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Country Report

SLOVENIA

By

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SUMMARY

Slovenia has been relatively successful in combating tobacco epidemic which is most probably a result of its socio-economic development and high standard of living. In recent years the acceptance of restrictive legislation accompanied by years of productive public debate, numerous media campaigns and educational programs resulted in even further decrease of smoking prevalence.

In 1996, Slovenia adopted the Restrictions on the Use of Tobacco Products Act, containing on one hand the measures for the restriction of tobacco consumption (such as tobacco advertising ban, ban on sponsorship by the tobacco industry and tobacco wholesalers, health warnings on packets of tobacco products, prohibition of sale of tobacco products to persons under the age of 15, prohibition of sale of tobacco products from automatic vending machines, prohibition of sale of single cigarettes or other tobacco products which are not in the manufacturer's original packaging) and on the other hand the measures for the prevention of harmful effects of tobacco consumption (such as smoking restriction in public places and workplaces, limit values of tar yield and compulsory indication of tar and nicotine yields on cigarette packets).

The Act was amended in 2002, and includes measures to restrict smoking in public places and workplaces. Smoking is prohibited in the following places open to the public: meeting rooms, cinema halls, theatres, nursery care premises, hospitality premises and shops, sports halls, public transport facilities, lifts, cable cars, public toilets, and other premises where non-smokers may be exposed to tobacco smoke involuntarily. In some cases, designated smoking areas are permitted, but areas defined as reserved for smokers must not exceed 50% of the total surface area of any individual premises. Smoking in schools and other education premises, hospitals and health institutions, confectioneries, and government buildings is prohibited under this Act. In hospitality facilities (restaurants, inns, coffee shops, snack bars and bars), designated smoking areas must be provided. However, pubs are not covered yet by this legislation. In workplaces, smoking is prohibited in all premises with one or more non-smoking employee.

In last decade, smoking prevalence decreased from 34% to less than 25% mainly by cessation. There is available free of charge counselling and interventions to help quit smoking for users by the health care system in Primary Health Centres, but patients should pay for pharmacotherapy.

1. INTRODUCTION

Brief description of the country

Slovenia is a small country located between the Alps, the Pannonian Plain, the Mediterranean and the Balkans. It borders Austria and Hungary in the north, Italy in the west, and Croatia in the south-east. Formerly a constituent part of Yugoslavia, it declared its independence in June 1991.

Slovenia is mountainous with heavily forested areas and covers 20 273 square kilometre. The climate is mixed with a mediterranean climate on the coast and continental climate with mild to hot summers and cold winters in the plateaus and valleys to the east. The population in mid-1998 was estimated at 1 978 334, 65% of which live in urban centres. Its capital is Ljubljana with 270 481 inhabitants.

Slovenes are a Slavic ethnic group, and make up about 88% of Slovenia's population, For almost a millennium, Slovenia was strongly influenced by German cultures, influences which persist to the present day. Unlike most Slavic languages, Slovenian is written in the Roman alphabet, and has many dialects. Most of the population is Roman Catholic. Slovenia has adopted many features of a parliamentary democratic government. The system is based on the tripartite division of powers between the legislative, executive and judicial powers.

Its 1991 constitution guarantees universal suffrage for all Slovenians over 18 years of age; freedom of religion; freedom of the press; and other civil rights.

The parliament is composed of a 90-member national assembly, which adopts laws, and a 40-member state council, which proposes laws or requests reconsiderations in the assembly. Assembly members serve four-year terms and state council members five-year terms. The government of the Republic of Slovenia (RS) is the executive body and the supreme body of

state administration. The Prime Minister is the head of government who is elected by the Assembly for a four-year term. The government must be approved by the national assembly. The government generally endorses all health care reforms and, within its economic limits, secures the necessary material basis for health care services.

The head of state is the president of the republic who is elected for a maximum of two five-year terms by direct elections.

In 1991 Slovenia became an independent state and began the process of economic transformation to a free market economy. In early 1992 health care legislation was changed to introduce a compulsory and a voluntary health insurance system. At the same time, private practice was reintroduced. The goal of Slovenia's health policy has since been to draw from its previous experiences, specifically to maintain and improve the effective components of the former system and to change, step by step, those which had proven ineffective.

From the year 2004 Slovenia is the member of European Union. Slovenia is participating in four disease prevention and health promotion programmes of the European Community: health promotion; the fight against cancer; the prevention of drug addiction; and AIDS and other communicable diseases prevention.

Demographic trends and health status

The main demographic characteristics in Slovenia are a low birth rate, a low fertility rate and a low rate of population growth.

Table 1. Population by age group, Slovenia, 1985 to 1997 in %.

Age Group	1985	1987	1989	1991	1993	1995	1997
0-14	22.0	21.4	20.9	20.0	19.1	17.9	17.2
15-64	68.0	68.2	68.4	68.8	69.2	69.5	69.3
65 and above	10.0	10.2	10.6	11.0	11.7	12.5	13.1

Source: Statistical Office of the Republic of Slovenia.

Slovenia's population is ageing (Table 1). In Slovenia, the overall number of live births fell from 25.9 to 17.8 per 1 000 population between 1985 and 1998, while the mortality rate remained close to 19 per 1000 population. In 1998 the birth rate decreased from 13.1 in 1985 to 9.1 per 1000 population. The total fertility rate of 1.3 in 1996 was far below the replacement level. The crude death rate of 9.6 in 1998 increased only slightly during the transition, as compared to other transition economies, and quickly recovered its relatively low level.

Life expectancy at birth in Slovenia in 1998 was estimated to be 71.1 years for males and 78.7 years for females. Healthy life expectancy, measured by the Disability Adjusted Life Expectancy (DALE) index is around seven years less (64.9 for males and 71.9 for females). The difference from the EU average was 2.5 years in 1997.

The morbidity and mortality data show that Slovenia experiences the same morbidity and mortality characteristics as other European countries in western and central Europe. Diseases of the cardiovascular system are the most common cause of death in Slovenia, causing almost half of all deaths. These are followed by neoplasms, injuries, poisonings, respiratory diseases, diseases of the digestive system and others.

Mortality by age and sex groups shows a pattern similar to the EU average. The infant mortality rate fell to below 10 per 1000 live births in 1988 for the first time, while in 1998 it experienced a rate of 5.2 per 1000 live births.

The most frequent diseases are diseases of respiratory system, followed by mental diseases, musculoskeletal conditions and digestive system disorders.

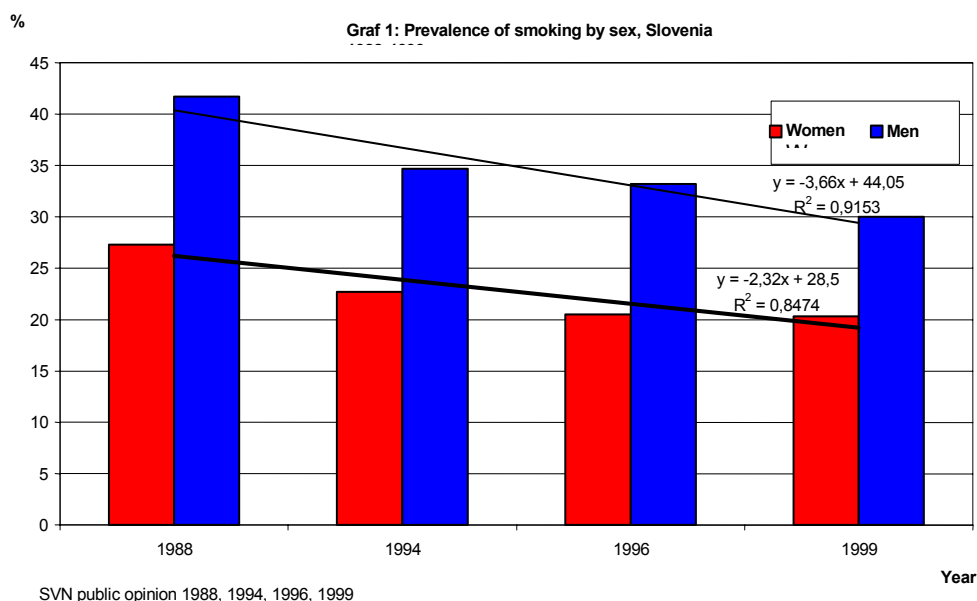
Brief description of background to HPs project and country report

There are still many unsolved problems on Tobacco Control in Slovenia and HP project can be very helpful to settle some of them. Physicians (especially in hospitals) are not informed and educated enough about problems of smoking and don't have enough knowledge how to help their patients quit. National Medical Associations are not care enough about smoking

problems. It is important to inform as much as possible physicians about possibilities for the treatment of tobacco dependence and to educate specialists and organise specialist clinic for smoking cessation. There should be possibilities to get all pharmaceutical products and the money from tobacco taxes should be used for the treatment of tobacco dependence. Patients also are not informed enough who and how can help them quit so we should inform them about opportunities for the cessation. Country based partnerships and networks for improving and monitoring smoking cessation services should be created. Aims of HP project are also to discuss guidelines how to organise and train health professionals – physicians, nurses, dentists, pharmacists - to sensitise their awareness against Tobacco smoke habits of their patients and to give them evidence based tools to help their patients who want or need to quit smoking. The tool to assess the available services for the treatment of tobacco dependence at the country level should be developed. That tool can act as a baseline measurement, facilitate country group work and discussion, identify areas for service strengthening and improvement and monitor change.

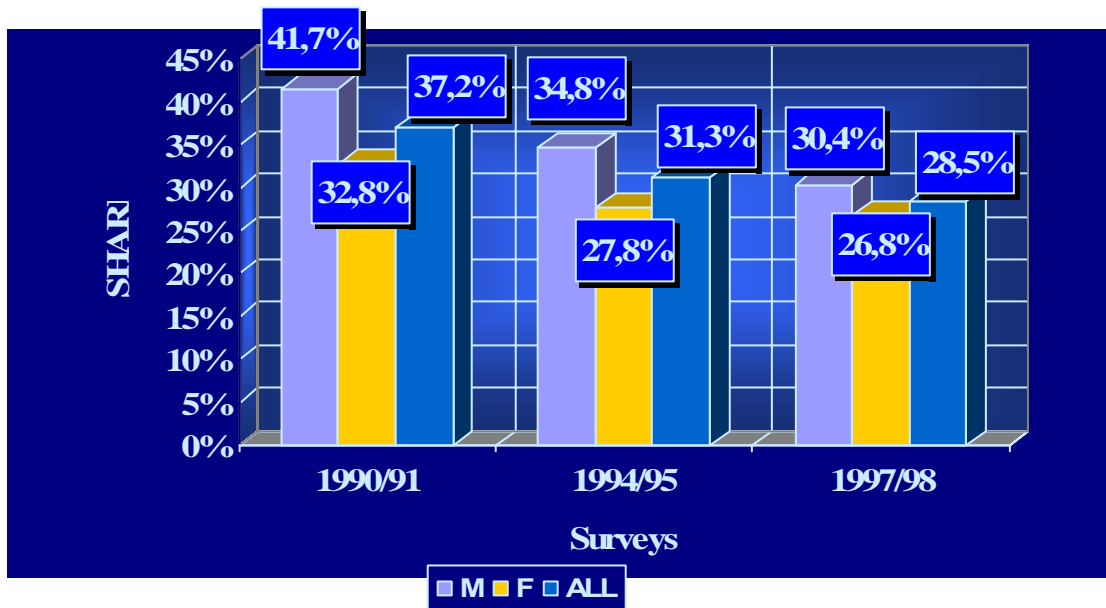
2. THE USE OF TOBACCO PRODUCTS

Slovenia is one of the countries in Europe having less than 25% population smoking (Source: HFA database). In last decade, smoking prevalence decreased from 34% in 1988 to 24% in 1999. The number of smokers decreased in a small country with 2 million inhabitants for almost two hundred thousand smokers from 1978 by SVN Public Opinion (Graf 1), mainly by cessation (1).

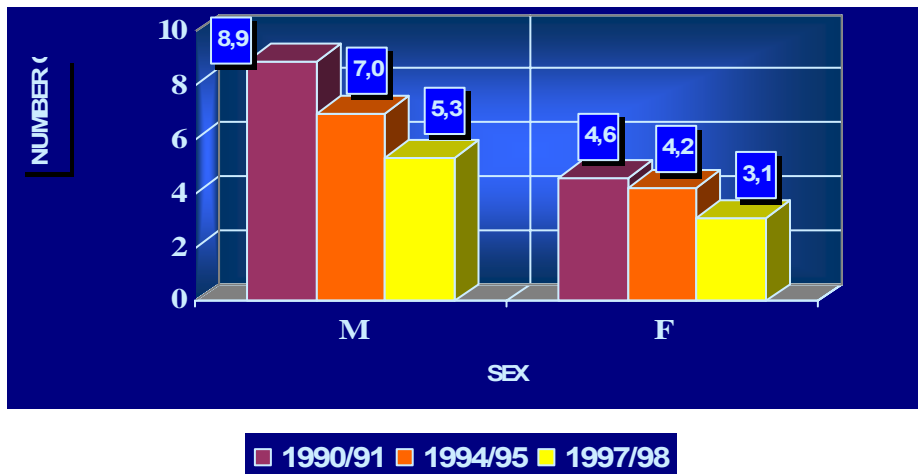


CINDI-Slo surveys on tobacco consumption in population of Ljubljana region in the years 1990/91 (N=1692), 1994/95 (N=323) and 1997/98 (N=1342) also showed great decline of smokers (Graf 2). Persons between 25 and 64 years of age equally from both sexes were included into the studies by a random selection. There was also decline number of cigarettes smoked per day (Graf 3) (2).

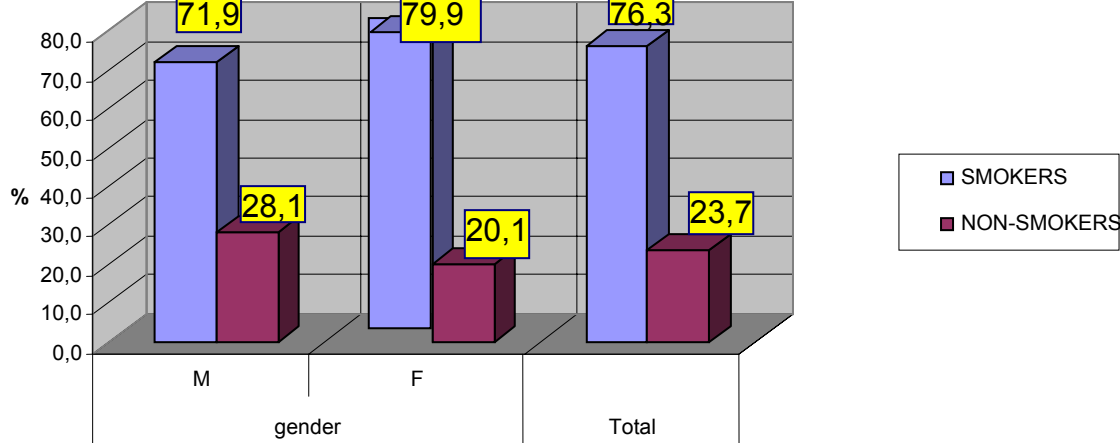
Graf 2: Share of smokers in region of Ljubljana



Graf 3: Average cigarettes smoked per day

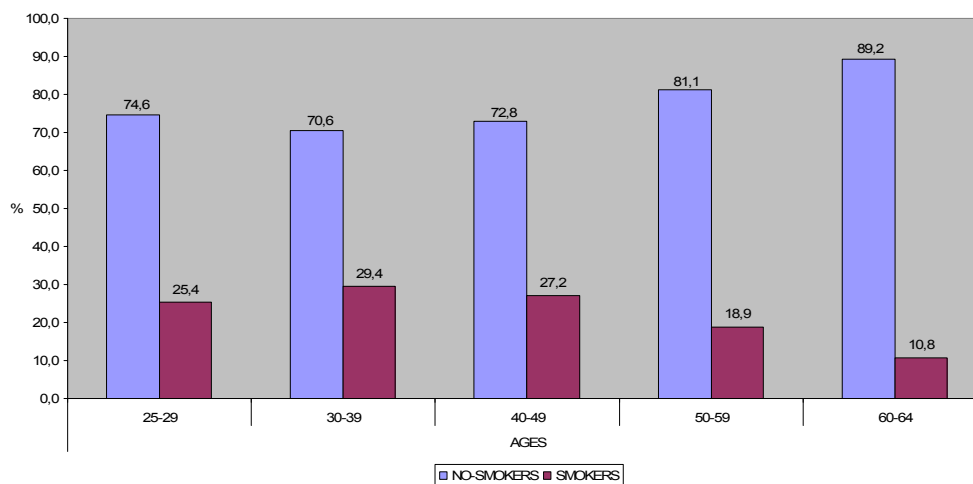


In the year 2001 rates of smokers descended under 25% what was the great success (Graf 4, 5) (3,4).



Source: CINDI Health Monitor Survey 2001

Graf 5: Prevalence of smoking by age groups 2001



Source: CINDI Health Monitor Survey 2001

But the bad news are coming from young populations where surveys GYTS, ESPAD and HBSC showed that the share of young smokers increased significantly **(5)**. Range of 13-15 age children smoking regularly is 8,5% (7,9% male, 8,8% female), occasionally 28,5% (25,4% male, 29,3% female) **(6,7)**.

3. THE HARM DONE BY TOBACCO

In the middle of 90th in Slovenia the estimated annual number of deaths attributed to smoking was 2800 to 3500 deaths or 15 to 19% of all deaths. Male smoking-attributed death rate was 26,4% and female 11,7% The results are crude estimations of the smoking-attributable mortality in Slovenia. When the smoking-attributable deaths are subtracted from the other causes of death and presented as an independent group, the smoking-attributable mortality is second the most frequent cause of death after cardio vascular diseases. **(8)**. A calculation by Peto and Lopez for the year 2000 is showing that between the ages 35-69 male smoking-attributed death rate was 31% (No: 1354) and female 9% (No: 187). Among smoking-attributed cancer death rate was for male 48% (No: 661, lung cancer only: 417) and 10% for female (No: 86, lung cancer only: 69) **(9)**.

4. MEASURES TO REDUCE THE HARM DONE BY TOBACCO

Most of the decline of rates of smokers has happened in the last decade when modern and restrictive legislation has been introduced in 1996, a big success of a joint work of civil society, public health workers, ministry of health and several parliamentarians.

The legislation brought the next measures:

Availability:

Slovenia has restricted availability of tobacco products by "Law on the restrictions of use of tobacco products". Age restriction for sale of tobacco products to less than 15 years olds, ban on sale of tobacco products through vending machines and ban on sale of single or free samples of cigarettes are in place. Licensing for retail sale is in place.

Advertising:

Ban on direct and indirect advertising has been introduced by "Law on the restrictions of use of tobacco products". Sponsorship of sport, cultural and other public events by tobacco industry is forbidden.

Control of smuggling:

Smuggling of cigarettes has not been perceived as a major problem in Slovenia. The control of smuggling of cigarettes is the same as for other products.

Product control, identification and information:

Health warnings on tobacco products and health warnings or messages present in tobacco advertisements are enforced by law. With 2002 amendments to the Law from 1996 the content of tar in cigarettes is limited to 10 mg and the maximum content of nicotine to 1 mg per cigarette. The use of words "low" and "light" is banned.

Smoke-free environments:

Smoking in public places is restricted in Slovenia by Law. There is a total ban on smoking in schools aircrafts, hospitals, public agencies serving customers and confectioneries. Smoking is also banned in all other public transport and other public places like cinemas, theatre, social care institutions, except in parts with a sign permitting smoking and separated from non-smoking area. Smoking is also restricted at workplaces to specially marked areas.

The Act has been challenged by the tobacco industry at the Constitutional Court who decided in favour of the health protection.

Amendments to the Restriction on the Use of Tobacco Products Act were adopted in December 2002 to comply with provisions of the Directive 2001/37/EC on the manufacture, presentation and sale of tobacco products. This concerns especially regarding limit values of tar, nicotine and carbon monoxide yields per cigarette, measurement methods, labelling, health warnings, the list of all ingredients and quantities thereof, used in the manufacture of tobacco products, the ban of the use of descriptors, such as "light", "low tar" "mild" etc, which may mislead the consumer on the health effects of a tobacco product and the prohibition of tobacco for oral use. There are new health warnings: on the front side of the packet must be alternatively one of two warnings ("Smoking keels" and "Smoking can damage your health and the health of people around you") covered not less than 30% of surface; on the back side of the packet must be one of 14 warnings about the smoking and health, they must change regularly and it must be covered not less than 40% of surface.

In the year 2005 amendment was adopted to comply with provisions of the Directive 2003/33/ES to ban all kinds of advertising also the exceptions from the previous Act.

In the year 2006 new Act is in preparation which probably should ban smoking also in all restaurants and bars.

5. COMMUNITY ACTION AND MEDIA EDUCATION

Education, public information and public opinion:

There were extensive public information campaigns during the period of 1996 legislation passing governmental procedure. At the moment, media campaigns are limited to special days (World no Tobacco day) and events (Quit and Win) and are most often targeting smokers. Departments for health education at national and regional public health institutes are covering the area. National TV and radio are sometimes offering free health promotion messages.

6. THE EFFECTIVENESS AND COST EFFECTIVENESS OF SMOKING CESSATION INTERVENTIONS

It is well known that smoking cessation interventions have been shown to be highly cost-effective. The estimation of expenses and profits of smoking in Slovenia was made for the year 1990. It showed that the expenses exceed the profits for 415 millions USD **(10)**.

7. HEALTH CARE INFRASTRUCTURE

7.1 Integrated health care system

Smoking cessation is integrated in the health care system. GPs in Primary Health Centers are paid to help their patients who want to quit. There are attempts to integrate cessation in some hospitals in framework of "Smoke free hospitals" project.

7.2 Structures for quality of care

The Slovenian Agency for Drug Control is in charge to license medicines for helping people stop smoking and reviews the safety of pharmacological treatments for smoking cessation. Institute of Public Health Republic of Slovenia and CINDI Slovenia provides information on smoking cessation to health care providers.

7.3 Research and knowledge for health

Under graduated education on tobacco addiction is part of the degree course for doctors, nurses, and dentists for some years.

There is also post graduated seminars and for workshops for primary health care teams (doctors and nurses) physicians and nurses how to help smokers quit organised by CINDI Slovenia from the year 1991 on.

7.4 Health care policies and strategies for smoking cessation

There is a governmental policy on treatment in preparation. A strategy on training for health professionals and for support of interventions by primary care professionals is prepared by CINDI Slovenia.

7.5 Structures to manage the implementation of treatment within health services

Tobacco Action Group was established by the Ministry of Health which members are Slovenian experts in Tobacco Control and is leading by the expert from Ministry. There is no special governmental department oversees and manages smoking cessation services.

7.6 Funding health services and allocating resources

In 2001 smoking cessation became a health care service covered by health insurance (National Health Insurance Company) and provided in Primary Health Care Centres. There is available free of charge counselling and interventions to help quit smoking.

Doctors and other medical staff are still not enough engaged in smoking cessation programmes and are not taking sufficiently their role as anti-smoking advocates.

8. SUPPORT FOR TREATMENT PROVISION

8.1 Screening, quality assessment, referral and follow-up systems

Asking about smoking should be one of the basic questions for patients to get the smoking history from them in general practice and in hospitals. The majority of GPs declare, that they are doing so.

CINDI Slovenia monitors the success rates for its interventions as part of quality control.

8.2 Protocols and guidelines

There are endorsed clinical guidelines for the treatment of tobacco dependence in Slovenia. Stand alone guidelines are summarise in the publication "Opustite kajenje in zmagajte" (11).

9. INTERVENTION AND TREATMENT

9.1 Availability and accessibility

Smoking cessation help is widely available through the Primary Care Teams in the primary Health Centers. In the year 2006 Quitline will start to operate. Nicotine patches and chewing gums are available as well as bupropion. They can only be obtained from chemists', NRT off-prescription, bupropion only with a prescription. Only NRT can be advertised.

monitoring of success rates for various interventions do exists as part of quality control/research in some settings.

9.2 Affordability

Counselling and interventions to help quit smoking are available free of charge for users by the health care system in Primary Health Centres (National Health Insurance Company) from the year 2001. Patients pay for NRT therapy and bupropion by themselves. Prices are relatively high.

10. HEALTH CARE PROVIDERS

10.1 Clinical accountability

A review among General Practitioners (GP) in Slovenia was performed in order to investigate their relationship to tobacco and how efficient they are in the campaign against smoking. The review has been performed in 2001 and questionnaires were sent to all GP in Slovenia. It was 58% reply. Among these are 11,3% smokers. How often they ask patients about smoking or non smoking habits, 52.4 % answered with "always" and 45.7 % with "often". If a patient was smoking 79.2 % will always explain the dangers, 20.1 % will do this often and 0.7 % seldom (12).

Institute of Public Health carried out a pilot survey among different groups of health care workers on their smoking habits, views on their role in smoking prevention. The major part of them agreed, that they should ask constantly their patients about use of tobacco products and advise them to stop. 91,8% of GPs answered that they always or often ask their patients about smoking and 95% advise them to stop. About 20% pharmacists and 30% nurses are asking about smoking. The prevalence of smoking among nurses proved to be rather high (32,5%), among GPs and pharmacologists about 10% and among students of medicine, dental care and pharmacology 22,6% (13).

10.2 Treatment provision

The survey among GPs (12) showed that if the patient decides to stop smoking 42.0 % are always prepared to offer some kind of help, often 35.1 %, seldom 17.5 % and never 4.3 %. 75.8 % of doctors believe that most smokers would prefer an individual form of help. 84.4 % advise the change of behaviour patterns, 48.7 % suggest some nicotine substitutes and 16.9% advise acupuncture. Only 21.6 % of the review participants are familiar with the Fageström's questionnaire on nicotine dependence. The review shows that the doctors are aware of smoking dangers and therefore, they should admonish and advise. Another question is the individual help, which is time consuming, requires major engagement, and in the first place, a thoroughly knowledge of the problem.

11. HEALTH CARE USERS

11.1 Knowledge

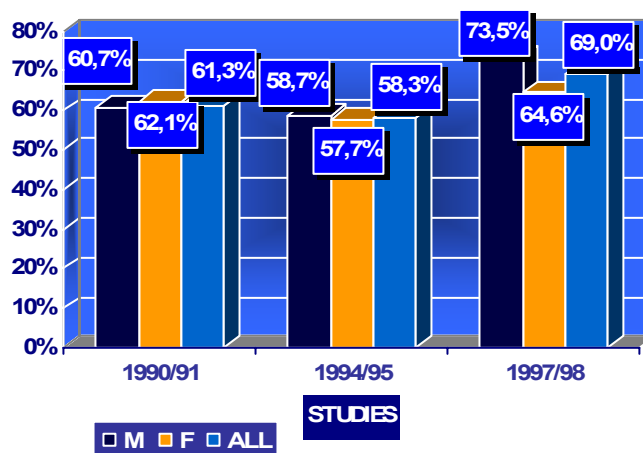
Data are not available

11.2 Treatment seeking behaviour

Data are not available

11.3 Smoking behaviour and intentions to quit

A WISH TO QUIT SMOKING AMONG SMOKERS



Source: CINDI-Slo surveys on tobacco consumption in population of Ljubljana region (2)

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THE ASSESSMENT TOOL

A tool to assess the available services for smoking cessation at the country or regional level

Please cross the box, place a cross in the table or type your answer where indicated.

PART I

Personal details of contact person for completion of tool

Name: Tomaz Caks

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Website:

Country: Slovenia

If you are answering for a jurisdictional¹ region rather than a country as a whole, which jurisdictional region is it?

Please note: unless you state otherwise in the tool, it will be assumed, if you are completing the questionnaire for a jurisdictional region other than a country, that all your answers are for this jurisdictional region.

Population size of the country/region: 2 millions

Date of completing the tool (dd-mm-yy): 29.12.2004

¹ Such a jurisdictional region could be a region within a country or a municipality

Is there a country-wide or region-wide formal or informal smoking cessation coalition or partnership?

Yes
 No

If yes:

What is the name of the coalition? Informal coalition of Health Professionals

When was it established? 14.10.2004

Please describe the aim of the coalition in one sentence: To exchange the informations and to improve cooperation among different Health Professionals working on smoking cessation

Please provide a separate word document listing the members of the coalition or partnership, including the following information:

Name of member organization or individual:

One sentence description of organization or individual: (e.g. "national scientific body representing general practitioners", or "recognized expert")

PART II

A. LEGISLATIVE MEASURES

This section will provide the completed country specific WHO European profiles of tobacco control, and the completed country specific profiles of the ENSP project on tobacco control policies as attachments. The files will be sent separately and at a later date.

Respondents will be asked to check and update the data, and provide an assessment of implementation and enforcement.

There is no need to do anything at present.

B. COMMUNITY ACTION AND MEDIA EDUCATION

1. What is the percentage of health professionals in your country or region who smoke?

	% who are daily smokers Please write NO, if information not available	Date of survey	Please provide filename for document reference (and complete document reference template)
1.1. Doctors overall	15,8%	1996	ATHP1.1slovenia.doc
1.2. Nurses overall	NO		
1.3. General practitioners	11,3%	2001	ATHP1.3slovenia.doc
1.4. Nurses in general practice	NO		
1.5. Nurses in general hospitals	NO		
1.6. Pharmacists	NO		
1.7. Midwives	NO		
1.8. Dentists	NO		
1.9. Oncologists	NO		
1.10. Cardiologists	NO		
1.11. Lung physicians	NO		
1.12. Surgeons	NO		
1.13. Gynaecologists	NO		

Please add any extra comments here

2. Have there been public education campaigns implemented in your country or region in the past 24 months in the listed media that provide information about why smokers should quit smoking, or provide information on how to quit? If so, were they publicly funded?

	Provide information about why smokers should quit smoking	Provide information on how to quit	Were the campaigns publicly funded		
			Fully	Partial	No
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspapers and magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here

C. HEALTH CARE INFRASTRUCTURE

Integrated health care system

3. Would you say that smoking cessation is integrated in the health care system, including co-operation or relationships between primary health care and secondary health care, similar to that for other chronic diseases such as asthma?

- Yes, widely
 Yes, partially
 No

Please add any extra comments here Smoking cessation is implemented in the General Practitioner's work and is paid by Nacional Insurance Company. It is performed in the part of Primary Health Centres where GPs are working. But there is no relationship between primary health care and secondary health care.

Structures for quality of care

4. For each topic in the table, is there a formal governmental organization, or organization appointed or contracted by the government that:

	Yes	No	If yes, please provide filename for organizational reference (and complete organization reference template)
4.1. Licenses drugs for smoking cessation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ATHP4.1slovenia.doc
4.2. Has the responsibility of preparing clinical guidelines for smoking cessation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.3. Monitors health outcomes at the population level from smoking cessation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.4. Monitors the quality of care provided for smoking cessation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.5. Reviews the cost effectiveness of smoking cessation interventions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.6. Can deal with cases of clinical negligence in smoking cessation (like clinical negligence in other areas of medicine, such as failing to diagnose and treat tuberculosis)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.7. Reviews the safety of pharmacological treatments for smoking cessation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4.8. Provides information on smoking cessation to health care providers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Please add any extra comments here

Research and knowledge for health

5. Is there a formal research programme for smoking cessation with specifically allocated funding from governmental, government appointed or non-governmental organizations (excluding the pharmaceutical companies and the tobacco industry)?

- Yes, from governmental organizations
- Yes, from government appointed organizations
- Yes, from non-governmental organizations
- No

Please add any extra comments here

6. Is education on smoking cessation formally part of the curriculum of undergraduate/basic professional training of the following health care providers?

	Undergraduate/ basic professional training		Postgraduate professional training		Continuing medical education	
	Yes	No	Yes	No	Yes	No
Medical students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmacy students	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dentistry students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please add any extra comments here

Health care policies and strategies for smoking cessation

7. Are there official written policies on smoking cessation from the Government or Ministry of Health? Please mark all that apply:

- Yes, a governmental written stand alone policy on smoking cessation
- Yes, a governmental written policy on smoking cessation which is part of an overall tobacco control policy
- No, but there is a governmental policy on smoking cessation in preparation
- No, there are no governmental policies on smoking cessation

If yes,

Please give filename for document reference:
(and complete document reference template)

Please add any extra comments here

8. If available, the governmental policy on smoking cessation includes:

	Yes	No
A strategy on training for health professionals	<input type="checkbox"/>	<input type="checkbox"/>
A national funded research strategy for smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>
A strategy to support interventions by primary care professionals	<input type="checkbox"/>	<input type="checkbox"/>
Intensive support for smoking cessation in specialised treatment facilities	<input type="checkbox"/>	<input type="checkbox"/>
A position on promoting the use of pharmaceutical products	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here

Structures to manage the implementation of treatment within health services

9. Is there an identified person within the Department of Health or Government, or who is contracted by the Department of Health or Government, who oversees or manages smoking cessation services?

Yes

No

Please provide his/her contact details:

Name:

Organization and position:

Address:

Telephone:

Email:

Website:

Please add any extra comments here

Funding health services and allocating resources

10. Is there government funding for services for smoking cessation?

Yes

No

If no,

Funding is being prepared

11. Is the amount of funding reviewed from time to time?

Yes

No

Do not know

If yes,

Annually reviewed

Reviewed every 2 to 5 years

Reviewed every 5 years or longer

Other (please specify):

Please add any extra comments here

12. Is a proportion of tobacco taxes specifically earmarked or allocated (this means hypothecated) to fund the costs of smoking cessation services?

- Yes
- No

13. If yes, please state the proportion:

14. Is yes, is the money raised from the tax actually spent on the costs of smoking cessation services?

- Yes
- No

15. Is the proportion of tax allocated for smoking cessation services reviewed from time to time?

- Yes
- No

If yes,

- Annually reviewed
- Reviewed every 2 to 5 years
- Reviewed every 5 years or longer
- Other (please specify):

Please add any extra comments here

D. SUPPORT FOR TREATMENT PROVISION

Screening, quality assessment, referral and follow-up systems

16. In your opinion, are the following screening and support systems available for health care providers in smoking cessation?

	Available in general practice			Available in hospitals		
	Yes, widely	Yes, partially	No	Yes, widely	Yes, partially	No
Screening instruments to identify smoking status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Case notes or computer records to record smoking status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Protocol charts or diagrams as an aid for smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Support by facilitators or advisors for smoking cessation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Systems to follow-up patients for monitoring and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please add any extra comments here

Protocols and guidelines

17. Are there multidisciplinary clinical guidelines for smoking cessation in your country/region that have been approved or endorsed by at least one health care professional body?

Yes

No

If yes:

Stand alone guidelines for smoking cessation

Part of other clinical care guidelines (e.g. asthma guidelines)

If yes, please provide filename for document reference(s): ATHP17slovenia.doc
(and complete document reference template(s))

If no:

Guidelines are being prepared

Please add any extra comments here

18. If there are endorsed clinical guidelines for smoking cessation, have there been any studies in your country on their implementation or adherence?

Yes

No

If yes, please provide filename for document reference(s):
(and complete document reference template(s))

If no:

Studies are being prepared

Please add any extra comments here

19. Are the following health care providers reimbursed for smoking cessation, or is smoking cessation within their terms of service (contract) and part of their normal salary?

	Reimbursed for providing smoking cessation		Smoking cessation within terms of service and part of normal salary	
	Yes	No	Yes	No
General practitioners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nurses working in general practice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doctors in hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nurses in hospitals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmacists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dentists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Addiction specialists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please add any extra comments here

20. For the following professional groups, are there specialized guidelines or protocols, a written policy on smoking cessation by the professional association, smoking cessation training within professional vocational education and smoking cessation training within accredited continuing medical education?

For the following professional groups, are there the following for smoking cessation:								
	Specialized guidelines or protocols		Written policy on smoking cessation by professional association		Smoking cessation training within professional vocational training		Smoking cessation training within accredited continuing medical education	
	Yes	No	Yes	No	Yes	No	Yes	No
General practitioners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nurses in general practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nurses in general hospitals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist nurses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmacists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Midwives	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dentists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oncologists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiologists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lung physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ear, nose and throat specialists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Internal medicine specialists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Surgeons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Psychiatrists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Counsellors in specialist services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Telephone quit line counsellors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Counsellors in community clinics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Obstetricians	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Paediatricians	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Addiction specialists	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
General/national that cover all disciplines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please add any extra comments here

E. INTERVENTION AND TREATMENT

Availability and accessibility

21. In your opinion, is patient help for smoking cessation available and obtainable (obtainable means that patients can get the help) in the following settings?

Smoking cessation is available and obtainable:	Available in:			Obtainable from:		
	Yes, widely	Yes, partially	No	Yes, easily	Yes, with some difficulty	No
General/family practice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hospital clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Work places	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Addiction services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Community based clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prisons	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Telephone quit-lines	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Country or regional internet sites	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please add any extra comments here

22. Are the following products licensed for use? In what way are they available and, can they be advertised on the television?

Are these products licensed and available from:	Licensed for use?			General sale (e.g. in supermarkets)			From pharmacies (over the counter)			Doctors' prescription			Can be advertised on television		
	Yes	No	Plan to do so	Yes	No	Plan to do so	Yes	No	Plan to do so	Yes	No	Plan to do so	Yes	No	Plan to do so
NRT 2 mg gum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT 4 mg gum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Patch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Sub-lingual tablet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Lozenge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Inhaler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT Nasal spray	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bupropion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other pharmaceuticals (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other pharmaceuticals (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here

Affordability

23. Are the costs of smoking cessation or the following pharmacological products available free of charge or fully reimbursed to users by the health care system or other third party payers (insurance companies)?

Smoking cessation advice and treatment is free of charge or fully reimbursed	Yes, totally	Yes, partially (indicate the proportion covered)	Only by paying the full cost	Plan to do so
NRT 2 mg gum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NRT 4 mg gum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT patch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NRT sub-lingual tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT lozenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT inhaler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT nasal spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bupropion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other pharmaceuticals (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief counselling interventions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive counselling interventions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here

24. What is the unit cost in local currency (please state currency) for one 4mg piece of gum and one tablet of bupropion, and, if the information is available, what are the quantities sold (either in volume or in the costs of total sales) in your country/region

	Unit cost	Number of units sold (please state year)	Cost of total sales (please state year)
NRT 4 mg gum	57,7SIT	30	
Bupropion	2537,5SIT	60	

Please add any extra comments here
mg

NRT gum only 2mg and price in the cel is for 2

25. Are there specialist services (i.e., specialist or specialist clinic) for smoking cessation available in the country/region?

- Yes
- No

If yes,

- Only by referral
- Only by self-referral
- By both referral and self-referral

If yes, is it reimbursed for the patient?

- Yes
- No

Please add any extra comments here

F. HEALTH CARE PROVIDERS

Clinical accountability

26. To what extent do you estimate on a ten-point scale that treatment providers consider smoking cessation advice as a part of their routine clinical practice?

Advice is routine in clinical practice:	Not at all	Fully
General practitioners/ Family doctors	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Nurses working in general practice	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharmacists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Midwives	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Dentists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Oncologists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cardiologists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Lung physicians	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ENT (ear, nose and throat) specialists	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Paediatricians	0 1 2 3 4 5 6 7 8 9 10	
	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

If there are any publications on this topic, please provide the filenames for the document reference(s) and complete the document reference template(s):

Please add any extra comments here

Treatment provision

27. Have there been any studies, surveys or publications on the following or similar outcomes in primary health care (general practice/family practice), and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Patients are asked or screened about their smoking status	2001	52,4%	ATHP27slovenia.doc
Smoking patients are given advice to quit	2001	79,2%	ATHP27slovenia.doc
Smoking patients are assessed their willingness to quit	NO		
Smoking patients are assisted with quitting	2001	42%	ATHP27slovenia.doc
Treatment meets quality criteria	NO		
Practice protocols are followed	NO		
Pharmacological products are recommended	2001	48,7%	ATHP27slovenia.doc
Pharmacological products are prescribed	NO		
Abstinence is assessed at the end of treatment	NO		
Patients making a quit attempt are followed- up	NO		
Smoking patients stopped in the last year	NO		

Please add any extra comments here The proportions are % of GPs

G. HEALTH CARE USERS

Knowledge

28. Have there been any studies, surveys or publications that provide answers for the following or similar information concerning smoking and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
People know that smoking is dangerous to their health	NO		
People know that living with someone who smokes increases their own risk for health problems	NO		
People think that cigarette dependence is a behaviour that you can simply choose to stop (a habit)	NO		
People think that cigarette dependence is a behaviour that is difficult to stop even when you want to (an addiction)	NO		
People know about effective treatment methods	NO		

Please add any extra comments here

Treatment seeking behaviour

29. Have there been any surveys, studies, or publications which provide information on the proportion of smokers who have ever used one of the following methods to stop smoking and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Help from a doctor	NO		
Help from a nurse	NO		
Help from a pharmacist	NO		
Help from a dentist	NO		
Help from friends or family	NO		
NRT products overall	NO		
Nicotine gum			
Nicotine patches			
Other nicotine products, such as lozenges, tablets, Inhaler or nasal spray			
Bupropion tablets	NO		
Herbal remedies	NO		
Hypnotherapy or acupuncture	NO		
Leaflets, books, articles or videos on how to stop smoking	NO		
Advice from the Internet	NO		
Stop smoking competitions			
Stop smoking clinic or group	NO		
Smoking help line telephone service	NO		
Willpower alone	NO		

Please add any extra comments here

Smoking behaviour and intentions to quit

30. Have there been any surveys, studies, or publications which provide information on smoking status or intentions to quit, and if so, what are the main findings of the most recent results?

	Date of information Please write NO, if information not available	Definition of adult	Proportion of adults (%) who are	Please provide filename for document reference (and complete document reference template, one for each document)
Current smokers:				
Males	2001	25-64	28,1%	ATHP30slovenia.doc
Females	2001	25-64	20,1%	ATHP30slovenia.doc
Total	2001	25-64	23,7%	ATHP30slovenia.doc
Tobacco dependent smokers according to e.g. Fagerström score:				
Males	NO			
Females	NO			
Total	NO			
Ex-smokers:				
Males	1991	25-64		ATHP30Aslovenia.doc
Females	1991	25-64		ATHP30Aslovenia.doc
Total	1991	25-64		ATHP30Aslovenia.doc
Attempted to quit over a 1 year period				
Males	NO			
Females	NO			
Total	NO			
Considering to quit in next 6 months				
Males	NO			
Females	NO			
Total	NO			
Successfully quit for at least 1 year during last 2 years				
Males	NO			
Females	NO			
Total	NO			

If there is data breaking down the above information in more detail by age or socio-economic group, please provide the data.

Please add any extra comments here