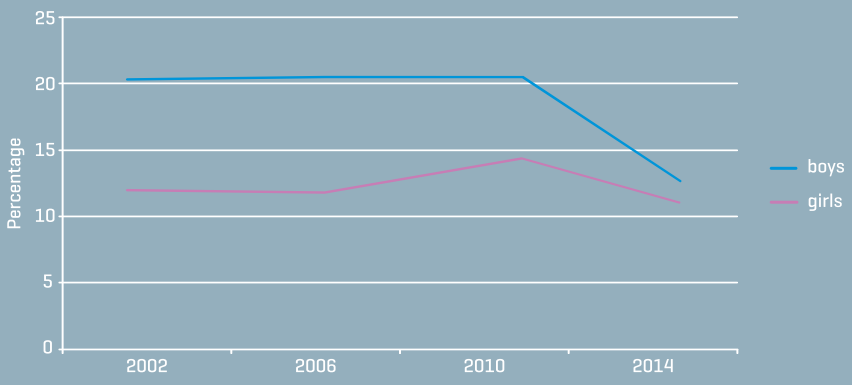
The younger people are when they start drinking alcohol, the higher their risk of developing alcohol problems later in life.[27,28]

Alcohol has a neurotoxic effect (it is harmful to the central nervous system) at all stages of life. However, researchers have found that developmental changes in the brains of children and adolescents, mainly brain maturation, render them more vulnerable to alcohol-related harm than adults. Alcohol is an addictive drug and the process to addiction can start in childhood or adolescence.[27,28]

A population survey conducted among Slovenian adolescents in 2012 showed that 40% of 15 year-olds had their first alcoholic drink before their 13th birthdays (Figs. 6 and 7).[28-31] Binge drinking is more frequent among boys but the gender differences have decreased in recent years (Fig. 7).

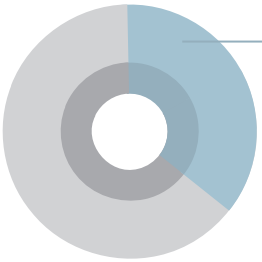
Fig. 6. Percentage of 15-year-old adolescents having drunk alcohol at age 13 or younger, Slovenia, 2002–2014

Fig. 7. Percentage of 15 year-old boys and girls having drunk alcohol at age 13 or younger, Slovenia, 2002–2014



Sources of Figs. 6 and 7: Trendi v pitju alkohola (Trends in alcohol drinking);[29] Alkohol in slovenski mladostniki v obdobju 2002–2010 (Alcohol and Slovenian adolescents in the period 2002–2010);[30] Z zdravjem povezana vedenja v šolskem obdobju med mladostniki v Sloveniji. Izsledki mednarodne raziskave HBSC, 2014 (Health-related behaviour of school-aged Slovenian adolescents. Findings of HBSC research, 2014).[31]

Fig. 8. Proportion of 15 year-olds having engaged in binge drinking twice in their lives, Slovenia, 2014



One in three Slovenian 15 year-olds has engaged in binge drinking at least twice in their lives.

Source: Z zdravjem povezana vedenja v šolskem obdobju med mladostniki v Sloveniji. Izsledki mednarodne raziskave HBSC, 2014 (Health-related behaviour of school-aged Slovenian adolescents. Findings of HBSC research, 2014).[31]

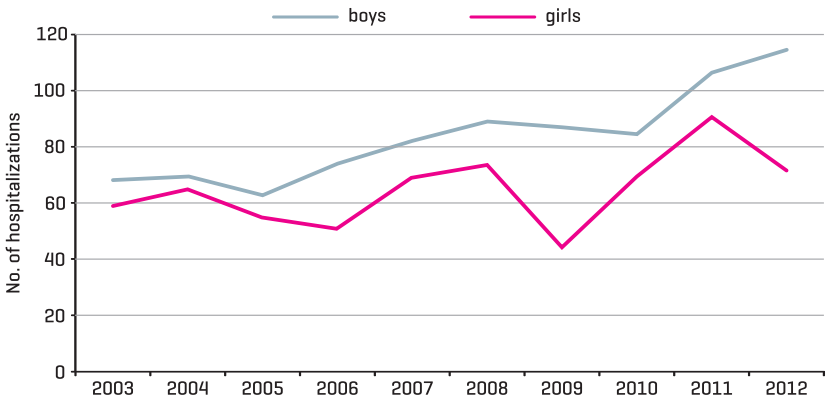
Despite the legal ban on selling or serving alcohol to under-aged adolescents,[32] one third of 15 year-olds has engaged in binge drinking at least twice in their life (Fig. 8). Alcohol seems easily accessible to youth in Slovenia,[33–38] for example, in their own or friends' homes, at gas stations or in bars where they have little trouble buying it. When asked why they drank alcohol, they described doing so as a way of fun and relaxation,[39–42] and the results of its effects as rather positive.[43]

In 2011, more than half of the 15 and 16 year-olds (56%) had experienced being so drunk that they could not walk or talk properly, had vomited or had not been able to remember what happened.[36]

The number of hospitalizations due to acute alcohol intoxication has been increasing among Slovenian adolescents (15–19 years) in recent years; in 2012, as many as 186 were admitted to hospital for this reason (Fig. 9).[25,44,45]

Acute alcohol poisoning is also the main reason for administering intoxication treatment to children aged 7–14 years in hospitals.[44,45]

Fig. 9. Increase in hospitalizations due to acute alcohol intoxication among adolescents, 15–19 years, Slovenia, 2003–2012



Sources: Database of hospitalizations due to diseases, injuries and poisoning;[25] *Trends in hospitalisation due to poisoning and in telephone enquiries to the Poison Control Centre involving Slovenian children and young people;*[44] *Ten-year trends of hospital admissions due to acute poisoning in Slovenia.*[45]

In 2014, hospitalizations due to acute alcohol poisoning in people under 19 years of age accounted for 5% of all hospitalizations resulting from harmful use of alcohol.[24]

ALCOHOL-RELATED COSTS

For the period 2011–2014, health costs related to alcohol use in Slovenia were estimated on average at €153 million per year.[46,47] Adding a rough estimate of costs, for example, of traffic accidents, crime, domestic violence and theft, brings the amount to €234 million (Table 1).[46–48] On the other hand, annual revenue from excise tax on alcohol and alcoholic beverages in recent years has amounted only to approximately €90 million.[49]

Table 1. Estimated health and other costs related to alcohol use, Slovenia, 2011–2014

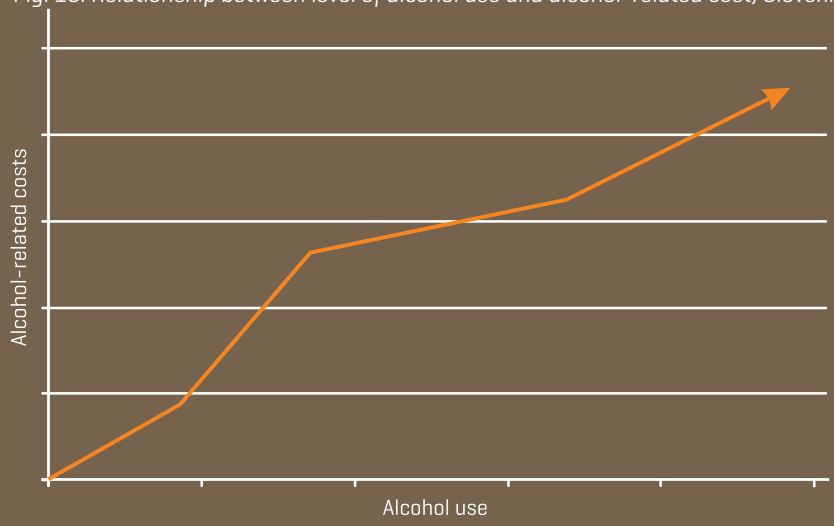
DIRECT AND INDIRECT HEALTH COSTS		OTHER RELATED COSTS
First visits to family doctors, visits to specialists, hospital treatments, absenteeism, loss of future earnings, medicaments:		Alcohol-related traffic accidents, divorces and domestic violence, crime – thefts, vandalism, etc.:
€153 million	+	€81 million

€234 million

Sources: Economic impact of hazardous and harmful alcohol consumption in Slovenia;[46] Internal calculations of economic impact of hazardous and harmful alcohol consumption in Slovenia 2012–2014;[47] Alcohol consumption, alcohol dependence and attributable burden of disease in Europe: potential gains from effective interventions for alcohol dependence;[48] State Budget 1992–2016.[49]

The higher the level of alcohol use in Slovenia, the greater the harm and cost. Prices of alcoholic beverages are strongly connected with alcohol use; according to WHO, in Slovenia these are low, especially for wine (Fig. 10).[50]

Fig. 10. Relationship between level of alcohol use and alcohol-related cost, Slovenia



Alcohol policy deals with the relationship between alcohol use, individual well-being and health, and public welfare, combining national measures aimed at preventing the use of alcohol and reducing alcohol-related harm. Alcohol policy can only be effective if the different stakeholders – policy- and decision-makers (the National Council, the National Assembly, ministries), experts (expert organizations, institutes, expert associations, faculties), civil society (nongovernmental organizations, local communities), and the media – cooperate in creating and implementing it (Fig. 11).[5]

Fig. 11. Stakeholders in alcohol policy

Source: Alcohol: no ordinary commodity. Research and Public Policy.[5]

In Europe, the development of alcohol policy started in the 1990s and has been steadily gaining in importance. The turning point was reached at the WHO European Ministerial Conference on Young People and Alcohol (Stockholm, 19–21 February 2001) through the adoption of the *Declaration on Young People and Alcohol* warning about the international dimension of the problem.[51] This was followed by numerous research studies on the burden of hazardous and harmful alcohol use and analyses of the effectiveness of individual alcohol-policy measures. New findings mobilized experts and civil society working in this field and, consequently, the reaction of international and national policy-makers.

Alcohol policy in Slovenia is funded by the Health Insurance Institute of Slovenia, EU and other European sources, and WHO and bilateral funding.

The milestones in the development of Slovenian and European alcohol policy follow.[52]

SLOVENIAN MILESTONES

2016

7th European Alcohol Policy Conference, Ljubljana, Slovenia, 22–23 November

2015

3rd National Alcohol Policy Conference, Ljubljana, Slovenia, 14–15 January

2012

2nd National Alcohol Policy Conference, Bled, Slovenia, 14 November, and regional conferences

Establishment of an interdisciplinary comprehensive approach for tackling hazardous and harmful alcohol use

2011

Adoption of the Occupational Health and Safety Act, which bans working under the influence of alcohol

2010

1st National Alcohol Policy Conference, Brdo pri Kranju, Slovenia, 2–3 November

Adoption of the Drivers Act introducing health examinations and counselling and rehabilitation programmes for drunk drivers

2008

3rd European alcohol policy conference, Barcelona, Spain, 3–5 April (organized by Slovenia and Spain)

Emergence of numerous webpages aimed at informing people about the harmful consequences of alcohol use

Establishment of a national alcohol network and development of the MOSA entity

2007

International project for building capacities for the implementation of alcohol policies co-funded by the European Commission

Alcohol Policy Council established at the Ministry of Health of Slovenia

2006

Increase in number of organizations and programmes aimed at prevention of hazardous and harmful alcohol use

Increase in activity of governmental and nongovernmental organizations in defending alcohol policy

2003

Adoption of the Act on Restricting the Use of Alcohol

2002

Adoption of the Act on Regulating the Sanitary Suitability of Foodstuff and Products and Materials coming into Contact with Foodstuff, reallowing alcohol advertising under specific conditions

Inclusion of alcohol-related restrictions in the National Programme for Road Traffic Safety

2001

The Media Act bans alcohol advertising

1998

Excise Duties Act introduces excise duty on alcoholic beverages

EUROPEAN MILESTONES

2016
- 7th European Alcohol Policy Conference, Ljubljana, Slovenia, 22–23 November
- 3rd European Alcohol Policy Youth Conference, Bled, Slovenia, 12–16 May

2015
- EU Member States called on the European Commission to develop a comprehensive strategy for tackling harmful use of alcohol and alcohol-related harm[53]

2014
- 6th European Alcohol Policy Conference, Brussels, Belgium, 27–28 November
- 2nd European Alcohol Policy Youth Conference, Bursa, Turkey, 10–16 December

2012
- 5th European Alcohol Policy Conference, Stockholm, Sweden, 18–19 October
- 1st European Alcohol Policy Youth Conference, Bled, Slovenia, 8–14 November
- WHO European action plan to reduce the harmful use of alcohol 2012–2020
- Establishment of the European Information System on Alcohol and Health (EISAH)

2010
- 4th European Alcohol Policy Conference, Brussels, Belgium, 21–22 June
- WHO global strategy to reduce the harmful use of alcohol

2008
- 3rd European Alcohol Policy Conference, Barcelona, Spain, 3–5 April

2006
- EU strategy to help EU Member States in their efforts to reduce alcohol-related harm
- 2nd European Alcohol Policy Conference, Helsinki, Finland, 20–22 November

2004
- The European Council invited the European Commission to put forward proposals for a comprehensive community strategy aimed at reducing alcohol-related harm to complement national policies[54]
- 1st European Alcohol Policy Conference: Bridging the Gap, Warsaw, Poland, 16–19 June

2001
- Declaration on Young People and Alcohol adopted at the the WHO European Ministerial Conference on Young People and Alcohol, Stockholm, Sweden, 19–21 February

1995
- European Charter on Alcohol adopted at the European Conference on Health, Society and Alcohol, Paris, France, 12-14 December

1992
- Development of the 1st European Alcohol Action Plan (EAAP)

NOT ALL EFFECTIVE MEASURES YET INTRODUCED IN SLOVENIA

In recent years, Slovenia has taken some important steps towards effective alcohol policy and introduced several measures to reduce alcohol use. The Media Act of 2001 put a total ban on alcohol advertising and the Act on Restricting the Use of Alcohol[32] adopted by the Government in 2003 contributed greatly to limiting alcohol availability, especially to young people. However, the total ban on alcohol advertising was valid only until 2002, when the Act on Regulating the Sanitary Suitability of Foodstuff, Products and Materials coming into Contact with Foodstuffs came into force, allowing alcohol advertising under certain conditions. The inclusion of health-care measures in road-safety legislation in 2010 resulted in a significant decrease in traffic accidents involving alcohol use. The introduction of outpatient clinics in primary health care increased capacity for the preventive care of hazardous or harmful drinkers. The country's investment in MOSA and its web portal and regular meetings of experts held at the national and local levels have also contributed to better networking among the key stakeholders.

However, Slovenia has not yet introduced all of the effective alcohol policy measures recommended at the international level and is, therefore, not listed among the most successful European countries (such as, Finland, Norway and Sweden) in this field. According to Mackenbach and Mckee,[55] Slovenia is ranked 16th among 29 European countries with regard to the introduction of effective measures of alcohol policy. The opinion of most key stakeholders in the country is that alcohol policy is being implemented only to a limited extent and that political will to render it effective is not sufficient.[56,57]

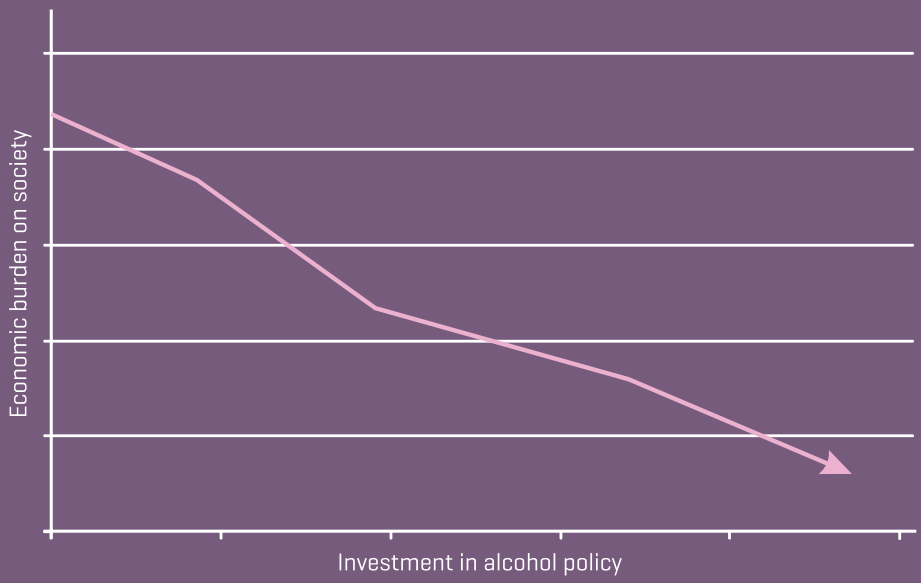
To achieve better results, it is necessary to adopt a comprehensive strategy at the national and local levels, including effective measures to facilitate a better connection among the key stakeholders and ensure the required resources.

Investing in the prevention of hazardous and harmful alcohol use would mean fewer lost years of life and a lesser economic burden on individuals, their families and society, resulting in:

- fewer premature deaths;
- fewer suicides and murders;
- fewer diseases and cases of intoxication;
- fewer traffic and other accidents and, thus, fewer injuries and disabilities;
- greater work efficiency and less absenteeism;
- less violence and mental distress;
- less social exclusion and poverty.[5]

The effect of investing in alcohol policy on the economic burden of alcohol use on society is illustrated in Fig. 12.

Fig. 12. Effect of investment in alcohol policy on economic burden on society



EVIDENCE-BASED MEASURES AND POPULATION SUPPORT

The country can choose from among numerous evidence-based measures recommended by WHO for the prevention of hazardous and harmful alcohol use.[5,6,58–63] Effective measures supported by the majority of the Slovenian population are presented in Table 2.[64]

Table 2. Public opinion on introduction of effective alcohol policy measures, Slovenia, 2014

EFFECTIVE ALCOHOL POLICY MEASURES	PUBLIC OPINION	
Introducing the 0.0 measure for all drivers	77%	support the measure
Imposing an age limit for purchasing alcohol	93%	support the introduction of a ban whereby people under 18 years of age may not purchase or drink alcoholic beverages
Introducing alcohol licensing	79%	support the measure
Raising prices of alcoholic beverages	80%	support introducing the requirement that at least half of the non-alcoholic beverages on sale must be the same price as, or cheaper than, alcoholic beverages
	62%	support minimum alcohol pricing
	61%	support raising the prices of alcohol
	75%	support introducing a ban on binge drinking in public areas (parks, lawns)
Limiting alcohol advertising	57%	support the introduction of a total ban on alcohol advertising
	90%	support the existing ban on selling and offering alcohol to children and intoxicated persons, and the introduction of a ban on selling and offering alcohol, for example, in schools, during sport events, and at workplaces

WHICH ALCOHOL-POLICY MEASURES ARE COST-EFFECTIVE?

It would be prudent for a country to adopt the most cost-effective measures first, especially in times of economic crisis. Table 3 lists the most common of these and describes their cost-effectiveness.

Table 3. Cost-effectiveness of evidence-based alcohol-policy measures

GOAL	MEASURE	EFFECTIVENESS OF MEASURE	EXPENSE TO COUNTRY	MEASURE ADOPTED IN SLOVENIA
To prevent driving under the influence of alcohol	Gradual lowering of permitted level of blood alcohol in drivers to 0.2 g/l.	Very effective	Low	PARTIALLY The highest permitted blood alcohol level is 0.50 g alcohol per kg blood.[a]
	Introduction of 0.0 g/l permitted blood alcohol for young drivers, public-transport drivers and drivers of heavy-goods vehicles.	Very effective	Low	YES [a]
	Random testing for breath alcohol content.	Very effective	High	YES Breath alcohol content in drivers must not exceed 0.24 mg/l. This limit applies only to drivers without signs of behavioural disorders (e.g. impaired speech, balance problems, etc.), which could cause traffic accidents. Professional drivers, driving instructors, new/young drivers and drivers transporting children, among others, are not permitted to have any alcohol in their bodies.[a]
	Gradual acquisition of a driving licence.	Moderately effective	Low	YES Adolescents aged 16–18 years must have an escort when driving. It is obligatory for new/young drivers to participate in extra training at least four months after having received their driving licences. People who lose their driving licences due to drunk driving are required to participate in rehabilitation programmes to regain them.[b]

GOAL	MEASURE	EFFECTIVENESS OF MEASURE	EXPENSE TO COUNTRY	MEASURE ADOPTED IN SLOVENIA
To limit alcohol availability	Lowering the age limit for drinking alcohol.	Very effective	Medium	NO
	Introduction of national-level control of retail sale of alcohol (state monopoly of alcohol sales; introduction of alcohol licensing).	Very effective	Low	NO
	Lowering the age limit of customers to whom alcohol may be sold.	Very effective	No data	YES Selling and offering alcoholic beverages to persons under 18 years of age has been banned.[c]
	Limitation of selling points.	Moderately effective	Low	NO
	Limitation of sales to certain times (hours/days).	Moderately effective	Low	YES The sale of alcoholic beverages in stores between 21:00 and 07:00 hours, and of spirits in bars and restaurants between the start of working hours and 10.00 hours, is banned.[c]
To increase and regulate prices	Increasing minimum tax rates for all alcoholic beverages in accordance with inflation (rates should be at least proportional to alcohol content). Introduction of minimum alcohol pricing. Introduction of ban on discounts and promotional prices. Added tax on alcopops.	Very effective	Low	PARTIALLY Excise duties have been imposed on beer, intermediate beverages and ethylene alcohol. Excise duties have not been set, or are equal to €0, for wine and fermented beverages.[d] Excise duties are not in accordance with inflation.
To reduce hazardous/harmful drinking	Brief interventions in primary health care for hazardous alcohol users.	Very effective	Medium	PARTIALLY The measure is being implemented in the framework of the Drivers Act[b] and the National Programme for the Primary Prevention of Cardiovascular Diseases. Not all doctors of general/family medicine detect hazardous and harmful alcohol use, although clinical guidelines on early detection and brief interventions are available.[65–67]
	Treatment of mental and behavioural disorders and other diseases related to alcohol use.	Very effective	Medium/high	YES Treatment costs are covered by health insurance.

GOAL	MEASURE	EFFECTIVENESS OF MEASURE	EXPENSE TO COUNTRY	MEASURE ADOPTED IN SLOVENIA
Other	Increasing responsibility of staff serving alcoholic beverages.	Moderately effective	Low	NO Serving alcoholic beverages to under-aged people or people showing signs of being drunk is prohibited.[c] The financial fine, however, is imposed only on the person legally responsible (e.g. the bar owner) and not on serving staff.
	Limiting alcohol advertising.	Moderately effective	Low	PARTIALLY Advertising beverages with alcoholic content over 15% vol. has been banned. Advertising beverages with alcohol content below 15% vol. is permitted on radio and television between 21:30 and 07:00 hours only and in cinemas after 22:00 hours.[e] Advertising alcohol on boards or posters or in light boxes within 300 m of schools or kindergartens is banned.[e]

[a] Act on Rules in Road Transport; [b] Drivers Act; [c] Act on Restricting the Use of Alcohol; [d] Excise Duties Act; [e] Act on Regulating the Sanitary Suitability of Foodstuff and Products and Materials coming into Contact with Foodstuff.

Sources: based on the following sources and reproduced with the permission of the authors: *Alcohol: no ordinary commodity. Research and Public Policy;*[5] *Alcohol in Europe;*[6] *Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm;*[59] *Handbook for action to reduce alcohol related harm;*[60] *Reducing drinking and driving in Europe. Report;*[61] *Reducing drinking and driving in Europe. Recommendations & conclusions;*[62] *Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol;*[63] *Alcohol and primary health care: clinical guidelines on identification and brief interventions;*[65] *Alcohol and primary health care: training programme on identification and brief interventions;*[66] *O pitju alkohola: priročnik za zdravnike družinske medicine. 2. dopolnjena izdaja (About alcohol drinking: a manual for family physicians; 2nd revised edition).*[67]

Programmes aimed at informing and raising the awareness of the public do not directly influence the reduction of harmful alcohol use. They are, however, an indispensable part of a comprehensive alcohol policy as they facilitate the public's acceptance of other measures and increase their effect. Treating hazardous and harmful alcohol use and addiction outside the health-care system and providing health care to family members are another two important aspects of alcohol policy; dealing with the consequences of harmful alcohol use is much more expensive than taking measures to prevent them. Prevention and promotion programmes in the field of healthy lifestyle also play an important role in harm prevention.

OPPORTUNITIES FOR IMPLEMENTING MORE EFFECTIVE ALCOHOL POLICY IN SLOVENIA

One of the nine voluntary goals of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020[68] is to reduce the harmful use of alcohol by at least 10%.[58] The Slovene experts recognize the following ten target areas as central to the development of a comprehensive alcohol policy with the key goal of protecting the population from alcohol-related harm:

1. leadership, awareness-raising and commitment to action;
2. hazardous and harmful alcohol use in the health-care sector;
3. local community and workplace;
4. drunk driving;
5. alcohol-pricing measures;
6. alcohol availability;
7. alcohol advertising;
8. informal production and illicit alcohol sales;
9. alcohol use and intoxication;
10. monitoring and control.[50, 66]

Combining all ten target areas within a comprehensive alcohol policy would strengthen the country most effectively. Measures proposed within each target area are listed below.

1. LEADERSHIP, AWARENESS-RAISING AND COMMITMENT TO ACTION

- Adopt an evidence-based strategy and action plan to encourage cooperation between national experts and civil society, which will provide an infrastructure and financial resources, as well as a means of management and control.
- Establish an intersectoral coordination body to develop alcohol policy.
- Ensure support of the adoption and implementation of alcohol policy and raise public awareness of the risks of hazardous and harmful alcohol use to the health and welfare of the population and of the benefits of effective action to reduce these risks.
- Raise awareness among alcohol-policy stakeholders of evidence-based measures of implementing alcohol policy.
- Monitor public support of the individual measures.

2. HAZARDOUS AND HARMFUL USE OF ALCOHOL IN THE HEALTH-CARE SECTOR

- Establish a comprehensive system for the early detection of hazardous and harmful use of alcohol and alcohol addiction, involving the health services, the social security services, employment organizations and educational institutions.
- Establish comprehensive and long-term aid programmes for people addicted to alcohol and their families. These programmes should also be available to specific population groups (for example, older or younger age groups);
- Establish a system of detecting and monitoring hazardous and harmful alcohol use among pregnant women and women of child-bearing age.
- Upgrade existing programmes for dealing with the hazardous and harmful use of alcohol with projects aimed at reducing inequalities in specific population groups (children, adolescents, women, older people, ethnic groups).
- Introduce positive incentives for providers, users and employers so that they will sooner and more often opt to deploy, integrate, or – in the case of employers – promote health-care treatment.
- Include health-care profiles other than family doctors in the implementation of short interventions to achieve a higher level of accessibility.

3. LOCAL COMMUNITY AND WORKPLACE

- Provide an overview of all programmes, projects and activities implemented in the local community, educational institutions and workplaces.
- Develop national guidelines for and a system of evaluating the above-mentioned programmes, projects and activities.
- Adopt local policy-action plans based on recognized local needs and involve all key stakeholders at the local level in joint efforts.
- Ensure the availability of proper tools and training for the providers of programmes, projects and activities in the educational system and employment organizations at the local level.

4. DRUNK DRIVING

- Ensure the consistent implementation of the National Programme for Road Traffic Safety.[69]
- Conduct extensive information and awareness-raising campaigns to educate the general public, especially young drivers.
- Lower the permitted level of blood-alcohol content in drivers.

5. ALCOHOL-PRICING MEASURES

- Investigate the possibility of increasing alcohol prices further and distribute information to the public on the importance of such measures.
- Investigate the possibility of introducing taxation on alcoholic beverages that are especially attractive to young people, for example, alcopops.
- Raise excise duties in accordance with inflation.
- Investigate the possibility of minimum pricing.
- Use revenue from excise duties on alcohol and alcoholic beverages for programmes aimed at reducing the hazardous and harmful use of alcohol.

6. ALCOHOL AVAILABILITY

- Improve legislation, especially with regard to facilitating the interpretation of measures aimed at limiting and controlling alcohol availability.
- Investigate the possibility of introducing additional measures to reduce the number of alcohol selling points and shorten their operating hours.
- Investigate the possibility of banning the sale of alcohol at gas stations and roadside lay-bys.
- Encourage local communities with problems of binge drinking among youth to ban binge drinking in public areas not designated to sell alcohol.

7. ALCOHOL ADVERTISING

- Introduce a total ban on alcohol advertising.
- Ban sponsorship and donation activities that promote alcohol and, especially, the sale of alcohol.
- Ensure high-quality systems of monitoring and evaluating the marketing of alcoholic beverages in the media, including the Internet and mobile applications.

8. INFORMAL PRODUCTION AND ILLICIT SALES OF ALCOHOL

- Improve control of the production and sale of alcoholic beverages, for example, by introducing tax labels.
- Establish an effective system of controlling the quality and use of unregistered alcohol.

9. ALCOHOL USE AND INTOXICATION

- Train serving personnel and ensure security in drinking environments.
- Adopt regional and local action plans for the prevention of hazardous and harmful alcohol use, especially among young people, in drinking environments and the local community, and establish local action groups.
- Investigate the possibility of introducing special licences/permits for the sale of alcohol products (alcohol licensing) with the possibility of revoking licences in cases of law infringement.
- Make it mandatory to introduce health messages about the risks of drinking alcohol during pregnancy, and other health-related warnings, on the packaging of alcohol products.

10. MONITORING AND CONTROL

- Introduce a comprehensive system of monitoring the consequences of hazardous and harmful alcohol use and the effectiveness of measures taken to prevent it.
- Monitor alcohol availability, both physical and price-related.
- Conduct assessments of the economic burden of alcohol on individuals and society, and establish a system of measuring the effectiveness of alcohol-policy measures in relation to the economy.
- Establish a system of monitoring the consequences of hazardous and harmful alcohol use, as well as addiction to alcohol during pregnancy.
- Collect data on the hazardous and harmful use of alcohol in different population groups (women, young people, older people, ethnic groups, and unemployed people) and recommend solid measures to counter it.
- Ensure the systematic monitoring of prevention/promotion programmes, research carried out, and problems met by stakeholders working in the field of alcohol.
- Establish a system of evaluating prevention/promotion programmes and harm-reduction programmes.
- Ensure comprehensive periodic reporting on alcohol use, drinking patterns, the consequences of hazardous and harmful alcohol use, prevention programmes and the implementation of alcohol-policy measures at the national and regional levels.

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77%

of the public support a blood alcohol concentration limit of 0.0 for all drivers

81%

of 15 year-olds have already tried alcoholic beverages

Annual estimated health costs related to alcohol use between 2011 and 2014 amounted to €153 million.

3876

annual alcohol-related hospitalizations

10 people are hospitalized every day as a result of alcohol use.

956

deaths due to alcohol per year

Two out of five adolescents have engaged in binge drinking at least twice in their lives despite the ban on the sale of alcohol to people under 18 years of age.