NIJZ National Institute of Public Health

THE USE OF ILLICIT DRUGS, TOBACCO AND ALCOHOL IN SLOVENIA 2011–2012

Selected Statistical Data and Survey Methodology

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TABLE OF CONTENTS

LIST OF USED ACRONYMS

1KA – online tool for preparing surveys (One-Click Survey)

ATADD – Survey on Tobacco, Alcohol and Other Drugs

CAPI – Computer-Assisted Personal Interviewing

CATI – Computer-Assisted Telephone Interviewing

ECHIM – European Community Health Indicators Monitoring

EHIS – European Health Interview Survey

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

ESPAD – European School Survey Project on Alcohol and Other Drugs

Eurostat – Statistical Office of the European Union

HBSC – Health Behaviour in School-aged Children

IVZ – National Institute of Public Health (now NIJZ – National Institute of Public Health)

NIJZ – National Institute of Public Health

OECD – Organisation for Economic Co-operation and Development

PPS – Probability proportional to size

SMART – Standardizing Measurement of Alcohol-Related Troubles

SORS – Statistical Office of the Republic of Slovenia

WHO – World Health Organisation

LIST OF FIGURES

LIST OF TABLES

FOREWORD

This publication represents a statistical overview of the key results of the Survey on Tobacco, Alcohol and Other Drugs, which was carried out by the National Institute of Public Health in 2011 and 2012. The prevalence and patterns of the use of tobacco, alcohol and illicit drugs among the population, which are measured through surveys, are important indicators, which are used to monitor and assess the situation in the field of addictions and which provide basic information on the patterns of use, risk behaviours, social and health correlates and the consequences of the use of psychoactive substances. While health and health behaviour surveys, which also include questions on the use of tobacco, alcohol and illicit drugs, have been conducted among the Slovenian school-attending children and adolescents for several years (ESPAD – European School Survey Project on Alcohol and other Drugs since 1995 and HBSC – Health Behaviour in School-aged Children since 2002), the Survey on Tobacco, Alcohol and Other Drugs among the general population aged 15-64 was conducted in Slovenia for the first time. Since the survey has been conducted using the methodology of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the results are also comparable to similar surveys conducted in other European Community member states. We considered both, the methodological guidelines for preparing the sample and the internationally recognised standards for questions on the use of illicit drugs, alcohol and tobacco. We expect that in the future we will be able to implement the survey at regular intervals, as only in this way will we be able to analyse changes in the prevalence and patterns of drug use among the general population and among various population groups.

This publication is intended for all who work in the field of psychoactive substances addiction. It is the first basic presentation of the situation in an important field of public health and provides a starting point for the understanding and deliberation of the issue, while, at the same time, it also gives notice for an extensive publication, which will provide in-depth analyses of individual addictions, emphasise the main problems and ultimately also include health protection proposals for this field.

Ada Hočevar Grom and Metka Zaletel

1 METHODOLOGY

1.1 SURVEY METHODOLOGY

The target population, sampling frame and sampling plan

The target population is the Slovenian population aged 15-64 living in private households.

The sampling frame was the list of census districts and the Central Population Register. The sample was prepared by the Statistical Office of the Republic of Slovenia pursuant to the National Statistics Act.

We used stratified two-stage sampling plan (probability proportional to size – PPS with replacement) (Kalton and Vehovar, 2001) and the stratification was done with regard to size and type of the settlement and the statistical region. The sample was explicitly stratified by size and type of settlement and implicitly by statistical regions. At the first level, 1,520 sampling units are chosen (groups of census districts) and then in every chosen sampling unit 10 persons aged 15-64. The sample size is 15,200 persons (7,200 persons in 2011 and 8,000 persons in 2012).

The surveying period and the data collection mode

The survey was implemented in two parts, in 2011 and in 2012. The first surveying was conducted between 6 October 2011 and 24 November 2011, where there were 7,200 persons chosen for the sample. The second surveying took place between 3 April 2012 and 26 June 2012, where the number of chosen persons was slightly higher, i.e. 8,000 persons. The total sample thus included 15,200 persons aged 15-64.

The survey was conducted as a mixed-mode survey. The chosen persons were notified about the survey with a notification letter sent by the IVZ. The letter included information about the survey, the possibility of online completion of the questionnaire and about the foreseen visit of the interviewer or a telephone call (in case that the chosen person did not fill in the questionnaire online).

The survey thus included:

- Online survey prepared and implemented by the IVZ. The surveying was conducted with the help of the 1KA (www.1ka.si) online surveying application. Together with the notification letter, all chosen persons also received a password for accessing the online survey. Online survey was available to persons, selected in the sample, for the entire duration of data-collection;
- Telephone survey, which was implemented by an outsourced provider. The survey was implemented with the help of computer-assisted telephone interviewing (CATI). Telephone interviewing included all respondents, who did not fill in the online survey and whose telephone number was available;
- Personal interviewing, which was also implemented by an outsourced provider. The survey was implemented with the help of computer-assisted personal interviewing (CAPI). Personal interviewing included all respondents, who did not fill in the online survey, all who were not available for phone interviews and those whose telephone number was not known.

Response rates

In both years, the sample included 15,200 persons, of which 1001 units were ineligible, and the remaining 14,199 units were eligible. No contact was established with 1,501 units and 5,184 persons refused to participate in the survey. 7,514 surveys were completed with the chosen persons; of that 40.2% were completed online, 31.1% by telephone and 28.7% in person. The response rate in the survey was 52.9%.

Table 1-1: Survey status and response rates

Survey status	Total
Number of units in the sample (total)	15,200
Not eligible units (total)	1,001
Eligible units (total)	14,199
Non-contact units	1,501
Refusals and break-offs	5,184
Completed and valid questionnaires	7,514
Online interviewing	3,022
Telephone interviewing (CATI)	2,337
Personal interviewing (CAPI)	2,155
Response rate	**52.9 %**

Weighting

The purpose of weighting is to improve the representativeness of the sample, so that the sample represents the surveyed population as closely as possible. Every unit in the sample thus represents a specific number of target population units.

The final weight of every interviewed person is the product of the sample weight (due to unequal probability of sample selection), non-response weight and calibration weights, which enable adaptation to known population values with regard to gender, age, educational level, the statistical region and settlement size. As regards time, interviewing was conducted in two parts but weighting was conducted for the total interviewed population with the applied reference date of 1 January 2012.

Figure 1-1: The weighted structure of respondents to the ATADD according to chosen demographic criteria: gender, age, education and employment status

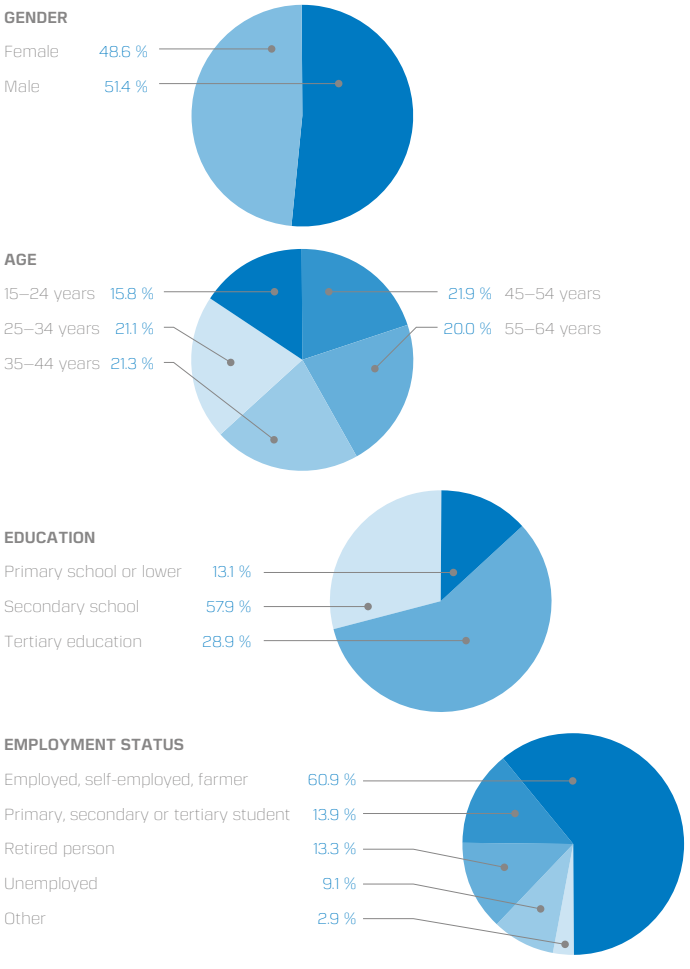


Table 1-2: Number and share (%) of persons in the sample and population, total, by gender, age, education and employment status

		Sample data		Weighted sample data / population data	
		Number in the sample	Share in the sample [%]	Number in the population	Share in the population [%]
TOTAL		7,514	100.0 %	1,416,293	100.0 %
GENDER	Male	3,440	45.8 %	728,006	51.4 %
	Female	4,074	54.2 %	688,286	48.6 %
AGE	15–24 years	1,464	19.5 %	223,343	15.8 %
	25–34 years	1,550	20.6 %	298,803	21.1 %
	35–44 years	1,590	21.2 %	301,006	21.3 %
	45–54 years	1,529	20.3 %	310,088	21.9 %
	55–64 years	1,381	18.4 %	283,052	20.0 %
EDUCATION	Primary school or lower	1,088	14.5 %	185,854	13.1 %
	Secondary school	4,297	57.3 %	819,127	57.9 %
	Tertiary education	2,117	28.2 %	409,216	28.9 %
EMPLOYMENT STATUS	Employed, self-employed, farmer	4,411	58.7 %	861,881	60.9 %
	Primary, secondary or tertiary student	1,281	17.1 %	196,670	13.9 %
	Retired person	919	12.2 %	187,688	13.3 %
	Unemployed	674	9.0 %	128,154	9.1 %
	Other	224	3.0 %	41,021	2.9 %

The weighted sample data, which correspond to population data, show the structure of the studied population. The Slovenian population aged 15-64 and living in private households comprises 51.4% men and 48.6% women. Slightly more than one third (36.9%) are aged between 15 and 34 and 63.1% are aged between 35 and 64. Among the studied population, 13.1% have completed primary school, 57.9% secondary school and 28.9% tertiary education. A good half (60.9%) of the studied persons were employed, self-employed or farmers, 13.9% were primary, secondary or tertiary students, 13.3% were retired, 9.1% unemployed. The remaining 2.9% were housewives, unpaid family workers or persons unable to work due to age, illness or disability (status other). Due to the small number of units, the data in this category is not presented hereafter.

1.2 THE METHODOLOGY OF THE QUESTIONNAIRE

The questionnaire for the ATADD survey was prepared by the IVZ. Valid international standards were considered for individual content areas, whereby we mainly focused on the following recommendations:

- EMCDDA: Handbook for Surveys on Drug Use Among the General population,
- SMART: Drinking Population Surveys – Guidance Document for Standardized Approach in the framework of Standardizing Measurement of Alcohol-Related Troubles project,
- ECHIM: Final Report,
- EHIS: Conceptual Translation Cards and Guidelines,
- Eurostat: Task Force on Core Social Variables: Final Report.

1.3 THE METHODOLOGY OF THE ANALYSIS

The interpretation of results was based on the shares of categories, separate for demographic or other variables, including graphical representations. Data were analysed according to various demographic and socio-economic criteria, especially gender, age, education and employment status, and we thus studied risk behaviours in various target populations.

Our calculations considered the instructions for noting the level of accuracy of statistical estimates, which are provided by SORS publications, as well as Eurostat's draft recommendations (Handbook on Precision Requirements and Variance Estimation for ESS Household Surveys). If the table contains estimates with the number of units with a certain characteristic (expressed in percentages), publishing limitations are determined according to standard errors of share estimations. Only the data where the standard error of the share estimation is 5% or lower are published here, which means that the estimation is of acceptable precision and therefore published without limitations. If the table contains estimated population totals of (continuous) variables, averages of (continuous) variables or ratios of population totals of (continuous) variables, publishing limitations are determined with regard to the relative standard error or the coefficient of variation. Only the data where the coefficient of estimation variations is 10% or lower are published here, which means that the estimation is of acceptable precision and therefore published without limitations.

The 95% confidence interval was calculated for shares using the Wilson score method (Newcombe, 1998). Chi-square test and Column proportions test (z-test) were used to establish variable correlations and statistically significant differences between shares in individual groups whereas Independent sample T-test was used to establish the differences between average values in groups. Analysis was performed by using SPSS (IBM Corporation, 2012) programme. The value of $\alpha \leq 0.05$ was set for the significance level for handling statistically significant differences (hereafter referred to as differences).

Due to rounding up, the sums of shares may differ in particular groups (e.g. the share can exceed 100%).

Tobacco

In light of the existing recommendations (e.g. ECHIM), we used the following indicators to assess the prevalence of tobacco use: share of smokers (those who smoked at the time of the survey, either regularly or occasionally), share of regular smokers (those who smoked regularly every day at the time of the survey), share of occasional smokers (those who smoked less frequently than every day at the time of the survey), share of former smokers, share of never-smokers, share of users of various tobacco products (including electronic cigarettes) and the average number of smoked cigarettes among current regular smokers.

Drugs

The international EMCDDA standards were used to establish the prevalence of drug use. Three standard time frames were thus used in the general population, i.e. lifetime prevalence (drug use at any point in one's life), drug use in the last 12 months before the survey (last year use) and drug use in the last 30 days before the survey (last month use). We investigated prevalence and use of already established drugs as well as the occurrence and use of new drugs in the recommended age groups.

Alcohol

In order to calculate indicators in the field of alcohol, we used various recommendations, which are in accordance with the EMCDDA, SMART and ECHIM standards. The respondents were asked about the quantity and frequency of consumption of following alcoholic beverages: beer, wine, shandy, spirits, liqueur and mixed carbonated alcoholic beverages. The analysis did not include the consumption of energy drinks. We investigated various behaviours related to alcohol consumption, we calculated the assessment of actual alcohol consumption (registered and unregistered alcohol consumption), and we asked the respondents about their opinions on some measures of alcohol policy.

Calculating the amount of consumed alcohol

In calculating the quantity of consumed alcohol, we considered that 1 unit of alcohol contains 10 g of pure alcohol, and it is equal to 1 dl of wine, 2.5 dl of beer, 0.3 dl of spirits, 5 dl of shandy, or 3.2 dl of a mixed carbonated alcoholic beverage (Kolšek, 2004; Zaletel-Kragelj et al., 2004; Kovše, 2012).

Determining episodic heavy drinking

We considered international recommendations and thus determined episodic heavy drinking as consumption of six or more units of alcohol on a single occasion for men and four or more consumed units of alcohol on a single occasion for women (WHO, 2000; Zaletel-Kragelj et al., 2004; Kovše, 2012).

Negative consequences of alcohol consumption

SMART recommendations were used to determine negative consequences of alcohol consumption for the respondents. We studied self-evaluation of the influence of alcohol consumption on their family life, friendships, health, work or education and on financial status. In the next phase we studied the opinions on harmful consequences of episodic heavy drinking.

The assessment of actual alcohol consumption

We considered registered alcohol consumption as well as the consumption of alcohol which is not registered by the national statistics (unregistered alcohol consumption) for the assessment of actual alcohol consumption. For the calculation of registered consumption of pure alcohol per capita in Slovenia we took into account the data on industrial production of alcohol beverages (wine, beer and spirits), data on farm production, data on import and export, and the data of the SORS on the stocks of alcoholic beverages for each individual year. Unregistered consumption of pure alcohol per capita was assessed on the basis of respondents' reports on the import of alcoholic beverages and on the basis of the data on local production of alcohol (wine, beer and spirits). We calculated individual types of alcohol (wine, beer, spirits) into grams of alcohol and converted them into litres of pure alcohol (we took into account that the density of ethanol is 0.79 g/cm^3).

Opinion on some measures of alcohol policy

The survey also included questions on respondent's opinions on whether they agree or disagree with some measures of alcohol policy. SMART recommendations were followed.

2 ILLICIT DRUGS

The majority (83.9%) of the Slovenian population aged 15-64 have never tried illicit drugs and 16.1% have used an illicit drug (Figure 2-1). Among those who have used illicit drug at some point in their lives, the highest share (15.8%) used cannabis. Cocaine was used by 2.1% of the Slovenian population at least once in their lives and the same share used ecstasy, 1.0% used LSD, 0.9% amphetamines and 0.5% of the Slovenian population used heroin (Figure 2-2).

Figure 2-1: Lifetime prevalence of illicit drug use in the Slovenian population aged 15-64[1]

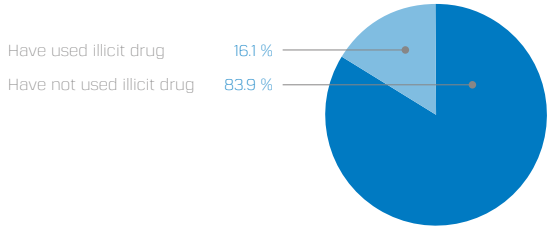
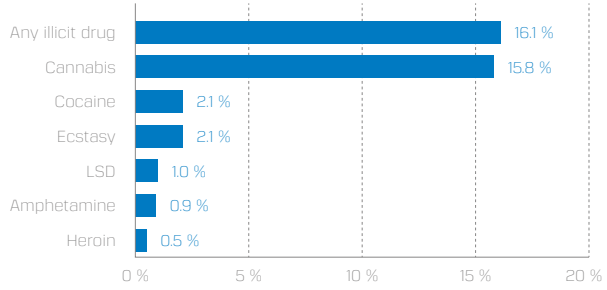


Figure 2-2: Lifetime prevalence of illicit drug use in the Slovenian population aged 15-64 use by type of illicit drug[2]



1 Any illicit drug includes: cannabis, cocaine, ecstasy, LSD, amphetamine or heroin.

2 Because an individual may have used more than one drug, the sum of shares of the use according to individual drugs does not equal the share of the use of any drug.

The estimated use of illicit drugs by number of population shows that approximately 226,000 Slovenians aged 15-64 have used an illicit drug at least once in their lifetime. The highest number of residents, i.e. approximately 223,000 have used cannabis at least once in their lifetime. Approximately 29,000 people used cocaine and 29,000 used ecstasy. Approximately 14,000 of Slovenian residents have used LSD at least once in their lifetime, approximately 13,000 have used amphetamine and about 7,000 heroin.

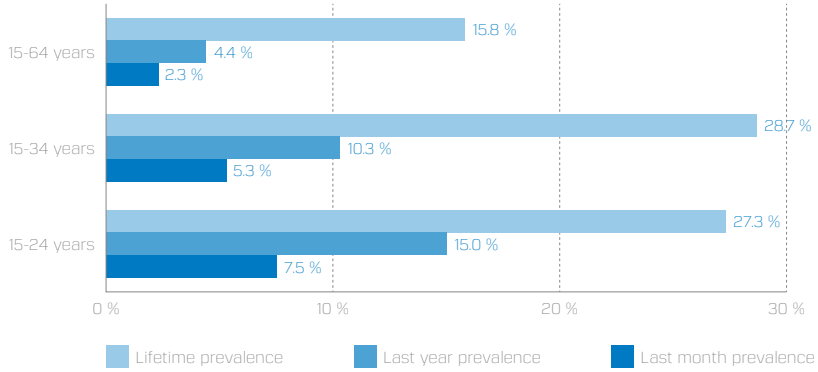
2.1 CANNABIS

Cannabis was the most commonly used drug in Slovenia; 15.8% of the Slovenian population aged 15-64 have used cannabis at least once in their lifetime, 4.4% have used it in the last year and 2.3% in the last month (Table 2-1, Figure 2-3). The average age of first cannabis use was 18 years.

The share of those who have used cannabis at least once in their lives differed by gender, age, education and employment status.

The share of lifetime prevalence of cannabis use was higher in men than in women; about one fifth (19.5%) of men and 11.8% of women aged 15-64 have used this illicit drug at least once in their lifetime (Table 2-1). The share of lifetime prevalence of cannabis use was higher in the up to 34 years age groups than in the above 35 years age groups (Table 2-1, Table 2-2, Figure 2-3). The share of last year and last month use was the highest among the young population, i.e. in the 15-24 years age group (Table 2-2, Figure 2-3).

Figure 2-3: Comparison of shares (in %) of lifetime, last year or last month prevalence of cannabis use among the Slovenian population in 15-64, 15-34 and 15-24 years age groups



By education and employment status, the share of lifetime prevalence of cannabis use was the highest among people with tertiary education and among those included in the educational process (primary, secondary or tertiary students) and the lowest among retired persons (Table 2-1).

Daily or almost daily (cannabis use 20 days or more in the last month) cannabis use was reported by 0.4% of the Slovenian population aged 15-64. The estimated daily use by number of people has shown that about 6,350 people have used cannabis more than 20 times in the last month.

Table 2-1: Lifetime, last year and last month prevalence of cannabis use in the Slovenian population aged 15-64, total, by gender, age, education and employment status

Share [%] in the population		Prevalence		
		Lifetime	Last 12 months	Last 30 days
TOTAL		15.8 %	4.4 %	2.3 %
GENDER	Male	19.5 %	5.9 %	3.3 %
	Female	11.8 %	2.8 %	1.2 %
AGE	15–24 years	27.3 %	15.0 %	7.5 %
	25–34 years	29.7 %	6.8 %	3.7 %
	35–44 years	14.5 %	1.7 %	1.0 %
	45–54 years	7.5 %	0.8 %	0.4 %
	55–64 years	2.5 %	0.2 %	0.1 %
EDUCATION	Primary school or lower	11.1 %	5.7 %	2.9 %
	Secondary school	14.8 %	4.5 %	2.6 %
	Tertiary education	19.8 %	3.4 %	1.3 %
EMPLOYMENT STATUS	Employed, self-employed, farmer	15.5 %	2.4 %	1.3 %
	Primary, secondary or tertiary student	29.3 %	16.0 %	7.6 %
	Retired person	1.5 %	0.0 %	0.0 %
	Unemployed	19.9 %	6.9 %	4.7 %

Table 2-2: Lifetime, last year and last month prevalence of cannabis use in the Slovenian population aged 15-34 years and 15-24 years, total and by gender

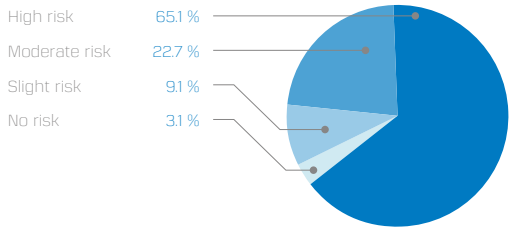
Share [%] in the population		Prevalence		
		Lifetime	Last 12 months	Last 30 days
15–34 years	Total	28,7 %	10,3 %	5,3 %
	Male	33,0 %	13,4 %	7,5 %
	Female	24,0 %	7,0 %	2,9 %
15–24 years	Total	27,3 %	14,9 %	7,5 %
	Male	31,0 %	17,4 %	9,5 %
	Female	23,1 %	12,2 %	5,2 %

2.1.1 OPINION ON RISKS ASSOCIATED WITH REGULAR CANNABIS USE

The Survey on Tobacco, Alcohol and Other Drugs also included opinion questions that allowed the Slovenian population to express their opinions on risks associated with regular cannabis use and on whether cannabis use should be legalised.

Approximately two thirds (65.1%) of the Slovenian population aged 15-64 responded that regular cannabis use is very risky; 22.7% responded that it is moderately risky and 9.1% that it is slightly risky. Only 3.1% of the Slovenian population responded that regular cannabis use is not risky (Figure 2-4).

Figure 2-4: Shares (in %) of the Slovenian population aged 15-64 according to their answer to the question "Is regular cannabis use risky"



Regular cannabis use was associated with high risks by a higher share of women than men, by a higher share of people older than 45 years than younger, and a higher share of retired persons and employed than unemployed and those who were in the education process (primary, secondary or tertiary students). The highest share of the youngest age group (15-24 years) thought that regular cannabis use was not risky, also a higher share of people with primary and secondary education than those with tertiary education and higher thought the same way (Table 2-3).

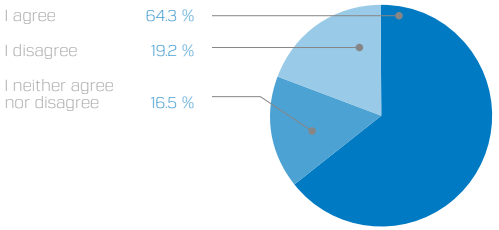
Table 2-3: Shares (in %) of the Slovenian population aged 15-64 according to their answer to the question "Is regular cannabis use risky", total, by gender, age, education and employment status

		Share [%] in the population		
		Tvegana	Zmerno tvegana	Ni tvegana
TOTAL		65.1%	22.7%	12.2%
GENDER	Male	59.2%	25.7%	15.1%
	Female	71.3%	19.5%	9.2%
AGE	15-24 years	48.5%	30.1%	21.4%
	25-34 years	54.2%	30.5%	15.4%
	35-44 years	68.8%	20.8%	10.4%
	45-54 years	73.5%	18.2%	8.3%
	55-64 years	76.6%	15.7%	7.7%
EDUCATION	Primary school or lower	64.7%	20.3%	15.0%
	Secondary school	64.8%	22.5%	12.7%
	Tertiary	65.8%	24.4%	9.9%
EMPLOYMENT	Employed, self-employed, farmer	66.8%	22.5%	10.7%
	Primary, secondary or tertiary student	47.3%	31.3%	21.5%
	Retired person	79.7%	15.2%	5.1%
	Unemployed	57.7%	23.1%	19.2%

2.1.2 OPINION ON THE LEGALISATION OF CANNABIS USE

More than half (64.3%) of the Slovenian population aged 15-64 answered negatively to the question on whether cannabis use should be legal; 19.2% answered that cannabis use should be legal and 16.5% gave neither a positive nor a negative answer (Figure 2-5)).

Figure 2-5: Shares (in %) of the Slovenian population aged 15-64 according to their answer to the question "Should cannabis use be legalised"



Men and age groups up to 34 years were keener to legal use of cannabis, than women and age groups of over 34 years. The oldest age group (55-64 years) was the least keen to legal cannabis use. According to education, those with tertiary education and higher agreed with legal cannabis use in the highest share, and according to employment status, those who were in the educational process (primary, secondary, tertiary) and the unemployed agreed with legal use in higher extent than employed and retired persons (Table 2-4).

Table 2-4: Shares (in %) of the Slovenian population aged 15-64 according to their answer to the question "Should cannabis use be legalised", total, by gender, age, education and employment status

		Share [%] in the population		
		I agree	I neither agree nor disagree	I disagree
TOTAL		19.2%	16.5%	64.3%
GENDER	Male	23.1%	17.6%	59.3%
	Female	15.0%	15.4%	69.6%
AGE	15-24 years	28.5%	22.2%	49.4%
	25-34 years	26.4%	20.0%	53.5%
	35-44 years	18.4%	15.9%	65.7%
	45-54 years	13.3%	14.3%	72.4%
	55-64 years	11.5%	11.6%	76.9%
EDUCATION	Primary school or lower	15.1%	13.3%	71.7%
	Secondary school	18.6%	16.0%	65.4%
	Tertiary	22.2%	18.9%	58.9%
EMPLOYMENT	Employed, self-employed, farmer	17.5%	16.6%	66.0%
	Primary, secondary or tertiary student	31.6%	22.9%	45.5%
	Retired person	10.2%	11.1%	78.8%
	Unemployed	26.8%	15.2%	58.1%

2.2 COCAINE

2.1% of the Slovenian population aged 15-64 have used cocaine at least once in their lifetime, 0.5% have used it in the last year and 0.1% in the last month (Table 2-5). The average age of first cocaine use was 21 years.

The share of those who have used cocaine at least once in their lifetime differed by gender, age and employment status.

Men used cocaine in higher share than women did; thus this illicit drug was used by 2.8% of men and 1.2% of women aged 15-64 at least once in their lifetime (Table 2-5). The share of lifetime prevalence of cocaine use was higher in age groups 15-25 and 25-35 years than in older age groups whereas the cocaine use in the last month was the highest among the youngest respondents (15-24 years) (Table 2-5). People who were in the educational process (primary, secondary, tertiary) and those who were unemployed used cocaine at least once in their lifetime in higher share than those who were employed (Table 2-5).

Table 2-5: Lifetime, last year and last month prevalence of cocaine use in the Slovenian population aged 15-64, total, by gender, age, education and employment status

Share [%] in the population		Prevalence		
		Lifetime	Last 12 months	Last 30 days
TOTAL		2.1%	0.5%	0.1%
GENDER	Male	2.8%	0.7%	0.2%
	Female	1.2%	0.3%	0.1%
AGE	15-24 years	3.9%	1.9%	0.6%
	25-34 years	4.4%	0.6%	0.2%
	35-44 years	1.7%	0.3%	0.0%
	45-54 years	0.5%	0.1%	0.1%
	55-64 years	0.1%	0.0%	0.0%
EDUCATION	Primary school or lower	1.8%	0.8%	0.2%
	Secondary school	2.0%	0.6%	0.2%
	Tertiary	2.3%	0.2%	0.0%
EMPLOYMENT	Employed, self-employed, farmer	1.7%	0.3%	0.0%
	Primary, secondary or tertiary student	3.9%	1.5%	0.6%
	Retired person	0.0%	0.0%	0.0%
	Unemployed	4.7%	1.0%	0.2%

2.3 ECSTASY

2.1% of the Slovenian population aged 15-64 have used ecstasy at least once in their lifetime, 0.3% have used it in the last year and 0.1% in the last month (Table 2-6). The average age of first ecstasy use was 19 years.

The share of those who have used ecstasy at least once in their lifetime differed by gender, age and employment status.

Men used ecstasy in higher share than women did; thus this illicit drug was used by 2.7% of men and 1.4% of women aged 15-64 at least once in their lifetime (Table 2-6). The share of lifetime prevalence of ecstasy use was higher in age groups up to 34 years than in older age groups and it totalled 3.5% in age group 15-24 years and 5.4% in age group 25-34 years (Table 2-6). People who were unemployed and those who were in the educational process (primary, secondary, tertiary) used ecstasy at least once in their lifetime in higher share than those who were employed (Table 2-6).

Table 2-6: Lifetime, last year and last month prevalence of ecstasy use in the Slovenian population aged 15-64, total, by gender, age, education and employment status

Share [%] in the population		Prevalence		
		Lifetime	Last 12 months	Last 30 days
TOTAL		2.1%	0.3%	0.1%
GENDER	Male	2.7%	0.4%	0.2%
	Female	1.4%	0.2%	0.1%
AGE	15-24 years	3.5%	1.3%	0.5%
	25-34 years	5.4%	0.4%	0.3%
	35-44 years	1.5%	0.0%	0.0%
	45-54 years	0.2%	0.0%	0.0%
	55-64 years	0.1%	0.0%	0.0%
EDUCATION	Primary school or lower	1.6%	0.0%	0.0%
	Secondary school	1.9%	0.4%	0.2%
	Tertiary	2.6%	0.2%	0.1%
EMPLOYMENT	Employed, self-employed, farmer	1.8%	0.1%	0.0%
	Primary, secondary or tertiary student	3.5%	1.4%	0.6%
	Retired person	0.0%	0.0%	0.0%
	Unemployed	4.6%	0.3%	0.3%

2.4 AMPHETAMINE

0.9% of the Slovenian population aged 15-64 have used amphetamine at least once in their lifetime, in the last year this illicit drug was used by 0.3% of people and in the last month by 0.1% (Table 2-7). The average age of first amphetamine use was 19 years.

The share of those who have used amphetamine at least once in their lifetime differed by gender, age and employment status.

Men used amphetamine in higher share than women did; thus this illicit drug was used by 1.4% of men and less than one percent of women aged 15-64 at least once in their lifetime (Table 2-7). The share of lifetime prevalence of amphetamine use was higher in age groups 15-24 and 25-34 years than in age groups 35-44 and 45-54 years (Table 2-7). According to employment status, the share of lifetime prevalence of amphetamine use was higher in those who were in the educational process (primary, secondary, tertiary) and those who were unemployed than in those who were employed (Table 2-7)..

Table 2-7: Lifetime, last year and last month prevalence of amphetamine use in the Slovenian population aged 15-64, total, by gender, age, education and employment status

Share [%] in the population		Prevalence		
		Lifetime	Last 12 months	Last 30 days
TOTAL		0.9%	0.3%	0.1%
GENDER	Male	1.4%	0.5%	0.2%
	Female	0.5%	0.1%	0.1%
AGE	15-24 years	1.9%	1.	0.5%
	25-34 years	2.3%	0.5%	0.3%
	35-44 years	0.5%	0.1%	0.0%
	45-54 years	0.2%	0.0%	0.0%
	55-64 years	0.0%	0.0%	0.0%
EDUCATION	Primary school or lower	0.7%	0.4%	0.1%
	Secondary school	0.9%	0.4%	0.2%
	Tertiary	1.2%	0.2%	0.1%
EMPLOYMENT	Employed, self-employed, farmer	0.7%	0.0%	0.0%
	Primary, secondary or tertiary student	2.3%	1.4%	0.8%
	Retired person	0.0%	0.0%	0.0%
	Unemployed	2.0%	0.7%	0.3%

2.5 LSD

1.0% of the Slovenian population aged 15-64 have used LSD at least once in their lifetime and 0.1% in the last year (Table 2-8). The average age of first LSD use was 20 years.

The share of those who have used LSD at least once in their lifetime differed by gender, age and employment status.

Men used LSD in higher share than women; thus, this illicit drug was used by 1.4% of men and less than one percent of women aged 15-64 at least once in their lifetime (Table 2-8). The share of lifetime prevalence of LSD use was higher in age groups 25-34 and 35-44 years than in oldest age group (55-64 years) (Table 2-8). According to employment status, the share of lifetime prevalence of LSD use was higher in unemployed than in employed and those who were retired (Table 2-8).

Table 2-8: Lifetime, last year and last month prevalence of LSD use in the Slovenian population aged 15-64, by gender, age, education and employment status

Share [%] in the population		Prevalence		
		Lifetime	Last 12 months	Last 30 days
TOTAL		1.0%	0.1%	0.0%
GENDER	Male	1.4%	0.2%	0.1%
	Female	0.6%	0.1%	0.0%
AGE	15-24 years	0.9%	0.4%	0.2%
	25-34 years	1.6%	0.3%	0.0%
	35-44 years	1.6%	0.0%	0.0%
	45-54 years	0.6%	0.0%	0.0%
	55-64 years	0.3%	0.0%	0.0%
EDUCATION	Primary school or lower	0.5%	0.1%	0.0%
	Secondary school	1.1%	0.1%	0.1%
	Tertiary	1.1%	0.1%	0.0%
EMPLOYMENT	Employed, self-employed, farmer	0.9%	0.0%	0.0%
	Primary, secondary or tertiary student	1.3%	0.7%	0.2%
	Retired person	0.3%	0.0%	0.0%
	Unemployed	2.4%	0.3%	0.0%

2.6 HEROIN

0.5% of the Slovenian population aged 15-64 have used heroin at least once in their lifetime and 0.1% in the last year (Table 2-9). The average age of first heroin use was 21 years.

The share of those who have used heroin at least once in their lifetime differed by gender, age and employment status.

Men aged 15-64 years used heroin at least once in their lifetime in higher share than women of the same age (Table 2-9). The share of lifetime prevalence of heroin use was higher in age groups 25-34 and 35-44 years than in the oldest age group (55-64 years) (Table 2-9). According to employment status, the share of lifetime prevalence of heroin use was higher in unemployed than in employed and those who were retired (Table 2-9).

Table 2-9: Lifetime, last year and last month prevalence of heroin use in the Slovenian population aged 15-64, total, by gender, age, education and employment status

Share [%] in the population		Prevalence		
		Lifetime	Last 12 months	Last 30 days
TOTAL		0.5%	0.1%	0.0%
GENDER	Male	0.7%	0.1%	0.0%
	Female	0.3%	0.0%	0.0%
AGE	15-24 years	0.7%	0.3%	0.1%
	25-34 years	0.8%	0.1%	0.0%
	35-44 years	0.7%	0.0%	0.0%
	45-54 years	0.2%	0.0%	0.0%
	55-64 years	0.1%	0.0%	0.0%
EDUCATION	Primary school or lower	0.8%	0.3%	0.1%
	Secondary school	0.5%	0.1%	0.0%
	Tertiary	0.3%	0.0%	0.0%
EMPLOYMENT	Employed, self-employed, farmer	0.3%	0.0%	0.0%
	Primary, secondary or tertiary student	0.6%	0.1%	0.0%
	Retired person	0.1%	0.0%	0.0%
	Unemployed	1.9%	0.3%	0.0%

2.7 NEW DRUGS

The term 'new drugs' encompasses a broad spectrum of psychoactive substances that newly appeared on the drug market or their abuse appeared only recently and they are thus not yet listed as illicit drugs. In July 2013, the Government of the Republic of Slovenia confirmed the Decree Amending the Decree on the Scheduling of Illicit Drugs by which 48 substances were listed as illicit drugs. At the time of the implementation of the Survey on Tobacco, Alcohol and Other Drugs, mephedrone was the only new drug that had already been listed as an illicit drug in Slovenia.

Less than one percent (0.6%) of the Slovenian population aged 15-64 have used new drugs at least once in their lifetime. 0.3% of people have used new drugs in the last year and 0.1% in the last month (Table 2-10). The average age of first new drug use was 21 years. Those who have already used any of the new drugs, most frequently reported using methylone and mephedrone.

The share of those who have used new drugs at least once in their lifetime differed by gender, age and employment status.

Men used new drugs in higher share than women did; thus new drugs were used by 0.9% of men and 0.3% of women aged 15-64 at least once in their lifetime (Table 2-10). The share of lifetime prevalence of new drugs use was higher in youngest age group (15-24 years) than in age groups above 34 years and it equalled 1.8% (Table 2-10). According to employment status, the share of lifetime prevalence of new drugs use was higher in those who were in the educational process (primary, secondary, tertiary) and in unemployed than in employed (Table 2-10).

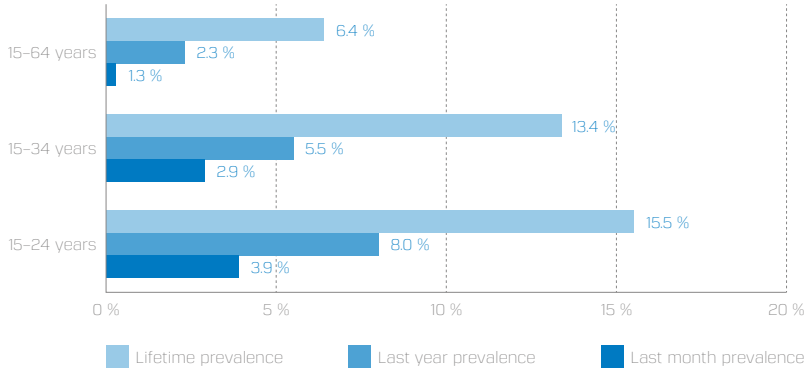
Table 2-10: Lifetime, last year and last month prevalence of new drug use in the Slovenian population aged 15-64, total, by gender, age, education and employment status

Share [%] in the population		Prevalence		
		Lifetime	Last 12 months	Last 30 days
TOTAL		0.6%	0.3%	0.1%
GENDER	Male	0.9%	0.4%	0.1%
	Female	0.3%	0.2%	0.1%
AGE	15-24 years	1.8%	1.2%	0.3%
	25-34 years	1.0%	0.5%	0.2%
	35-44 years	0.4%	0.0%	0.0%
	45-54 years	0.1%	0.0%	0.0%
	55-64 years	0.1%	0.0%	0.0%
EDUCATION	Primary school or lower	0.7%	0.2%	0.0%
	Secondary school	0.6%	0.3%	0.1%
	Tertiary	0.5%	0.2%	0.1%
EMPLOYMENT	Employed, self-employed, farmer	0.3%	0.0%	0.0%
	Primary, secondary or tertiary student	2.0%	1.4%	0.5%
	Retired person	0.0%	0.0%	0.0%
	Unemployed	1.6%	0.6%	0.0%

2.8 POLYDRUG USE

Polydrug use refers to the use of two or more different drugs, including alcohol, at one occasion. The Survey on Tobacco, Alcohol and Other Drugs did not include questions on individual combinations of drugs that the individual may have used, so these cannot be described.

Figure 2-6: The comparison of shares (in %) of lifetime, last year or last month prevalence of polydrug use among the Slovenian population in 15-64, 15-34 and 15-24 years age groups



6.4% of the Slovenian population aged 15–64 reported lifetime prevalence of polydrug use. In the last year and in the last month polydrug use was reported by 2.3% and by 1.3 % of people respectively (Table 2-11, Figure 2-6). The average age of first polydrug use was 18 years.

The share of those who reported polydrug use at least once in their lifetime differed by gender, age and employment status.

Men reported polydrug use in higher share than women did; thus, 8.4% of men and 4.3% of women aged 15-64 reported lifetime prevalence of polydrug use (Table 2-11). The share of lifetime prevalence of polydrug use was higher in age groups up

to 34 years than in age groups above 35 years, the share of last year prevalence of polydrug use was the highest in the youngest age group (15-24 years) (Table 2-11, Figure 2-6). According to employment status, the share of lifetime prevalence of polydrug use of new drugs was the highest in those who were in the educational process (primary, secondary, tertiary) (Table 2-11).

Table 2-11: Lifetime, last year and last month prevalence of polydrug use in the Slovenian population aged 15-64, total, by gender, age, education and employment status

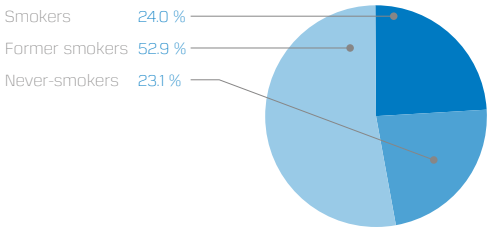
Share [%] in the population		Prevalence		
		Lifetime	Last 12 months	Last 30 days
TOTAL		6.4%	2.3%	1.3%
GENDER	Male	8.4%	3.3%	1.8%
	Female	4.3%	1.3%	0.7%
AGE	15-24 years	15.5%	8.0%	3.9%
	25-34 years	11.9%	3.7%	2.2%
	35-44 years	4.5%	0.9%	0.6%
	45-54 years	2.0%	0.4%	0.1%
	55-64 years	0.6%	0.1%	0.0%
EDUCATION	Primary school or lower	5.3%	2.6%	1.4%
	Secondary school	6.6%	2.5%	1.4%
	Tertiary	6.7%	1.9%	0.9%
EMPLOYMENT	Employed, self-employed, farmer	5.3%	1.4%	0.8%
	Primary, secondary or tertiary student	16.0%	8.4%	4.1%
	Retired person	0.2%	0.0%	0.0%
	Unemployed	9.3%	3.3%	2.3%

3 TOBACCO

3.1 PREVALENCE OF SMOKING

Among the Slovenian population aged 15-64, slightly less than one fourth (24.0%) were smokers, slightly less than one fourth (23.1%) former smokers and slightly more than one half (52.9%) never-smokers (Figure 3-1). The majority of the Slovenian population aged 15-64 thus did not smoke (76.0%).

Figure 3-1: Shares (in %) of smokers, former smokers and never-smokers among the Slovenian population aged 15-64



In Slovenia, approximately 340,000 residents aged 15-64 smoked, approximately 327,000 were former smokers and slightly more than 748,000 were never-smokers.

The shares of smokers, former smokers and never-smokers differed with regard to gender, age, education and employment status (Table 3-1).

The share of smokers was higher among men and unemployed, and lower among women and in the oldest age group (55-64 years), persons with tertiary education and among retired persons (Table 3-1).

The share of former smokers was also higher among men and persons from the oldest age group (55-64 years) and retired persons. The share of former smokers was lower among women and persons with lowest level of education. As expected, the share was lower among persons from the youngest age group (15-24 years) or among primary, secondary and tertiary students, as smoking only begins to appear in this age group (Table 3-1).

The share of never-smokers was higher among women, persons from the youngest age group (15-24 years), persons with tertiary education and primary, secondary and tertiary students, and lower among men, persons with secondary education and unemployed persons (Table 3-1).

Table 3-1: Shares (in %) of smokers, former smokers and never-smokers among the Slovenian population aged 15-64, total, by gender, age, education and employment status

		Share [%] in the population		
		Smokers	Former smokers	Never-smokers
TOTAL		24.0%	23.1%	52.9%
GENDER	Male	26.8%	25.2%	48.0%
	Female	21.1%	20.9%	58.1%
AGE	15-24 years	25.2%	9.5%	65.3%
	25-34 years	28.0%	21.1%	50.9%
	35-44 years	22.9%	22.3%	54.8%
	45-54 years	25.6%	26.5%	48.0%
	55-64 years	18.4%	33.0%	48.5%
EDUCATION	Primary school or lower	27.8%	18.1%	54.1%
	Secondary school	27.6%	23.5%	48.9%
	Tertiary	15.1%	24.5%	60.3%
EMPLOYMENT	Employed, self-employed, farmer	24.2%	24.0%	51.8%
	Primary, secondary or tertiary student	23.3%	8.8%	67.9%
	Retired person	17.6%	33.0%	49.5%
	Unemployed	35.0%	24.2%	40.8%

3.2 REGULAR AND OCCASIONAL SMOKERS

Regular smokers are smokers, who smoke every day, while persons, who do not smoke regularly or every day, are called occasional smokers.

Among the Slovenian population aged 15-64, approximately one fifth (19.1%) smoked regularly and one twentieth (4.9%) occasionally (Table 3-2). The shares of regular and occasional smokers differed by gender, age, education and employment status. The share of regular smokers was higher among men and unemployed and lower among the persons with tertiary education. The share of occasional smokers was higher in youngest age group, which can be expected since smoking habits are formed in that age, smoking is more often occasional and then it gradually develops into regular (Table 3-2).

Among all smokers, approximately 80% smoked regularly every day and 20% smoked occasionally. The shares of regular and occasional smokers differed by gender, age and employment status. The share of regular smokers was higher among men and lower as expected in youngest age group and in group of primary, secondary and tertiary students (Table 3-2).

Table 3-2: Shares of regular and occasional smokers (in %) in the Slovenian population and among smokers aged 15-64, total, by gender, age, education and employment status

		Share [%] in the population		Share [%] among smokers	
		Regular smokers	Occasional smokers	Regular smokers	Occasional smokers
TOTAL		19.	4.9%	79.7%	20.3%
GENDER	Male	22.2%	4.	82.8%	17.2%
	Female	15.9%	5.	75.6%	24.4%
AGE	15-24 years	17.	7.7%	69.3%	30.7%
	25-34 years	22.9%	5.1%	81.8%	18.2%
	35-44 years	18.	5	78.5%	21.5%
	45-54 years	21.	4.	82.5%	17.5%
	55-64 years	15.7%	2.	85.2%	14.8%
EDUCATION	Primary school or lower	22.1%	5.7%	79.6%	20.4%
	Secondary school	22.3%	5.3%	80.9%	19.1%
	Tertiary	11.	3.	75.2%	24.8%
EMPLOYMENT	Employed, self-employed, farmer	19.	4.5%	81.4%	18.6%
	Primary, secondary or tertiary student	15.7%	7.5%	67.6%	32.4%
	Retired person	14.4%	3.	82.2%	17.8%
	Unemployed	29.3%	5.7%	83.7%	16.3%

3.3 THE USE OF VARIOUS TOBACCO PRODUCTS

Smokers use diverse tobacco and tobacco related products (e.g. nicotine containing products, including electronic cigarettes) and may use one or several products.

Table 3-3 shows tobacco and related products that were used by individuals, regularly or occasionally. The majority of smokers (93%) used a single product, the others two or more, so the shares in total exceed 100%.

Among smokers, a great majority (96%) used manufactured cigarettes and approximately one tenth (8.5%) roll-your-own cigarettes. A low share of users used other individual tobacco products or electronic cigarettes (Table 3-3).

The share of smokers of manufactured cigarettes, roll-your-own cigarettes, cigars and pipes differs by gender. The share of smokers of manufactured cigarettes was higher among women, while the share of roll-your-own cigarettes, cigars and pipes was higher among men (Table 3-3).

The share of smokers of manufactured cigarettes, roll-your-own cigarettes and water-pipes differs by age. The share of roll-your-own cigarettes is higher in both younger age groups (15-24 and 52-34) (Table 3-3).

Table 3-3: Shares (in %) of users of various tobacco and tobacco related products among smokers aged 15-64, total and by gender

Share [%] among smokers		Manufactured cigarettes	Roll-your-own cigarettes	Cigarillos	Cigars	Tobacco pipes	Chewing, snuffing or dipping tobacco	Electronic cigarettes	Waterpipes
TOTAL	96.0 %	8.5 %	0.6 %	1.2 %	0.6 %	0.3 %	0.4 %	0.8 %	
GENDER	Male	95.0 %	10.5 %	1.0 %	1.8 %	1.1 %	0.3 %	0.3 %	0.8 %
	Female	97.3 %	5.8 %	0.2 %	0.4 %	0.1 %	0.3 %	0.6 %	0.8 %
AGE	15-24 years	92.	18.	0.	1.	0.	0	0.	3
	25-34 years	95.5 %	13.4 %	0.8 %	1.5 %	0.9 %	0.0 %	0.8 %	0.0 %
	35-44 years	97.1 %	5.1 %	1.0 %	0.9 %	0.3 %	0.5 %	0.3 %	0.2 %
	45-54 years	96.2 %	4.1 %	0.5 %	1.1 %	0.0 %	0.2 %	0.6 %	0.2 %
	55-64 years	98.6 %	1.6 %	0.0 %	0.7 %	1.8 %	0.0 %	0.0 %	0.3 %

3.4 AVERAGE NUMBER OF CIGARETTES SMOKED PER DAY

The average number of cigarettes smoked per day was calculated for smokers of manufactured cigarettes and/or roll-your-own cigarettes, who smoke every day (regular smokers). The average number of smoked manufactured and/or roll-your-own cigarettes per day was approximately 16. In comparison with men, women smoked less cigarettes per day (Table 3-4).

Table 3-4: The average number of cigarettes smoked per day among regular smokers aged 15-64, total and by gender

		Average number of cigarettes smoked per day (regular smokers)
TOTAL		16.3
GENDER	Male	18.0
	Female	13.8

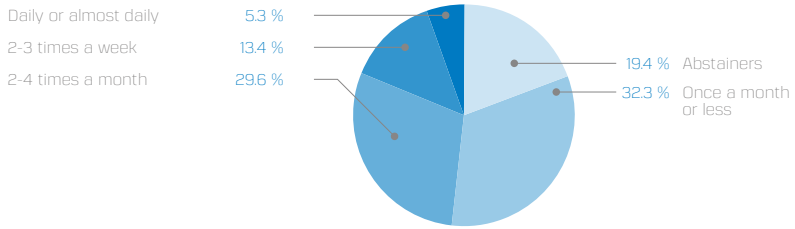
4 ALCOHOL

4.1 ALCOHOL CONSUMPTION

The Survey on Alcohol, Tobacco and Other Drugs asked respondents about their consumption of alcohol containing beverages (e.g. beer, shandy, wine, Breezer, cocktail, spirits, liqueur, must, etc.). We were interested in their drinking habits in the last year, as well as the harmful effects of alcohol consumption and their opinion on alcohol policy. Persons, who did not consume alcoholic beverages in the last year, were classified as abstainers. The survey did not include questions on the consumption of energy drinks.

4.1.1 ABSTAINERS AND PERSONS WHO CONSUMED ALCOHOL IN THE LAST YEAR

Figure 4-1: Shares (in %) of abstainers and persons who consumed alcohol in the last 12 months among the Slovenian population aged 15-64 by frequency of consumption



In the last year, alcoholic beverages were consumed by 1,142,000 (80.6%) of the Slovenian population aged 15-64 and 275,000 abstained, which is less than one fifth (19.4%) of the population (Figure 4-1).

Among men, 15.7% of the population abstained in the last year and among women 23.4%.

The shares of those who abstained in the last year differed by gender, age, education and employment status. The share of abstainers was higher among women (23.4%) and the older population. The share of abstainers was higher among the older population aged 45-64 (20.9% and more) than among the younger population aged 15-34 (17.4% and less). The share of abstainers was the highest among the population with primary school education or lower (34.5%) and the lowest among the population with tertiary education (12.9%). The share of abstainers was higher among retired and unemployed persons (approximately 25.0%) compared to shares of abstainers among employed, self-employed and farmers (17.4%) and those included in the educational process (13.3%) (Table 4-1).

Among the Slovenian population aged 15-64 years who consumed alcoholic beverages in the last year, the highest share pertained to those who drank once a month or less (32.2%), 18.7% drank more than twice a week, out of which 5.3% drank four or more times a week (table 4-1). The frequency of alcohol consumption in the last year differs by gender, age, education and employment status. Among those who drank more than twice a week, the share was higher among:

- men (27.7%) in comparison to women (9.2%);
- oldest age groups (23.2% among 45-54 years age group and 23.5% among 55-64 years age group) in comparison to youngest age groups;
- those with secondary (18.9%) and tertiary or higher (19.8%) education in comparison to those with primary education or lower (15.4%);
- retired persons (22,1%), employed (19.3%) and unemployed (18.7%) in comparison to those who were in the educational process (13.3%) (Table 4-1).

Table 4-1: Shares (in %) of the Slovenian population aged 15-64 who have abstained in the last 12 months and who consumed alcoholic beverages in the last 12 months, total, by gender, age, education and employment status

Share [%] in the population		ABSTAINERS	Consumed alcoholic beverages in the last 12 months				
			Once a month or more	2-4 times a month	2-3 times a week	Four times a week or more	TOTAL
TOTAL		19.4%	32.3%	29.6%	13.4%	5.3%	80.6%
GENDER	Male	15.7%	23.7%	32.9%	19.6%	8.1%	84.3%
	Female	23.4%	41.3%	26.1%	6.8%	2.4%	76.6%
AGE	15-24 years	13.	34.1%	37.9%	12.2%	2.2%	86.
	25-34 years	17.4%	34.9%	33.8%	11.7%	2.2%	82.6%
	35-44 years	18.7%	35.2%	28.7%	12.5%	4.9%	81.3%
	45-54 years	20.9%	28.1%	27.8%	15.3%	7.9%	79.1%
	55-64 years	25.4%	29.5%	21.6%	14.8%	8.7%	74.6%
EDUCATION	Primary school or lower	34.5%	27.5%	22.5%	8.8%	6.6%	65.4%
	Secondary school	19.3%	32.2%	29.7%	14.0%	4.9%	80.
	Higher education	12.9%	34.7%	32.6%	14.3%	5.6%	87.
EMPLOYMENT	Employed, self-employed, farmer	17.4%	32.7%	30.6%	14.2%	5.1%	82.6%
	Primary, secondary or tertiary student	13.	33.5%	39.9%	11.9%	1.3%	86.
	Retired person	27.6%	31.2%	19.1%	12.9%	9.2%	72.4%
	Unemployed	24.7%	30.4%	26.2%	11.8%	6.9%	75.3%

4.1.2 EPISODIC HEAVY DRINKING

Episodic heavy drinking was defined as drinking 6 or more alcohol units on a single occasion for men and 4 or more alcohol units on a single occasion for women.[3]

In the last year, 659,000 (46.5%) of the Slovenian population aged 15-64 engaged in at least one episode of episodic heavy drinking. The shares were higher for men (55.8%) than women (36.6%).

A more detailed analysis of episodic heavy drinking according to frequency in the last year is shown in the Table 4-2. One tenth (10.1%) of the Slovenian population aged 15-64 engaged in episodic heavy drinking once to three times a month in the last year. The share was higher among:

- men in comparison to women;
- youngest population aged 15-24 and 25-34 in comparison to older age groups;
- those with secondary education in comparison to those with primary education or lower and those with tertiary education or higher;
- those in the educational process in comparison to unemployed, employed and retired persons (Table 4-2).

3 10 grams of pure alcohol equals 1 unit of alcohol, which is in 1 dl of wine or 2-5 dl of beer or 0.3 dl of spirits or 3,3 dl of mixed carbonated alcoholic beverage (Kolšek, 2014).

Table Shares (in %) of the Slovenian population aged 15-64 who do not consume alcohol and of those who engaged in episodic heavy drinking in the last 12 months, total, by gender, age, education and employment status

		Share [%] in the population					
		ABSTAINERS	Never	Less than once a month	1 to 3 times a month	1 to 3 times a week	Daily or almost daily
TOTAL		19.5%	34.0%	34.0%	10.1%	2.0%	0.4%
GENDER	Male	15.8%	28.4%	39.0%	13.3%	2.9%	0.7%
	Female	23.5%	39.9%	28.7%	6.7%	1.1%	0.1%
AGE	15-24 years	13.6%	19.7%	39.8%	22.1%	4.4%	0.2%
	25-34 years	17.5%	27.6%	40.6%	11.6%	2.4%	0.3%
	35-44 years	18.8%	39.6%	33.2%	7.3%	1.0%	0.2%
	45-54 years	21.0%	37.8%	31.6%	7.7%	1.6%	0.4%
	55-64 years	25.6%	41.9%	25.7%	4.7%	1.1%	1.0%
EDUCATION	Primary school or lower	34.7%	26.7%	25.2%	9.3%	3.6%	0.5%
	Secondary school	19.4%	31.1%	35.4%	11.7%	2.0%	0.5%
	Tertiary	12.9%	43.3%	34.9%	7.4%	1.3%	0.2%
EMPLOYMENT	Employed, self-employed, farmer	17.5%	36.1%	35.4%	9.1%	1.6%	0.3%
	Primary, secondary or tertiary student	13.4%	19.6%	42.5%	20.2%	4.1%	0.2%
	Retired person	27.7%	43.6%	23.5%	3.4%	1.1%	0.7%
	Unemployed	24.8%	27.7%	31.0%	12.8%	2.8%	0.9%

4.2 NEGATIVE CONSEQUENCES OF ALCOHOL CONSUMPTION

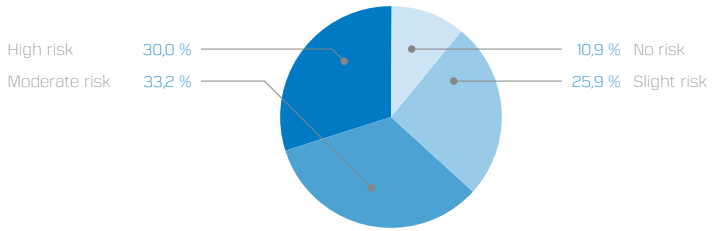
The research looked into some of the negative consequences of alcohol consumption. Among the negative consequences of alcohol consumption, the respondents who consumed alcoholic beverages in the last year evaluated the effect of their alcohol consumption on their family life or life with a partner, relationships with friends, health, work or studies and their financial situation.

Approximately one fourth (25.9%) of Slovenian population reported that in the last year they felt negative consequences of alcohol consumption in at least one of the above mentioned fields. Younger respondents aged 15-24 mostly reported financial problems, while older respondents aged 25-64 reported health issues. The share of those reporting about the negative consequences of alcohol consumption was higher among:

- men (34.8%) in comparison to women (15.5%);
- young people aged 15-24 (46.1%) in comparison to older age groups;
- those with primary education or lower (30.7%) or secondary education (27.5%) in comparison to those with tertiary education or higher (21.2%);
- those who were in the educational process (45.8%) and unemployed (34.8%) in comparison to employed (22.1%) and retired persons (15.3%).

Among the Slovenian population aged 15-64, 30.0% believed that people are exposed to high risks of harmful consequences of alcohol consumption if they drink five or more units[4] of alcohol every weekend and only slightly more than ten percent (10.9%), believed that people do not risk harmful consequences with such drinking behaviour (Figure 4-2).

Figure 4-2: The share (in %) of the Slovenian population aged 15-64 according to different opinions on the risk level in cases where a person drinks five or more units of alcohol every weekend



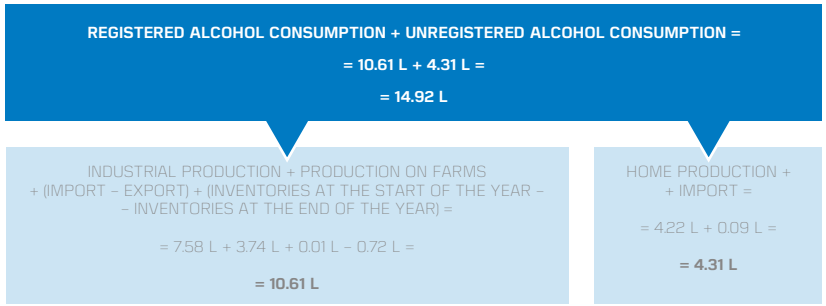
4 10 grams of pure alcohol equals 1 unit of alcohol, which is in 1 dl of wine or 2-5 dl of beer or 0.3 dl of spirits or 3,3 dl of mixed carbonated alcoholic beverage (Kolšek, 2014).

4.3 ESTIMATED ACTUAL ALCOHOL CONSUMPTION

The actual alcohol consumption per capita in Slovenia includes registered alcohol consumption as well as alcohol consumption that is not registered by the national statistics (unregistered alcohol consumption). In calculating registered consumption of pure alcohol per capita, data on industrial production of alcoholic beverages (wine, beer and spirits), on production on farms, on import and export and data on inventories of alcoholic beverages are considered. Unregistered consumption of pure alcohol per capita was in our research calculated on the basis of the respondents' reports on imported alcoholic beverages and home production of alcohol.

Among all types of alcoholic beverages, the respondents imported the highest share of spirits and produced the highest share of wine. Based on reports provided by the respondents on import and home production of alcoholic beverages, we estimated that unregistered consumption of pure alcohol per capita in Slovenia stands at 4.31 litres[5]. Adding this to the data on registered consumption of pure alcohol per capita (persons aged 15 or over), we can estimate that the actual consumption of pure alcohol per capita among Slovenians aged 15 or more in 2011 amounted to 14.92 litres (Figure 4-3).

Figure 4-3: Estimated (registered and unregistered) consumption of pure alcohol per an adult (15 years or over) resident Slovenian in litres, 2011. Source: IVZ

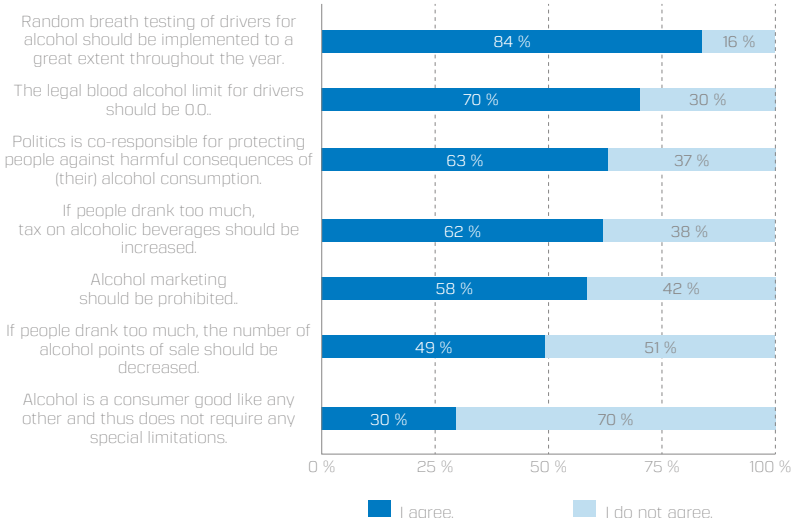


5 In the case that the respondents' reports on the quantity of imported, bought, obtained or home produced alcohol applied to their entire household, the estimation of unregistered alcohol consumption is overstated. From the collected data we cannot assess the amount of the potential overvaluation of this estimation.

4.4 OPINION ON INDIVIDUAL ALCOHOL POLICY MEASURES

The research also included opinion questions that allowed respondents to express their agreement or disagreement with individual alcohol policy measures.

Figure 4-4: Shares (in %) of the Slovenian population aged 15-64 according to their agreement or disagreement with individual alcohol policy measures.



The highest share of respondents agreed with drink-driving countermeasures. 62% of respondents also agreed with increasing a tax on alcoholic beverages and 58% with prohibiting alcohol marketing (Figure 4-4).

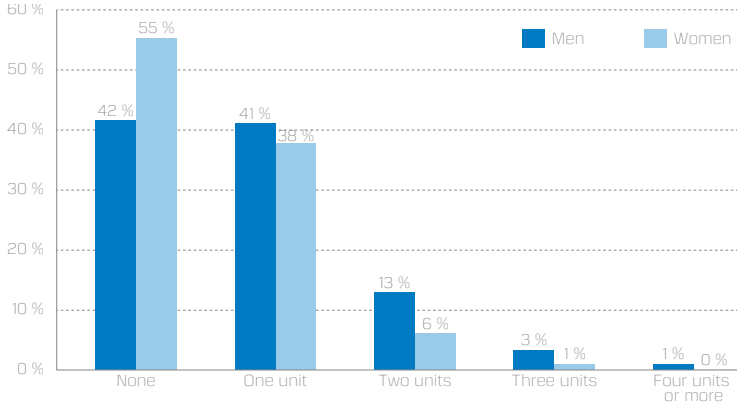
Approximately one third (30%) of respondents believed that alcohol was a consumer good like any other and thus did not require any special limitations (Figure 4-4).

Women, retired persons and employed mostly supported alcohol policy measures. Population aged 35-64 supported alcohol policy measures in higher share than younger population aged 15-34.

4.5 DRIVING UNDER THE INFLUENCE OF ALCOHOL

The research also looked into the opinion of respondents on driving under the influence of alcohol. The respondents were asked about their opinion on how much alcohol an individual may consume 2 hours before he or she starts driving.

Figure 4-5: Answers of the Slovenian population aged 15-64 to the question "How many units[6] of alcohol do you believe a person is allowed to drink 2 hours before he or she starts driving?" shown in shares (in %)



48% of respondents believed that 2 hours before an individual starts driving, he or she should not consume alcohol and 52% of the Slovenian population believed that a person may consume alcohol 2 hours before he or she starts driving. Among the latter, the majority (49%) believe that a person may consume one to two units of alcohol 2 hours before he or she starts driving.

Women were stricter regarding drinking under the influence of alcohol in comparison to men. More than 17% of men and 7% of women thought that a person is allowed to drink two or more units of alcohol two hours before he or she starts driving. The strictness regarding alcohol consumption and driving increased with respondents' age. Approximately 20% of younger population (aged 15-34) and approximately 13% of older population (aged 35-54) thought that a person is allowed to drink two or more unit of alcohol before he or she starts driving.

6 10 grams of pure alcohol equals 1 unit of alcohol, which is in 1 dl of wine or 2-5 dl of beer or 0.3 dl of spirits or 3,3 dl of mixed carbonated alcoholic beverage (Kolšek, 2014).

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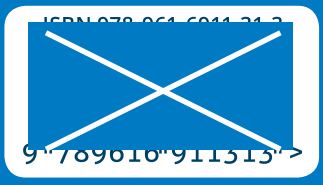

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