A TOBACCO-FREE SLOVENIA with the help of NGOs

Slovenian Coalition for Public Health, Environment and Tobacco Control-SCTC

October 2019
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And yet we’re smoking less

In the current era of prosperity, people living in more developed societies rarely give up anything. We strive for comfort above all. It’s therefore all the more gratifying that the number of smokers is slowly declining. The results of many years of efforts by global, national and local organisations to reduce tobacco use and overcome nicotine addiction are cause for optimism. By reducing smoking, we can most directly counteract the chronic non-communicable diseases that claim the most lives among smokers. Slovenia wants to reduce the number of chronic non-communicable diseases by a third by 2025, and to become a tobacco-free country by 2040. That means that by that time, less than 5% of adults will smoke, and pregnant women and young people will generally refuse to smoke. The strategy FOR A TOBACCO-FREE SLOVENIA 2020-2030, which was put up for public discussion in the summer of 2019, also includes these steps.

This brochure offers information on all of the above. It was published by a voluntary non-profit coalition of non-governmental organisations working in the area of public health - the Slovenian Coalition for Public Health, Environment and Tobacco Control. With our member organisations, we run numerous preventive and educational campaigns for all generations, monitor violations of tobacco legislation, and conduct various expert analyses.
Following the adoption of a stricter tobacco control law (officially the Restriction on the Use of Tobacco Products and Related Products Act) in 2017, our random inspections of shops, petrol stations, bars and sports events in selected locations in Slovenia have found fewer violations of the law.

The latest analysis of good practices in 17 countries of the world, conducted on our behalf by the Faculty of Economics and Business at the University of Maribor, confirms that a smart excise tax policy that increases the price of tobacco products and makes them less affordable, reduces the number of smokers and provides budgetary revenues as well. So there is an effective way!

Join our efforts to make Slovenia a place where fewer people fall ill and die from smoking!

Mihaela Lovše,
Chair of the SCTC
How much do Slovenes smoke and what are the consequences?

Data in the European Union show that the costs associated with smoking - the costs associated with medical treatment, lost productivity, premature mortality - amount to 4.6% of GDP per year, and to 5% in Slovenia.

In Slovenia, about one in four adults still smokes. Individuals usually start smoking as children, adolescents or, less frequently, as young adults under the age of 25. It is rare to start smoking after the age of 25.

More than 3,000 people a year - that’s more than 8 people a day - die from diseases caused by smoking tobacco. Every year, smoking takes more lives than all deaths due to accidents (including traffic accidents), suicides, alcohol, illegal drugs and HIV-AIDS combined. Deaths include working-age adults between the ages of 30 and 59 - every sixth death in this age group can be attributed to tobacco smoking. Almost 90% of cases of lung cancer are caused by smoking tobacco - for example, in 2014, 1,327 people in Slovenia had lung cancer, and 1,181 died.

Source: Strategy FOR A TOBACCO-FREE SLOVENIA 2020-2030, summer 2019
https://www.gov.si/drzavni-organi/ministrstva/ministrstvo-za-zdravje
What does a cigarette contain?

Each cigarette a smoker consumes contains the following toxic and addictive substances, among others:

- acetone
- ammonia
- arsenic
- butane
- hydrogen cyanide
- DDT
- formaldehyde
- cadmium
- methane
- methanol
- naphthalene
- nicotine
- nitrobenzene
- carbon monoxide
- stearic acid
- lead
- toluene
- vinyl chloride

Source: National Institute of Public Health
https://www.nijz.si/sl/podrocja-dela/moj-zivljenjski-slog/kajenje
Electronic cigarettes are not a safe choice

Electronic cigarettes use batteries to heat a special liquid and turn it into an aerosol, which the user inhales. The user is exposed to numerous carcinogenic, irritant and toxic substances, such as nicotine, humectants and solvents, flavorings, aldehydes, volatile organic compounds, polycyclic aromatic hydrocarbons, tobacco-specific nitrosamines, micro particles, metals and silicate particles.

Public health experts are still collecting data on the consequences of using electronic cigarettes. By the summer of 2019, the United States had already reported 193 respiratory illnesses, most likely due to the use of e-cigarettes. The US Food and Drug Administration is also investigating a possible link between the use of these cigarettes and various neurological symptoms, including epileptic seizures. Electronic cigarettes pose a particular risk to adolescents and young adults who do not smoke, as they significantly increase the risk that these users will start smoking tobacco products. They also contain nicotine, which has a detrimental effect on brain development in adolescents, and on fetal development.

The National Institute of Public Health advises against the use of e-cigarettes, especially for children, adolescents, pregnant women, women planning a pregnancy, patients with chronic diseases (especially respiratory diseases) and non-smokers.

Herbal cigarettes and water pipe

Herbal cigarettes that do not contain tobacco may be mistaken for a safer alternative to smoking tobacco. However, even cigarettes that do not contain tobacco or nicotine release harmful substances when burned: the smoke produced by herbal cigarettes contains carbon monoxide, tar and numerous carcinogenic and harmful substances. Carbon monoxide levels in herbal cigarette smoke may exceed those in tobacco smoke.

Research shows that herbal cigarette smoke leads to DNA changes in lung cells. These changes are potentially carcinogenic, meaning that they may cause lung cancer. Researchers have concluded that the risk associated with smoking herbal cigarettes is similar to that associated with smoking tobacco.

Herbal products can also be smoked with a water pipe, though the produced smoke contains similar concentrations of harmful substances as the smoke produced by tobacco products smoked with a water pipe, albeit without the nicotine. The available research shows that smoking a water pipe is generally associated with similar health risks to cigarette smoking.

Source: National Institute of Public Health
https://www.nijz.si/sl/zeliscne-cigarete-skodijo-zdravju
How much money goes “up in smoke”?

As business data is confidential, it is difficult to figure out exactly how much money the tobacco industry generates.

According to data made available by AJPES (the Agency of the Republic of Slovenia for Public Legal Records and Related Services), in 2017, Slovenian smokers contributed about €186 million to the net sales revenues of Phillip Morris International, the world’s second largest tobacco company (with about 14% of the global market and 36% of the Slovenian market, producing brands including Marlboro, Parliament, Virginia Slim, Lark, Merit, Muratti, Philip Morris, Bond Street, Chesterfield, Next and Red & White).

They contributed more than €7 million to the revenues of British American Tobacco, the world’s third largest tobacco company (with a 12% share of the global market, including an unknown share of the Slovenian market, producing brands such as Dunhill, Kent, Lucky Strike, Pall Mall, Rothmans, Newport, Camel, Natural American Spirit, Glo and Vype). JT International, which has an 8% share of the global market and produces brands such as Winston, Mevius, Camel and LD, took in net sales revenues of €3.8 million in Slovenia in 2018.
Tobačna Ljubljana, d. o. o., which is part of Imperial Brands PLC (the fifth-largest tobacco group in the world, producing brands including Davidoff, West, Gauloises, Style, Boss, Filter 57, Golden Virginia, Drum and Rizla) has the largest market share in Slovenia. Slovenian smokers helped the company achieve net sales revenues of €32.8 million in 2017, to which we should add the revenues of subsidiaries Tobačna Grosist (wholesale, €243 million) and Tobačna 3DVA (retail, €53.6 million).

http://www.ajpes.si
WHO Framework Convention on Tobacco Control

At international level, in 2005, Slovenia signed the WHO Framework Convention on Tobacco Control, which was concluded in May 2003 in Geneva. Its primary objective is to implement a wide range of measures to maintain population health in the signatory countries, and in particular to control tobacco use.

The SCTC is a member of the international federation of organisations supporting this convention.

The WHO Framework Convention can be found at the following address:  https://www.uradni-list.si/glasilo-uradni-list-rs/vsebina/2005-02-0002?sop=2005-02-0002
Efforts to improve domestic legislation since 1995

It is not easy to stand up to the tobacco industry, which strives to sell as many tobacco products as possible, as its advertising budget alone often exceeds national budgets.

However, the beginnings of tobacco legislation in Slovenia can be traced back to the 1995 World Health Organization conference in Valladolid, Spain, to which several Slovenian delegates were invited. Among them were Mateja Kožuh Novak, Dr Polonca Truden (now of the National Institute of Public Health) and Mihaela Lovše (now Chair of the SCTC). Each country had to present its vision for the future, and with international encouragement, the first major media campaign to adopt a ‘tobacco law’ in Slovenia was born.

In 1996, the Restriction of the Use of Tobacco Products Act (abbreviated to ZOUTI in Slovenian) entered into force. The regulations in the act have since been tightened several times (ZOUTI-A 2002, ZOUTI-B 2005, ZOUTI-C 2007).
In 2017, based on the EU Directive (2014/40/EU) on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC), an EU-compliant expanded law, the Restriction on the Use of Tobacco Products and Related Products Act (abbreviated to ZOUTPI in Slovenian), was passed, adding tobacco-related products to the list of restricted products. A library of graphic warning labels for tobacco products was established, and tobacco product advertising and sponsorship was completely banned.

In the summer of 2019, the competent committee of the National Council (the upper chamber of Slovenia’s bicameral parliament) and the Health Committee of the National Assembly rejected the initiative to wait another three years to introduce uniform cigarette packaging. Though the initiative was supported by the tobacco industry and 38 MPs, the opponents of uniform packaging were outvoted on the committee. As such, as of 1 January 2020, all cigarette packaging will be the same colour, and will not bear the manufacturer’s logo. As the experience of countries with positive results in reducing smoking has shown, uniform cigarette packaging is less attractive, particularly to young people. In Europe, this measure has already been adopted by the United Kingdom, Ireland, France, Norway and Hungary.

More about the positive impact of uniform packaging can be found at https://www.nijz.si/sl/enotna-embalaza-za-cigarete-in-tobak-za-zvijanje-je-ucinkovit-javnozdravstveni-ukrep
Key aspects of the Restriction on the Use of Tobacco Products and Related Products Act

1. measures to limit the use of tobacco and related products, and measures and resources to prevent their harmful health effects;
2. maximum emissions levels for tobacco products;
3. the requirement to report maximum emission levels for tar, nicotine and carbon monoxide for cigarettes;
4. labelling and packaging of tobacco and related products, including health warnings;
5. traceability and safety features for tobacco products;
6. a ban on the sale of oral tobacco products;
7. the requirement to notify authorities of the introduction of new tobacco products;
8. regulations on the sale of electronic cigarettes;
9. regulations on the sale and labelling of herbal smoking products;
10. a ban on the advertising, promotion and sponsorship of tobacco, tobacco products and related products;
11. regulations and restrictions on the sale of tobacco products and related products;
12. a ban on smoking and using tobacco and related products in enclosed public and workspaces.

http://www.pisrs.si/Pis.web/pregledPredpisa?id=ZAKO6717
For a tobacco-free Slovenia 2020-2030

The strategy for reducing harmful smoking entitled FOR A TOBACCO-FREE SLOVENIA 2020-2030 optimistically predicts that Slovenia will be a tobacco-free society by 2040 - meaning that by that time, less than 5% of the population over the age of 15 will use tobacco products.

By 2030, the number of smokers is expected to fall from 24.2% (2014) to 15% of the adult population, and the share of those who are daily smokers is expected to fall from just under 19% (2014) to 12% over the same period.

The strategy also aims to more than halve the number of 11-year-olds who have ever tried smoking by 2030 (from 2.2% in 2018 to less than 1% in 2030), and to halve the number of 13-year-olds who use tobacco (from 10.4% in 2014 to less than 5% in 2030). Various measures should be taken to prevent children, adolescents and young adults from starting to use tobacco products at all, and in particular to halve the number of women who smoke during pregnancy, which seriously harms their child. These measures are also supposed to reduce passive smoking and encourage all generations to stop smoking in various ways.

Cigarette brand ad on an ashtray outside a pub is a Restriction on the Use of Tobacco Products and Related Products Act violation.
PROJECT YELLOW CARD

Yellow Card is a programme that monitors the observance and implementation of the Restriction on the Use of Tobacco Products and Related Products Act and the Restrictions on the Use of Alcohol Act.

We also monitor compliance with the help of “secret shoppers”, i.e. volunteers who sign up to visit certain chosen bars, shops, kiosks, closed public and work spaces, and sporting events to determine whether in any of the locations, those responsible are violating the above laws. If the volunteers are minors and we intend to determine whether they are able to purchase cigarettes, we also need a signed consent form from their parents. Documented violations are reported to the market and health inspection authorities, to the Ministry of Health of the Republic of Slovenia and to other institutions, which are obliged to take action.

You, too, can report violations that you observe to
- the Health Inspectorate of the Republic of Slovenia,
- the Labour Inspectorate of the Republic of Slovenia,
- the Market Inspectorate of the Republic of Slovenia
- and to the Financial Administration of the Republic of Slovenia, the police or local authorities.
For theatrical purposes, herbal substitute cigarettes may be used on stage, but only during the performance itself, and posters appearing in public places (displays, billboards, media) may not depict actors with cigarettes, as this constitutes advertising.
The violations we observe

Since 2010, when the staff of the Slovenian Coalition for Public Health, Environment and Tobacco Control took the first photos to document various violations (mostly indirect advertising of various types of cigarettes on standing ashtrays and table ashtrays outside bars, cigarette logos on kiosks, theatre posters and other publicly-displayed posters depicting actors with cigarettes, and inappropriate graphic and textual publications in the media that do not comply with the ban on the advertising of tobacco and related products), we have reviewed 1,218 locations in various communities across Slovenia. The particular locations we monitor are determined separately each year.

In the locations where we document a violation, most often, if possible, we leave a flag that encourages compliance with the law. The base of the flag bears the inscription, “The restrictions are there to protect us.”

In 2018, we performed 173 inspections and identified eight violations, which we reported to the Market Inspectorate.
In 2017 we focused primarily on finding violations of the three laws under the WHO Framework:

- Article 13 – the advertising, promotion and sponsorship of tobacco, tobacco product and related products;
- Article 6 - price and tax measures; and
- Article 5.3 - industry interference

As part of the Let’s Say NO to Addiction! Programme, together with three other Slovenian NGOs, we prepared a report on tobacco industry operations in Slovenia and a summary of violations of tobacco control legislation.

We took four “sightseeing walks” in four Slovenian cities: Ljubljana, Kamnik, Velenje and Maribor. We looked for any outlets that advertised tobacco products (outdoors) and found quite a few. We included all types of outlets that sell cigarettes (kiosks, petrol stations, supermarkets, cafes). Illegal advertising was most often found at kiosks. However, according to our findings, none of the tobacco companies that talk about their social responsibility has a programme to reduce tobacco-related diseases or participates in any such project in Slovenia.
In 2015 and 2016, we found violations of Articles 10, 11, 14 and 16 of the Restriction of the Use of Tobacco Products Act (the law that was in force before the current law and did not yet regulate tobacco-related products). The campaign was carried out in outlets that sell tobacco products (kiosks, restaurants and shops) and indoor public and work spaces.

Two minor volunteers (one in Nova Gorica, Izola and Koper, and another in Maribor) helped us verify compliance regarding tobacco sales (Article 14). We had previously trained the volunteers to conduct the campaign and had obtained their parents’ consent. Student volunteers from the Faculty of Health Sciences in Izola and from the University of Maribor and SCTC employees also took part in the project.

A total of 40 inspections were performed in various towns and cities in Slovenia. We identified two violations of Article 10 of the Restriction of the Use of Tobacco Products Act. In 20 inspections, we found two violations of Article 11 of the Act. In a further 20 inspections, we found that 30% of sales outlets that were previously found to be in violation of Article 14 of the Act were still in violation. This was reported to the inspection authorities. In 15 inspections, we found three violations of Article 16 of the Act.
The weighted average retail selling price of 20 cigarettes in EUR (July 2018)
ANALYSIS OF THE EFFECTS OF INCREASING EXCISE DUTIES ON STOPPING

The Slovenian Coalition for Public Health, Environment and Tobacco Control has conducted an important analysis of good practices in 17 countries, seven of which are in Europe. Completed in September 2019 with the expert assistance of the Faculty of Economics and Business in Maribor, the first part of the report compares smokers’ reactions to rising cigarette prices in various countries. The second part, on increasing government revenues with an appropriate excise duty policy, will be ready next year.

Australia, the Philippines, Thailand, South Korea, China, Vietnam, Brazil, the United States, Canada and South Africa were selected for global comparison, while Germany, France, the United Kingdom, Ireland, Norway, Finland and Greece were selected for comparison within Europe, as sufficient data were available for these countries for the purpose of the analysis.

Excise duties account for most of the price of cigarettes; as such, increasing these taxes represents a tool for every government to reduce smoking among their citizens. This is also backed up by the World Health Organization findings set out in the Framework Strategy, which were upheld by the signatory states to the Framework Strategy.
Excise policy of the Ministry of Finance of the Republic of Slovenia

In March 2019, the Ministry of Finance of the Republic of Slovenia rejected the initiative of the SCTC and three other partner NGOs to increase excise duties on cigarettes, saying that people would buy less due to higher prices (including foreigners who come to Slovenia to buy cheaper cigarettes), which would reduce state revenues.

More ill people = a richer country?

The numbers simply do not add up, as the costs of treating smoking-related diseases are rising and are covered by the state budget; add to this the income lost to sick leave and the consequences of higher mortality among smokers.

Excise duties in Slovenia increased significantly until 2014, and since then by only 10 cents, which is not enough to seriously encourage smokers to give up.
From the analysis: good practices of other European countries

**France** started raising the tobacco tax by 5% every year in 1990, halving cigarette consumption over the following 15 years. **Germany** achieved a similar result between 2001 and 2010, and in particular in the “second phase” between 2002 and 2005, when it more than doubled the tax (representing an increase of between 10% and 16% per year). The number of young smokers (aged 12-17) fell the most – the percentage dropped by more than half (from 28% in 2001 to 13% in 2010).

In the UK, the tax on a pack of cigarettes more than doubled between 1990 and 2015 (from £2 to £5). In 2010, the government decided to increase the tobacco tax by 2% every year. **Greece** reduced cigarette sales from 34 to 25 billion cigarettes between 2007 and 2009. In **Ireland**, cigarette shipments from excise warehouses halved in ten years, from 6 billion in 2003 to 3.1 billion in 2013. **Finland** started tobacco control measures quite early and reduced smoking as early as the 1980s. Today more notable differences have begun to appear in certain social groups, such as the decline in smoking among employed and retired Finns in the last decade and the dramatic decline in smoking among teenagers. At the same time, there has been a sharp decline in smoking among young people in **Norway**, which has dropped by more than half since the last strategic period.
Canada has what is probably the lowest daily prevalence of adult smoking of any Western country: in 2017, only 10% of Canadians smoked. In the United States, the results of an analysis based on data from the last 15 years showed that a 0.25% increase in excise duties was associated with a 0.6% reduction in smoking, with the effects being most pronounced among young smokers (aged 18-24). Australia increased excise duties by 25% in 2010, followed by 12.5% yearly increase from 2012 to 2016. It then decided to continue the same yearly increases until 2020, with unanimous political support.

The Philippines increased the average price of a packet of cigarettes from 21.2 Philippine pesos in 2012 to 31.3 pesos in 2013, with the introduction of a tax duty, resulting in about 700 million fewer packets of cigarettes sold per year. In Thailand, the price of a packet rose from 15 baht in 1993 to 65 baht in 2015, leading to a decline in deaths, as 31,867 lives were saved between 1993 and 2006. In Brasil, cigarette sales fell from 5.56 billion packets in 2006 to 3.8 billion in 2013. The increase in the cigarette tax also reduced smoking, from 21.35 million smokers in 2006 to 17.10 million in 2013.
From the analysis: don’t worry about the budget

Slovenia has had a successful tobacco control policy in recent years, as the increase in the special excise duty greatly helped to reduce smoking between 2012 and 2014. In terms of the total tax on the retail price of the best-selling brand of cigarettes, we rank above the European average, while in terms of the weighted average retail price of a packet of cigarettes we are among the lowest in the European Union.

We certainly have a lot of work to do to join the list of countries with good practices for reducing the prevalence of smoking, such as Canada, Finland and Norway. Fiscal policy will play a key role in this, as the future of the smoking epidemic in Slovenia will depend on regularly increasing excise duties and keeping them at an appropriate level.

An analysis of practices in other countries shows the rationale for raising excise duties. Although people buy fewer tobacco products, governments still collect adequate revenues. As such, fears and objections based on lost revenues are irrelevant.
The Slovenian Coalition for Public Health, Environment and Tobacco Control (SCTC) is a coalition of associations and an umbrella organisation that brings together more than 120 non-governmental organisations in the “NGOs Protect Our Health” network. Its mission is to conduct preventative public health programmes in the areas of smoking, environmental protection and the impact of transport on health and the environment, as well as to reduce mortality and morbidity due to chronic non-communicable diseases.

It was established in 2003 as the Slovenian Tobacco Control Association, and has operated under its current name since 2013.

The SCTC is a non-profit humanitarian organisation that works in the public interest in the field of public health. It prepared this brochure as part of the Let’s Say NO to Addiction! project.
A member of important organisations

The SCTC is a member of important international organisations that help bring good practices in the field of public health to Slovenia: the European Public Health Alliance (EPHA), the Framework Convention Alliance (FCA), the European Network for Smoking and Tobacco Prevention (ENSP), the Union for International Cancer Control (UICC), the Smoke Free Partnership (SFP) and the Alcohol Policy Network (APN).
Mission of non-governmental humanitarian organisation Heart and Cardiovascular Health Society (“Society for Heart”) is informing about healthy lifestyle and heart and cardiovascular disease risk factor prevention. These include measures regarding protective diet, smoking prevention, promotion of physical activity and monitoring of blood pressure, cholesterol and blood sugar.

We aim to contribute to a lower mortality rate as a result of chronic non-contagious diseases. Since 2017 we are also participating in minimizing of behavioral addiction consequences. We developed ODKLOP programme (SWITCH OFF programme), a prevention programme for a responsible and balanced digital technology usage. It is intended for primary school students and their parents.
Where to get help

If you need help to give up smoking or advice on a healthy lifestyle, you can contact:

Health Education Centres and Health Promotion Centres throughout Slovenia. A list of all such centres can be found on the National Institute of Public Health website: https://www.nijz.si/sl/podrocja-dela/nenalezljive-bolezni-in-stanja/nppszb

Health clinics throughout Slovenia. The list is published on the Ministry of Health of the Republic of Slovenia website. The Ministry is currently updating its website, but all important information is available in the archive at: http://mz.arhiv-spletisc.gov.si/si/pogoste_vsebine.za_javnost/referencne_ambulante/
Phone counselling to stop smoking:
+386 080 2777
The service is available every day from 7 am to 10 am and from 5 pm to 8 pm.

The Advisory Centre of the Slovenian Coalition for Public Health, Environment and Tobacco Control
at the SCTC head office at Partizanska 12, 2000 Maribor, by phone on +386 0551-317-113, or online at

http://zadihaj.net/kontakt
https://www.nvozdravje.si
www.facebook.com/szotk
info@zadihaj.net
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