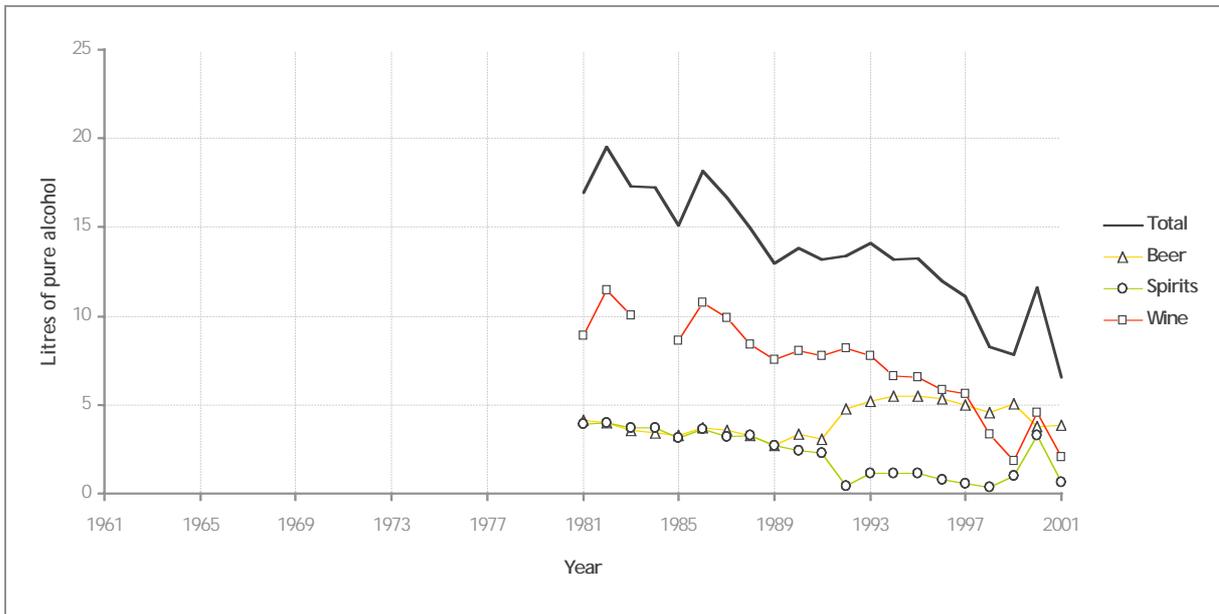


SLOVENIA

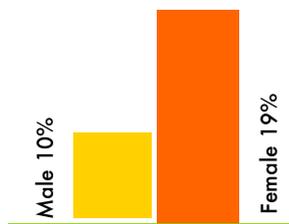
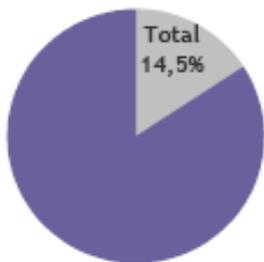
Recorded adult per capita consumption (age 15+)



Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Official statistics show that consumption in 2003 was 12.3 litres of pure alcohol per adult.⁷

Last year abstainers

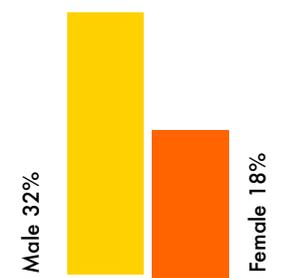
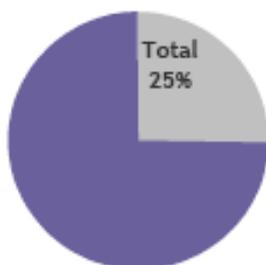


Hovnik-Keršmanc M, Drinking patterns among Slovene adult population (18+), 1999 - Total sample size: 1012 persons 18+ - Males: 439 - Females: 568

Heavy drinkers

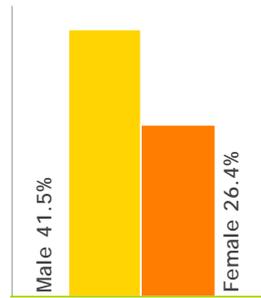
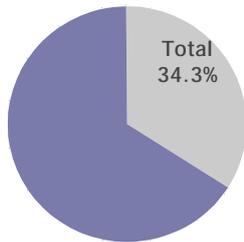
A survey conducted in 1999 with people aged 18 or older (n=1012, male n=439, female n=568) found that 13% of the population were heavy drinkers (21% male, 4% female).⁸

Youth drinking (alcohol consumers)



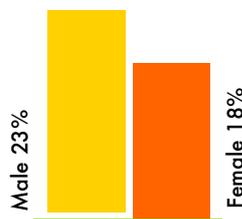
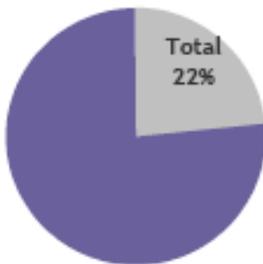
Data from ESPAD survey 2003. Total sample size N=2.785; Males n=1.406; females n=1.379; age group 15 to 16 years. Alcohol consumer defined as lifetime use of 40 times or more.²

Youth drinking (drink at least weekly)



HBSC survey 2001/2002. Data shows proportion of 15-year-olds who report drinking beer, wine or spirits at least weekly. Total sample size $n = 1069$.³

Youth drinking (binge drinkers)



Data from ESPAD survey 2003. Total sample size $N=2.785$; Males $n=1.406$; females $n=1.379$; age group 15 to 16 years. Binge drinking defined as consuming 5 or more drinks in a row three times or more in the last 30 days..²

Youth drinking (drunkenness)

According to the 2001/2002 HBSC survey (total sample size $n = 1069$), the proportion of 15-year-olds who reported ever having been drunk two or more times was 44.3% for boys and 33.7% for girls.³

In the 1999 ESPAD study of subjects 15 to 16 years old (total sample size $n = 3184$; males $n = 1791$ and females $n = 1393$) the proportion of subjects who reported being drunk three times or more in the last 30 days was 11% (total), 13% (males) and 9% (females).²

Alcohol dependence

A survey conducted in 1999 with people aged 18 or older ($n=1012$, male $n=439$, female $n=568$) found that 11% of the population were alcohol dependent (21% male, 4% female).⁸

Traditional alcoholic beverages

Until 1994, Slovenia was a typical wine-drinking country, with an average share of pure alcohol consumption amounting to more than 50%. After that beer became a very popular beverage. Since then, the share of pure alcohol consumed in the form of beer has risen substantially, and was almost equal to the share of pure alcohol consumed in wine, i.e. about 5 litres.⁹

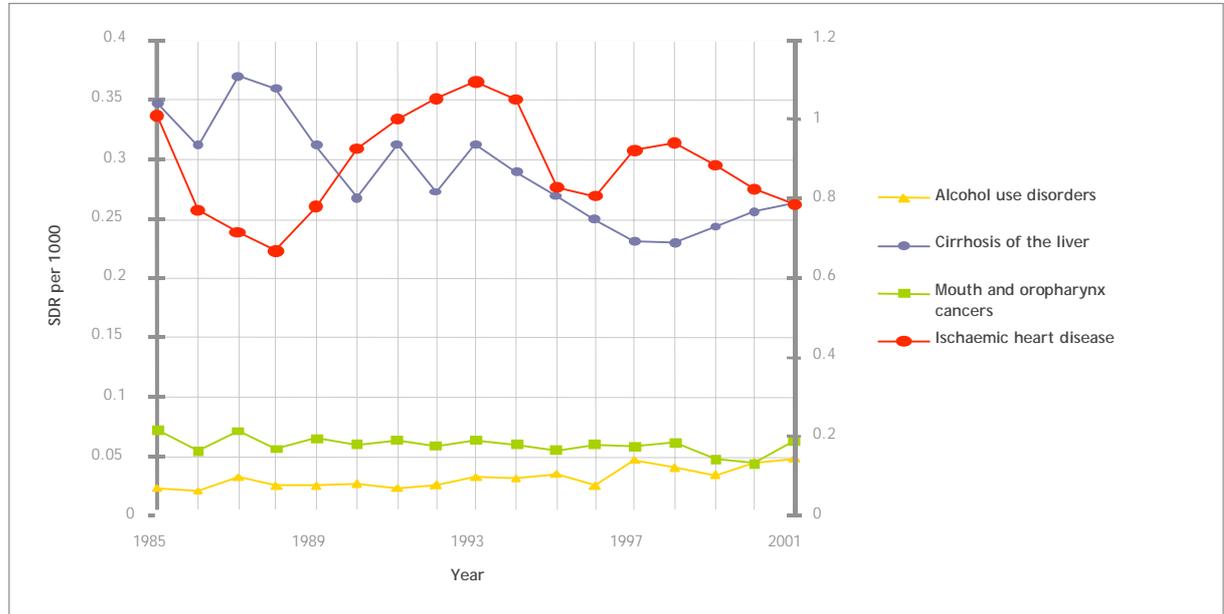
Unrecorded alcohol consumption

The unrecorded alcohol consumption in Slovenia is estimated to be 1.3 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).¹

Mortality rates from selected death causes where alcohol is one of the underlying risk factors

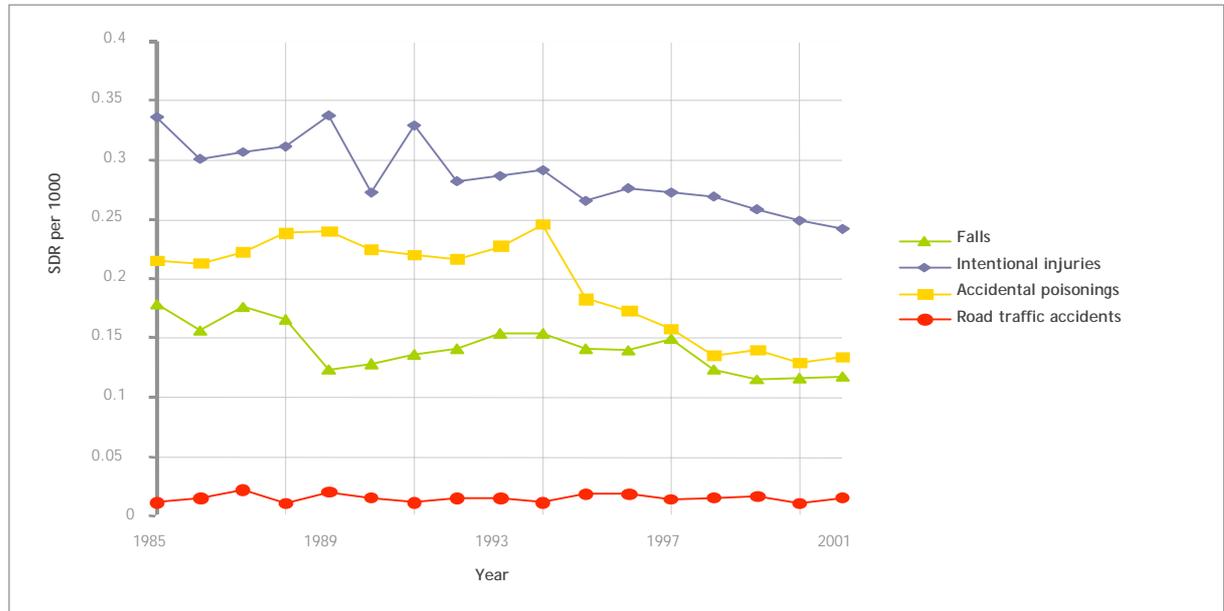
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

Chronic mortality



Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

Acute mortality



Source: WHO Mortality Database

Morbidity, health and social problems from alcohol use

In 2003, 3,986 of 41,170 road traffic accidents (9.8%) were alcohol related (compared to 9% over 0.5‰ in 2000). Of 82,644 participants in road accidents, 242 died - 81 of the 220 fatal accidents were alcohol related.⁷ In 2000, the average level of blood alcohol concentration observed was 1.65‰.⁵

The number of alcohol-related road traffic accidents per 100 000 population was 77.43 in 2000 and 77.26 in 2001.⁶

The SDR per 100,000 people for chronic liver disease and cirrhosis was 34.08 in 2001 and 29.51 in 2002. SDR per 100,000 population for all alcohol-related causes was 24,44 in 2003. SHR per 100,000 population for all alcohol-related causes was 198,5 in 2003.⁷

Due directly to alcohol-related causes in 2002,^a there were 536 deaths (31.9 per 100,000 population), of which 366 died earlier than would otherwise be expected at a cost of 4,540 years of potential life. There were also 3,962 hospitalisations and 6,517 visits to various specialists, as well as 2,137 cases of temporary sick leave and 84,151 lost working days.⁷

Economic costs

The estimated cost of temporary sick leave, hospitalisations and premature deaths (due to illness, injury, accidents etc.) amounted to 16.5bn SIT (€73m). The estimated cost of hospital treatment amounted to 2.2bn SIT (€10m). The estimated cost of absenteeism based on the average gross income 648m SIT (€3m). Using the human capital method, potential life lost for those dying prematurely amounted to 13.6 billion SIT (€60m). It was calculated that in 2002 the cost of lost earnings of the 91 deceased, who on average died 28 years prematurely, at current prices amounted to 3.8bn SIT (€17m). The economic burden shouldered by the individual, their family and society has been estimated at less than 1% of GDP.⁷

The annual economic loss caused by all traffic accidents in Slovenia has been assessed at 2% to 2.5% of the gross domestic product.

Country background information

Total population 2003	1 984 000	Life expectancy at birth (2003)	Male	73.2
Adult (15+)	1 686 400		Female	80.7
% under 15	15	Probability of dying under age 5 per 1000 (2002)	Male	5
Population distribution 2003 (%)			Female	4
Urban	52	Gross National Income per capita 2002	US\$	9810
Rural	48			

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Health Report 2004, Statistical office of the Republic of Slovenia.

^a The following diseases and injuries were included in a group and presented as all alcohol-related causes of death and hospitalizations: Mental and behavioural disorders due to use of alcohol (ICD-10 F10), Degeneration of nervous system due to alcohol (G31.2), Alcoholic polyneuropathy (G62.1), Alcoholic miopathy (G72.1), Alcoholic cardiomyopathy (I42.6), Alcoholic gastritis (K29.2), Alcoholic liver disease (K70), Alcohol-induced chronic pancreatitis (K86.0), Maternal care for (suspected) damage to fetus from alcohol (O35.4), Fetus and newborn affected by maternal use of alcohol (P04.3), Fetal alcohol syndrome (Q86.0), Finding of alcohol in blood (R87.0), Accidental poisoning by and exposure to alcohol (X45), Intentional self poisoning by and exposure to alcohol (X65) and Poisoning by and exposure to alcohol, undetermined intent (Y15).

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4. Bilban M, Jakopin CB. Alcoholic drinkers and road safety in the Republic of Slovenia. *Collegium Antropologicum*, 2000, 24(2):357–366.
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8. Hovnik-Keršmanc M. (1998). Drinking patterns among Slovene adult population.
9. Šešok J, (2004). Alcohol consumption and indicators of alcohol-related harm in Slovenia, 1981-2002, *Croatian Medical Journal*, 45(4):466-472.