



# GLOBAL ADULT TOBACCO SURVEY

## POLAND 2009-2010



Ministerstwo Zdrowia



World Health  
Organization  
REGIONAL OFFICE FOR Europe

POLAND 2009-2010

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GLOBAL ADULT  
TOBACCO SURVEY

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# PREFACE

Each year in Poland tobacco kills tens of thousands of adults at the productive age and leaves even more people partially disabled or with a limited potential for development. Tobacco related diseases (mainly malignant tumours, cardiovascular diseases and non-malignant pulmonary diseases) constitute a substantial part of health care expenditure. Tobacco use is a large scale problem – with over 9 million adults smoking tobacco products – and a very complex issue due to the social, cultural and economic conditions behind it. That is why prevention from exposure to second hand smoke is one of the priorities of the strategy for protection against chronic non-communicable diseases, being at the same time one of the most difficult issues to deal with due to its complexity.

In order to develop comprehensive and effective tobacco control measures and policies, we need to expand our knowledge concerning behaviours related to tobacco smoking in different social environments and establish their connection with the informational, educational and legislative action taken up to date in the field of tobacco control.

Currently, we have extensive knowledge about the threat caused by tobacco epidemic and its consequences. Over the years, we have gained valuable practical experience in implementing legal solutions and effective programme solutions, which resulted in the significant improvement of the situation and confirmed the choice of the course of action and the aims of health care policy in the area of tobacco control. However, we still need to intensify our efforts in order to see a faster change in our culture and health-related habits and, above all, to provide precise and reliable information on the current status of the tobacco epidemic in our country.

Taking part in the worldwide initiative for protecting people from the epidemic of tobacco related diseases gives us the opportunity to benefit from the international intellectual heritage and effective practical solutions. With help from the World Health Organization (WHO), which initiates and coordinates international cooperation regarding health protection, and support from the United States Centers for Disease Control and Prevention (CDC), CDC Foundation, Johns Hopkins Bloomberg School of Public Health and other organizations cooperating within the Bloomberg Initiative to Reduce Tobacco Use, we were able to provide an assessment of the current situation using a standardised protocol and a scientific method implemented in various countries. The research on tobacco use provided important information on the beliefs, behaviours and attitudes of Polish adults towards the issue of tobacco use, as well as an insight into tobacco consumption patterns in different social environments. The research method, scientific tools, cooperation and help from the WHO and CDC experts as well as from various Polish scientific institutions enabled us to generate valuable comparable data which we can analyse within and across European countries and which will help us to rationalize some elements of the national strategy of tobacco control and improve the effectiveness of our health care system.

Adam Fronczak  
Undersecretary of State in the Ministry of Health

# ACKNOWLEDGEMENTS

The 2009-2010 Global Adult Tobacco Survey (GATS) in Poland was successfully completed due to the efforts and involvement of numerous organizations and individuals at different stages of the survey. We would like to thank everyone who helped to make the survey a success.

First of all, we are grateful to the Poland Ministry of Health for its leadership, vision, and support. We would like to express our thanks to Dr. Adam Fronczak, Undersecretary of State in the Ministry of Health, who provided guidance and support throughout the process.

Especially, we would like to thank all three agencies that effectively implemented the GATS study in Poland: the Maria Skłodowska-Curie Cancer Center and Institute of Oncology, Medical University of Warsaw, and Pentor Research International.

At the Cancer Center and Institute, we gratefully acknowledge Professor Witold Zatonski, head of the Department of Cancer Epidemiology and Prevention, for effective supervision and coordination of research tasks related to GATS implementation that were carried out by the Cancer Center and Institute, and Mr. Krzysztof Przewozniak for ongoing management of these tasks, especially for his great work dedicated to preparing the country-specific version of the GATS questionnaire, design of country-specific analysis, and final version of the country report. We would like to also acknowledge Mr. Jakub Lobaszewski for his assistance with development of the electronic version of the questionnaire, training of the study fieldwork staff, and work on the draft version of the country report. We acknowledge Mr. Janusz Sieroslawski for his valuable review of the primary statistical analysis and his comparison of GATS data with previous Polish surveys on smoking behaviors and attitudes. Thanks are also due to Mr. Janusz Jaworski for his work on editing, printing, and disseminating the country report, Mrs. Kinga Janik-Konieczna for her help in organizing the analysis and report writing workshop, and Mrs. Joanna Szwechowicz and Mrs. Maria Przewozniak for their professional logistic assistance and administrative services.

At the Medical University of Warsaw, we express our gratitude to Professor Boleslaw Samolinski, Head of the Department of Prevention of Environmental Hazards and Allergology, for his leadership in coordinating all the tasks related to GATS implementation that were professionally undertaken by the university. We would especially like to thank Dr. Filip Raciborski for professional management of these tasks and for his valuable input in preparing the country sample and conducting the study fieldwork, as well as his contributions during the primary stage of statistical analysis. We would like also to thank Dr. Daniel Paczesny and Mr. Adam Lusawa for IT administration and technical support and Mrs. Aneta Tomaszewska, Mr. Piotr Samel-Kowalik, and Mr. Artur Walkiewicz for supervision and support of fieldwork. Finally, we acknowledge Mr. Jacek Borowicz for logistic assistance and Dr. Zbigniew Wawrzyniak for statistical consultation and valuable input in data quality control.

Thanks are also due to Dr. Jerzy Gluszynski, Vice President of Pentor Research International, for supervising all the tasks that were conducted by this public opinion research center, and center staff Mrs. Anna Kowalewska, Mr. Jacek Szut, and Mr. Artur Kordykiewicz for their help in ensuring that the GATS study fieldwork went smoothly.

We would also like to thank Dr. Wojciech Klosinski and Mr. Tadeusz Parchimowicz, from the Ministry of Health's Public Health Department, for their valuable contributions and review of this report.

We are thankful to Deputy Chief Sanitary Inspector Dr. Przemyslaw Bilinski and other personnel of the Chief Sanitary Inspectorate and its regional branches for helping the GATS research teams by providing them with logistical assistance and introductory letters whenever possible.

We also acknowledge the immense help received from the Central Statistical Office in Warsaw in providing the information required for the sample design and implementation.

We would like to express our great thanks to the World Health Organization (WHO), the US Centers for Disease Control and Prevention (CDC), and the CDC Foundation for their technical support and collaboration.

We acknowledge the help and cooperation from the members of the GATS questionnaire review committee, sample review committee, and analysis review committee for their technical reviews to ensure that the country report is internationally acceptable and comparable to other countries implementing GATS.

The support we received from WHO headquarters and regional and country offices, especially from Dr. Paulina Miskiewicz, from the WHO country office and Dr. Kristina Mauer-Stender from the Regional Office for Europe, was timely and valuable. At the WHO Country Office in Poland, we would like to express our great thanks to Dr. Dorota Kaleta, who was responsible for coordination of the GATS Poland study in years 2008-2010. Thanks to her efforts, the



collaboration of all implementing agencies went smoothly at all crucial stages of study realization. We are also grateful to Mrs. Anna Koziel, for her professional coordination of the initial phase of GATS implementation in Poland and of the study results dissemination process.

We would like to acknowledge the contributions of Ms. Lubna Bhatti and Mr. Sameer Pujari from WHO, Geneva, who provided technical support and coordination, especially questionnaire programming, staff training, and data aggregation.

Last but not least, we sincerely acknowledge the collaborative exchange and technical support from CDC. We acknowledge the outstanding partnership and support extended to all by Dr. Samira Asma, Chief of the Global Tobacco Control Branch. We are also pleased to express our special thanks to Dr. Krishna Mohan Palipudi, CDC focal point for Poland, for his continuous technical guidance and valuable support throughout all the stages of the survey. Thanks are also due to survey methodologist Mr. Jeremy Morton, as well as Dr. Linda Andes and Ms. Glenda Blutcher-Nelson, for their professional technical and statistical support during adaptation of the protocol and analysis and reporting of data. We also appreciate the administrative support provided by Ms. Stephanie Hess throughout the project.

Many thanks are due to CDC Foundation, which provided the most modern electronic equipment for carrying out the data collection. Special mentions are due to Mr. William Parra for his coordination and involvement in the project and Mr. Brandon Tally for his guidance with respect to administrative and budget issues.

This acknowledgement cannot be concluded without expressing appreciation for the hard work put in by the interviewers, supervisors and IT personal involved in collecting data for GATS in Poland. We also gratefully acknowledge the administrative, accounts, and other staff of the Cancer Center and Institute, Medical University of Warsaw, and Pentor Research International for their continuous cooperation during the entire project period.

And last but not least, credit goes to all of the men and women who took the time to respond to the lengthy questionnaire with tremendous patience and without any expectation from GATS.

Ministry of Health

# EXECUTIVE SUMMARY

## 1. SHORT STUDY CHARACTERISTICS

Global Adult Tobacco Survey (GATS), conducted in Poland in years 2009-2010, was a nationally representative household survey of tobacco use among men and women aged 15 and older. The survey was designed to produce internationally comparable data on tobacco use and tobacco control measures through use of a standardized questionnaire, sample design, and data collection and management procedures.

The survey used a three-stage stratified cluster sampling design in order to produce key indicators for the country as a whole, as well as by residence (urban or rural) and by gender. Out of 14,000 households sampled for the survey, a total of 8,948 (63.9%) households were screened and 7,840 (93.9%) individuals aged 15 years and older were successfully interviewed, for an overall response rate of 65.1%. GATS in Poland provided information on tobacco use, cessation, secondhand smoke, economics, the media, and knowledge, attitudes, and perceptions regarding tobacco use. The data for this survey were collected electronically using handheld computers (Hewlett Packard iPAQ®).

GATS Poland was coordinated by the Poland Ministry of Health and the WHO office in Poland and conducted jointly by the Maria Skłodowska-Curie Cancer Center and Institute of oncology, Medical University of Warsaw and Pentor Research International, all of which are based in Warsaw. Technical assistance was provided by the World Health Organization (WHO), including the WHO Country Office in Poland, the United States Centers for Disease Control and Prevention (CDC), and the Johns Hopkins Bloomberg School of Public Health. Financial support for the survey was provided by Bloomberg Philanthropies within the Bloomberg Initiative to Reduce Tobacco Use.

## 2. KEY RESULTS

### Tobacco use

In Poland 33.5% of adult men (5.2 million), 21.0% of adult

women (3.5 million), and 27.0% overall (8.7 million) are daily smokers. In Polish population there were more than one million of occasional smokers (about 3.3% in both sexes). Daily and occasional smokers constitute 30.3% of all adult Poles (9.8 million), including 36.9% of men and 24.4% of women. 30.3% of adult Polish population (9.8 million) currently smoke cigarettes.

The daily smoking rate in rural areas was 24.4%, occasional smoking rate was 3.5%, together in rural areas currently smoke 27.8% of population, whereas in urban areas, there is 28.6% of daily smokers and 3.3% of occasional smokers (together 31.9% of current smokers). In male rural population percentage of daily, occasional and current smokers average 32.1%, 3.5% and 35.7% respectively, and among men living in urban areas 34.4%, 3.2% and 37.7%. In female rural population these numbers average 16.8%, 3.4% and 20.2% respectively, and in urban areas 23.5%, 3.3% and 26.8%. Among all educational levels, the highest prevalence of daily tobacco smoking was observed among adults with a vocational level education – 39.1%, among men 45% and among women 30.7%. In this education level population subgroup, there are 2.5% of occasional smokers, 2.4% among men and 2.8% among women. In this group there is 41.6% of current smokers (47.4% in men and 33.5% in women). Women with vocational level of education were more likely to be current smokers than those with primary level of education (11.7% of daily smokers, 4.2% of occasional smokers, overall 13.9%). Similarly, among men, 45% of those with vocational level of education smoke daily, compared to 23.3% of those with higher level of education.

Vast majority of smokers (94.7% i.e. 9.3 million) smoke manufactured cigarettes. In Poland, 0.5% (0.2 million) of the adult population currently used smokeless tobacco (i.e. snuff, oral tobacco, chewing tobacco). An adult daily cigarette smoker smokes on average 18 cigarettes per day in case of men and 16 cigarettes per day in case of women. Among current daily tobacco smokers, 60.1% smoked within 30 minutes of waking. The average time duration of daily smoking among ever daily smoking men was 23.3 years; almost two years longer than in women, who smoke daily 21.7 years on average. Young men (aged 20-34) years reported to have started smoking daily at the age of 18.2, whereas women in the same age group started on average two years later, at the age of 20.1 years. On average Poles start smoking at the age of 19 years. The overall quit ratio (defined as former daily smokers among ever daily smokers) averaged 38.3% among men, and 33.7% among women (36.5% in both sexes). Among all adults 21.8% of men and 11.3% of women are ex-smokers (daily smokers in the past). Overall there are 16.3% of ex-smokers in Polish population.

## Cessation

Among those who smoked in the past 12 months, more than one third (35.1%) had made an attempt to quit. Among current smokers and recent quitters (<12 months) who had visited a health care facility in the past 12 months, 57.2% were asked whether they smoked and 41.8% were advised to quit smoking. Among smokers who attempted to quit during the past 12 months (current smokers and recent quitters), 25.2% had used pharmacotherapy and 3.5% underwent counseling. More than 50% of current smokers had an interest in quitting; 31.5% were planning to quit within the next month or were thinking about quitting within the next 12 months, while 18.6% stated they would quit someday but not in the next 12 months. Women (53.1%) were more likely to express a desire to quit than men (48.1%).

## Secondhand Smoke

Among all employed persons who worked in indoor areas, 33.6% (4.3 million) reported to be exposed to secondhand smoke in the workplace during 30 days prior to taking part in the study. Among nonsmokers this percentage averaged 26.8% (2.2 million). Moreover, 44.2% (14.1 million) of all adults were exposed to tobacco smoke at home at least once a month; among nonsmokers, 28% (6.2 million) were exposed. Among adults who had visited public places in the past 30 days, 10% were exposed to secondhand smoke in government buildings; 4.6%, in healthcare facilities; 53.9%, in restaurants, coffee shops, or bistros; 89.2%, in bars, pubs, discos, or night clubs. On public transportation 8.4% of respondents were exposed to secondhand smoke. Every fourth respondent (24.6%) was exposed to secondhand smoke in private cars.

## Economics of Tobacco Smoking

Among smokers of manufactured cigarettes, 52% purchased their cigarettes from a store and 40.9%, from a kiosk. Average cigarette expenditure among smokers of manufactured cigarettes was 208.5 Polish zlotys per month, with no observable differences with respect to residence and gender. Smokers of manufactured cigarettes spent on average 9.1 Polish zlotys for a pack of 20 cigarettes. The average amount spent on 100 packs of manufactured cigarettes, expressed as a *per capita* gross domestic product, was 2.6%.

## Media

Nearly 7 in 10 adults (73.1%) had noticed anti-cigarette smoking information in the last 30 days prior to the GATS study, mostly on television (59.3%) or in educational/health materials (29.6%). Among current smokers, 96.6% noticed health warnings and related messages on cigarette packages and 17.7% thought about quitting smoking because of those messages. The most commonly noticed warning was "your doctor or pharmacist can help you quit" – it was mentioned by 44.0% of respondents. Every fourth respondent (24.2%) remembered warning: "Calling under 0801 108 180 you will get help in quitting smoking". In contrast, 2 in 10 adults (25.2%) had noticed cigarette advertisements, sponsorships, or promotions in the last 30 days, and 1 in 10 adults encounter any form of cigarettes promotion (11.5%) or marketing (6.9%) in media

## Knowledge, Attitude, and Perceptions

Still 8.5% (over 800 thousand) of smokers believes that smoking does not cause serious illness. Among respondents aware of tobacco-related diseases 92.6% of respondents believe that smoking causes lung cancer, but only 79.9% believe that smoking causes heart attack, and as much as 39.2% does not know about causal relation of smoking to stroke. Eight in ten adults (81.4%) believe that secondhand smoking caused serious illness in nonsmokers, while four in ten adults (39%) believes that use of smokeless tobacco (i.e. snuff, oral tobacco, chewing tobacco) causes serious illness in its users. Vast majority of adults (98%) believe that cigarettes are addictive. Among those who believed smoking caused serious illness, 17.7% believed that certain types of cigarettes could be less harmful than others. Almost half of adults (48.3%) were in favor of raising taxes on tobacco products; however, this attitude varied significantly by smoking status (current smokers, 14.8%; nonsmokers, 62.9%). Over 6 in 10 adults supports total ban on smoking in worksites. The level of support for ban of smoking in different public places varied; 82.4% of adults said smoking should be banned in government offices; 91.8%; schools, 92.1%; healthcare facilities, 83.2%; sport facilities; 36.9%, bars or night clubs; and 58.4%, restaurants. Four in ten adults (41.3%) favored a ban on manufacturing and sale of smoking tobacco.

## 3. IMPLICATIONS FOR PUBLIC HEALTH POLICY

The present tobacco use and policies situation in Poland requires further development of existing strategies for tobacco control. GATS provides critical information on key indicators of tobacco control by socio-demographic characteristics and creates an opportunity for policy makers and the tobacco control community at different levels to implement or modify targeted interventions.

Tobacco control strategies must include the following key elements:

1. Maximization of the engagement of government and public services, civil society, media, and the public to ensure that tobacco control measures and policies are comprehensive and effective.
2. Broader engagement of health care professionals (including family doctors and medical specialists) in tobacco control and augmentation efforts and expansion of existing smoking cessation programs and services (including quit-lines and offering cessation assistance) at national and community levels.
3. Effective enforcement of new smoke-free legislation that will come into force by November 15, 2010 and enactment of further legislative amendments to ensure a complete ban on smoking in all public places and worksites; effective implementation of the legislation execution by Police, also municipal, and officials of National Sanitary Inspectorate.

4. Implementation of mass-media and community-based educational and intervention programs aimed at protecting nonsmokers from exposure to secondhand smoke at home and those public places and worksites where smoking is still allowed.
5. Development of effective mechanisms for enforcement of the ban on tobacco advertising and cigarette marketing, especially at points of sale, and amendment of current legislation to expand the ban to all forms of cigarette marketing.
6. Constant monitoring of tobacco use indicators as well as methods for its control; using the indicators for preparing conclusions to modify health policy.
7. Introduction of pictorial health warnings on cigarette packs.
8. Establishment of a progressive tax and price policy for tobacco products according to the best EU standards and enforcement of a multisectoral strategy to prevent cigarette smuggling in and out of the country.
9. Sufficient and sustainable funding for tobacco control programs and related public health needs in Poland, including quitline service.

# 1. INTRODUCTION

## 1.1 GLOBAL BURDEN OF TOBACCO

Tobacco is the single most preventable cause of death in the world today, killing up to half the people who use it. Currently, more than 1 billion people (about one quarter of adults worldwide) smoke tobacco, and tobacco use kills approximately 5.2 million people worldwide each year, a figure expected to increase to more than 8 million a year by 2030. Unless current trends change, the vast majority of these deaths are expected to occur in developing countries [Jha et al. 2006; Murray, Lopez 1997; Peto et al 2006; WHO 2008].

The WHO Tobacco Free Initiative aims to reduce the global burden of disease and death caused by tobacco, thereby protecting present and future generations from the devastating health, social, environmental, and economic consequences of tobacco consumption and exposure to secondhand smoke. This is being accomplished through promotion of the WHO Framework Convention on Tobacco Control (WHO FCTC) [WHO 2003] and the MPOWER package of six tobacco control measures [WHO 2008, 2009a].

Monitoring the tobacco epidemic through an efficient surveillance system is one of the essential components of a comprehensive tobacco control program [Warren et al. 2009]. In 2007, WHO convened a meeting of tobacco experts to discuss adult tobacco surveillance and make recommendations for the development of a standard protocol. The experts also recognized the challenges of limited funding and methodological complexities when conducting adult tobacco surveys and identified a lack of comparability in existing national surveys that include questions on tobacco use.

The Bloomberg Initiative to Reduce Tobacco Use offers resources to fill the data gap for measuring adult tobacco use globally and to optimize the reach and results of the ongoing Global Tobacco Surveillance System (GTSS), a joint initiative of CDC and WHO [Warren et al. 2009]. The Global Adult Tobacco Survey (GATS) was launched in February 2007 as a new component of the GTSS.

The GATS will enable countries to collect data on the key tobacco control measures in the adult population. Results from the GATS will assist countries in the formulation, tracking, and implementation of effective tobacco control interventions, and countries will be able to compare their survey data with results from other countries implementing GATS.

## 1.2 NATIONAL CHARACTERISTICS OF POLAND

The Republic of Poland is one of the largest countries in central and eastern Europe, both in terms of population and area. Poland is spread over 312,685 km<sup>2</sup>, and is bordered by Belarus, Czech Republic, Germany, Lithuania, Russia (Kaliningrad Oblast), Slovakia, and Ukraine. The administrative structure has changed many times; since the Second World War, administrative reforms have taken place in 1946, 1950, 1957, and 1999 [Central Statistical Office 1928-2009]. At present, Poland is made up of 16 regions (voivodships), 379 second-tier local administrations (poviats), of which 65 are municipal and 314, rural, and 2,478 first-tier local administrations (gminas), of which 306 are urban, 586, urban-rural, and 1,586, rural [Central Statistical Office 2007]. Administrative authority at the regional level is exercised by an official (voivod) representing central government and a marshal, who is an elected local government representative.

The total population of Poland is estimated to be 38.4 million, 84% of which are above 15 years old. The sex distribution of the total population is 48% men and 52% women, and 61% of the total population resides in urban areas [Central Statistical Office 2006a; WHO 2009b]. Key public health problems in Poland include cardiovascular diseases, cancer, unintentional injuries (especially road traffic injuries), and unhealthy lifestyle patterns (primarily smoking and alcohol drinking, but increasingly, obesity) [Central Statistical Office 2006b; WHO 2006, 2009b]. Insufficient financing of health care and human resources for health services, among the lowest in the OECD countries (6.4% of GDP), constitute the main health system problems in Poland [WHO 2009b].

Poland is an upper middle income country [OECD 2007]. The Polish economy continues to grow in 2009 due to several factors, including monetary easing, exchange rate depreciation, relatively limited dependence on international trade, a sound banking sector and unleveraged private sector, tax cuts and other fiscal measures, and infrastructure investments that are linked to EU transfers.

Key public health challenges in Poland are: cardiovascular diseases, cancer, sudden deaths, especially injuries in road accidents, and unhealthy lifestyle connected mostly with tobacco smoking and drinking alcohol as well as with growing

in Poland problem of unhealthy diet and obesity [GUS 2006b; WHO 2006b, 2009b]. Government expenditure on health care and human capital in this sector - one of the lowest in the OECD countries (6.4% GDP) - is one of the biggest problems of the health care in Poland [WHO 2009b].

## 1.3 BURDEN OF TOBACCO USE IN POLAND

### 1.3.1 CIGARETTE SALES AND CONSUMPTION

Data on cigarette consumption in Poland were first collected in 1923, when approximately 500 cigarettes were sold per capita [Central Statistical Office 1928-2009]. Levels of cigarette consumption and sales soared after the Second World War and reached their peak level in the 1970s and 1980s, when annual consumption of cigarettes in Poland was one of the highest in the world, reaching approximately 3,600 cigarettes per adult. In the early 1980s, the previously observed growth trend in cigarette sales and consumption halted. Throughout 1980s and in early 1990s, cigarette sales ranged between 90 and 100 billion cigarettes a year. Severe declines in the sale and consumption of cigarettes were first observed in the mid-1990s. Between 1995 and 2004, cigarette sales fell from 97 to 72 billion cigarettes per year and cigarette consumption per adult Pole declined from 3,405 to 2,724. Thus, cigarette consumption during this period declined to levels similar to those of the 1960s [Central Statistical Office 1928-2009]. The most recent tobacco industry data on cigarette sales (around 70 billion cigarettes in 2007 and 60 billion in 2008) suggest that the trend of decline continues [Szczepaniak 2008].

### 1.3.2 ADULT TOBACCO SMOKING

In Poland attitudes toward tobacco use are systematically (almost annually) monitored in nationwide studies, conducted on random samples of adult population by Cancer Centre and Institute of Oncology in Warsaw, since 1982 [Zatonski, Przewozniak 1999, Zatoński i in. 2009c]. Prevalence of tobacco use and its characteristics was as well sporadically analysed in nationwide studies of health state of Polish population conducted by the Central Statistical Office in years 1996 and 2004 on household samples and numerous population-based epidemiological studies on risk factors of chronic diseases, such as Pol-MONICA and Pol-MONICA BIS, CINDI-WHO, NATPOL I, NATPOL II and NATPOL PLUS, WOBASZ [GUS 1997, 2006; Podolec et al. 2006; Polakowska et al. 2005]. The most recent data<sup>1</sup> available in Poland before the GATS study show that that 36% of Polish men and 21% of Polish women smoke on daily basis. The highest daily smoking prevalence was observed among men ages 50-59 years (50%) and women ages 40-49 years (31%). Prevalence of smoking was also very high in low-education and economically disadvantaged groups; 52% of unemployed men were daily smokers.

Historically, daily tobacco smoking in Poland reached its peak in 1982, when 65% men and 32% of women smoked daily, according to national survey data on adults 20 years or above [Zatonski et al. 2006, 2009; see also Oles 1983]. Since then, prevalence of daily smoking has declined substantially in the male adult population, to 55% (1985-1988), 50% (1990-1994), 45% (1995-1999), 43% (2000-2004), and 41% (2005-2008) [Zatonski et al. 2006, 2009; see also Przewozniak et al. 1990; Przewozniak, Zatonski 1993; Zatonski et al. 1986; Zatonski, Przewozniak 1988, 1992, 1999]. In adult women, prevalence of daily smoking sharply increased from 19% to 32% between 1974 and 1982 [Zatonski et al. 2006, 2009; see also Oles 1983], followed by a decline in the 1980s, during which daily smoking rates decreased from 32% in 1982 to 26% during 1985-1988 [Zatonski et al. 2006, 2009; see also Przewozniak et al. 1990; Zatonski et al. 1986; Zatonski, Przewozniak 1988, 1992]. Since then, the percentage of daily smokers among women has been steady at approximately 23-25% [Zatonski et al. 2006, 2009; see also Zatonski, Przewozniak 1999]. However, the level of smoking prevalence among middle-aged Polish women is still the highest in the European Union [Manczuk, Zatonski 2009; Zatonski 2008; Zatonski, Manczuk 2010].

### 1.3.3 YOUTH SMOKING

Studies conducted in the 1990s within the WHO Health Behavior of School-Aged Children (HBSC) project pointed to a dramatic rise in smoking incidence among girls in Poland over the period 1990-1998 [HBSC 2002]. Between 1990 and 1998, the percentage of girls smoking cigarettes increased among 13 year-olds from 3% to 10% and among 15 year-olds from 16% to 28% [Mazur et al. 2000]. Subsequent surveys from 2002 and 2006 show that smoking prevalence among girls leveled off and subsequently began to fall, reaching the level of around 20% among 15 year-old girls in 2006 [Wojnarowska, Mazur 2002; Mazur et al. 2007]. Data on smoking prevalence among Polish schoolchildren aged 13-15 from 1999, 2003, and 2009 that were collected by the Global Youth Tobacco Survey confirmed these observations [Baska et al. 2006; GYTS 2002, 2003].

### 1.3.4 HEALTH CONSEQUENCES OF SMOKING IN POLAND

Tobacco smoking has for years represented the largest single preventable cause of death in the Polish adult population. The highest levels of smoking-attributable mortality (especially lung cancer mortality rates) were observed in Poland in the 1980s and 1990s, during which Poland, together with other central and eastern European countries, were the countries with the biggest health burden of tobacco smoking [Peto et al. 2006; see also Zatonski 2004a, Zatonski 2003b; Zatonski et al. 2008; Zatonski 2008; Zatonski, Manczuk 2010]. Epidemio-

<sup>1</sup> A nationwide survey study conducted between 14 and 18 December 2009 by the Health Promotion Foundation in collaboration with World Lung Association and Taylor Nelson Sofres OBOP public opinion research centre. The survey was conducted on a representative sample of 1,005 adult Poles aged over 15.

logical estimates show that in 2000, tobacco-smoking was the cause of approximately 69,000 deaths in Poland (57,000 men and 12,000 women), of which approximately 43,000 were premature deaths, occurring at ages 35–69 years (37,000 men and 6,000 women) [Peto et al. 2006; see also Zatonski et al. 2009a].

In 2000, smoking-attributable deaths represented 38% of all deaths in the entire male population aged 35–69 years [Peto et al. 2006]. Because the tobacco smoking epidemic in women occurred later and was less widespread than in men, the percentage of tobacco-related deaths continues to be substantially lower among women than among men [Zatonski 2004a; Zatonski et al. 2009a]. In 2000, 13% of all premature deaths among women aged 35–69 years were attributable to smoking [Peto et al. 2006].

### 1.3.5 ECONOMIC IMPACT OF TOBACCO USE

Unfortunately, data on the estimated economic cost of smoking in Poland are fragmentary or incomplete, and calculations are based on analytical models designed for and used in other countries. Using the Health and Economic Cost of Smoking (HECOS) model that was developed in the late 1990s by WHO for estimating the cost of treatment of smoking-attributable diseases in four pilot countries (France, Germany, Poland, and the United Kingdom)<sup>2</sup>, it was estimated that treatment of COPD, asthma, ischemic heart disease, and lung cancer in relation to active smoking might cost approximately 200 billion Polish zlotys in the next twenty years, and the cost related to secondhand exposure might reach 22 billion Polish zlotys during this same time frame [Krzyzanowska, Glogowski 2004; Zatoński et al. 2009b; WHO 2001].

More recently, another model was used to calculate the economic cost of premature deaths caused by second-hand exposure of smokers and non-smokers to tobacco smoke in Poland (see Stoklosa 2009). Based on this model, which takes into consideration the loss of consumption and productivity per person due to premature death, as well as data on life expectancy and number of deaths attributed to passive smoking exposure in Poland, it is estimated that the average economic cost of these premature deaths in 2008 was 621,000 Polish zlotys per person and almost 5.5 billion Polish zlotys for all 8,720 deaths caused by second-hand smoke exposure in Poland in year 2002 [Stoklosa 2009]<sup>3</sup>. Because Poles are exposed to tobacco smoke for an average of 20 years, this cost might even reach 135 billion Polish zlotys in the next 20 years.

## 1.4 CURRENT TOBACCO CONTROL IN POLAND

### 1.4.1 FCTC STATUS IN POLAND

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first treaty negotiated under the auspices of the

World Health Organization. It was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. Poland was one of the Convention's initiators and Polish experts and politicians participated in the process of its preparation. In 2001 Polish Parliament for significant efforts in reducing health consequences of tobacco use in Poland was awarded by the WHO Director General. The award was collected by the chair of the Health Commission Stanisław Grzonkowski and Polish Prime Minister at the time, Jerzy Buzek. The WHO FCTC, an evidence-based treaty that reaffirms the right of all people to the highest standard of health, was developed in response to the globalization of the tobacco epidemic [WHO 2003]. Poland joined the WHO Framework Convention on Tobacco Control (FCTC) on 15 September 2006. The obligations arising from the FCTC are consistent with Poland's health policy as defined in the Act on Protection of Health Against the Consequences of the Use of Tobacco and Tobacco Products, the aims of which coincide with those of FCTC and scope and mode of regulation of which are consistent with the provisions of the FCTC [Sejm 1996]. A substantial number of the tasks required under the FCTC have been incorporated into the Program for Limiting the Health Consequences of Tobacco Smoking [see Council of Ministers of the Republic of Poland 2007]. Poland's participation in the FCTC is of primary importance in maintaining positive health trends and strengthening health policy to overcome the challenges of tobacco-smoking (including smoking among the disadvantaged population, protection of children's and women's health from tobacco smoke, and making public spaces smoke-free). The FCTC also provides for the coordination of measures aimed at reducing tobacco consumption in Poland with action taken by other signatories of the FCTC, including EU countries and the non-EU countries of central and eastern Europe [European Council 1999, 1995, 2003]. This collaborative approach heightens the effectiveness of legal regulation of the tobacco products market and diminishes the risk arising from the lack of a comprehensive international approach to issues related to the manufacture and consumption of tobacco (such as smuggling and illegal production). One of the FCTC statements is obliging the parties to creating a program of surveillance on indicators, models, determinants and consequences of tobacco use and exposure to secondhand smoking in a way ensuring comparability and analyses of data.

Ratifying the FCTC by Poland is an important factor in the process of maintaining favorable health trends and strengthening tobacco control policy (including smoking among people from disadvantaged population groups, protecting women and children from secondhand smoking and enforcing total ban on smoking in public places).

### 1.4.2 MPOWER STANDARDS

To expand the fight against the tobacco epidemic, WHO has introduced the MPOWER package of six proven policies

<sup>2</sup> These four countries participated in the WHO European Partnership Project on Tobacco Dependence.

<sup>3</sup> Data on the number of deaths in the population of smokers and nonsmokers caused by their exposure to passive smoking were calculated for all European Union countries, including Poland [Smoke Free Partnership 2006].

[WHO 2008, 2009a]. The six MPOWER policies are 1) **Monitoring** of tobacco use and prevention policies; 2) **Protection** of people from tobacco smoke by banning smoking in public places, including bars and restaurants; 3) **Offering** assistance (by various available tools) for quitting tobacco use; 4) **Warning** about the dangers of tobacco; 5) **Enforcement** of bans on tobacco advertising, promotion, and sponsorship; and 6) **Raising** taxes on tobacco.

MPOWER policies are designed to support governments and institutions in fighting the tobacco epidemic. Achievement of tobacco control goals will require coordination among many government agencies, academic institutions, professional associations, and civil society organizations at the national level, as well as the coordinated support of international cooperation and development agencies. The MPOWER document was designed to serve as a tool to help all of these institutions plan concrete actions at national and local levels to combat this epidemic. It is meant to guide planning, development, and evaluation of national and international partnerships, while facilitating access to financial resources for tobacco control activities. MPOWER is also a part of the WHO Action Plan for the Prevention and Control of Non-communicable Diseases.

### 1.4.3 TOBACCO CONTROL LEGISLATION IN POLAND

#### Prior Efforts

Poland was one of the first countries in Europe to enforce smoke-free policies in public places and worksites. Partial bans of smoking were first introduced in 1974, in health care settings, and by the end of 1980s, bans were also in place in schools, cultural institutions, and public transport [Zatonski 2003, 2004a].

In response to the tobacco-related health burden in the 1990s Polish Parliament prepared and enacted an Act on reducing consequences of tobacco use. At that time, the Polish Tobacco Control Law was one of the most comprehensive in Europe, and the World Health Organization recognized it as a "gold standard" for the rest of the world [Blanke, da Costa e Silva 2004]. It included such legislative provisions as a ban on tobacco advertising and enlarged health warnings on cigarette packs (30% coverage of the pack), which were the biggest in the world at the time [Sejm 1996; see also WHO 2009b and **Appendix E**]. During this period, smoking in hospitals and other health care settings was forbidden and treatment of tobacco dependence was made available at no cost. In 1999, 2000, and 2004, this legislation was amended with new regulations, including a complete ban of tobacco advertising, promotion, and sponsorship, a 0.5% levy from excise tax on tobacco products for tobacco control programs, more restrictive regulations to protect people from environmental tobacco smoke exposure in public places and worksites, and new health warnings meeting EU requirements [see Zatonski 2003, 2004a; WHO 2009b].

#### Current Status of Tobacco Control Legislation

In 2008, the Polish Parliament intensified its work on amending the Act on the Protection of Health against the Conse-

quences of Use of Tobacco and Tobacco Products; these efforts resulted in a new tobacco control amendment that created a more restrictive environment to fight the tobacco epidemic. Key provisions of the amendment included bans on any previously allowed tobacco smoking in designated facilities (smoking rooms) in schools and healthcare units; introduction of a ban on tobacco smoking in eating establishments (with a voluntary option of making available separate facilities for smoking purposes or creating one isolated room for smoking customers); and introduction of a complete ban on tobacco smoking in all other public venues (e.g., mass transport system stations). The new legislation also enacts more precise regulation of advertising and promotion of tobacco products, with the aim of preventing illicit marketing practices such as taking advantage of imperfect definitions of terms used in the law.

### 1.4.4 TOBACCO CONTROL PROGRAMS

#### National Strategy and Action Plan

Controlling tobacco use is one of the main tasks for improving and strengthening health of Poles. This is being achieved in the context of programs that define national health policy: the National Health Program and the Program for Reducing Health Consequences of Tobacco Smoking.

The National Health Program was implemented in 1990 and is based on the WHO Health for All strategy [Zatonski 2003, 2004a]. The National Health Program represented the first attempt to include all branches of the national economy and central government institutions and all of society in activities aimed at promoting health. The National Health Program for 2007-2015 is an intersectoral national strategy aimed at reducing health inequalities and improving health status of Polish population. One of the main goals is to reduce prevalence of smoking. Indices for this objective include per capita consumption, morbidity and mortality rates of diseases caused by tobacco, level of knowledge of the harmful effects of smoking, effectiveness of educational programs and other interventions, availability and effectiveness of treatment of tobacco addiction in Poland, and level of danger to children and youth.

Detailed scope, aims, tasks and cooperation rules of various institutions in achieving these aims defines Program for Reducing Health Consequences of Tobacco Smoking enacted by the Polish Council of Ministers, based on art. 4 of the Act from 9 Nov 1995 on protecting health from consequences of tobacco use [WHO 2009b].

Key tasks:

- Protection of health and development of children from exposure to tobacco smoke through eliminating smoking against pregnant women.
- Disseminating educational programs motivating for not starting smoking
- Ensuring smoke-free environment in worksites, schools and leisure venues
- Stimulating growth of tobacco products prices
- Ensuring medical and therapeutic help in smoking cessation



- Creating social atmosphere of acceptance for smoke-free life
- Effective control of tobacco products market

### Smoking Cessation Programs and Services

In 1990s in Poland there were opened cessation clinics. First in the Cancer Center and Institute of Oncology in Warsaw in collaboration with the Health Promotion Foundation there was established Smoking Cessation Clinic (Poradnia Pomocy Palq-cym), and next another one in the Institute of Tuberculosis and Lung Disease in Warsaw.

Since 2004, smoking cessation services are being financed by the National Health Fund and provided in Poland on two levels: at the primary care level and in specialized smoking cessation outpatient clinics. The treatment financing excludes pharmacotherapy, which is not reimbursed by the National Health Fund. Since 2007 smoking cessation service has been implemented at the regional level. As of 2009, 24 specialized clinics (in 10 of 16 voivodships) were currently active. The crucial requirement for signing contact to provide tobacco dependence treatment services with the National Health Fund is a certificate proving completing training on treatment of tobacco dependence by a physician, nurse or psychotherapist. At the end of 90's Cancer Center and the Health Promotion Foundation in Warsaw began system of trainings on treatment of tobacco dependence dedicated for health professionals, which is already very well-established. In the last ten years, more than 10,000 health professionals (medical doctors, nurses, and therapists) have been trained.

Special role in stimulating activities of health professionals in treatment of tobacco dependence and reducing health consequences of tobacco use played the Polish Chamber of Physicians and Dentists and other professional and scientific organizations of physicians, among others Polish National Cardiac Association, Polish Pulmonology Association, Polish Oncology Association, Polish Association of Physician, Association of General Practitioners, etc.

The Chief Sanitary Inspectorate implements additional activities targeting smoking cessation. [see CSI 2006]. Those efforts focus primarily on implementing smoking prevention and education programs, producing health education materials, and conducting public awareness campaigns on health consequences of smoking and benefits of quitting smoking. Some of those activities are being funded by local governments.

Another way to help smokers to quit is via a "quitline" that provides cessation counseling services. The Cancer Center and Institute of Oncology in Warsaw is responsible for implementing these services [National Quitline 2010]. The first quitline service was established in 1996 in collaboration with the Health Promotion Foundation. At that time, approximately 500 to 600 Poles called the line to obtain smoking cessation assistance and information on other cessation tools or tobacco control legislation. In the last few years, during which the quit-

line service has been computerized and modified to reflect the best practice model<sup>4</sup> and information on the quitline was implemented as one of the health warnings on cigarette packs, the number of calls to the quitline dramatically increased to as many as 10,000 calls per year. During 1998-2006 the quitline was financed by the governmental Program for Reducing Health Consequences of Tobacco Smoking and since 2007 by the governmental Cancer Primary Prevention Program. Annual "Tobacco or Health" Professor Franciszek Venulet Memorial scientific conferences, organized since 1998, served for disseminating of science-based evidence.

### Counter-tobacco Media Campaigns

Counter-tobacco media campaigns in Poland have a long history [Jaworski et al. 1999; Zatonski 2003, 2004b]. There are two effective nationwide counter-tobacco media campaigns which are periodically focused on the health consequences of passive smoking: the Great Polish Smoke-out and the World No Tobacco Day. In all campaigns, media activities include electronic social marketing (via the Internet and electronic street billboards), communication via the Internet (websites, portals and forums, chats, e-mails), media interviews with public health experts, press conferences, workshops for journalists, and publication of health education materials (booklets, posters, leaflets, etc.). In some years radio and TV spots were also broadcasted.

The Great Polish Smoke-out was first organized by the Health Promotion Foundation in 1991 in Warsaw [Jaworski et al 1999; Zatonski 2004b]. Since then, it has become a nationwide media campaign that involves intersectoral collaboration between non-governmental organizations and government agencies, including the Health Promotion Foundation, the Civil Coalition "Tobacco or Health", the Ministry of Health, Chief Sanitary Inspectorate, and the Cancer Center and Institute in Warsaw. This campaign concentrates primarily on reducing exposure to tobacco smoke by encouraging smokers to quit or to not smoke in presence of nonsmokers. In 1992, the campaign became realized on national level and since 1997 it is a part of National Program for Reducing Health Consequences of Tobacco Smoking in Poland. A key element of the campaign, the Stop Smoking Together contest, takes place each year in November and seeks to motivate smokers to quit and nonsmokers to support them in doing so. Survey estimates show that between 1992 and 2008, approximately 4 million smokers decided to give up smoking as a result of this campaign [WHO 2009b].

Another media campaign takes place in conjunction with World No Tobacco Day, on the last day of May [Jaworski et al. 1999; Zatonski 2004b]. This event, which has taken place in Poland since 1989, aims at raising public awareness of the health consequences of active and passive smoking and of the effectiveness of smoke-free policies. Since the beginning of the 1990s, the Ministry of Health and the Chief Sanitary Inspectorate, in collaboration with a number of other govern-

<sup>4</sup> The Polish quitline was reorganized within the bilateral smoking prevention and cessation programme in 2001-2002, with the help of the Norwegian Directorate of Health and Social Affairs.

ment institutions, health institutes, and non-government organizations has been involved in organizing this event. All themes proposed by WHO and related to the issue of secondhand smoke were discussed within the World No Tobacco Day media campaigns in Poland, including those targeting children's health and smoke-free sports, movies, and fashion.

In Poland there are many organizations, which for years significantly support the tobacco control program, such as the Manko Association from Cracow (action "Lokal bez papierosa" – smoke-free gastronomic venues), youth organizations (ZHP, ZHR – Polish scouting organizations), Polish church and other religion organizations (e.g. the Seventh-day Adventists Church). To this group belong as well education organizations (schools and academic centers), hospitals and health care units (e.g. regional Cancer Centers, hospitals in Bydgoszcz, Katowice, Ciechanów, Nowa Dęba), cultural centers (e.g. Staromejski Dom Kultury i Pałac Młodzieży in Warsaw), actors, screenplay writers, tv series directors and artists. The media campaigns were as well supported by the state administration units (e.g. city halls of Toruń, Rzeszów, Kielce, Gdańsk, Warsaw) as well as police, city guards and army.

In addition, apart from activities conducted within governmental program, there are a few other public health campaigns and programs which have a strong counter-tobacco component, including programs addressing lung disease, cardiovascular or cancer prevention programs, and media campaigns that are organized periodically in collaboration with international partners, for example "Every cigarette is doing you damage", a 1998<sup>5</sup> campaign, or "Cigarettes eat you alive", a 2009<sup>6</sup> campaign. These campaigns were developed within the international initiatives. The Help campaign, which is coordinated by the Public Health Program of the European Commission, has been organized in Poland since 2005 [Help 2009]. This integrated media campaign uses television, the Internet, and mobile phones to build capacity "for a life without tobacco" for Polish youngsters and young adults.

Since 2007 some tobacco control media campaigns and prevention programs were as well financed by the Global Bloomberg Initiatives to Reduce Tobacco Use, among others projects implemented by the Global Sanitary Inspectorate, the Manko Association or the Health Promotion Foundation. However, counter-tobacco media campaigns are run only occasionally and are not sustained. Currently, funds available under the National Tobacco Control Program do not allow for comprehensive and integrated mass-media campaigns.

### Community-Based Programs

Many different local government institutions and nongovernmental organizations are involved in activities to decrease tobacco smoking in Poland. In the 80's these actions, with support of the Polish Ministry of Health, were conducted among others by the Polish Anti-tobacco Society and medical scientific institutes (Institute of Tuberculosis and Lung Disease,

Institute of Cardiology, Cancer Center and Institute of Oncology in Warsaw). During the last few years, the tobacco control efforts of these entities have been coordinated by the "Tobacco or Health" Civil Coalition [see Zatonski et al. 2009b]. Some community-based programs conducted by non-government organizations have been evaluated as best practices for other countries, including the "Clearing the Air" pilot campaign, which was conducted in two local communities by the "Breathe of Hope" Foundation from Bydgoszcz and "Health for Ciechanów" Association, under coordination of the Health Promotion Foundation [Przewozniak, Zatonski 2009]. In collaboration with the Warsaw Diocese there was prepared program of catecheses for children and youth entitled "Protect life from tobacco smoke", which was test implemented in 2009 in Mazovian voivodeship. During 2007–2009, the Foundation and the "Tobacco or Health" Civil Coalition were also involved in development of other community-based projects aimed at supporting legislation to completely ban smoking in public places and workplaces [Zatonski et al 2009b]. Among those there must be named "Sport Dzieci i Młodzieży" Society from Warsaw, "Zdrowie i My" Society from Warsaw, "Health for Ciechanów" Association from Ciechanów, Society for childhood free from tobacco smoke from Warsaw, Association of dependence prevention from Toruń, ZHP – Polish scouting organization, Center Psychological and Pastoral "Metanoia" from Płock, "Laboratorium Reportażu" Foundation from Warsaw, "Zdrowe Miasto" Foundation from Chojnice, Pomerian Anti-tobacco Association from Gdańsk, Manko Association from Cracow, Society of Cristian Psychologists from Warsaw, ZHR – Polish scouting organization, Academic Sport Union AZS AWF and many other organizations and institutions. An important partner and coordinator of these actions were units of the Sanitary Inspectorate in the country.

The main problem in performing these activities are very limited amount of resources (human and financial) and lack of coordination between responsible institutions are often not sustainable. Tobacco control programs implemented on the local level are not obligatory and, therefore, are much less frequently conducted than, for example, programs for alcohol or drugs abuse prevention and treatment.

## 1.5 GLOBAL ADULT TOBACCO SURVEY (GATS)

GATS is a nationally representative household survey of all non-institutionalized men and women aged 15 years or older that uses a standardized core questionnaire, sample design, field procedures, and data management. It is currently implemented in the 14 countries where more than half of the world's smokers live and which bear the highest burden of tobacco use, namely, Bangladesh, Brazil, China, Egypt, India, Mexico, Philippines, Poland, Russian Federation, Thailand, Turkey, Ukraine, Uruguay and Vietnam.

<sup>5</sup> Organized by the Health Promotion Foundation and the Cancer Center and Institute in collaboration with the Anti-Cancer Council in Melbourne, Australia.

<sup>6</sup> Organized by the Ministry of Health, Chief Sanitary Inspectorate, WHO Country Office in Poland, Health Promotion Foundation, and the Manko Association, in collaboration with the World Lung Association.

GATS methodology follows a standard protocol that has been developed to enable the assessment and comparison of different tobacco use and tobacco control indicators across the implementing countries [GTSS 2009]. GATS protocol allows countries to adapt and include as many of the GATS core questions as possible, as well as to add optional questions reflecting country-specific concerns and needs.

The general objectives of GATS Poland are to:

- Systematically monitor adult tobacco use (smoking and smokeless) and track key tobacco control indicators in a nationally representative sample of the Polish population.
- Track implementation of the FCTC-recommended policies outlined in the MPOWER package.

Additionally, data from GATS Poland will also provide national-level information on public perceptions of Polish tobacco control legislation and public opinion on a complete ban on smoking at worksites and public places.

## 2. METHODOLOGY

### 2.1 STUDY POPULATION

The target population for this survey included all men and women in the Poland 15 years and older who consider Poland to be their primary place of residence (even if they are not considered citizens). The only adults excluded from the study were individuals visiting Poland (e.g., tourists), those who indicated their primary place of residence was a military base or group quarters (e.g., a dormitory), and those who were institutionalized. Eligible respondents could withdraw from the study at any time and had the right to refuse to answer any question without providing a reason. The GATS Poland was conducted in all 16 voivodships (constituent administrative entities of the Poland), covering 99.4% of the total population (see **Appendix B** for details).

### 2.2 SAMPLING DESIGN

The sampling frame used for the GATS Poland design (see **Appendix B** for details) was based on the updated sampling frame of the Central Statistical Office (which was based on 2002 census data that is updated quarterly based on information received from the Geodesy and Cartography Office, which registers all newly built and demolished houses). The updated sample frame for 2007 includes 33,691 Statistical Regions (20,134 urban and 13,557 rural), excluding 3,172 statistical regions with less than 100 households. Following the standard protocol and recommendations outlined in the GATS Sample Design Manual [GTSS 2009a] the initial target was a representative sample of 8,000 non-institutionalized households, subject to applicable non-response and eligibility rates (a target sample of 2,000 households each in urban, rural, male, and female subgroups). The sample for GATS Poland was a three-stage stratified cluster sample of non-institutional adult population, where statistical regions are treated as Primary Sampling Units (PSUs). In the first stage of sample selection a total of 200 urban and 200 rural PSUs were selected with probability proportionate to size according to GATS sample selection requirements. In the second stage of sample selection, 36 households (19 male and 17 female) were selected from each urban PSU and 34 households (18 male and 16 female) were selected from each rural PSU using simple random sampling without replacement from the Na-

tional Official Territorial Division Register TERYT (See Table B.2). A total of 6,800 households (3,600 male and 3,200 female) were selected from rural PSUs, and 7,200 households (3,800 male and 3,400 women) from urban PSUs, resulting in a total GATS Poland sample of 14,000 non-institutionalized households from all 16 voivodships. Households were randomized to male or female subsequent to sample selection. Finally, using the iPAQ, one individual was randomly chosen from each of the eligible men/women in participating households. In order to prevent bias, no replacements and no changes in the pre-selected households were allowed in the implementing stages. The GATS Poland sample design provides cross-sectional estimates for the country as a whole, as well as estimates by urbanicity and by gender.

### 2.3 SURVEY QUESTIONNAIRE

GATS Poland administered a household questionnaire and an individual questionnaire, both of which were based on the GATS Core Questionnaire with Optional Questions [GTSS 2009b] which was designed for use in countries implementing GATS (see **Appendix A** for details). In consultation with the Cancer Center and Institute of the Medical University of Warsaw, representatives from the Ministry of Health, CDC, Johns Hopkins, Bloomberg School of Public Health, and the WHO Poland Country Office, these questionnaires were adapted and modified to reflect issues relevant and applicable to Poland. The adapted questionnaire was approved by the GATS Poland Coordinating Committee supervised by Polish Ministry of Health and the global GATS Questionnaire Review Committee. The questionnaire was developed in English and later translated into Polish. It was also back-translated to ensure the accuracy and quality of translation. The questionnaire was finalized in April 2009 based on the results of a small pretest conducted in January-February 2009. Informed consent was included separately for both household and individual questionnaires.

#### Household Questionnaire:

The purpose of the household questionnaire was to collect information on all adult residents in the household (either men or women, based on the sampling strategy), in order to randomly select an eligible respondent to complete the individual questionnaire. For each listed adult (15 years or older) resident of the household, information on age, date of birth (if applicable), gender, and smoking status was collected.

#### Individual questionnaire:

The purpose of the individual questionnaire was to collect information from the randomly selected eligible adults. The individual questionnaire consisted of the following nine sections:

- A) **Background characteristics:** Questions on gender, age, education, work status, possession of household items,

individual net income, place of residence at age 14, and religious behavior.

- B) **Tobacco smoking:** Questions covering patterns of use (daily consumption, less than daily consumption, not at all), former/past tobacco consumption, age of initiation of daily smoking, consumption of different tobacco products (such as manufactured and hand-rolled cigarettes, pipes filled with tobacco, cigars, cigarillos and other products) and questions on reasons for switching between different tobacco products in the past, nicotine dependence, and quitting advice/attempts.
- C) **Smokeless tobacco:** Questions covering patterns of use (daily consumption, less than daily consumption, not at all), former/past use of smokeless tobacco, age of initiation of daily use of smokeless tobacco, consumption of different smokeless tobacco products (nasal snuff, oral snuff, chewing tobacco, and other products), nicotine dependence, and quitting advice/attempts.
- D) **Cessation:** Questions related to advice to quit smoking by healthcare providers, and methods used to try to stop smoking during last 12 months preceding the study. Similar information was solicited regarding cessation of smokeless tobacco use.
- E) **Secondhand smoke:** Questions about rules of smoking in the home, exposure to secondhand smoke at home, indoor smoking policy at the work place, and exposure in the last 30 days in public places (worksites, government buildings/offices, healthcare facilities, restaurants/coffee shops and bistros, bars/pubs/night clubs or discos, public transportation, and private cars), as well as knowledge about the harms of secondhand smoke. Questions assessing respondent knowledge of the harmfulness of second-hand smoke, opinions on further extension of smoking bans, and behavior in places polluted with tobacco smoke were also included.
- F) **Economics:** Questions covering the most recent purchase of cigarettes, including quantity bought, cost, brand, source of purchase, and type (filter/unfiltered), as well as questions about use of hand-rolled cigarettes.
- G) **Media:** Questions on exposure to anti-tobacco advertising and information via the following venues: newspapers/magazines, television, radio, billboards, the Internet, education/health materials, stores and others; reaction to health warning labels on cigarette packages and smokeless tobacco products; and questions on exposure to tobacco industry advertising and promotion by tobacco type in the following locations: stores, foreign television, foreign newspapers/magazines, Internet and others. The reference period for the questions in this section was the past 30 days. Questions to determine the effectiveness of various health warning labels placed on cigarette packs were added.
- H) **Knowledge, attitudes, and beliefs:** Questions regarding knowledge about health effects of both smoking and smokeless tobacco and questions covering attitudes on smoke-free laws, increases in taxes on tobacco products, and prohibitions on advertising of tobacco products.
- I) **Cigarette packs:** A country-specific section added in order to determine whether cigarettes currently smoked by respondent are legal or illegal. Respondents 18 years

and older were asked to show interviewer the pack of currently smoked cigarettes. Interviewers recorded information regarding health warnings and the excise band on the cigarette pack provided by respondent.

## 2.4 QUESTIONNAIRE PROGRAMMING AND PREPARATION OF HANDHELD COMPUTERS

GATS used electronic data collection for both the household and individual questionnaires. General Survey System (GSS) software, developed by RTI International, was used for this purpose. GSS software provides a variety of software tools developed to facilitate the design, administration, collection, and management of survey data on handheld computers, specifically a Microsoft Windows-based platform running Windows Mobile 5.0 or Mobile 6.0 (often called Pocket PC systems). The software system is designed to support field data collection activities where field interviewers (pollsters) collect data using handheld computers. The systems have been developed and tested using the Hewlett Packard (HP) iPAQ Pocket PC (Model: iPAQ hx2490c) and these were used for data collection. (Refer to the manuals on GSS [GTSS 2009c] and Data Management and Implementation guidelines [GTSS 2009d] for more details.) The electronic data collection was useful to facilitate the complex skip patterns used in the GATS Poland questionnaire, as well as some built-in validity checks during data collection.

Programming was mainly supported by RTI International and WHO. The programming of the questionnaire using GSS was carried out in collaboration with in-country IT personnel involved in GATS Poland. Repeated quality control mechanisms were used to test the quality of questionnaire programming following the GATS Programmer's Guide to General Survey System manual [GTSS 2009c]. The main steps involved in quality control checks were version control/verification for household and individual questionnaires, date and time verification, verification of skip patterns, and validation checks. The entire process, including questionnaire administration, data collection using handheld machines, and data management and aggregation (preparing a raw data for analysis), was pretested.

Handheld programming was finalized and the final questionnaire for data collection was uploaded to handhelds by in-country and WHO IT personnel in October 2009. The electronic case file (used for identifying the sampled household addresses) was finalized in October 2009 and uploaded to each pollster's handheld device directly using the Internet during a training program held in November 2009. (Refer to the GATS Quality Assurance: Guidelines and Documentation [GTSS 2009e] for more details on case file management and a complete listing of quality control measures adopted in GATS.)

## 2.5 RECRUITMENT, TRAINING, AND FIELDWORK

### 2.5.1 IMPLEMENTING AGENCIES

The Poland Ministry of Health (MoH) was the leading national coordinating agency for GATS Poland and was

responsible for overall coordination and management of the survey. Scientific and technical coordination of the study in Poland was carried out by two committees designated by the MoH: the GATS Poland Scientific Committee and the GATS Poland Coordinating Committee. WHO Country Office in Poland provided ongoing management of tasks related to conducting GATS study in Poland according with international procedures.

Three implementing agencies were nominated by MoH to jointly implement GATS in Poland: the Maria Skłodowska-Curie Cancer Center and Institute of Oncology (CCI), the Medical University of Warsaw (MUW), and Pentor Research International (PRI). CCI was responsible for preparing the country-specific adaptation of GATS questionnaire and other study documents, collaborate in conducting the training for GATS pre-test and fieldwork, preparing a country-specific analysis plan, producing a country-specific fact sheet and report in Polish and English, and collaborating with MoH and WHO Country Office in Poland, to disseminate study results. MUW was responsible for supervision and implementation of the study fieldwork, including conducting training of pretest and fieldwork study staff, developing the sample design, providing technical and IT supervision of the GATS fieldwork and data management, processing and control, and producing country-specific data tables. WUM was actively involved at all stages of study realization and contributed to preparation of final study questionnaire and conducting statistical analysis of GATS Poland results. PRI was tasked primarily with preparing and conducting the study pretest and fieldwork, directly supervising the data collection process and, in collaboration with MUW, performing quality control assessments of completed interviews.

WHO provided regional and in-country coordination and CDC, via a WHO Collaborating Center on Global Tobacco Surveillance, provided technical assistance for the implementation of the survey. Financial assistance was provided by Bloomberg Philanthropies under the Bloomberg Global Initiative to Reduce Tobacco Use. (Refer to **Appendix D** for details on the technical committee and all personnel involved in survey implementation.)

## 2.5.2 PRETEST

Poland pre-tested the questionnaire in the Mazovia voivodship of Poland, with close cooperation from CDC and WHO experts, especially in terms of wording and comprehensibility, inconsistencies in skip patterns, sequencing of questions, completeness of response categories, work load, interview time, availability and call backs, and other issues. Another important objective of the pretest was to test handheld data collection procedures, assess problems in the process of data transfer and aggregation, and develop a data management system for the full survey implementation of GATS Poland. Pretest training took place from 26 January to 1 February 2009, with the first three days (26-28 January) spent training IT specialists in Warsaw, followed by training of interviewers

and supervisors during 29 January-1 February 2009 in Warsaw. The last day was devoted to training field supervisors. Eleven people were trained (8 interviewers [pollsters], 1 supervisor, and 2 IT staff). Training was based on standard GATS manuals and procedures and included class presentations, mock interviews, and field practice sessions and tests. Pretest fieldwork lasted for five days during 2-6 February 2009. Fieldwork was conducted using a sample of 98 households equally distributed by gender, urban/rural residence, and smoking status, and with individuals from all relevant age groups.

## 2.5.3 TRAINING

In order to maintain uniform survey procedures and follow standard protocols established in GATS, three manuals were developed. The GATS Field Interviewer Manual [GTSS 2009f] provided instructions to interviewers regarding interviewing techniques, field procedures, methods of asking questions, and the use of handheld devices for data collection. The GATS Field Supervisor Manual [GTSS 2009g] contained a detailed description of supervisors' roles and responsibilities, as well as information on data aggregation and transfer procedures. The GATS Question-by-Question Specifications Manual [GTSS 2009h] provided question-specific instructions to the field interviewers for administering the GATS household and individual questionnaires using the handheld devices. This manual also provided information on range checks, response options, and purpose and instructions for each survey question. All the manuals were first developed in English and then translated into Polish.

Warsaw Medical University subcontracted Pentor Research International, a market research company, to conduct the GATS fieldwork in all voivodships of Poland. A total of 187 pollsters and 21 field supervisors were selected to participate in the training. Each pollster was assigned to visit and interview approximately 115 households; the total number varied by voivodships and the location of the PSU. A "Training of Trainers" workshop was held in Warsaw during October 19-23, 2009; the purpose was to train 21 supervisors (area coordinators) who in turn supported the individual training workshops for interviewers conducted in each voivodship. A total of eight regional training workshops were conducted during October 26–November 4, 2009. After the training workshops, all pollsters were provided with iPAQs loaded with lists of assigned household addresses. Training included lectures on the contents of the questionnaire and how to complete the questionnaires using handheld devices, mock interviews between participants, and field practice interviews. Additional lectures addressed tobacco use and the tobacco control situation in Poland.

## 2.5.4 FIELDWORK

GATS Poland data were collected by 128 pollsters, and three IT personnel assisted with data collection. All pollsters and supervisors were full-time employees of PRI with prior experience in survey fieldwork and computer skills. Field opera-

tions took place in 16 voivodships of Poland over a period of 18 weeks, from November 2, 2009 to March 7, 2010.

All pollsters were supplied with documentation, instructions, and equipment. Schedules of data transmission from pollsters to the national data coordinating center at WMU were prepared. To ensure safety and an effective work environment for pollsters, introductory letters were sent to all sampled households addresses prior to visits by pollsters.

Pollsters were responsible for collecting survey information using the handheld devices. Field supervisors were responsible for the overall operation of the field team and maintaining the time schedule of field data collection. In addition, pollsters were also responsible for transmitting the data to the national data coordinating center via the Internet, using established secure channels. IT personnel were responsible for providing technical support with respect to concerns raised during fieldwork and troubleshooting any issues with handheld devices. Field-level data were aggregated on a daily basis and analyzed twice a week using microcomputers to identify certain types of data collection errors, skip patterns, and consistency checks. Field-level feedback forms were analyzed and the information was provided back to interviewers and supervisors to improve performance.

Two quality control techniques were implemented: corroborating interview information with household members, by phone; and randomly checking about 15% of the total number of interviewed households.

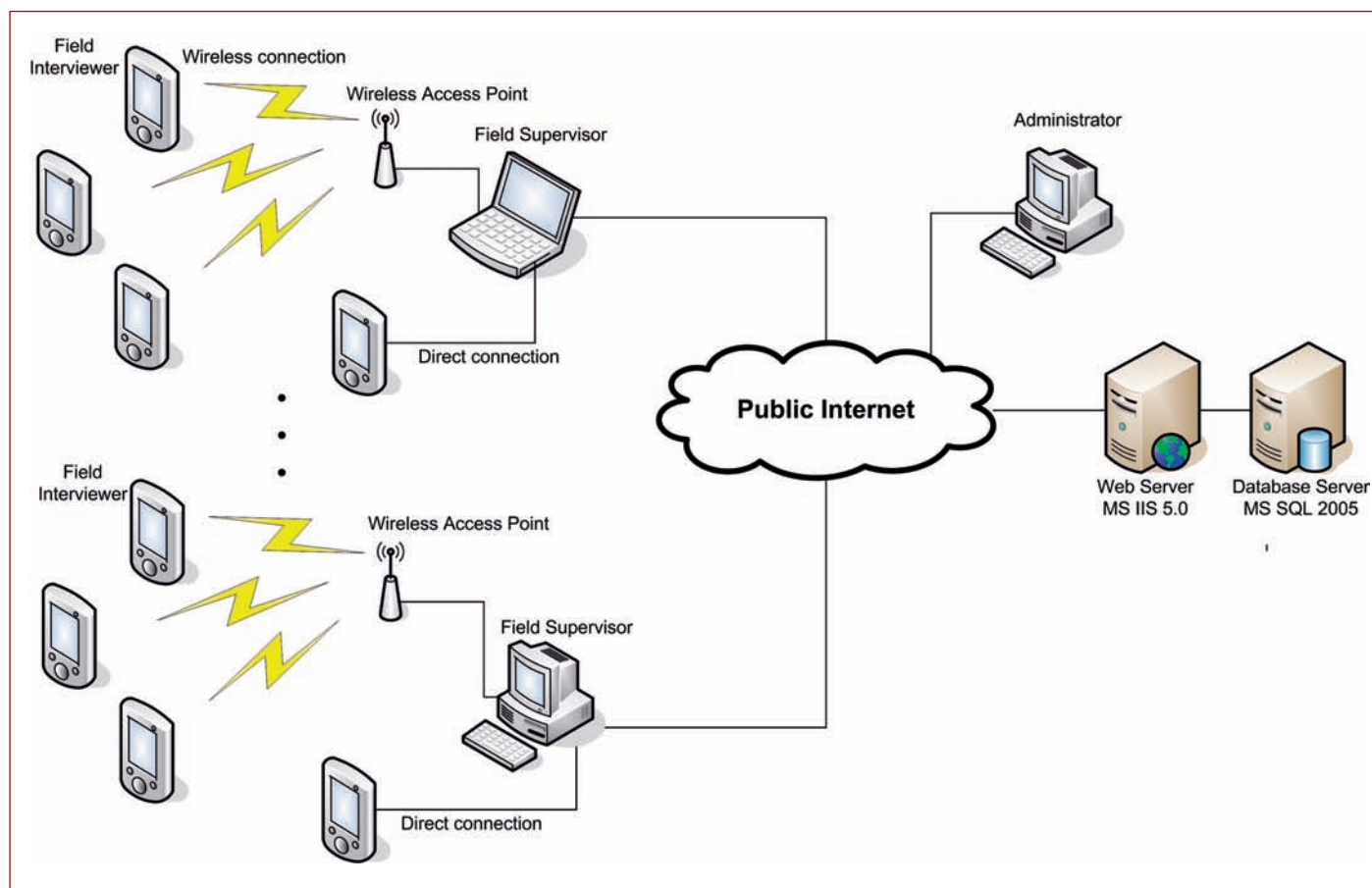
## 2.6 DATA PROCESSING AND AGGREGATION

Figure 2-1 provides an overview of the data management model used in Poland for GATS. Each pollster transferred the data to the national data coordinating center at MUW through the Internet, using established secure channels. In-country IT personnel aggregated the data received from all pollsters on daily basis and sent feedback to the field if problems arose. IT personnel, with support from CDC, WHO, and RTI, merged and aggregated all the files to a single SDF file. Using an aggregation module in GSS and SPSS (Ver. 17), the aggregated data were transposed to an analyzable raw data format that can be read using any statistical software available for further analysis and reporting.

## 2.7 STATISTICAL ANALYSIS

Complex survey data analysis was performed to obtain population estimates and their 95% confidence intervals (asymmetric confidence intervals). Sample weights were developed for each respondent following the standard procedures established in the GATS Sample Design [GTSS 2009a] and Sample Weights [GTSS 2009i] manuals. Details on the sample weighting process are provided in Appendix B. The final weights were used in all analyses to produce population estimates and their confidence intervals. All the statistical analysis including sample weighting and computations of estimates and their confidence intervals were performed using the complex sample module of SPSS 17.

Figure 2-1: Data management implementation design, GATS Poland 2009-2010.



# 3. SAMPLE AND POPULATION CHARACTERISTICS

refusals (despite repeated visits to the household to contact the selected respondent) was slightly higher in rural areas (4%) compared to urban areas (3.7%). Person-level response rates did not vary significantly by gender (95% for women and 93.2% for men).

This chapter presents information on sample coverage and population characteristics. The population estimates were based on the updated population totals for Poland using current official statistics from the Central Statistical Office (as of June, 2009).

## 3.1 SURVEY COVERAGE

**Table 3.1** shows the unweighted number and percentage of households and persons interviewed and response rates by residence for GATS Poland. Of the 14,000 households selected for the survey, 8,948 (63.9%) households and 7,840 (93.9%) sampled persons successfully completed the interviews. The total survey response rate was 65.1%; the rate was higher in rural areas (69.1%) than in urban areas (61.5%).

The household response rate was 69.2%. There were considerable differences with respect to rural and urban household response rates (73.7% and 65.1%, respectively). However, 4.3% of households were found to have no eligible respondents; the proportion was similar among rural and urban households (3.4% and 5.2%, respectively). A significant proportion of households (22.8%) refused the interview, with a marked difference with respect to rural areas (18.4%) and urban areas (26.9%). Among all households, 4.4% were found to be unoccupied.

Out of 14,000 selected households, 8,348 were found to have an eligible person for the individual interview. The proportion of eligible persons was lower in urban areas (56.4%) than rural areas (63%). The person-level response rate was 94.1% (93.8% in rural areas and 94.5% in urban areas). Out of the respondents presumed to be eligible, 20 were later found to be ineligible per the GATS eligibility criteria. The ratio of ineligibility between rural and urban areas was similar. The principal reasons for person-level non-response were refusals (3.9%), incomplete interviews (0.3%) and not at home (0.6%) and incapacitated (0.6%) and other (0.4%). The proportion of household-level re-



**Table 3.1:** Number and percent of households and persons interviewed and response rates, by residence and gender (unweighted) – GATS Poland, 2009-2010.

	Residence			Gender			Total		
	Rural		Urban		Male		Female		
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
<b>Selected Household</b>									
Completed	4,285	63.0	4,063	56.4	NA	NA	NA	8348	59.6
Completed - No one eligible (HCNE)	229	3.4	371	5.2	NA	NA	NA	600	4.3
Incomplete (HINC)	19	0.3	26	0.4	NA	NA	NA	45	0.3
No screening respondent (HNS)	68	1.0	45	0.6	NA	NA	NA	113	0.8
Nobody home (NHH)	87	1.3	212	2.9	NA	NA	NA	299	2.1
Refused (HR)	1254	18.4	1936	26.9	NA	NA	NA	3190	22.8
Unoccupied (HUO)	387	5.7	228	3.2	NA	NA	NA	615	4.4
Address not a dwelling (HAND)	287	4.2	162	2.3	NA	NA	NA	449	3.2
Other <sup>1</sup> (HO)	184	2.7	157	2.2	NA	NA	NA	341	2.4
Total Households Selected	6,800	100	7,200	100	NA	NA	NA	14000	100
Household Response Rate (HRR) (%) <sup>2</sup>	73.7%			65.1%			NA		
<b>Selected Person</b>									
Completed (PC)	4,012	93.6	3,828	94.2	3,867	99.3	3,973	99.5	7,840
Incomplete (PINC)	13	0.3	13	0.3	14	0.3	12	0.3	26
Not eligible (PNE)	9	0.2	11	0.3	12	0.3	8	0.2	20
Not at home (PNAH)	26	0.6	28	0.7	36	0.9	18	0.4	54
Refused (PR)	170	4.0	152	3.7	181	4.4	141	3.4	322
Incapacitated (PI)	35	0.8	17	0.4	32	0.8	20	0.5	52
Other <sup>1</sup> (PO)	20	0.4	14	0.3	18	0.4	16	0.4	34
Total Number of Sampled Persons	4,285	100	4,063	100	4,160	100	4,188	100	8,348
Person-level Response Rate (PRR) (%) <sup>3</sup>	93.8%			94.5%			95.0%		
Total Response Rate (TRR) (%) <sup>4</sup>	69.1%			61.5%			NA		
<sup>3</sup> Calculate Person-level Response Rate (PRR) by: $\frac{PC * 100}{PC + PINC + PNAH + PR + PI + PO}$									
<sup>4</sup> Calculate Total Response Rate (TRR) by: $\frac{HRR * PRR}{100}$									
Notes:									
- An incomplete household interview (i.e., roster could not be finished) was considered a nonrespondent to the GATS. Thus, these cases (HINC) were not included in the numerator of the household response rate.									
- A completed person interview (PC) includes respondents who had completed at least question E1 and who provided valid answers to questions B1/B2/B3. Respondents who did not meet these criteria were considered as in complete (PINC) nonrespondents to GATS and thus, were not included in the numerator of the person-level response rate.									

## 3.2 CHARACTERISTICS OF SURVEY RESPONDENTS

**Table 3.2A** presents the unweighted sample size and population estimates by selected demographic characteristics of the household population and survey respondents, including age, place of residence, level of education, and region. **Tables 3.2B** and **3.2C** show these data for men and women separately.

The unweighted number of adults who completed the individual interview was 7,840. The estimated total Poland de facto population 15 years and older was 32.3 million in mid-2009. The sample comprised 3,867 men and 3,973 women, yielding a de facto population estimate of 15.4 million men (47.7%) and 16.9 million women (52.3%).

When considering the overall sample, the unweighted sample in urban areas was lower than in rural areas (3,828 and 4,012, respectively). However, the weighted population in urban areas was higher than in rural areas, with the ratio being approximately 62:38. The urban sample was further divided into three categories of population size (up to 50,000, 50,000-200,000, and more than 200,000), based on number of inhabitants (resident population), in order to report detailed differences across various urban population categories. Out of 20.1 million people living in an urban setting in Poland (aged 15 years and older), 40.1% live in areas with a population of up to 50,000 people, 24.8% live in areas with between 50,000-200,000 people, and the rest (35.1%) live in areas with a population of over 200,000. The entire Poland sample was classified according to the following age groups for analysis purposes: 15-19, 20-29, 30-39, 40-49, 50-59, and 60+ years. A high proportion of adults were aged 60+ years (22.2%), followed by 20-29 years (19.5%); 30-39 years (17%), 50-59 years (17%), 40-49 years (16.6%), and 15-19 years (7.7%). For all eligible respondents 15 years and older, data were collected on level of education, grouped into four categories for analysis purposes: primary, vocational, secondary, and higher education. "Primary" education includes no formal education, incomplete elementary, elementary, and junior high school. "Vocational" education includes only vocational schooling. "Secondary" education includes secondary schools (high school, technical college), and junior college. "Higher" education includes bachelor's degree and higher (starting with master's degrees). The majority of respondents reported having secondary education (40%) followed by vocational (24.8%), primary (20%), and higher education (15.2%).

**Table 3.2A:** Distribution of adults ≥ 15 years old by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Weighted		Unweighted Number of Adults
	Percentage (95% CI)	Number of Adults (in thousands)	
<b>Overall</b>	100	32,337.8	7,840
<b>GENDER</b>			
Male	47.7 (46.2, 49.3)	15,439.5	3,867
Female	52.3 (50.7, 53.8)	16,898.3	3,973
<b>AGE (YEARS)</b>			
15-19	7.7 (6.8, 8.6)	2,487.3	362
20-29	19.5 (18.2, 20.8)	6,295.7	1,306
30-39	17.0 (16.1, 18.0)	5,494.7	1,516
40-49	16.6 (15.7, 17.6)	5,369.1	1,348
50-59	17.1 (16.0, 18.2)	5,517.3	1,441
60+	22.2 (21.0, 23.5)	7,173.6	1,867
<b>RESIDENCE</b>			
Rural	38.0 (37.2, 38.8)	12,278.0	4,012
Urban <sup>2</sup>	62.0 (61.2, 62.8)	20,059.8	3,828
Up to 50,000	40.1 (33.7, 46.9)	8,048.7	1,441
50,000 - 200,000	24.8 (19.6, 30.9)	4,976.7	981
Over 200,000	35.1 (29.1, 41.5)	7,034.4	1,406
<b>EDUCATION LEVEL<sup>3</sup></b>			
Primary	20.0 (18.8, 21.3)	6,452.5	1,630
Vocational	24.8 (23.6, 26.0)	7,983.6	2,092
Secondary	40.0 (38.5, 41.5)	12,883.5	2,951
High	15.2 (14.1, 16.3)	4,879.1	1,142
<b>REGION</b>			
Central	22.4 (21.8, 23.1)	7,257.0	1,771
South	21.2 (20.6, 21.8)	6,862.0	1,673
East	16.9 (16.2, 17.5)	5,457.6	1,415
Northwest	16.0 (15.3, 16.7)	5,164.4	1,082
Southwest	9.8 (9.4, 10.2)	3,173.9	737
North	13.7 (13.1, 14.3)	4,423.0	1,162

Note: 25 cases were missing for education.

<sup>1</sup> 95 % Confidence Interval

<sup>2</sup> Urban residence has been divided into three categories based on number of inhabitants.

<sup>3</sup> "Primary" education includes: No Formal Education, Incomplete Elementary, Elementary, and Junior High School. "Vocational" education includes only vocational schooling. "Secondary" education includes: Secondary (High School, Technical College) and Junior College. "High" education includes: Bachelor's Degree, and Higher (Starting With Master's Degree).

**Table 3.2B:** Distribution of men ≥ 15 years old by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Weighted		Unweighted Number of Adults
	Percentage (95% CI) <sup>1</sup>	Number of Adults (in thousands)	
<b>Male</b>	100	15,439.5	3,867
Age (years)			
15-19	7.9 (6.7, 9.3)	1,220.5	183
20-29	21.1 (19.3, 23.0)	3,257.1	680
30-39	17.8 (16.5, 19.2)	2,745.2	775
40-49	17.6 (16.1, 19.1)	2,710.9	699
50-59	17.1 (15.8, 18.5)	2,638.7	700
60+	18.6 (17.1, 20.1)	2,867.1	830
Residence			
Rural	39.3 (37.6, 41.0)	6,066.5	2,057
Urban <sup>2</sup>	60.7 (59.0, 62.4)	9,373.0	1,810
Up to 50,000	40.0 (33.2, 47.2)	3,749.2	691
50,000 - 200,000	23.6 (18.3, 29.9)	2,212.2	438
Over 200,000	36.4 (29.9, 43.4)	3,411.6	681
Education Level <sup>3</sup>			
Primary	17.5 (15.9, 19.2)	2,689.8	724
Vocational	30.3 (28.5, 32.1)	4,662.4	1,249
Secondary	38.9 (36.8, 41.0)	5,986.6	1,387
High	13.4 (11.9, 14.9)	2,056.5	495
Region			
Central	22.4 (21.0, 23.9)	3,462.0	886
South	22.3 (20.9, 23.8)	3,442.5	840
East	18.2 (16.9, 19.7)	2,817.3	751
Northwest	14.4 (13.0, 15.9)	2,216.1	494
Southwest	9.4 (8.4, 10.5)	1,450.4	347
North	13.3 (12.2, 14.5)	2,051.2	549

Note: 12 cases were missing for education.

<sup>1</sup> 95 % Confidence Interval

<sup>2</sup> Urban residence has been divided into three categories based on number of inhabitants.

<sup>3</sup> "Primary" education includes: No Formal Education, Incomplete Elementary, Elementary, and Junior High School. "Vocational" education includes only vocational schooling. "Secondary" education includes: Secondary (High School, Technical College) and Junior College.

"High" education includes: Bachelor's Degree, and Higher (Starting With Master's Degree).

**Table 3.2C:** Distribution of women ≥ 15 years old by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Weighted		Unweighted Number of Adults	
	Percentage (95% CI)	Number of Adults (in thousands)		
<b>Female</b>	100		16,898.3	3,973
<i>Age (years)</i>				
15-19	7.5	(6.4, 8.8)	1,266.8	179
20-29	18.0	(16.3, 19.8)	3,038.6	626
30-39	16.3	(15.0, 17.6)	2,749.5	741
40-49	15.7	(14.5, 17.1)	2,658.2	649
50-59	17.0	(15.5, 18.6)	2,878.7	741
60+	25.5	(23.7, 27.4)	4,306.4	1037
<i>Residence</i>				
Rural	36.8	(35.3, 38.2)	4,306.4	1955
Urban <sup>2</sup>	63.2	(61.8, 64.7)	6,211.4	2018
Up to 50,000	40.2	(33.6, 47.2)	4,299.5	750
50,000 - 200,000	25.9	(20.4, 32.3)	2,764.6	543
Over 200,000	33.9	(27.9, 40.5)	3,622.8	725
<i>Education Level<sup>3</sup></i>				
Primary	22.4	(20.7, 24.1)	3,762.7	906
Vocational	19.8	(18.3, 21.3)	3,321.2	843
Secondary	41.0	(38.9, 43.2)	6,896.9	1564
High	16.8	(15.4, 18.3)	2,822.6	647
<i>Region</i>				
Central	22.5	(21.2, 23.8)	3,794.9	885
South	20.2	(19.2, 21.3)	3,419.6	833
East	15.6	(14.4, 16.9)	2,640.2	664
Northwest	17.4	(16.2, 18.8)	2,948.3	588
Southwest	10.2	(9.1, 11.4)	1,723.5	390
North	14.0	(13.0, 15.1)	2,371.8	613

Note: 13 cases were missing for education.

<sup>1</sup> 95 % Confidence Interval

<sup>2</sup> Urban residence has been divided into three categories based on number of inhabitants.

<sup>3</sup> "Primary" education includes: No Formal Education, Incomplete Elementary, Elementary, and Junior High School. "Vocational" education includes only vocational schooling. "Secondary" education includes: Secondary (High School, Technical College) and Junior College.

"High" education includes: Bachelor's Degree, and Higher (Starting With Master's Degree).

# 4. TOBACCO USE

king and using various tobacco products, and 3) demographic and behavioral patterns of smoking (e.g., number of cigarettes smoked daily, age at daily smoking initiation, time duration of daily smoking, and indicators of tobacco dependence).

## 4.1 TOBACCO USE

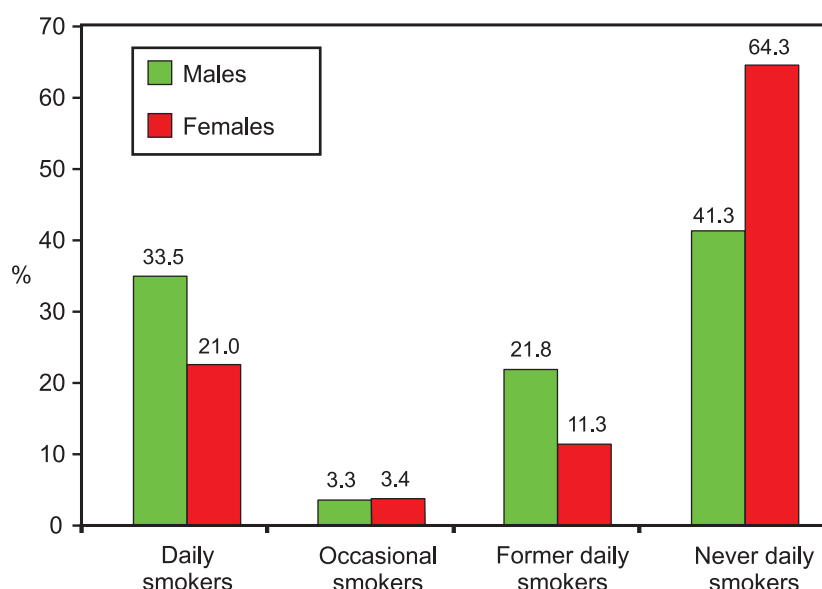
This chapter describes smoking behaviors in the Polish adult population, including 1) tobacco use status, 2) smo-

GATS Poland included questions on tobacco use, including smoked and smokeless tobacco, among adults aged 15 years and above. Results are presented separately for smoking tobacco and smokeless tobacco by gender.

### KEY FINDINGS

- 33.5% of adult men (5.2 million) and 21.0% of adult women (3.5 million) smoked tobacco everyday. 1.1 million of Poles smoked occasionally (3.3% of men and 3.4% of women). Overall, 30.3% of Poles (9.8 million) are current (daily or occasional) smokers.
- 7 million of adult Poles had quit smoking(daily or occasional) in the past.
- 47.4% of men with vocational education currently smoked tobacco.
- 37.4% of women aged 50-59 currently smoked tobacco.
- 93.2% of current tobacco users smoked manufactured cigarettes and 9.7%, hand-rolled cigarettes; 1.6% used smokeless tobacco.
- On average, daily smokers smoke 17.2 cigarettes a day.
- On average, ever daily smokers (current and past) have smoked tobacco for over 22 years.

Figure 4.1: Smoking status by gender, adults 15 years and older, GATS Poland 2009-2010



### 4.1.1 SMOKING STATUS

Tables 4.1A and 4.1B and Figure 4.1 present the smoking status of adults 15 years and older, broken down by gender. Table 4.2 presents the corresponding population estimates showing the number of adult smokers aged 15 and above by gender and detailed smoking status. Detailed smoking status is broadly categorized into two main components: current smokers and non-smokers. Current tobacco smokers include current daily and current occasional smokers, former daily smokers and never daily smokers, while the non-smoker group includes former daily smokers, never daily, former occasional smokers, and never smokers.

Study results show that 30.3% of adults (15 years and older) were current tobacco smokers (Table 4.1A). Among men, 36.9% were current smokers, whereas among women, this proportion was significantly lower (24.4%). Most current

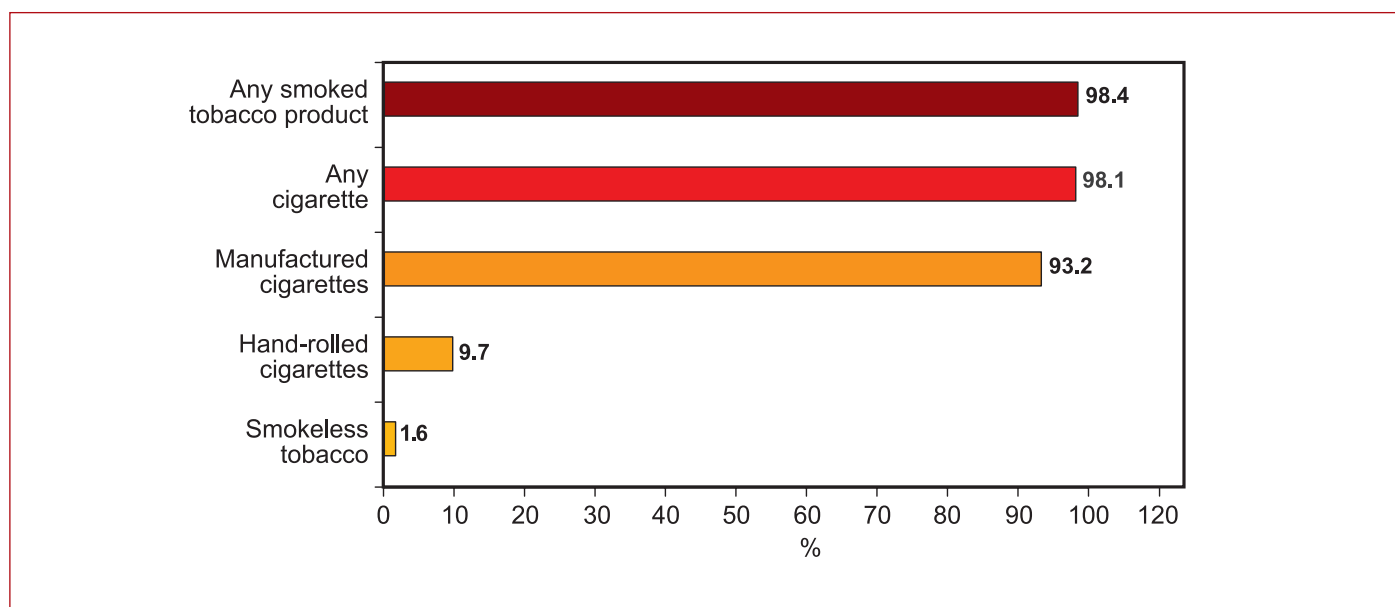
### 4.1.2 SMOKELESS TOBACCO USE

Table 4.2 presents the percentage of adults 15 years and older who currently use smokeless tobacco. GATS data indicated that use of smokeless tobacco products in Poland is very low. Among all adults age 15 and above, only 0.5% (approximately 200,000 adults) use smokeless tobacco. Men use smokeless tobacco more often than women (1% versus 0.1%). The majority of smokeless tobacco users were occasional users (0.4%).

## 4.2 SMOKING OF VARIOUS TOBACCO PRODUCTS BY SELECTED DEMOGRAPHIC CHARACTERISTICS

Table 4.3 and Figure 4.2 present the percentage of current smokers 15 years old and above who have smoked various tobacco products, broken down by selected demographic cha-

**Figure 4.2:** Percentage of current tobacco users of various tobacco products among all tobacco users, 15 years and above, GATS Poland, 2009-2010



smokers smoked on a daily basis; 27% of all adults smoked tobacco everyday (33.5% of men and 21% of women). The percentage of occasional smokers was low (3.4%) and did not vary significantly by gender. Based on these data, it is estimated that 8.7 million Poles aged 15 and above (5.2 million men and 3.5 million women) smoke on a daily basis and 1.1 million smoke occasionally (Table 4.1B).

Among non-smokers, 16.3% formerly smoked on daily basis; the percentage was twice as high among men (21.8%) than women (11.3%) More than half of all respondents (53.3%) had never smoked daily. Population estimates indicate that 17.2 million of adult Poles have never smoked daily (Table 4.1B). The percentage of never daily smokers was substantially higher among women (64.3%) than men (41.3%). Most never-daily smokers are non-smokers who never smoked daily or occasionally (48% of all adults). Again, the percentage of adult women who never smoked daily or occasionally was higher (58.5%) than adult men (36.6%).

acteristics, such as gender, age, place of residence, and education level. The corresponding population estimates can be found in Table 4.4, which presents the number of current smokers aged 15 and above by the same characteristics.

Results show that of the 30.3% of smokers who smoked any tobacco product, 30.2% smoked cigarettes; 28.7% of these smoked manufactured cigarettes and 3% smoked hand-rolled cigarettes.

Among current smokers who used any tobacco product (smoked or smokeless), the majority smoked tobacco (98.4%), mainly manufactured cigarettes (93.2%) (Figure 4.2); 9.7% of current tobacco users smoked hand-rolled cigarettes and 1.6% used smokeless tobacco.

The 50-59 year age group had the highest number of smokers in three categories of smoked tobacco products, including any smoked tobacco product (40.5%), any type of

cigarette (40.3%), and hand-rolled cigarettes (5.1%). The lowest percentage of smokers in all categories of smoked tobacco products was observed in the age group 60 years and older.

The percentage of people who smoked any tobacco product was higher in urban areas (31.9%) than rural areas (27.8%). The results also show that use of manufactured cigarettes was more common in urban areas (30.4%) compared to rural areas (26.1%).

Among urban residents, use of smoked tobacco products did not vary by size of population (categorized as up to 50,000, 50,000–200,000, and over 200,000 citizens).

In terms of education, use of any type of smoked product was highest (41.6%) among respondents with a vocational education (41.5%, any cigarettes; 38.8%, manufactured cigarettes; and 5.3%, hand-rolled cigarettes).

Smoking of hand-rolled cigarettes was reported among 4.7% of less educated persons (with primary education), compared to 1.4% of those with secondary and higher levels of education.

Table 4.3B shows the differences in use of various smoked tobacco products by gender. Overall, manufactured cigarettes were the most commonly used tobacco product, an estimated 9.3 million adults age 15 and above (including 5.4 million men and 3.9 million women) smoked this type of tobacco product (table 4.4A and 4.4B).

### 4.3 SMOKING FREQUENCY

Table 4.5A to 4.5C presents percentage distribution of adults aged 15+ by smoking frequency and several demographic

characteristics, including age, place of residence, education, and region, broken down by gender and smoking status.

#### 4.3.1 CURRENT SMOKERS

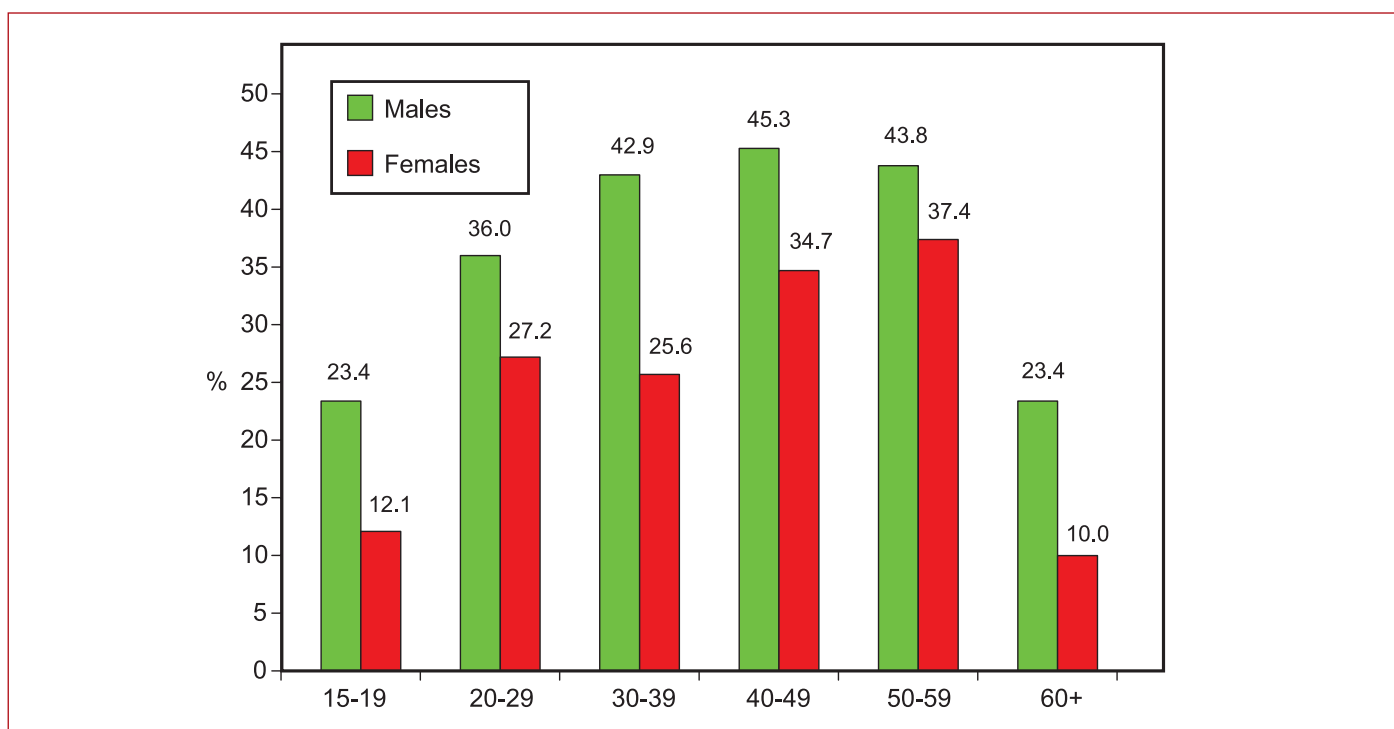
Figure 4.3 presents the distribution of current adult smokers, broken down by age and gender. The percentage of current smoking in all age groups was higher in men than women. The highest gender differences in prevalence of current smoking was observed in the youngest (15-19 years) and oldest (60 years and over) age groups, where the difference between men and women was two-fold or greater. The gender differences were smaller in young (20-29 years) and middle-aged (30-59) adults; the smallest gender difference in percentage of current smokers was found among Poles aged 50 to 59.

#### Daily Smokers

Overall, 27% of Polish adults age 15 and above were daily smokers (33.5% of men and 21% of women). The prevalence of daily smoking increased with age and was highest among adults aged 40-49 years (37.7%) and 50-59 years (37.4%). The lowest proportion of daily smokers was found in respondents aged over 60 years (13.2%). Daily smoking was less prevalent in rural areas than in urban areas (24.4% and 28.6%, respectively), and the highest proportion of daily smokers was found in cities with 50,000–200,000 residents (32.3%). By region, daily smoking was most prevalent in the South (31.3%), Central (29%), North (27.2%), and Northwest (26.5%) regions. The lowest prevalence was found in the Eastern region, where only one out of five respondents were daily smokers (21.3%).

Daily smoking was most prevalent in respondents with vocational education (39.1%), while only 20.2% of respondents with higher education reported daily smoking.

Figure 4.3: Current smokers by age and gender, 15 years and older, GATS Poland 2009-2010





Among men, the highest prevalence of daily smoking was found among those aged 40-49 (43.1%), with similar estimates among those aged 50-59 years (41.8%) and 30-39 years (38.8%). There were no differences between daily smoking prevalence among men in rural regions (32.2%) versus those in urban regions (34.4%). The highest level of daily smoking prevalence was found in men with vocational education (45%).

Among women, the prevalence of daily smoking also varied by age. In younger age groups (20-29 and 30-39 years), approximately one out of five women was a daily smoker (22.4% and 22%, respectively). In older age groups (40-49 and 50-59 years), this proportion was higher (32.3% and 33.4%). Daily smoking was more prevalent in urban areas (23.5%) than in rural areas (16.8%). The prevalence of daily smoking was similar percentage among women living in cities with 50,000 to 200,000 residents (26.1%) and those in larger cities (26.5%).

### Occasional Smokers

Occasional smoking was most common among younger age groups (6.1% of respondents aged 15-19 years) and in respondents living in biggest cities (4.8%) and those with higher (4.4%) and secondary (3.9%) education. This pattern was similar with both men and women groups.

## 4.3.2 CURRENT NON-SMOKERS

### Former Daily Smokers

The prevalence of former daily smokers was highest (26.9%) among respondents aged over 60. No differences were found between rural (15.1%) and urban (17.1%) areas. Former daily smoking was most prevalent among respondents living in East (19.3%) and Southwest (19.4%) regions. The proportion of non-smokers who used to smoke daily in the past was highest among those with vocational education (18.3%).

Age was the most important factor in prevalence of former daily smoking among current non-smoking persons. Among men, 46.9% of those aged 60 years and older and 26.2% of those aged 50-59 years reporting being former daily smokers. Among women, the highest proportions of former daily smokers was among those aged 50-59 years (15.3%) and 60 years and older (13.6%).

### Never Daily Smokers

The percentage of respondents who reported that they had never smoked daily was highest in the youngest age groups (15-19 years, 80.9%; 20-29 years, 59.6%). Among the oldest respondents, the proportion of never daily smokers was lowest among men (29.7%). Among women, the percentage of never smokers was highest in the age group 15-19 years (86.2%), followed by the age group 60 years and above (76.3%). The proportion of never daily smokers was slightly higher in rural areas (57.1%) than in urban areas (51%).

### Experimenters

Experimenters were defined as those respondents who re-

ported that they currently did not smoke daily or less than daily and did not smoke daily or less than daily in the past (classified as "never smokers"), but have smoked at least once in their lifetime. Table 4.6 shows the percentage of experimenters aged 15 or older, by age, gender, place of residence, and education level.

Overall, 44.3% of adult Poles who do not currently smoke daily or occasionally and did not smoke in the past have tried a smoked tobacco product at least once in their lifetime. The proportion of experimenters was significantly higher among men (53.5%) than women (39%).

The prevalence of experimenting was lowest in the youngest respondents (aged 15-19): only 29.5% of respondents in this age group (32.7% of men and 26.9% of women) reported that they had ever tried smoking. This behavior was most prevalent among men aged 50-59 (65.7%) and women aged 30-39 (51.4%). The biggest gender difference was found in the oldest age group (60+), where 60% of men and 29.7% of women declared that they had smoked at least once in their lifetime. This behavior was more common among respondents living in urban areas, where 56.2% of men and 42.3% of women have experimented with smoking. In rural areas the proportion of experimenters among men was 49.5%, and among women, 34.5%.

## 4.4 BEHAVIORAL PATTERN OF SMOKING BY SELECTED DEMOGRAPHIC CHARACTERISTICS

Tables 4.7A-B and 4.8A-B present behavioural patterns of smoking among ever and current daily smokers. These data show that a substantial proportion of Poles smoke or smoked daily for a long time (55.2% smoked for 20 or more years), smoked a lot (51.5% smoked 20 and more cigarettes a day), started smoking before age 18 years (36.3%), and showed symptoms of nicotine dependence (22.9% reported smoking within five minutes after waking up).

### 4.4.1 NUMBER OF CIGARETTES SMOKED PER DAY

Tables 4.7A and 4.7B show the average number and percentage distribution of cigarettes smoked per day among daily cigarette smokers aged 15 and above by gender according to place of residence, and education level.

Overall, adult smokers smoked an average of 17.17 cigarettes per day. Among men, the average number of cigarettes smoked per day was 18.31 and among women, 15.51 cigarettes.

The average number of cigarettes smoked per day varied among age groups. The lowest consumption of cigarettes was observed among the age groups 15-19 years (14.61 cigarettes per day) and 60 and above (17.15 cigarette per day). The average number of smoked cigarettes was similar in rural

and urban areas. The highest number was identified among respondents with vocational education (18.21), the lowest among those with higher education (15.5).

Similar to the overall results, the highest consumption of cigarettes per day was found among men aged 40-49 years and 50-59 years (20.1 and 20 cigarettes per day, respectively). The lowest average number of smoked cigarettes was found in the age groups 15-19 years and 20-29 years (14.11 and 14.60 cigarettes per day, respectively). In rural areas, male smokers smoked an average of 18.23 cigarettes per day; in urban areas, 18.35 cigarettes per day. The highest average number of cigarettes smoked per day by male smokers (20.45) was found in cities with 50,000-200,000 citizens. In general, no differences were found between rural and urban areas.

Among women, the highest average number of cigarettes smoked per day was in the age group 50-59 years (17.05 cigarettes per day), while the lowest average number of daily cigarettes was in the age group 20-29 years (13.34). Due to the low number of subjects in the age group 15-19 years, we could not determine the average level of daily cigarette consumption in this category. Although the percentage was not significantly higher than in other types of residence areas, the average number of cigarettes smoked by women was highest among those living in the largest cities (16.32).

Most daily smokers smoked 10-19 or 20-29 cigarettes per day (36.6% and 42.4%, respectively); however, this distribution varied by age group and by gender. About 53.6% of the youngest respondents (aged 15-19 years) smoked 10 to 19 cigarettes each day. The same amount of cigarettes was smoked daily by 43.3% of respondents aged 20-29 years. In older age groups, most respondents smoked 20-29 cigarettes each day. In two age groups, the percentage of respondents who smoked daily 30 and more cigarettes exceeded 10% (11.7% among respondents aged 40-49 years and 13.6% among those aged 50-59 years).

In rural areas, 45.4% respondents smoked an average of 20-29 cigarettes per day, and 32.5%, 10-19 cigarettes per day. In urban areas, 40.8% smoked 20-29 cigarettes per day, and 38.7%, 10-19 cigarettes per day.

Among all men who smoked daily, 30.6% smoked an average of 10-19 cigarettes per day, 46.7% smoked 20-29 cigarettes daily, and about 11.3% smoked 30 or more cigarettes each day. However it is worth noting that when broken down by age, the percentage of men smoking 30 or more cigarettes per day was highest in middle-aged men (16% among men aged 40-49 years and 17.4% among men aged 50-59 years). This proportion was also high in men living in cities with 50,000-200,000 residents (15.5%) and among those with primary education (14.8%).

Among women who smoked daily, 36.1% smoked an average of 20-29 cigarettes per day and 45.4% smoked 10-19 cigarettes per day. Smoking 30 or more cigarettes per day occurred less frequently in women than men; the rate of doing so

was highest among women aged 50-59 years (9.3%). A similar percentage of women who smoked daily smoked less than 10 cigarettes a day in the age groups 20-29 years (22.3%) and 60+ years (18.6%).

## 4.4.2 AGE AT INITIATION OF DAILY SMOKING

### Ever Daily Smokers Aged 20-34 Years Old

**Table 4.8A** shows the distribution of ever daily smokers 20-34 years old by age at initiation of daily smoking initiation and other selected demographic characteristics.

The overall percentage of ever daily smokers 20-34 years old who initiated smoking at ages <10, 11-17, 18-24, and 25+ years was 0.7%, 47%, 50.5%, and 1.8%, respectively.

Poles typically began smoking between ages 11-24 years, with 48.3% of men reporting smoking initiation at ages 11-17 and 49.7%, at ages 18-24 years. Among women, 45.1% began smoking between the ages of 11-17 years and 51.6% began smoking between the ages of 18-24 years old.

Among those who began smoking at ages 11-17 years, 51.2% were residents of larger towns at age 14 years, 46.6% were residents of smaller towns, and 42.3%, villages. In the group of respondents who reporting smoking initiation at ages 18-24 years, 55.6% were residents of villages, 49.8% were residents of smaller towns, and 46.5% were residents of bigger towns at age 14 years.

### Ever Daily Smokers Age 15 Years and Above

**Table 4.8B** shows the percentage of ever daily smokers 15 years and older by age at daily smoking initiation, gender, and residence at age 14 years.

The overall percentage of ever daily smokers >15 years old who initiated smoking at ages <10, 11-17, 18-24, and over 25 years was 1%, 35.3%, 54.9%, and 8.9%, respectively. Overall, Poles typically began smoking between ages 11-24 years, with 39.6% of men reporting smoking initiation at ages 11-17 and 53.9% at ages 18-24 years. Among women, 28.6% began smoking at ages 11-17 years and 56.5% began smoking at ages 18-24 years. Women were more likely than men to have started smoking at age 25+ years (14.9% vs. 5.0%, respectively).

Among those who began smoking between the age of 11-17 years, 37.7% were residents of larger towns at age 14 years, 35.9% were residents of smaller towns, and 32.7% lived in villages. In the group of study participants who declared smoking initiation at age 18-24 years, 57.1% were residents of villages, 54.8% were residents of smaller towns, and 52.4% were residents of bigger towns at age 14 years.

## 4.4.3 TIME DURATION OF DAILY SMOKING

**Tables 4.9A to 4.9C** present average and percentage distributions of time duration of daily smoking among male and fe-

male ever daily smokers age 15 years and above, by several demographic characteristics, including age, place of residence, and education.

The average duration of daily tobacco smoking among ever daily smokers aged 15 years and older was approximately 22.7 years. There were no significant differences in duration of smoking between men (23.3 years) and women (21.7 years) or between respondents living in rural areas (21.9 years) and urban areas (23.1 years).

The average duration of smoking varied by education level. Among study participants with primary education, the average duration of smoking was 28.5 years, compared to 24.3 years among respondents with vocational education, 20.4 years among those with secondary education, and 17.9 years among those with higher education.

About 8.2% of ever daily smoking adults age 15 and above reported that they have been smoking for less than 5 years, 12.3%, for 5-10 years, and 24.3%, for 10 to 20 years. The majority (55.2%) of ever daily smokers have been smoking tobacco for 20 or more years. The pattern between men and women is similar to the one observed with respect to the overall population.

#### 4.4.4 TOBACCO DEPENDENCE INDICATORS

Two indicators of nicotine dependence were used in GATS Poland study. The first indicator was based on Fagerström's Test for Nicotine Dependence. Respondents were asked how soon they smoked their first tobacco product after waking up. The sooner smokers light up after waking, the higher the level of tobacco dependence. The second indicator of nicotine dependence was waking up at night to smoke, which indicates physiological dependence on nicotine.

**Table 4.12** presents the percentage distribution of daily smokers age 15 and above (including demographic characteristics such as gender, age, place of residence and level of education) by time to first smoke upon waking and waking up at night to smoke.

##### **Time to First Smoke Upon Waking**

The majority (60.1%) of daily smokers 15 years and older first smoked within 30 minutes after waking up (22.9% smoked within first 5 minutes after waking up, 37.2%, within 6-30 minutes). About 21.7% started to smoke within 31-60 minutes after waking and 18.3%, 60 minutes after waking. Level of tobacco dependence as measured by smoking upon waking was found to be associated with education level. Respondents with primary and vocational education were more dependent (69.7% and 66.8% smoked their first tobacco product within first minutes after waking up, respectively), while 53% and 49.7% of respondents with secondary and higher education respectively smoked within the first 30 minutes after waking up.

##### **Waking Up at Night to Smoke**

Among all respondents, 23% reported waking up at night to smoke. There were no differences between gender groups. The proportion of smokers who wake up at night to smoke increased with age. The lowest percentage was in the youngest age group (15-19 years), 4.1%, compared to 31.5% among the oldest age group of smokers (60+ years). Similarly, nicotine dependence varied according to education level. The highest proportion of respondents waking up at night to smoke was among persons with primary and vocational education (30.4% and 27.5%, respectively) whereas in study participants with secondary and higher levels of education, these percentages were comparatively lower (18.7% and 14.6%, respectively).

# 5. SMOKING CESSATION

ing the last attempt; 2) help in smoking cessation provided by health care professional, including being asked about tobacco use, receiving advice to quit, and cessation methods used; and 3) attitudes toward smoking cessation, including interest in stopping smoking and primary reason to quit.

## 5.1 QUIT-RATIOS BY GENDER AND SELECTED DEMOGRAPHIC CHARACTERISTICS

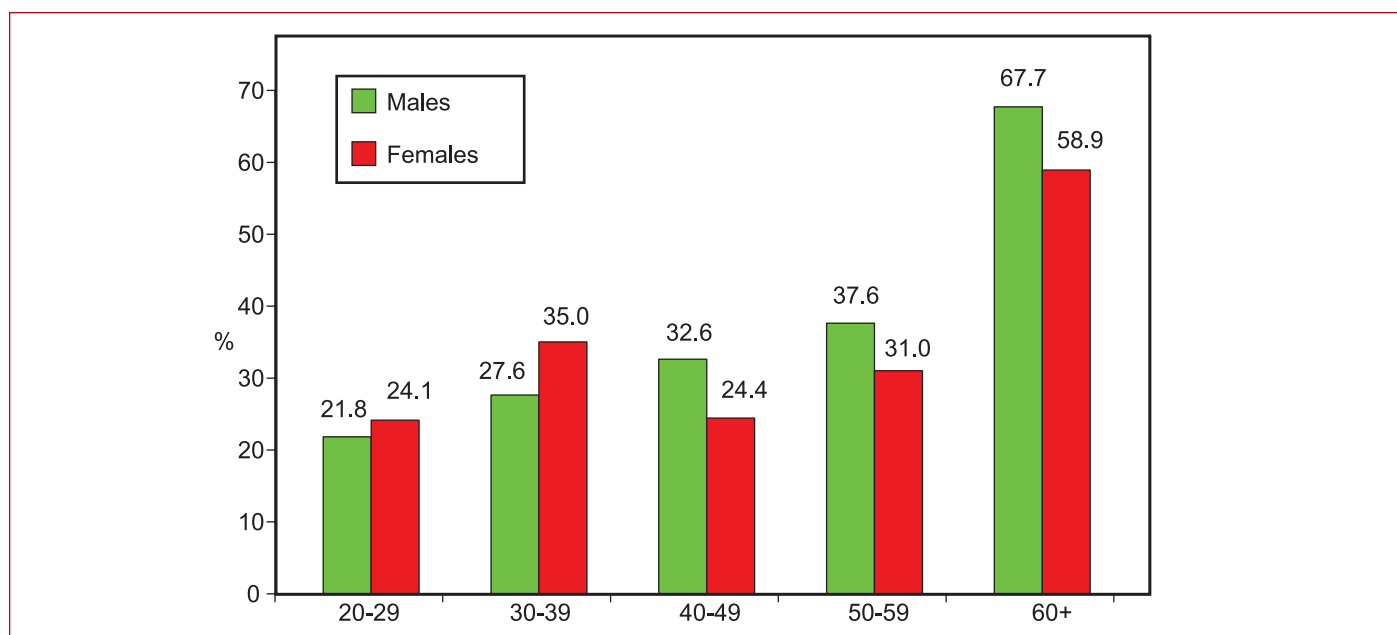
This chapter describes different aspects and patterns of smoking cessation in the Polish population of current or former smokers. It covers the following: 1) smoking cessation behavior, including stop-smoking ratios, quit attempts, time since quitting smoking, and duration of tobacco use abstinence dur-

**Table 4.10** and **figure 5.1** present data on the quit-ratio, which is defined as the percentage of former daily smokers among ever daily smokers. These data are calculated separately for the overall, male, and female populations and presented by age, residence, and education level.

### KEY FINDINGS

- The proportion of former daily smokers among ever daily smokers (quit ratio) was 36.5%.
- One out of three smokers made a quit attempt in the past 12 months.
- 4 in 10 smokers were advised to quit by a health care provider in the past 12 months.
- One out of four smokers used pharmacological means to attempt to quit smoking in the past 12 months.
- 5 in 10 current smokers planned to quit or are thinking about quitting.
- 4 in 10 current smokers did not intend to quit smoking at all.

**Figure 5.1:** Quit smoking ratio<sup>1</sup> by age and gender in the population of ever daily smokers, 20 years and older, GATS Poland 2009-2010



<sup>1</sup> Proportion of former daily smokers among ever daily smokers.

The percent of former smokers in the entire adult population was 36.5% (38.3% of men and 33.7% of women (Table 4.10).

In both men and women, quit ratios increased with age; the lowest were in the youngest age group (15-19 years; 10.8%) and the highest, in the oldest respondents (60+ years; 64.8%). In the younger age groups (20-29 and 30-39 years), quit ratios seemed to be slightly higher in women than in men. In contrast, in the older age groups (40 years and over), the quit ratios tend to be slightly higher in men than women.

In men, the quit ratio was much higher among the oldest (60+ years) respondents (67.7%) compared to the younger age groups (i.e. 37.6% among men aged 50-59, 32.6% among those aged 40-49). A similar phenomenon was observed for women, for whom the quit ratio reached 58.9% in the oldest age group (60+ years) and 31% for the age group 50-59 years.

There was no difference between the quit ratio in rural (37.1%) and urban (36.2%) populations, even when broken down by gender. No differences in quit ratios were found between specific urban categories, either.

The quit ratio was highest among respondents with higher education (42.6%). Between men and women, the values of quit ratio did not differ significantly (44.5% vs. 40.5%). Quit ratio among adults with primary education were very similar to those among adult with more education (overall, 42.6%; men, 45.7%; and women, 36.4%). In contrast, adults with vocational education did have significantly lower quit smoking ratios (overall, 31.4%; men, 32.8%; and women, 28.1%), compared to those with higher education.

## 5.2 TIME SINCE QUITTING SMOKING, BY GENDER AND SELECTED DEMOGRAPHIC CHARACTERISTICS

Tables 4.11A, 4.11B, and 4.11C present data on time since quitting smoking among former daily smokers 15 years and older in the overall, male, and female populations and across age, residence and education groups. The tables present both the average time since quitting smoking and the percentage distribution for the following categories: less than 6 months, 6 months to less than 1 year, 1 year to less than 5 years, and 5 and more years since quitting smoking. Those former daily smokers who stopped smoking less than 6 months ago were most likely to relapse, while those who have not smoked for 5 years or more seem to have the lowest chance of relapse.

In the overall population, the average time since quitting smoking is about 12 years and does not differ significantly by gender (men, about 13 years; women, about 11 years).

The average time since quitting smoking among former daily smokers was shortest among young adults aged 20-29 (approx. 3 years) and the highest among adults 60 years and older (approx. 19 years). The age pattern did not vary significantly by gender. However, there was a clear relationship

between age and time duration of smoking, which was shortest for the youngest smokers and longest for the oldest smokers. When focusing on the oldest former daily smokers, we found that average time since quitting smoking in men was longer (approx. 20 years) than in women (approx. 16 years).

We found no difference in time since quitting smoking among former daily smokers who live in rural areas (approx. 13 years) versus urban areas (approx. 12 years), nor were there clear differences between men and women.

Time since quitting was longer in the least-educated former daily smokers compared to those from other education groups. In the overall population, the average time since quitting smoking was longest for smokers with primary education (approx. 18 years) and ranged from 10 to 12 years for smokers with vocational, secondary, or higher education. The findings were similar for men and women.

Overall, 70.4% of former daily smokers indicated that they stopped smoking more than 5 years ago, 19.9% stopped 1 to 5 years ago, 3.4%, 6 months to just under one year ago, and 6.3%, less than 6 months ago. The proportions were similar for men and women.

As was mentioned above, age was closely related to average time since quitting smoking. Former daily smokers who had quit smoking for a long period ( $\geq 5$  years) were least common (13.9%) in the 20-29 year group, and much higher (89%) in the oldest age group (60+ years). On the other hand, the percentage of former daily smokers who quit smoking less than 6 months ago was highest (22.3%) among 20-29 year-olds and lowest among people over 60 years (2%). Place of residence was not related to time since quitting smoking in either men or women.

Former daily smokers with the longest period of abstinence ( $\geq 5$  years) were more common among less educated respondents (81.2% with primary and 73.9% with vocational education) and more common among higher educated former-smokers (secondary education, 64.6%; higher education, 67.6%). Similar patterns were observed in men and women.

## 5.3 QUIT ATTEMPTS BY SELECTED DEMOGRAPHIC CHARACTERISTICS

Table 5.1 presents data on any quit attempts among current smokers and former smokers who had been abstinent for less than 12 months. These data are presented separately by gender, age, residence, and education.

An estimated 35.1% of current and former smokers who had been abstinent for less than 12 months had made a quit attempt. Percentage of quit attempts did not vary by gender.

Study results show that youngest smokers (15-19 years old) more often made quit attempts (49.1%) than older smokers, especially middle-aged smokers (30-39 years, 28.8%; 40-49 years old, 30.4%). The oldest smokers (60+ years) were more

likely to have made quit attempts (41.1%) than middle-aged smokers; their attempted quit rates were not substantially lower than those of the youngest age group.

There were no differences in percentages of smokers who made quit attempts in rural (37.2%) and urban (33.9%) areas. However, it seems there was a slight difference in this smoking cessation indicator among inhabitants of particular urban areas. Those smokers who lived in small towns (up to 50,000 inhabitants) made quit attempts more often (36.9%) than inhabitants of cities that are mid-size (50,000 to 200,000 population; 35.4%) and large (over 200,000 population; 30.0%).

We also found that quit attempts were more common among smokers with primary education (39.5%) than smokers with higher education (30.9%). However, this difference was not significant and seems to be associated with age of respondents.

## 5.4 SMOKING CESSATION AND HEALTH CARE-SEEKING BEHAVIOR BY SELECTED DEMOGRAPHIC CHARACTERISTICS

### 5.4.1 VISITED A HEALTH CARE PROFESSIONAL

Overall, 62.3% of current smokers or smokers who had been abstinent for less than 12 months visited health care professionals during the year prior to the survey. Men visited health care professionals less often (56.1%) than women (70.6%).

In comparison with younger age groups, the percent of smokers who had been abstinent for less than one year and visited a health professional seems to be slightly higher in older age groups, especially those aged 50-59 years (68.7%) and

60+ years (72.6%). Among younger smokers (15-49 years), this percentage ranged from 57.1% to 60.2%.

Visits to health professionals were less common among smokers living in rural areas (56.2%) compared to those living in urban areas (65.5%). The percentage of smokers who visited health care professionals were similar across urban areas of different sizes (ranging from 62% to 68%).

Smokers with lower education visited health care professionals less often (59.2%) than those with higher education (69.7%).

### 5.4.2 ASKED ABOUT SMOKING BY A HEALTH CARE PROFESSIONAL

Among people who currently smoked or were abstinent for less than 12 months and visited a health care professional, 57.2% had been asked by the health care professional whether they smoked.

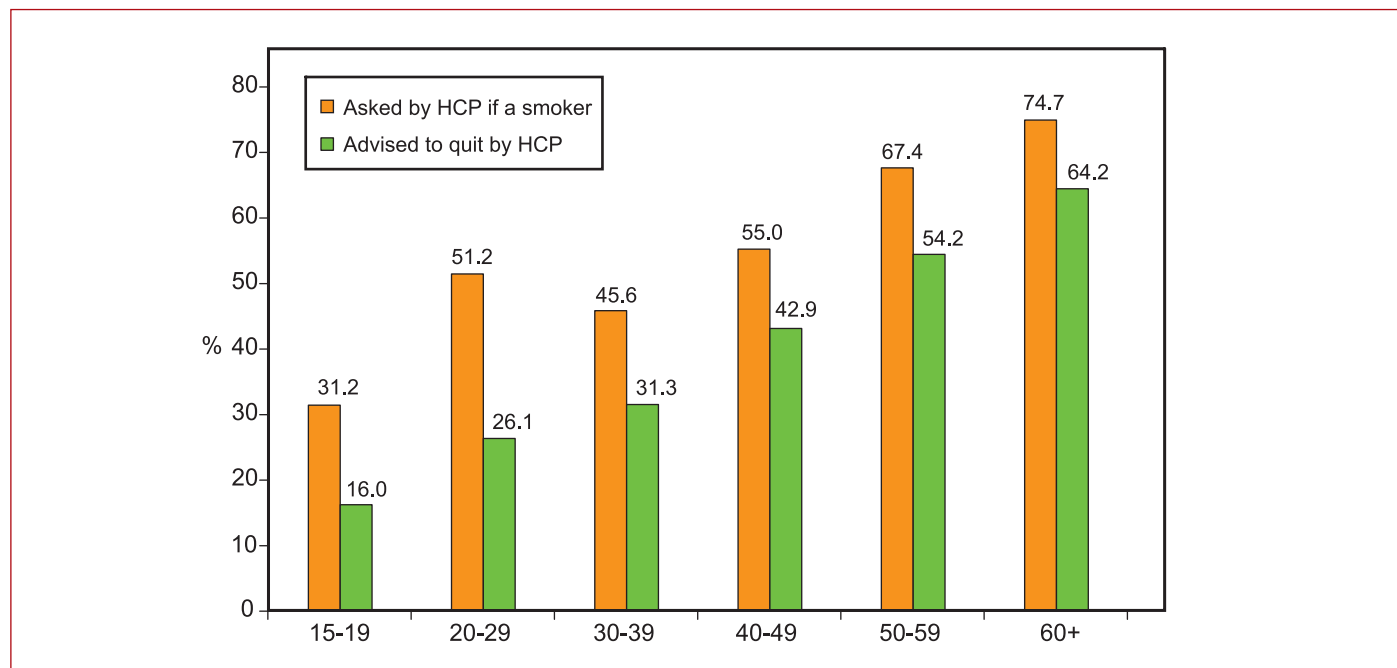
The percentage of smokers who had been asked about smoking by a health professional was very similar in men (58.9%) and women (55.4%).

Older smokers, especially those over 50 years of age, were more often asked whether they are smokers (50-59 years, 67.4%; 60+ years, 74.7%), compared to younger smokers (15-19 years, 31.2%).

No differences were found in this variable among smokers living in rural (53.8%) and urban (58.8%) areas, or across cities of different sizes.

Smokers with secondary education smoked less often (52.3%)

**Figure 5.2:** Percentage of current smokers and former smokers who had been abstinent for less than 12 months and received support from a health care professional (HCP) in the past 12 months, 15 years and older, GATS Poland 2009-2010



than smokers with vocational education (61.9%); however, this difference was not significant.

### 5.4.3 ADVISED TO QUIT SMOKING BY A HEALTH CARE PROFESSIONAL

Overall, 41.8% of people who currently smoked or who had been abstinent for less than 12 months and visited health care professionals were advised by a health care professional to quit. This implies that a majority of smokers who had been asked by a health care professional if they smoke were also advised to quit smoking. Receipt of advice to quit smoking did not vary significantly by gender.

Study results show that as age increased, smokers were more likely to have been advised by a health care professional to quit smoking. In the youngest age group (15-19 years), only 16% of smokers were advised to quit; the percentage increased with age, reaching 64.2% in the oldest age group (60+ years).

Smokers with secondary education were advised to quit less often (34.3%) than were smokers with vocational education (49.7%). However, there was no clear pattern in the distribution of results by education.

Figure 5.2 also presents the age distributions of current or former smokers who had been abstinent for less than 12 months and had visited a health care professional and were asked if they are smokers and/or advised to quit smoking.

## 5.5 DURATION OF TOBACCO USE ABSTINENCE DURING THE LAST QUIT ATTEMPT

Table 5.2A presents averages and the percentage distribution of the duration of smoking abstinence during the last quit attempt among current smokers who reported making any quit attempt in the past 12 months. Overall results are presented along with stratified results by socio-demographic variables and smoking status.

Current smokers who made quit attempts in the past 12 months had an average abstinence duration of 5 weeks during their most recent quit attempt. On average, the duration of abstinence was more than 1 week longer among women than men. Men had average durations of slightly less than 5 weeks, whereas women were abstinent for slightly more than 6 weeks.

Respondents in the age group 20-29 years had the longest abstinence duration—close to 7 weeks. The shortest average duration was found in the age group 30-39 years (slightly more than 4 weeks). However, there was no clear relationship between age and average abstinence duration.

Among the rural population, the average abstinence period was longer (slightly more than 6 weeks) than among the

urban population (slightly less than 5 weeks). The smallest average was noted in towns with 50,000 – 200,000 inhabitants (4 weeks).

When stratifying by education status, the longest average duration was observed for respondents with higher education (9.5 weeks).

Large differences in average abstinence duration were observed by smoking status. The average for occasional smokers was more than two times longer (just over 10.5 weeks) than for daily smokers (just over 4 weeks).

Most current smokers with quit attempts in the past 12 months had abstinence periods of shorter than 3 months (83.8%); abstinence periods of between 3 and 6 months were found for 12.3%, and only a small percentage of respondents had abstinence periods of more than 6 months (3.9%).

The percentage distribution shows that only smoking status makes a significant difference. Among occasional smokers, 87.1% reported abstinence durations of less than 3 months, 9.8% reported durations of 3-6 months, and 3.2% reported durations of 6 months or more.

Notably, 11.2% of current smokers with high education who made quit attempts in the past 12 months were abstinent for longer than 6 months, compared to 2.3% and 3.7% of current smokers with primary and vocational education, respectively.

Table 5.2B presents averages and the percentage distribution of the duration of smoking abstinence for the last quit attempt among current daily smokers who reported making any quit attempt in the past 12 months, by tobacco dependency indicators. The first dependency indicator is time to first smoke after waking up; the second is waking up during the night to smoke. The first indicator has four categories: "5 minutes and less", "6-30 minutes", "31-60 minutes", and "60 minutes or more". The assumption is that more dependent smokers need to smoke just after waking up, and that longer time periods before the first cigarette upon waking indicate less severe dependency.

The data show that the average duration of abstinence increases as time to first smoke after waking up increases. Thus, respondents with one of the most severe symptoms of tobacco dependence (i.e., smoking within first 5 minutes after waking up) have the shortest abstinence durations, while those with lesser symptoms of tobacco dependence (i.e., smoking 30-60 minutes or >60 minutes after waking up) have the longest durations. The shortest average abstinence duration was reported by smokers who wake up during the night to smoke.

## 5.6 CESSATION METHODS USED

Table 5.3A presents data on percentages of respondents who use pharmacotherapy or counseling/advice to support the cessation process. The denominator for the percentages is defined as all respondents who attempted to quit smoking in the past 12 months. It includes both current smokers and

former smokers who have been abstinent for less than 12 months. Pharmacotherapy is defined as nicotine replacement therapy or other prescription medications. Counseling/advice refers to institutionalized assistance, including that given at a smoking cessation clinic or by a quitline or smoking telephone support line. We report overall percentages of quitters using particular cessation methods and stratified results by sociodemographic variables and smoking status.

Pharmacotherapy was a much more prevalent aid to smoking cessation than counseling/advice. Pharmacotherapy was used by 25.2% of quit-attempters, whereas counseling/advice was used by 3.5%. Most people who tried to quit smoking used neither method.

Use of pharmacotherapy did not vary by gender or place of residence. However, it did vary by age. Use of pharmacotherapy most commonly reported by respondents aged 30-39 years (37.1%); the percentage was lowest among the youngest (8.4%) and oldest (16%) respondents.

Prevalence of pharmacotherapy use increases with education level, from 17.9% among respondents with primary education to 36% among respondents with higher education.

Counseling/advice was quite evenly distributed among various sociodemographic categories, with one exception: it was significantly more prevalent in big cities (over 200,000 inhabitants), where it was used by 10.1% of all quit-attempters.

Although use of counseling/advice did not vary by smoking status, the use of pharmacotherapy did. Only 7% of current occasional smokers used this method, in comparison to 29.3% of current daily smokers and 21.9% of former smokers who had been abstinent for less than 12 months.

**Table 5.3B** presents percentages of respondents who use pharmacotherapy or counseling/advice to support cessation among all current daily smokers who attempted to quit during the past 12 months, stratified by tobacco dependency indicators. The first dependency indicator is time to first smoke after waking up; the second is waking up during the night to smoke.

Use of pharmacotherapy was reported by 29.3% of respondents, and use of counseling/advice was reported by 3.4%. The prevalence of these methods was similar across all tobacco dependency categories.

## 5.7 INTEREST IN QUITTING SMOKING

**Table 5.4A** presents data on interest in quitting smoking among current smokers aged 15+ years. Interest was assessed using a four-item scale: "planning to quit within the next month", "thinking about quitting within the next 12 months", "will quit someday, but not in the next 12 months", and "not interested in quitting at all." Respondents were also allowed to provide a "don't know" response. The table presents overall re-

sults and stratified results by sociodemographic categories and by smoking status.

More than half (50.1%) of current smokers reported interest in quitting smoking (defined as the first three categories in the four-point scale described above). The largest group reported thinking about quitting within the next 12 months (21%). A slightly smaller fraction of respondents (18.6%) expressed the intention to quit someday, but not in the next 12 months. The smallest group planned to quit within the next month (10.5%). The remaining respondents included those who were not interested in quitting (39%) and those who were uncertain (10.8%). There were no differences in interest in quitting by gender, age, place of residence, or educational level.

There were differences in interest in quitting by smoking status. Among current occasional smokers, 24% planned to quit smoking within next month, compared to only 8.9% of current daily smokers. In contrast, only 28.3% of occasional smokers expressed no interest in smoking cessation, compared to 40.3% of current daily smokers.

The relationship between indicators of tobacco dependence and interest in quitting smoking among current daily smokers is presented in **Table 5.4B**. The two indicators of severity of dependence used were the same as those in **Tables 5.2.B** and **5.3B**.

The percentages of respondents planning to quit within next month or thinking about quitting within next 12 months increases along with time to first smoke after waking up. In contrast, the percentages of respondents who plan to quit someday, but not in the next 12 months, and of respondents who are not interested in quitting at all decrease as time to first smoke increases. Thus, it appears that interest in quitting smoking among daily smokers was higher among those who are less dependent and lower among those who are more dependent.

## 5.8 PRIMARY REASON FOR QUITTING SMOKING

**Table 5.5** presents the distribution of responses from former smokers to a survey question about the primary reason for quitting smoking. The response options were as follows: "Cigarettes became too expensive", "Realized smoking is harmful", "Knew someone who decided to quit", "Fewer public places to smoke at" or "Other reason". The results are broken down by sociodemographic characteristic and smoking status.

The majority of former smokers gave up smoking because they realized that smoking is harmful (57.5%). The second most commonly reported reason was increases in cigarette prices (12.9%). Many fewer respondents quit smoking because they knew someone who decided to quit (5%) or because of fewer public places to smoke at (0.3%). Close to a quarter of respondents (24.3%) chose the "Other reason" category.



Men selected the category, "Realized smoking is harmful" as their main reason for smoking cessation significantly more often than women. This response was chosen by 64.9% of men, in comparison to 47% of women. In contrast, women selected the category "Other reason" much more (34.1%) than men (17.4%).

The main reasons for quitting smoking differed by age of respondents. The percentage of former smokers who quit smoking due to increased prices decreased with age, from a high of 22.8% among 20-29 year-olds to a low of 9.2% among people aged 60+ years. The percentages of respondents selecting "Other reason" follows the opposite pattern. For the age category 20-29 years, we found a significantly smaller share of respondents who gave up smoking because they realized that smoking is harmful.

The price of cigarettes was more commonly cited as a reason for giving up smoking by respondents living in rural areas (17.2%) than by those in urban areas (10.6%). At the same time, "Other reason" was selected less often in rural areas (19.4%) than in urban areas (27.0%).

The price of cigarettes was less commonly cited as a reason for quitting by respondents with the highest education levels. Whereas 5.7% of respondents with higher education chose this response, it was selected by 15.7% of respondents with vocational education and 13.7% of respondents with secondary education.

Former occasional smokers and former daily smokers did not differ significantly in their reported reasons for quitting smoking.

## 6. SECONDHAND SMOKE

This chapter describes exposure to secondhand smoke (SHS) at various places and attitudes toward smoke-free policies in Polish adults (15 years and older), including current smokers and non-smokers. It presents data on 1) exposure to secondhand smoke at home, at indoor workplaces, and at indoor public places, including government buildings, healthcare facilities, eating establishments (restaurants/coffee shops/bistros, bars/pubs/discos, and night clubs), public transport, and private cars, 2) attitudes towards smoking policy and restrictions at home, public places and worksite, and 3) avoidance of public places because of tobacco smoke.

more exposed to SHS at home (53.4%) than those with primary education (45.3%), secondary education (43.1%), and higher education (31.3%). Adults with awareness of the harmful effects of SHS were less exposed (39.7%) than those with no awareness (68.5%) and those who didn't know of the harmful effects (61.5%). Adults living in homes which allowed smoking were more exposed to SHS at home (89.3%) than those where there was ban at smoking at home (62.3%).

Among smokers, 80.9% were exposed to SHS at home; female smokers (84.2%) were more exposed to SHS at home compared to male smokers (78.5%). Exposure to SHS at home was lowest among smokers in the age group 15-19 years (67.2%). Smokers living in urban areas had higher SHS exposure levels at home (83.2%) compared to smokers living in rural areas (76.6%). Exposure to SHS among smokers was similar across all education levels, ranging from 74.1% in adults with higher education to 81.1% in those with primary education. Current smokers who were aware of the harmfulness of SHS were slightly less often exposed to tobacco smoke in their homes (77.7%) than those current smokers who were not aware of the consequences (88%).

Among nonsmokers, 28% were exposed to SHS at home. Fe-

### KEY FINDINGS

- 44.2% of adults (14.1 million) were exposed to tobacco smoke in their home.
- 33.6% of adults (4.3 million) were exposed to tobacco smoke at their workplace.
- Nonsmokers are mostly exposed to tobacco smoke in eating/drinking venues (72.1%), mainly in bars, pubs or night clubs (87.6%), and in restaurants, coffee shops, or bistros (50.9%).
- 46.3% of adults reported that smoking is prohibited in all areas at their workplace and 37.6% of adults declare enforcement of complete smoking ban in their home.
- 10.5% of adults (3,4 million) avoided public places because of tobacco smoke.

### 6.1 EXPOSURE TO SECONDHAND SMOKE AT HOME

Overall, 44.2% of adults reported being exposed to SHS in their homes (Table 6.1). There was no difference in the SHS exposure at home for men (44.9%) and women (43.6%). SHS exposure at home was lowest (36.3%) among those 60 years and older and highest (50.6%) among 50-59 year-olds. Adults living in rural areas were more exposed to SHS (46.6%) compared to those living in urban areas (42.8%). Within urban areas, SHS exposure at home was highest (49%) among adults living in cities with populations of 50,000-200,000. Adults with vocational education were

male nonsmokers (30.4%) were more exposed to SHS at home compared to male nonsmokers (24.9%). Exposure to SHS was highest in 15-19 year olds (41.4%), and was higher than among respondents 20 and older. Nonsmokers living in rural areas had higher SHS exposure levels at home (34.7%) compared to nonsmokers living in urban areas (23.8%). Exposure to SHS was lowest among those with higher education (17.3%). Nonsmokers who were aware of the harmful effects of SHS were significantly less exposed (26.4%) than those with no awareness (40.8%).

Overall, estimates indicate that 14.1 million adults were exposed to SHS in their homes, including 6.8 million men and 7.3 million women. By age group, the largest number of adults

exposed to SHS at home were in the age group 20-29 years (2.8 million). The estimated number of adults living in urban areas who were exposed to SHS at home was significantly higher (8.5 million) than for rural adults (5.6 million). Within urban areas, the largest number of adults exposed to SHS in their homes was living in the areas with population less than 50,000 (3.2 million). By education levels, 5.5 million adults with secondary education were exposed to SHS at home compared to those with primary (2.9 million), vocational (4.2 million), and higher (1.5 million) education. More than ten million adults with awareness of harm of SHS were exposed to SHS in their homes.

Approximately 7.9 million smokers were exposed to SHS at home, including 4.4 million men and 3.4 million women. More urban smokers (5.3 million) were exposed to SHS at their homes compared to rural smokers (2.6 million). Almost 6.2 million nonsmokers were exposed to SHS at home (2.4 million men and 3.8 million women). A similar proportion of non-smokers from urban and rural areas were exposed to SHS at their homes (urban, 3.2 million; rural, 3 million). Within urban areas, the largest number of nonsmokers exposed to SHS in their homes were living in the areas with population less than 50,000 (1.4 million).

## 6.2 EXPOSURE TO SECONDDHAND SMOKE IN INDOOR PLACES AT WORK

Exposure to SHS in indoor workplaces was measured among adults who worked outside of their home and at home in indoor areas. **Table 6.2A** shows that 33.6% of Polish workers were exposed to SHS at indoor areas at their workplaces. Almost half (47.3%) of young workers (15–19 years) were exposed to SHS at their workplaces. Prevalence of SHS exposure at work ranged from 30.4% to 39.3% in respondents older than 19 years. Workers living in rural areas (37.8%) had more exposure to SHS at indoor workplaces than those living in urban areas (31.7%). Workers with higher education (23.9%) were significantly less exposed to SHS in indoor workplaces than those with primary (43.6%), vocational (47%), and secondary education (31.6%). Workers with no awareness of the harmfulness of SHS were more exposed to SHS at their workplaces (47.6%) compared to workers who were aware of the harms (31.2%). Adults who had banned smoking at their homes were less likely to be exposed to SHS at their workplaces (25%) compared to those who allowed smoking at home (47.3%), those who allowed smoking with exceptions at home (32.7%), and those with no at-home smoking rules (36.6%).

Among currently smoking workers, 46.1% were exposed to SHS in indoor workplaces. The pattern of SHS exposure in smokers was similar to that of all adults by various demographic characteristics except for age, where in all age groups more than 4 in 10 smoking workers were exposed to SHS at work in all age groups. Among non-smoking workers, 26.8% were exposed to SHS in the indoor areas of their workplaces. The pattern of SHS exposure in non-smoking workers was similar to that of all adults, regardless of demographic

characteristics, except for age: adults 60+ years were the most exposed group (36.2%). Prevalence of exposure of current smokers to tobacco smoke at work was slightly higher among those who were aware of the harmfulness of SHS (41.7%) than those who were not (56.3%).

Overall, 4.3 million workers were exposed to SHS in the indoor areas of their workplaces. By age group, the largest number of adult workers exposed to SHS in indoor work were those ages 30-39 years (1.3 million). More workers living in urban areas were exposed to SHS in indoor workplaces (2.8 million) than those living in rural areas (1.6 million).

Approximately 2.1 million smokers were exposed to SHS in the indoor areas of their workplaces. Similar to all adults, the largest number of smokers exposed to SHS in indoor work was those aged 30-39 years (600,000). More Polish smokers living in urban areas were exposed to SHS in indoor workplaces (1.4 million) than those living in rural areas (700,000).

Among non-smoking Polish workers, 2.2 million were exposed to SHS at their workplaces. For the age categories, the pattern was similar to all adults and to smokers; the largest group exposed was those aged 30-39 years (600,000). Almost 1.3 million nonsmokers were exposed to SHS at their work in urban areas, compared to workers in rural areas (900,000).

Among male workers, 41.3% were exposed to SHS at indoor areas at their work (**Table 6.2B**). Almost 4 in 10 male workers were exposed to SHS at work across all age categories. By residence, the pattern of SHS exposure for men was similar to that for all adults, with more men workers in rural areas (46.3%) reported exposure to SHS at work than those living in urban areas (38.6%). Men with primary education (53.8%) were more exposed to SHS at work compared to men with higher education (29.2%). As reported for all adults, men with no awareness of the harms of SHS were more exposed to SHS at their workplaces (54.1%) than those who were aware (38.6%), and the relationship of exposure to SHS at work to smoking rules at home was also similar to the patterns for adults overall.

Among currently smoking men, 53.2% were exposed to SHS at work. The pattern of SHS exposure in smokers was similar to that of all adults by various demographic characteristics. Among non-smoking men, 33.8% were exposed to SHS at work. The pattern of SHS exposure in non-smoking workers was similar to that of all adults by residence and for smoking rules at home.

Overall, 2.8 million male workers were exposed to SHS in the indoor areas of their workplaces; half were nonsmokers and half were current smokers (1.4 million each).

Among women workers, 24.9% were exposed to SHS in indoor areas at their work (**Table 6.2C**). Across all age categories, women between the ages of 30 and 39 years (29%) were most exposed to SHS at work. SHS exposure at work was similar for women workers in rural and urban regions (25.5% and 24.7%, respectively). Similar to the pattern for

all adults, women with vocational education were more exposed to SHS at their worksites (35.5%) compared to the women with higher education (19.8%). Worksite exposure to SHS among women did not vary significantly by awareness of the harms of SHS or smoking rules at home.

Among currently smoking women, 36.3% reported being exposed to SHS at work. The pattern of SHS exposure at work in women smokers was similar across all age categories, residence, education levels, and awareness of the harms of SHS. Exposure of women to SHS at work was lowest, at 18.7%, among those who had a complete ban on smoking at their homes.

Among non-smoking women, 19.5% were exposed to SHS at their worksites. The pattern of SHS exposure in non-smoking women was similar to that of all women across age, education, and residence. Similar to all adults, more women with no awareness of the harms of SHS were more exposed to SHS at their workplaces (30.9%) compared to those who were aware of the harms (18.4%).

Overall, 1.5 million female workers were exposed to SHS in the indoor areas of their workplaces, including 700,000 current smokers and 800,000 nonsmokers.

### 6.3 SMOKING POLICY AT WORK AND HOME AND SMOKING STATUS

Table 6.3 shows that more than half of adults either allow smoking at their home (24.3%) or allow it, but with exceptions (25.9%). Current smokers are more likely to allow smoking at their homes (46.6%) compared to nonsmokers (14.6%)(see Figure 6.1). Similarly, nonsmokers are also more likely to have

a complete ban on smoking at their homes (47%) than smokers (16.1%).

Almost half of all adults worked at places where smoking was prohibited in all areas (46.3%), while 43.2% worked in places where smoking was allowed in some areas. Only 6% of adults reported that they worked at places where smoking was allowed everywhere. Current smokers were more likely to work in areas where smoking was permitted everywhere (9.1%) than nonsmokers (4.3%)(Figure 6.1).

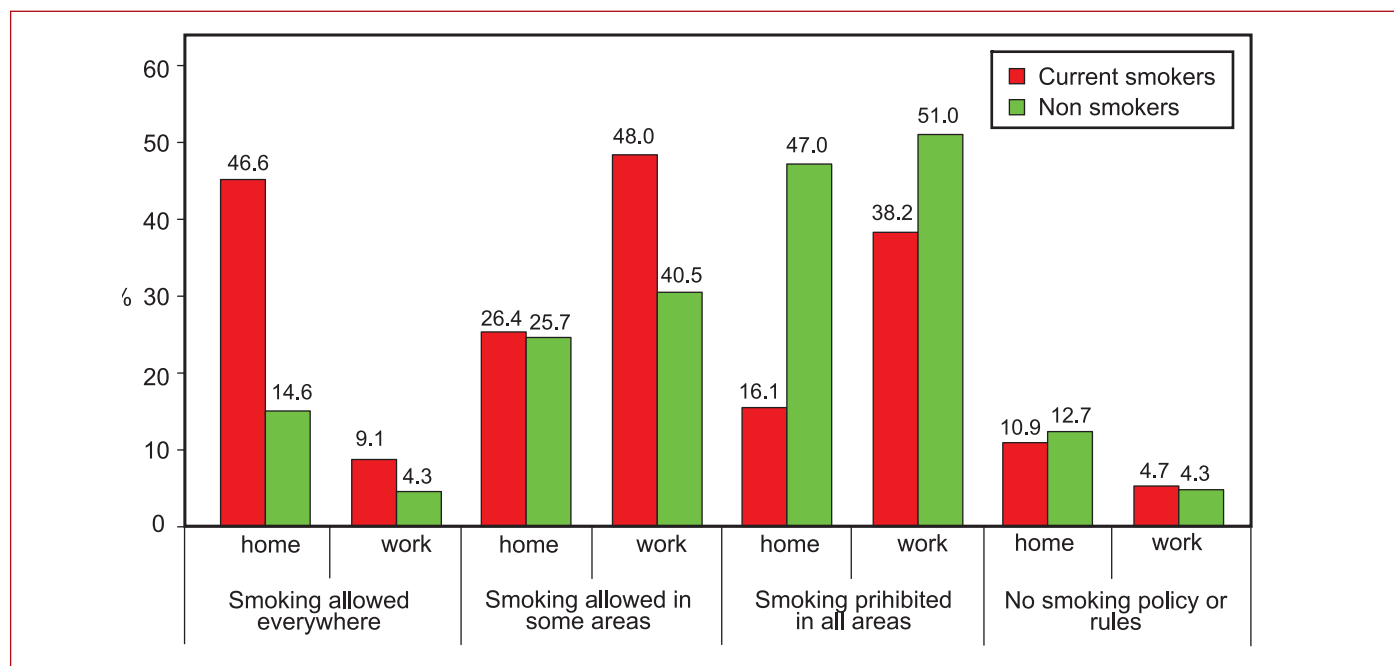
### 6.4 EXPOSURE TO SECONDHAND SMOKE IN PUBLIC PLACES AND VENUES

Exposure to SHS was measured in the following public places: government buildings, healthcare facilities, restaurants/coffee shops/bistros, bars/pubs/discos/night clubs, public transport, and private cars. Tables 6.4 A–C describe the prevalence of SHS exposure among all adults, smokers, and nonsmokers who had visited various public places in the past 30 days.

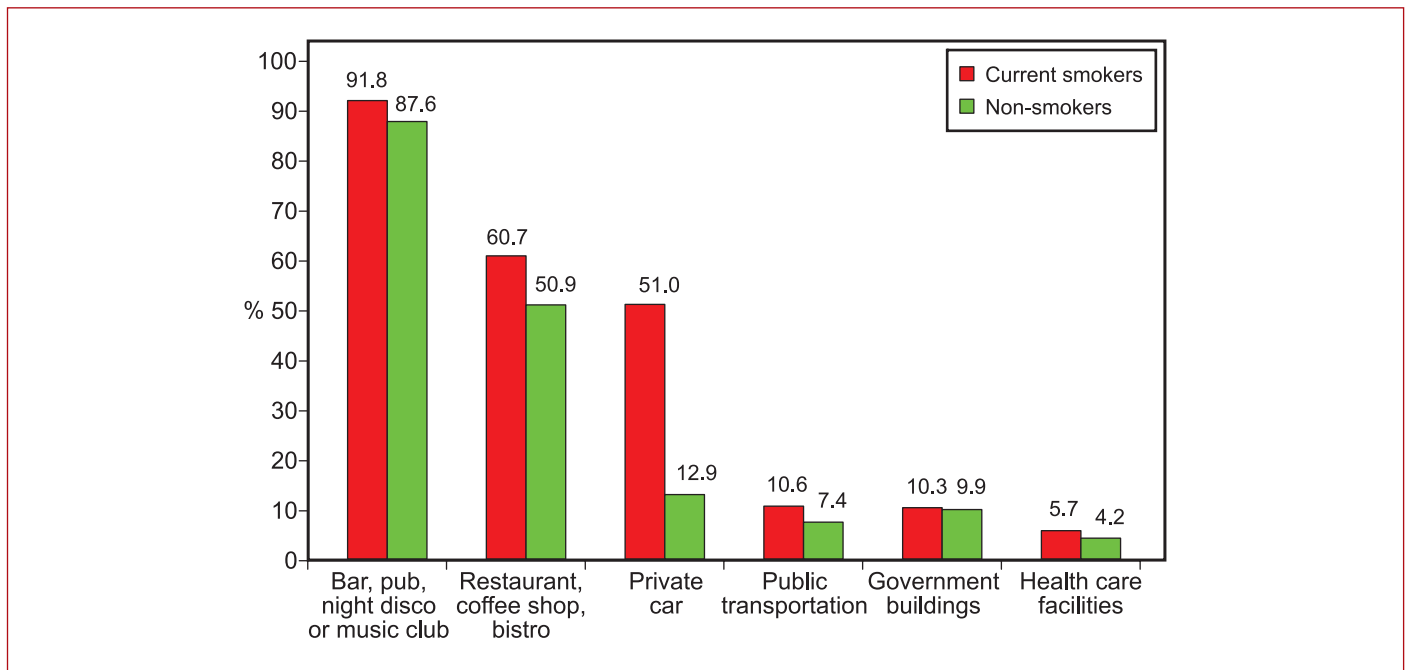
Exposure to SHS was highest in bars, pubs, night clubs, discos and night clubs (89.2%), followed by restaurants/coffee shops/bistros (53.9%), private cars (24.6%), government buildings (10%), public transportation (8.4%), and health care facilities (4.6%).

In most public places and other shared venues, the percentage of current smokers and nonsmokers who are exposed to SHS did not vary substantially (Figure 6.2). In bars, pubs, discos, and night clubs, where almost 90% of patrons are exposed to tobacco smoke, nonsmokers are exposed as much as smokers. However, in some places, like private cars, exposure to tobacco smoke was extremely high among current

Figure 6.1: Smoking policy and restrictions at home and worksite among current smokers and non-smokers, 15 years and older, GATS Poland 2009-2010



**Figure 6.2:** Exposure of current smokers and non-smokers to tobacco smoke (SHS) in various public places and venues, 15 years and older, GATS Poland 2009-2010



smokers (51%) compared to nonsmokers (12.9%) (Figure 6.3). Slight differences in exposure of current smokers and non-smokers to tobacco smoke was also found for restaurants, coffee shops, and bistros.

#### 6.4.1 GOVERNMENT BUILDINGS

The prevalence of exposure to SHS was higher among men visiting government buildings (10.7%) than women doing so (9.3%). Across age categories, exposure ranged from 8.1% among those aged 60+ years to 18.8% among 15-19 year-olds. Adults in rural areas (10.4%) who had visited government buildings had higher exposure to SHS compared to urban adults (9.8%). By education, exposure varied from 7.7% among those with a vocational education to 11.6% among those with higher education.

Among smokers, 10.3% were exposed to SHS in government buildings during their visit(s), including 11.2% of currently smoking women and 9.5% of currently smoking men.

Among nonsmokers, 9.9% were exposed to SHS in government buildings during their visit(s), including 11.4% of non-smoking men and 8.6% of non-smoking women. Other demographic characteristics showed a pattern among non-smokers similar to that of all adults.

#### 6.4.2 HEALTH CARE FACILITIES

There were no significant differences between men and women in prevalence of exposure to SHS at health care facilities (4.3% and 4.8% respectively), nor were significant differences observed in any specific demographic subgroups or across various demographic characteristics by smoking status.

#### 6.4.3 RESTAURANTS, COFFEE SHOPS, AND BISTROS

More than half of male and female visitors to restaurants, coffee shops, and bistros were exposed to SHS (53.4% and 54.3%, respectively). Exposure among urban adults (56%) was higher than among rural adults (49%). No significant differences were observed in other demographic subgroups. Exposure among nonsmokers was very similar to that of all adults in all demographic categories.

#### 6.4.4 BARS, PUBS, DISCOS, AND NIGHT CLUBS

Overall, 89.2% of respondents reported being exposed to SHS during visits to bars, pubs, discos, and night clubs during the past 30 days (89.1% of men and 89.4% of women). Across age categories, the prevalence varied from 95.8% among young adults (15-19 years) to 65.4% in adults aged 60+ years. No differences were observed in any other specific demographic subgroups. Exposure among smokers and nonsmokers was almost equal to that of all adults in all demographic categories.

#### 6.4.5 PUBLIC TRANSPORTATION

Men using public transportation were significantly more exposed to SHS (10.7%) than women (6.6%). Exposure to SHS on public transport ranged from a low of 4.5% among adults aged 60+ years to a high of 9.7% in young adults (15-19 years). No differences were observed in any other specific demographic subgroups. Male smokers were more exposed to SHS on public transportation (13.1%) than female smokers (8%). Exposure among nonsmokers was almost equal to that of all adults in all demographic categories.

## 6.4.6 PRIVATE CARS

Significantly more men traveling in private cars were exposed to SHS (29.4%) than women (20%). Exposure to SHS in private cars was highest among adults aged 20-29 years (32.9%) and lowest among adults aged 60+ years (10.9%). Similar to all adults, male smokers were more exposed to SHS in private cars (55.7%) than female smokers (44.3%). No differences were observed among smokers in any other specific demographic subgroups. Nonsmokers, in general, had lower exposure levels across all demographic characteristics compared to adults overall, with most of the categories showing exposure levels of around 10%. Within nonsmokers, adults aged 20-29 years were most (20.7%) exposed to SHS compared to other age groups.

## 6.5 AVOIDANCE OF PUBLIC PLACES BECAUSE OF SECONDHAND SMOKE

Overall, 10.5% of adults avoided public places to avoid exposure to SHS, including 4.4% of smokers and 13.2% of nonsmokers. The most common places that were avoided due to SHS were private residences (44.3%), followed by bars, pubs, and night clubs (21.1%), cultural facilities (14.4%), restaurants (11%), and coffee shops, bistros, and tea shops (10.2%). The pattern among nonsmokers was very similar to that for all adults in all demographic categories.

# 7. ECONOMICS OF TOBACCO SMOKING

This chapter focuses on economic aspects of tobacco use by current smokers of manufactured cigarettes. It includes analysis of the following major indicators: 1) last purchase of manufactured cigarettes, including the cigarette brand purchased, source of purchase, and expenditure on cigarettes, and 2) estimates of cigarette smuggling based on interviewer observation of the features of cigarette pack provided by respondent (type of health warnings and type of excise band).

Among men L&M was the most purchased brand (18.4%), while Viceroy, Marlboro and Red & White were bought at similar rate (9.5%, 9.5% and 8.5%, respectively); among women, (Table 7.1): L&M was the most purchased brand (19.8%) but LD was second (9.8%). Current smokers of manufactured cigarettes in the youngest age groups bought L&M cigarettes at a high rate (15-19 years, 34.3%; 20-29 years, 25.1%) while those 60 years and older bought L&M at a low rate (4.6%). Between urban and rural residents, there were few differences and overall, the patterns were very similar. In terms of education, two well-known cigarette brands, Marlboro and L&M, were less often purchased by smokers with primary education and more often by those with higher education. For example, only 3% of smokers with primary education purchased Marlboro, while smokers with higher education most typically purchased Marlboro (14.7%). In contrast, Viceroy was less often purchased by smokers with higher education (3.8%) and over three times more often by smokers with primary education.

## KEY FINDINGS

- Almost 93% of current smokers bought manufactured cigarettes from stores or kiosks.
- Almost 9% of current smokers aged 18 years and over smoked cigarettes from the illegal trade.
- Current cigarette smokers spent an average of 208.52 Polish zlotys per month on manufactured cigarettes.
- The average amount spent on a pack of 20 manufactured cigarettes was 9.1 Polish zlotys.
- Almost 8% of current smokers bought "cheap" manufactured cigarettes (those costing 6.2 Polish zlotys or less per pack of 20 cigarettes).
- About 2.6% of *per capita* gross domestic product in Poland is spent on the purchase of manufactured cigarettes.

## 7.1 BRAND OF MANUFACTURED CIGARETTES AT LAST PURCHASE

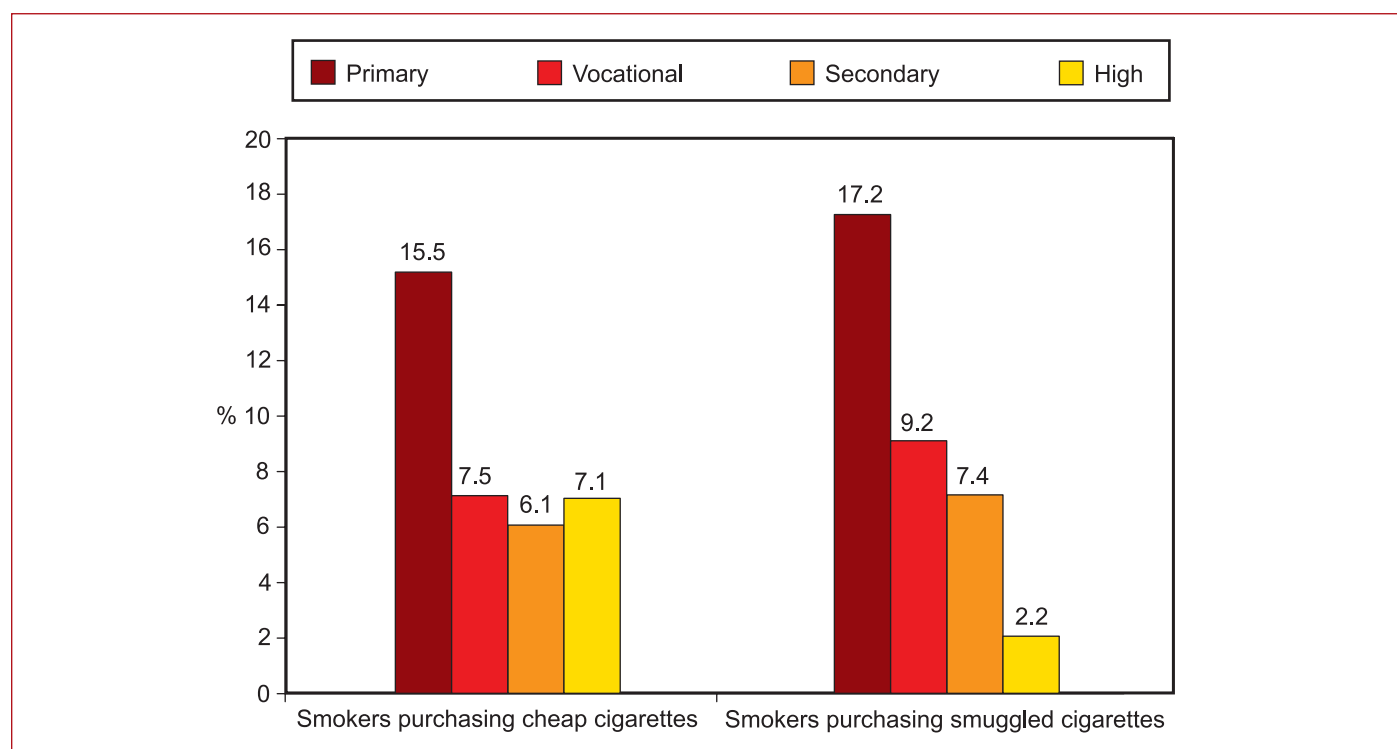
In GATS Poland, current smokers of manufactured cigarette were asked to report the brand name of the cigarettes they last purchased. Purchase patterns for the top five most purchased brands by all current manufactured cigarette smokers are shown in Table 7.1, broken down by gender, age, residence, and education groups. Almost 50% of current manufactured cigarette smokers purchased the top five brands, which were L&M (18.4%), Viceroy (8.9%), Marlboro (8%), Red & White (7.3%), and LD (7.2%). The other 50% purchased other brands.

## 7.2 SOURCE OF LAST PURCHASED CIGARETTES

Table 7.2 presents the sources of the last purchase of cigarettes among current smokers of manufactured cigarettes. The most common sources of purchased manufactured cigarettes were stores, including tobacco stores, supermarkets, and local stores (52%), and kiosks (40.9%). Only 7.1% used other sources, such as duty-free shops, shops abroad, the Internet, bars/restaurants, another person, or any other reported source.

The estimates for men and women were almost the same as the overall estimates. However, patterns varied by residence. Rural residents purchased cigarettes from stores at a higher rate (63.5%) and from kiosks at a lower rate (29.3%), while

**Figure 7.1:** Selected economic indicators<sup>1</sup> of cigarette smoking among current smokers of manufactured cigarettes, 15 or 18 years and older, GATS Poland 2009-2010



<sup>1</sup> Percentage of 15 years and older smokers purchased cheap cigarettes (spent ≤ 6.20 Polish zlotys for a pack of 20 cigarettes) and percentage of 18 years and older smokers who purchased cigarettes from illegal trade (information based on interviewer observation of respondent's pack of cigarettes)

urban residents purchased cigarettes from stores and kiosks at an almost equal rate (46% and 47% , respectively).

### 7.3 EXPENDITURES ON CIGARETTES

Information was collected from current smokers of manufactured cigarettes regarding their last purchase of manufactured cigarettes, including quantity and amount of money spent. This information was used to calculate three economic indicators (Table 7.3): 1) average amount of money spent on 20 manufactured cigarettes (one pack); 2) average expenditure per month on manufactured cigarettes; and 3) percentage of manufactured cigarette smokers who are purchasing the least expensive cigarettes.

The average amount of money spent per pack of 20 manufactured cigarettes was 9.12 Polish zlotys (PLN). The estimate for women (9.92 PLN) was slightly higher than men (8.64 PLN). The 20-29 age group had a higher estimate (11.05 PLN) than the other groups. There were no discernable differences between urban and rural residents. Finally, the cost estimates seemed to increase as education increased (primary, 8.17 PLN; vocational, 8.77 PLN; secondary, 9.41 PLN; higher, 10.40 PLN).

On average, current smokers of manufactured cigarette spent 208.52 PLN per month on manufactured cigarettes. The esti-

mates did not vary significantly between men and women. By age distribution, the current smokers in the youngest and oldest age groups spent less than those in the other age groups (15-19 years, 124.51 PLN; 60+ years, 167.97 PLN). The residence groups and educational groups had similar estimates, with only the group with a primary level of education showing a slightly lower estimate (184.77 PLN).

The least expensive or "cheap" cigarettes are defined as those that cost less than 6.20 PLN for a pack of 20 manufactured cigarettes. This threshold was set based on data from year 2009 provided by the Polish Ministry of Health, when the least expensive brand among cigarette brands with at least 1% of the market share cost 6.20 PLN per pack. In Poland, 7.9% of current manufactured cigarette smokers spent 6.20 PLN or less on a pack of cigarettes. These estimates did not vary by gender or residence. Those in the oldest age group of 60 and older were more likely to buy cheap cigarettes (16.4%) than the rest of the age groups, as were those with a primary level of education (15.5%) (Figure 7.1).

Calculating the average amount spent on 100 packs of manufactured cigarettes (208.52 PLN) and factoring in the 2009 estimated gross domestic product (GDP)<sup>7</sup>, an estimated 2.6% of the GDP was spent on the purchase of manufactured cigarettes.

<sup>7</sup> Gross domestic product (GDP) and GDP per capita estimated for 2009 from the International Monetary Fund website (accessed June 24, 2010).



## 7.4 ESTIMATES OF CIGARETTE SMUGGLING

Current smokers of manufactured cigarettes who were 18 years of age and older were asked to show the interviewer a pack of currently smoked cigarettes. If the respondent agreed to do so, the interviewer recorded information from the pack to determine whether the cigarettes were illegal, based on the health warning (e.g., if it was in a foreign language) and excise band (e.g., not of the domestic format). This information was used to create an indicator measuring the percentage of smuggled (illegal) cigarettes. The estimates are provided in Table 7.4 by region and education level (see also Figure 7.1).

Overall, 8.5% of current manufactured cigarette smokers were purchasing smuggled (illegal) cigarettes. As expected, the estimates varied by region with the East (15.5%) and North (13%) regions having higher estimates than the others. These regions together border Ukraine, Belarus, and Russia, where cigarettes are less expensive than in Poland.

Prevalence of illegal cigarette purchasing was highest among those with a primary education (17.2%) and lowest among those with a higher education (2.2%) (Table 7.4 and Figure 7.1).

# 8. TOBACCO MARKETING AND COUNTER-TOBACCO MESSAGES

This chapter presents data on perceptions of tobacco marketing and anti-tobacco messages in different forms and various media in the last 30 days among Poles aged 15 years and over, including current smokers and nonsmokers. It concerns 1) anti-cigarette smoking messages in newspapers and magazines, on television and radio, on billboards, on the Internet, in educational or health materials, and via other media; and 2) marketing of cigarettes via cigarette advertisements in various media, cigarette promotions, and sponsorship of cultural events by tobacco companies. This chapter also presents data on perceptions of health warning labels on cigarette packs and their impact on motivation to quit smoking, (including the impact of specific warning labels).

women noticed anti-cigarette smoking messages on the television than men (62.4% vs. 56.0%), and respondents in the younger age groups (15-30 years) noticed anti-cigarette messages more than those aged 60+ years in newspapers/magazines (40.6% vs. 34.6%), on billboards (30.7% vs. 17.8%), and on the Internet (35.9% vs. 4.1%). In contrast, those aged 60+ years noticed anti-cigarette smoking messages more on the radio than those in the younger age group (15-30 years) (30.3% vs. 24.2%). Those who resided in rural locations noticed anti-cigarette smoking messages on the television or radio more than those in urban locations (65.6% vs. 59.5%).

When broken down by smoking status, there were very few differences between current smokers and nonsmokers in prevalence of having noticed anti-cigarette smoking messages (overall: current smokers, 71.8%; nonsmokers, 73.7%). Within both subgroups (current smokers and nonsmokers), the same patterns of noticing anti-cigarette smoking messages emerged as for adults overall: the highest percentage noticed messages on television or the radio, followed by newspapers or magazines, educational/health materials, and billboards. When looking at demographic characteristics (gender, age and residence) within the smoking status subgroups, the patterns varied from the overall observations. Among nonsmokers, the

## KEY FINDINGS

- 7 in 10 adults reported noticing anti-cigarette smoking information in the media or public places.
- 1 in 4 adults reported noticing any cigarette advertisements, sponsorships, or promotions.
- Most current smokers (96.6%) reported noticing a health warning on cigarette packages.
- 17.7% of current smokers thought about quitting because of warning labels on cigarette packs.

### 8.1 ANTI-TOBACCO MESSAGES

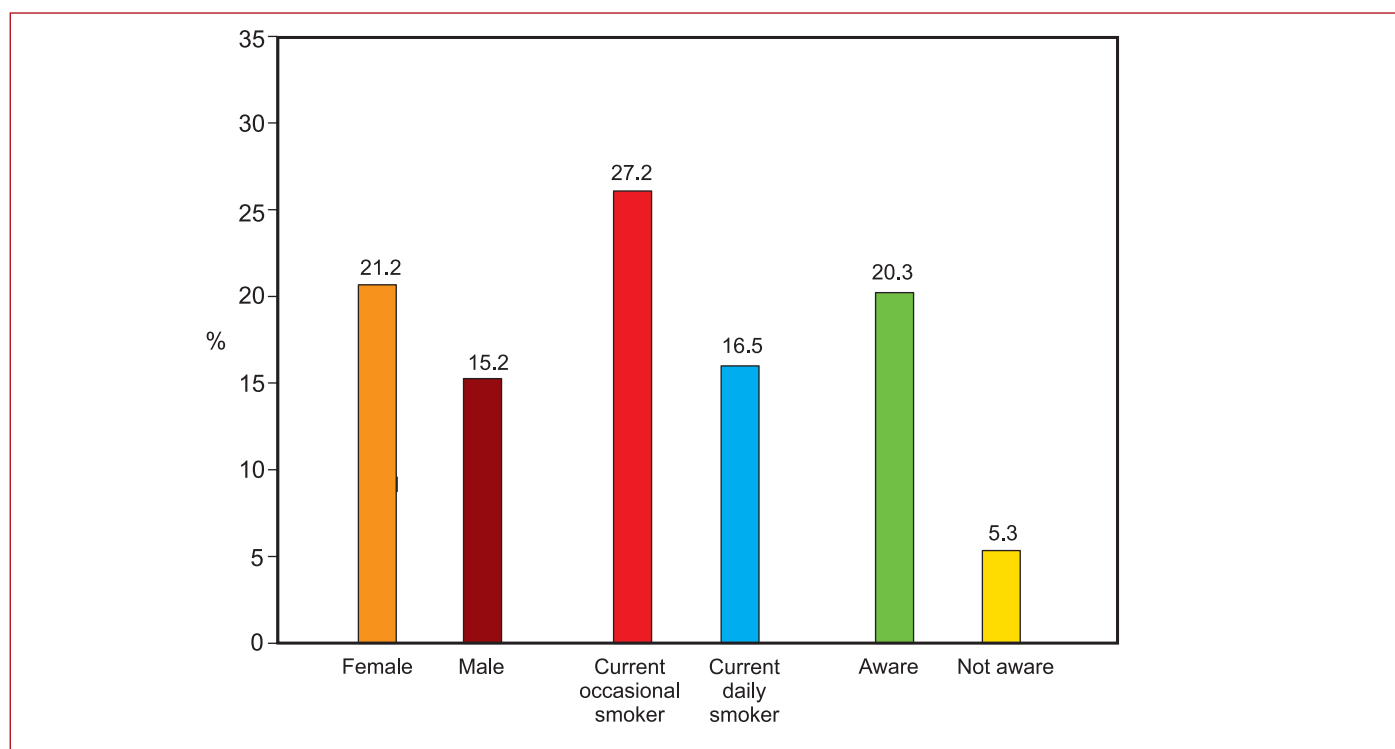
The percentages of adults 15 years and older who reported noticing messages about the dangers of smoking cigarettes (or messages encouraging smokers to quit) in various places during the last 30 days are presented in Table 8.1. Overall, 73.1% noticed anti-smoking messages during the last 30 days. The largest percentage noticed messages while watching television or listening to the radio (61.8%). The second largest percentage noticed messages in newspapers or magazines (39%), while other common sources were educational/health materials (29.6%) and billboards (24.8%). Overall, there were no observable differences between gender, age, or residence area in the prevalence of noticing anti-cigarette smoking messages in any location. However, some variation was seen within specific locations: slightly more

younger age group noticed anti-cigarette messages more than the older age group. Between both subgroups, in any location, there were no differences. However, within specific locations, more nonsmokers than current smokers (20.7% vs. 17%), overall as well as those in the middle age group (31-59 years), noticed anti-cigarette messages on the Internet.

### 8.2 EFFECT OF HEALTH WARNING LABELS ON CIGARETTE PACKAGES

Table 8.2 shows the percentage of current smokers (daily and occasional) 15 years and older who reported noticing health warnings (including advice to quit) on cigarette packages and considered quitting because of the warning labels during the last 30 days. Among current smokers, 96.6% noticed health warnings on cigarette packages and 17.7% thought about

**Figure 8.1:** Percentage of current smokers who noticed health warnings on cigarette packs and thought about quitting smoking because of warnings in the last 30 days, by gender, smoking status, and awareness of smoking harm, 15 years and older, GATS Poland 2009-2010



quitting smoking because of those health warnings.

Awareness of health warnings on cigarette packages did not vary by demographic characteristics (e.g., gender, age, residence, educational level, smoking status, and awareness of harms of smoking). However, some interesting trends were seen with regards to thinking about quitting because of the warnings labels (Table 8.2 and Figure 8.1). More women (21.2%) than men (15.2%) considered quitting because of health warnings on cigarette packages. In terms of education levels, there was a clear difference with regards to thinking about quitting because of the health warnings. Those with higher education were the least likely to think about quitting (11.6%), while those who had received only primary education were the most likely (23.7%). As can be expected, there was a distinctive difference in thinking about quitting among those who were aware of the harms of smoking (20.3%) than those who were not aware (5.8%). In terms of smoking status, current occasional smokers were more likely to think about quitting smoking because of warning labels than current daily smokers (27.2% vs. 16.5%, respectively).

Table 8.3 and Figure 8.2 illustrates the most and least memorable warning labels among current (daily or occasional) smokers who had considered quitting because of warning labels they noticed in the last 30 days. There was no significant difference in how well the two general health warnings listed at the bottom of the figure were remembered. However, both general warnings were best remembered by those smokers who had thought about quitting smoking because of warning labels on cigarette packs: 60.1% remembered "Smoking seriously harms you and people in your environment" and 53.3% remembered "Smoking kills".

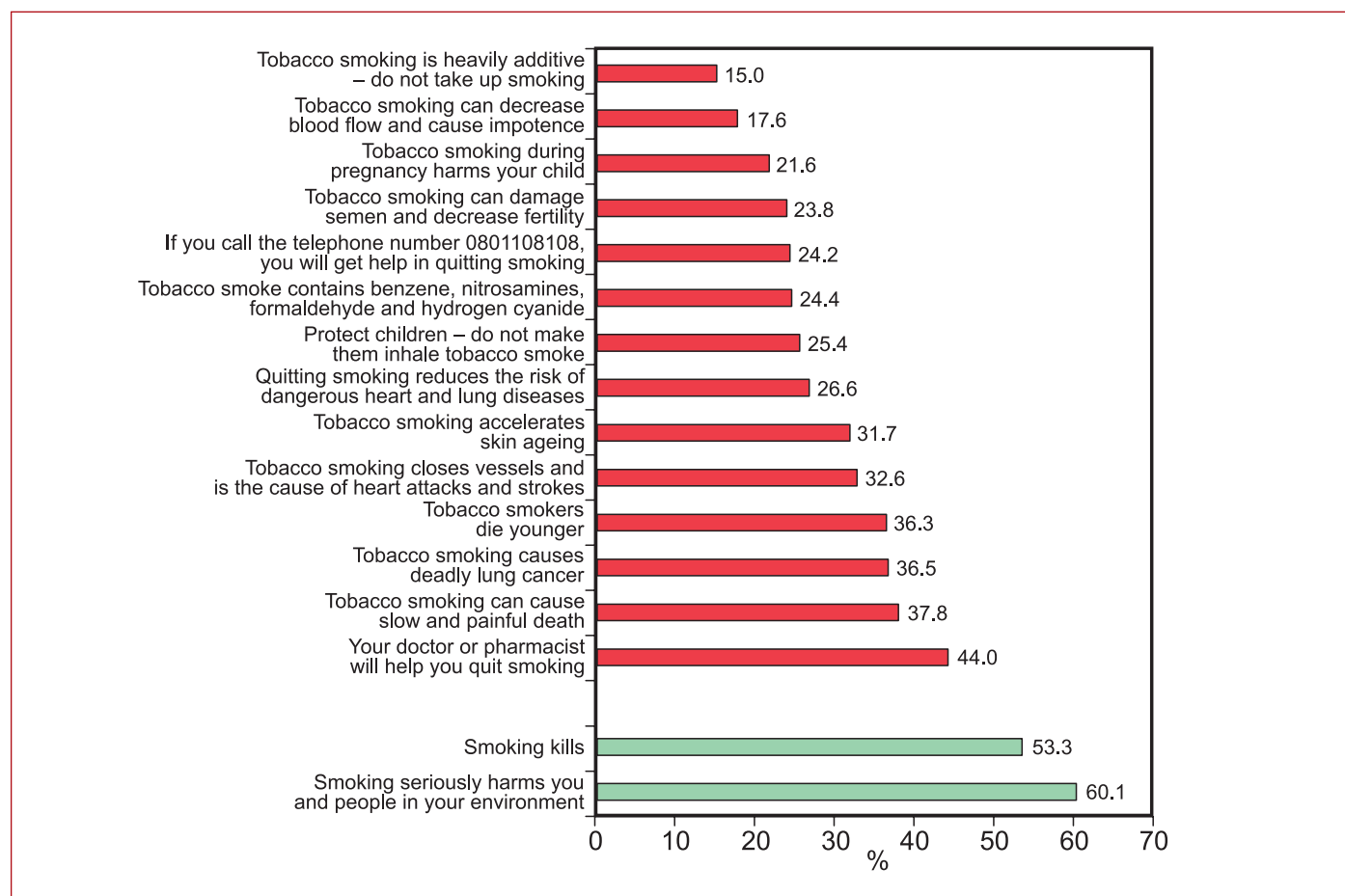
Among the 14 additional health warnings, the two most memorable were "Your doctor or pharmacist will help you quit smoking" (44%) and "Tobacco smoking can cause a slow and painful death" (37.8%). Current smokers least remembered "Tobacco smoking is heavily addictive—do not take up smoking" (15%) and "Tobacco smoking can decrease blood flow and cause impotence" (17.6%).

### 8.3 CIGARETTE MARKETING

The percentages of adults 15 years and older who noticed cigarette marketing in public places and media in the last 30 days (via stores where cigarettes are sold, foreign television, foreign newspapers or magazines, the Internet, free samples and gifts, cultural event sponsorship, and clothing with brand names) is shown in Table 8.4A.

Overall, 25.2% of respondents reported noticing any cigarette advertisement, sponsorship, or promotion. The most common location where cigarette marketing was noticed was in tobacco stores (13.9%); followed to a much lesser degree by the Internet (4.6%), foreign TV channels (2.8%), and foreign newspapers/magazines (2%). These patterns held true for each of the demographic groups, although younger respondents (15-30 years) were more likely to observe cigarette advertising on the Internet than any of the others. Among respondents aged 15-30, 19.9% reported noticing advertisements in tobacco stores and 10.1% observed advertisements on the Internet. Among all demographic groups, the two most commonly noticed sources of cigarette promotion were clothing/items with brand names/logos and sale prices.

**Figure 8.2:** Percentage of various health warning labels<sup>1</sup> on cigarettes packs that were remembered by current smokers who considered quitting smoking because of warning labels in the last 30 days, 15 years and older, GATS Poland 2009-2010



<sup>1</sup> Cigarette packs sold in Poland contain 2 general and 14 additional textual warning labels. One of two general warnings is placed on the front page of each cigarette pack, one of the additional 14 warnings is placed on the back page of each cigarette pack.

As illustrated in **Table 8.4A**, a higher percentage of men (28.7%) reported noticing any form of cigarette advertisement, sponsorship, or promotion in the last 30 days, compared to women (22%). As age increased, respondents were less likely to report noticing any tobacco marketing. Adults living in urban settings were more likely to notice cigarette marketing than those in rural areas (26.6% vs. 22.8%, respectively). Those aged 15-30 years were more likely to report observing cigarette marketing (36.7%) than those aged 31-59 years (24.3%) and 60+ years (12.1%) (**Figure 8.3**). A similar trend was seen in specific advertisement sources, such as in tobacco stores and on the Internet and in specific promotion strategies, such as sale prices or distribution of clothing and other items with brand names/logos. The difference between age groups in terms of awareness of tobacco marketing corresponded with the previously discussed finding that younger age groups noticed anti-cigarette smoking messages more than respondents aged 60+ years.

**Table 8.4B** provides similar results as that of the overall population, but for current smokers. The percentage of current smokers who reporting noticing any cigarette advertisement, sponsorship, or promotion was 27.8%. The most commonly noticed cigarette marketing for current smokers was in tobacco stores (14%), while the other sources smokers reported

noticing were sale prices (7.3%) and clothing/items with brand names/logos (6.7%). The least commonly noticed sources for current smokers were coupons (0.1%), mailings promoting cigarettes (0.4%), and cultural event sponsorship (0.6%). Again, these patterns held true for each of the demographic subgroups.

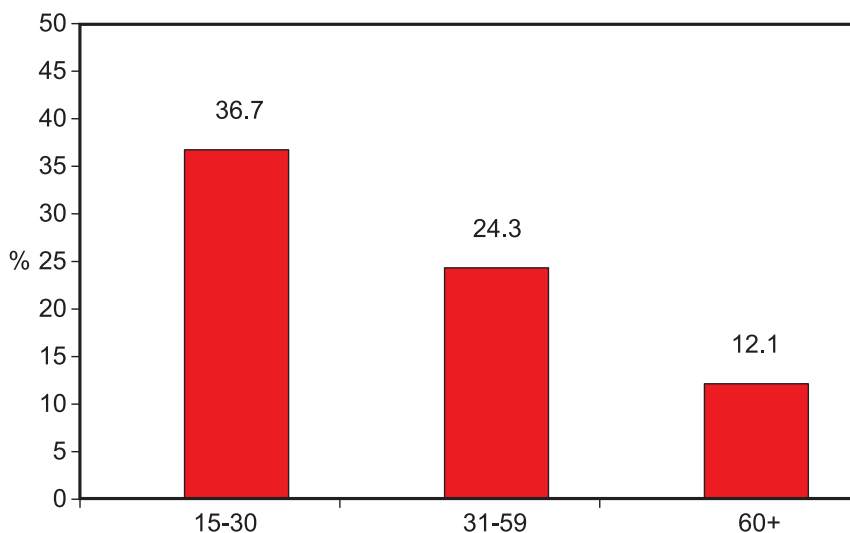
For demographic subgroups among current smokers, more men (30.5%) noticed cigarette marketing in the last 30 days than women (24.1%), which was similar to the overall findings for adults regardless of smoking status. The younger age group (15-30 years) noticed cigarette marketing more (37.6%) than those aged 31-35 years (26.5%), and 60+ years (11.8%); this was also similar to the pattern for adults regardless of smoking status. Current smokers living in urban locations were more likely to report noticing cigarette marketing than those living in rural areas (31% vs. 21.9%), particularly sale prices (9% vs. 4%), free gifts or discounts on products (4.4% vs. 1.2%), and clothing/items with brand names or logos (8% vs. 4.2%).

**Table 8.4C** shows the proportion of current nonsmokers exposed to anti-cigarette advertisements. The percentage of nonsmokers who reported noticing any cigarette advertisement, sponsorship, or promotion was 24%. Nonsmokers most com-

monly reported noticing cigarette marketing in tobacco stores (13.9%), while the other noticed sources were clothing/items with brand names or logos (6.1%), the Internet (5%), sale prices (3.9%), and foreign TV channels (2.8%). The least commonly noticed sources for nonsmokers were free samples (0.6%), mailings promoting cigarettes (0.4%), and coupons (0.1%). These patterns for nonsmokers were the same as for current smokers, and also held true for each of the demographic subgroups of nonsmokers.

In terms of demographic subgroups among nonsmokers, a higher percentage of men (27.7%) reported noticing cigarette marketing in the last 30 days than women (21.3%), which was similar to the findings for current smokers. Also similar to the findings for current smokers, the younger age groups (15-30 years) reported noticing cigarette marketing more (36.4%) than those aged 31-59 years (22.8%) and 60+ years (12.2%). However, unlike current smokers, there was no significant difference between those living in urban locations and those living in rural areas.

**Figure 8.3:** Perception of any cigarette advertising, promotion, and sponsorship in the last 30 days by age, 15 years and older, GATS Poland 2009-2010



## 9. KNOWLEDGE, ATTITUDES, AND PERCEPTIONS

This chapter presents GATS results on knowledge, attitudes, and perceptions about tobacco among Poles 15 years and older, including beliefs about illnesses caused from tobacco use (both smoked and smokeless), secondhand smoke exposure, and the addictiveness of cigarettes, as well as public opinion regarding prohibition of indoor smoking in various places and other potential tobacco control laws.

prevalent among 50-59 year-olds (88.9%) and 40-49 year olds (90.2%). Stroke was mentioned most often by respondents aged 60+ years (65.9%) and least often by those aged 15-19 years (53.2%). Respondents aged 20-29 years were most likely to believe that smoking causes heart attack (82.1%), while those aged 50-59 years were least likely to do so (74.8%). Beliefs that smoking causes lung cancer were reported most often by young adults (15-19 years, 96%; 20-29 years, 94.9%) and least often by the oldest respondents (50-59 years, 90.2%; 60+ years, 91%).

Beliefs about the health consequences of tobacco use varied little by place of residence, especially beliefs that smoking can cause stroke (rural, 60.3%; urban, 62.6%), heart attack (rural, 80.2%; urban, 79.8%), and lung cancer (rural, 92.4%; urban, 92.7%). Beliefs also varied little with level of education: people with higher education were only slightly more likely to be-

### KEY FINDINGS

- 92.6% of adult Poles believed that smoking causes lung cancer; 79.9% believed that smoking causes heart attack, and 61.8% believed that smoking causes a stroke.
- 48.3% of adults supported raising taxes on tobacco products.
- 64.7% of adults favored a complete ban on smoking in worksites and 46.9% of adults favored a complete ban on smoking in gastronomic facilities.
- 41.3% of adults supported a complete ban on manufacturing and sale of smoked tobacco products.

### 9.1 BELIEF THAT SMOKING CAUSES SERIOUS DISEASES

**Table 9.1A** presents data on beliefs about consequences of tobacco smoking among adults (15 years and older). These data were calculated separately for the overall, male, and female populations and are presented by age, place of residence, and education level.

Overall, 91.5% of the adult population believed that smoking causes serious illness, with little variation in the prevalence of this belief between demographic subgroups. Prevalence of beliefs varied by specific diseases: 92.6% of adults reported that they believe smoking causes lung cancer; 79.9%, heart attack; and 61.8%, stroke. Women had a slightly higher level of knowledge (for example, 92.6% of women believe that smoking causes serious illness, in comparison to 90.4% of men). However, for the most part, there were no differences between men and women. Also, beliefs did not vary significantly with age. The belief that smoking causes serious illness was most prevalent among 20-29 year-olds (94.4%) and least

lieve that smoking causes serious illness, stroke, heart attack, or lung cancer. For example, adults with higher education (94.4%) or secondary education (93.4%) were only slightly more likely to express the belief that smoking causes lung cancer, compared to people with primary education (91.2%) or vocational education (91.3%).

**Table 9.1B** and **Figure 9.1** present data on beliefs about tobacco smoking consequences among two groups: current smokers (including daily and occasional) and nonsmokers (including former and never smokers). Nonsmokers were significantly more likely to believe that smoking causes serious illness, stroke, heart attack, or lung cancer. For example, 95.6% of nonsmokers believed that smoking causes serious illness, compared to 82.3% of current smokers. The differences in prevalence of this belief between smokers and nonsmokers was greater among men (15 percentage points) than women (11.2 percentage points). The pattern was similar for the belief that smoking causes lung cancer: 95.9% of nonsmokers held this belief, compared to 84.8% of current smokers, and the difference between smokers and nonsmokers in the prevalence of this belief was greater in men (13.4

percentage points) than women (8.5 percentage points). Heart attack was mentioned as a consequence of tobacco smoking less commonly than lung cancer by both smokers and non-smokers: 84% of nonsmokers and 70.5% of current smokers believed that smoking causes heart attack. The last belief category-stroke-was mentioned by 66.2% of nonsmokers and 51.6% of current smokers; this disproportion between the two groups was slightly higher than for the other three belief categories. The difference between men and women was smaller than that for lung cancer or heart attack.

## 9.2 BELIEF THAT SECONDHAND SMOKE CAUSES SERIOUS ILLNESS

Table 9.2 presents data about the belief that breathing other people's smoke causes serious illness in nonsmokers, reported separately for the overall sample and for smokers and non-smokers. All information is presented by gender, age, place of residence, and education level.

Overall, 81.4% of adults believed that breathing other people's smoke causes serious illness. Current smokers (including daily and occasional smokers) and nonsmokers (including former and never smokers) differed significantly in the prevalence of this belief; 86.8% of nonsmokers held this belief, compared to 68.8% of current smokers. We also found significant gender differences: 85.1% of women held this belief, compared to 77.4% of men. The differences between men and women was observed in both current smokers (M: 66.8%, F: 71.6%) and nonsmokers (M: 83.5%, F: 89.4%). This belief did not vary by age group. When broken down by age groups, 20-29 years old respondents were most likely to believe that breathing other people's smoke causes serious illness: 83.7% in this age group held this belief, including 73.5% of current smokers. Young non-smokers (15-19 years) (79.7%) did believe in smaller extent that breathing other people's smoke causes serious illness than did non-smokers in the other age groups. The prevalence of

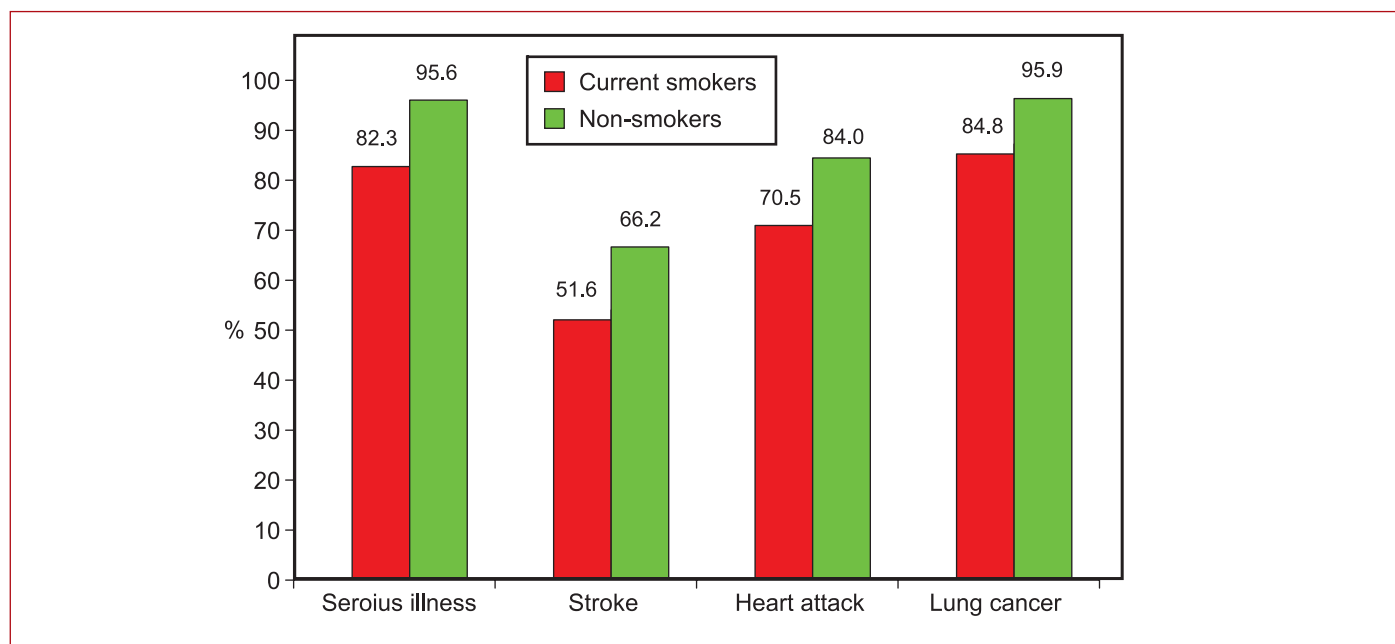
the belief that breathing other people's smoke causes serious illness varied slightly between respondents in urban (79.9%) and rural (83.8%) areas; however, this disproportion was attributable primarily to current smokers (urban, 65.2%; rural, 75.7%). Nonsmokers in urban (86.8%) and rural (86.9%) areas did not differ significantly in this belief. This belief also varied with education level, especially among nonsmokers. The lowest level of awareness was among groups with primary (82.4%) and vocational (84.4%) education. The highest level was observed in group with secondary (89%) and higher (90.4%) education.

## 9.3 BELIEF THAT CERTAIN TYPES OF CIGARETTES CAN BE LESS HARMFUL THAN OTHERS

Table 9.3 presents data about beliefs that certain types of cigarettes can be less harmful than others by smoking status. All information is presented by gender, age, place of residence, and education level.

Overall, 17.7% of adults believe that certain types of cigarettes can be less harmful than others. Among current smokers, 24.1% hold this belief, compared to 15.3% of nonsmokers. The prevalence of this belief varied only slightly with gender, but the difference was most pronounced among nonsmokers (men, 18.1%; women; 13.1%). We found no differences between age groups, but among current smokers, the prevalence of the belief that that certain types of cigarettes can be less harmful than others was slightly higher in those aged 50-59 years (28.5%) and 60+ years (27.6%). We also found a small difference in the prevalence of this belief between current smokers in urban (26.3%) and rural (20.2%) areas. Results did not vary significantly by education level, although it appears that people with higher education are slightly more likely to believe that certain types of cigarettes can be less harmful than others.

**Figure 9.1:** Belief that smoking causes serious illness, stroke, heart disease, or lung cancer by smoking status, 15 years and older, GATS Poland 2009-2010



## 9.4 BELIEF THAT CIGARETTES ARE ADDICTIVE

Table 9.3 also present data about beliefs that cigarettes cause an addiction by smoking status. All information in Table 9.3 is presented by gender, age, place of residence, and education level.

Overall, 98% of adults believe that cigarettes cause an addiction. There was a marked difference between current smokers (97.2%) and nonsmokers (98.4%). This belief varied little by gender, age, place of residence and education, ranging between 96% and 100% in these subgroups.

## 9.5 BELIEFS ABOUT THE HEALTH EFFECTS OF SMOKELESS TOBACCO USE

Table 9.4 shows the percentage of adults 15 years and older who believed that using smokeless tobacco causes serious illness, broken down by selected demographic characteristics and smoking status.

Overall, 39% of the adult population believed that use of smokeless tobacco causes serious illness. However, almost half of the adults (49.8%) reported that they did not know whether use of smokeless tobacco causes serious illness, and only 11.1% did not believe smokeless tobacco causes serious illness. The prevalence rates of this belief varied by demographic subgroups, most noticeably between men (33.6%) and women (44%). The prevalence of this belief also varied among respondents from rural (42.1%) and urban (37.2%) areas. There were no major differences observed across age categories, and the prevalence rate among these groups was observed to be around 40%. However, beliefs varied significantly by smoking status: more nonsmokers (44.4%) believed smokeless tobacco use causes serious illness than current smokers (26.8%). We found little variability by education

levels: adults with primary education (40.9%) or higher education (42.8%) reported that they held this belief at a slightly higher rate than the adults with vocational education (34.9%) or secondary education (39.3%).

## 9.6 SUPPORT FOR TOBACCO CONTROL

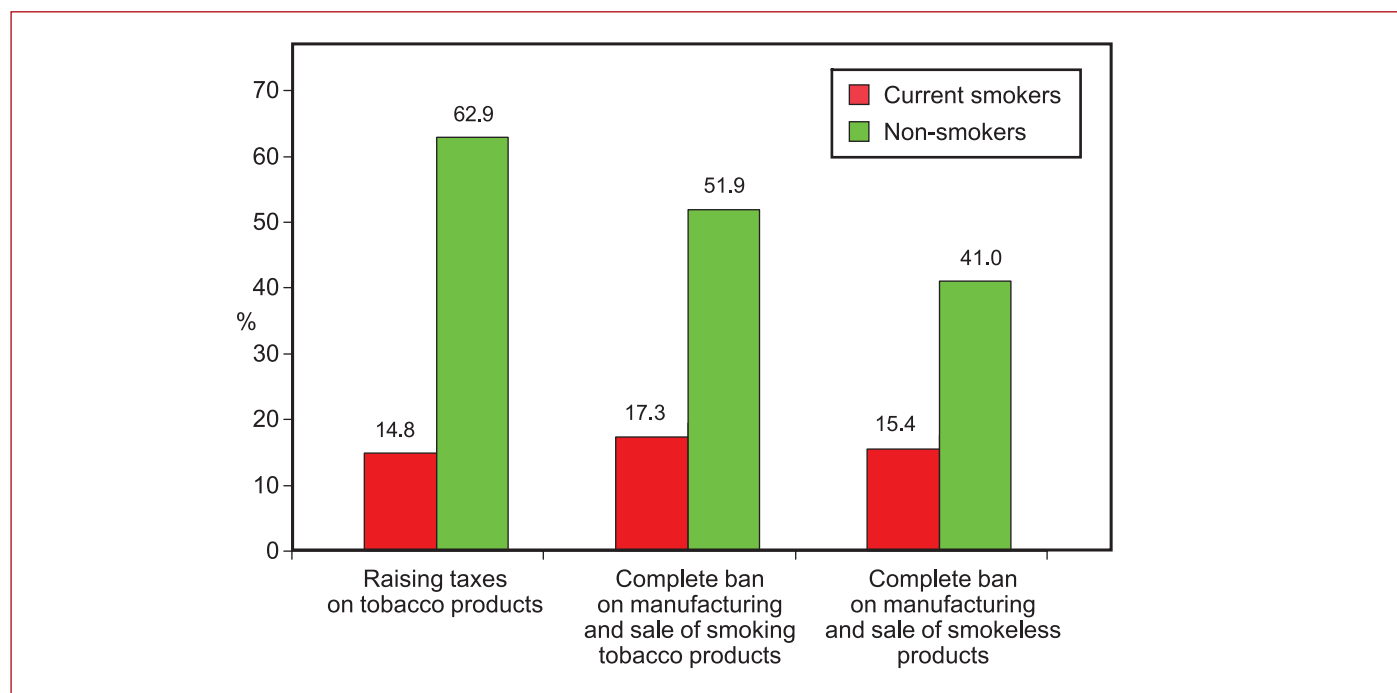
### 9.6.1 SUPPORT FOR VARIOUS TOBACCO CONTROL LAWS

The GATS Poland survey asked respondents if they would favor or oppose the following tobacco control laws: raising taxes on tobacco products, a complete ban on manufacturing and sale of cigarettes and other tobacco products intended for smoking, and a complete ban on manufacturing and sale of smokeless tobacco, including snuff.

Table 9.5 and Figure 9.2 present the percentages of adults who favored or opposed these tobacco control laws, by smoking status. Overall, 48.3% of adults favored and 38.5% opposed raising taxes on tobacco products, and 13.2% of adults reported that they did not have any opinion on raising taxes on tobacco products. A high proportion of nonsmokers favored raising taxes on tobacco products (62.9%) compared to current smokers (14.8%). Similarly, nonsmokers were more likely than current smokers to indicate that they did not have an opinion about raising taxes (16.6% versus 5.6%, respectively).

Overall, 41.3% of adults favored a complete ban on manufacturing and sale of smoking tobacco products, whereas 12.7% did not have an opinion on such a ban. The prevalence of favoring such a ban was higher among nonsmokers (51.9%) than current smokers (17.3%). A similar pattern was observed with respect to opinions on banning smokeless tobacco products: 33.2% of respondents favored a complete

**Figure 9.2:** Opinions on supporting various tobacco control laws by smoking status, 15 years and older, GATS Poland 2009-2010





ban on manufacturing and sale of smokeless tobacco products, while an almost equal proportion of adults opposed the ban (35.5%). However, more than 30% of respondents did not have an opinion on such a ban. When examined by smoking status, 41% of nonsmokers favored a complete ban on manufacturing and sale of smokeless tobacco products, while only 15.4% of current smokers favored such a ban.

### 9.6.2 SUPPORT FOR A COMPLETE BAN ON SMOKING AT VARIOUS PUBLIC PLACES

Respondents were asked about their support for a complete ban on smoking in public places, such as worksites, government offices, healthcare facilities, schools and other educational facilities, bars/night clubs, restaurants, cultural facilities, and sport facilities. The results were analyzed and are presented in **Table 9.6** by respondent smoking status.

A high proportion of adults (92.1%) favored a complete ban on smoking in health care facilities. Support for bans in other public places varied by location, including worksites (64.7%), government offices (82.4%), schools and other educational facilities (91.8%), bars/night clubs (36.9%), restaurants (58.4%), cultural facilities (81.4%), and sport facilities (83.2%). No more than 12% of respondents indicated that they "don't know" for the questions related to a ban on smoking in any of the specific public places. Support for bans in various public places varied significantly by smoking status. The support for a complete ban in worksites was almost twice as high among nonsmokers (75.9%) compared to current smokers (38.8%); 70.9% of current smokers favored a complete smoking ban in government offices, compared to 87.4% of nonsmokers, while 85.5% of current smokers and 94.6% of nonsmokers favored a complete ban of smoking in health care facilities. Similar proportions in support for a complete ban on smoking in schools and other

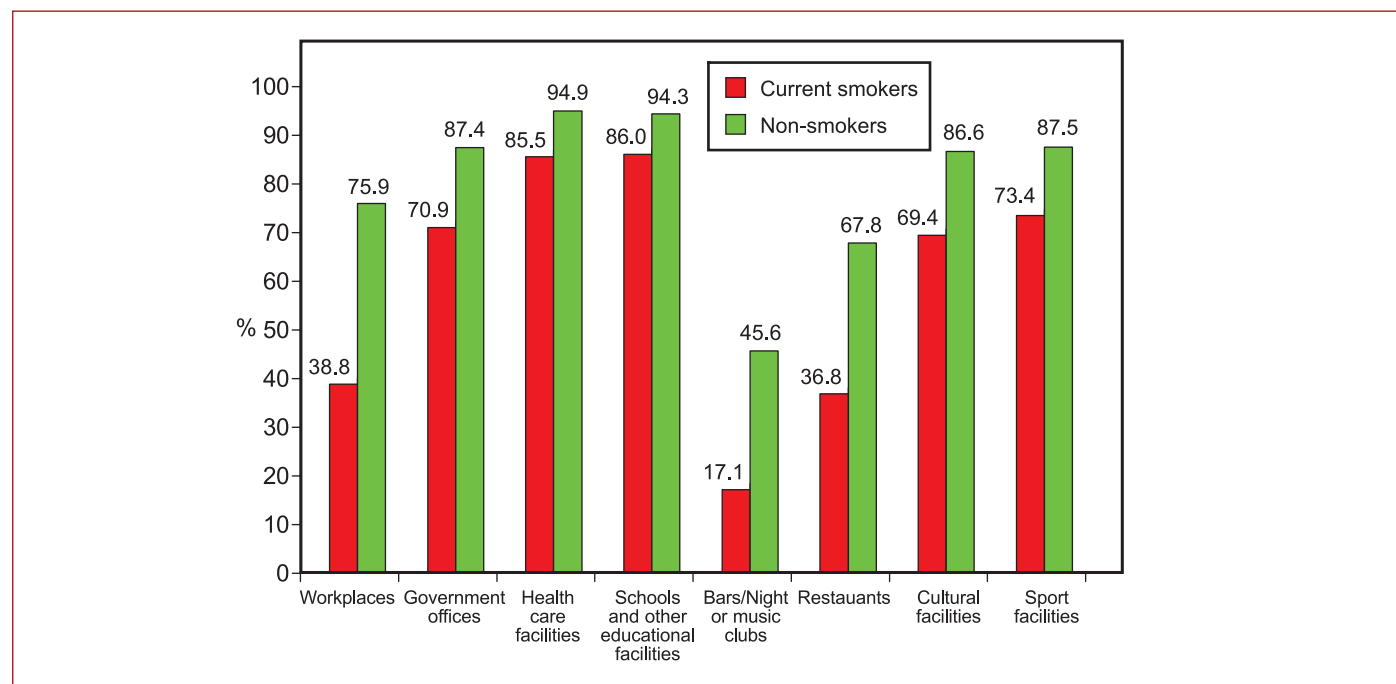
educational facilities were observed between current smokers (86%) and nonsmokers (94.3%). A very low proportion of current smokers (17.1%) supported a ban on smoking in bars/night clubs, whereas 45.6% of nonsmokers supported such a ban. While more than 67% of nonsmokers favored a complete ban of smoking in restaurants, only 36.8% of current smokers did so. With regards to cultural facilities, 86.6% of nonsmokers supported a smoking ban, while 69.4% of current smokers did so. Support of a smoking ban in sport facilities varied by ten percentage points between nonsmokers (87.5%) and current smokers (73.4%).

### 9.6.3 SUPPORT FOR A COMPLETE BAN ON SMOKING IN VARIOUS SITUATIONS

Respondents were asked about their opinion on a complete ban on smoking in various situations: while driving a car, at home in the presence of children, in the presence of pregnant women, and anywhere in the presence of nonsmokers. Results by respondents smoking status are presented in **Table 9.7** and **Figure 9.3**.

Overall, 65.7% of adults favored imposing a ban on smoking while driving a car, with a significant difference between current smokers (40.9%) and nonsmokers (76.5%). Overall support was similar for a complete ban on smoking at home in the presence of children (89.5%) and in the presence of pregnant women (93.5%). Among current smokers, the level of support for a complete ban on smoking at home in the presence of children was 79.4%, and in the presence of pregnant women, 87.6%(in comparison to 93.9% and 96.1% of nonsmokers, respectively). Overall, 77.8% of adults favored a smoking ban anywhere in the presence of nonsmokers. Support varied significantly by smoking status: 58.3% of current smokers and 86.3% of nonsmokers favored such a ban.

**Figure 9.3:** Support for a complete ban on smoking in various public places by smoking status, 15 years and older, GATS Poland 2009-2010



# 10. DISCUSSION AND IMPLICATIONS FOR PUBLIC HEALTH POLICY

## 10.1 SMOKING IN POLAND: COMPARISON OF GATS WITH PREVIOUS POLISH SURVEYS

Since 1974, Poland has monitored smoking prevalence and its socio-demographic characteristics, as well as attitudes toward tobacco control policy, in nationally representative surveys of adult population (among Poles aged 15 years and over in most cases) [Zatonski, Przewozniak 1999, Zatonski et al. 2009a]. These studies were conducted in 1974, 1980, 1982 and annually in years 1985-1988 and 1990-2009. Since 1982, this research has been conducted by the Cancer Center and Institute of Oncology in Warsaw, in collaboration with public opinion research centers (OBOP, CBOS, PENTOR, RUN).

However, all these surveys were based on small samples of the adult population (approx. 1,000 respondents) and the sampling methods that were used did not allow for international comparison. In addition, some surveys that were conducted in the 1980s were based on a sample of Poles aged 18 years and over; therefore, comparisons of smoking beha-

viors among 15-19 years old Poles across all studies are not possible [see Zatonski, Przewozniak 1992, 1999]. For these reasons, previous analyses of trends in smoking prevalence and patterns in Poland have been based on aggregated results of these studies, especially those conducted annually, and cover only those adults aged 20 years and over.

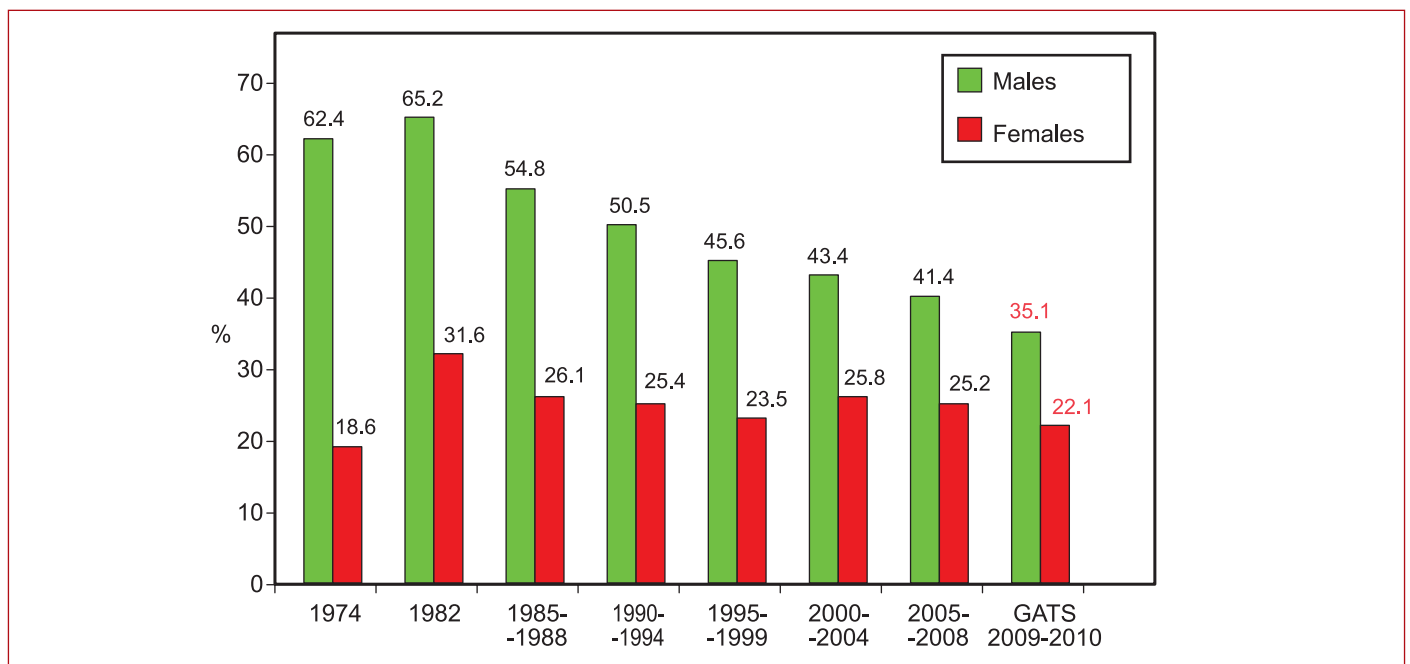
The Global Adult Tobacco Survey (GATS), a component of the Global Tobacco Surveillance System (GTSS), allows for monitoring of smoking behaviours and attitudes in Poland according to the highest standards of tobacco surveillance and comparisons of Polish data with other countries.

GATS sets out a standard for collecting data on tobacco use in Poland and allows for analysing them in a wider and global context. To ensure comparability of results of the GATS to results of previous surveys conducted in Poland, GATS data were extracted for persons aged 20 years and over.

Results of surveys on smoking behaviors in the adult Polish population, conducted during 1974-2008, suggest that some changes in smoking prevalence began already in mid-1980s and continued in subsequent years, while other trends slowed, and in some years changed their directions, particularly among females (Figure 10.1) [Zatonski et al. 2009c]. The GATS results confirm the reduction in smoking prevalence in both males and females of the Polish population.

The initial study, conducted in 1974, found that 62% of adult men and 19% of adult women (aged 20 years and over)

Figure 10.1: Prevalence of daily smoking by gender, 20 years and older, Poland 1974-2010



were daily smokers (Figure 10.1) [Zatonski et al. 1986; Zatonski, Przewozniak 1992; Zatoński et al. 2009c]. Following study, conducted in 1982, shown that percentage of daily smokers in Poland was the highest in history and was one of the highest in Europe [Forey et al. 2002; Zatonski 2004a]. Smoking prevalence increased especially among women (32% of adult women smoked daily and among women aged 20-39 years this percentage reached almost 50%). Among young (aged 20-29 years) and middle-aged (30-49 years) men prevalence of daily smoking reached even 65-75% (65% in all men aged 20 years and over) [Zatonski 2004a; Zatonski 2008, Zatonski et al. 2008, Zatonski et al. 2009c; Zatonski, Manczuk 2010].

In the late 1980s, and particularly in the 1990s, social acceptance of smoking started to decline systematically. Comparative international studies conducted in Poland and countries of the European Union found that in the late 1990s, anti-smoking sentiment in Poland was the highest in Europe [Fagerström et al. 2001]. Changes in attitudes of Poles towards smoking were stimulated by effective enforcement of comprehensive tobacco control legislation<sup>8</sup>, and launching of a government program aimed at reducing prevalence of smoking and its health consequences<sup>9</sup>. Within the framework of this program there were implemented population-based public awareness campaigns and smoking cessation programs and services<sup>10</sup> [Zatonski 2003; Zatonski 2004a]. Due to these actions millions of Poles gave up smoking and clear decline in smoking prevalence was observed in both sexes [Zatonski, Przewozniak 1999; Przewozniak i in. 2006; Zatonski 2008; Zatonski i in. 2009c, Zatonski, Manczuk 2010; Zatonski 2003a,b; Zatonski 2003a].

Among men, the decline in percentage of daily smokers occurred in all age groups (from around 62% in 1982 to 41% in the years 2005-2008), with an approximately 1% annual rate of decline among all men [Zatonski et al. 2009c]. The GATS study, conducted between 2009 and 2010, shown that in the population of men aged 20 years and over prevalence of daily smoking is still declining - from 41% in years 2005-2008 to 35% in 2009-2010 (Figure 10.1). Moreover, annual rate of decline of smoking prevalence in this population seems to be even higher in the recent two years than in previous period.

Among women the percentage of daily smokers is stable at the level of 23-26% (Figure 10.1). The results of GATS study confirm that actions taken in order to diminish smoking prevalence in women are not effective - 22% of women in the GATS study declared to be smoking daily. Results of the GATS study confirm, that actions for declining smoking prevalence in women, especially in youngest age groups (especially problematic is smoking among pregnant women) are ineffective.

## 10. 2 MPOWER STANDARDS AND IMPLICATIONS FOR PUBLIC HEALTH POLICY IN POLAND

Results from GATS in comparison to previous national studies on tobacco use in Poland, delivered important information. These studies, embracing broad spectrum of socio-demographic indicators, allow for detailed description of attitudes towards smoking in adult population of Poland and perception of the problem in society. GATS study, conducted according to the highest international methodological standards, confirmed results of previous studies of this type in Poland. Its results constitute a significant scientific evidence to be basis for redefining health policy in order to make it more effective. Detailed analysis of GATS study results will allow policy makers and whole community acting on both local and central level for implementing new or modify the existing tobacco control intervention programs addressed to various groups of population.

The WHO MPOWER package of six proven policies is a good basis for analyzing the current status of Polish tobacco control policies and preparing new strategies and programs for improving public health through reducing tobacco use burden in Poland [WHO 2008, 2009a,b]. The six proven policies are 1) **Monitoring** of tobacco use and prevention policies; 2) **Protection** of people from tobacco smoke by bans on smoking in public places including bars and restaurants; 3) **Offering** help to quit tobacco use by different available tools; 4) **Warning** about the dangers of tobacco; 5) **Enforcement** of bans on tobacco advertising, promotion and sponsorship, and 6) **Raising** taxes on tobacco.

### Monitor tobacco use and prevention policies

Poland is one of European countries, where monitoring of tobacco use and prevention policies fulfils MPOWER standards. Tobacco use surveillance has a long history in Poland. Main studies in this field, before mentioned surveys conducted by Cancer Centre - Institute in Warsaw, focus on smoking behaviour, attitudes towards tobacco, and awareness of the adult population of Poland. Moreover, there were conducted studies among health care professionals (including medical students and physicians), and schoolchildren. Since the beginning of the 1980s, Poland has participated in the Health Behavior of School-Aged Children research project, and in years 1999, 2003 and 2009 there were conducted in Poland three editions of the Global Youth Tobacco Survey [HBSC 2002, GYTS 2002, 2003].

Exposure to secondhand smoke and its health consequences have been monitored in national surveys since the beginning of the 1990s, and exposure to tobacco smoke at home and on worksites has been monitored within international research projects [Brzezinski Z et al. 1999; Kim et al. 2009; Przewoz-

<sup>8</sup> The Law on Protection of Health Against Consequences of Use of Tobacco and Tobacco Products from 1995 and its amendments from 1999 and 2004; see Appendix E.

<sup>9</sup> The National Tobacco Control Program was enforced in Poland first time in 1997-2001 and then in the years 2002-2006 and 2007-2011.

<sup>10</sup> For example, the Great Polish Smoke-out campaign that is annually conducted since 1991 under the slogan "Let's Stop Smoking Together" and national quit-line that has advised smokers to quit since 1996; see [Jaworski et al. 1999]

niak et al. 2006; Wipfli et al. 2008]. The weakness of Polish tobacco use surveillance system is lack of detailed analysis of economic aspects of tobacco use, including costs of smoking. GATS study is a first representative survey in Poland, that delivers such kind of data (see **Chapter 7** on economic aspects of tobacco use). Moreover, by applying unified methodology, that allows for national and international comparisons, GATS study is an appreciable step towards improving tobacco use and connected to smoking socio-economic phenomena monitoring system in Poland. This research project constitutes as well a chance for establishing in Poland a tobacco epidemic surveillance model according to international standards, which will be continued in following years.

### **Protect people from tobacco smoke**

Despite positive changes in trends of tobacco smoking in Poland, especially in men, the level of exposure to tobacco smoke, both active and passive, is still high. GATS study shows, that 44.2% of adult Poles are exposed to tobacco smoke at home and every third person working in a closed space is exposed to tobacco smoke at workplace. Still a very high percentage of Poles declares, that cigarettes were smoked at their presence in eating/drinking establishments (72.1%). 9 in 10 non-smoking respondents (87,6%) visiting music clubs, discotheques and nightclubs were there exposed to tobacco smoke. Half of non-smoking Poles visiting restaurants and cafes were exposed to tobacco smoke in these public places.

Effective enforcement of smoking ban in public places and worksites that was enacted by the Polish parliament in April 2010 and will come into force in December 2010 is the most urgent tobacco control activity. Such enforcement will require establishment of partnerships between government agencies, public services responsible for compliance with the law, and civil society movements that might support the law enforcement process. It concerns especially such public places as eating/drinking establishments and other worksites, where smoking will be permitted only in special, isolated areas (see **Appendix E**). This process could be strengthened by social campaigns persuading owners to enforce total ban on smoking in their establishments.

As shown by the findings of GATS study public opinion strongly supports such restrictive legislative regulations. Two thirds of adult respondents (64,7%) in the GATS study supports enforcing total ban on smoking in worksites and almost half of respondents (46,9%) supports total ban on smoking in all eating/drinking establishments. Moreover, every tenth adult Pole (10,5%) declared, that he/she avoids such public places, where he/she could be exposed to tobacco smoke. Number of people that decided against visiting such public places is estimated at about 3.4 million.

Taking into account above data and having in mind the FCTC requirements and successes achieved in smoke-free policy in those European countries which enforced the complete ban of smoking in public places and worksites, Polish legislators should seek to implement total ban on smoking in all public

places and worksites in coming years [WHO 2003, 2009a; IARC 2009; Smoke Free Partnership 2006]. In addition to providing effective protection for non-smokers against involuntary inhaling of tobacco smoke, the proposed regulations would also better motivate smokers to attempt quitting smoking and accelerate decline trends in smoking prevalence in Poland as well as allow for declining prevalence of daily smoking in women.

### **Offer help to quit tobacco use by different available tools**

GATS data show that many Poles are addicted to nicotine however available effective treatment options are limited. Smokers are only rarely asked about smoking by medical professionals, and even fewer are advised to quit smoking (see **Chapter 5**), only 4 in 10 smokers declare to be advised to quit smoking by a physician. Many young smokers, who are not yet addicted to nicotine and who did not develop tobacco dependence symptoms, despite attempting to quit smoking, did not receive any support in this process during visit at the physician.

Every second person was interested to quit smoking and every third smoker attempted to quit smoking during the past 12 months before taking part in the GATS study. One fourth of smokers that attempted to quit was using during the attempt available in Poland pharmaceutical aids supporting smoking cessation.

The data show, that although number of smoking cessation programs and services introduced increased over the last few years, the nicotine dependence treatment system requires further expansion. It is especially needed to support individuals intending to quit smoking, as well as treatment of tobacco dependence syndrome, a condition inscribed into the 10th Revision of the International Classification of Diseases and Related Health Problems (under number F17). This should entail inclusion of the problems of prevention and treatment of tobacco-related diseases in curricula of secondary and university-level schools of medicine; inclusion of diagnosis and treatment of the tobacco dependence syndrome in routine medical practice (as per consensus in the medical profession); training of all physicians and nurses in this area; and establishment of a network of full-time tobacco dependence treatment specialists.

To improve state health policy regarding treatment of tobacco dependence, the abovementioned actions should be supported by continued implementation of the prevention of tobacco-related diseases programs, as conducted at the primary and secondary healthcare levels and funded through the National Health Fund. The key medium term (three-year) goal should be to increase interest in this kind of projects and support of their proper implementation among physicians.

### **Warn about the dangers of tobacco**

GATS study results in Poland clearly show that Polish tobacco control legislation and programs are in agreement with MPOWER recommendations on warning public opinion

about health consequences of tobacco use. The Law on Health Protection Against Effects of Tobacco Use and Products of 1995 introduced two enlarged (to 30%) textual warning labels on cigarette packs in Poland: "Tobacco smoking causes cancer" and "Tobacco smoking causes heart disease" [Appendix E; see also Zatonski 2003, 2004b]. According to this act, these regulations came into force three years later. At that time, health warnings on cigarette packs sold in the Polish market were among the largest in the world. In February 2004, a Ministry of Health Ordinance addressing new health warnings on tobacco packages was passed. This regulation was consistent with the European Commission Directive 2001/37/EC of the European Parliament and of the Council of 5 June 2001. Moreover, on 23 November 2003, there was also an amendment to Article 7 of the Law that prohibits the use of misleading terms on cigarette packs and obliges tobacco industry to inform consumers about tobacco additives (Appendix E).

Health warnings on cigarettes packs proved to be effective in informing smokers about dangers of tobacco smoking. GATS study results confirm that the health warnings are noticed almost by every smoker (96.6%). Almost every fifth smoker (17.7%) declares, that health warnings caused considering smoking cessation. Moreover, 61.8% of respondents declared to have noticed information on harmful effects of tobacco use in mass media.

GATS results show, that in-depth knowledge on the harms of tobacco use is still limited. Although 9 in 10 respondents know, that smoking causes serious illness, there were still gaps in the level of awareness that smoking causes heart attacks (79.9%) and stroke (61.8%). These gaps in awareness of harmful effects of tobacco use were even more apparent when considering fact that about relation of lung cancer to smoking know 92.6% Poles.

The abovementioned data show that there is a need for effective media campaigns addressing these specific topics. In order to ensure effectiveness of such actions, local and national-level, broad-based movements of social activism against tobacco smoking are needed. Such movements should involve representatives of various social groups, such as doctors, nurses, teachers, central and local government administrations, the police and other law enforcement agencies, and the clergy. Within these social education and awareness-building efforts, priority should be given to education and intervention programs directed at young women and pregnant women, as well as programs aimed at protection of children against forced exposure to tobacco smoke.

### **Enforce bans on tobacco advertising, promotion and sponsorship**

Poland is a country well prepared to eliminate major dangers related to cigarette marketing. Article 8 of the 1995 Law on Health Protection Against Effects of Tobacco Use and Tobacco Products prohibits the advertising of tobacco products on national and international television and radio, as well as local and international magazines/newspapers targeting

youth. On 5 November 1999, an amendment to this legislation further prohibiting advertising in local and international magazines/newspapers was passed, as of 2001. The amendment also included bans on tobacco advertising at the cinema and in health care and educational facilities, billboards and other forms of outdoor advertising, and point of sale and product placement promotions, effective as of 2000. Promotional activities are also banned by the amendment, including sponsorships, (such as those at sport, recreational, and political events), distribution of non-tobacco products identified with tobacco brand names, and use of brand names of non-tobacco products to promote tobacco products.

GATS study results show that Polish population is not strongly exposed to direct and indirect forms of tobacco advertisement, promoting actions and sponsorship. Every fourth respondent came across any form of promotion of advertisement of tobacco products. Different forms of surreptitious advertising however stays a problem, as well as encountering promotion of tobacco products on the Internet. Forms of advertising and promotion of cigarettes were mainly observed at the tobacco products selling points (as declared by 13.9% respondents) and on clothes and objects with visible logo or brand name of tobacco producer (6.1%). Advertising or promotion of tobacco products on the Internet encountered 4.6% of respondents, every tenth of these was aged 15-30 years.

A current legislative proposal (April 2010) seeks to ban tobacco advertising on the Internet and free distributions and promotional discounts of tobacco products. However, there is still a need to develop an efficient means for eliminating from the market other forms of tobacco product promotion or advertising, such as placement of cigarette logos or brand name on clothes or using points of sale for promotion of their products, in other words, providing legally admissible commercial information for promotional (and sponsorship) purposes.

### **Raise taxes on tobacco**

Studies conducted in Poland, including GATS, show that when compared to population with higher education and highest income, the least educated and unemployed Poles smoke more frequently and their monthly expenses on cigarettes can reach even 15-20% of their monthly income [WHO 2009b]. GATS data show, that adult Poles spend on average 208 PLN on cigarettes monthly (see chapter 7). Average price of 20 pieces of manufactured cigarettes is not very high in Poland (9.1 PLN), when compared to other European Union countries, including Czech Republic or Slovakia [see WHO 2008]. Based on GATS study results it can be estimated, that for purchasing 100 packs of cigarettes there is spent 2.6% of the National Gross Product (*per capita*).

As previously mentioned, GATS study is the first survey on tobacco use in Poland, which allows for deepened analysis of economic aspects of smoking, as well in particular demographic groups and various regions of the country. The study shows that 8.5% of smokers aged 18 years and over smoke cigarettes that might come from illegal trade. The highest percentage of respondents buying such cigarettes was among

Poles with primary education (17.2%). Smuggling of cigarettes, which is a serious problem only in regional scale (mostly along the north and eastern borders of Poland), and seems to be much less of an economic and social problem than the tobacco industry claims.

In Poland there is still a need for a substantial increase in cigarette prices, in order to bring them up to the average price level in the European Union. As has been shown by analytical studies conducted by the World Bank, price and tax policy measures represent one of the most effective instruments in reducing cigarette consumption, particularly in the case of the poorest and the youngest in all populations [World Bank 1999]. Data collected by World Health Organization in the MPOWER report clearly show, that 10% increase of cigarettes prices can turn into even a 4% decline of consumption, and what follows, a decline of smoking prevalence [WHO 2008].

There is a necessity to make the Polish legislators aware of all economic aspects of smoking, informing in particular about economic costs of tobacco use for the state budget, including expenditures on treatment of tobacco related diseases as well as coverage of losses to the economy arising from work absences, deterioration of work productivity, and pay-out of disability pension insurance. It is as well important to consider effectiveness of hitherto actions and directing price policy towards tobacco, not only some tobacco products.

### 10.3 CONCLUSIONS AND RECOMMENDATIONS

Although during the last 20 years there took place many favourable changes in health behaviours of Poles and in adjusting Polish tobacco control policy to world standards, current situation still brings new challenges for Polish health policy legislators. GATS study confirmed effectiveness of actions undertaken in recent years and shown which areas of health policy require undertaking new, directed and effective interventions.

Key elements, which can increase effectiveness of state health policy, are:

1. Maximization of the engagement of government and public services, civil society, media, and the public to ensure that tobacco control measures and policies are comprehensive and effective.
2. Broader engagement of health care professionals (including family doctors and medical specialists) in tobacco control and augmentation efforts and expansion of existing smoking cessation programs and services (including quitlines and cessation clinics) at national and community levels.
3. Effective enforcement of new smoke-free legislation that will come into force by November 15, 2010 and enactment of further legislative amendments to ensure a

complete ban on smoking in all public places and worksites; effective implementation of the legislation execution by Police, also municipal, and officials of National Sanitary Inspectorate.

4. Implementation of mass-media and community-based educational and intervention programs aimed at protecting nonsmokers from exposure to secondhand smoke at home and those public places and worksites where smoking is still allowed.
5. Development of effective mechanisms for enforcement of the ban on tobacco advertising and cigarette marketing, especially at points of sale, and amendment of current legislation to expand the ban to all forms of cigarette marketing.
6. Constant monitoring of tobacco use indicators as well as methods for its control; using the indicators for preparing conclusions to modify health policy.
7. Introduction of pictorial health warnings on cigarette packs.
8. Establishment of a progressive tax and price policy for tobacco products according to the best EU standards and enforcement of a multisectoral strategy to prevent cigarette smuggling in and out of the country.
9. Sufficient and sustainable funding for tobacco control programs and related public health needs in Poland, including quitline service.
10. Maximization of the engagement of government and public services, civil society, media, and the public to ensure that tobacco control measures and policies are comprehensive and effective.

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# TABLES

**Table 4.1A:** Percentage of adults ≥15 years old, by detailed smoking status and gender – GATS Poland, 2009-2010.

Smoking Status	Overall		Male		Female	
	Percentage (95% CI)					
<b>Current tobacco smoker</b>	30.3	(29.0, 31.7)	36.9	(34.9, 38.9)	24.4	(22.8, 26.0)
Daily smoker	27.0	(25.8, 28.2)	33.5	(31.6, 35.5)	21.0	(19.6, 22.5)
Occasional smoker	3.4	(2.8, 4.0)	3.3	(2.7, 4.2)	3.4	(2.7, 4.2)
Occasional smoker, formerly daily	1.4	(1.1, 1.8)	1.6	(1.2, 2.1)	1.3	(0.9, 1.8)
Occasional smoker, never daily	1.9	(1.5, 2.4)	1.8	(1.2, 2.5)	2.1	(1.6, 2.8)
<b>Non-smoker</b>	69.7	(68.3, 71.0)	63.1	(61.1, 65.1)	75.6	(74.0, 77.2)
Former daily smoker	16.3	(15.4, 17.4)	21.8	(20.2, 23.6)	11.3	(10.2, 12.6)
Never daily smoker	53.3	(51.9, 54.7)	41.3	(39.3, 43.3)	64.3	(62.5, 66.1)
Former occasional smoker	5.3	(4.6, 6.0)	4.7	(3.9, 5.7)	5.8	(4.9, 6.8)
Never smoker	48.0	(46.6, 49.5)	36.6	(34.6, 38.5)	58.5	(56.5, 60.5)

Note: Current use includes both daily and occasional (less than daily) use.

**Table 4.1B:** Number of adults ≥15 years old, by detailed smoking status and gender – GATS Poland, 2009-2010.

Smoking Status	Overall		Male		Female	
	Percentage (95% CI)					
<b>Current tobacco smoker</b>	9,811.7	(9358.2, 10265.2)	5,692.6	(5327.4, 6057.8)	4,119.1	(3820.7, 4417.5)
Daily smoker	8,724.7	(8300.4, 9149.0)	5,175.5	(4822.2, 5528.8)	3,549.1	(3282.1, 3816.2)
Occasional smoker	1,087.0	(906.2, 1267.9)	517.1	(400.0, 634.1)	570.0	(441.8, 698.2)
Occasional smoker, formerly daily	462.5	(353.2, 571.8)	244.7	(171.6, 317.7)	217.8	(145.5, 290.2)
Occasional smoker, never daily	624.5	(479.3, 769.8)	272.4	(176.4, 368.3)	352.1	(247.5, 456.8)
<b>Non-smoker</b>	22,526.1	(21951.2, 23101.0)	9,746.9	(9275.7, 10218.2)	12,779.2	(12281.3, 13277.0)
Former daily smoker	5,284.0	(4953.9, 5614.2)	3,370.7	(3087.1, 3654.4)	1,913.3	(1704.2, 2122.5)
Never daily smoker	17,242.1	(16703.1, 17781.0)	6,376.2	(5976.6, 6775.8)	10,865.9	(10398.2, 11333.5)
Former occasional smoker	1,704.4	(1491.5, 1917.3)	730.5	(596.4, 864.6)	973.9	(803.6, 1144.2)
Never smoker	15,537.7	(14997.2, 16078.1)	5,645.7	(5269.0, 6022.4)	9,891.9	(9436.5, 10347.4)

Note: Current use includes both daily and occasional (less than daily) use.

**Table 4.2:** Percentage of adults  $\geq 15$  years old, by smokeless tobacco use status and gender – GATS Poland, 2009-2010.

Smokeless Tobacco Use Status	Overall		Male		Female	
	<i>Percentage (95% CI)</i>					
<b>Current smokeless tobacco user<sup>1</sup></b>	0.5	(0.4, 0.8)	1.0	(0.7, 1.5)	0.1	(0.0, 0.3)
Daily user	0.1	(0.0, 0.2)	0.2	(0.1, 0.4)	0.0	(0.0, 0.3)
Occasional user	0.4	(0.3, 0.7)	0.9	(0.6, 1.4)	0.0	(0.0, 0.2)
<b>Non-user of smokeless tobacco</b>	99.5	(99.2, 99.6)	99.0	(98.5, 99.3)	99.9	(99.7, 100.0)
Note: Current use includes both daily and occasional (less than daily) use.						
<sup>1</sup> There are approximately 171,500 current smokeless tobacco users, which includes 159,600 males and 12,000 females.						

**Table 4.3A:** Percentage of adults ≥15 years old who are current smokers of various smoked tobacco products, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Any smoked tobacco product		Any cigarette <sup>1</sup>		Type of Cigarette			
					Manufactured		Hand-rolled	
<i>Percentage (95% CI)</i>								
<b>Overall</b>	30.3	(29.0, 31.7)	30.2	(28.8, 31.5)	28.7	(27.5, 30.1)	3.0	(2.5, 3.6)
Age (years)								
15-19	17.7	(13.2, 23.2)	17.6	(13.1, 23.1)	16.4	(12.1, 21.8)	2.9	(1.2, 6.7)
20-29	31.7	(28.8, 34.8)	31.6	(28.7, 34.7)	30.9	(28.0, 34.0)	3.1	(2.0, 4.9)
30-39	34.3	(31.6, 37.1)	33.8	(31.2, 36.6)	33.0	(30.3, 35.7)	1.6	(1.0, 2.5)
40-49	40.1	(36.8, 43.4)	39.9	(36.6, 43.3)	38.5	(35.2, 41.8)	3.6	(2.6, 5.0)
50-59	40.5	(37.4, 43.6)	40.3	(37.3, 43.4)	37.5	(34.5, 40.6)	5.1	(3.7, 6.9)
60+	15.4	(13.4, 17.7)	15.4	(13.3, 17.7)	13.9	(12.0, 16.1)	2.1	(1.5, 2.9)
Residence								
Rural	27.8	(26.0, 29.7)	27.7	(25.9, 29.6)	26.1	(24.4, 27.9)	3.1	(2.4, 4.0)
Urban	31.9	(30.1, 33.7)	31.7	(29.9, 33.5)	30.4	(28.6, 32.2)	3.0	(2.3, 3.9)
Up to 50,000	28.2	(25.6, 31.1)	28.1	(25.4, 30.9)	26.9	(24.2, 29.8)	2.4	(1.6, 3.7)
50,000 - 200,000	34.4	(30.5, 38.4)	34.2	(30.3, 38.3)	32.3	(28.7, 36.2)	3.7	(2.4, 5.8)
Over 200,000	34.3	(31.2, 37.5)	34.0	(30.9, 37.2)	32.9	(29.9, 36.1)	3.2	(2.0, 4.9)
Education Level								
Primary	21.6	(19.2, 24.1)	21.6	(19.2, 24.1)	19.3	(17.1, 21.7)	4.7	(3.5, 6.4)
Vocational	41.6	(39.1, 44.2)	41.5	(39.0, 44.1)	38.8	(36.3, 41.3)	5.3	(4.1, 6.8)
Secondary	30.1	(28.0, 32.2)	29.9	(27.9, 32.0)	29.3	(27.3, 31.5)	1.4	(1.0, 2.0)
High	24.5	(21.8, 27.5)	23.9	(21.2, 26.8)	23.6	(20.8, 26.5)	1.4	(0.7, 2.7)
Note: Current use includes both daily and occasional (less than daily) use.								
<sup>1</sup> Includes manufactured and hand rolled cigarettes.								

**Table 4.3B:** Percentage of adults ≥15 years old who are current smokers of various smoked tobacco products, by gender and selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Any smoked tobacco product		Any cigarette <sup>1</sup>		Type of Cigarette			
					Manufactured		Hand-rolled	
<i>Percentage (95% CI)</i>								
<b>Male</b>	36.9	(34.9, 38.9)	36.7	(34.8, 38.7)	35.1	(33.2, 37.1)	4.0	(3.2, 5.0)
Age (years)								
15-19	23.4	(16.4, 32.4)	23.2	(16.1, 32.2)	23.0	(16.0, 32.0)	3.2	(1.3, 7.7)
20-29	36.0	(31.6, 40.6)	36.0	(31.6, 40.6)	35.6	(31.2, 40.2)	3.5	(1.8, 6.8)
30-39	42.9	(39.2, 46.7)	42.5	(38.8, 46.3)	41.4	(37.7, 45.1)	2.3	(1.4, 3.9)
40-49	45.3	(40.8, 49.8)	45.3	(40.8, 49.8)	43.3	(39.0, 47.8)	5.0	(3.4, 7.3)
50-59	43.8	(39.5, 48.3)	43.5	(39.2, 47.9)	40.4	(36.1, 44.9)	6.2	(4.1, 9.3)
60+	23.4	(19.8, 27.5)	23.4	(19.7, 27.4)	21.1	(17.6, 25.2)	3.6	(2.5, 5.2)
Residence								
Rural	35.7	(33.1, 38.3)	35.5	(32.9, 38.1)	33.6	(31.1, 36.2)	3.8	(3.0, 4.8)
Urban	37.7	(34.9, 40.5)	37.5	(34.8, 40.3)	36.1	(33.4, 38.8)	4.2	(3.1, 5.6)
Up to 50,000	35.2	(30.7, 39.9)	35.2	(30.7, 39.9)	34.0	(29.5, 38.8)	3.1	(1.9, 5.2)
50,000 - 200,000	42.4	(36.7, 48.4)	42.0	(36.3, 48.0)	39.7	(34.3, 45.4)	5.7	(3.3, 9.8)
Over 200,000	37.3	(33.3, 41.5)	37.2	(33.1, 41.4)	36.0	(32.0, 40.3)	4.3	(2.6, 7.1)
Education Level								
Primary	32.2	(28.0, 36.8)	32.2	(28.0, 36.8)	30.1	(26.0, 34.5)	5.8	(3.9, 8.4)
Vocational	47.4	(44.0, 50.8)	47.3	(43.9, 50.6)	44.3	(41.0, 47.6)	6.1	(4.5, 8.1)
Secondary	34.1	(31.0, 37.2)	34.0	(30.9, 37.2)	33.4	(30.3, 36.5)	2.0	(1.3, 3.1)
High	27.7	(23.4, 32.4)	27.0	(22.7, 31.7)	26.3	(22.0, 31.0)	2.9	(1.4, 5.9)
<b>Female</b>	24.4	(22.8, 26.0)	24.2	(22.6, 25.8)	22.9	(21.4, 24.5)	2.1	(1.5, 2.9)
Age (years)								
15-19	12.1	(7.6, 18.8)	12.1	(7.6, 18.8)	10.0	(6.3, 15.5)	2.6	(0.5, 11.9)
20-29	27.2	(23.5, 31.2)	27.0	(23.3, 31.0)	26.0	(22.3, 30.0)	2.7	(1.6, 4.6)
30-39	25.8	(22.3, 29.6)	25.2	(21.7, 28.9)	24.6	(21.2, 28.2)	0.8	(0.3, 2.1)
40-49	34.7	(30.8, 38.9)	34.4	(30.4, 38.6)	33.5	(29.5, 37.7)	2.2	(1.2, 3.9)
50-59	37.4	(33.1, 41.8)	37.4	(33.1, 41.8)	34.8	(30.7, 39.1)	4.1	(2.6, 6.4)
60+	10.1	(8.1, 12.5)	10.1	(8.1, 12.5)	9.1	(7.2, 11.5)	1.1	(0.6, 1.9)
Residence								
Rural	20.2	(18.0, 22.6)	20.2	(18.0, 22.5)	18.8	(16.7, 21.1)	2.3	(1.5, 3.7)
Urban	26.8	(24.7, 29.0)	26.5	(24.4, 28.7)	25.3	(23.3, 27.5)	2.0	(1.3, 3.1)
Up to 50,000	22.2	(19.0, 25.8)	21.9	(18.7, 25.5)	20.7	(17.5, 24.4)	1.8	(0.8, 3.8)
50,000 - 200,000	27.9	(24.3, 31.8)	27.9	(24.3, 31.8)	26.3	(23.0, 30.0)	2.2	(1.0, 4.7)
Over 200,000	31.4	(27.6, 35.6)	30.9	(27.2, 35.0)	30.0	(26.3, 33.9)	2.1	(0.9, 4.7)
Education Level								
Primary	13.9	(11.5, 16.9)	13.9	(11.5, 16.9)	11.5	(9.4, 14.1)	4.0	(2.5, 6.3)
Vocational	33.5	(29.6, 37.6)	33.5	(29.6, 37.6)	30.9	(27.4, 34.8)	4.3	(2.7, 6.7)
Secondary	26.6	(24.2, 29.1)	26.4	(24.1, 28.8)	25.9	(23.5, 28.3)	0.8	(0.5, 1.5)
High	22.3	(18.8, 26.1)	21.6	(18.2, 25.4)	21.6	(18.2, 25.4)	0.4	(0.1, 1.2)
Note: Current use includes both daily and occasional (less than daily) use.								
<sup>1</sup> Includes manufactured and hand rolled cigarettes.								

**Table 4.4A:** Number of adults ≥15 years old who are current smokers of various smoked tobacco products, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Any smoked tobacco product		Any cigarette <sup>1</sup>		Type of Cigarette			
					Manufactured		Hand-rolled	
<i>Number in thousands (95% CI)</i>								
<b>Overall</b>	9,811.7	(9358.2, 10265.2)	9,755.1	(9301.1, 10209.1)	9,296.7	(8855.5, 9738.0)	978.9	(798.2, 1159.6)
Age (years)								
15-19	439.5	(304.4, 574.6)	436.7	(301.7, 571.8)	407.9	(283.0, 532.7)	72.1	(9.1, 135.1)
20-29	1,998.1	(1770.5, 2225.7)	1,992.2	(1764.6, 2219.8)	1,947.5	(1721.3, 2173.7)	196.5	(107.5, 285.6)
30-39	1,887.0	(1702.9, 2071.1)	1,858.3	(1675.8, 2040.7)	1,811.0	(1631.0, 1991.0)	86.2	(47.2, 125.3)
40-49	2,150.4	(1934.5, 2366.2)	2,141.2	(1925.4, 2357.0)	2,064.6	(1851.2, 2278.0)	194.9	(133.3, 256.6)
50-59	2,232.0	(2008.5, 2455.5)	2,223.4	(2000.4, 2446.5)	2,067.6	(1858.1, 2277.0)	280.2	(190.9, 369.5)
60+	1,104.8	(939.3, 1270.3)	1,103.3	(937.8, 1268.8)	998.2	(839.5, 1156.9)	148.8	(100.0, 197.7)
Residence								
Rural	3,418.1	(3168.5, 3667.8)	3,402.3	(3152.6, 3652.1)	3,206.9	(2966.3, 3447.5)	374.9	(276.9, 473.0)
Urban	6,393.6	(6015.0, 6772.2)	6,352.8	(5973.7, 6731.9)	6,089.8	(5719.9, 6459.7)	603.9	(452.1, 755.7)
Up to 50,000	2,272.4	(1830.6, 2714.2)	2,262.3	(1821.8, 2702.8)	2,166.7	(1740.5, 2592.8)	194.2	(106.3, 282.1)
50,000 - 200,000	1,709.7	(1265.9, 2153.5)	1,701.5	(1260.0, 2143.1)	1,607.6	(1188.8, 2026.4)	186.1	(91.5, 280.8)
Over 200,000	2,411.4	(1928.8, 2894.0)	2,389.0	(1909.2, 2868.7)	2,315.6	(1849.5, 2781.7)	223.6	(115.9, 331.2)
Education Level								
Primary	1,391.0	(1205.7, 1576.2)	1,391.0	(1205.7, 1576.2)	1,242.8	(1074.9, 1410.7)	304.8	(207.8, 401.9)
Vocational	3,321.5	(3044.8, 3598.3)	3,316.4	(3039.6, 3593.2)	3,094.0	(2828.5, 3359.4)	425.1	(314.7, 535.6)
Secondary	3,872.0	(3566.9, 4177.1)	3,853.7	(3549.2, 4158.1)	3,780.3	(3476.6, 4084.1)	180.0	(119.1, 240.9)
High	1,197.0	(1037.9, 1356.2)	1,163.9	(1008.2, 1319.6)	1,149.4	(992.3, 1306.5)	68.9	(23.3, 114.4)
Note: Current use includes both daily and occasional (less than daily) use.								
<sup>1</sup> Includes manufactured and hand rolled cigarettes.								



**Table 4.4B:** Number of adults ≥15 years old who are current smokers of various smoked tobacco products, by gender and selected demographic characteristics - GATS Poland, 2009-2010.

Demographic Characteristics	Any smoked tobacco product		Any cigarette <sup>1</sup>		Type of Cigarette			
					Manufactured		Hand-rolled	
<i>Number in thousands (95% CI)</i>								
<b>Male</b>	5,692.6	(5326.6, 6058.6)	5,667.4	(5301.7, 6033.1)	5,420.8	(5063.6, 5778.1)	620.1	(485.3, 754.9)
Age (years)								
15-19	286.1	(174.3, 397.9)	283.3	(171.7, 395.0)	281.3	(169.7, 392.9)	39.3	(4.2, 74.3)
20-29	1,172.7	(991.1, 1354.2)	1,172.7	(991.1, 1354.2)	1,158.1	(978.2, 1337.9)	114.2	(34.9, 193.6)
30-39	1,178.8	(1032.1, 1325.5)	1,166.4	(1019.6, 1313.3)	1,135.3	(989.4, 1281.2)	63.7	(30.4, 97.0)
40-49	1,226.9	(1055.2, 1398.6)	1,226.9	(1055.2, 1398.6)	1,174.5	(1006.9, 1342.1)	136.5	(84.0, 188.9)
50-59	1,156.5	(1005.8, 1307.3)	1,148.0	(997.9, 1298.1)	1,066.4	(919.7, 1213.2)	163.1	(93.8, 232.3)
60+	671.6	(545.8, 797.3)	670.0	(544.2, 795.8)	605.2	(483.2, 727.3)	103.4	(65.1, 141.6)
Residence								
Rural	2,162.7	(1967.2, 2358.2)	2,150.6	(1955.0, 2346.3)	2,038.1	(1846.1, 2230.1)	229.5	(174.4, 284.6)
Urban	3,529.9	(3220.4, 3839.3)	3,516.8	(3207.8, 3825.8)	3,382.8	(3081.5, 3684.1)	390.6	(267.6, 513.6)
Up to 50,000	1,318.6	(1022.7, 1614.5)	1,318.6	(1022.7, 1614.5)	1,274.8	(985.3, 1564.3)	117.8	(55.1, 180.5)
50,000 - 200,000	938.3	(668.6, 1207.9)	930.1	(662.8, 1197.4)	879.3	(627.4, 1131.3)	125.8	(45.7, 205.9)
Over 200,000	1,273.0	(979.8, 1566.2)	1,268.1	(975.0, 1561.2)	1,228.7	(942.6, 1514.8)	147.0	(64.8, 229.2)
Education Level								
Primary	866.6	(719.0, 1014.1)	866.6	(719.0, 1014.1)	809.1	(667.2, 950.9)	155.5	(93.0, 218.0)
Vocational	2,209.1	(1984.0, 2434.2)	2,203.9	(1979.0, 2428.9)	2,066.1	(1851.4, 2280.8)	283.7	(197.3, 370.0)
Secondary	2,038.8	(1808.7, 2268.9)	2,033.4	(1803.1, 2263.7)	1,996.7	(1766.8, 2226.6)	122.3	(70.6, 173.9)
High	569.0	(447.4, 690.6)	554.3	(433.4, 675.3)	539.9	(418.5, 661.2)	58.7	(14.4, 102.9)
<b>Female</b>	4,119.1	(3819.3, 4418.9)	4,087.7	(3790.6, 4384.9)	3,875.9	(3590.5, 4161.3)	358.7	(239.8, 477.7)
Age (years)								
15-19	153.4	(75.6, 231.2)	153.4	(75.6, 231.2)	126.6	(68.2, 185.0)	32.8	(-21.2, 86.9)
20-29	825.4	(677.8, 973.0)	819.6	(672.6, 966.5)	789.4	(643.2, 935.6)	82.3	(38.7, 125.9)
30-39	708.2	(596.4, 820.1)	691.8	(582.3, 801.4)	675.7	(568.7, 782.7)	22.6	(0.7, 44.4)
40-49	923.4	(800.5, 1046.3)	914.3	(792.2, 1036.3)	890.1	(768.5, 1011.7)	58.5	(25.3, 91.7)
50-59	1,075.4	(913.6, 1237.3)	1,075.4	(913.6, 1237.3)	1,001.1	(854.1, 1148.1)	117.1	(60.4, 173.9)
60+	433.2	(333.3, 533.2)	433.2	(333.3, 533.2)	393.0	(296.6, 489.3)	45.5	(18.0, 72.9)
Residence								
Rural	1,255.4	(1095.0, 1415.8)	1,251.7	(1091.6, 1411.8)	1,168.8	(1016.6, 1321.0)	145.4	(76.9, 213.9)
Urban	2,863.7	(2610.4, 3117.0)	2,836.0	(2585.7, 3086.4)	2,707.1	(2465.6, 2948.5)	213.3	(116.0, 310.6)
Up to 50,000	953.8	(740.8, 1166.8)	943.7	(732.8, 1154.6)	891.9	(689.5, 1094.3)	76.4	(15.5, 137.3)
50,000 - 200,000	771.5	(566.3, 976.6)	771.5	(566.3, 976.6)	728.3	(534.9, 921.6)	60.4	(11.8, 108.9)
Over 200,000	1,138.4	(872.9, 1403.9)	1,120.9	(860.0, 1381.7)	1,086.9	(835.7, 1338.1)	76.6	(12.2, 140.9)
Education Level								
Primary	524.4	(411.3, 637.4)	524.4	(411.3, 637.4)	433.8	(338.7, 528.8)	149.3	(77.0, 221.7)
Vocational	1,112.5	(938.3, 1286.6)	1,112.5	(938.3, 1286.6)	1,027.9	(867.4, 1188.4)	141.5	(75.4, 207.5)
Secondary	1,833.2	(1633.7, 2032.6)	1,820.3	(1622.7, 2017.9)	1,783.6	(1585.8, 1981.4)	57.7	(23.7, 91.8)
High	628.1	(514.1, 742.0)	609.5	(498.3, 720.8)	609.5	(498.3, 720.8)	10.2	(-1.7, 22.1)
Note: Current use includes both daily and occasional (less than daily) use.								
<sup>1</sup> Includes manufactured and hand rolled cigarettes.								

**Table 4.5A:** Percentage distribution of adults ≥15 years old, by smoking frequency and selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Smoking Frequency								Total
	Current Smokers				Current Non smokers				
	Daily		Occasional <sup>1</sup>		Formerly Daily		Never Daily		
	<i>Percentage (95% CI)</i>								
<b>Overall</b>	27.0	(25.8, 28.2)	3.4	(2.8, 4.0)	16.3	(15.4, 17.4)	53.3	(51.9, 54.7)	100
<i>Age (years)</i>									
15-19	11.5	(8.0, 16.3)	6.1	(3.5, 10.6)	1.5	(0.7, 3.2)	80.9	(75.3, 85.4)	100
20-29	27.4	(24.6, 30.4)	4.3	(3.3, 5.6)	8.7	(7.1, 10.5)	59.6	(56.5, 62.7)	100
30-39	30.4	(27.9, 33.1)	3.9	(3.0, 5.2)	13.9	(12.0, 16.1)	51.7	(48.8, 54.6)	100
40-49	37.7	(34.5, 41.1)	2.3	(1.6, 3.4)	16.3	(13.9, 19.0)	43.7	(40.2, 47.2)	100
50-59	37.4	(34.4, 40.5)	3.1	(1.9, 5.0)	20.5	(18.1, 23.2)	39.0	(35.6, 42.5)	100
60+	13.2	(11.5, 15.2)	2.2	(1.4, 3.3)	26.9	(24.6, 29.3)	57.7	(54.9, 60.4)	100
<i>Residence</i>									
Rural	24.4	(22.7, 26.1)	3.5	(2.8, 4.4)	15.1	(13.8, 16.5)	57.1	(55.0, 59.0)	100
Urban	28.6	(26.9, 30.3)	3.3	(2.6, 4.2)	17.1	(15.8, 18.5)	51.0	(49.2, 52.9)	100
Up to 50,000	25.5	(22.9, 28.2)	2.8	(1.9, 4.1)	18.0	(15.6, 20.6)	53.8	(50.8, 56.8)	100
50,000 - 200,000	32.3	(28.4, 36.4)	2.1	(1.3, 3.4)	16.4	(13.8, 19.3)	49.3	(45.2, 53.4)	100
Over 200,000	29.5	(26.9, 32.3)	4.8	(3.4, 6.6)	16.6	(14.6, 18.8)	49.1	(46.1, 52.1)	100
<i>Education Level</i>									
Primary	18.8	(16.6, 21.3)	2.7	(1.9, 3.8)	14.8	(13.0, 16.8)	63.7	(60.8, 66.5)	100
Vocational	39.1	(36.5, 41.7)	2.5	(1.7, 3.7)	18.3	(16.5, 20.3)	40.1	(37.6, 42.5)	100
Secondary	26.2	(24.3, 28.2)	3.9	(3.0, 5.0)	15.9	(14.3, 17.6)	54.1	(51.8, 56.4)	100
High	20.2	(17.7, 22.9)	4.4	(3.2, 5.9)	16.4	(14.1, 19.1)	59.1	(55.8, 62.2)	100
<i>Region</i>									
Central	29.0	(26.6, 31.6)	3.3	(2.3, 4.8)	16.0	(14.2, 17.9)	51.7	(48.9, 54.5)	100
South	31.3	(28.5, 34.3)	2.1	(1.3, 3.5)	15.3	(13.2, 17.8)	51.2	(48.3, 54.1)	100
East	21.3	(18.6, 24.2)	4.0	(2.8, 5.7)	19.3	(16.7, 22.2)	55.5	(52.1, 58.7)	100
Northwest	26.5	(23.1, 30.2)	4.0	(2.7, 5.9)	14.4	(12.2, 16.8)	55.1	(51.3, 58.9)	100
Southwest	23.3	(19.8, 27.3)	3.5	(2.0, 6.3)	19.4	(16.8, 22.4)	53.7	(48.7, 58.7)	100
North	27.2	(24.5, 30.1)	3.6	(2.6, 5.0)	14.9	(12.5, 17.8)	54.2	(50.9, 57.6)	100

<sup>1</sup> Occasional refers to less than daily use.

**Table 4.5B:** Percentage distribution of males ≥15 years old, by smoking frequency and selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Smoking Frequency								Total
	Current Smokers				Current Non smokers				
	Daily		Occasional <sup>1</sup>		Formerly Daily		Never Daily		
	Percentage (95% CI)								
<b>Male</b>	33.5	(31.6, 35.5)	3.3	(2.7, 4.2)	21.8	(20.2, 23.6)	41.3	(39.3, 43.3)	100
<i>Age (years)</i>									
15-19	15.6	(10.3, 23.0)	7.8	(3.6, 16.3)	1.2	(0.4, 3.1)	75.4	(66.5, 82.5)	100
20-29	32.1	(28.0, 36.6)	3.9	(2.6, 5.6)	9.5	(7.3, 12.3)	54.5	(49.9, 59.0)	100
30-39	38.8	(35.0, 42.7)	4.2	(2.8, 6.2)	15.5	(12.7, 18.9)	41.5	(37.9, 45.2)	100
40-49	43.1	(38.6, 47.6)	2.2	(1.2, 3.9)	21.6	(18.0, 25.7)	33.1	(29.0, 37.6)	100
50-59	41.8	(37.5, 46.2)	2.0	(1.1, 3.6)	26.2	(22.4, 30.4)	30.0	(26.1, 34.1)	100
60+	21.0	(17.7, 24.8)	2.4	(1.4, 4.1)	46.9	(42.7, 51.1)	29.7	(26.1, 33.6)	100
<i>Residence</i>									
Rural	32.1	(29.6, 34.7)	3.5	(2.5, 4.9)	21.6	(19.4, 23.9)	42.8	(40.1, 45.6)	100
Urban	34.4	(31.7, 37.2)	3.2	(2.4, 4.4)	22.0	(19.7, 24.5)	40.3	(37.6, 43.1)	100
Up to 50,000	32.7	(28.4, 37.3)	2.5	(1.4, 4.2)	24.2	(20.2, 28.8)	40.6	(36.4, 44.9)	100
50,000 - 200,000	40.0	(34.3, 46.0)	2.4	(1.2, 4.6)	20.0	(15.5, 25.5)	37.6	(31.3, 44.3)	100
Over 200,000	32.7	(28.5, 37.2)	4.6	(3.0, 7.1)	20.9	(17.5, 24.8)	41.8	(37.4, 46.4)	100
<i>Education Level</i>									
Primary	28.8	(24.8, 33.2)	3.4	(2.0, 5.6)	25.2	(21.5, 29.2)	42.6	(37.7, 47.8)	100
Vocational	45.0	(41.7, 48.4)	2.4	(1.6, 3.6)	22.7	(20.0, 25.5)	30.0	(27.1, 33.0)	100
Secondary	30.3	(27.4, 33.5)	3.7	(2.5, 5.5)	20.0	(17.5, 22.7)	45.9	(42.6, 49.4)	100
High	23.2	(19.3, 27.5)	4.5	(2.9, 7.0)	20.7	(16.4, 25.8)	51.6	(46.4, 56.8)	100
<i>Region</i>									
Central	35.4	(31.6, 39.4)	3.0	(1.9, 4.8)	21.6	(18.4, 25.2)	40.0	(35.8, 44.2)	100
South	39.3	(35.1, 43.7)	2.0	(1.0, 4.3)	18.9	(15.4, 23.0)	39.7	(35.6, 44.1)	100
East	28.4	(24.3, 33.0)	4.8	(2.9, 7.7)	26.4	(22.3, 31.0)	40.4	(35.9, 45.0)	100
Northwest	33.4	(28.3, 39.0)	3.9	(2.5, 6.0)	19.2	(15.2, 24.1)	43.4	(37.3, 49.8)	100
Southwest	28.3	(22.3, 35.3)	2.7	(1.1, 6.7)	26.1	(21.3, 31.6)	42.8	(36.1, 49.7)	100
North	31.3	(26.9, 36.1)	4.0	(2.6, 6.1)	20.6	(16.6, 25.3)	44.1	(40.0, 48.3)	100

<sup>1</sup> Occasional refers to less than daily use.

**Table 4.5C:** Percentage distribution of females ≥15 years old, by smoking frequency and selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Smoking Frequency								Total
	Current Smokers				Current Non smokers				
	Daily		Occasional <sup>1</sup>		Formerly Daily		Never Daily		
	Percentage (95% CI)								
<b>Female</b>	21.0	(19.6, 22.5)	3.4	(2.7, 4.2)	11.3	(10.2, 12.6)	64.3	(62.5, 66.1)	100
<i>Age (years)</i>									
15-19	7.6	(4.0, 14.2)	4.5	(2.2, 8.9)	1.7	(0.6, 5.3)	86.2	(79.3, 91.0)	100
20-29	22.4	(19.0, 26.2)	4.8	(3.3, 6.8)	7.8	(5.7, 10.5)	65.1	(60.8, 69.1)	100
30-39	22.0	(18.7, 25.7)	3.7	(2.4, 5.6)	12.3	(9.7, 15.5)	61.9	(57.6, 66.1)	100
40-49	32.3	(28.5, 36.4)	2.4	(1.4, 4.1)	10.8	(8.3, 14.0)	54.4	(49.7, 59.0)	100
50-59	33.4	(29.3, 37.7)	4.0	(2.1, 7.7)	15.3	(12.3, 18.9)	47.3	(42.5, 52.2)	100
60+	8.0	(6.5, 9.9)	2.0	(1.1, 3.5)	13.6	(11.2, 16.5)	76.3	(72.8, 79.4)	100
<i>Residence</i>									
Rural	16.8	(14.8, 18.9)	3.4	(2.5, 4.7)	8.8	(7.5, 10.3)	71.0	(68.2, 73.6)	100
Urban	23.5	(21.5, 25.5)	3.3	(2.5, 4.5)	12.8	(11.2, 14.6)	60.4	(58.0, 62.8)	100
Up to 50,000	19.2	(16.1, 22.7)	3.0	(1.7, 5.2)	12.5	(10.0, 15.5)	65.3	(61.4, 69.0)	100
50,000 - 200,000	26.1	(22.4, 30.2)	1.8	(1.0, 3.2)	13.4	(10.6, 16.9)	58.7	(53.9, 63.3)	100
Over 200,000	26.5	(23.4, 29.9)	4.9	(3.2, 7.4)	12.6	(10.0, 15.7)	56.0	(52.0, 59.9)	100
<i>Education Level</i>									
Primary	11.7	(9.4, 14.4)	2.2	(1.4, 3.6)	7.4	(5.5, 9.7)	78.7	(75.4, 81.6)	100
Vocational	30.7	(26.9, 34.8)	2.8	(1.4, 5.5)	12.3	(10.0, 15.0)	54.2	(50.1, 58.3)	100
Secondary	22.6	(20.4, 24.9)	4.0	(2.9, 5.4)	12.3	(10.2, 14.6)	61.2	(58.3, 64.0)	100
High	18.0	(14.9, 21.6)	4.2	(2.8, 6.2)	13.3	(10.7, 16.4)	64.5	(60.2, 68.5)	100
<i>Region</i>									
Central	23.1	(20.6, 25.8)	3.6	(2.2, 5.9)	10.8	(8.6, 13.5)	62.4	(58.9, 65.8)	100
South	23.3	(20.3, 26.6)	2.2	(1.3, 3.9)	11.7	(9.1, 15.1)	62.7	(58.2, 67.0)	100
East	13.6	(10.8, 17.0)	3.2	(2.0, 5.0)	11.7	(8.8, 15.3)	71.5	(67.1, 75.6)	100
Northwest	21.2	(17.3, 25.8)	4.1	(2.4, 7.1)	10.7	(8.4, 13.6)	63.9	(59.4, 68.2)	100
Southwest	19.1	(14.2, 25.1)	4.2	(2.2, 7.8)	13.8	(10.6, 17.8)	62.9	(56.5, 68.9)	100
North	23.6	(20.3, 27.4)	3.3	(2.1, 5.1)	10.0	(7.7, 12.9)	63.0	(58.4, 67.4)	100

<sup>1</sup> Occasional refers to less than daily use.

**Table 4.6:** Percentage of never smokers<sup>1</sup> ≥15 years old who smoked at least once in their lifetime, by gender and selected demographic characteristics - GATS Poland, 2009-2010.

Demographic Characteristics	Overall		Female		Male	
	Percentage (95% CI)					
<b>Overall</b>	44.3	(42.2, 46.4)	53.5	(50.2, 56.8)	39.0	(36.4, 41.7)
<i>Age (years)</i>						
15-19	29.5	(23.9, 35.9)	32.7	(24.1, 42.6)	26.9	(19.9, 35.2)
20-29	49.1	(44.6, 53.6)	53.9	(47.5, 60.3)	44.8	(38.8, 50.9)
30-39	51.4	(46.9, 56.0)	51.4	(44.3, 58.5)	51.4	(45.5, 57.3)
40-49	51.8	(46.3, 57.2)	61.9	(53.7, 69.5)	45.4	(38.5, 52.6)
50-59	51.7	(46.6, 56.8)	65.7	(57.1, 73.4)	43.5	(37.1, 50.1)
60+	35.4	(31.7, 39.3)	60.0	(52.2, 67.4)	29.7	(25.6, 34.2)
<i>Residence</i>						
Rural	39.9	(37.0, 42.8)	49.5	(44.9, 54.1)	34.5	(31.0, 38.2)
Urban	47.4	(44.5, 50.3)	56.2	(51.6, 60.8)	42.3	(38.6, 46.0)
Up to 50,000	46.5	(42.2, 50.8)	53.9	(47.3, 60.3)	42.6	(37.5, 47.9)
50,000 - 200,000	44.8	(39.1, 50.7)	55.1	(43.1, 66.5)	39.7	(32.2, 47.7)
Over 200,000	50.6	(45.1, 56.0)	59.5	(52.4, 66.3)	44.0	(36.6, 51.6)
<i>Education Level</i>						
Primary	29.7	(26.1, 33.5)	39.6	(31.8, 47.9)	26.0	(22.1, 30.3)
Vocational	48.2	(44.0, 52.5)	54.7	(47.8, 61.4)	43.5	(38.1, 49.1)
Secondary	49.5	(46.4, 52.6)	57.7	(52.9, 62.4)	44.1	(40.0, 48.3)
High	50.7	(46.1, 55.4)	57.5	(50.6, 64.1)	47.0	(40.8, 53.3)
<p>Note: This table includes "experimenters" - those that tried smoking at least once in their lifetime but never considered themselves a daily or less than daily smoker.</p> <p><sup>1</sup> Never smokers are those who reported that they do not currently smoke daily nor less than daily and did not smoke daily nor less than daily in the past</p>						

**Table 4.7A:** Average number and percentage distribution of cigarettes smoked per day among daily cigarette smokers  $\geq 15$  years old, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Average number of cigarettes smoked per day <sup>1</sup>	Distribution of number of cigarettes smoked on average per day <sup>1</sup>						Total	
		<10	10-19	20-29	30+	Percentage (95% CI)			
<b>Overall</b>	Mean	12.0	36.6	42.4	9.1	7.6, 10.7	100		
Age (years)									
15-19	14.61	(7.4, 30.4)	53.6	(34.9, 71.4)	27.2	(13.1, 48.0)	3.4	(0.8, 13.5)	100
20-29	14.10	(18.8, 29.8)	43.3	(37.5, 49.3)	29.7	(24.5, 35.5)	3.2	(1.4, 7.0)	100
30-39	17.45	(8.0, 14.6)	32.9	(28.2, 38.0)	48.0	(42.8, 53.3)	8.2	(5.9, 11.3)	100
40-49	18.46	(5.0, 9.8)	36.9	(32.1, 42.0)	44.4	(39.4, 49.5)	11.7	(8.5, 15.8)	100
50-59	18.62	(5.4, 11.0)	32.3	(27.7, 37.4)	46.3	(41.5, 51.2)	13.6	(10.4, 17.6)	100
60+	17.15	(7.3, 15.6)	34.3	(27.4, 41.9)	47.3	(39.9, 54.8)	7.6	(5.0, 11.5)	100
Residence									
Rural	17.41	(10.0, 15.8)	32.5	(29.1, 36.1)	45.4	(41.5, 49.3)	9.4	(7.5, 11.9)	100
Urban	17.05	(9.3, 14.4)	38.7	(35.6, 41.9)	40.8	(37.8, 43.9)	8.9	(7.0, 11.2)	100
Up to 50,000	16.84	(9.3, 18.2)	37.3	(32.2, 42.8)	40.6	(35.2, 46.3)	8.9	(6.0, 13.1)	100
50,000 - 200,000	17.83	(4.8, 13.6)	40.0	(34.5, 45.7)	41.3	(36.1, 46.7)	10.5	(7.0, 15.5)	100
Over 200,000	16.64	(8.8, 18.1)	39.1	(33.8, 44.7)	40.6	(35.6, 45.8)	7.5	(4.9, 11.3)	100
Education Level									
Primary	17.45	(7.7, 15.6)	34.6	(28.5, 41.4)	42.7	(36.6, 49.1)	11.6	(8.0, 16.7)	100
Vocational	18.21	(7.0, 12.1)	33.2	(29.4, 37.3)	47.2	(43.0, 51.4)	10.4	(7.8, 13.7)	100
Secondary	16.54	(11.2, 18.1)	38.6	(34.8, 42.6)	39.4	(35.4, 43.7)	7.6	(5.9, 9.8)	100
High	15.50	(9.6, 20.8)	43.0	(35.9, 50.4)	36.3	(29.7, 43.4)	6.4	(3.4, 11.6)	100

<sup>1</sup> Among daily cigarette smokers. Cigarettes include manufactured and hand-rolled.

**Table 4.7B:** Average number and percentage distribution of cigarettes smoked per day among daily cigarette smokers ≥15 years old, by gender and selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Average number of cigarettes smoked per day <sup>1</sup>	Distribution of number of cigarettes smoked on average per day <sup>1</sup>					Total
		<10	10-19	20-29	30+		
	Mean		Percentage (95% CI)				
<b>Male</b>	18.31	11.4	30.6	46.7	11.3	100	
Age (years)							
15-19	14.11	20.3	46.5	31.2	2.0	100	
20-29	14.60	24.8	39.9	32.2	3.0	100	
30-39	18.96	8.8	23.8	56.7	10.7	100	
40-49	20.10	6.4	30.2	47.3	16.0	100	
50-59	20.00	7.6	24.8	50.2	17.4	100	
60+	18.35	6.2	32.7	51.4	9.7	100	
Residence							
Rural	18.23	11.1	28.5	49.6	10.8	100	
Urban	18.35	11.6	31.8	44.9	11.7	100	
Up to 50,000	18.16	11.4	31.4	45.4	11.8	100	
50,000 - 200,000	20.45	7.1	25.3	52.0	15.5	100	
Over 200,000	16.91	15.2	37.4	38.9	8.4	100	
Education Level							
Primary	18.36	10.7	28.1	46.5	14.8	100	
Vocational	19.20	9.3	26.7	52.1	11.9	100	
Secondary	17.56	14.3	34.3	41.2	10.2	100	
High	16.76	10.7	38.4	44.0	6.8	100	
<b>Female</b>	15.51	12.8	45.4	36.1	5.7	100	
Age (years)							
15-19	–	–	–	–	–	–	
20-29	13.34	22.3	48.5	25.8	3.4	100	
30-39	14.80	14.5	48.9	32.8	3.9	100	
40-49	16.20	7.9	46.1	40.3	5.6	100	
50-59	17.05	7.9	41.0	41.8	9.3	100	
60+	15.07	18.6	37.2	40.2	4.0	100	
Residence							
Rural	15.88	15.6	40.0	37.5	7.0	100	
Urban	15.36	11.7	47.6	35.5	5.2	100	
Up to 50,000	14.88	15.7	46.1	33.5	4.6	100	
50,000 - 200,000	14.63	9.6	57.9	28.2	4.3	100	
Over 200,000	16.32	9.8	41.1	42.6	6.4	100	
Education Level							
Primary	15.83	11.6	46.3	36.0	6.1	100	
Vocational	16.18	9.1	46.6	37.0	7.3	100	
Secondary	15.34	14.2	43.8	37.4	4.7	100	
High	14.33	17.7	47.2	29.1	5.9	100	

<sup>1</sup> Among daily cigarette smokers. Cigarettes include manufactured and hand-rolled.

– Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

**Table 4.8A:** Percentage distribution of ever daily smokers 20-34 years old by age at daily smoking initiation, and selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Age at Daily Smoking Initiation (years) <sup>1</sup>								Total
	≤10		11-17		18-24		25+		
	Percentage (95% CI)								
<b>Overall</b>	0.7	(0.2, 2.3)	47.0	(43.1, 51.0)	50.5	(46.5, 54.4)	1.8	(1.2, 2.8)	100
Gender									
Male	1.1	(0.3, 3.8)	48.3	(43.6, 53.2)	49.7	(44.9, 54.5)	0.9	(0.4, 1.9)	100
Female	0.0		45.1	(38.9, 51.4)	51.6	(45.4, 57.8)	3.3	(2.0, 5.4)	100
Residence at Age 14 <sup>2</sup>									
Village	0.1	(0.0, 1.1)	42.3	(36.3, 48.7)	55.6	(49.3, 61.7)	1.9	(1.0, 3.6)	100
Smaller town	1.8	(0.3, 12.0)	46.6	(38.1, 55.3)	49.8	(41.1, 58.4)	1.8	(0.7, 4.7)	100
Bigger town	0.6	(0.2, 1.9)	51.2	(44.7, 57.6)	46.5	(40.0, 53.1)	1.8	(0.9, 3.7)	100

<sup>1</sup> Among respondents 20-34 years of age who are ever daily smokers.  
<sup>2</sup> Residence at age 14 was asked in question AA3. Smaller town is defined as up to 50,000 residents, and Bigger town is over 50,000 residents.

**Table 4.8B:** Percentage distribution of ever daily smokers ≥15 years old by age at daily smoking initiation, and selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Age at Daily Smoking Initiation (years) <sup>1</sup>								Total
	≤10		11-17		18-24		25+		
	Percentage (95% CI)								
<b>Overall</b>	1.0	(0.7, 1.4)	35.3	(33.2, 37.4)	54.9	(52.7, 57.1)	8.9	(7.7, 10.2)	100
Gender									
Male	1.6	(1.1, 2.3)	39.6	(37.0, 42.4)	53.9	(51.2, 56.5)	5.0	(4.0, 6.0)	100
Female	0.0	(0.0, 0.3)	28.6	(25.7, 31.8)	56.5	(53.2, 59.6)	14.9	(12.5, 17.6)	100
Residence at Age 14 <sup>2</sup>									
Village	1.1	(0.7, 1.8)	32.7	(30.1, 35.5)	57.1	(54.2, 60.0)	9.0	(7.6, 10.8)	100
Smaller town	1.1	(0.4, 2.8)	35.9	(31.4, 40.7)	54.8	(50.1, 59.5)	8.2	(6.1, 10.9)	100
Bigger town	0.7	(0.3, 1.5)	37.7	(34.1, 41.5)	52.4	(48.5, 56.3)	9.2	(7.0, 11.9)	100

<sup>1</sup> Among those who are ever daily smokers.  
<sup>2</sup> Residence at age 14 was asked in question AA3. Smaller town is defined as up to 50,000 residents, and Bigger town is over 50,000 residents.



**Table 4.9A:** Average and percentage distribution of time duration of daily smoking among ever daily smokers  $\geq 15$  years old, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Average time of daily tobacco smoking (years) <sup>1</sup>		Time duration of daily tobacco smoking (years) <sup>1</sup>				Total			
	Mean		<5	5 to <10	10 to <20	$\geq 20$				
			Percentage (95% CI)							
<b>Overall</b>	22.67	8.2	7.0, 9.5	12.3	(10.9, 13.8)	24.3	(22.6, 26.2)	55.2	(53.2, 57.2)	100
Age (years)										
15-19	2.62	85.2	(61.6, 95.4)	14.8	(4.6, 38.4)	0.0		0.0		100
20-29	7.01	27.0	(22.2, 32.3)	48.7	(43.5, 54.0)	24.3	(19.9, 29.3)	0.0		100
30-39	14.19	4.3	(2.8, 6.6)	12.3	(9.4, 16.0)	69.2	(64.6, 73.5)	14.1	(11.2, 17.6)	100
40-49	22.62	1.6	(0.7, 3.7)	4.1	(2.6, 6.6)	21.3	(17.8, 25.2)	73.0	(68.8, 76.8)	100
50-59	30.61	1.5	(0.9, 2.5)	1.6	(0.9, 2.8)	10.8	(8.3, 13.9)	86.1	(83.0, 88.7)	100
60+	35.83	2.0	(1.1, 3.9)	3.2	(1.6, 6.3)	6.8	(5.0, 9.2)	88.0	(84.4, 90.9)	100
Residence										
Rural	21.90	9.5	(7.8, 11.5)	12.8	(11.0, 14.8)	24.7	(22.4, 27.3)	52.9	(50.2, 55.7)	100
Urban	23.09	7.5	(6.0, 9.3)	12.0	(10.1, 14.1)	24.1	(21.8, 26.6)	56.4	(53.6, 59.1)	100
Up to 50,000	23.49	7.4	(5.0, 10.8)	11.4	(8.6, 15.1)	24.1	(20.4, 28.2)	57.0	(52.2, 61.7)	100
50,000 - 200,000	23.79	7.7	(5.2, 11.3)	10.4	(7.3, 14.7)	22.8	(18.6, 27.6)	59.0	(53.7, 64.2)	100
Over 200,000	22.11	7.3	(5.0, 10.5)	13.8	(10.6, 17.8)	25.2	(21.3, 29.6)	53.7	(49.0, 58.3)	100
Education Level										
Primary	28.55	9.6	(6.4, 14.0)	6.5	(4.0, 10.5)	15.3	(12.3, 18.8)	68.7	(63.9, 73.1)	100
Vocational	24.33	4.5	(3.2, 6.3)	8.6	(6.9, 10.7)	23.3	(20.5, 26.3)	63.6	(59.9, 67.2)	100
Secondary	20.41	11.1	(9.0, 13.6)	14.2	(11.7, 17.0)	26.6	(23.8, 29.7)	48.1	(44.6, 51.7)	100
High	17.94	7.3	(4.7, 11.3)	23.1	(18.6, 28.2)	31.0	(25.9, 36.6)	38.6	(33.7, 43.8)	100

<sup>1</sup> Among current daily smokers and current non-smokers who smoked daily in the past. Does not include current occasional smokers who smoked daily in the past. For current daily smokers, time duration of daily smoking is calculated from the time the respondent reported starting smoking daily to the time of the survey. For current non-smokers who smoked daily in the past, time duration of daily smoking is calculated from the time the respondent reported starting smoking daily to the time the respondent reported quitting smoking (not necessarily quitting daily smoking).

**Table 4.9B:** Average and percentage distribution of time duration of daily smoking among male ever daily smokers  $\geq 15$  years old, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Average time of daily tobacco smoking (years) <sup>1</sup>		Time duration of daily tobacco smoking (years) <sup>1</sup>						Total	
	Mean		<5	5 to <10	10 to <20	$\geq 20$				
			Percentage (95% CI)							
<b>Male</b>	23.32	7.2	(5.8, 8.9)	11.7	(10.0, 13.6)	25.1	(23.1, 27.3)	55.9	(53.4, 58.5)	100
Age (years)										
15-19	2.97	77.2	(48.2, 92.5)	22.8	(7.5, 51.8)	0.0		0.0		100
20-29	7.17	26.2	(20.1, 33.4)	48.3	(41.4, 55.4)	25.4	(19.7, 32.1)	0.0		100
30-39	14.80	2.8	(1.6, 5.1)	9.8	(7.1, 13.4)	70.2	(65.0, 75.0)	17.1	(13.3, 21.8)	100
40-49	22.76	1.1	(0.3, 3.8)	3.8	(1.8, 8.1)	23.0	(18.6, 28.2)	72.0	(66.3, 77.0)	100
50-59	31.19	0.8	(0.3, 2.0)	1.6	(0.8, 3.1)	10.9	(8.0, 14.8)	86.7	(82.6, 90.0)	100
60+	36.68	1.2	(0.5, 2.7)	2.9	(1.4, 6.0)	7.6	(5.3, 10.9)	88.3	(84.1, 91.4)	100
Residence										
Rural	23.05	7.7	(5.9, 10.0)	12.0	(9.8, 14.6)	24.9	(22.0, 27.9)	55.5	(52.0, 58.9)	100
Urban	23.49	6.9	(5.1, 9.4)	11.5	(9.2, 14.3)	25.3	(22.5, 28.4)	56.2	(52.6, 59.7)	100
Up to 50,000	24.38	5.7	(3.3, 9.5)	10.7	(7.6, 15.0)	24.9	(20.7, 29.6)	58.7	(53.4, 63.9)	100
50,000 - 200,000	24.17	6.0	(3.2, 11.0)	9.9	(5.7, 16.8)	23.5	(18.5, 29.3)	60.6	(52.6, 67.9)	100
Over 200,000	21.92	9.1	(5.6, 14.5)	13.7	(9.8, 18.8)	27.2	(22.0, 33.1)	50.0	(43.6, 56.5)	100
Education Level										
Primary	30.39	7.0	(4.4, 11.2)	7.1	(3.9, 12.6)	15.9	(12.3, 20.3)	70.0	(64.4, 75.0)	100
Vocational	24.52	3.8	(2.4, 6.1)	8.5	(6.5, 11.0)	23.7	(20.5, 27.2)	64.0	(59.7, 68.1)	100
Secondary	19.71	11.8	(8.9, 15.4)	14.0	(11.1, 17.6)	30.3	(26.3, 34.6)	43.9	(39.4, 48.5)	100
High	19.59	4.3	(2.0, 9.1)	23.0	(16.6, 31.0)	28.2	(21.9, 35.5)	44.5	(36.9, 52.4)	100

<sup>1</sup> Among current daily smokers and current non-smokers who smoked daily in the past. Does not include current occasional smokers who smoked daily in the past. For current daily smokers, time duration of daily smoking is calculated from the time the respondent reported starting smoking daily to the time of the survey. For current non-smokers who smoked daily in the past, time duration of daily smoking is calculated from the time the respondent reported starting smoking daily to the time the respondent reported quitting smoking (not necessarily quitting daily smoking).

**Table 4.9C:** Average and percentage distribution of time duration of daily smoking among female ever daily smokers  $\geq 15$  years old, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Average time of daily tobacco smoking (years) <sup>1</sup>	Time duration of daily tobacco smoking (years) <sup>1</sup>					Total
		<5	5 to <10	10 to <20	$\geq 20$		
	Mean	Percentage (95% CI)					
<b>Female</b>	21.68	9.6 (7.7, 12.1)	13.1 (10.9, 15.7)	23.1 (20.4, 26.2)	54.1 (50.6, 57.5)	100	
Age (years)							
15-19	–	–	–	–	–		
20-29	6.78	28.1 (21.0, 36.5)	49.3 (41.1, 57.5)	22.7 (16.6, 30.1)	0.0	100	
30-39	13.25	6.6 (3.5, 12.1)	16.3 (11.4, 22.8)	67.7 (59.9, 74.5)	9.4 (5.9, 14.9)	100	
40-49	22.41	2.4 (0.8, 6.9)	4.6 (2.5, 8.1)	18.6 (14.1, 24.1)	74.5 (68.5, 79.7)	100	
50-59	29.89	2.3 (1.2, 4.4)	1.7 (0.7, 4.0)	10.6 (7.1, 15.5)	85.4 (80.4, 89.2)	100	
60+	34.11	3.7 (1.4, 9.3)	3.7 (0.7, 16.4)	5.1 (3.0, 8.5)	87.5 (79.1, 92.8)	100	
Residence							
Rural	19.58	13.2 (9.7, 17.6)	14.5 (11.5, 18.1)	24.5 (20.2, 29.4)	47.9 (42.9, 52.8)	100	
Urban	22.55	8.2 (5.9, 11.3)	12.6 (9.8, 16.1)	22.6 (19.1, 26.4)	56.7 (52.2, 61.0)	100	
Up to 50,000	22.11	10.2 (5.6, 17.7)	12.5 (7.2, 20.7)	22.9 (16.9, 30.4)	54.4 (45.5, 63.2)	100	
50,000 - 200,000	23.34	9.8 (6.1, 15.5)	11.1 (7.6, 15.8)	21.9 (15.5, 30.0)	57.2 (48.8, 65.3)	100	
Over 200,000	22.35	5.1 (2.7, 9.2)	13.9 (9.7, 19.5)	22.7 (18.5, 27.6)	58.3 (52.8, 63.7)	100	
Education Level							
Primary	24.71	14.9 (7.9, 26.3)	5.3 (2.4, 11.3)	14.0 (9.2, 20.6)	65.9 (56.5, 74.2)	100	
Vocational	23.91	6.0 (3.6, 9.6)	8.9 (6.3, 12.6)	22.3 (17.1, 28.6)	62.8 (56.2, 68.9)	100	
Secondary	21.27	10.2 (7.4, 13.9)	14.3 (10.7, 18.9)	22.2 (18.6, 26.3)	53.3 (47.9, 58.6)	100	
High	16.31	10.3 (5.9, 17.5)	23.1 (17.1, 30.5)	33.7 (26.3, 41.9)	32.9 (25.9, 40.6)	100	

<sup>1</sup> Among current daily smokers and current non-smokers who smoked daily in the past. Does not include current occasional smokers who smoked daily in the past. For current daily smokers, time duration of daily smoking is calculated from the time the respondent reported starting smoking daily to the time of the survey. For current non-smokers who smoked daily in the past, time duration of daily smoking is calculated from the time the respondent reported starting smoking daily to the time the respondent reported quitting smoking (not necessarily quitting daily smoking).

– Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

**Table 4.10:** Percentage of all adults and ever daily smokers  $\geq 15$  years old who are former daily smokers, by gender and selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Former Daily Smokers <sup>1</sup> (Among All Adults)				Former Daily Smokers <sup>1</sup> (Among Ever Daily Smokers) <sup>2</sup>							
	Overall		Male	Female	Overall		Male	Female				
	Percentage (95% CI)											
<b>Overall</b>	16.3	(15.4, 17.4)	21.8	(20.2, 23.6)	11.3	(10.2, 12.6)	36.5	(34.6, 38.5)	38.3	(35.7, 41.1)	33.7	(30.8, 36.7)
Age (years)												
15-19	1.5	(0.7, 3.2)	1.2	(0.4, 3.1)	1.7	(0.6, 5.3)	10.8	(4.8, 22.6)	6.9	(2.4, 18.2)	–	–
20-29	8.7	(7.1, 10.5)	9.5	(7.3, 12.3)	7.8	(5.7, 10.5)	22.7	(18.8, 27.1)	21.8	(16.8, 27.7)	24.1	(18.0, 31.4)
30-39	13.9	(12.0, 16.1)	15.5	(12.7, 18.9)	12.3	(9.7, 15.5)	30.4	(26.6, 34.5)	27.6	(22.8, 32.9)	35.0	(28.6, 41.9)
40-49	16.3	(13.9, 19.0)	21.6	(18.0, 25.7)	10.8	(8.3, 14.0)	29.4	(25.4, 33.7)	32.6	(27.5, 38.2)	24.4	(19.3, 30.4)
50-59	20.5	(18.1, 23.2)	26.2	(22.4, 30.4)	15.3	(12.3, 18.9)	34.7	(31.1, 38.5)	37.6	(32.5, 43.0)	31.0	(25.8, 36.7)
60+	26.9	(24.6, 29.3)	46.9	(42.7, 51.1)	13.6	(11.2, 16.5)	64.8	(60.4, 68.9)	67.7	(62.5, 72.6)	58.9	(51.4, 65.9)
Residence												
Rural	15.1	(13.8, 16.5)	21.6	(19.4, 23.9)	8.8	(7.5, 10.3)	37.1	(34.2, 40.1)	39.2	(35.7, 42.9)	32.8	(28.6, 37.3)
Urban	17.1	(15.8, 18.5)	22.0	(19.7, 24.5)	12.8	(11.2, 14.6)	36.2	(33.7, 38.8)	37.8	(34.2, 41.6)	34.1	(30.3, 38.0)
Up to 50,000	18.0	(15.6, 20.6)	24.2	(20.2, 28.8)	12.5	(10.0, 15.5)	40.3	(35.6, 45.1)	41.6	(35.0, 48.4)	38.3	(31.3, 45.8)
50,000 - 200,000	16.4	(13.8, 19.3)	20.0	(15.5, 25.5)	13.4	(10.6, 16.9)	33.1	(28.2, 38.5)	32.9	(26.2, 40.3)	33.5	(27.6, 39.9)
Over 200,000	16.6	(14.6, 18.8)	20.9	(17.5, 24.8)	12.6	(10.0, 15.7)	34.2	(30.3, 38.3)	37.0	(31.7, 42.6)	30.5	(24.6, 37.1)
Education Level												
Primary	14.8	(13.0, 16.8)	25.2	(21.5, 29.2)	7.4	(5.5, 9.7)	42.6	(38.0, 47.2)	45.7	(40.0, 51.5)	36.4	(28.4, 45.3)
Vocational	18.3	(16.5, 20.3)	22.7	(20.0, 25.5)	12.3	(10.0, 15.0)	31.4	(28.4, 34.5)	32.8	(29.2, 36.7)	28.1	(23.2, 33.7)
Secondary	15.9	(14.3, 17.6)	20.0	(17.5, 22.7)	12.3	(10.2, 14.6)	36.3	(33.1, 39.5)	38.4	(34.2, 42.9)	33.6	(28.8, 38.7)
High	16.4	(14.1, 19.1)	20.7	(16.4, 25.8)	13.3	(10.7, 16.4)	42.6	(37.3, 48.0)	44.5	(36.7, 52.7)	40.5	(33.5, 48.0)

<sup>1</sup> Current non-smokers.

<sup>2</sup> Also known as the quit ratio for daily smoking.

– Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

**Table 4.11A:** Average and percentage distribution of time since quitting smoking among former daily smokers  $\geq 15$  years old, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Average time since quitting smoking (years) <sup>1</sup>	Time since quitting smoking <sup>1</sup>						Total
		< 6 months	6 months to <1 year	1 to < 5 years	$\geq 5$ years	Percentage (95% CI)		
<b>Overall</b>	Mean	6.3	3.4	19.9	70.4			100
Age (years)								
15-19	–	–	–	–	–			
20-29	2.57	22.3 (14.8, 32.3)	8.0 (4.3, 14.5)	55.7 (45.5, 65.4)	13.9 (8.6, 21.8)			100
30-39	5.38	10.7 (6.4, 17.2)	6.0 (3.2, 11.1)	35.7 (28.6, 43.5)	47.6 (40.1, 55.2)			100
40-49	9.35	3.2 (1.5, 6.9)	3.0 (1.2, 7.3)	17.1 (12.4, 23.2)	76.6 (69.9, 82.3)			100
50-59	12.80	4.2 (2.4, 7.3)	2.7 (0.9, 7.5)	14.8 (10.8, 19.9)	78.3 (72.7, 83.0)			100
60+	18.64	2.0 (1.0, 4.3)	1.6 (0.7, 3.6)	7.3 (5.2, 10.1)	89.0 (85.5, 91.8)			100
Residence								
Rural	12.57	7.4 (5.2, 10.5)	2.9 (1.7, 4.6)	19.6 (16.1, 23.7)	70.1 (65.6, 74.2)			100
Urban	11.92	5.7 (4.0, 8.0)	3.7 (2.4, 5.6)	20.0 (16.9, 23.6)	70.6 (66.7, 74.3)			100
Up to 50,000	13.12	4.3 (2.2, 8.1)	2.9 (1.2, 6.9)	19.0 (14.8, 24.1)	73.9 (68.0, 79.0)			100
50,000 - 200,000	11.15	6.1 (3.2, 11.3)	4.2 (2.0, 8.4)	21.3 (15.6, 28.5)	68.4 (60.6, 75.3)			100
Over 200,000	10.99	7.2 (4.2, 11.9)	4.3 (2.4, 7.7)	20.4 (14.7, 27.6)	68.2 (60.5, 74.9)			100
Education Level								
Primary	17.87	5.5 (2.7, 10.8)	1.8 (0.7, 4.7)	11.6 (7.7, 17.0)	81.2 (75.0, 86.1)			100
Vocational	11.31	7.1 (4.7, 10.5)	3.7 (1.8, 7.3)	15.3 (11.9, 19.6)	73.9 (68.6, 78.6)			100
Secondary	10.08	5.6 (3.6, 8.6)	3.6 (2.1, 6.0)	26.3 (21.6, 31.5)	64.6 (59.1, 69.8)			100
High	12.22	8.0 (4.3, 14.1)	4.3 (2.3, 8.0)	20.1 (14.6, 27.1)	67.6 (59.7, 74.6)			100

<sup>1</sup> Among former daily smokers (current non-smokers).

– Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

**Table 4.11B:** Average and percentage distribution of time since quitting smoking among male former daily smokers  $\geq 15$  years old, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Average time since quitting smoking (years) <sup>1</sup>	Time since quitting smoking <sup>1</sup>							Total	
		< 6 months	6 months to <1 year	1 to < 5 years	$\geq 5$ years	Percentage (95% CI)				
<b>Male</b>	Mean	6.4	(4.7, 8.7)	2.8	(1.7, 4.6)	19.0	(16.0, 22.3)	71.9	(68.1, 75.3)	100
Age (years)										
15-19	–	–	–	–	–	–	–	–	–	–
20-29	2.53	29.3	(18.3, 43.3)	5.5	(1.9, 15.0)	52.4	(39.3, 65.1)	12.9	(6.8, 23.1)	100
30-39	4.82	11.9	(5.9, 22.5)	10.1	(5.2, 18.7)	38.1	(28.8, 48.4)	40.0	(31.1, 49.6)	100
40-49	9.33	0.9	(0.3, 3.0)	1.4	(0.3, 5.6)	17.5	(11.7, 25.4)	80.2	(72.0, 86.4)	100
50-59	12.49	4.9	(2.5, 9.3)	2.2	(0.4, 12.0)	15.5	(10.3, 22.8)	77.3	(69.5, 83.6)	100
60+	19.77	2.0	(0.9, 4.2)	0.7	(0.2, 3.0)	7.2	(4.9, 10.5)	90.1	(86.1, 93.0)	100
Residence										
Rural	13.77	7.2	(4.6, 11.1)	2.1	(1.1, 4.1)	18.9	(14.7, 24.0)	71.7	(66.2, 76.7)	100
Urban	12.34	5.9	(3.8, 9.0)	3.2	(1.7, 6.1)	19.0	(15.2, 23.6)	71.9	(66.9, 76.5)	100
Up to 50,000	13.73	3.8	(1.5, 9.4)	3.7	(1.3, 10.3)	17.5	(12.1, 24.6)	75.1	(67.2, 81.5)	100
50,000 - 200,000	12.09	6.2	(2.8, 13.2)	2.2	(0.6, 8.3)	21.7	(14.1, 31.9)	69.8	(58.1, 79.5)	100
Over 200,000	10.75	8.3	(4.3, 15.5)	3.1	(1.3, 7.3)	19.3	(13.1, 27.5)	69.3	(60.9, 76.6)	100
Education Level										
Primary	18.39	5.5	(2.4, 12.5)	2.0	(0.7, 6.0)	10.8	(7.1, 16.3)	81.6	(74.7, 86.9)	100
Vocational	11.49	7.0	(4.3, 11.2)	4.4	(2.0, 9.3)	13.7	(9.7, 19.0)	74.9	(68.4, 80.4)	100
Secondary	10.66	5.4	(3.0, 9.6)	1.3	(0.4, 3.6)	28.2	(22.3, 35.0)	65.1	(57.8, 71.8)	100
High	13.92	9.2	(4.0, 19.9)	4.4	(1.8, 10.3)	17.2	(10.6, 26.7)	69.2	(57.3, 79.0)	100

<sup>1</sup> Among former daily smokers (current non-smokers).

– Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

**Table 4.11C:** Average and percentage distribution of time since quitting smoking among female former daily smokers ≥15 years old, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Average time since quitting smoking (years) <sup>1</sup>	Time since quitting smoking <sup>1</sup>							Total	
		< 6 months	6 months to < 1 year	1 to < 5 years	≥ 5 years	Percentage (95% CI)				
<b>Female</b>	Mean	6.2	4.1, 9.2	4.4	2.8, 7.0	21.5	17.4, 26.3	67.9	62.7, 72.7	100
Age (years)										
15-19	--	--	--	--	--	--	--	--	--	
20-29	2.61	13.2	6.1, 26.2	11.4	5.3, 23.0	60.0	44.0, 74.1	15.3	7.0, 30.3	100
30-39	6.09	9.2	4.7, 17.1	0.9	0.1, 6.0	32.8	22.3, 45.2	57.1	44.9, 68.6	100
40-49	9.37	7.8	3.1, 18.5	6.4	2.1, 17.8	16.4	8.4, 29.5	69.4	55.6, 80.5	100
50-59	13.29	3.1	1.0, 8.9	3.4	1.1, 10.4	13.6	8.0, 22.3	79.9	71.1, 86.5	100
60+	16.06	2.2	0.4, 11.4	3.7	1.4, 9.5	7.4	3.8, 14.1	86.7	78.1, 92.3	100
Residence										
Rural	9.69	7.9	4.5, 13.6	4.6	2.2, 9.2	21.4	15.3, 29.0	66.1	58.3, 73.2	100
Urban	11.29	5.4	3.1, 9.4	4.4	2.5, 7.7	21.5	16.5, 27.6	68.6	62.0, 74.6	100
Up to 50,000	12.10	5.1	1.8, 13.5	1.5	0.3, 6.0	21.6	13.9, 31.9	71.9	61.0, 80.7	100
50,000 - 200,000	10.04	6.0	2.1, 16.0	6.5	2.6, 15.3	20.8	12.7, 32.3	66.7	54.7, 76.9	100
Over 200,000	11.36	5.4	2.3, 12.5	6.1	2.5, 14.0	22.1	13.5, 33.9	66.4	54.0, 76.9	100
Education Level										
Primary	16.62	5.2	1.5, 16.6	1.3	0.2, 8.6	13.4	5.7, 28.2	80.1	65.2, 89.7	100
Vocational	10.87	7.3	3.5, 14.7	1.8	0.4, 7.3	19.5	13.2, 27.9	71.4	61.9, 79.4	100
Secondary	9.27	5.8	2.9, 11.2	6.9	3.8, 12.2	23.4	16.8, 31.7	63.9	55.3, 71.6	100
High	10.30	6.5	3.0, 13.6	4.3	1.7, 10.3	23.4	15.1, 34.4	65.8	54.6, 75.4	100

<sup>1</sup> Among former daily smokers (current non-smokers).

-- Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

**Table 4.12:** Percentage distribution of daily smokers  $\geq 15$  years old, by time to first smoke upon waking, waking up at night to smoke, and selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Time to first smoke after waking up					Total	Waking up at night to smoke
	$\leq 5$ minutes	6-30 minutes	31-60 minutes	> 60 minutes	Percentage (95% CI)		
<b>Overall</b>	22.9 (20.6, 25.3)	37.2 (34.6, 39.8)	21.7 (19.6, 23.8)	18.3 (16.4, 20.4)	100	23.0 (20.7, 25.4)	
Gender							
Male	24.0 (21.1, 27.1)	38.3 (35.0, 41.7)	19.9 (17.4, 22.6)	17.9 (15.4, 20.7)	100	24.2 (21.5, 27.2)	
Female	21.2 (17.9, 25.0)	35.5 (31.8, 39.4)	24.3 (21.0, 27.9)	19.0 (16.0, 22.4)	100	21.2 (17.8, 24.9)	
Age (years)							
15-19	31.5 (15.2, 54.1)	22.7 (12.1, 38.7)	12.7 (5.9, 25.3)	33.0 (19.3, 50.4)	100	4.1 (1.1, 13.9)	
20-29	11.6 (8.0, 16.6)	35.4 (29.6, 41.5)	25.4 (20.4, 31.2)	27.6 (22.2, 33.7)	100	11.9 (8.6, 16.1)	
30-39	18.2 (14.5, 22.7)	39.3 (34.6, 44.2)	23.7 (19.3, 28.8)	18.7 (14.9, 23.3)	100	18.8 (14.8, 23.5)	
40-49	24.4 (20.4, 28.9)	44.8 (39.3, 50.4)	17.6 (14.2, 21.6)	13.2 (10.1, 17.2)	100	25.8 (21.6, 30.6)	
50-59	32.6 (28.0, 37.6)	31.9 (27.5, 36.7)	22.1 (17.8, 27.1)	13.4 (10.1, 17.5)	100	31.6 (26.7, 36.9)	
60+	24.4 (18.9, 30.7)	36.1 (28.8, 44.2)	21.5 (16.5, 27.5)	18.0 (13.4, 23.8)	100	31.5 (25.3, 38.4)	
Residence							
Rural	22.1 (19.3, 25.3)	38.5 (34.9, 42.2)	20.3 (17.5, 23.4)	19.1 (16.2, 22.3)	100	20.1 (17.2, 23.4)	
Urban	23.2 (20.2, 26.6)	36.5 (33.1, 39.9)	22.4 (19.7, 25.3)	17.9 (15.5, 20.7)	100	24.5 (21.5, 27.8)	
Up to 50,000	24.1 (19.0, 30.1)	40.6 (34.8, 46.7)	20.3 (16.1, 25.4)	14.9 (11.3, 19.4)	100	26.2 (21.0, 32.1)	
50,000 - 200,000	26.9 (20.9, 34.0)	30.5 (25.0, 36.6)	24.0 (19.2, 29.5)	18.6 (14.5, 23.7)	100	24.7 (19.5, 30.8)	
Over 200,000	19.5 (15.4, 24.3)	37.0 (31.8, 42.6)	23.1 (18.7, 28.2)	20.4 (16.0, 25.5)	100	22.6 (17.8, 28.2)	
Education Level							
Primary	40.3 (33.1, 48.0)	29.4 (24.0, 35.4)	14.9 (11.4, 19.2)	15.4 (11.4, 20.5)	100	30.4 (24.7, 36.8)	
Vocational	25.3 (21.9, 29.1)	41.5 (37.5, 45.7)	18.3 (15.1, 22.0)	14.8 (12.2, 17.9)	100	27.5 (23.7, 31.6)	
Secondary	17.3 (14.4, 20.6)	35.7 (31.9, 39.6)	25.1 (21.8, 28.7)	22.0 (18.6, 25.7)	100	18.7 (15.7, 22.3)	
High	12.6 (8.5, 18.3)	37.1 (30.1, 44.7)	29.1 (22.5, 36.6)	21.2 (15.9, 27.6)	100	14.6 (10.0, 21.0)	



**Table 5.1:** Percentage of smokers ≥15 years old who made a quit attempt and received health care provider advice in the past 12 months, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Smoking cessation and health care seeking behavior							
	Made quit attempt <sup>1</sup>		Visited a HCP <sup>1,2</sup>		Asked by HCP if a smoker <sup>2,3</sup>		Advised to quit by HCP <sup>2,3</sup>	
	Percentage (95% CI)							
<b>Overall</b>	35.1	(32.5, 37.7)	62.3	(59.6, 64.8)	57.2	(54.2, 60.1)	41.8	(38.8, 44.8)
Gender								
Male	34.7	(31.6, 38.0)	56.1	(52.7, 59.5)	58.9	(55.0, 62.6)	41.2	(37.3, 45.2)
Female	35.5	(31.9, 39.4)	70.6	(66.7, 74.2)	55.4	(50.8, 59.8)	42.5	(37.9, 47.2)
Age (years)								
15-19	49.1	(34.8, 63.6)	57.4	(42.3, 71.1)	31.2	(16.2, 51.6)	16.0	(4.9, 41.4)
20-29	39.4	(34.2, 44.9)	60.2	(54.5, 65.6)	51.2	(44.0, 58.3)	26.1	(20.5, 32.6)
30-39	28.8	(24.7, 33.3)	57.1	(52.3, 61.7)	45.6	(39.3, 52.0)	31.3	(25.8, 37.5)
40-49	30.4	(26.4, 34.7)	57.9	(52.7, 62.9)	55.0	(48.8, 61.1)	42.9	(37.3, 48.6)
50-59	34.7	(29.9, 40.0)	68.7	(63.7, 73.3)	67.4	(61.6, 72.7)	54.2	(48.0, 60.2)
60+	41.1	(34.3, 48.2)	72.6	(67.1, 77.6)	74.7	(67.4, 80.8)	64.2	(56.2, 71.6)
Residence								
Rural	37.2	(33.4, 41.1)	56.2	(52.4, 59.9)	53.8	(49.4, 58.1)	40.9	(36.9, 44.9)
Urban	33.9	(30.6, 37.4)	65.5	(62.0, 68.9)	58.8	(54.9, 62.5)	42.2	(38.3, 46.3)
Up to 50,000	36.9	(31.0, 43.3)	68.2	(62.9, 73.0)	56.7	(50.4, 62.9)	40.8	(34.4, 47.7)
50,000 - 200,000	35.4	(29.5, 41.8)	62.2	(53.6, 70.1)	64.7	(58.6, 70.4)	50.6	(43.0, 58.1)
Over 200,000	30.0	(25.2, 35.3)	65.3	(59.2, 70.9)	56.7	(50.1, 63.1)	38.0	(32.1, 44.3)
Education Level								
Primary	39.5	(33.3, 46.0)	59.2	(53.0, 65.0)	58.3	(50.1, 66.0)	43.9	(36.2, 51.8)
Vocational	37.0	(33.0, 41.2)	59.4	(55.3, 63.4)	61.9	(56.8, 66.8)	49.7	(44.8, 54.6)
Secondary	33.3	(29.3, 37.5)	63.2	(59.0, 67.3)	52.3	(47.4, 57.2)	34.3	(29.7, 39.3)
High	30.9	(25.6, 36.8)	69.7	(63.2, 75.5)	58.4	(49.7, 66.6)	41.9	(34.2, 50.1)
<sup>1</sup> Among current smokers and former smokers who have been abstinent for less than 12 months. <sup>2</sup> HCP = health care provider. <sup>3</sup> Among current smokers and former smokers who have been abstinent for less than 12 months, and who visited a HCP during the past 12 months.								

**Table 5.2A:** Average and percentage distribution of smoking abstinence duration of the last quit attempt in the past 12 months among current smokers ≥15 years old, by selected demographic characteristics, and smoking status – GATS Poland, 2009-2010.

Demographic Characteristics	Average time of abstinence (weeks) <sup>1</sup>	Duration of abstinence <sup>1</sup>						
		3 months		3-6 months		> 6 months		Total
	Mean	Percentage (95% CI)						
<b>Overall</b>	5.33	83.8	(80.1, 86.9)	12.3	(9.6, 15.7)	3.9	(2.6, 5.7)	100
<i>Gender</i>								
Male	4.68	86.6	(82.2, 90.1)	10.6	(7.4, 15.0)	2.8	(1.6, 4.9)	100
Female	6.23	79.9	(74.0, 84.7)	14.7	(10.4, 20.6)	5.4	(3.2, 9.0)	100
<i>Age (years)</i>								
15-19	–	–		–		–		
20-29	6.68	75.5	(66.4, 82.8)	19.4	(12.7, 28.6)	5.1	(2.5, 9.9)	100
30-39	4.44	86.3	(78.6, 91.5)	11.1	(6.3, 18.8)	2.6	(1.0, 6.8)	100
40-49	5.77	84.9	(77.4, 90.2)	8.9	(5.3, 14.7)	6.2	(2.7, 13.4)	100
50-59	4.52	86.7	(78.8, 91.9)	10.6	(5.9, 18.4)	2.7	(1.2, 6.0)	100
60+	5.14	88.7	(80.1, 93.9)	7.7	(3.8, 14.8)	3.6	(1.2, 10.4)	100
<i>Residence</i>								
Rural	6.39	80.1	(74.7, 84.7)	14.9	(11.0, 19.8)	5.0	(2.8, 8.7)	100
Urban	4.70	86.0	(80.9, 89.9)	10.8	(7.4, 15.6)	3.2	(1.9, 5.5)	100
Up to 50,000	5.28	83.8	(76.7, 89.0)	12.4	(7.4, 20.3)	3.7	(1.6, 8.6)	100
50,000 - 200,000	3.93	88.1	(78.8, 93.6)	8.3	(3.8, 17.1)	3.6	(1.6, 8.1)	100
Over 200,000	4.68	86.7	(73.4, 93.9)	11.1	(5.1, 22.3)	2.2	(0.7, 6.8)	100
<i>Education Level</i>								
Primary	4.39	85.6	(76.7, 91.5)	12.1	(6.7, 20.7)	2.3	(0.7, 7.1)	100
Vocational	3.99	89.6	(85.0, 92.9)	6.7	(4.1, 10.8)	3.7	(1.9, 7.2)	100
Secondary	5.94	82.6	(75.6, 88.0)	14.6	(9.5, 21.7)	2.8	(1.3, 6.0)	100
High	9.54	63.2	(48.5, 75.7)	25.6	(14.5, 41.2)	11.2	(5.4, 21.8)	100
<i>Smoking Status</i>								
Current daily smoker	4.38	87.1	(83.9, 89.7)	9.8	(7.4, 12.7)	3.2	(2.0, 5.0)	100
Current occasional smoker	10.61	65.6	(51.1, 77.7)	26.6	(16.0, 40.8)	7.8	(3.9, 14.9)	100

<sup>1</sup> Duration of the last quit attempt among current smokers who reported making a quit attempt in the past 12 months.  
– Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

**Table 5.2B:** Average and percentage distribution of smoking abstinence duration of the last quit attempt in the past 12 months among current daily smokers  $\geq 15$  years old, by tobacco dependence indicators – GATS Poland, 2009-2010.

Tobacco Dependence Indicator	Average time of abstinence (weeks) <sup>1</sup>	Duration of abstinence <sup>1</sup>						
		3 months		3-6 months		> 6 months		Total
	Mean	Percentage (95% CI)						
<b>Overall</b>	4.38	87.1	(83.9, 89.7)	9.8	(7.4, 12.7)	3.2	(2.0, 5.0)	100
<i>Time to first smoke after waking up</i>								
$\leq 5$ minutes	3.47	88.2	(79.9, 93.3)	9.7	(5.1, 17.8)	2.1	(0.6, 6.7)	100
6-30 minutes	3.65	89.9	(83.8, 93.9)	7.3	(4.1, 12.7)	2.8	(1.0, 7.6)	100
31-60 minutes	5.48	84.6	(77.4, 89.8)	11.1	(6.7, 17.8)	4.3	(1.9, 9.3)	100
>60 minutes	5.34	84.1	(76.2, 89.8)	12.1	(7.3, 19.5)	3.8	(1.7, 7.9)	100
Waking up at night to smoke	2.63	94.5	(88.9, 97.4)	3.2	(1.3, 7.9)	2.3	(0.7, 7.2)	100

<sup>1</sup> Duration of the last quit attempt among current daily smokers who reported making a quit attempt in the past 12 months.

**Table 5.3A:** Percentage of smokers  $\geq 15$  years old who attempted to quit smoking in the past 12 months, by cessation methods used, selected demographic characteristics, and smoking status – GATS Poland, 2009-2010.

Demographic Characteristics	Use of Cessation Method <sup>1</sup>			
	Pharmacotherapy <sup>2</sup>		Counseling/Advice <sup>3</sup>	
	Percentage (95% CI)			
<b>Overall</b>	25.2	(21.9, 28.8)	3.5	(2.0, 6.1)
Gender				
Male	25.2	(20.9, 30.1)	3.8	(1.7, 8.4)
Female	25.2	(20.2, 30.9)	3.0	(1.7, 5.3)
Age (years)				
15-19	8.4	(2.5, 25.1)	0.0	
20-29	28.1	(20.3, 37.5)	2.4	(0.8, 6.7)
30-39	37.1	(28.8, 46.1)	2.5	(1.0, 6.1)
40-49	25.7	(18.9, 33.9)	2.1	(0.9, 4.8)
50-59	23.5	(17.7, 30.6)	4.1	(2.0, 7.9)
60+	16.0	(9.9, 24.7)	9.4	(2.6, 29.0)
Residence				
Rural	23.2	(18.8, 28.1)	2.2	(1.1, 4.3)
Urban	26.4	(22.0, 31.3)	4.3	(2.1, 8.4)
Up to 50,000	27.4	(20.4, 35.8)	1.6	(0.6, 4.1)
50,000 - 200,000	21.3	(14.3, 30.6)	1.0	(0.3, 4.0)
Over 200,000	29.4	(22.1, 37.9)	10.1	(4.3, 21.7)
Education Level				
Primary	17.9	(11.6, 26.6)	1.2	(0.4, 4.1)
Vocational	25.6	(20.4, 31.6)	4.0	(2.2, 7.0)
Secondary	24.5	(19.3, 30.5)	4.3	(1.6, 11.6)
High	36.0	(25.6, 48.0)	2.4	(0.5, 10.1)
Smoking Status				
Current daily smoker	29.3	(25.3, 33.7)	3.4	(1.6, 7.0)
Current occasional smoker	7.0	(3.5, 13.5)	2.1	(0.5, 8.3)
Former smoker (< 12 months) <sup>4</sup>	21.9	(14.8, 31.1)	4.8	(2.2, 10.3)
<sup>1</sup> Among current smokers who made a quit attempt in the past 12 months and former smokers who have been abstinent for less than 12 months. <sup>2</sup> Includes nicotine replacement therapy (e.g., chewing gum, patches, tablets, inhaler and other agents containing nicotine), prescription drugs (e.g., Tabex, Zyban, Champix), and other pharmaceutical agents. <sup>3</sup> Includes counseling by a specialist, including at a smoking cessation clinic, and a telephone quit line/advice/helpline. <sup>4</sup> Current non-smokers who quit smoking within the last 12 months.				

**Table 5.3B:** Percentage of current daily smokers ≥15 years old who attempted to quit smoking in the past 12 months, by cessation methods used and tobacco dependence indicators – GATS Poland, 2009-2010.

Tobacco Dependence Indicator	Use of Cessation Method <sup>1</sup>			
	Pharmacotherapy <sup>2</sup>		Counseling/Advice <sup>3</sup>	
	Percentage (95% CI)			
<b>Overall</b>	29.3	(25.3, 33.7)	3.4	(1.6, 7.0)
<i>Time to first smoke after waking up</i>				
<5 minutes	31.1	(21.6, 42.5)	1.2	(0.3, 5.0)
6-30 minutes	27.9	(21.6, 35.2)	6.2	(2.0, 17.7)
31-60 minutes	27.5	(20.2, 36.2)	2.2	(0.8, 6.1)
>60 minutes	32.0	(23.8, 41.6)	2.7	(1.0, 6.7)
<i>Waking up at night to smoke</i>	29.8	(21.4, 39.8)	2.8	(1.0, 7.3)
<sup>1</sup> Among current daily smokers who made a quit attempt in the past 12 months. <sup>2</sup> Includes nicotine replacement therapy (e.g., chewing gum, patches, tablets, inhaler and other agents containing nicotine), prescription drugs (e.g., Tabex, Zyban, Champix), and other pharmaceutical agents. <sup>3</sup> Includes counseling by a specialist, including at a smoking cessation clinic, and a telephone quit line/advice/helpline.				

**Table 5.4A:** Percentage distribution of current smokers ≥15 years old by interest in quitting smoking, selected demographic characteristics, and smoking status - GATS Poland, 2009-2010.

Demographic Characteristics	Interest in Quitting Smoking <sup>1</sup>							Total
	Planning to Quit Within Next Month	Thinking About Quitting Within Next 12 Months	Will Quit Someday, But Not in the Next 12 Months	Not Interested in Quitting	Don't Know	Percentage (95% CI)		
<b>Overall</b>	10.5 (9.0, 12.3)	21.0 (19.0, 23.2)	18.6 (16.7, 20.7)	39.0 (36.3, 41.7)	10.8 (9.4, 12.5)			100
Gender								
Male	12.1 (9.9, 14.7)	19.4 (16.7, 22.4)	16.5 (14.3, 19.1)	41.3 (37.8, 45.0)	10.6 (8.8, 12.8)			100
Female	8.3 (6.3, 10.9)	23.3 (20.3, 26.6)	21.5 (18.4, 24.9)	35.8 (32.1, 39.6)	11.1 (8.8, 13.9)			100
Age (years)								
15-19	16.2 (6.3, 35.6)	13.7 (6.9, 25.4)	20.5 (10.3, 36.6)	42.1 (27.7, 58.0)	7.5 (2.9, 17.9)			100
20-29	9.9 (7.1, 13.5)	21.0 (16.8, 25.9)	18.1 (14.0, 23.0)	41.0 (35.5, 46.9)	10.0 (6.9, 14.3)			100
30-39	9.3 (6.7, 12.8)	20.3 (16.4, 24.9)	19.2 (15.7, 23.4)	40.3 (35.0, 45.7)	10.9 (8.2, 14.3)			100
40-49	9.7 (7.0, 13.3)	22.5 (18.4, 27.2)	20.7 (17.2, 24.8)	36.6 (31.7, 41.8)	10.5 (8.0, 13.7)			100
50-59	9.8 (6.9, 13.7)	21.5 (17.9, 25.7)	18.5 (14.3, 23.5)	37.7 (32.4, 43.3)	12.5 (9.6, 16.2)			100
60+	14.7 (9.6, 21.8)	21.2 (15.5, 28.4)	14.1 (9.8, 19.8)	39.2 (32.5, 46.3)	10.8 (7.2, 15.9)			100
Residence								
Rural	12.0 (9.6, 14.9)	20.5 (17.6, 23.9)	18.3 (15.7, 21.3)	36.8 (33.2, 40.6)	12.3 (10.2, 14.8)			100
Urban	9.7 (7.8, 12.1)	21.3 (18.6, 24.2)	18.8 (16.2, 21.6)	40.2 (36.6, 43.9)	10.0 (8.2, 12.2)			100
Up to 50,000	14.5 (10.7, 19.3)	19.2 (15.1, 24.0)	20.8 (16.2, 26.4)	33.7 (27.8, 40.2)	11.8 (8.5, 16.1)			100
50,000 - 200,000	6.4 (3.9, 10.3)	22.4 (17.5, 28.2)	14.3 (10.2, 19.6)	46.8 (39.6, 54.2)	10.1 (6.9, 14.5)			100
Over 200,000	7.7 (5.1, 11.5)	22.4 (18.0, 27.6)	20.0 (16.2, 24.6)	41.5 (36.0, 47.2)	8.3 (5.9, 11.6)			100
Education Level								
Primary	9.1 (6.0, 13.8)	20.0 (15.6, 25.3)	17.1 (12.3, 23.4)	43.0 (36.4, 49.8)	10.8 (7.6, 15.1)			100
Vocational	11.6 (8.8, 15.0)	20.1 (17.0, 23.6)	20.8 (17.6, 24.5)	36.6 (32.3, 41.1)	10.9 (8.6, 13.7)			100
Secondary	11.0 (8.6, 14.1)	22.2 (19.0, 25.7)	17.1 (14.4, 20.2)	39.4 (35.2, 43.7)	10.3 (8.0, 13.1)			100
High	7.5 (4.7, 11.8)	21.6 (16.7, 27.5)	19.0 (13.6, 25.9)	40.1 (33.8, 46.7)	11.7 (8.4, 16.0)			100
Smoking Status								
Current daily smoker	8.9 (7.4, 10.6)	21.1 (19.0, 23.4)	18.9 (16.9, 21.1)	40.3 (37.4, 43.3)	10.8 (9.3, 12.5)			100
Current occasional smoker	24.0 (17.7, 31.6)	20.2 (15.0, 26.7)	16.3 (10.5, 24.4)	28.3 (22.4, 35.1)	11.1 (7.0, 17.2)			100

<sup>1</sup> Among current daily or less than daily smokers.

**Table 5.4B:** Percentage distribution of current daily smokers  $\geq 15$  years old by interest in quitting smoking and tobacco dependence indicators – GATS Poland, 2009-2010.

Tobacco Dependence Indicator	Interest in Quitting Smoking <sup>1</sup>						Total
	Planning to Quit Within Next Month	Thinking About Quitting Within Next 12 Months	Will Quit Someday, But Not in the Next 12 Months	Not Interested in Quitting	Don't Know		
<b>Overall</b>	8.9 (7.4, 10.6)	21.1 (19.0, 23.4)	18.9 (16.9, 21.1)	40.3 (37.4, 43.3)	10.8 (9.3, 12.5)		100
Time to first smoke after waking up							
≤5 minutes	7.5 (5.1, 10.9)	13.4 (10.2, 17.5)	20.0 (15.8, 25.0)	50.5 (45.0, 56.1)	8.5 (5.7, 12.4)		100
6-30 minutes	8.1 (5.9, 11.0)	23.0 (19.6, 26.8)	19.0 (15.8, 22.5)	39.3 (35.0, 43.7)	10.7 (8.4, 13.5)		100
31-60 minutes	8.7 (6.1, 12.3)	24.6 (20.2, 29.5)	19.2 (15.1, 24.1)	35.1 (29.5, 41.1)	12.4 (9.3, 16.4)		100
>60 minutes	12.3 (8.7, 17.1)	23.2 (18.7, 28.4)	17.3 (13.3, 22.3)	36.2 (29.9, 42.9)	11.0 (7.9, 15.1)		100
Waking up at night to smoke	7.3 (4.7, 11.1)	17.0 (13.4, 21.2)	19.1 (15.4, 23.5)	48.9 (43.8, 54.1)	7.7 (5.5, 10.7)		100

<sup>1</sup> Among current daily smokers.

**Table 5.5:** Percentage distribution of former smokers  $\geq 15$  years old by primary reason for quitting smoking, selected demographic characteristics, and smoking status – GATS Poland, 2009-2010.

Demographic Characteristics	Primary Reason for Quitting Smoking						Total
	Cigarettes became too expensive	Realized smoking is harmful	Knew someone who decided to quit	Fewer public places to smoke at	Other reason		
	Percentage (95% CI)						
<b>Overall</b>	12.9 (11.0, 15.1)	57.5 (54.7, 60.2)	5.0 (3.9, 6.3)	0.3 (0.1, 0.9)	24.3 (22.0, 26.8)		100
Gender							
Male	13.3 (11.0, 16.1)	64.9 (61.4, 68.3)	4.2 (2.9, 5.9)	0.2 (0.0, 1.2)	17.4 (14.9, 20.2)		100
Female	12.4 (9.4, 16.1)	47.0 (42.6, 51.4)	6.0 (4.2, 8.6)	0.5 (0.1, 2.0)	34.1 (30.0, 38.5)		100
Age (years)							
15-19	–	–	–	–	–		
20-29	22.8 (16.4, 30.9)	40.3 (32.4, 48.7)	6.8 (3.5, 12.9)	0.0	30.0 (22.6, 38.6)		100
30-39	11.5 (8.1, 15.9)	55.9 (49.7, 61.8)	5.1 (2.8, 8.9)	0.0	27.6 (21.9, 34.2)		100
40-49	13.3 (9.3, 18.6)	63.1 (56.4, 69.3)	4.7 (2.6, 8.2)	0.6 (0.1, 4.3)	18.3 (13.6, 24.1)		100
50-59	11.8 (8.4, 16.3)	57.3 (51.3, 63.0)	5.2 (3.0, 9.0)	0.5 (0.1, 3.7)	25.2 (20.5, 30.6)		100
60+	9.2 (6.5, 12.9)	63.3 (58.2, 68.1)	3.9 (2.6, 6.0)	0.3 (0.0, 2.2)	23.3 (18.9, 28.3)		100
Residence							
Rural	17.2 (14.2, 20.7)	58.3 (54.2, 62.3)	5.1 (3.5, 7.4)	0.0	19.4 (16.6, 22.6)		100
Urban	10.6 (8.3, 13.5)	57.0 (53.4, 60.6)	4.9 (3.6, 6.6)	0.5 (0.2, 1.4)	27.0 (23.8, 30.4)		100
Up to 50,000	10.6 (6.6, 16.4)	57.7 (51.5, 63.7)	4.4 (2.6, 7.6)	1.2 (0.4, 3.3)	26.1 (21.2, 31.7)		100
50,000 - 200,000	11.1 (7.2, 16.7)	59.3 (51.8, 66.4)	3.5 (1.8, 6.5)	0.0	26.1 (19.3, 34.3)		100
Over 200,000	10.4 (7.2, 14.7)	54.8 (48.9, 60.7)	6.2 (3.9, 9.9)	0.0	28.5 (22.9, 34.8)		100
Education Level							
Primary	14.1 (10.1, 19.4)	58.5 (52.0, 64.6)	6.0 (3.3, 10.9)	0.0	21.4 (16.4, 27.3)		100
Vocational	15.7 (12.2, 20.0)	62.8 (57.5, 67.8)	3.7 (2.3, 5.9)	0.0	17.8 (14.1, 22.2)		100
Secondary	13.7 (10.5, 17.7)	54.9 (50.3, 59.4)	3.8 (2.3, 6.1)	0.3 (0.0, 1.9)	27.4 (23.2, 32.0)		100
High	5.7 (3.3, 9.5)	55.0 (48.3, 61.5)	8.0 (5.2, 12.2)	1.2 (0.4, 4.2)	30.1 (24.0, 37.0)		100
Smoking Status							
Former daily smoker	13.0 (10.9, 15.5)	59.8 (56.6, 62.8)	4.3 (3.3, 5.7)	0.3 (0.1, 0.9)	22.7 (20.0, 25.5)		100
Former occasional smoker	12.8 (9.2, 17.4)	50.3 (44.9, 55.6)	6.9 (4.4, 10.8)	0.4 (0.1, 3.1)	29.6 (24.5, 35.2)		100

– Indicates estimate based on less than 25 un-weighted cases and has been suppressed.



**Table 6.1:** Percentage and number of adults ≥15 years old who are exposed to tobacco smoke at home, by smoking status, selected demographic characteristics, awareness of secondhand smoke harmfulness, and smoking rules at home – GATS Poland, 2009-2010.

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Home <sup>1</sup>								
	Overall			Current smokers			Non-smokers		
	Percentage (95% CI)		Number in thousands	Percentage (95% CI)		Number in thousands	Percentage (95% CI)		Number in thousands
<b>Overall</b>	44.2	(42.7, 45.8)	14,084.7	80.9	(78.7, 82.9)	7,889.2	28.0	(26.4, 29.7)	6,195.6
<i>Gender</i>									
Male	44.9	(42.6, 47.3)	6,802.5	78.5	(75.7, 81.1)	4,440.6	24.9	(22.6, 27.3)	2,361.9
Female	43.6	(41.6, 45.6)	7,282.2	84.2	(80.9, 87.0)	3,448.6	30.4	(28.3, 32.6)	3,833.6
<i>Age (years)</i>									
15-19	46.0	(39.7, 52.3)	1,135.0	67.2	(52.6, 79.0)	295.2	41.4	(35.1, 47.9)	839.9
20-29	46.0	(42.5, 49.5)	2,834.3	78.5	(73.3, 82.9)	1,555.3	30.6	(27.0, 34.3)	1,279.0
30-39	43.6	(40.8, 46.6)	2,370.6	75.1	(70.5, 79.1)	1,413.7	27.0	(23.8, 30.4)	956.9
40-49	46.1	(42.6, 49.6)	2,443.5	81.1	(76.2, 85.2)	1,728.0	22.6	(19.2, 26.3)	715.5
50-59	50.6	(47.2, 54.0)	2,753.0	87.5	(83.6, 90.6)	1,952.3	25.0	(21.8, 28.4)	800.7
60+	36.3	(33.4, 39.2)	2,548.4	87.3	(81.0, 91.7)	944.7	27.0	(24.1, 30.0)	1,603.7
<i>Residence</i>									
Rural	46.6	(44.3, 48.9)	5,603.1	76.6	(73.1, 79.9)	2,603.6	34.7	(32.3, 37.3)	2,999.6
Urban	42.8	(40.7, 44.9)	8,481.6	83.2	(80.4, 85.7)	5,285.6	23.8	(21.7, 25.9)	3,196.0
Up to 50,000	40.9	(37.3, 44.6)	3,246.7	80.5	(75.1, 84.9)	1,826.5	25.1	(21.6, 28.9)	1,420.2
50,000 - 200,000	49.0	(44.6, 53.4)	2,423.9	90.8	(86.5, 93.8)	1,545.5	27.1	(23.1, 31.5)	878.4
Over 200,000	40.6	(37.5, 43.7)	2,811.0	80.4	(75.6, 84.4)	1,913.7	19.7	(17.1, 22.6)	897.4
<i>Education Level</i>									
Primary	45.3	(42.0, 48.6)	2,877.8	81.1	(75.6, 85.7)	1,126.8	35.2	(31.9, 38.8)	1,751.0
Vocational	53.4	(50.7, 56.0)	4,189.8	84.4	(81.2, 87.2)	2,796.6	30.7	(27.6, 34.0)	1,393.1
Secondary	43.1	(40.8, 45.4)	5,475.1	79.8	(76.2, 83.0)	3,065.4	27.2	(24.8, 29.7)	2,409.6
High	31.3	(27.9, 34.9)	1,499.5	74.1	(67.8, 79.6)	874.3	17.3	(14.1, 21.0)	625.2
<i>Awareness of Harmfulness of SHS<sup>2</sup></i>									
Aware	39.7	(38.0, 41.4)	10,282.4	77.7	(74.9, 80.2)	5,208.8	26.4	(24.7, 28.2)	5,073.7
Not aware	68.5	(63.3, 73.3)	1,713.4	88.0	(83.1, 91.6)	1,293.3	40.8	(32.6, 49.5)	420.1
Don't know	61.5	(57.4, 65.4)	2,086.3	88.4	(83.9, 91.8)	1,387.1	38.3	(33.0, 43.9)	699.2
<i>Smoking Rules at Home<sup>3</sup></i>									
Smoking allowed	89.3	(87.5, 90.8)	6,931.7	99.7	(99.0, 99.9)	4,514.2	74.6	(70.8, 78.2)	2,417.5
Smoking ban with exceptions	62.3	(59.5, 65.0)	5,091.2	91.0	(87.2, 93.7)	2,332.5	49.2	(45.8, 52.5)	2,758.7
No rules	55.1	(50.6, 59.5)	2,037.0	96.5	(92.2, 98.5)	1,019.8	38.5	(33.6, 43.6)	1,017.2

<sup>1</sup> Adults reporting that smoking inside their home occurs daily, weekly, or monthly.

<sup>2</sup> SHS = Secondhand smoke. Based on question E17.

<sup>3</sup> Based on question E01, not including those with a complete ban (which assumes no home exposure).

**Table 6.2A:** Percentage and number of adults ≥15 years old who work indoors and are exposed to tobacco smoke at work, by smoking status, selected demographic characteristics, awareness of secondhand smoke harmfulness, and smoking rules at home – GATS Poland, 2009-2010.

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Work <sup>1</sup>								
	Overall		Current smokers		Non-smokers				
	Percentage (95% CI)		Number in thousands	Percentage (95% CI)		Number in thousands	Percentage (95% CI)		Number in thousands
<b>Overall</b>	33.6	(31.5, 35.9)	4,344.8	46.1	(42.4, 49.8)	2,117.5	26.8	(24.4, 29.3)	2,227.3
Age (years)									
15-19	47.3	(24.6, 71.2)	77.0	–		–	–		–
20-29	30.4	(26.7, 34.2)	947.3	41.2	(34.1, 48.6)	422.1	25.1	(20.9, 29.7)	525.1
30-39	34.8	(31.2, 38.5)	1,251.2	51.0	(44.6, 57.4)	607.3	26.8	(23.0, 31.0)	643.9
40-49	31.8	(28.0, 35.8)	1,060.6	44.3	(38.5, 50.3)	572.7	23.9	(19.5, 28.9)	487.9
50-59	37.0	(32.4, 41.9)	864.7	47.3	(39.1, 55.6)	447.2	30.0	(24.6, 36.1)	417.5
60+	39.3	(27.5, 52.6)	143.9	–		–	36.2	(22.8, 52.0)	99.7
Residence									
Rural	37.8	(34.8, 40.9)	1,570.2	52.8	(47.5, 58.0)	696.4	30.8	(27.2, 34.7)	873.8
Urban	31.7	(28.9, 34.6)	2,774.6	43.4	(38.7, 48.1)	1,421.1	24.7	(21.7, 27.9)	1,353.5
Up to 50,000	30.0	(25.5, 35.0)	904.3	38.2	(30.1, 47.0)	416.1	25.4	(20.4, 31.2)	488.2
50,000 - 200,000	27.9	(22.1, 34.5)	567.0	37.9	(29.6, 47.1)	295.8	21.6	(15.5, 29.2)	271.2
Over 200,000	35.1	(30.8, 39.7)	1,303.3	50.4	(43.2, 57.5)	709.2	25.8	(21.4, 30.7)	594.1
Education Level									
Primary	43.6	(33.7, 54.1)	220.3	45.4	(31.4, 60.2)	111.2	42.0	(28.0, 57.4)	109.0
Vocational	47.0	(42.5, 51.6)	1,424.8	57.1	(50.7, 63.3)	811.5	38.1	(32.4, 44.1)	613.3
Secondary	31.6	(28.5, 34.9)	1,873.3	42.8	(37.4, 48.5)	867.6	25.8	(22.5, 29.3)	1,005.7
High	23.9	(20.7, 27.6)	819.3	35.8	(28.4, 43.8)	322.1	19.7	(16.2, 23.9)	497.2
Awareness of Harmfulness of SHS <sup>2</sup>									
Aware	31.2	(28.9, 33.6)	3,272.4	41.7	(37.5, 46.1)	1,300.1	26.8	(24.3, 29.4)	1,972.3
Not aware	47.6	(41.2, 54.1)	569.3	56.3	(48.0, 64.3)	430.6	32.2	(23.7, 42.0)	138.8
Don't know	40.7	(34.0, 47.8)	503.1	53.9	(44.9, 62.6)	386.8	22.4	(15.8, 30.8)	116.2
Smoking Rules at Home <sup>3</sup>									
Smoking allowed	47.3	(42.7, 51.9)	1,470.9	51.3	(45.8, 56.8)	1,091.5	38.6	(31.0, 46.7)	379.4
Smoking ban w/ exceptions	32.7	(28.9, 36.8)	1,146.5	40.4	(34.1, 47.1)	514.7	28.3	(23.9, 33.1)	631.8
Complete smoking ban	25.0	(22.3, 28.0)	1,245.8	36.4	(29.3, 44.2)	272.5	23.0	(20.1, 26.2)	973.3
No rules	36.6	(30.2, 43.4)	477.5	52.8	(40.9, 64.4)	234.7	28.2	(21.5, 36.0)	242.8

<sup>1</sup> In the past 30 days. Among those respondents who work outside of the home who usually work indoors or both indoors and outdoors.  
<sup>2</sup> SHS = Secondhand smoke. Based on question E17.  
<sup>3</sup> Based on question E01.  
– Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

**Table 6.2B:** Percentage and number of males ≥15 years old who work indoors and are exposed to tobacco smoke at work, by smoking status, selected demographic characteristics, awareness of secondhand smoke harmfulness, and smoking rules at home – GATS Poland, 2009-2010.

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Work <sup>1</sup>								
	Overall			Current smokers			Non-smokers		
	Percentage (95% CI)		Number in thousands	Percentage (95% CI)		Number in thousands	Percentage (95% CI)		Number in thousands
<b>Male</b>	41.3	(38.4, 44.3)	2,840.4	53.2	(48.4, 58.0)	1,411.1	33.8	(30.3, 37.5)	1,429.4
Age (years)									
15-19	–		–	–		–	–		–
20-29	38.6	(33.1, 44.4)	679.8	45.9	(36.6, 55.4)	287.5	34.6	(28.2, 41.5)	392.2
30-39	40.2	(35.2, 45.4)	749.1	55.6	(47.5, 63.4)	410.9	30.1	(24.4, 36.5)	338.2
40-49	40.7	(35.1, 46.6)	700.4	52.9	(44.5, 61.2)	381.0	31.9	(24.9, 40.0)	319.4
50-59	46.4	(39.5, 53.4)	553.2	59.6	(48.2, 70.0)	289.2	37.3	(29.0, 46.4)	264.0
60+	44.9	(30.8, 59.9)	118.7	–		–	44.7	(28.2, 62.5)	90.3
Residence									
Rural	46.3	(42.2, 50.4)	1,136.5	60.6	(54.6, 66.2)	562.1	37.6	(32.3, 43.2)	574.4
Urban	38.6	(34.7, 42.6)	1,703.9	49.3	(42.8, 55.8)	849.0	31.7	(27.2, 36.6)	854.9
Up to 50,000	38.9	(32.1, 46.2)	619.1	43.8	(32.5, 55.9)	257.3	36.1	(28.0, 45.1)	361.8
50,000 - 200,000	36.3	(28.8, 44.5)	306.7	43.9	(33.4, 55.0)	165.5	30.2	(21.0, 41.3)	141.1
Over 200,000	39.2	(33.4, 45.3)	778.2	56.1	(46.2, 65.6)	426.2	28.8	(22.9, 35.4)	352.0
Education Level									
Primary	53.8	(40.6, 66.4)	154.5	59.4	(42.7, 74.2)	71.6	49.7	(31.5, 68.0)	82.9
Vocational	52.2	(46.6, 57.8)	1,087.3	64.9	(57.2, 71.9)	666.3	39.9	(32.7, 47.5)	420.9
Secondary	38.7	(34.5, 43.2)	1,155.3	49.8	(42.9, 56.7)	522.2	32.8	(27.8, 38.1)	633.0
High	29.2	(23.9, 35.2)	441.3	33.2	(23.1, 45.1)	150.9	27.5	(21.3, 34.6)	290.3
Awareness of Harmfulness of SHS <sup>2</sup>									
Aware	38.6	(35.3, 42.0)	2,037.0	46.4	(40.9, 52.0)	792.7	34.9	(31.1, 38.9)	1,244.3
Not aware	54.1	(45.9, 62.0)	431.8	67.0	(56.5, 76.1)	333.4	32.7	(22.6, 44.8)	98.3
Don't know	46.3	(37.8, 55.0)	371.7	64.0	(52.2, 74.4)	285.0	24.3	(15.9, 35.2)	86.7
Smoking Rules at Home <sup>3</sup>									
Smoking allowed	57.6	(51.5, 63.5)	1,019.3	60.7	(53.6, 67.3)	723.4	51.3	(40.3, 62.1)	295.9
Smoking ban w/ exceptions	40.7	(35.2, 46.5)	699.8	46.2	(37.8, 54.8)	325.2	37.0	(30.3, 44.2)	374.5
Complete smoking ban	30.6	(26.6, 34.9)	813.8	44.9	(35.6, 54.6)	227.2	27.2	(22.9, 32.0)	586.6
No rules	42.1	(33.3, 51.4)	303.5	53.5	(37.6, 68.6)	131.2	36.3	(26.2, 47.7)	172.3

<sup>1</sup> In the past 30 days. Among those respondents who work outside of the home who usually work indoors or both indoors and outdoors.  
<sup>2</sup> SHS = Secondhand smoke. Based on question E17.  
<sup>3</sup> Based on question E01.  
– Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

**Table 6.2C:** Percentage and number of females ≥15 years old who work indoors and are exposed to tobacco smoke at work, by smoking status, selected demographic characteristics, awareness of secondhand smoke harmfulness, and smoking rules at home – GATS Poland, 2009-2010.

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Work <sup>1</sup>								
	Overall			Current smokers		Non-smokers			
	Percentage (95% CI)		Number in thousands	Percentage (95% CI)		Number in thousands	Percentage (95% CI)		Number in thousands
<b>Female</b>	24.9	(22.0, 28.1)	1,504.3	36.3	(30.9, 42.1)	706.4	19.5	(16.8, 22.5)	798.0
Age (years)									
15-19	–		–	–		–	–		–
20-29	19.7	(15.0, 25.4)	267.5	33.8	(23.0, 46.7)	134.6	13.8	(9.5, 19.7)	132.9
30-39	29.0	(24.1, 34.4)	502.1	43.4	(33.1, 54.4)	196.5	23.9	(18.9, 29.6)	305.7
40-49	22.3	(17.4, 28.0)	360.2	33.5	(24.8, 43.6)	191.7	16.1	(11.6, 22.0)	168.5
50-59	27.3	(21.6, 33.9)	311.5	34.4	(24.7, 45.5)	158.0	22.5	(16.0, 30.6)	153.5
60+	–		–	–		–	–		–
Residence									
Rural	25.5	(21.6, 29.9)	433.7	34.3	(26.2, 43.4)	134.3	22.9	(18.6, 27.8)	299.4
Urban	24.7	(21.0, 28.8)	1,070.7	36.8	(30.4, 43.7)	572.1	17.9	(14.6, 21.8)	498.6
Up to 50,000	20.1	(14.3, 27.5)	285.2	31.6	(20.3, 45.6)	158.8	13.8	(9.1, 20.3)	126.4
50,000 - 200,000	21.9	(15.4, 30.1)	260.4	32.3	(21.5, 45.4)	130.3	16.5	(10.9, 24.2)	130.1
Over 200,000	30.3	(24.2, 37.3)	525.1	43.6	(33.4, 54.4)	283.0	22.4	(16.7, 29.3)	242.1
Education Level									
Primary	30.2	(18.0, 46.1)	65.7	31.9	(14.9, 55.5)	39.6	–		–
Vocational	35.5	(28.4, 43.3)	337.5	36.8	(26.2, 48.9)	145.2	34.6	(25.9, 44.4)	192.4
Secondary	24.4	(20.5, 28.7)	718.0	35.4	(27.9, 43.6)	345.4	18.9	(15.3, 23.1)	372.6
High	19.8	(15.8, 24.5)	378.0	38.3	(27.9, 49.9)	171.2	14.1	(10.5, 18.8)	206.8
Awareness of Harmfulness of SHS <sup>2</sup>									
Aware	23.7	(20.7, 27.0)	1,235.4	36.1	(29.8, 42.9)	507.4	19.1	(16.3, 22.3)	728.0
Not aware	34.6	(26.2, 44.0)	137.6	36.4	(26.2, 48.0)	97.1	30.9	(18.0, 47.8)	40.5
Don't know	30.3	(21.1, 41.4)	131.4	37.3	(25.3, 51.2)	101.8	18.4	(9.2, 33.3)	29.6
Smoking Rules at Home <sup>3</sup>									
Smoking allowed	33.6	(27.3, 40.7)	451.6	39.4	(31.3, 48.1)	368.1	20.5	(13.2, 30.4)	83.5
Smoking ban w/ exceptions	25.0	(20.3, 30.4)	446.7	33.3	(24.7, 43.2)	189.5	21.1	(16.0, 27.3)	257.2
Complete smoking ban	18.6	(15.3, 22.5)	432.0	18.7	(10.1, 31.9)	45.3	18.6	(15.2, 22.6)	386.7
No rules	29.7	(22.5, 38.2)	174.0	52.0	(36.4, 67.2)	103.5	18.3	(11.7, 27.5)	70.5

<sup>1</sup> In the past 30 days. Among those respondents who work outside of the home who usually work indoors or both indoors and outdoors.  
<sup>2</sup> SHS = Secondhand smoke. Based on question E17.  
<sup>3</sup> Based on question E01.  
– Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

**Table 6.3:** Percentage distribution of adults ≥15 years old by indoor smoking policies at work and at home and smoking status – GATS Poland, 2009-2010.

	<b>Overall<sup>1</sup></b>		<b>Current smokers<sup>1</sup></b>		<b>Non-smokers<sup>1</sup></b>	
	<i>Percentage (95% CI)</i>					
<b>Smoking Policy at Work<sup>2</sup></b>						
Smoking allowed everywhere	6.0	(5.2, 7.0)	9.1	(7.4, 11.1)	4.3	(3.4, 5.4)
Smoking allowed in some areas	43.2	(40.9, 45.6)	48.0	(44.4, 51.6)	40.5	(37.8, 43.2)
Smoking prohibited in all areas	46.3	(43.9, 48.7)	38.2	(34.6, 41.9)	51.0	(48.3, 53.7)
No smoking policy	4.4	(3.7, 5.3)	4.7	(3.5, 6.4)	4.3	(3.4, 5.3)
Total	100		100		100	
	<b>Overall</b>		<b>Current smokers</b>		<b>Non-smokers</b>	
	<i>Percentage (95% CI)</i>					
<b>Smoking Rules at Home<sup>3</sup></b>						
Smoking allowed	24.3	(22.9, 25.8)	46.6	(43.7, 49.4)	14.6	(13.4, 15.9)
Smoking ban w/ exceptions	25.9	(24.5, 27.4)	26.4	(24.1, 28.8)	25.7	(24.0, 27.5)
Complete smoking ban	37.6	(36.0, 39.2)	16.1	(14.3, 18.1)	47.0	(45.0, 48.9)
No rules	12.2	(11.1, 13.3)	10.9	(9.4, 12.7)	12.7	(11.5, 14.0)
Total	100		100		100	
<sup>1</sup> Respondents who work at places (outside of the home) that have indoor areas. <sup>2</sup> Based on question E07. <sup>3</sup> Based on question E01.						

**Table 6.4A:** Percentage of adults ≥15 years old who visited various public places in the past 30 days and were exposed to tobacco smoke, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Adults Exposed to Tobacco Smoke <sup>1</sup> in...							
	Government Buildings	Health Care Facilities	Restaurants/Coffee Shops/Bistro	Bars/Pubs/Night, Disco, Music Clubs	Public Transportation	Private Cars	Percentage (95% CI)	
<b>Overall</b>	10.0 (8.8, 11.4)	4.6 (3.8, 5.5)	53.9 (51.1, 56.7)	89.2 (87.3, 90.8)	8.4 (7.2, 9.7)	24.6 (23.2, 26.0)		
Gender								
Male	10.7 (9.1, 12.7)	4.3 (3.3, 5.7)	53.4 (49.9, 57.0)	89.1 (86.5, 91.1)	10.7 (9.0, 12.7)	29.4 (27.4, 31.5)		
Female	9.3 (7.6, 11.5)	4.8 (3.7, 6.2)	54.3 (50.1, 58.4)	89.4 (86.4, 91.8)	6.6 (5.3, 8.2)	20.0 (18.2, 21.8)		
Age (years)								
15-19	18.8 (11.8, 28.6)	0.0	57.4 (48.5, 65.8)	95.8 (92.2, 97.8)	9.7 (6.6, 14.2)	23.9 (19.4, 29.2)		
20-29	9.5 (6.9, 13.1)	6.5 (4.4, 9.6)	56.7 (52.1, 61.1)	93.6 (91.0, 95.5)	9.4 (7.3, 12.1)	32.9 (29.6, 36.4)		
30-39	10.7 (8.4, 13.6)	5.1 (3.6, 7.2)	55.0 (50.3, 59.5)	88.7 (85.2, 91.5)	9.5 (6.6, 13.5)	27.2 (24.5, 30.1)		
40-49	10.0 (7.8, 12.7)	4.9 (3.1, 7.6)	49.2 (43.5, 55.0)	74.5 (66.1, 81.4)	9.5 (6.9, 13.0)	27.0 (24.1, 30.0)		
50-59	8.8 (6.2, 12.2)	4.3 (2.3, 7.6)	51.5 (44.6, 58.3)	75.8 (65.4, 83.8)	8.2 (6.1, 11.1)	23.1 (20.0, 26.5)		
60+	8.1 (5.8, 11.3)	4.1 (2.8, 6.0)	45.7 (36.3, 55.5)	65.4 (48.0, 79.4)	4.5 (3.2, 6.4)	10.9 (9.0, 13.1)		
Residence								
Rural	10.4 (8.9, 12.2)	3.4 (2.5, 4.6)	49.0 (44.9, 53.1)	84.7 (81.3, 87.7)	9.1 (7.3, 11.3)	24.2 (22.3, 26.2)		
Urban	9.8 (8.0, 11.9)	5.2 (4.1, 6.6)	56.0 (52.4, 59.6)	91.2 (89.0, 93.0)	8.0 (6.6, 9.8)	24.8 (22.9, 26.9)		
Up to 50,000	9.7 (7.1, 13.1)	3.9 (2.5, 6.2)	52.5 (46.6, 58.3)	89.0 (84.4, 92.4)	8.9 (6.7, 11.7)	24.3 (21.3, 27.6)		
50,000 - 200,000	7.0 (4.7, 10.4)	5.5 (3.7, 8.2)	60.7 (54.3, 66.8)	90.3 (85.2, 93.7)	6.3 (4.4, 8.9)	25.2 (21.3, 29.6)		
Over 200,000	12.0 (8.7, 16.3)	6.7 (4.7, 9.4)	56.2 (49.7, 62.5)	93.5 (90.3, 95.8)	8.6 (6.2, 11.8)	25.2 (22.1, 28.5)		
Education Level								
Primary	10.4 (7.4, 14.6)	3.3 (1.9, 5.6)	53.6 (44.4, 62.6)	89.7 (83.9, 93.6)	6.9 (4.8, 10.0)	19.2 (16.4, 22.3)		
Vocational	7.7 (5.9, 10.0)	4.0 (2.7, 6.0)	49.4 (43.7, 55.1)	85.7 (79.8, 90.1)	6.8 (5.2, 8.7)	30.5 (27.6, 33.4)		
Secondary	10.5 (8.6, 12.6)	5.1 (3.8, 6.9)	55.4 (51.3, 59.3)	90.2 (87.6, 92.3)	9.6 (7.9, 11.6)	25.1 (23.0, 27.3)		
High	11.6 (9.0, 14.9)	5.6 (3.6, 8.4)	54.2 (49.6, 58.6)	89.1 (84.9, 92.2)	9.3 (6.7, 12.7)	20.3 (17.5, 23.4)		

<sup>1</sup> Among those that visited the place in the past 30 days.

**Table 6.4B:** Percentage of current smokers  $\geq 15$  years old who visited various public places in the past 30 days and were exposed to tobacco smoke, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Adults Exposed to Tobacco Smoke <sup>1</sup> in...											
	Government Buildings	Health Care Facilities	Restaurants/Coffee Shops/Bistro	Bars/Pubs/Night, Disco, Music Clubs	Public Transportation	Private Cars	Percentage (95% CI)					
<b>Current Smokers</b>	10.3	(8.2, 12.8)	5.7	(4.2, 7.5)	60.7	(56.3, 64.9)	91.8	(89.4, 93.7)	10.6	(8.5, 13.1)	51.0	(48.3, 53.8)
Gender												
Male	9.5	(6.9, 12.9)	5.3	(3.5, 8.0)	60.5	(55.0, 65.7)	93.0	(90.2, 95.1)	13.1	(10.3, 16.5)	55.7	(52.3, 59.0)
Female	11.2	(7.9, 15.6)	6.0	(3.9, 9.0)	60.9	(53.9, 67.6)	89.3	(84.0, 92.9)	8.0	(5.6, 11.4)	44.3	(40.1, 48.5)
Age (years)												
15-19	–		0.0		55.0	(33.9, 74.4)	95.7	(86.9, 98.7)	15.4	(7.0, 30.4)	44.6	(29.6, 60.5)
20-29	10.8	(6.3, 18.0)	6.7	(3.1, 14.0)	64.8	(56.9, 72.0)	97.1	(94.4, 98.5)	8.9	(5.7, 13.5)	60.1	(54.1, 65.9)
30-39	13.5	(9.5, 18.8)	6.9	(3.9, 11.9)	63.0	(54.9, 70.5)	91.7	(86.4, 95.0)	10.8	(6.6, 17.1)	56.3	(51.0, 61.5)
40-49	10.1	(6.8, 14.6)	5.8	(3.3, 9.7)	60.7	(51.6, 69.0)	81.9	(72.3, 88.7)	12.5	(8.1, 18.8)	52.6	(47.4, 57.8)
50-59	8.4	(4.7, 14.6)	4.6	(2.2, 9.4)	50.3	(39.3, 61.3)	83.5	(71.3, 91.1)	11.2	(7.6, 16.2)	44.4	(38.2, 50.8)
60+	3.6	(1.1, 11.6)	5.8	(2.7, 12.1)	65.4	(44.7, 81.5)	–		6.1	(3.0, 12.0)	31.8	(25.2, 39.2)
Residence												
Rural	13.3	(9.8, 17.6)	5.1	(3.1, 8.1)	52.3	(45.1, 59.4)	83.7	(77.4, 88.5)	10.8	(8.0, 14.5)	50.2	(46.4, 54.1)
Urban	8.8	(6.4, 12.1)	6.0	(4.2, 8.4)	63.9	(58.6, 68.9)	94.8	(92.2, 96.6)	10.5	(7.9, 13.8)	51.5	(47.7, 55.2)
Up to 50,000	9.0	(4.9, 15.9)	6.4	(3.7, 11.1)	65.0	(55.0, 73.9)	95.7	(89.6, 98.3)	12.8	(8.5, 18.7)	52.1	(46.0, 58.0)
50,000 - 200,000	6.0	(3.4, 10.3)	3.6	(1.6, 8.3)	66.6	(58.0, 74.2)	94.9	(89.3, 97.7)	6.7	(3.7, 11.8)	53.5	(46.1, 60.8)
Over 200,000	10.9	(6.7, 17.2)	7.4	(4.3, 12.6)	61.2	(51.5, 70.1)	94.1	(89.6, 96.7)	11.5	(7.2, 17.8)	49.3	(43.4, 55.3)
Education Level												
Primary	6.4	(3.2, 12.2)	4.4	(1.7, 11.3)	52.0	(35.1, 68.5)	92.1	(79.4, 97.2)	13.3	(8.3, 20.8)	41.1	(33.2, 49.6)
Vocational	9.4	(6.4, 13.7)	4.4	(2.5, 7.8)	52.7	(43.7, 61.6)	90.8	(85.4, 94.3)	7.0	(4.9, 10.0)	52.4	(47.6, 57.2)
Secondary	11.1	(7.8, 15.5)	5.8	(3.8, 8.8)	63.8	(57.2, 69.8)	92.0	(88.0, 94.7)	12.0	(9.0, 15.8)	52.2	(47.9, 56.4)
High	12.5	(7.1, 21.2)	8.8	(4.3, 17.2)	65.4	(57.0, 73.0)	92.6	(85.6, 96.4)	13.7	(7.3, 24.1)	52.5	(45.8, 59.0)

<sup>1</sup> Among those that visited the place in the past 30 days.

– Indicates estimate based on less than 25 un-weighted cases and has been suppressed.

**Table 6.4C:** Percentage of non-smokers  $\geq 15$  years old who visited various public places in the past 30 days and were exposed to tobacco smoke, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Adults Exposed to Tobacco Smoke <sup>1</sup> in...											
	Government Buildings	Health Care Facilities	Restaurants/Coffee Shops/Bistro	Bars/Pubs/Night, Disco, Music Clubs	Public Transportation	Private Cars	Percentage (95% CI)					
<b>Non-smokers</b>	9.9	(8.5, 11.5)	4.2	(3.4, 5.3)	50.9	(47.7, 54.1)	87.6	(85.0, 89.8)	7.4	(6.2, 8.8)	12.9	(11.7, 14.3)
Gender												
Male	11.4	(9.4, 13.8)	3.9	(2.8, 5.5)	49.7	(45.3, 54.2)	86.3	(82.5, 89.3)	9.3	(7.4, 11.8)	14.0	(12.0, 16.3)
Female	8.6	(6.8, 10.9)	4.4	(3.3, 5.9)	51.9	(47.4, 56.4)	89.4	(85.6, 92.3)	6.1	(4.7, 7.8)	12.1	(10.5, 13.9)
Age (years)												
15-19	20.0	(12.8, 29.9)	0.0		57.8	(48.4, 66.7)	95.8	(91.4, 98.1)	8.8	(5.6, 13.7)	19.6	(15.0, 25.2)
20-29	9.0	(5.9, 13.4)	6.4	(4.0, 10.0)	53.1	(47.6, 58.4)	91.7	(87.9, 94.4)	9.7	(7.0, 13.1)	20.7	(17.3, 24.7)
30-39	9.2	(6.6, 12.7)	4.4	(2.8, 7.0)	51.1	(45.7, 56.5)	86.7	(82.0, 90.3)	8.8	(5.8, 13.3)	12.0	(9.7, 14.7)
40-49	9.9	(7.3, 13.3)	4.4	(2.4, 8.0)	43.2	(36.2, 50.5)	67.1	(54.1, 77.9)	7.4	(4.6, 11.5)	10.4	(8.1, 13.3)
50-59	9.0	(6.1, 13.1)	4.1	(2.1, 7.7)	52.2	(43.8, 60.5)	66.6	(51.0, 79.3)	5.7	(3.6, 9.1)	9.7	(7.4, 12.7)
60+	9.0	(6.3, 12.7)	3.8	(2.5, 5.9)	40.6	(30.5, 51.6)	61.6	(39.7, 79.6)	4.2	(2.8, 6.2)	6.9	(5.3, 9.0)
Residence												
Rural	9.4	(7.6, 11.4)	2.9	(2.0, 4.2)	47.7	(42.9, 52.6)	85.2	(81.2, 88.5)	8.4	(6.4, 11.0)	14.0	(12.3, 15.9)
Urban	10.3	(8.2, 12.7)	5.0	(3.8, 6.5)	52.4	(48.3, 56.4)	88.9	(85.3, 91.6)	6.9	(5.5, 8.6)	12.2	(10.5, 14.2)
Up to 50,000	9.9	(7.0, 13.9)	3.2	(1.9, 5.3)	47.7	(41.3, 54.1)	85.1	(78.1, 90.2)	7.2	(4.9, 10.5)	13.2	(10.4, 16.5)
50,000 - 200,000	7.6	(4.8, 11.7)	6.3	(4.0, 9.8)	57.2	(49.6, 64.5)	86.2	(77.3, 91.9)	6.0	(4.1, 8.8)	9.6	(7.3, 12.7)
Over 200,000	12.6	(8.9, 17.6)	6.4	(4.2, 9.5)	53.9	(46.9, 60.8)	93.2	(88.2, 96.2)	7.1	(5.0, 10.1)	12.8	(9.8, 16.5)
Education Level												
Primary	12.1	(8.1, 17.6)	3.0	(1.5, 5.8)	54.1	(43.8, 64.0)	88.6	(81.2, 93.3)	5.3	(3.1, 8.8)	12.9	(10.3, 16.0)
Vocational	6.4	(4.5, 9.0)	3.8	(2.3, 6.3)	46.7	(39.1, 54.4)	79.3	(68.3, 87.2)	6.5	(4.6, 9.3)	15.0	(12.5, 17.9)
Secondary	10.2	(8.1, 12.7)	4.9	(3.5, 6.8)	51.7	(47.2, 56.3)	89.2	(85.8, 91.9)	8.6	(6.8, 10.8)	13.6	(11.6, 15.9)
High	11.3	(8.4, 14.9)	4.7	(2.8, 7.8)	50.3	(45.4, 55.3)	87.4	(82.1, 91.3)	8.0	(5.5, 11.4)	9.4	(7.3, 12.0)

<sup>1</sup> Among those that visited the place in the past 30 days.



**Table 6.5:** Percentage of adults  $\geq 15$  years old who avoided public places because of tobacco smoke in the last 12 months and the specific places they avoided, by smoking status – GATS Poland, 2009-2010.

	Overall <sup>1</sup>		Current smokers <sup>1</sup>		Non-smokers <sup>2</sup>	
	Percentage (95% CI)					
<b>Adults who avoided public places because of tobacco smoke<sup>3</sup></b>	10.5	(9.7, 11.4)	4.4	(3.5, 5.6)	13.2	(12.1, 14.4)
<i>Specific Places Avoided<sup>4</sup></i>						
Private house, apartment	44.3	(39.9, 48.9)	38.6	(27.1, 51.5)	45.2	(40.6, 49.9)
Government building	3.8	(1.9, 7.6)	6.4	(1.5, 23.5)	3.4	(1.5, 7.6)
Health care facility	3.2	(1.5, 6.6)	11.7	(4.1, 29.1)	2.0	(0.7, 5.5)
School or educational facility	4.4	(2.6, 7.5)	8.6	(2.8, 23.5)	3.8	(2.1, 7.0)
Cultural facility	14.4	(11.6, 17.8)	17.0	(9.0, 29.7)	14.1	(11.1, 17.6)
Sport facility	3.5	(1.8, 6.7)	5.5	(1.1, 24.4)	3.2	(1.6, 6.4)
Restaurant	11.0	(8.2, 14.5)	8.0	(3.8, 16.0)	11.4	(8.4, 15.3)
Coffee shop, bistro, tea shop	10.2	(7.6, 13.4)	8.8	(4.2, 17.5)	10.4	(7.6, 13.9)
Bar, pub, night club	21.1	(17.6, 25.1)	21.9	(13.4, 33.8)	21.0	(17.2, 25.3)
Disco or music club	7.1	(4.9, 10.3)	6.7	(2.1, 19.3)	7.2	(4.8, 10.5)
Public or private transportation	2.3	(0.9, 5.7)	0.0		2.6	(1.0, 6.5)
Other	4.8	(3.4, 6.8)	4.6	(1.9, 10.9)	4.9	(3.4, 7.0)
<sup>1</sup> Includes daily and occasional (less than daily) smokers. <sup>2</sup> Includes former and never smokers. <sup>3</sup> In the last 12 months. <sup>4</sup> Among those who avoided places because of smoke in the last 12 months, the percentage reporting avoiding each specific place listed.						

**Table 7.1:** Percentage of current manufactured cigarette smokers  $\geq 15$  years old, by last brand purchased and selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Last cigarette brand purchased				
	L&M	Viceroy	Marlboro	Red & White	LD
	Percentage (95% CI)				
<b>Overall</b>	18.4 (16.5, 20.4)	8.9 (7.6, 10.4)	8.0 (6.9, 9.4)	7.3 (6.1, 8.9)	7.2 (5.8, 8.9)
Gender					
Male	17.4 (15.0, 20.1)	9.5 (7.7, 11.7)	9.5 (7.8, 11.5)	8.5 (6.6, 10.8)	5.3 (3.9, 7.1)
Female	19.8 (16.9, 23.1)	8.1 (6.3, 10.2)	6.0 (4.7, 7.6)	5.8 (4.3, 7.8)	9.8 (7.5, 12.8)
Age (years)					
15-19	34.3 (21.3, 50.3)	19.6 (9.6, 36.0)	5.1 (1.4, 16.9)	11.4 (3.4, 31.9)	1.8 (0.3, 11.4)
20-29	25.1 (20.5, 30.3)	11.6 (8.7, 15.3)	13.4 (10.4, 17.2)	6.2 (3.8, 9.8)	6.0 (3.6, 10.0)
30-39	22.6 (18.3, 27.4)	6.2 (4.4, 8.9)	10.4 (7.7, 14.1)	8.7 (6.0, 12.5)	5.3 (3.5, 7.8)
40-49	17.1 (13.6, 21.2)	8.2 (5.6, 11.8)	8.0 (5.6, 11.3)	9.0 (6.7, 12.0)	8.5 (6.0, 11.9)
50-59	13.3 (10.2, 17.1)	7.3 (5.1, 10.4)	3.6 (2.1, 6.2)	6.0 (3.7, 9.6)	10.3 (6.9, 15.0)
60+	4.6 (2.5, 8.4)	9.1 (5.3, 15.2)	3.4 (1.5, 7.2)	4.8 (2.8, 8.3)	5.9 (3.2, 10.5)
Residence					
Rural	17.2 (14.6, 20.2)	9.9 (7.9, 12.4)	6.8 (5.3, 8.7)	8.4 (6.3, 11.2)	6.3 (4.9, 8.2)
Urban	19.0 (16.6, 21.8)	8.4 (6.8, 10.4)	8.7 (7.2, 10.5)	6.8 (5.3, 8.7)	7.6 (5.7, 10.1)
Up to 50,000	19.3 (15.1, 24.4)	7.2 (4.9, 10.5)	7.8 (5.4, 11.3)	7.0 (4.5, 10.8)	8.8 (5.4, 14.2)
50,000 - 200,000	14.3 (10.4, 19.4)	7.1 (4.7, 10.7)	7.5 (5.1, 10.8)	9.5 (6.0, 14.7)	10.6 (6.6, 16.6)
Over 200,000	22.0 (18.0, 26.8)	10.4 (7.5, 14.4)	10.4 (7.8, 13.7)	4.7 (3.2, 6.7)	4.4 (2.8, 6.9)
Education Level					
Primary	10.6 (7.3, 15.1)	13.4 (9.3, 19.0)	3.0 (1.2, 7.0)	5.5 (2.5, 11.7)	4.7 (2.4, 8.9)
Vocational	15.7 (12.9, 19.0)	9.9 (7.5, 12.9)	4.9 (3.3, 7.2)	10.0 (7.7, 12.8)	7.3 (5.1, 10.3)
Secondary	22.0 (18.8, 25.5)	7.9 (6.1, 10.3)	10.3 (8.3, 12.7)	6.4 (4.7, 8.7)	7.7 (5.9, 10.1)
High	23.0 (17.8, 29.1)	3.8 (1.6, 8.7)	14.7 (10.7, 19.7)	5.6 (3.0, 10.2)	7.2 (4.4, 11.6)

Note: Current manufactured cigarette smokers includes daily and occasional (less than daily) use. The top five reported brands last purchased among all manufactured cigarette smokers are shown here.

**Table 7.2:** Percentage distribution of current manufactured cigarette smokers  $\geq 15$  years old, by the source of last purchase of cigarettes, gender, and residence – GATS Poland, 2009-2010.

Source	Overall		Gender		Residence					
			Male	Female	Rural	Urban				
	Percentage (95% CI)									
Store <sup>1</sup>	52.0	(49.3, 54.8)	52.3	(48.8, 55.8)	51.7	(47.7, 55.6)	63.5	(59.2, 67.6)	46.0	(42.5, 49.5)
Kiosk	40.9	(38.3, 43.5)	40.7	(37.4, 44.2)	41.0	(37.3, 44.8)	29.3	(25.4, 33.4)	47.0	(43.6, 50.3)
Other <sup>2</sup>	7.1	(5.9, 8.6)	7.0	(5.5, 8.8)	7.3	(5.4, 9.7)	7.2	(5.4, 9.7)	7.0	(5.5, 9.0)
<b>Total</b>		100		100		100		100		100

<sup>1</sup> Store includes tobacco stores, supermarkets, local stores.

<sup>2</sup> Other includes duty-free shop/abroad, Internet, bar/restaurant, from another person, and any other sources reported.

**Table 7.3:** Average amount spent on cigarettes and percentage buying the cheapest cigarettes among manufactured cigarette smokers ≥15 years old, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Average amount spent on 20 manufactured cigarettes <sup>1,2</sup> (PLN)		Average manufactured cigarette expenditure per month <sup>1,3</sup> (PLN)		Current smokers who spent 6.20 PLN or less on 20 manufactured cigarettes <sup>1,4</sup>	
	Average (95% CI)				Percentage (95% CI)	
<b>Overall</b>	9.12	(8.5, 9.8)	208.52	(192.9, 224.1)	7.9	(6.3, 9.9)
<i>Gender</i>						
Male	8.64	(8.2, 9.1)	211.73	(199.6, 223.9)	7.9	(5.9, 10.5)
Female	9.92	(8.4, 11.5)	203.95	(170.8, 237.1)	7.9	(5.9, 10.6)
<i>Age (years)</i>						
15-19	8.41	(7.9, 8.9)	124.51	(93.4, 155.6)	6.5	(0.9, 33.6)
20-29	11.05	(8.2, 13.9)	202.95	(148.5, 257.4)	5.7	(3.6, 9.0)
30-39	9.00	(8.4, 9.6)	216.70	(198.2, 235.2)	4.6	(3.0, 6.9)
40-49	8.91	(7.8, 10.0)	224.36	(194.9, 253.9)	8.8	(6.3, 12.2)
50-59	8.83	(7.8, 9.8)	226.91	(198.5, 255.3)	8.4	(5.6, 12.4)
60+	7.52	(7.0, 8.0)	167.97	(150.3, 185.7)	16.4	(10.3, 25.1)
<i>Residence</i>						
Rural	9.70	(8.1, 11.3)	217.68	(181.4, 254.0)	8.6	(6.3, 11.6)
Urban	8.82	(8.3, 9.3)	203.68	(189.5, 217.8)	7.5	(5.6, 10.2)
Up to 50,000	8.59	(7.8, 9.4)	197.13	(174.0, 220.3)	9.3	(5.3, 15.8)
50,000 - 200,000	8.53	(8.0, 9.1)	209.79	(194.3, 225.2)	6.2	(3.3, 11.4)
Over 200,000	9.26	(8.1, 10.4)	205.58	(176.8, 234.3)	6.8	(4.6, 9.9)
<i>Education Level</i>						
Primary	8.17	(7.5, 8.9)	184.77	(164.6, 204.9)	15.5	(10.7, 21.8)
Vocational	8.77	(8.1, 9.4)	218.39	(200.2, 236.6)	7.5	(5.4, 10.4)
Secondary	9.41	(8.1, 10.7)	206.66	(176.1, 237.3)	6.1	(4.2, 8.6)
High	10.40	(7.9, 12.9)	210.76	(156.8, 264.8)	7.1	(4.3, 11.5)

<sup>1</sup> Based on the last purchase of manufactured cigarettes.

<sup>2</sup> Amount spent per cigarette is calculated and then multiplied by 20 (standard pack size).

<sup>3</sup> Average amount spent per cigarette is multiplied by the estimated average number of cigarettes smoked per month.

<sup>4</sup> Current smokers who are buying the least expensive cigarettes. In 2009, the least expensive pack of cigarettes cost 6.20 PLN among cigarette brands with at least 1% of the market share.

**Table 7.4:** Percentage of current manufactured cigarette smokers  $\geq 18$  years old who are purchasing illegal cigarettes, by region and education level – GATS Poland, 2009-2010.

Demographic Characteristics	Those purchasing illegal cigarettes <sup>1</sup>	
	<i>Percentage (95% CI)</i>	
<b>Overall</b>	8.5	(7.0, 10.3)
<i>Region</i>		
Central	7.8	(5.6, 10.7)
South	4.3	(2.6, 6.8)
East	15.5	(10.2, 22.8)
Northwest	10.2	(5.5, 18.1)
Southwest	4.6	(2.0, 10.1)
North	13.0	(9.0, 18.3)
<i>Education Level</i>		
Primary	17.2	(12.0, 23.9)
Vocational	9.2	(6.5, 12.9)
Secondary	7.4	(5.5, 9.9)
High	2.2	(0.9, 5.1)
<sup>1</sup> Based on interviewer observation of respondent's pack of cigarettes. Illegal cigarettes are defined as the following: 1) Text warnings are in a foreign language, pictorial in nature, or there are no warnings; or 2) The excise band is foreign, is damaged, or there is no excise band.		

**Table 8.1: Percentage of adults ≥ 15 years old who noticed anti-cigarette smoking information during the last 30 days in various places, by smoking status and selected demographic characteristics – GATS Poland, 2009-2010.**

Places	Overall			Gender		Age (years)				Residence						
	Male	Female		Male	Female	15 - 30	31 - 50	60+	Rural	Urban						
	Percentage [95% CI]															
<b>Overall</b>																
In newspapers or in magazines	39.0	(37.2, 40.8)	37.6	(35.2, 40.0)	40.3	(37.9, 42.8)	40.6	(37.6, 43.7)	40.1	(37.8, 42.4)	34.6	(31.9, 37.5)	40.1	(37.7, 42.5)	38.4	(35.9, 40.9)
On television or the radio	61.8	(59.8, 63.7)	59.1	(56.7, 61.5)	64.3	(61.5, 66.9)	62.5	(59.4, 65.6)	61.0	(58.6, 63.4)	62.6	(59.7, 65.5)	65.6	(62.8, 68.2)	59.5	(56.8, 62.2)
On television	59.3	(57.4, 61.3)	56.0	(53.5, 58.4)	62.4	(59.7, 65.1)	61.1	(57.9, 64.2)	58.5	(56.1, 60.9)	58.8	(55.7, 61.7)	63.1	(60.3, 65.8)	57.0	(54.3, 59.7)
On the radio	27.9	(26.3, 29.5)	26.9	(24.9, 29.0)	28.7	(26.5, 31.0)	24.2	(21.7, 26.9)	28.9	(27.0, 31.0)	30.3	(27.8, 32.9)	31.7	(29.5, 34.0)	25.5	(23.4, 27.7)
On billboards	24.8	(23.2, 26.4)	25.2	(23.1, 27.5)	24.4	(22.4, 26.5)	30.7	(28.0, 33.6)	24.4	(22.4, 26.4)	17.8	(15.6, 20.3)	23.4	(21.3, 25.6)	25.6	(23.5, 27.9)
On the internet	19.6	(18.3, 21.0)	21.5	(19.6, 23.5)	18.0	(16.3, 19.8)	35.9	(33.0, 39.0)	17.0	(15.5, 18.6)	4.1	(2.9, 5.6)	18.8	(17.1, 20.7)	20.1	(18.3, 22.1)
In educational/health materials	29.6	(27.7, 31.5)	28.0	(25.7, 30.5)	30.9	(28.5, 33.5)	30.3	(27.4, 33.3)	29.9	(27.6, 32.3)	27.8	(25.1, 30.7)	32.7	(30.1, 35.3)	27.6	(25.1, 30.3)
Somewhere else	6.4	(5.7, 7.3)	6.8	(5.8, 8.1)	6.1	(5.2, 7.1)	6.8	(5.6, 8.3)	6.3	(5.4, 7.3)	6.3	(4.9, 8.1)	7.4	(6.4, 8.6)	5.8	(4.9, 7.0)
Any Location	73.1	(71.1, 75.1)	72.2	(69.7, 74.7)	74.0	(71.3, 76.4)	75.8	(72.9, 78.5)	72.5	(70.1, 74.9)	71.0	(68.1, 73.8)	75.0	(72.2, 77.6)	72.0	(69.2, 74.7)
<b>Current smokers<sup>1</sup></b>																
In newspapers or in magazines	37.3	(34.5, 40.2)	34.6	(30.9, 38.4)	41.0	(37.0, 45.2)	36.0	(30.8, 41.5)	38.9	(35.6, 42.4)	31.4	(25.3, 38.4)	38.4	(34.4, 42.5)	36.7	(32.9, 40.7)
On television or the radio	60.4	(57.3, 63.4)	56.3	(52.5, 60.1)	66.1	(61.9, 70.0)	58.8	(53.4, 64.0)	60.6	(57.0, 64.1)	63.3	(55.7, 70.3)	63.8	(59.3, 68.0)	58.6	(54.6, 62.6)
On television	58.2	(55.1, 61.2)	53.3	(49.5, 57.0)	65.0	(60.7, 69.0)	57.5	(52.0, 62.8)	58.1	(54.5, 61.7)	60.1	(52.4, 67.3)	61.7	(57.1, 66.1)	56.3	(52.2, 60.3)
On the radio	26.9	(24.5, 29.4)	25.8	(22.8, 29.0)	28.3	(24.7, 32.3)	23.2	(18.8, 28.2)	28.2	(25.3, 31.4)	28.0	(22.3, 34.4)	30.5	(27.1, 34.0)	24.9	(21.8, 28.4)
On billboards	23.6	(21.3, 26.1)	23.0	(20.2, 26.2)	24.4	(21.0, 28.1)	28.9	(24.3, 34.0)	22.1	(19.4, 25.1)	19.3	(14.7, 24.8)	23.6	(20.2, 27.3)	23.6	(20.6, 27.0)
On the internet	17.0	(15.1, 19.1)	17.4	(14.9, 20.2)	16.5	(13.5, 19.9)	32.9	(28.1, 38.2)	12.6	(10.6, 14.9)	3.7	(1.9, 7.2)	16.9	(14.2, 20.0)	17.1	(14.5, 20.0)
In educational/health materials	27.7	(25.0, 30.6)	26.2	(23.0, 29.7)	29.8	(26.0, 34.0)	29.8	(24.7, 35.4)	26.5	(23.4, 29.9)	29.8	(23.6, 37.0)	29.4	(25.5, 33.7)	26.8	(23.3, 30.7)
Somewhere else	7.4	(6.1, 8.9)	7.3	(5.7, 9.4)	7.4	(5.5, 9.8)	9.9	(6.8, 14.2)	6.2	(4.9, 7.8)	7.7	(4.6, 12.5)	7.1	(5.2, 9.6)	7.5	(5.9, 9.5)
Any Location	71.8	(68.6, 74.7)	68.9	(64.9, 72.7)	75.8	(71.9, 79.3)	71.9	(66.8, 76.4)	71.7	(68.1, 75.0)	72.2	(65.5, 78.1)	72.8	(68.2, 77.0)	71.2	(67.0, 75.1)
<b>Non-smokers<sup>2</sup></b>																
In newspapers or in magazines	39.8	(37.9, 41.7)	39.3	(36.7, 42.0)	40.1	(37.5, 42.8)	42.4	(38.9, 46.0)	40.8	(38.2, 43.4)	35.2	(32.2, 38.3)	40.7	(38.2, 43.3)	39.1	(36.5, 41.9)
On television or the radio	62.4	(60.4, 64.4)	60.7	(58.1, 63.3)	63.7	(60.8, 66.5)	64.0	(60.5, 67.3)	61.3	(58.6, 63.9)	62.5	(59.2, 65.6)	66.2	(63.5, 68.9)	59.9	(57.0, 62.8)
On television	59.8	(57.8, 61.8)	57.5	(54.8, 60.2)	61.6	(58.7, 64.4)	62.5	(59.0, 65.9)	58.8	(56.1, 61.4)	58.5	(55.2, 61.8)	63.6	(60.9, 66.3)	57.4	(54.5, 60.2)
On the radio	28.3	(26.6, 30.1)	27.6	(25.3, 29.9)	28.9	(26.5, 31.3)	24.6	(21.8, 27.6)	29.4	(27.2, 31.8)	30.7	(28.0, 33.5)	32.2	(29.8, 34.6)	25.8	(23.5, 28.2)
On billboards	25.3	(23.5, 27.1)	26.5	(23.8, 29.2)	24.4	(22.2, 26.7)	31.4	(28.2, 34.8)	25.8	(23.5, 28.2)	17.5	(15.1, 20.4)	23.3	(21.1, 25.6)	26.6	(24.1, 29.3)
On the internet	20.8	(19.2, 22.4)	23.8	(21.5, 26.3)	18.5	(16.6, 20.5)	37.1	(33.7, 40.6)	19.8	(17.8, 21.9)	4.1	(2.9, 5.9)	19.5	(17.5, 21.7)	21.6	(19.4, 23.9)
In educational/health materials	30.3	(28.4, 32.4)	29.1	(26.5, 31.8)	31.3	(28.7, 34.0)	30.5	(27.3, 33.9)	32.1	(29.5, 34.8)	27.4	(24.5, 30.5)	33.9	(31.2, 36.8)	28.0	(25.3, 30.8)
Somewhere else	6.0	(5.2, 6.9)	6.5	(5.3, 8.0)	5.7	(4.8, 6.8)	5.6	(4.4, 7.1)	6.3	(5.3, 7.6)	6.1	(4.5, 8.0)	7.6	(6.3, 9.0)	5.1	(4.1, 6.3)
Any Location	73.7	(71.7, 75.7)	74.2	(71.5, 76.7)	73.4	(70.6, 76.0)	77.3	(74.2, 80.1)	73.1	(70.5, 75.5)	70.8	(67.5, 73.8)	75.8	(73.2, 78.3)	72.4	(69.5, 75.1)

<sup>1</sup> Includes daily and occasional (less than daily) smokers.

<sup>2</sup> Includes former and never smokers.

**Table 8.2:** Percentage of current smokers  $\geq 15$  years old who noticed health warnings on cigarette packages and considered quitting because of the warning labels during the last 30 days, by selected demographic characteristics, smoking status, and awareness of smoking harm - GATS Poland, 2009-2010.

Demographic Characteristics	Current smokers <sup>1</sup> who...			
	Noticed health warnings on cigarette package <sup>2</sup>		Thought about quitting because of warning label <sup>2</sup>	
	Percentage (95% CI)			
<b>Overall</b>	96.6	(95.5, 97.3)	17.7	(15.8, 19.9)
<i>Gender</i>				
Male	96.6	(95.3, 97.5)	15.2	(12.8, 18.0)
Female	96.5	(94.9, 97.6)	21.2	(18.0, 24.7)
<i>Age (years)</i>				
15-19	98.9	(92.4, 99.8)	11.3	(5.5, 21.5)
20-29	96.5	(94.0, 98.0)	15.5	(11.8, 20.2)
30-39	96.2	(93.5, 97.9)	13.9	(11.0, 17.4)
40-49	95.5	(93.2, 97.0)	18.0	(14.4, 22.3)
50-59	98.3	(96.6, 99.2)	21.2	(16.9, 26.2)
60+	94.7	(91.3, 96.8)	23.2	(18.3, 28.9)
<i>Residence</i>				
Rural	95.3	(93.5, 96.7)	21.0	(17.8, 24.7)
Urban	97.2	(95.9, 98.1)	15.9	(13.5, 18.6)
Up to 50,000	98.9	(96.8, 99.6)	18.8	(14.3, 24.3)
50,000 - 200,000	96.9	(94.3, 98.3)	16.0	(12.3, 20.6)
Over 200,000	95.8	(93.0, 97.5)	13.2	(9.7, 17.6)
<i>Education Level</i>				
Primary	94.6	(91.4, 96.6)	23.7	(19.2, 28.6)
Vocational	96.5	(94.9, 97.7)	22.6	(19.0, 26.6)
Secondary	97.3	(95.9, 98.2)	13.3	(10.9, 16.1)
High	96.5	(92.8, 98.3)	11.6	(7.5, 17.4)
<i>Smoking Status</i>				
Current daily smoker	96.8	(95.8, 97.6)	16.5	(14.5, 18.7)
Current occasional smoker	94.4	(89.2, 97.2)	27.2	(20.6, 35.1)
<i>Awareness of Smoking Harm<sup>3</sup></i>				
Aware	96.9	(95.9, 97.7)	20.3	(18.0, 22.8)
Not aware	94.8	(91.5, 96.9)	5.8	(3.7, 9.0)
<sup>1</sup> Includes daily and occasional (less than daily) smokers. <sup>2</sup> During the last 30 days. <sup>3</sup> Based on question H01. Aware includes those who reported smoking causes serious illness; Not aware includes those who reported smoking does not cause serious illness or those who didn't know if smoking causes serious illness.				

**Table 8.3:** Percentage of various warning labels that were remembered by current smokers ≥15 years old who considered quitting because of noticing warning labels during the last 30 days – GATS Poland, 2009-2010.

Health Warning Labels	Current smokers who remembered seeing the warning label in the past 30 days <sup>1</sup>	
General Health Warnings <sup>2</sup>		
Smoking seriously harms you and people in your environment	60.1	(47.5, 71.4)
Smoking kills	53.3	(42.1, 64.2)
Additional Health Warnings <sup>3</sup>		
Your doctor or pharmacist will help you quit smoking	44.0	(32.2, 56.5)
Tobacco smoking can cause slow and painful death	37.8	(28.1, 48.6)
Tobacco smoking causes deadly lung cancer	36.5	(26.4, 47.8)
Tobacco smokers die younger	36.3	(24.9, 49.4)
Tobacco smoking closes vessels and is the cause of heart attacks and strokes	32.6	(23.2, 43.6)
Tobacco smoking accelerates skin ageing	31.7	(22.3, 42.8)
Quitting smoking reduces the risk of dangerous heart and lung diseases	26.6	(17.4, 38.5)
Protect children - do not make them inhale tobacco smoke	25.4	(16.7, 36.6)
Tobacco smoke contains benzene, nitrosamines, formaldehyde and hydrogen cyanide	24.4	(16.3, 34.8)
If you call the telephone number 0801108108, you will get help in quitting smoking	24.2	(16.0, 34.9)
Tobacco smoking can damage semen and decrease fertility	23.8	(16.3, 33.4)
Tobacco smoking during pregnancy harms your child	21.6	(13.1, 33.5)
Tobacco smoking can decrease blood flow and cause impotence	17.6	(11.3, 26.5)
Tobacco smoking is heavily addictive - do not take up smoking	15.0	(8.7, 24.7)
<sup>1</sup> Among current smokers who considered quitting because of noticing warning labels in the past 30 days. <sup>2</sup> One of the two general health warnings is included on each pack of cigarettes. <sup>3</sup> The additional 14 health warnings are rotated on each pack of cigarettes.		



**Table 8.4A:** Percentage of adults ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Poland, 2009-2010.

Places	Overall			Gender			Age(years)				Residence			
		Male	Female	15 - 30	31 - 59	60 +	Rural	Urban	Percentage (95% CI)					
Noticed advertisements														
In tobacco stores	13.9 (13.0, 15.0)	16.0 (14.4, 17.7)	12.1 (10.8, 13.5)	19.9 (17.7, 22.5)	13.2 (12.0, 14.6)	7.6 (6.3, 9.3)	12.9 (11.5, 14.4)	14.6 (13.3, 16.0)						
On foreign TV channels	2.8 (2.4, 3.3)	3.2 (2.5, 4.0)	2.4 (1.9, 3.1)	3.0 (2.1, 4.1)	3.1 (2.5, 3.8)	1.9 (1.2, 2.9)	2.7 (2.2, 3.4)	2.8 (2.2, 3.5)						
In foreign newspapers or magazines	2.0 (1.6, 2.5)	2.0 (1.5, 2.7)	2.1 (1.6, 2.7)	2.9 (2.1, 3.9)	2.2 (1.7, 2.9)	0.6 (0.3, 1.2)	2.2 (1.6, 2.9)	1.9 (1.5, 2.5)						
On the internet	4.6 (3.9, 5.3)	5.7 (4.6, 6.9)	3.5 (2.9, 4.3)	10.1 (8.4, 12.0)	3.0 (2.4, 3.7)	0.7 (0.3, 1.5)	5.0 (4.0, 6.2)	4.3 (3.6, 5.2)						
Somewhere else	1.4 (1.1, 1.8)	1.8 (1.3, 2.5)	1.0 (0.7, 1.5)	1.7 (1.1, 2.6)	1.6 (1.1, 2.1)	0.6 (0.3, 1.3)	1.2 (0.9, 1.6)	1.5 (1.1, 2.1)						
Noticed cigarette promotions														
Free samples	0.8 (0.6, 1.1)	1.1 (0.7, 1.6)	0.5 (0.3, 0.9)	1.5 (1.0, 2.4)	0.6 (0.4, 1.0)	0.2 (0.1, 0.7)	0.8 (0.5, 1.2)	0.8 (0.6, 1.3)						
Sale prices	4.9 (4.2, 5.6)	5.9 (4.8, 7.2)	4.0 (3.3, 4.9)	8.2 (6.6, 10.2)	4.3 (3.6, 5.2)	1.7 (1.1, 2.6)	3.4 (2.7, 4.3)	5.8 (4.9, 6.9)						
Coupons	0.1 (0.1, 0.2)	0.1 (0.1, 0.3)	0.1 (0.0, 0.3)	0.1 (0.0, 0.5)	0.1 (0.0, 0.2)	0.2 (0.1, 0.5)	0.1 (0.0, 0.3)	0.1 (0.0, 0.3)						
Free gifts/ discounts on other products	1.9 (1.6, 2.4)	2.5 (1.9, 3.3)	1.4 (1.0, 2.0)	3.9 (2.9, 5.1)	1.5 (1.1, 2.1)	0.3 (0.1, 0.7)	1.3 (0.9, 1.9)	2.3 (1.8, 3.0)						
Clothing/item with brand name or logo	6.3 (5.6, 7.1)	7.5 (6.5, 8.7)	5.1 (4.2, 6.2)	10.8 (9.2, 12.7)	5.8 (4.9, 6.8)	1.4 (0.9, 2.1)	5.4 (4.5, 6.5)	6.8 (5.8, 7.9)						
Mail promoting cigarettes	0.4 (0.3, 0.6)	0.4 (0.2, 0.6)	0.4 (0.3, 0.7)	0.6 (0.3, 1.1)	0.3 (0.2, 0.6)	0.3 (0.1, 0.9)	0.4 (0.2, 0.8)	0.4 (0.2, 0.6)						
Noticed cultural event sponsorship	1.1 (0.9, 1.4)	1.4 (1.0, 2.0)	0.8 (0.5, 1.1)	1.3 (0.8, 2.1)	1.1 (0.8, 1.5)	0.9 (0.5, 1.7)	1.3 (0.9, 1.7)	1.0 (0.7, 1.5)						
<b>Noticed any advertisement, sponsorship, or promotion</b>	25.2 (23.9, 26.5)	28.7 (26.7, 30.8)	22.0 (20.3, 23.7)	36.7 (33.9, 39.6)	24.3 (22.6, 26.0)	12.1 (10.4, 14.1)	22.8 (21.1, 24.7)	26.6 (24.8, 28.5)						

**Table 8.4B:** Percentage of current smokers ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Poland, 2009-2010.

Places	Overall			Gender		Age (years)					Residence					
	Male	female	15 - 30	31 - 59	60 +	Rural	Urban	Percentage (95% CI)								
Noticed advertisements																
In tobacco stores	14.0 (12.2, 15.9)	16.0 (13.5, 18.8)	11.2 (9.0, 13.9)	19.2 (15.0, 24.3)	12.7 (10.8, 14.8)	8.7 (5.7, 13.0)	12.5 (10.3, 15.0)	14.8 (12.4, 17.5)								
On foreign TV channels	2.8 (2.0, 3.8)	3.1 (2.1, 4.5)	2.3 (1.4, 3.8)	2.6 (1.3, 5.1)	2.8 (2.0, 4.0)	2.8 (1.3, 6.0)	2.8 (1.7, 4.4)	2.8 (1.9, 4.1)								
In foreign newspapers or magazines	2.4 (1.7, 3.4)	2.2 (1.4, 3.4)	2.7 (1.6, 4.8)	2.5 (1.2, 5.0)	2.7 (1.8, 4.0)	0.7 (0.2, 2.8)	2.4 (1.3, 4.5)	2.4 (1.5, 3.7)								
On the internet	3.6 (2.7, 4.7)	4.5 (3.3, 6.2)	2.3 (1.4, 3.6)	7.8 (5.4, 11.1)	2.4 (1.7, 3.5)	0.0	3.7 (2.4, 5.7)	3.5 (2.4, 5.0)								
Somewhere else	1.4 (0.9, 2.2)	1.6 (0.9, 2.7)	1.2 (0.5, 2.6)	2.0 (1.0, 4.2)	1.4 (0.8, 2.5)	0.0	1.3 (0.7, 2.3)	1.5 (0.8, 2.7)								
Noticed cigarette promotions																
Free samples	1.2 (0.8, 1.8)	1.7 (1.1, 2.7)	0.5 (0.2, 1.2)	2.5 (1.4, 4.3)	0.9 (0.5, 1.6)	0.0	0.8 (0.3, 1.9)	1.4 (0.9, 2.3)								
Sale prices	7.3 (5.9, 8.9)	8.3 (6.5, 10.5)	5.8 (4.0, 8.4)	11.4 (8.0, 15.9)	6.6 (5.2, 8.4)	0.9 (0.3, 3.1)	4.0 (2.7, 5.8)	9.0 (7.1, 11.4)								
Coupons	0.1 (0.0, 0.4)	0.2 (0.1, 0.7)	0.0	0.0	0.1 (0.0, 0.3)	0.8 (0.2, 3.2)	0.1 (0.0, 0.5)	0.1 (0.0, 0.6)								
Free gifts/ discounts on other products	3.3 (2.4, 4.4)	3.6 (2.4, 5.3)	2.9 (1.8, 4.6)	5.6 (3.5, 8.7)	2.8 (1.9, 4.3)	0.3 (0.0, 2.3)	1.2 (0.6, 2.3)	4.4 (3.1, 6.1)								
Clothing/item with brand name or logo	6.7 (5.4, 8.2)	7.5 (5.9, 9.6)	5.5 (3.8, 7.8)	10.9 (8.1, 14.5)	5.7 (4.3, 7.5)	2.0 (0.9, 4.6)	4.2 (3.0, 5.8)	8.0 (6.2, 10.2)								
Mail promoting cigarettes	0.4 (0.2, 0.7)	0.4 (0.2, 0.9)	0.4 (0.1, 1.0)	0.5 (0.2, 1.4)	0.2 (0.1, 0.6)	1.0 (0.2, 3.9)	0.2 (0.1, 0.7)	0.5 (0.2, 1.0)								
Noticed cultural event sponsorship	0.6 (0.3, 1.1)	0.8 (0.4, 1.6)	0.3 (0.1, 1.2)	0.5 (0.1, 1.7)	0.6 (0.3, 1.3)	0.9 (0.2, 3.5)	0.3 (0.1, 0.9)	0.7 (0.4, 1.5)								
<b>Noticed any advertisement, sponsorship, or promotion</b>	27.8 (25.4, 30.4)	30.5 (27.2, 34.0)	24.1 (20.8, 27.7)	37.6 (32.3, 43.2)	26.5 (23.7, 29.6)	11.8 (8.3, 16.4)	21.9 (19.2, 24.8)	31.0 (27.6, 34.7)								

Note: Current smokers includes daily and occasional (less than daily) smokers.

**Table 8.4C:** PPercentage of non-smokers ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Poland, 2009-2010.

Places	Overall		Gender		Age(years)			Residence	
	Male	Female	15 - 30	31 - 59	60 +	Rural	Urban		
	Percentage (95% CI)								
Noticed advertisements									
In tobacco stores	13.9 (12.8, 15.1)	16.0 (14.2, 18.0)	12.4 (10.9, 14.1)	20.2 (17.7, 23.0)	13.6 (12.0, 15.3)	7.4 (6.0, 9.3)	13.0 (11.5, 14.8)	14.5 (13.0, 16.2)	
On foreign TV channels	2.8 (2.3, 3.4)	3.2 (2.5, 4.2)	2.4 (1.8, 3.3)	3.1 (2.2, 4.4)	3.2 (2.5, 4.2)	1.7 (1.1, 2.7)	2.7 (2.1, 3.5)	2.8 (2.2, 3.7)	
In foreign newspapers or magazines	1.9 (1.4, 2.4)	1.9 (1.3, 2.7)	1.8 (1.3, 2.5)	3.0 (2.2, 4.2)	1.9 (1.3, 2.7)	0.5 (0.2, 1.3)	2.1 (1.5, 2.8)	1.7 (1.2, 2.5)	
On the internet	5.0 (4.2, 5.9)	6.3 (5.0, 8.0)	4.0 (3.2, 4.9)	11.0 (9.0, 13.4)	3.4 (2.6, 4.4)	0.8 (0.4, 1.7)	5.5 (4.3, 6.9)	4.7 (3.7, 5.8)	
Somewhere else	1.4 (1.0, 1.9)	1.9 (1.2, 2.9)	1.0 (0.7, 1.5)	1.6 (0.9, 2.7)	1.7 (1.1, 2.4)	0.7 (0.3, 1.5)	1.2 (0.8, 1.7)	1.5 (1.0, 2.3)	
Noticed cigarette promotions									
Free samples	0.6 (0.4, 1.0)	0.7 (0.4, 1.5)	0.6 (0.3, 1.0)	1.2 (0.6, 2.2)	0.5 (0.3, 0.8)	0.3 (0.1, 0.9)	0.7 (0.4, 1.3)	0.6 (0.3, 1.1)	
Sale prices	3.9 (3.2, 4.7)	4.5 (3.3, 6.0)	3.4 (2.7, 4.3)	7.0 (5.3, 9.3)	2.9 (2.2, 3.8)	1.8 (1.2, 2.9)	3.2 (2.4, 4.2)	4.3 (3.3, 5.5)	
Coupons	0.1 (0.0, 0.2)	0.1 (0.0, 0.3)	0.1 (0.0, 0.4)	0.2 (0.0, 0.6)	0.1 (0.0, 0.4)	0.1 (0.0, 0.3)	0.1 (0.0, 0.4)	0.1 (0.0, 0.3)	
Free gifts/ discounts on other products	1.4 (1.0, 1.8)	1.9 (1.3, 2.7)	1.0 (0.6, 1.5)	3.2 (2.2, 4.5)	0.7 (0.4, 1.2)	0.3 (0.1, 0.8)	1.4 (0.9, 2.2)	1.3 (0.9, 1.9)	
Clothing/item with brand name or logo	6.1 (5.3, 7.0)	7.5 (6.3, 8.9)	5.0 (4.1, 6.2)	10.8 (9.0, 12.9)	5.8 (4.7, 7.1)	1.3 (0.8, 2.1)	5.9 (4.9, 7.1)	6.2 (5.2, 7.5)	
Mail promoting cigarettes	0.4 (0.3, 0.7)	0.4 (0.2, 0.8)	0.5 (0.3, 0.8)	0.6 (0.3, 1.3)	0.4 (0.2, 0.8)	0.2 (0.0, 0.9)	0.5 (0.3, 1.0)	0.3 (0.2, 0.7)	
Noticed cultural event sponsorship	1.3 (1.0, 1.7)	1.8 (1.3, 2.6)	0.9 (0.6, 1.4)	1.6 (1.0, 2.6)	1.4 (1.0, 2.0)	0.9 (0.5, 1.7)	1.6 (1.1, 2.3)	1.1 (0.7, 1.7)	
Noticed any advertisement, sponsorship, or promotion	24.0 (22.6, 25.6)	27.7 (25.2, 30.3)	21.3 (19.5, 23.3)	36.4 (33.1, 39.8)	22.8 (20.8, 25.0)	12.2 (10.3, 14.3)	23.2 (21.1, 25.4)	24.6 (22.6, 26.7)	

Note: Current non-smokers includes former and never smokers.

**Table 9.1A:** Percentage of adults ≥15 years old who believe that smoking causes serious illness, stroke, heart attack, or lung cancer, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Adults who believe that smoking causes...							
	Serious illness		Stroke		Heart attack		Lung cancer	
	Percentage (95% CI)							
<b>Overall</b>	91.5	(90.7, 92.3)	61.8	(60.1, 63.4)	79.9	(78.6, 81.2)	92.6	(91.8, 93.2)
<i>Gender</i>								
Male	90.4	(89.2, 91.6)	59.3	(56.9, 61.7)	79.5	(77.7, 81.2)	91.8	(90.6, 92.8)
Female	92.6	(91.4, 93.6)	64.0	(61.6, 66.3)	80.3	(78.3, 82.1)	93.3	(92.2, 94.2)
<i>Age (years)</i>								
15-19	92.0	(88.0, 94.7)	53.2	(46.9, 59.3)	80.9	(75.7, 85.1)	96.0	(93.3, 97.7)
20-29	94.4	(92.9, 95.5)	62.4	(59.0, 65.6)	82.1	(79.4, 84.5)	94.9	(93.5, 96.0)
30-39	91.4	(89.5, 93.0)	61.2	(58.3, 63.9)	81.1	(78.7, 83.3)	92.4	(90.7, 93.8)
40-49	90.2	(88.2, 92.0)	61.6	(58.3, 64.9)	79.4	(76.6, 82.0)	92.9	(91.2, 94.3)
50-59	88.9	(86.8, 90.8)	60.3	(56.8, 63.7)	74.8	(71.6, 77.8)	90.2	(88.1, 92.1)
60+	92.0	(90.4, 93.3)	65.9	(63.0, 68.6)	81.1	(78.9, 83.1)	91.0	(89.4, 92.4)
<i>Residence</i>								
Rural	92.6	(91.5, 93.5)	60.3	(58.1, 62.5)	80.2	(78.5, 81.7)	92.4	(91.2, 93.4)
Urban	90.9	(89.7, 92.0)	62.6	(60.3, 65.0)	79.8	(77.9, 81.5)	92.7	(91.7, 93.6)
<i>Education Level</i>								
Primary	90.7	(88.8, 92.2)	60.2	(56.9, 63.3)	78.3	(75.7, 80.7)	91.2	(89.4, 92.7)
Vocational	90.1	(88.5, 91.6)	60.9	(58.0, 63.7)	78.5	(76.2, 80.5)	91.3	(89.8, 92.6)
Secondary	92.0	(90.7, 93.1)	62.9	(60.6, 65.1)	81.2	(79.4, 83.0)	93.4	(92.2, 94.3)
High	93.8	(92.0, 95.3)	63.5	(60.0, 66.9)	81.4	(78.3, 84.2)	94.4	(92.6, 95.7)

**Table 9.1B:** Percentage of adults ≥15 years old who believe that smoking causes serious illness, stroke, heart attack, or lung cancer, by smoking status and selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Adults who believe that smoking causes...							
	Serious illness		Stroke		Heart attack		Lung cancer	
	Percentage (95% CI)							
<b>Current smokers<sup>1</sup></b>	82.3	(80.3, 84.1)	51.6	(48.8, 54.3)	70.5	(68.1, 72.8)	84.8	(83.0, 86.5)
<i>Gender</i>								
Male	81.0	(78.3, 83.4)	50.1	(46.5, 53.7)	71.2	(68.0, 74.2)	83.3	(80.7, 85.6)
Female	84.1	(80.9, 86.9)	53.6	(49.5, 57.6)	69.5	(65.7, 73.2)	86.9	(83.8, 89.5)
<i>Age (years)</i>								
15-19	76.3	(61.2, 86.8)	59.0	(43.1, 73.2)	70.5	(55.6, 82.0)	85.8	(73.6, 92.9)
20-29	87.3	(83.6, 90.3)	53.1	(47.2, 58.9)	75.2	(70.1, 79.7)	87.9	(84.0, 90.9)
30-39	82.8	(78.6, 86.3)	49.1	(44.0, 54.2)	70.6	(65.6, 75.2)	86.0	(82.0, 89.3)
40-49	81.6	(77.2, 85.2)	52.1	(47.2, 57.0)	70.4	(65.5, 74.8)	86.4	(82.7, 89.4)
50-59	79.8	(75.2, 83.7)	49.2	(44.0, 54.4)	66.6	(61.4, 71.4)	81.4	(77.0, 85.2)
60+	81.6	(75.8, 86.3)	53.8	(46.5, 61.0)	69.9	(63.5, 75.7)	80.7	(74.9, 85.3)
<i>Residence</i>								
Rural	84.8	(82.3, 87.0)	51.0	(47.1, 54.8)	72.6	(69.2, 75.8)	85.5	(82.8, 87.9)
Urban	81.0	(78.2, 83.5)	51.9	(48.2, 55.6)	69.4	(66.2, 72.4)	84.4	(82.0, 86.6)
<i>Education Level</i>								
Primary	80.4	(75.0, 84.9)	52.4	(45.7, 58.9)	70.5	(64.5, 75.9)	82.3	(76.8, 86.8)
Vocational	82.9	(79.6, 85.7)	52.7	(48.3, 57.1)	72.6	(68.7, 76.2)	85.0	(81.9, 87.6)
Secondary	82.3	(79.1, 85.2)	51.1	(47.1, 55.1)	71.2	(67.5, 74.7)	85.6	(82.5, 88.3)
High	82.9	(77.1, 87.5)	49.6	(43.2, 56.1)	63.3	(56.7, 69.5)	84.6	(79.1, 88.8)
<b>Non-smokers<sup>2</sup></b>	95.6	(94.8, 96.2)	66.2	(64.4, 68.0)	84.0	(82.7, 85.3)	95.9	(95.3, 96.5)
<i>Gender</i>								
Male	96.0	(94.8, 96.9)	64.7	(61.9, 67.3)	84.4	(82.4, 86.3)	96.7	(95.7, 97.5)
Female	95.3	(94.2, 96.2)	67.4	(64.9, 69.8)	83.7	(81.8, 85.5)	95.4	(94.4, 96.2)
<i>Age (years)</i>								
15-19	95.4	(91.9, 97.4)	51.9	(45.4, 58.3)	83.1	(77.6, 87.4)	98.2	(95.8, 99.2)
20-29	97.7	(96.4, 98.5)	66.7	(62.8, 70.4)	85.2	(81.9, 88.0)	98.1	(97.0, 98.9)
30-39	95.9	(94.4, 97.1)	67.5	(63.8, 70.9)	86.6	(83.9, 88.9)	95.7	(94.1, 96.8)
40-49	96.1	(94.3, 97.3)	68.0	(63.6, 72.1)	85.5	(82.0, 88.4)	97.3	(95.8, 98.3)
50-59	95.2	(93.2, 96.6)	67.9	(63.7, 71.7)	80.4	(76.6, 83.7)	96.2	(94.6, 97.4)
60+	93.9	(92.4, 95.2)	68.1	(65.1, 70.9)	83.1	(81.0, 85.1)	92.9	(91.3, 94.2)
<i>Residence</i>								
Rural	95.5	(94.5, 96.4)	63.9	(61.5, 66.3)	83.1	(81.2, 84.8)	95.0	(93.9, 95.9)
Urban	95.6	(94.5, 96.5)	67.7	(65.2, 70.1)	84.7	(82.8, 86.4)	96.5	(95.6, 97.3)
<i>Education Level</i>								
Primary	93.5	(91.7, 94.9)	62.3	(58.8, 65.6)	80.5	(77.7, 83.0)	93.6	(91.9, 95.0)
Vocational	95.3	(93.7, 96.5)	66.7	(63.4, 69.9)	82.6	(80.0, 84.9)	95.8	(94.3, 96.9)
Secondary	96.1	(94.9, 97.0)	67.9	(65.2, 70.5)	85.5	(83.4, 87.4)	96.7	(95.7, 97.5)
High	97.4	(95.8, 98.3)	68.1	(64.1, 71.8)	87.3	(84.1, 90.0)	97.5	(96.0, 98.5)

<sup>1</sup> Includes daily and occasional (less than daily) smokers.

<sup>2</sup> Includes former and never smokers.

**Table 9.2:** Percentage of adults  $\geq 15$  years old who believe that breathing other people's smoke causes serious illness in non-smokers, by selected demographic characteristics – GATS Poland, 2009-2010.

Demographic Characteristics	Believe that breathing other people's smoke causes serious illness in non-smokers					
	Overall		Current smokers <sup>1</sup>		Non-smokers <sup>2</sup>	
	Percentage (95% CI)					
<b>Overall</b>	81.4	(80.0, 82.7)	68.8	(66.3, 71.3)	86.8	(85.5, 88.1)
<i>Gender</i>						
Male	77.4	(75.2, 79.4)	66.8	(63.4, 70.1)	83.5	(81.2, 85.6)
Female	85.1	(83.4, 86.6)	71.6	(67.8, 75.1)	89.4	(87.8, 90.8)
<i>Age (years)</i>						
15-19	77.2	(71.6, 82.0)	65.6	(49.0, 79.2)	79.7	(74.1, 84.4)
20-29	83.7	(81.2, 85.9)	73.5	(68.3, 78.2)	88.4	(85.7, 90.6)
30-39	81.2	(78.6, 83.5)	67.7	(62.5, 72.5)	88.2	(85.6, 90.4)
40-49	81.0	(78.1, 83.6)	69.5	(64.6, 74.0)	88.7	(85.9, 91.1)
50-59	79.5	(76.8, 82.0)	65.9	(60.7, 70.7)	88.8	(86.1, 91.0)
60+	82.7	(80.6, 84.6)	68.4	(61.8, 74.3)	85.3	(83.1, 87.2)
<i>Residence</i>						
Rural	83.8	(81.9, 85.5)	75.7	(72.3, 78.8)	86.9	(84.9, 88.7)
Urban	79.9	(78.0, 81.7)	65.2	(61.7, 68.6)	86.8	(84.9, 88.4)
<i>Education Level</i>						
Primary	79.6	(77.0, 82.0)	69.4	(62.9, 75.2)	82.4	(79.5, 85.0)
Vocational	78.0	(75.5, 80.4)	69.1	(65.0, 73.0)	84.4	(81.7, 86.7)
Secondary	82.9	(81.1, 84.6)	68.7	(64.5, 72.7)	89.0	(87.2, 90.5)
High	85.1	(82.2, 87.5)	68.8	(62.2, 74.7)	90.4	(87.8, 92.5)
<sup>1</sup> Includes daily and occasional (less than daily) smokers <sup>2</sup> Includes former and never smokers.						

**Table 9.3:** Percentage of adults ≥15 years old who have certain beliefs about cigarettes, by smoking status, selected demographic characteristics, and awareness of smoking harm – GATS Poland, 2009-2010.

Demographic Characteristics	Adults 1 who believe that certain types of cigarettes can be less harmful than others						Adults who believe that cigarettes cause an addiction					
	Overall		Current smokers <sup>2</sup>		Non-smokers <sup>3</sup>		Overall		Current smokers <sup>2</sup>		Non-smokers <sup>3</sup>	
	Percentage (95% CI)											
<b>Overall</b>	17.7	(16.5, 19.0)	24.1	(21.8, 26.6)	15.3	(14.0, 16.7)	98.0	(97.6, 98.4)	97.2	(96.2, 97.9)	98.4	(98.0, 98.7)
Gender												
Male	19.5	(17.7, 21.4)	22.3	(19.4, 25.6)	18.1	(16.1, 20.3)	98.0	(97.3, 98.5)	97.3	(96.2, 98.1)	98.4	(97.6, 98.9)
Female	16.1	(14.4, 17.9)	26.4	(22.6, 30.7)	13.1	(11.5, 14.9)	98.1	(97.6, 98.5)	97.1	(95.2, 98.2)	98.4	(97.9, 98.8)
Age (years)												
15-19	15.5	(11.6, 20.3)	15.8	(7.6, 30.1)	15.4	(11.2, 20.7)	98.9	(95.3, 99.7)	100.0		98.6	(94.3, 99.7)
20-29	16.7	(14.3, 19.5)	23.5	(18.7, 29.2)	13.9	(11.3, 17.0)	98.4	(97.5, 99.0)	96.7	(94.0, 98.2)	99.2	(98.4, 99.6)
30-39	18.0	(15.6, 20.7)	22.5	(18.0, 27.6)	16.0	(13.5, 18.9)	98.5	(97.7, 99.1)	97.4	(95.5, 98.5)	99.1	(98.3, 99.5)
40-49	18.2	(15.9, 20.8)	21.4	(17.4, 26.0)	16.4	(13.6, 19.7)	98.2	(97.1, 98.9)	97.3	(94.8, 98.6)	98.8	(97.7, 99.4)
50-59	20.3	(17.7, 23.2)	28.5	(23.9, 33.7)	15.6	(12.7, 18.9)	97.9	(96.7, 98.7)	97.2	(94.3, 98.6)	98.4	(97.3, 99.1)
60+	16.8	(14.6, 19.3)	27.6	(21.2, 35.1)	15.1	(12.8, 17.8)	97.1	(96.2, 97.8)	96.6	(93.4, 98.2)	97.2	(96.2, 97.9)
Residence												
Rural	16.2	(14.5, 18.0)	20.2	(17.2, 23.4)	14.8	(12.9, 16.8)	97.5	(96.8, 98.0)	96.7	(94.7, 97.9)	97.8	(97.2, 98.3)
Urban	18.7	(17.0, 20.5)	26.3	(23.1, 29.8)	15.6	(13.9, 17.6)	98.4	(97.8, 98.8)	97.5	(96.3, 98.3)	98.8	(98.2, 99.2)
Education Level												
Primary	14.1	(12.0, 16.6)	23.0	(17.5, 29.4)	12.0	(9.8, 14.7)	96.8	(95.6, 97.7)	97.1	(94.7, 98.4)	96.7	(95.3, 97.7)
Vocational	18.8	(16.4, 21.4)	23.3	(19.6, 27.5)	15.9	(13.3, 18.9)	98.0	(97.2, 98.6)	97.8	(96.4, 98.6)	98.2	(97.3, 98.8)
Secondary	18.5	(16.6, 20.4)	24.8	(21.1, 28.8)	16.1	(14.2, 18.3)	98.4	(97.6, 98.9)	97.0	(94.9, 98.2)	98.9	(98.4, 99.3)
High	19.1	(16.5, 22.0)	26.0	(20.0, 33.1)	17.2	(14.5, 20.2)	98.8	(97.9, 99.3)	96.3	(92.9, 98.1)	99.6	(99.0, 99.9)
Awareness of Smoking												
Harm												
Aware	NA	NA	NA	NA	NA	NA	98.6	(98.2, 98.9)	98.0	(97.0, 98.7)	98.8	(98.4, 99.1)
Not aware	NA	NA	NA	NA	NA	NA	92.4	(89.6, 94.5)	93.4	(90.0, 95.7)	90.6	(86.3, 93.7)

Note: NA = Not applicable

<sup>1</sup> Among those who believe that smoking causes serious illness.

<sup>2</sup> Includes daily and occasional (less than daily) smokers.

<sup>3</sup> Includes former and never smokers.

<sup>4</sup> Based on question H01. Aware includes those who reported smoking causes serious illness; Not aware includes those who reported smoking does not cause serious illness or those who didn't know if smoking causes serious illness.

**Table 9.4:** Percentage of adults ≥ 15 years old who believe that using smokeless tobacco causes serious illness, by selected demographic characteristics and smoking status – GATS Poland, 2009-2010.

Demographic Characteristics	Believe that using smokeless tobacco causes serious illness						
	Yes		No		Don't Know		Total
	<i>Percentage (95% CI)</i>						
<b>Overall</b>	39.0	(37.2, 40.9)	11.1	(10.2, 12.2)	49.8	(47.8, 51.8)	100
<i>Gender</i>							
Male	33.6	(31.3, 36.0)	14.0	(12.5, 15.6)	52.4	(49.9, 54.8)	100
Female	44.0	(41.4, 46.7)	8.5	(7.4, 9.8)	47.5	(44.7, 50.3)	100
<i>Age (years)</i>							
15-19	40.5	(34.8, 46.4)	17.3	(13.2, 22.5)	42.2	(36.1, 48.6)	100
20-29	40.1	(36.7, 43.5)	13.8	(11.6, 16.3)	46.1	(42.5, 49.9)	100
30-39	39.1	(36.1, 42.3)	11.8	(9.9, 13.9)	49.1	(45.6, 52.6)	100
40-49	36.2	(33.1, 39.5)	10.3	(8.5, 12.5)	53.5	(50.0, 56.9)	100
50-59	36.5	(33.3, 39.9)	11.1	(9.0, 13.7)	52.4	(48.8, 55.9)	100
60+	41.6	(38.6, 44.8)	6.8	(5.6, 8.2)	51.5	(48.4, 54.6)	100
<i>Residence</i>							
Rural	42.1	(39.7, 44.6)	9.1	(7.9, 10.3)	48.8	(46.4, 51.3)	100
Urban	37.2	(34.6, 39.8)	12.4	(11.0, 13.9)	50.4	(47.6, 53.2)	100
<i>Education Level</i>							
Primary	40.9	(37.5, 44.4)	10.5	(8.5, 12.9)	48.6	(45.0, 52.2)	100
Vocational	34.9	(32.1, 37.7)	11.6	(10.0, 13.5)	53.5	(50.6, 56.4)	100
Secondary	39.3	(36.9, 41.9)	11.1	(9.7, 12.7)	49.5	(46.8, 52.2)	100
High	42.8	(39.2, 46.6)	11.0	(9.0, 13.3)	46.2	(42.5, 49.9)	100
<i>Smoking Status</i>							
Current smoker	26.8	(24.5, 29.3)	16.8	(14.8, 18.9)	56.4	(53.6, 59.2)	100
Non-smoker	44.4	(42.3, 46.5)	8.7	(7.8, 9.7)	46.9	(44.7, 49.1)	100



**Table 9.5:** Percentage of adults ≥ 15 years old who support or oppose various tobacco control laws, by smoking status - GATS Poland, 2009-2010.

	Adults' opinion of...					
	Raising taxes on tobacco products		A complete ban on manufacturing and sale of smoking tobacco products		A complete ban on manufacturing and sale of smokeless tobacco products	
	Percentage (95% CI)					
<i>Overall</i>						
Favor	48.3	(46.7, 49.8)	41.3	(39.7, 43.0)	33.2	(31.6, 34.9)
Oppose	38.5	(37.1, 39.9)	46.0	(44.4, 47.5)	35.5	(33.9, 37.1)
Don't Know	13.2	(12.2, 14.4)	12.7	(11.7, 13.7)	31.3	(29.6, 33.1)
<i>Current Smokers<sup>1</sup></i>						
Favor	14.8	(13.1, 16.5)	17.3	(15.4, 19.3)	15.4	(13.5, 17.6)
Oppose	79.7	(77.7, 81.6)	77.1	(74.9, 79.2)	54.0	(51.2, 56.8)
Don't Know	5.6	(4.6, 6.7)	5.6	(4.6, 6.9)	30.5	(28.2, 33.0)
<i>Non-smokers<sup>2</sup></i>						
Favor	62.9	(61.1, 64.8)	51.9	(49.9, 53.8)	41.0	(38.9, 43.1)
Oppose	20.5	(19.1, 21.9)	32.4	(30.6, 34.1)	27.4	(25.7, 29.1)
Don't Know	16.6	(15.3, 18.1)	15.8	(14.5, 17.1)	31.6	(29.6, 33.7)

<sup>1</sup> Includes daily and occasional (less than daily) smokers.  
<sup>2</sup> Includes former and never smokers.

**Table 9.6:** Percentage of adults ≥15 years old who support or oppose a complete ban on smoking in various public places, by smoking status – GATS Poland, 2009-2010.

Demographic Characteristics	Adults' opinion of a complete ban on smoking in...																			
	Workplaces	Government offices	Healthcare facilities	Schools and other educational facilities	Bars / Night or music clubs	Restaurants	Cultural facilities	Sport facilities												
Overall																				
Favor	64.7	[63.0, 66.3]	82.4	[80.9, 83.7]	92.1	[91.1, 93.0]	91.8	[90.8, 92.7]	36.9	[35.4, 38.5]	58.4	[56.8, 60.0]	81.4	[79.9, 82.7]	83.2	[81.7, 84.5]				
Oppose	28.7	[27.2, 30.2]	14.2	[12.9, 15.5]	6.6	[5.8, 7.5]	7.0	[6.2, 8.0]	51.6	[49.9, 53.2]	33.5	[32.0, 35.1]	13.4	[12.2, 14.6]	12.7	[11.5, 14.0]				
Don't Know	6.7	[6.0, 7.4]	3.5	[2.9, 4.1]	1.3	[1.0, 1.7]	1.2	[0.9, 1.5]	11.5	[10.5, 12.6]	8.0	[7.3, 8.9]	5.3	[4.6, 6.1]	4.1	[3.6, 4.8]				
Current Smokers <sup>1</sup>																				
Favor	38.8	[36.2, 41.6]	70.9	[68.1, 73.5]	85.5	[83.0, 87.7]	86.0	[83.7, 88.1]	17.1	[15.2, 19.3]	36.8	[34.1, 39.6]	69.4	[66.4, 72.2]	73.4	[70.5, 76.1]				
Oppose	55.5	[52.8, 58.2]	25.5	[22.9, 28.2]	12.7	[10.8, 15.0]	12.6	[10.6, 14.8]	76.0	[73.5, 78.3]	57.3	[54.4, 60.1]	24.8	[22.2, 27.6]	22.5	[20.0, 25.2]				
Don't Know	5.7	[4.7, 6.8]	3.7	[2.8, 4.8]	1.8	[1.2, 2.6]	1.4	[0.9, 2.1]	6.9	[5.6, 8.3]	5.9	[4.9, 7.2]	5.8	[4.7, 7.3]	4.1	[3.2, 5.4]				
Non-smokers <sup>2</sup>																				
Favor	75.9	[74.2, 77.6]	87.4	[86.0, 88.6]	94.9	[94.1, 95.7]	94.3	[93.3, 95.2]	45.6	[43.6, 47.5]	67.8	[66.0, 69.6]	86.6	[85.2, 87.8]	87.5	[86.1, 88.7]				
Oppose	17.0	[15.6, 18.4]	9.2	[8.2, 10.4]	3.9	[3.3, 4.7]	4.6	[3.9, 5.5]	40.9	[39.0, 42.8]	23.2	[21.7, 24.8]	8.4	[7.4, 9.4]	8.4	[7.4, 9.5]				
Don't Know	7.1	[6.3, 8.1]	3.4	[2.7, 4.1]	1.1	[0.8, 1.6]	1.1	[0.8, 1.4]	13.5	[12.3, 14.8]	9.0	[8.0, 10.1]	5.0	[4.2, 6.0]	4.1	[3.5, 4.8]				

<sup>1</sup> Includes daily and occasional (less than daily) smokers.

<sup>2</sup> Includes former and never smokers.

**Table 9.7:** Percentage of adults ≥15 years old who support or oppose a complete ban on smoking in various situations, by smoking status – GATS Poland, 2009-2010.

Demographic Characteristics	Adults' opinion of a complete ban on smoking...							
	While driving a car		At home in the presence of children		In presence of pregnant women		Anywhere in the presence of non-smokers	
	Percentage (95% CI)							
<i>Overall</i>								
Favor	65.7	(64.0, 67.4)	89.5	(88.4, 90.5)	93.5	(92.7, 94.3)	77.8	(76.2, 79.4)
Oppose	28.1	(26.7, 29.7)	7.1	(6.3, 8.0)	4.0	(3.5, 4.7)	16.4	(15.0, 17.9)
Don't Know	6.2	(5.4, 7.0)	3.4	(2.8, 4.0)	2.4	(1.9, 3.0)	5.8	(5.1, 6.5)
<i>Current Smokers<sup>1</sup></i>								
Favor	40.9	(38.0, 43.8)	79.4	(77.0, 81.6)	87.6	(85.6, 89.3)	58.3	(55.2, 61.3)
Oppose	53.8	(50.8, 56.6)	14.9	(12.9, 17.0)	8.8	(7.4, 10.4)	32.8	(30.0, 35.8)
Don't Know	5.3	(4.3, 6.6)	5.7	(4.6, 7.0)	3.7	(2.8, 4.8)	8.9	(7.5, 10.4)
<i>Non-smokers<sup>2</sup></i>								
Favor	76.5	(74.7, 78.2)	93.9	(92.8, 94.7)	96.1	(95.4, 96.8)	86.3	(84.8, 87.7)
Oppose	17.0	(15.6, 18.4)	3.8	(3.2, 4.5)	2.0	(1.6, 2.5)	9.2	(8.1, 10.5)
Don't Know	6.5	(5.6, 7.5)	2.4	(1.8, 3.0)	1.9	(1.4, 2.5)	4.5	(3.8, 5.3)

<sup>1</sup> Includes daily and occasional (less than daily) smokers.  
<sup>2</sup> Includes former and never smokers.

# APPENDIX A: QUESTIONNAIRE

## GLOBAL ADULT TOBACCO SURVEY (GATS) Poland 2009-2010

### Household questionnaire

**INTERVIEWER:** THE SURVEYED RESPONDENT - HOUSEHOLD MEMBER HAS TO BE AT LEAST 18 YEARS OLD, AND THE INTERVIEWER HAS TO BE CERTAIN, THAT THIS PERSON IS ABLE TO PROVIDE ACCURATE INFORMATION ABOUT ALL MEMBERS OF THE HOUSEHOLD.

IF NEEDED, CHECK THE RESPONDENT'S AGE TO MAKE SURE THAT HE/SHE IS AT LEAST 18 YEARS OLD.

#### INTRODUCTION:

Hello. My name is {first and last name} and I work at the Pentor Research International institute.

We would like to talk to you about tobacco smoking. This survey, coordinated internationally by the World Health Organization, has the objective of learning about attitudes of adults toward tobacco smoking in many countries of the world. In Poland it is being conducted by the Maria Skłodowska-Curie Cancer Center and Institute of Oncology in Warsaw and the Warsaw Medical University with cooperation of the Pentor Research International institute and the Chief Sanitary Inspectorate. Your household was selected randomly to participate in the survey based on a national sample which was scientifically developed. Your participation bears great importance for the execution of this project. We guarantee the strict confidentiality of all gathered information.

At the beginning I would like to determine, who in your household is eligible to participate in the survey.

HH1. First I would like to ask a few of questions regarding your household. How many people live in this household in total?

**INTERVIEWER:** TAKE INTO ACCOUNT EVERYONE WHO CONSIDERS THIS HOUSEHOLD HIS/HER PRIMARY RESIDENCE

PERSONS

HH2. How many of these household members are at least 15 years old?

PERSONS

HH3. How many [INTERVIEWER: PICK "MEN" OR "WOMEN" ACCORDING TO THE LABELING OF THE HOUSEHOLD] in this household are at least 15 years old?

		PERSONS
--	--	---------

**INTERVIEWER:** IF HH3 = 00 (NONE OF THE HOUSEHOLD MEMBERS ARE QUALIFIED FOR THE SURVEY), END INTERVIEW.

HH4. Now I would like to gather information about [INTERVIEWER: PICK "MEN" OR "WOMEN" ACCORDING TO THE LABELING OF THE HOUSEHOLD] living in this household who are 15 years old or older. Let's prepare a list of these persons in the order from oldest to youngest.

**INTERVIEWER:** ASK THE FOLLOWING QUESTIONS AND NOTE THE ANSWERS IN THE TABLE BELOW

a. What is this person's first name?

b. How old is this person? **INTERVIEWER:** IF THE RESPONDENT DOES NOT KNOW, ESTIMATE APPROXIMATE AGE.

c. **INTERVIEWER:** IF THE GIVEN AGE RANGES BETWEEN 15 AND 17 YEARS OLD, ASK FOR THE DATE OF BIRTH: What is the month and year of birth of this person?

"MALE" HOUSEHOLD <input type="checkbox"/> 1 "FEMALE" HOUSEHOLD <input type="checkbox"/> 2								
	a. First name	b. Age	ONLY IF AGE = 15-17 c. Date of birth	d. Gender		e. Current smoker?		
						YES	NO	DO NOT KNOW
				M	K			
1	_____	__	Month: ____ Year: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
2	_____	__	Month: ____ Year: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
3	_____	__	Month: ____ Year: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
4	_____	__	Month: ____ Year: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
5	_____	__	Month: ____ Year: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
6	_____	__	Month: ____ Year: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
7	_____	__	Month: ____ Year: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
8	_____	__	Month: ____ Year: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
9	_____	__	Month: ____ Year: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
10	_____	__	Month: ____ Year: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7

CHECK IF THE DATE OF BIRTH FALLS BEFORE THE DATE OF [MONTH/YEAR] TO MAKE SURE THIS PERSON IS AT LEAST 15 YEARS OLD. IF HE/SHE IS NOT AT LEAST 15 YEARS OLD, REMOVE LINE.

IF THE RESPONDENT DOES NOT KNOW THE DATE OF BIRTH, GO TO POINT d

d. RECORD GENDER (FOR THE PURPOSE OF POSSIBLE VERIFICATION)

e. Does this person currently smoke tobacco, e.g. cigarettes, pipe, cigars, cigarillos?

**NOTE: SELECTION OF INDIVIDUAL RESPONDENT WILL BE PERFORMED AUTOMATICALLY BY THE iPAQ HAND-HELD PROGRAM. HH5 AND HH6 WILL ALSO BE CODED AUTOMATICALLY.**

HH5. ENTER THE NUMBER OF THE SELECTED RESPONDENT FOR THE PARTICULAR (MALE OR FEMALE) HOUSEHOLD

HH6. ENTER THE QUESTIONNAIRE ID NUMBER

QUESTIONNAIRE ID NUMBER: \_\_\_\_ - \_\_\_\_

**INTERVIEWER:** IF YOU ARE NOT HAVING AN INTERVIEW WITH THE SELECTED RESPONDENT OR HE/SHE CANNOT PARTICIPATE IN AN INTERVIEW AT THE GIVEN MOMENT, RECORD HIS/HER FIRST AND LAST NAME AND SCHEDULE THE DATE AND TIME OF THE NEXT VISIT

FIRST AND LAST NAME OF RESPONDENT: \_\_\_\_\_

DATE OF THE NEXT VISIT: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE OF THE NEXT VISIT: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE OF THE NEXT VISIT: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE OF THE NEXT VISIT: \_\_\_\_\_ TIME: \_\_\_\_\_

## Respondent's questionnaire

CONSENT1. **INTERVIEWER:** CHECK THE AGE OF THE SELECTED RESPONDENT BASED ON INFORMATION INCLUDED IN THE HOUSEHOLD QUESTIONNAIRE AND SELECT ONE OF THE FOLLOWING CATEGORIES:

- |                       |  |
|-----------------------|--|
| 15-17 YEARS OLD       | <input type="checkbox"/> <sub>1</sub> [GO TO CONSENT2] |
| AT LEAST 18 YEARS OLD | <input type="checkbox"/> <sub>2</sub> [GO TO CONSENT5] |
| EMANCIPATED           |  |
| MINOR PERSON (15-17)  | <input type="checkbox"/> <sub>3</sub> [GO TO CONSENT5] |

CONSENT2. Before I start the interview, I have to obtain consent from your parent or guardian and from you personally.

**INTERVIEWER:** IF THE SELECTED RESPONDENT AS WELL AS HIS/HER PARENT OR GUARDIAN ARE PRESENT, CONTINUE INTERVIEW.

IF THE PARENT OR GUARDIAN OF THE RESPONDENT IS NOT PRESENT, STOP THE INTERVIEW AND DETERMINE THE DATE OF THE NEXT VISIT.

IF THE MINOR RESPONDENT IS NOT PRESENT, TRY TO OBTAIN CONSENT FROM HIS/HER PARENT OR GUARDIAN FOR CONDUCTING AN INTERVIEW WITH AN UNDERAGE PERSON AND POSSIBLY DETERMINE THE DATE OF THE NEXT VISIT.

CONSENT3. **INTERVIEWER:** READ THE FOLLOWING TEXT TO THE PARENT OR GUARDIAN AND TO THE RESPONDENT SELECTED FOR THE INTERVIEW, IF HE/SHE IS PRESENT:

**INTERVIEWER:** IF YOU ARE SPEAKING WITH PERSON THAT WAS INTERVIEWED IN HOUSEHOLD QUESTIONNAIRE, GO TO THE SECOND PARAGRAPH OF CONSENT3.

I work at the Pentor Research International institute. At World Health Organization's request, this institution, together with the Maria Skłodowska-Curie Cancer Center and Institute of Oncology in Warsaw and the Warsaw Medical University and in collaboration with the Chief Sanitary Inspectorate, gathers information about tobacco smoking in Poland. This data will be used by the Ministry of Health to develop activities for improvement of the public health.

Your household and Ms./Mr.[FIRST AND LAST NAME OF RESPONDENT] have been selected in a random way to participate in the survey. The provided answers are very important for conducting our survey because they reflect different social opinions on this subject.

Our conversation will take about 30 minutes. Respondent's participation in the study is completely voluntary. We guarantee strict confidentiality of the provided information and it will not be possible to determine respondent's identity based on the given answers. Personal information will not be made accessible to third parties, including parents, guardians or other family members of the respondent. We also would like to inform you that you can at any time withdraw from the survey or decline to answer any question.

We will leave the necessary contact information with you. If you have any questions about this survey, you can contact the telephone numbers listed

If you express your consent to the participation of Ms./Mr. [FIRST AND LAST NAME OF RESPONDENT] in this survey, I would like to have a separate interview with her/him.

**INTERVIEWER:** ASK THE PARENT OR GUARDIAN: Do you express your consent to the participation of Ms./Mr. [FIRST AND LAST NAME OF RESPONDENT] in this survey?

YES  1 [GO TO CONSENT4]

NO  2 [FINISH THE INTERVIEW]

CONSENT4. WAS THE SELECTED MINOR RESPONDENT PRESENT?

PRESENT  1 [GO TO CONSENT6]

ABSENT  2 [GO TO CONSENT5]



CONSENT5. **INTERVIEWER:** READ THE FOLLOWING TEXT TO THE RESPONDENT SELECTED FOR THE SURVEY.

**INTERVIEWER:** IF YOU ARE SPEAKING WITH PERSON THAT WAS INTERVIEWED IN HOUSEHOLD QUESTIONNAIRE, GO TO THE SECOND PARAGRAPH OF CONSENT5.

I work at the Pentor Research International institute. At World Health Organization's request, this institution, together with the Maria Sklodowska-Curie Cancer Center and Institute of Oncology in Warsaw and the Warsaw Medical University and in collaboration with the Chief Sanitary Inspectorate, gathers information about tobacco smoking in Poland. This data will be used by the Ministry of Health to develop activities for improvement of the public health.

Your household and you as an individual have been selected in a random way to participate in the survey. The answers you will provide are very important for conducting our survey because they reflect different social opinions on this subject.

Our conversation will take about 30 minutes. Your participation in the study is completely voluntary. We guarantee strict confidentiality of the information you provide. Based on the answers given by you, it will also not be possible to determine your identity. Personal information will not be made accessible to third parties, including family members. We would also like to inform that you can at any time withdraw from the survey or decline to answer any question.

{FILL IF CONSENT1 = 2: If you smoke cigarettes, you will be asked to show your pack of cigarettes if you have it available and you agree to do so.}

We will leave the necessary contact information with you. If you have any questions about this survey, you can contact the telephone numbers listed

**INTERVIEWER:** IF CONSENT4=2, GIVE FOLLOWING INFORMATION TO THE RESPONDENT: Your parent or guardian has expressed his/her consent to your participation in our research.

If you agree to participate in our research, I would like to conduct a short conversation with you.

CONSENT6. **INTERVIEWER:** ASK THE RESPONDENT: Do you express your consent to participate in the study?

YES  <sub>1</sub> [CONTINUE THE INTERVIEW]

NO  <sub>2</sub> [END THE INTERVIEW]

FILL IN THE FOLLOWING DATA:

ENTER THE LANGUAGE IN WHICH THE SURVEY IS BEING CONDUCTED	<input type="checkbox"/> <sub>1</sub> POLISH <input type="checkbox"/> <sub>2</sub> [OTHER, SPECIFY] _____
TIME INTERVIEW BEGAN [24-HOUR FORMAT]	____ : ____ HR MIN

## SECTION A. BASIC PERSONAL INFORMATION

INTRODUCTION: Before proceeding with the main part of this study, I would like to gather some basic information about you. These data are collected by World Health Organization in order to evaluate and compare health and social situation in different countries participating in this study.

A1. **INTERVIEWER:** ENTER THE GENDER OF THE RESPONDENT BASED ON OBSERVATION.

MALE  1

FEMALE  2

A2. What is your month and year of birth?

MONTH: 

--	--

 IF DO NOT KNOW, ENTER "77"

YEAR: 

--	--	--	--

 IF DO NOT, ENTER "7777"

**INTERVIEWER:** IF MONTH=77 OR YEAR=7777 IN A2, ASK QUESTION A3. OTHERWISE GO TO A4.

A3. How old are you?

**INTERVIEWER:** IF THE RESPONDENT IS NOT SURE, TRY TO ESTIMATE AND RECORD ANSWER

--	--	--

 YEARS OLD

A3a. **INTERVIEWER:** WAS THE RESPONDENT'S AGE APPROXIMATED?

YES  1

NO  2

DON'T KNOW  7

A4. What is your education?

**INTERVIEWER:** SELECT ONLY ONE, THE HIGHEST CATEGORY

- |  |                             |
|--|-----------------------------|
| NO FORMAL EDUCATION                        | <input type="checkbox"/> 1  |
| INCOMPLETE ELEMENTARY                      | <input type="checkbox"/> 2  |
| ELEMENTARY                                 | <input type="checkbox"/> 3  |
| JUNIOR HIGH SCHOOL                         | <input type="checkbox"/> 4  |
| VOCATIONAL                                 | <input type="checkbox"/> 5  |
| SECONDARY (HIGH SCHOOL, TECHNICAL COLLEGE) | <input type="checkbox"/> 6  |
| JUNIOR COLLEGE                             | <input type="checkbox"/> 7  |
| BACHELOR'S DEGREE                          | <input type="checkbox"/> 8  |
| HIGHER (STARTING WITH MASTER'S DEGREE)     | <input type="checkbox"/> 9  |
| I DO NOT KNOW                              | <input type="checkbox"/> 77 |

A5. Which of the following answers best describes your occupational status in the last 12 months?

**INTERVIEWER:** PROVIDE SHOWCARD TO RESPONDENT AND RECORD ONLY ONE ANSWER

- HIRED EMPLOYEE, EMPLOYED IN A COMPANY, ENTERPRISE-BASED ON EMPLOYMENT CONTRACT OR CONTRACT SELF-EMPLOYED; OWNER OR CO-OWNER OF A COMPANY OR HELPING SPOUSE  2
- PERSON KEEPING HIS/HER OWN FARM, OWNER OR CO-OWNER OF A FARM OR HELPING SPOUSE ON A FARM  3
- PUPIL, STUDENT  4
- PERSON OCCUPIED WITH HOUSEHOLD KEEPING, RAISING CHILDREN/HOMEMAKER  5
- RETIREE  6
- PENSIONER  7
- UNEMPLOYED, CURRENTLY WITH NO PERMANENT JOB  8
- I DO NOT KNOW  77

**INTERVIEWER:** IF A5=1,2,3, ASK QUESTION AA1; IF A5=4,5,6,7,8,77 GO TO A6

AA1 What kind of work have you conducted and what position have you occupied in the last 12 months?

**INTERVIEWER:** PROVIDE SHOWCARD TO RESPONDENT AND RECORD ONLY ONE ANSWER

- MANAGEMENT OR CO-MANAGEMENT IN A COMPANY OR AN ENTERPRISE  1
- EXPERT, INDEPENDENT PROFESSIONAL WITH HIGH QUALIFICATIONS AND HIGHER EDUCATION  2
- WHITE-COLLAR WORKER, ADMINISTRATIVE OFFICE STAFF IN A COMPANY OR AN ENTERPRISE  3
- TRADE OR SERVICES EMPLOYEE  4
- FOREMAN, TECHNICIAN SUPERVISING MANUAL WORKERS  5
- SKILLED WORKER  6
- NON-SKILLED WORKER OR FARM WORKER  7
- DO NOT KNOW  77

A6. Please tell me, if this household or any of the persons residing in it has access to the following conveniences?

READ EACH ITEM:	YES	NO	DON'T KNOW
b. Flush toilet?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
c. Land line phone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
d. Cell phone?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
e. Television?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
f. Radio?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
g. Refrigerator?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
h. Car?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
i. Moped/scooter/motorcycle?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
j. Washing machine?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
k. Computer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
l. Internet?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
m. Satellite or cable television?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
n. Dishwasher?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
o. Home theater set?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77
p. Video camera?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 77

AA1A. How many indoor areas does your house/apartment consist of, including the kitchen, bathroom and hallway?

**INTERVIEWER:** AN INDOOR AREA IS EACH CHAMBER (ROOM) IN THE HOUSEHOLD THAT CAN BE CLOSED OFF WITH A DOOR

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AA2. Please calculate the total of your net incomes (on hand, without taxes) from the last month. Please add salaries, bonuses, rewards, payments for overtime, scholarships, annuity, pension, commissioned work, farm income from last month and say in which of the following income categories you would include your income: Less than 1000 PLN, 1000 to 1500 PLN, 1501 to 2000 PLN, 2001 to 3000 PLN, or over 3000 PLN?

**INTERVIEWER:** QUESTION CONCERNS CONSTANT EARNINGS OF RESPONDENT.

**INTERVIEWER:** QUESTION CONCERNS NET INCOME, I.E. AFTER DEDUCTING INCOME TAX

LESS THAN 1000 PLN	<input type="checkbox"/> 1
FROM 1000 TO 1500 PLN	<input type="checkbox"/> 2
FROM 1501 TO 2000 PLN	<input type="checkbox"/> 3
FROM 2001 TO 3000 PLN	<input type="checkbox"/> 4
OVER 3000 PLN	<input type="checkbox"/> 5
I DO NOT KNOW	<input type="checkbox"/> 77
REFUSED	<input type="checkbox"/> 99

AA3. How would you define your main place of residence when you were about 14 years old? Would you say village, small town (up to 50 thousand residents), medium-sized town (50-100 thousand residents), or city (over 100 thousand residents)?

**INTERVIEWER:** SELECT ONLY ONE CATEGORY

- |   |                             |
|---|-----------------------------|
| VILLAGE                                       | <input type="checkbox"/> 1  |
| SMALL TOWN (UP TO 50 THOUSAND RESIDENTS)      | <input type="checkbox"/> 2  |
| MEDIUM-SIZED TOWN (50-100 THOUSAND RESIDENTS) | <input type="checkbox"/> 3  |
| CITY (OVER 100 THOUSAND RESIDENTS)            | <input type="checkbox"/> 4  |
| I DO NOT KNOW                                 | <input type="checkbox"/> 77 |

AA4. I would like to ask you now about your attitude towards religion. Would you consider yourself: A believer practicing regularly, a believer but practicing not regularly, a believer but not practicing, or a non-believer?

**INTERVIEWER:** SELECT ONLY ONE CATEGORY

- |   |                            |
|---|----------------------------|
| A BELIEVER, PRACTICING REGULARLY        | <input type="checkbox"/> 1 |
| A BELIEVER BUT PRACTICING NOT REGULARLY | <input type="checkbox"/> 2 |
| A BELIEVER BUT NOT PRACTICING           | <input type="checkbox"/> 3 |
| A NON-BELIEVER                          | <input type="checkbox"/> 4 |

## SECTION B. TOBACCO SMOKING

INTRODUCTION: I would like to ask you a few questions about smoking tobacco, e.g.cigarettes, pipe, cigars, cigarillos. By now, please do not answer questions regarding smokeless tobacco.

B1. Do you currently smoke tobacco every day, less than every day, or do you not smoke at all?

- |                     |   |
|---------------------|---|
| EVERY DAY           | <input type="checkbox"/> 1 GO TO B4             |
| LESS THAN EVERY DAY | <input type="checkbox"/> 2                      |
| DO NOT SMOKE AT ALL | <input type="checkbox"/> 3 GO TO B3             |
| DON'T KNOW          | <input type="checkbox"/> 7 GO TO NEXT SECTION C |

B2. Have you smoked tobacco every day in the past?

- |            |                                      |
|------------|--------------------------------------|
| YES        | <input type="checkbox"/> 1 GO TO B8  |
| NO         | <input type="checkbox"/> 2 GO TO BB2 |
| DON'T KNOW | <input type="checkbox"/> 7 GO TO B10 |

B3. In the past, have you smoked tobacco every day, less than every day, or not at all?

**INTERVIEWER:** IF THE RESPONDENT SMOKED TOBACCO IN THE PAST "EVERY DAY" AS WELL AS "LESS THAN EVERY DAY", MARK "EVERY DAY" AND LATER FOLLOW THE INSTRUCTION REGARDING THIS ANSWER

- |                     |   |
|---------------------|---|
| EVERY DAY           | <input type="checkbox"/> 1 GO TO B11            |
| LESS THAN EVERY DAY | <input type="checkbox"/> 2 GO TO BB2            |
| DO NOT SMOKE AT ALL | <input type="checkbox"/> 3 GO TO BB1            |
| DON'T KNOW          | <input type="checkbox"/> 7 GO TO NEXT SECTION C |

BB1. Have you ever smoked one cigarette, pipe, cigar, cigarillo or another tobacco product?

- |     |   |
|-----|---|
| YES | <input type="checkbox"/> 1                      |
| NO  | <input type="checkbox"/> 2 GO TO NEXT SECTION C |

BB2. Have you ever smoked at least 100 cigarettes (pipes, cigars, cigarillos, or other tobacco products) in your life?

- |     |                            |
|-----|----------------------------|
| YES | <input type="checkbox"/> 1 |
| NO  | <input type="checkbox"/> 2 |

ROUTING:

-IF B2=2, GO TO B10

-IF B3=2, GO TO B13

-IF B3=3, GO TO NEXT SECTION C

**[PERSONS CURRENTLY SMOKING EVERY DAY]**

B4. How old were you when you started to smoke tobacco every day?

--	--

YEARS OLD **INTERVIEWER:**  
IF RESPONDENT DOES NOT KNOW,  
ENTER "99"

**INTERVIEWER:** IF B4 = 99, ASK QUESTION B5. OTHERWISE GO TO BB4.

B5. How many years ago did you start to smoke tobacco every day?

--	--

YEAR(S) AGO

**INTERVIEWER:** IF B4 = AGE FROM A2/A3 OR IF B4 IS 1 YEAR LESS THAN AGE FROM A2/A3, GO TO BB4. OTHERWISE, GO TO B6

(IF B4=99:) IF B5 = 0 OR 1, THEN GO TO BB4. OTHERWISE GO TO B6

BB4. Have you smoked tobacco every day during the last 6 months?

- YES  1  
NO  2

B6. On average, how many of the following products do you smoke daily? Also, let me know if you smoke the product, but not every day.

**INTERVIEWER:** IF THE RESPONDENT CLAIMS HE/SHE SMOKED A CERTAIN KIND OF TOBACCO BUT LESS THAN ONCE A DAY, ENTER 888

**INTERVIEWER:** IF THE RESPONDENT GIVES THE AMOUNT OF SMOKED TOBACCO PRODUCTS IN PACKETS OR BOXES, TRY TO FIND OUT, HOW MANY ITEMS EACH OF THEM CONTAINS AND CALCULATE THE TOTAL AMOUNT OF SMOKED ITEMS

READ EACH ITEM:

a. Manufactured cigarettes?				PER DAY
a1. [IF B6a=888] On average, how many manufactured cigarettes do you currently smoke each week?				PER WEEK
b. Hand-rolled cigarettes?				PER DAY
b1. [IF B6b=888] On average, how many hand-rolled cigarettes do you currently smoke each week?				PER WEEK
c. Pipes filled with tobacco?				PER DAY
c1. [IF B6c=888] On average, how many pipes filled with tobacco do you currently smoke each week?				PER WEEK
e. Cigars?				PER DAY
e1. [IF B6e=888] On average, how many cigars do you currently smoke each week?				PER WEEK
f. Cigarillos?				PER DAY
f1. [IF B6f=888] On average, how many cigarillos do you currently smoke each week?				PER WEEK
g. Other tobacco product intended for smoking? (Specify type:_____)				PER DAY
g1. [IF B6g=888] On average, how many [FILL PRODUCT] do you currently smoke each week?				PER WEEK



BB5. Thinking about 3 years ago, did you smoke {FILL MOST USED TOBACCO PRODUCT FROM B6a - g } most often?

- YES  1 GO TO B7  
NO  2  
DID NOT SMOKE 3 YEARS AGO  3 GO TO B7

BB6. Which of the following tobacco products intended for smoking did you use most often 3 years ago? Manufactured cigarettes, hand-rolled cigarettes, pipes filled with tobacco, cigars, cigarillos, or some other product?

**INTERVIEWER:** PROBE FOR ONLY ONE ANSWER IF TWO OR MORE ARE REPORTED

- MANUFACTURED CIGARETTES.  1  
HAND-ROLLED CIGARETTES  2  
PIPE FILLED WITH TOBACCO  3  
CIGARS  4  
CIGARILLOS  5  
OTHER PRODUCT. SPECIFY: \_\_\_\_\_  6  
DON'T REMEMBER  77

BB7. What was the primary reason for changing your most often smoked tobacco product? Because the product I smoke now is cheaper, Because I think that the product I smoke now is less harmful to my health, Because the product I smoke now is popular among other smokers, Because I like it better than what I used to smoke-it is of higher quality, or some other reason?

- PRODUCT I SMOKE NOW IS CHEAPER  1  
PRODUCT I SMOKE NOW IS LESS HARMFUL TO HEALTH  2  
PRODUCT I SMOKE NOW IS POPULAR AMONG OTHER SMOKERS  3  
I LIKE IT BETTER THAN WHAT I USED TO SMOKE/HIGHER QUALITY  4  
FOR OTHER REASONS. SPECIFY: \_\_\_\_\_  5

B7. How soon after you wake up do you smoke your first cigarette (pipe, cigar, cigarillo, other tobacco product)? Is it: within the first 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

- WITHIN THE FIRST 5 MINUTES  1  
AFTER 6-30 MINUTES  2  
AFTER 31-60 MINUTES  3  
AFTER MORE THAN 60 MINUTES  4

BB8. Does it happen that you wake up at night and smoke?

- YES  1  
NO  2

**INTERVIEWER:** GO TO SECTION C

**[PERSONS SMOKING CURRENTLY LESS THAN EVERY DAY]**

B8. How old were you when you started to smoke tobacco every day?

--	--

**INTERVIEWER:**  
YEARS OLD IF RESPONDENT DOES NOT KNOW,  
ENTER "99

**INTERVIEWER:** IF B8 = 99, ASK QUESTION B9. OTHERWISE GO TO BB13.

B9. How many years ago have you first started to smoke tobacco every day?

--	--

YEAR(S) AGO

**INTERVIEWER:** IF B8 = AGE FROM A2/A3 OR IF B8 IS 1 YEAR LESS THAN AGE FROM A2/A3,  
GO TO BB13. OTHERWISE, GO TO B10

(IF B8=99:) IF B9 = 0 OR 1, THEN GO TO BB13. OTHERWISE GO TO B10

BB13. In the past, have you ever smoked tobacco every day, for at least 6 months?

- YES  1  
NO  2

B10. On average, how many of the following products do you smoke during a usual week?

**INTERVIEWER:** IF THE RESPONDENT CLAIMS HE/SHE SMOKED A CERTAIN KIND OF TOBACCO IN THE LAST 30 DAYS BUT LESS THAN ONCE A WEEK, ENTER 888

**INTERVIEWER:** IF THE RESPONDENT GIVES THE AMOUNT OF SMOKED TOBACCO PRODUCTS IN PACKETS OR BOXES, TRY TO FIND OUT, HOW MANY ITEMS EACH OF THEM CONTAINS AND CALCULATE THE TOTAL AMOUNT OF SMOKED ITEMS

READ EACH ITEM:

a. Manufactured cigarettes?

b. Hand-rolled cigarettes?

c. Pipes filled with tobacco?

e. Cigars?

f. Cigarillos?

g. Other tobacco product intended for smoking?

Specify: \_\_\_\_\_


WEEKLY

WEEKLY

WEEKLY

WEEKLY

WEEKLY

WEEKLY

BB15. Thinking about 3 years ago, did you smoke {FILL MOST USED TOBACCO PRODUCT FROM B10a - g } most often?

- YES  1 GO TO SECTION C  
NO  2  
DID NOT SMOKE 3 YEARS AGO  3 GO TO SECTION C

BB16. Which of the following tobacco products intended for smoking did you use most often 3 years ago? Manufactured cigarettes, hand-rolled cigarettes, pipes filled with tobacco, cigars, cigarillos, or some other product?

**INTERVIEWER:** PROBE FOR ONLY ONE ANSWER IF TWO OR MORE ARE REPORTED

- MANUFACTURED CIGARETTES  1  
HAND-ROLLED CIGARETTES  2  
PIPE FILLED WITH TOBACCO  3  
CIGARS  4  
CIGARILLOS  5  
OTHER PRODUCT. SPECIFY: \_\_\_\_\_  6  
DON'T REMEMBER  77

BB17. What was the primary reason for changing your most often smoked tobacco product? Because the product I smoke now is cheaper, Because I think that the product I smoke now is less harmful to my health, Because the product I smoke now is popular among other smokers, Because I like it better than what I used to smoke-it is of higher quality, or some other reason?

- PRODUCT I SMOKE NOW IS CHEAPER  1  
PRODUCT I SMOKE NOW IS LESS HARMFUL TO HEALTH  2  
PRODUCT I SMOKE NOW IS POPULAR AMONG OTHER SMOKERS  3  
I LIKE IT BETTER THAN WHAT I USED TO SMOKE/HIGHER QUALITY  4  
FOR OTHER REASONS. SPECIFY: \_\_\_\_\_  5

**INTERVIEWER:** GO TO SECTION C

**[FORMER SMOKERS]**

B11. How old were you when you started to smoke tobacco every day?

--	--

YEARS OLD

**INTERVIEWER**

IF RESPONDENT DOES NOT KNOW,  
ENTER "99

**INTERVIEWER:** IF B11 = 99, ASK QUESTION B12. OTHERWISE GO TO BB18.

B12. How many years ago did you start to smoke tobacco every day?

--	--

YEAR(S) AGO

**INTERVIEWER:** IF B11 = AGE FROM A2/A3 OR IF B11 IS 1 YEAR LESS THAN AGE FROM A2/A3, GO TO BB18. OTHERWISE, GO TO B13

(IF B11=99:) IF B12 = 0 OR 1, THEN GO TO BB18. OTHERWISE GO TO B13

BB18. In the past, have you ever smoked tobacco every day, for at least 6 months?

YES  1

NO  2

B13. How long ago have you stopped smoking?

**INTERVIEWER:** WHEN RESPONDENT STOPPED SMOKING REGULARLY - DO NOT INCLUDE RARE INSTANCES OF SMOKING

MARK THE APPROPRIATE MEASUREMENT UNIT AND ENTER NUMBER

YEARS  1

MONTHS  2

WEEKS  3

DAYS  4


LESS THAN ONE DAY (24 HOURS)  5

DON'T KNOW  7

BB19. What was your primary reason for quitting smoking cigarettes? Cigarettes became too expensive for you, You realized that smoking harms you, Someone you know decided to quit, Now there are less public places where you can smoke, or some other reason?

- CIGARETTES BECAME TOO EXPENSIVE  1
- REALIZED SMOKING IS HARMFUL  2
- SOMEONE DECIDED TO QUIT  3
- LESS PUBLIC PLACES  4
- OTHER REASON - SPECIFY: \_\_\_\_\_  5
- DON'T KNOW  7

**INTERVIEWER:** IF B13 < 1 YEAR(< 12 MONTHS), ASK THE NEXT QUESTION (B14). OTHERWISE GO TO SECTION C.

B14. Have you been at a doctor's office or at a healthcare facility during the last 12 months?

- YES  1
- NO  2 GO TO B18

B15. How many times have you been to a doctor's office or a healthcare facility during the last 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

- 1 OR 2  1
- 3 TO 5  2
- 6 OR MORE TIMES  3

B16. During any visit at the doctor's office or at a healthcare facility in the last 12 months, were you asked if you smoke tobacco?

- YES  1
- NO  2 GO TO B18

B17. During any visit at the doctor's office or at a healthcare facility in the last 12 months, were you advised to stop smoking?

- YES  1
- NO  2

B18. During the last 12 months, have you used any of the following means trying to stop smoking tobacco?

READ EACH ITEM:

- |   | YES                        | NO                         |
|---|----------------------------|----------------------------|
| a. Counseling by a specialist, including at a smoking cessation clinic  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Nicotine replacement therapy, e.g. chewing gum, patches, tablets, inhaler and other agents containing nicotine | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Other prescription drugs, e.g. Tabex, Zyban, Champix. Specify: _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| dd. Other pharmaceutical agents. Specify: _____   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Quitline advice/helpline   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Switching to smokeless tobacco   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Other methods. Specify: _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

## SECTION C. SMOKELESS TOBACCO

INTRODUCTION: The following questions concern using smokeless tobacco, such as tobacco for sniffing (e.g. snuff) or chewing tobacco.

C1. Do you currently use smokeless tobacco every day, less than every day, or do you not use it at all?

- |                     |  |
|---------------------|--|
| EVERY DAY           | <input type="checkbox"/> 1 GO TO C4              |
| LESS THAN EVERY DAY | <input type="checkbox"/> 2                       |
| NOT AT ALL          | <input type="checkbox"/> 3 GO TO C3              |
| DON'T KNOW          | <input type="checkbox"/> 7 GO TO NEXT SECTION D1 |

C2. In the past, have you used smokeless tobacco every day?

- |            |                                      |
|------------|--------------------------------------|
| YES        | <input type="checkbox"/> 1 GO TO C8  |
| NO         | <input type="checkbox"/> 2 GO TO C10 |
| DON'T KNOW | <input type="checkbox"/> 7 GO TO C10 |

C3. In the past, have you used smokeless tobacco every day, less than every day, or have you not used it at all?

**INTERVIEWER:** IF THE RESPONDENT USED SMOKELESS TOBACCO IN THE PAST "EVERY DAY" AS WELL AS "LESS THAN EVERY DAY", MARK "EVERY DAY" AND LATER FOLLOW THIS ANSWER

- |                     |   |
|---------------------|---|
| EVERY DAY           | <input type="checkbox"/> 1 GO TO C11        |
| LESS THAN EVERY DAY | <input type="checkbox"/> 2 GO TO C13        |
| NOT AT ALL          | <input type="checkbox"/> 3 GO TO SECTION D1 |
| DON'T KNOW          | <input type="checkbox"/> 7 GO TO SECTION D1 |

**[PERSONS CURRENTLY USING SMOKELESS TOBACCO EVERY DAY]**

C4. How old were you when you first started to use smokeless tobacco every day?

		YEARS OLD	IF DO NOT KNOW, ENTER "99"
--	--	-----------	----------------------------

**INTERVIEWER:** IF C4 = 99, ASK QUESTION C5. OTHERWISE GO TO C6.

C5. How many years ago did you first start to use smokeless tobacco every day?

		YEARS OLD
--	--	-----------

C6. On average, how many times a day do you use the following kinds of smokeless tobacco?

**INTERVIEWER:** IF THE RESPONDENT CLAIMS HE/SHE USES SMOKELESS TOBACCO BUT LESS THAN ONCE A DAY, ENTER 888  
 READ EACH ITEM:

a. Nasal snuff?				PER DAY
a1. [IF C6a=888] On average, how many times a week do you currently use nasal snuff?				PER WEEK
b. Oral snuff (not to chew)?				PER DAY
b1. [IF C6b=888] On average, how many times a week do you currently use oral snuff?				PER WEEK
c. Chewing tobacco?				PER DAY
c1. [IF C6c=888] On average, how many times a week do you currently use chewing tobacco?				PER WEEK
d. Any others? (Specify type:_____)				PER DAY
d1. [IF C6d=888] On average, how many times a week do you currently use [FILL PRODUCT]?				PER WEEK

C7. How soon after waking up do you start using smokeless tobacco? Is it: within the first 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

- WITHIN THE FIRST 5 MINUTES  1  
 AFTER 6-30 MINUTES  2  
 AFTER 31-60 MINUTES  3  
 AFTER MORE THAN 60 MINUTES  4

CC3. Do you sometimes wake up at night and use smokeless tobacco?

- YES  1  
 NO  2

**INTERVIEWER:** GO TO SECTION D1

**[PERSONS CURRENTLY USING SMOKELESS TOBACCO LESS THAN DAILY]**

C8. How old were you when you first started to use smokeless tobacco every day?

		YEARS OLD	IF DO NOT KNOW, ENTER "99"
--	--	-----------	----------------------------

**INTERVIEWER:** IF C8 = 99, ASK QUESTION C9. OTHERWISE GO TO C10.

C9. How many years ago did you first start to use smokeless tobacco every day?

		YEARS OLD
--	--	-----------

C10. On average, how many times a week do you use the following kinds of smokeless tobacco?

**INTERVIEWER:** IF THE RESPONDENT CLAIMS HE/SHE USED SMOKELESS TOBACCO IN THE LAST 30 DAYS BUT LESS THAN ONCE A WEEK, ENTER 888

READ EACH ITEM:

a. Nasal snuff				WEEKLY
b. Oral snuff				WEEKLY
c. Chewing tobacco				WEEKLY
d. Other				WEEKLY

Specify: \_\_\_\_\_

**INTERVIEWER:** GO TO SECTION D1



**[PERSONS USING SMOKELESS TOBACCO IN THE PAST]**

C11. How old were you when you first started to use smokeless tobacco every day?

--	--

YEARS OLD

IF DO NOT KNOW, ENTER "99"

INTERVIEWER: IF C11 = 99, ASK QUESTION C12. OTHERWISE GO TO C13.

C12. How many years ago did you first start to use smokeless tobacco every day?

--	--

YEARS OLD

C13. How long ago have you stopped using smokeless tobacco?

**INTERVIEWER:** WHEN RESPONDENT STOPPED USING REGULARLY - DO NOT INCLUDE RARE INSTANCES OF USE

MARK THE APPROPRIATE MEASUREMENT UNIT AND ENTER NUMBER

YEARS

 2


MONTHS

 2

WEEKS

 3

DAYS

 4

LESS THAN ONE DAY (24 HOURS)

 5

DON'T KNOW

 7

## SECTION D1. QUITTING TOBACCO SMOKING

**INTERVIEWER: CHECK ANSWER TO QUESTION B1 AND RECORD BELOW:**

**B1 = \_\_\_\_**

**IF B1=1 or 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), ASK QUESTION D1**

**IF B1=3 or 7 (RESPONDENT CURRENTLY DOES NOT SMOKE TOBACCO), GO TO SECTION D2**

**INTRODUCTION:** The following questions concern attempts to quit tobacco smoking that you made during the last 12 months.

D1. During the last 12 months, have you tried to quit smoking?

YES  1

NO  2 GO TO D4

D2. During the last attempt to quit smoking, for how long for have you stopped smoking?

MARK THE APPROPRIATE MEASUREMENT UNIT AND ENTER NUMBER

IF FOR SHORTER THAN 1 DAY (24 HOURS), LEAVE THE FIELDS IN THE TABLE BLANK, MARK HOWEVER THE SQUARE BELOW THE TABLE

MONTHS	<input type="checkbox"/> 1			
WEEKS	<input type="checkbox"/> 2			
DAYS	<input type="checkbox"/> 3			

SHORTER THAN ONE DAY (24 HOURS)  1

DON'T KNOW  1

D3. During the last 12 months, have you used any of the following means trying to stop smoking tobacco?

READ EACH ITEM:

	YES	NO
a. Counselling by a specialist, including at smoking cessation clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Nicotine replacement therapy, e.g. chewing gum, patches, tablets, inhaler and other agents containing nicotine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Other prescription drugs, e.g. Tabex, Zyban, Champix. Specify: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2
dd. Other pharmaceutical agents. Specify: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Quitline advice/helpline	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Switching to smokeless tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Other methods. Specify: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2

D4. Have you been at a doctor's office or at a healthcare facility during the last 12 months?

YES  1

NO  2 GO TO D8

D5. How many times have you been to a doctor's office or a healthcare facility during the last 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2  1

3 TO 5  2

6 OR MORE TIMES  3

D6. During any visit at the doctor's office or at a healthcare facility in the last 12 months, were you asked if you smoke tobacco?

YES  1

NO  2 GO TO D8

D7. During any visit at the doctor's office or at a healthcare facility in the last 12 months, were you advised to stop smoking?

YES  1

NO  2

D8. Which from the following statements best describes your intentions regarding quitting smoking? I intend to quit smoking within the next month, I consider quitting smoking within the next 12 months, I will quit smoking but not within the next 12 months, or I do not intend to quit smoking?

QUIT WITHIN THE NEXT MONTH  1

CONSIDER WITHIN THE NEXT 12 MONTHS  2

QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS.  3

DO NOT INTEND TO QUIT  4

DON'T KNOW  7

## SECTION D2. QUITTING USING SMOKELESS TOBACCO

**INTERVIEWER: CHECK ANSWER TO QUESTION C1 AND RECORD BELOW:**

C1 = \_\_\_

**IF C1 = 1 or 2 (RESPONDENT CURRENTLY USES SMOKELESS TOBACCO), ASK QUESTION D9)  1**

**IF C1 = 3 or 7 (RESPONDENT CURRENTLY DOES NOT USE SMOKELESS TOBACCO), GO TO SECTION E  2**

**INTRODUCTION:** The following questions concern attempts to quit using smokeless tobacco which you have made in the last 12 months.

D9. During the last 12 months, have you tried to quit using smokeless tobacco?

YES  1

NO  2 GO TO NEXT SECTION E

D10. During the last attempt to quit using smokeless tobacco, for how long have you stopped using this kind of products?

MARK THE APPROPRIATE MEASUREMENT UNIT AND ENTER NUMBER

IF FOR SHORTER THAN 1 DAY (24 HOURS), LEAVE THE FIELDS IN THE TABLE BLANK, MARK HOWEVER THE SQUARE BELOW THE TABLE

MONTHS	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
WEEKS	<input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAYS	<input type="checkbox"/> 3	<input type="text"/>	<input type="text"/>	<input type="text"/>

SHORTER THAN ONE DAY (24 HOURS)  4

DON'T KNOW  7

## SECTION E. PASSIVE SMOKING

- E1. Which from the following statements best describes the rules regarding smoking at your home? Smoking is allowed inside of your home, smoking is generally not allowed inside of your home but there are exceptions, smoking is never allowed inside of your home, or there are no rules about smoking in your home?

SMOKING IS ALLOWED  1  
SMOKING IS PROHIBITED, WITH SOME EXCEPTIONS FROM THIS RULE  2  
SMOKING IS COMPLETELY PROHIBITED  3 GO TO E4  
NO RULES  4 GO TO E3  
DON'T KNOW  7 GO TO E3

- E2. Is at your home smoking allowed in each indoor area, e.g. room, kitchen, bedroom, bathroom?

**INTERVIEWER:** AN INDOOR AREA IS EACH CHAMBER (ROOM) INSIDE THE HOUSEHOLD THAT CAN BE CLOSED OFF WITH A DOOR

YES  1  
NO  2  
DON'T KNOW  7

- E3. How often is tobacco being smoked at your home? Would you say every day, at least once a week, at least once a month, less than once a month, or never?

EVERY DAY  1  
AT LEAST ONCE A WEEK  2  
AT LEAST ONCE A MONTH  3  
LESS THAN ONCE A MONTH  4  
NEVER  5  
DON'T KNOW  7

- E4. Do you currently work outside of your home?

YES  1  
NO / I DO NOT WORK AT ALL  2 GO TO E9

- E5. Do you usually work in indoor areas (inside a building) or outside a building (outdoors)?

INSIDE A BUILDING  1 GO TO E7  
OUTDOORS  2  
INSIDE A BUILDING AND OUTDOORS  3 GO TO E7

- E6. Are there indoor areas as well at your workplace?

**INTERVIEWER:** AN INDOOR AREA IS EACH CHAMBER (ROOM) INSIDE THE WORKPLACE THAT CAN BE CLOSED OFF WITH A DOOR

YES  1  
NO  2 GO TO E9  
DON'T KNOW  7 GO TO E9

E7. Which of the following statements describes best the rules regarding smoking in indoor areas at your workplace? Smoking is allowed anywhere, smoking is allowed only in some indoor areas, smoking is not allowed in any indoor areas, or there is no policy?

- SMOKING IS ALLOWED EVERYWHERE  1
- SMOKING IS ALLOWED IN SOME INDOOR AREAS  2
- SMOKING IS PROHIBITED IN ALL INDOOR AREAS  3
- THERE IS NO POLICY  4
- I DO NOT KNOW  7

E8. During the last 30 days, did anyone smoke in the indoor areas in which you work?

- YES  1
- NO  2
- DON'T KNOW  7

E9. During the last 30 days, did you visit buildings of government offices?

- YES  1
- NO  2 GO TO E11
- I DO NOT KNOW  7 GO TO E11

E10. Did anyone smoke in indoor areas of buildings of government offices which you visited during the last 30 days?

- YES  1
- NO  2
- I DO NOT KNOW  7

E11. During the last 30 days, did you visit a healthcare facility?

- YES  1
- NO  2 GO TO E13
- I DO NOT KNOW  7 GO TO E13

E12. Did anyone smoke in indoor areas of healthcare facilities which you visited during the last 30 days?

- YES  1
- NO  2
- I DO NOT KNOW  7

E13. During the last 30 days, did you visit restaurant?

- YES  1  
NO  2 GO TO E27  
I DO NOT KNOW  7 GO TO E27

E14. Did anyone smoke in indoor areas of the restaurant which you visited during the last 30 days?

- YES  1  
NO  2  
I DO NOT KNOW  7

E27. During the last 30 days, did you visit a coffee shop, bistro or a tea shop?

- YES  1  
NO  2 GO TO E25  
I DO NOT KNOW  7 GO TO E25

E28. Did anyone smoke in indoor areas of a coffee shop, bistro or tea shop which you visited during the last 30 days?

- YES  1  
NO  2  
I DO NOT KNOW  7

E25. During the last 30 days, did you visit a bar, pub, or night club?

- YES  1  
NO  2 GO TO EE2  
I DO NOT KNOW  7 GO TO EE2

E26. Did anyone smoke in indoor areas of a bar, pub or night club which you visited during the last 30 days?

- YES  1  
NO  2  
I DO NOT KNOW  7

EE2. During the last 30 days, did you visit a disco or a music club?

- YES  1  
NO  2 GO TO E15  
I DO NOT KNOW  7 GO TO E15

EE3. Did anyone smoke in indoor areas of a disco or music club which you visited during the last 30 days?

- YES  1  
NO  2  
I DO NOT KNOW  7

E15. During the last 30 days, have you used means of public transportation?

- YES  1  
NO  2 GO TO EE4  
I DO NOT KNOW  7 GO TO EE4

E16. Did anyone smoke in means of public transportation which you used in the last 30 days?

- YES  1  
NO  2  
I DO NOT KNOW  7

EE4. During the last 30 days, have you traveled as a driver or passenger by your private car or by private car of other person?

- YES  1  
NO  2 GO TO EE6  
I DO NOT KNOW  7 GO TO EE6

EE5. Did anyone smoke in the private cars by which you traveled in the last 30 days?

- YES  1  
NO  2  
I DO NOT KNOW  7

EE6. In some European countries, e.g. in Ireland there is a complete ban on smoking in public places and worksites in force. Are you in favor of implementing in Poland a complete ban on smoking in the mentioned places?

- | READ EACH ITEM:                                | YES                        | NO                         | I DO NOT KNOW              |
|--|----------------------------|----------------------------|----------------------------|
| a. In a work facility (place)                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| b. In a government office                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| c. In healthcare facilities                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| d. In schools and other educational facilities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| e. In cultural facilities                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| f. In sport facilities                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| g. In restaurants                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| h. In bars, night and music clubs              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| i. In other places. Specify: _____             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |

EE7. Would you also like a complete ban on smoking implemented:

- | READ EACH ITEM:                       | YES                        | NO                         | I DO NOT KNOW              |
|---------------------------------------|----------------------------|----------------------------|----------------------------|
| a. While driving a car?               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| b. At home in presence of children?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| c. In presence of pregnant women?     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| d. Everywhere where non-smokers stay? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |



EE8. During the last 12 months, have you decided against going to a place, because you did not want to be passively to tobacco smoke?

- YES  1  
NO  2 GO TO E17  
I DO NOT KNOW  7 GO TO E17

EE9. If yes, what places were those?

**INTERVIEWER:** MARK ALL PLACES NAMED BY THE RESPONDENT. MULTIPLE ANSWERS POSSIBLE.

- PRIVATE HOUSE, APARTMENT  1  
GOVERNMENT OFFICE  2  
HEALTHCARE FACILITY  3  
SCHOOL, UNIVERSITY, OTHER EDUCATIONAL FACILITY  4  
MOVIE THEATER, THEATER, OTHER CULTURAL FACILITY  5  
SPORT FACILITY  6  
RESTAURANT  7  
COFFEE SHOP, BISTRO, TEA SHOP  8  
BAR, PUB, NIGHT CLUB  9  
DISCO, MUSIC CLUB  10  
PUBLIC OR PRIVATE MEANS OF TRANSPORTATION  11  
OTHER PLACE. SPECIFY: \_\_\_\_\_  12

E17. Based on what you know or believe, does inhaling of tobacco smoke causes serious diseases in non-smokers?

- YES  1  
NO  2 GO TO SECTION F  
I DO NOT KNOW  7 GO TO SECTION F

E18. Do you think that inhaling tobacco smoke by non-smokers causes the following diseases?

- | READ EACH ITEM:                | YES                        | NO                         | I DO NOT KNOW              |
|--------------------------------|----------------------------|----------------------------|----------------------------|
| a. Heart diseases in adults?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| b. Lung diseases in children?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| c. Lung cancer in adults?      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| d. Delay in child development? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |

## SECTION F. ECONOMIC ASPECTS OF SMOKING

**INTERVIEWER:** CHECK ANSWERS TO B1, B6a, AND B10a. RECORD THEM BELOW:

B1 = \_\_\_\_

B6a = \_\_\_\_

B10a \_\_\_\_

**IF B1 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES EVERY DAY OR LESS THAN EVERY DAY)**

**AND**

**[B6a OR B10a] > 0 OR = 888 (RESPONDENT SMOKES CIGARETTES MANUFACTURED)**

**THEN ASK QUESTION F1**  1

**OTHERWISE GO TO QUESTION FF2**  2

**INTRODUCTION:** The next few questions regard the purchase of cigarettes that you have recently made for your own use.

F1. The last occasion you purchased cigarettes, how many cigarettes did you purchase for your own use?

**INTERVIEWER:** RECORD NUMBER AND MARK UNIT OF MEASUREMENT BELOW

--	--	--

- CIGARETTES BY THE PIECE  1
- PACKS  2 How many cigarettes were in each pack? \_\_\_\_\_
- BOXES  3 How many cigarettes were in each box? \_\_\_\_\_
- OTHER - SPECIFY: \_\_\_\_\_  4 How many cigarettes were in this package? \_\_\_\_\_
- I NEVER BOUGHT CIGARETTES  5 GO TO QUESTION FF2

F2. In total, how much money did you spend on cigarettes you purchased then?

**INTERVIEWER:** IF DON'T KNOW, ENTER 999

	ZLOTY
--	-------

F3. What brand of cigarettes did you purchase then?

ENTER NAME OF CIGARETTE BRAND: \_\_\_\_\_

F4. The last occasion you purchased cigarettes, where did you purchase these cigarettes?

- IN A KIOSK  1
- IN A SUPERMARKET  2
- IN A LOCAL STORE  3
- IN A TOBACCO PRODUCTS STORE  4
- IN A DUTY-FREE STORE  5
- ABROAD  6 SPECIFY WHERE: \_\_\_\_\_
- VIA THE INTERNET  7
- IN A BAR/RESTAURANT  8
- FROM ANOTHER PERSON  9
- SOMEWHERE ELSE  10 SPECIFY WHERE: \_\_\_\_\_
- I DO NOT REMEMBER  77

F5. Were those cigarettes filtered or non-filtered?

- FILTERED  1
- NON-FILTERED  2

FF1. Were those flavored cigarettes, e.g. with a menthol, vanilla, or other?

- YES  1
- NO  2

FF2. **INTERVIEWER:** IF B6b OR B10b > 0 OR = 888 (RESPONDENT CURRENTLY SMOKES HAND-ROLLED CIGARETTES), PROCEED WITH FF2. OTHERWISE, SKIP TO NEXT SECTION G.

The last occasion you purchased a package of tobacco to make hand-rolled cigarettes, about how many days did this package last?

**INTERVIEWER:** IF RESPONDENT NEVER BOUGHT TOBACCO FOR HAND-ROLLED CIGARETTES, ENTER 666

ENTER 777 FOR DON'T KNOW

--	--	--

IF FF2 = 666 OR 777 GO TO SECTION G

FF3. In total, how much money did you spend on this package of tobacco you last purchased?

**INTERVIEWER:** IF DON'T KNOW, ENTER 999

	ZLOTY
--	-------

## SECTION G. INFORMATION ABOUT TOBACCO

INTRODUCTION: The next few questions concern information about tobacco available in the media, advertising, outlets which you have encountered in the last 30 days.

G1. During the last 30 days, have you encountered in the following media any information about the harmfulness of cigarette smoking or such information which would encourage to quit smoking?

READ EACH ITEM:	YES	NO	N/A
a. In newspapers or magazines?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
b. On television?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
c. On the radio?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
d. On billboards?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
e. On the Internet?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
f. In educational/health materials?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
g. In another place?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
Specify: _____			

G2. During the last 30 days, have you seen on packs of cigarettes an information containing warnings about the harmfulness of smoking?

- YES  1
- NO.  2 GO TO G4
- DID NOT SEE ANY CIGARETTE PACKAGES  3 GO TO G4

G3. [ADMINISTER IF B1 = 1 OR 2. ELSE GO TO G4]

In the last 30 days, have warning labels on cigarette packages led you to think about quitting?

- YES  1
- NO  2 GO TO G4
- DON'T KNOW  7 GO TO G4

GG1. I would like to find out now what health warnings have you seen on packs of cigarettes during the last 30 days. Which of the following warnings do you remember seeing?

**NOTE:** The GSS survey program will randomly display 4 out of the 16 health warnings (for display to read to the respondents and for the response categories). The interviewer should read these warnings to the respondent and select the ones that the respondent remembers.

- Tobacco smokers die younger
- Tobacco smoking closes blood vessels and is the cause of heart attacks and strokes
- Tobacco smoking causes deadly lung cancer
- Tobacco smoking during pregnancy harms your child
- Protect children - do not make them inhale tobacco smoke
- Your doctor or pharmacist will help you quit smoking
- Tobacco smoking is heavily addictive - do not start smoking
- Quitting smoking reduces the risk of dangerous heart and lung diseases
- Tobacco smoking can cause slow and painful death
- Smoking kills
- If you call 0801108108, you will get help in quitting smoking
- Tobacco smoking can decrease blood flow and cause impotence
- Smoking seriously harms you and people in your environment
- Tobacco smoking accelerates skin ageing
- Tobacco smoking can damage semen and decrease fertility
- Tobacco smoke contains benzene, nitrosamines, formaldehyde, and hydrogen cyanide

**INTERVIEWER:** READ TO RESPONDENT 4 DRAWED HEALTH WARNINGS AND MARK CATEGORIES SELECTED BY THE RESPONDENT

- |  |                          |    |
|--|--------------------------|----|
| TOBACCO SMOKERS DIE YOUNGER  | <input type="checkbox"/> | 1  |
| TOBACCO SMOKING CLOSES BLOOD VESSELS AND IS THE CAUSE OF HEART ATTACKS AND STROKES | <input type="checkbox"/> | 2  |
| TOBACCO SMOKING CAUSES DEADLY LUNG CANCER  | <input type="checkbox"/> | 3  |
| TOBACCO SMOKING DURING PREGNANCY HARMS YOUR CHILD                                  | <input type="checkbox"/> | 4  |
| PROTECT CHILDREN - DO NOT MAKE THEM INHALE TOBACCO SMOKE                           | <input type="checkbox"/> | 5  |
| YOUR DOCTOR OR PHARMACIST WILL HELP YOU QUIT SMOKING                               | <input type="checkbox"/> | 6  |
| TOBACCO SMOKING IS HEAVILY ADDICTIVE - DO NOT TAKE UP SMOKING                      | <input type="checkbox"/> | 7  |
| QUITTING SMOKING REDUCES THE RISK OF DANGEROUS HEART AND LUNG DISEASES             | <input type="checkbox"/> | 8  |
| TOBACCO SMOKING CAN CAUSE SLOW AND PAINFUL DEATH                                   | <input type="checkbox"/> | 9  |
| SMOKING KILLS  | <input type="checkbox"/> | 10 |
| IF YOU CALL THE TELEPHONE NUMBER 0801108108, YOU WILL GET HELP IN QUITTING SMOKING | <input type="checkbox"/> | 11 |
| TOBACCO SMOKING CAN DECREASE BLOOD FLOW AND CAUSE IMPOTENCE                        | <input type="checkbox"/> | 12 |
| SMOKING SERIOUSLY HARMS YOU AND PEOPLE IN YOUR ENVIRONMENT                         | <input type="checkbox"/> | 13 |
| TOBACCO SMOKING ACCELERATES SKIN AGEING  | <input type="checkbox"/> | 14 |
| TOBACCO SMOKING CAN DAMAGE SEMEN AND DECREASE FERTILITY                            | <input type="checkbox"/> | 15 |
| TOBACCO SMOKE CONTAINS BENZENE, NITROSAMINES, FORMALDEHYDE AND HYDROGEN CYANIDE    | <input type="checkbox"/> | 16 |
| NONE OF THE ABOVE  | <input type="checkbox"/> | 17 |

GG1a. [IF ANY HEALTH WARNINGS ARE SELECTED IN GG1, ASK GG1a. OTHERWISE GO TO G4]

Did seeing these warnings encourage you to think about quitting?

- YES  1  
NO  2  
DON'T KNOW  7

G4. During the last 30 days, have you noticed in the following places any advertisements or signboards promoting tobacco smoking?

READ EACH ITEM:	YES	NO	I DO NOT KNOW
a. In tobacco selling outlets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
b. On foreign television channels	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
f. In foreign newspapers or magazines	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
h. On the Internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
k. In another place	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
Specify: _____			

G6. Have you in the last 30 days noticed any of the following forms of cigarette promotions?

READ EACH ITEM:	YES	NO	I DO NOT KNOW
a. Free cigarette samples?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
b. Discounted cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
c. Coupons for cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
d. Offers of free gifts or discounts on other products when purchasing cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
e. Clothing or other items with the name or logo of the cigarette brand?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
f. Mail promoting cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7

GG5. During the last 30 days, have you noticed music, theatrical, artistic, or fashion-related events that are associated with cigarette brands or cigarette companies?

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
I DO NOT KNOW	<input type="checkbox"/> 7

**INTERVIEWER:** IF C1 = 1 OR 2 THEN ASK QUESTION G8. OTHERWISE GO TO SECTION H.

G8. During the last 30 days, have you noticed information on products with smokeless tobacco warning about the harmfulness of these products to health?

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
I HAVE NOT SEEN ANY PACKAGES OF SUCH PRODUCTS	<input type="checkbox"/> 3

## SECTION H. TOBACCO - KNOWLEDGE, ATTITUDES AND PERCEPTION

HP1. I will read to you now a few opinions. I would like you to tell me if each one is definitely true, somewhat true, somewhat false or definitely false of you.

READ EACH ITEM:	DEFINITELY TRUE	SOMEWHAT TRUE	SOMEWHAT FALSE	DEFINITELY FALSE	I DO NOT KNOW
a. I am sick more often than other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7
b. I know nobody who is as healthy as I am	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7
c. I expect my health to deteriorate within next 12 months	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7
d. My health is in excellent condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7

H1. The next question concerns tobacco smoking.

Do you think that tobacco smoking causes serious diseases?

- YES  1  
 NO  2 GO TO H2\_3  
 I DO NOT KNOW  7

H2. Do you think that tobacco smoking causes the following effects...

READ EACH ITEM:	YES	NO	I DO NOT KNOW
a. Brain stroke (haemorrhage) which can lead to paralysis?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
b. Heart (infarct) attack ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
c. Lung cancer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7

H2\_2. Do you think that some kinds of cigarettes can be less harmful than others, or do you think that all cigarettes are equally harmful?

- MAY BE LESS HARMFUL  1  
 ALL ARE EQUALLY HARMFUL  2

H2\_3. Do you think, that using the below listed tobacco products leads to addiction?

READ EACH ITEM:	YES	NO	I DO NOT KNOW
a. Smoking of cigarettes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
b. Smoking of other smoking tobacco products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
c. Using smokeless tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7

H3. Do you think that using smokeless tobacco causes serious diseases?

- YES  1
- NO  2
- I DO NOT KNOW  7

H5. Would you favor or oppose raising the tax for tobacco products?

- FAVOR  1 H5a. would you strongly favor raising the tax or only favor to a small extent?
- OPPOSE  2 H5b. would you strongly oppose raising the tax or only oppose to a small extent?
- I DO NOT KNOW  7

HP2. Would you favor or oppose a complete ban on manufacturing and sale of cigarettes and other tobacco products intended for smoking?

- FAVOR  1 HP2a. Would you strongly favor this law or only favor to a small extent?
- OPPOSE  2 HP2b. Would you strongly oppose this law or only oppose to a small extent?
- I DO NOT KNOW  7

HP3. Would you support or oppose a complete ban on manufacturing and sale of smokeless tobacco, including snuff?

- FAVOR  1 HP3a. Would you strongly favor this law or only favor to a small extent?
- OPPOSE  2 HP3b. Would you strongly oppose this law or only oppose to a small extent?
- I DO NOT KNOW  7



## SECTION CP. CIGARETTE PACKS

### INTERVIEWER:

IF B1 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES TOBACCO EVERY DAY OR LESS THAN EVERY DAY)

AND [(B6a > 0 OR 888) OR (B10a > 1 - 200 OR 888)]

AND AGE OF RESPONDENT IS 18 OR OLDER

THEN ASK QUESTION CP1  1

OTHERWISE GO TO THE END OF INDIVIDUAL QUESTIONNAIRE  2

CP1. Could you show me the pack of cigarettes that you smoke? I would like to see what kind of health warnings are placed on it.

- YES  1  
NO (DECLINED TO SHOW PACKET)  2 GO TO END OF INTERVIEW

**INTERVIEWER:** WITHOUT THE RESPONDENT'S HELP, FIND OUT IF ON THE SHOWN CIGARETTE PACK THERE ARE HEALTH WARNINGS.

CP2. MARK BELOW WHAT KIND OF WARNINGS ARE ON THE CIGARETTE PACK OF THE RESPONDENT.

- TEXT WARNINGS IN POLISH  1  
TEXT WARNINGS IN A FOREIGN LANGUAGE  2  
PICTORIAL WARNINGS  3  
NO WARNINGS  4

**INTERVIEWER:** WITHOUT THE RESPONDENT'S HELP, FIND OUT IF ON THE SHOWN CIGARETTE PACK THERE IS AN EXCISE BAND.

CP3. MARK BELOW WHAT KIND OF EXCISE BAND IS PLACED ON THE CIGARETTE PACK OF THE RESPONDENT.

- POLISH EXCISE BAND  1  
FOREIGN EXCISE BAND  2  
DAMAGED EXCISE BAND, DIFFICULT TO IDENTIFY  3  
NO EXCISE BAND  4



# APPENDIX B: SAMPLE DESIGN

## B.1 INTRODUCTION

The Global Adult Tobacco Survey was designed to be a nationally representative household survey of all non-institutionalized men and women age 15 and older. The main objectives of this survey were to provide estimates of tobacco use, exposure to secondhand smoking, and frequency of quit attempts, and to monitor tobacco control interventions. The survey design requirements for this study were developed so that precise estimates could be generated for Poland as a whole, as well as by urban/rural residence and by gender.

The target population for this survey included all men and women in Poland age 15 and older. This target population included all people who considered Poland to be their primary place of residence. The definition included all those individuals residing in Poland even though they may not be considered citizens. The only adults age 15 and older excluded from the study were those individuals visiting Poland (e.g., tourists), those whose primary place of residence was a military base or group quarters (e.g., a dormitory) and those who were institutionalized—including people residing in hospitals, prisons, nursing homes, boarding schools, dormitories, retirement and invalid homes, other institutional establishments and collective premises, and other such institutions. However students living away in school dorms but considering the selected household to be their primary residence were included. If these students were selected, efforts were made to interview them, either when they returned home for vacations during field work. Eligible respondents could withdraw from the study at any time. They also had a right to refuse to answer any question without providing the reason for their decision.

## B.2 SAMPLING FRAME

The GATS Poland was conducted in all 16 Voivodships in Poland with representation on a national scale covering 99.4% of the total population. The sampling frame used for the GATS Poland design was based upon the National

Official Territorial Division Register or TERYT (Krajowy Rejestr Urzędowego Podziału Terytorialnego Kraju) maintained by the Central Statistical Office (GUS). The TERYT is an updated listing of all households in Poland initiated from the 2002 national census of the population. The registry is updated quarterly on the basis of information received from the Geodesy and Cartography Office, which registers all newly- built and pulled down houses. Additionally, in 2007 the Central Statistical Office updated the data using the current Polish population registry (PESEL). In the Central Statistical Office sampling frame there is information about household addresses and the number of people in a particular household (estimation). Subsequent to selection of primary sampling units the sample frame was further updated in February 2009 (presenting the data for 4 quarters of 2008) and verified in regard to existing addresses, addresses no longer applicable and new addresses. In the Central Statistical Office sampling frame the localization of the household is described not only on the basis of administrative division of the country (i.e. the voivodship, the district, the community), but also on the basis of additional units of regional division used by the Central Statistical Office (Statistical Regions and Census Districts).

The largest sociopolitical unit in Poland is the Voivodships. There are 16 Voivodships in Poland sharply differentiated in terms of population and territorial size.

Polish Voivodships are subdivided into districts, communities, statistical regions, and census districts. Statistical regions were chosen as the primary sampling units for the GATS Poland. The statistical region exists only in the typology of GUS. In Poland, there are 33691 statistical regions comprising 20134 urban and 13557 rural. The regions are created on the grounds of the criterion of the number of households and population amounting to not more than 2700 inhabitants and 999 households. The division into regions is always consistent with the borders of the units of the territorial division.

## B.3 SAMPLE DESIGN

The sample for GATS Poland was a three-staged stratified cluster sample of non-institutional adult population where statistical regions are treated as PSU. In the first stage of sample selection a total of 200 urban PSU and 200 rural PSU were selected with probability proportionate to size according the GATS sample selection requirements. Explicit stratification was used in the sample selection process with urban and rural designated PSUs sampled with PPS within each Voivodship. Allocation of PSUs across Voivodship was proportionate to the number of registered households by rural

urban classification of PSUs in each Voivodship. The number of registered households in each subset was taken from TERYT (see table B.1), used as the sampling database for GATS in Poland. Example: the Dolnośląskie Voivodship has 258.922 rural households and 779.445 urban households. This is, respectively, 6.1% of total rural households and 8.8% of urban households. Hence, in the Dolnośląskie Voivodship, 12 rural Statistical Regions were drawn ( $200 * 6,1\%$ ) and 18 urban Statistical Regions ( $200 * 8,8\%$ ). Voivodship was taken into account in stratification to improve the geographic representation of the sample. Rural PSU with less than 100 households were excluded from the GATS Poland frame in order to insure availability of a sufficient number of households for

replacement from the TERYT (See Table B.2). A total of 6800 households were selected (3600 male and 3200 female) from rural PSUs with 7200 households (3800 male and 3400 female) drawn from urban PSUs resulting a total sample of 14000 households for GATS Poland. Households were randomized to male females subsequent to sample selection.

Finally, one individual was randomly chosen from each of all the eligible males/females in participating households using the iPAQ. No replacements and no changes of the pre-selected households were allowed in the implementing stages in order to prevent bias.

Figure B.1: Voivodships in Poland



second stage sample selection and survey completion. Excluded PSU were primarily in remote and difficult to reach areas of Poland. Only 2.8% of rural PSUs were excluded representing 0.6% of the rural total. There were no exclusions of urban PSU.

In the second stage of sample selection 36 households (19 male and 17 female) were selected from each urban PSU and 34 households (18 male and 16 female) were selected from each rural PSU using simple random sampling without

## B.4 SAMPLE SIZE

GATS was designed to produce estimates that met the following precision requirements:

- Estimates computed at the national level, by urban/rural classification, by gender and by the cross of gender and urban/rural should have a 95% margin of error of 3 percentage points or less for tobacco use rates of 40%.

- Sample sizes should be sufficiently large to accommodate the statistical power requirements for tests to detect differences between survey rounds with independently chosen samples.

Assuming a design effect of 2.00 for estimates computed at the national level, by urban/rural classification, by gender and by the cross of gender and urban/rural, the minimum sample sizes needed to accommodate these precision requirements were 2,000 respondents in each of the four groups, defined by the cross of urban/rural and gender. The following anticipated non-response rates at the household and individual level were considered: household eligibility rate 90, household response rate 90, household screening rate 95, person eligibility rate 98, urban person-level response rates 70 for male and 80% for female and rural

person-level response rates 75 for male and 85% for female. The estimated overall response rate within strata was 73.5% rural men, 68.8% urban men, 83.3% rural women, and 78.4% urban women. The overall response rate based on the above assumptions for sample size computation of GATS Poland was 60%.

## B.5 SAMPLING PROBABILITIES AND SAMPLE WEIGHTS

Due to non-proportional allocation of the sample to the different strata, sampling weights were required to ensure the actual representativeness of the sample at the national level as well as the stratum level (urban/rural areas). The weighting process for the GATS involved a three-step process:

**Table B.1** Percentage of households by Voivodship according to TERYT

Voivodship	Rural	Urban
Dolnośląskie	6.1	8.8
Kujawsko-Pomorskie	5.2	5.3
Lubelskie	8.2	4.1
Lubuskie	2.5	2.7
łódzkie	6.6	7.6
Małopolskie	10.3	6.8
Mazowieckie	12.9	15.9
Opolskie	3.4	2.2
Podkarpackie	7.7	3.2
Podlaskie	3.5	2.9
Pomorskie	4.5	6.2
Śląskie	7.2	15.7
Świętokrzyskie	4.8	2.4
Warmińsko-Mazurskie	3.9	3.5
Wielkopolskie	9.2	7.8
Zachodniopomorskie	3.7	4.9
POLAND	100.0	100.0

**Table B.2** Sample Size by urban/rural designation of PSU and gender

PSU type	strata	Sample size	Sample size per one PSU	Adjusted sample size
Rural	Male	3537	18	3600
Urban	Male	3789	19	3800
Rural	Female	3120	16	3200
Urban	Female	3315	17	3400
Total		13762		14000

(1) the base weight or design weight, calculated from all steps of random selection in the sample design, (2) an adjustment for non-response by sample households and sample individuals eligible for the survey and (3) a post-stratification adjustment (calibration) of sample totals to the known population totals.

### (1) Base weight

The inverse of the unconditional probability of selection was the final selection weight (base weight) for each respondent, which is the reciprocal of the product of the probabilities of selection associated with each stage of the design. In order to calculate the sampling weights, sampling probabilities were calculated separately for each sampling stage using the following formula:

The unconditional probability of  $\alpha$ -PSU to be selected within each stratum in the 1st stage:

$$p_{\alpha}^{(1)} = \frac{I \cdot N_{\alpha}}{\sum_{\alpha} N_{\alpha}}$$

Where,

$N_{\alpha}$  = number of PSU selected in h-th stratum separately by urban and rural population

$I$  = number of PSUs selected in each stratum at the 1<sup>st</sup> stage

$\sum N_{\alpha}$  = total number of households in each stratum

The conditional probability of selecting households for the GATS Poland subsample at the 2<sup>nd</sup> stage within selected statistical regions:

$$p_{\alpha}^{(2)} = \frac{H_{\alpha}}{L_{\alpha}}$$

Where,  $H_{\alpha}$  is the number of households to be selected for the GATS Subsample within statistical region selected at the 2<sup>nd</sup> stage and  $L_{\alpha}$  is the total number of households in selected statistical region

The conditional probability of assigning households to male group of GATS subsample:

$$p_{\alpha}^{(3)} = \frac{M_{\alpha}}{H_{\alpha}}$$

and the conditional probability of assigning household to female group of GATS subsample:

$$p_{\alpha}^{(3)} = \frac{F_{\alpha}}{H_{\alpha}}$$

Where,  $M_{\alpha}$  and  $F_{\alpha}$  are the number of households included in male or female groups respectively at the 2<sup>nd</sup> stage of the GATS subsample and  $H_{\alpha}$  is the total number of selected households in selected PSU.

The final conditional probability of selecting an individual in a selected male or female household is computed as

$$p_{ai}^{(4)} = \frac{I}{R_{ai}}$$

where  $R_{ai}$  is the number of males or females in a selected household.

The GATS Poland Final Respondent Selection Probability separately computed for each stratum:

$$p_{ai} = p_{\alpha}^{(1)} \cdot p_{\alpha}^{(2)} \cdot p_{\alpha}^{(3)} \cdot p_{ai}^{(4)}$$

The overall sample weight for each selected respondent within stratum categories is therefore:

$$\frac{1}{p} = \frac{1}{p_{ai} = p_{\alpha}^{(1)} \cdot p_{\alpha}^{(2)} \cdot p_{\alpha}^{(3)} \cdot p_{ai}^{(4)}}$$

A spreadsheet containing all sampling parameters and selection probabilities was prepared to facilitate the calculation of base weight.

### (2) Adjustment for unit non-response

The base weights were adjusted for non-response on three factors: PSU-level non-response adjustments, household-level non-response adjustments, and person-level non-response adjustments. Response rates were computed at the PSU level as the number of PSUs with one or more responding households divided by the total number of PSUs selected within stratum. Household-level response rates were computed as the total number of responding households divided by the total number of selected households in each PSU. Person-level response rates were calculated within each stratum by age groups (ages 15-24, 25-44, 45-64, 65+), urban/rural, gender and smoking status. The corresponding PSU, household and person level weighting class adjustments were computed as one divided by the each respective weighted response rate.

### (3) Post-Stratification calibration adjustment

In principle, the goal of a calibration weight adjustment is to bring weighted sums of the sample data into line with the corresponding counts in the target population. Population totals of persons 15 years and older by urban/rural residence, and respondent-reported gender and age-group (15-24, 25-44, 45-64 and 65+) were available from the Central Statistics Office (GUS) as of June, 2009 to compute the post-stratification adjustments.

Ultimately, the final analysis weight ( $W$ ) for the  $j$ -th respondent data record was computed as the product of the base weights, the non-response adjustment and post-stratification calibration adjustment. The final weights were used in all analyses to produce estimates and confidence intervals.

# APPENDIX C: ESTIMATES OF SAMPLING ERRORS

The estimates from a sample survey are affected by two types of error: (1) non-sampling errors, and (2) sampling errors. Non-sampling errors are the result of errors or mistakes that cannot be attributable to sampling and were made in implementing data collection and data processing, such as errors in coverage, response errors, non-response errors, faulty questionnaires, interviewer recording errors, data processing errors, etc. Although numerous efforts were made during the implementation of GATS in Poland to minimize those errors, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

The sample of respondents selected in the GATS Poland was only one of the samples that could have been selected from the same population, using the same design and sample size. Each of these samples would yield results that differed somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey results.

The following sampling error measures are presented for each of the selected indicator:

- Standard error (SE): Sampling errors are usually measured in terms of standard errors for particular estimate or indicator (R). Standard error of an estimate is thus simply the square root of the variance of that estimate, and is computed in the same units as the estimate.
- Design effect (DEFT) shows the efficiency of the sample design and is calculated for each estimate as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a DEFT value above 1.0 indicates the increase in the standard error due to the use of a more complex sample design. In general, for a well designed study, DEFT usually ranges from 1 to 3. It is common, however, for DEFT to be much larger, up to 7 or 8.
- Relative standard error (SE/R) is the ratio of the standard error to the value of the indicator.
- Confidence limits ( $R \pm 1.96SE$ ) are calculated to show the interval within which the true value for the population can

be reasonably assumed to fall. For any given statistic calculated from the survey, the value of that statistics will fall within a range of plus or minus two times the standard error of the statistic in 95 percent of all possible samples of identical size and design.

## Calculation of standard error

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the GATS Poland 2009-10 sample is the result of a multi-stage stratified geographically clustered design, and, consequently, it was necessary to use more complex formula. For the calculation of sampling errors from GATS Poland data, SPSS Version 17 with complex samples module was used. The Taylor linearization method of variance estimation was used for survey estimates that are means or proportions.

The Taylor linearization method treats any percentage or average as a ratio estimate,  $r = y/x$ , where  $y$  represents the total sample value for variable  $y$ , and  $x$  represents the total number of cases in the group or subgroup under consideration. The variance of  $r$  is computed using the formula given below:

$$SE^2(r) = \text{var}(r) = \frac{1-f}{x^2} \sum_{h=1}^2 \left[ \frac{m_h}{m_h-1} \left( \sum_{i=1}^{m_h} Z_{hi}^2 - \frac{Z_h^2}{m_h} \right) \right]$$

in which,  $Z_{hi} = y_{hi} - rx_{hi}$ , and  $Z_h = y_h - rx_h$

where  $h$  (=1 or 2) represents the stratum which is urban or rural,  
 $m_h$  is the total number of PSUs selected in the  $h$ th stratum,  
 $y_{hi}$  is the sum of the weighted values of variable  $y$  in the  $i$ th PSU in the  $h$ th stratum,  
 $x_{hi}$  is the sum of the weighted number of cases in the  $i$ th PSU in the  $h$ th stratum, and  
 $f$  is the overall sampling fraction, which is so small that it is ignored.

The results are presented in this appendix for the country as a whole, for urban and rural areas, and for gender. For each variable or indicator, the type of statistic (mean, proportion, or rate) and the base population are given in **Table C.1**. In addition to the standard error (SE) described above, the tables (**Tables C.2 to C.6**) include the value of the estimate (R), the number of un-weighted and weighted counts, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ( $R \pm 1.96SE$ ), for each variable or indicator.

**Table C.1** List of indicators for sampling errors, GATS Poland 2009-10.

Indicator	Estimate	Base Population
Current Tobacco Users	Proportion	Adults ≥15 years old
Current Tobacco Smokers	Proportion	Adults ≥15 years old
Current Smokeless Tobacco Smokers	Proportion	Adults ≥15 years old
Current Manufactured Cigarette Smokers	Proportion	Adults ≥15 years old
Daily Tobacco Smoker	Proportion	Adults ≥15 years old
Daily Manufactured Cigarette Smokers	Proportion	Adults ≥15 years old
Former Daily Tobacco Smokers Among All Adults	Proportion	Adults ≥15 years old
Former Tobacco Smokers Among Ever Daily Smokers	Proportion	Ever daily smokers ≥15 years old
Time to First Tobacco use within 5 minutes of waking	Proportion	Daily Tobacco Users ≥15 years old
Time to First Tobacco use within 6-30 minutes of waking	Proportion	Daily Tobacco Users ≥15 years old
Smoking Quit Attempt in the Past 12 Months	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months
Health Care Provider Asked about Smoking	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months and who visited a HCP during the past 12 months
Health Care Provider Advised Quitting Smoking	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months and who visited a HCP during the past 12 months
Use of Pharmacotherapy for Smoking Cessation	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months
Use of Counseling/Advice or Quit Lines for Smoking Cessation	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months
Planning to quit, thinking about quitting, or will quit smoking	Proportion	Current Smokers ≥15 years old
Exposure to SHS at Home	Proportion	Adults ≥15 years old
Exposure to SHS at Work	Proportion	Adults who works indoors
Exposure to SHS in Government Buildings/Offices	Proportion	Adults ≥15 years old
Exposure to SHS in Health Care Facilities	Proportion	Adults ≥15 years old
Exposure to SHS in Restaurants	Proportion	Adults ≥15 years old
Exposure to SHS on Bars, Pubs, or Night Cubs	Proportion	Adults ≥15 years old
Exposure to SHS in Private Cars	Proportion	Adults ≥15 years old
Exposure to SHS in Public Transportation	Proportion	Adults ≥15 years old
Last cigarette purchase in store	Proportion	Current manufactured smokers ≥15 years old
Last cigarette purchase in kiosk	Proportion	Current manufactured smokers ≥15 years old
Noticed Anti-Smoking Information at Any Location	Proportion	Adults ≥15 years old
Noticed Health Warning Labels on Cigarette Packages	Proportion	Adults ≥15 years old
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	Proportion	Adults ≥15 years old
Noticed Any Advertisement, Sponsorship or Promotion	Proportion	Adults ≥15 years old
Believes that Tobacco Smoking Causes Serious Illness	Proportion	Adults ≥15 years old
Believes that Tobacco Smoking Causes Strokes	Proportion	Adults ≥15 years old
Believes that Tobacco Smoking Causes Heart Attacks	Proportion	Adults ≥15 years old
Believes that Tobacco Smoking Causes Lung Cancer	Proportion	Adults ≥15 years old
Believes that Using Smokeless Tobacco Causes Serious Illness	Proportion	Adults ≥15 years old
Believes that SHS Causes Serious Illness in Non-Smokers	Proportion	Adults ≥15 years old
Number of Cigarettes Smoked per Day (by daily smokers)	Mean	Current cigarette smokers ≥15 years old
Time since Quitting Smoking (in years)	Mean	Former smokers ≥15 years old
Monthly Expenditures on Manufactured Cigarettes	Mean	Current cigarette smokers ≥15 years old
Age at Daily Smoking Initiation	Mean	Ever daily smokers ≥15 years old



**Table C.2:** Sampling Errors - National Sample, GATS Poland 2009-10.

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.306	0.007	7,832	32,297	1.311	0.022	0.292	0.319
Current Tobacco Smokers	0.303	0.007	7,840	32,338	1.306	0.022	0.290	0.317
Current Smokeless Tobacco Smokers	0.005	0.001	7,825	32,256	1.256	0.194	0.003	0.007
Current Manufactured Cigarette Smokers	0.287	0.007	7,840	32,338	1.295	0.023	0.275	0.300
Daily Tobacco Smoker	0.270	0.006	7,840	32,338	1.254	0.023	0.257	0.282
Daily Manufactured Cigarette Smokers	0.254	0.006	7,840	32,338	1.216	0.024	0.243	0.266
Former Daily Tobacco Smokers Among All Adults	0.163	0.005	7,840	32,338	1.203	0.031	0.154	0.173
Former Tobacco Smokers Among Ever Daily Smokers	0.365	0.010	3,649	14,471	1.259	0.027	0.345	0.385
Time to First Tobacco use within 5 minutes of waking	0.228	0.012	2,173	8,705	1.322	0.052	0.205	0.252
Time to First Tobacco use within 6-30 minutes of waking	0.371	0.013	2,173	8,705	1.260	0.035	0.346	0.397
Smoking Quit Attempt in the Past 12 Months	0.351	0.013	2,564	10,453	1.396	0.038	0.325	0.376
Health Care Provider Asked about Smoking	0.572	0.015	1,560	6,481	1.193	0.026	0.543	0.601
Health Care Provider Advised Quitting Smoking	0.418	0.015	1,558	6,475	1.221	0.036	0.388	0.448
Use of Pharmacotherapy for Smoking Cessation	0.252	0.017	882	3,664	1.189	0.069	0.218	0.286
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.035	0.010	881	3,661	1.600	0.283	0.016	0.054
Planning to quit, thinking about quitting, or will quit smoking	0.502	0.013	2,412	9,804	1.313	0.027	0.476	0.528
Exposure to SHS at Home	0.442	0.008	7,689	31,837	1.420	0.018	0.427	0.458
Exposure to SHS at Work	0.336	0.011	3,193	12,916	1.330	0.033	0.315	0.358
Exposure to SHS in Government Buildings/Offices	0.043	0.003	7,822	32,265	1.335	0.071	0.037	0.049
Exposure to SHS in Health Care Facilities	0.020	0.002	7,830	32,286	1.274	0.100	0.016	0.024

**Table C.2:** Sampling Errors - National Sample, GATS Poland 2009-10.

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Exposure to SHS in Restaurants	0.186	0.007	7,824	32,271	1.509	0.036	0.173	0.199
Exposure to SHS on Bars, Pubs, or Night Clubs	0.228	0.007	7,832	32,312	1.484	0.031	0.215	0.242
Exposure to SHS in Private Cars	0.203	0.006	7,836	32,322	1.336	0.030	0.192	0.215
Exposure to SHS in Public Transportation	0.043	0.003	7,832	32,306	1.449	0.077	0.036	0.049
Last cigarette purchase in store	0.520	0.014	2,253	9,149	1.326	0.027	0.493	0.548
Last cigarette purchase in kiosk	0.409	0.013	2,253	9,149	1.280	0.032	0.383	0.435
Noticed Anti-Smoking Information at Any Location	0.731	0.010	7,836	32,321	2.004	0.014	0.712	0.751
Noticed Health Warning Labels on Cigarette Packages	0.723	0.008	7,838	32,329	1.494	0.010	0.708	0.738
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.183	0.011	2,321	9,474	1.342	0.059	0.162	0.205
Noticed Any Advertisement, Sponsorship or Promotion	0.252	0.007	7,816	32,245	1.374	0.027	0.239	0.265
Believes that Tobacco Smoking Causes Serious Illness	0.915	0.004	7,834	32,308	1.291	0.004	0.908	0.923
Believes that Tobacco Smoking Causes Strokes	0.618	0.009	7,830	32,290	1.550	0.014	0.601	0.634
Believes that Tobacco Smoking Causes Heart Attacks	0.799	0.006	7,834	32,308	1.430	0.008	0.787	0.812
Believes that Tobacco Smoking Causes Lung Cancer	0.926	0.004	7,833	32,305	1.233	0.004	0.918	0.933
Believes that Using Smokeless Tobacco Causes Serious Illness	0.390	0.009	7,831	32,291	1.697	0.024	0.372	0.409
Believes that SHS Causes Serious Illness in Non-Smokers	0.814	0.007	7,836	32,322	1.531	0.008	0.801	0.827
Number of Cigarettes Smoked per Day (by daily smokers)	17132	0.252	2,179	8,725	1.387	0.015	16.639	17.625
Time since Quitting Smoking (in years)	12.150	0.343	1,355	5,256	1.148	0.028	11.478	12.822
Monthly Expenditures on Manufactured Cigarettes	208.516	7.926	2,203	8,974	1.038	0.038	192.981	224.052
Age at Daily Smoking Initiation	18.996	0.120	3,573	14,165	1.597	0.006	18.760	19.231

**Table C.3:** Sampling Errors - Male Sample, GATS Poland 2009-10.

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.373	0.010	3,865	15,431	1.299	0.027	0.353	0.393
Current Tobacco Smokers	0.369	0.010	3,867	15,440	1.290	0.027	0.349	0.388
Current Smokeless Tobacco Smokers	0.010	0.002	3,861	15,405	1.290	0.203	0.006	0.014
Current Manufactured Cigarette Smokers	0.351	0.010	3,867	15,440	1.277	0.028	0.332	0.370
Daily Tobacco Smoker	0.335	0.010	3,867	15,440	1.298	0.029	0.316	0.355
Daily Manufactured Cigarette Smokers	0.317	0.009	3,867	15,440	1.268	0.030	0.299	0.336
Former Daily Tobacco Smokers Among All Adults	0.218	0.009	3,867	15,440	1.308	0.040	0.201	0.235
Former Tobacco Smokers Among Ever Daily Smokers	0.383	0.014	2,282	8,791	1.337	0.035	0.357	0.410
Time to First Tobacco use within 5 minutes of waking	0.239	0.015	1,305	5,163	1.305	0.064	0.209	0.269
Time to First Tobacco use within 6-30 minutes of waking	0.383	0.017	1,305	5,163	1.258	0.044	0.349	0.416
Smoking Quit Attempt in the Past 12 Months	0.347	0.016	1,506	6,040	1.327	0.047	0.315	0.379
Health Care Provider Asked about Smoking	0.589	0.019	834	3,372	1.130	0.033	0.551	0.626
Health Care Provider Advised Quitting Smoking	0.412	0.020	833	3,367	1.185	0.049	0.372	0.452
Use of Pharmacotherapy for Smoking Cessation	0.252	0.023	500	2,096	1.207	0.093	0.206	0.298
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.038	0.016	499	2,093	1.825	0.409	0.008	0.069
Planning to quit, thinking about quitting, or will quit smoking	0.480	0.018	1,423	5,689	1.393	0.038	0.444	0.517
Exposure to SHS at Home	0.449	0.012	3,768	15,141	1.466	0.026	0.426	0.473
Exposure to SHS at Work	0.413	0.015	1,733	6,875	1.284	0.037	0.383	0.443
Exposure to SHS in Government Buildings/Offices	0.047	0.004	3,857	15,401	1.241	0.089	0.039	0.056
Exposure to SHS in Health Care Facilities	0.016	0.002	3,862	15,403	1.152	0.145	0.012	0.021

**Table C.3: Sampling Errors - Male Sample, GATS Poland 2009-10.**

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Exposure to SHS in Restaurants	0.191	0.009	3,859	15,408	1.401	0.046	0.174	0.209
Exposure to SHS on Bars, Pubs, or Night Cubs	0.293	0.011	3,864	15,427	1.438	0.036	0.272	0.314
Exposure to SHS in Private Cars	0.250	0.009	3,865	15,430	1.295	0.036	0.232	0.268
Exposure to SHS in Public Transportation	0.049	0.005	3,864	15,420	1.297	0.092	0.041	0.058
Last cigarette purchase in store	0.523	0.018	1,333	5,368	1.292	0.034	0.488	0.558
Last cigarette purchase in kiosk	0.407	0.017	1,333	5,368	1.274	0.042	0.374	0.441
Noticed Anti-Smoking Information at Any Location	0.722	0.013	3,865	15,428	1.768	0.018	0.697	0.747
Noticed Health Warning Labels on Cigarette Packages	0.762	0.010	3,866	15,433	1.469	0.013	0.742	0.782
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.158	0.013	1,366	5,498	1.365	0.085	0.131	0.184
Noticed Any Advertisement, Sponsorship or Promotion	0.287	0.011	3,851	15,387	1.453	0.037	0.266	0.308
Believes that Tobacco Smoking Causes Serious Illness	0.904	0.006	3,865	15,431	1.278	0.007	0.893	0.916
Believes that Tobacco Smoking Causes Strokes	0.593	0.012	3,862	15,417	1.540	0.021	0.569	0.617
Believes that Tobacco Smoking Causes Heart Attacks	0.795	0.009	3,865	15,431	1.385	0.011	0.778	0.813
Believes that Tobacco Smoking Causes Lung Cancer	0.918	0.006	3,865	15,431	1.267	0.006	0.907	0.929
Believes that Using Smokeless Tobacco Causes Serious Illness	0.336	0.012	3,864	15,424	1.568	0.035	0.313	0.360
Believes that SHS Causes Serious Illness in Non-Smokers	0.774	0.011	3,865	15,429	1.590	0.014	0.753	0.795
Number of Cigarettes Smoked per Day (by daily smokers)	18.271	0.358	1,309	5,176	1.411	0.020	17.569	18.973
Time since Quitting Smoking (in years)	12.900	0.459	906	3,348	1.179	0.036	12.000	13.800
Monthly Expenditures on Manufactured Cigarettes	211.732	6.179	1,304	5,267	1.047	0.029	199.621	223.844
Age at Daily Smoking Initiation	18.244	0.100	2,223	8,549	1.299	0.005	18.048	18.440

**Table C.4:** Sampling Errors - Female Sample, GATS Poland 2009-10.

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.244	0.008	3,967	16,867	1.195	0.033	0.228	0.260
Current Tobacco Smokers	0.244	0.008	3,973	16,898	1.198	0.033	0.228	0.260
Current Smokeless Tobacco Smokers	0.001	0.001	3,964	16,851	1.242	0.740	0.000	0.002
Current Manufactured Cigarette Smokers	0.229	0.008	3,973	16,898	1.187	0.035	0.214	0.245
Daily Tobacco Smoker	0.210	0.007	3,973	16,898	1.154	0.035	0.195	0.225
Daily Manufactured Cigarette Smokers	0.197	0.007	3,973	16,898	1.114	0.036	0.183	0.211
Former Daily Tobacco Smokers Among All Adults	0.113	0.006	3,973	16,898	1.193	0.053	0.101	0.125
Former Tobacco Smokers Among Ever Daily Smokers	0.337	0.015	1,367	5,680	1.189	0.045	0.307	0.367
Time to First Tobacco use within 5 minutes of waking	0.212	0.018	868	3,542	1.291	0.084	0.177	0.248
Time to First Tobacco use within 6-30 minutes of waking	0.355	0.019	868	3,542	1.186	0.054	0.317	0.393
Smoking Quit Attempt in the Past 12 Months	0.355	0.019	1,058	4,414	1.299	0.054	0.318	0.393
Health Care Provider Asked about Smoking	0.554	0.023	726	3,109	1.241	0.041	0.509	0.599
Health Care Provider Advised Quitting Smoking	0.425	0.024	725	3,107	1.296	0.056	0.378	0.471
Use of Pharmacotherapy for Smoking Cessation	0.252	0.027	382	1,569	1.227	0.108	0.198	0.305
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.030	0.009	382	1,569	0.983	0.284	0.013	0.047
Planning to quit, thinking about quitting, or will quit smoking	0.531	0.019	989	4,115	1.208	0.036	0.494	0.569
Exposure to SHS at Home	0.436	0.010	3,921	16,696	1.277	0.023	0.416	0.456
Exposure to SHS at Work	0.249	0.015	1,460	6,041	1.363	0.062	0.219	0.279
Exposure to SHS in Government Buildings/Offices	0.039	0.004	3,965	16,864	1.414	0.111	0.031	0.048
Exposure to SHS in Health Care Facilities	0.024	0.003	3,968	16,883	1.363	0.139	0.017	0.030

**Table C.4:** Sampling Errors - Female Sample, GATS Poland 2009-10.

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Exposure to SHS in Restaurants	0.181	0.010	3,965	16,863	1.564	0.053	0.162	0.199
Exposure to SHS on Bars, Pubs, or Night Cubs	0.169	0.009	3,968	16,885	1.477	0.052	0.152	0.187
Exposure to SHS in Private Cars	0.161	0.007	3,971	16,892	1.279	0.046	0.146	0.176
Exposure to SHS in Public Transportation	0.037	0.004	3,968	16,886	1.371	0.111	0.029	0.045
Last cigarette purchase in store	0.517	0.020	920	3,781	1.232	0.039	0.477	0.556
Last cigarette purchase in kiosk	0.410	0.019	920	3,781	1.178	0.047	0.373	0.448
Noticed Anti-Smoking Information at Any Location	0.740	0.013	3,971	16,893	1.867	0.018	0.714	0.765
Noticed Health Warning Labels on Cigarette Packages	0.687	0.010	3,972	16,896	1.407	0.015	0.667	0.708
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.219	0.018	955	3,976	1.321	0.081	0.184	0.254
Noticed Any Advertisement, Sponsorship or Promotion	0.220	0.009	3,965	16,858	1.308	0.039	0.203	0.237
Believes that Tobacco Smoking Causes Serious Illness	0.926	0.006	3,969	16,877	1.326	0.006	0.915	0.936
Believes that Tobacco Smoking Causes Strokes	0.640	0.012	3,968	16,874	1.553	0.018	0.617	0.663
Believes that Tobacco Smoking Causes Heart Attacks	0.803	0.010	3,969	16,877	1.520	0.012	0.784	0.822
Believes that Tobacco Smoking Causes Lung Cancer	0.933	0.005	3,968	16,874	1.301	0.006	0.923	0.943
Believes that Using Smokeless Tobacco Causes Serious Illness	0.440	0.014	3,967	16,866	1.716	0.031	0.414	0.467
Believes that SHS Causes Serious Illness in Non-Smokers	0.851	0.008	3,971	16,893	1.447	0.010	0.834	0.867
Number of Cigarettes Smoked per Day (by daily smokers)	15.472	0.283	870	3,549	1.188	0.018	14.918	16.026
Time since Quitting Smoking (in years)	10.834	0.589	449	1,908	1.310	0.054	9.678	11.989
Monthly Expenditures on Manufactured Cigarettes	203.946	16.843	899	3,706	1.022	0.083	170.934	236.958
Age at Daily Smoking Initiation	20.140	0.259	1,350	5,616	1.798	0.013	19.632	20.648

**Table C.4:** Sampling Errors - Female Sample, GATS Poland 2009-10.

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.244	0.008	3,967	16,867	1.195	0.033	0.228	0.260
Current Tobacco Smokers	0.244	0.008	3,973	16,898	1.198	0.033	0.228	0.260
Current Smokeless Tobacco Smokers	0.001	0.001	3,964	16,851	1.242	0.740	0.000	0.002
Current Manufactured Cigarette Smokers	0.229	0.008	3,973	16,898	1.187	0.035	0.214	0.245
Daily Tobacco Smoker	0.210	0.007	3,973	16,898	1.154	0.035	0.195	0.225
Daily Manufactured Cigarette Smokers	0.197	0.007	3,973	16,898	1.114	0.036	0.183	0.211
Former Daily Tobacco Smokers Among All Adults	0.113	0.006	3,973	16,898	1.193	0.053	0.101	0.125
Former Tobacco Smokers Among Ever Daily Smokers	0.337	0.015	1,367	5,680	1.189	0.045	0.307	0.367
Time to First Tobacco use within 5 minutes of waking	0.212	0.018	868	3,542	1.291	0.084	0.177	0.248
Time to First Tobacco use within 6-30 minutes of waking	0.355	0.019	868	3,542	1.186	0.054	0.317	0.393
Smoking Quit Attempt in the Past 12 Months	0.355	0.019	1,058	4,414	1.299	0.054	0.318	0.393
Health Care Provider Asked about Smoking	0.554	0.023	726	3,109	1.241	0.041	0.509	0.599
Health Care Provider Advised Quitting Smoking	0.425	0.024	725	3,107	1.296	0.056	0.378	0.471
Use of Pharmacotherapy for Smoking Cessation	0.252	0.027	382	1,569	1.227	0.108	0.198	0.305
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.030	0.009	382	1,569	0.983	0.284	0.013	0.047
Planning to quit, thinking about quitting, or will quit smoking	0.531	0.019	989	4,115	1.208	0.036	0.494	0.569
Exposure to SHS at Home	0.436	0.010	3,921	16,696	1.277	0.023	0.416	0.456
Exposure to SHS at Work	0.249	0.015	1,460	6,041	1.363	0.062	0.219	0.279
Exposure to SHS in Government Buildings/Offices	0.039	0.004	3,965	16,864	1.414	0.111	0.031	0.048
Exposure to SHS in Health Care Facilities	0.024	0.003	3,968	16,883	1.363	0.139	0.017	0.030

**Table C.5:** Sampling Errors - Urban Sample, GATS Poland 2009-10.

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Exposure to SHS in Restaurants	0.216	0.010	3,821	20,021	1.442	0.044	0.197	0.234
Exposure to SHS on Bars, Pubs, or Night Cubs	0.258	0.010	3,826	20,054	1.407	0.039	0.238	0.277
Exposure to SHS in Private Cars	0.202	0.008	3,827	20,057	1.278	0.041	0.186	0.218
Exposure to SHS in Public Transportation	0.045	0.005	3,826	20,047	1.357	0.101	0.036	0.054
Last cigarette purchase in store	0.460	0.018	1,209	5,992	1.243	0.039	0.425	0.495
Last cigarette purchase in kiosk	0.470	0.017	1,209	5,992	1.185	0.036	0.436	0.503
Noticed Anti-Smoking Information at Any Location	0.720	0.014	3,827	20,055	1.910	0.019	0.693	0.747
Noticed Health Warning Labels on Cigarette Packages	0.720	0.010	3,828	20,060	1.428	0.014	0.699	0.740
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.164	0.013	1,240	6,214	1.263	0.081	0.138	0.190
Noticed Any Advertisement, Sponsorship or Promotion	0.266	0.009	3,820	20,005	1.303	0.035	0.248	0.285
Believes that Tobacco Smoking Causes Serious Illness	0.909	0.006	3,826	20,043	1.234	0.006	0.898	0.921
Believes that Tobacco Smoking Causes Strokes	0.626	0.012	3,824	20,031	1.522	0.019	0.603	0.650
Believes that Tobacco Smoking Causes Heart Attacks	0.798	0.009	3,826	20,043	1.407	0.011	0.780	0.816
Believes that Tobacco Smoking Causes Lung Cancer	0.927	0.005	3,826	20,043	1.149	0.005	0.917	0.936
Believes that Using Smokeless Tobacco Causes Serious Illness	0.372	0.013	3,824	20,028	1.671	0.035	0.346	0.397
Believes that SHS Causes Serious Illness in Non-Smokers	0.799	0.009	3,828	20,060	1.425	0.012	0.781	0.817
Number of Cigarettes Smoked per Day (by daily smokers)	17.007	0.336	1,161	5,732	1.489	0.020	16.350	17.665
Time since Quitting Smoking (in years)	11.922	0.433	654	3,404	1.232	0.036	11.073	12.771
Monthly Expenditures on Manufactured Cigarettes	203.679	7.190	1,185	5,874	1.170	0.035	189.586	217.772
Age at Daily Smoking Initiation	19.053	0.174	1,831	9,239	1.763	0.009	18.713	19.394



**Table C.6:** Sampling Errors - Rural Sample, GATS Poland 2009-10.

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.281	0.009	4,008	12,265	1.313	0.033	0.262	0.299
Current Tobacco Smokers	0.278	0.009	4,012	12,278	1.318	0.033	0.260	0.297
Current Smokeless Tobacco Smokers	0.004	0.001	4,008	12,265	1.294	0.312	0.002	0.007
Current Manufactured Cigarette Smokers	0.261	0.009	4,012	12,278	1.295	0.034	0.244	0.279
Daily Tobacco Smoker	0.244	0.009	4,012	12,278	1.302	0.036	0.226	0.261
Daily Manufactured Cigarette Smokers	0.227	0.008	4,012	12,278	1.252	0.036	0.211	0.243
Former Daily Tobacco Smokers Among All Adults	0.151	0.007	4,012	12,278	1.227	0.046	0.137	0.165
Former Tobacco Smokers Among Ever Daily Smokers	0.371	0.015	1,770	5,003	1.308	0.040	0.341	0.400
Time to First Tobacco use within 5 minutes of waking	0.221	0.015	1,015	2,985	1.173	0.069	0.191	0.251
Time to First Tobacco use within 6-30 minutes of waking	0.385	0.019	1,015	2,985	1.220	0.048	0.348	0.421
Smoking Quit Attempt in the Past 12 Months	0.372	0.020	1,204	3,643	1.421	0.053	0.333	0.411
Health Care Provider Asked about Smoking	0.538	0.022	693	2,046	1.174	0.041	0.494	0.581
Health Care Provider Advised Quitting Smoking	0.409	0.020	692	2,044	1.091	0.050	0.369	0.449
Use of Pharmacotherapy for Smoking Cessation	0.232	0.024	438	1,354	1.177	0.103	0.185	0.278
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.022	0.008	437	1,351	1.082	0.347	0.007	0.037
Planning to quit, thinking about quitting, or will quit smoking	0.508	0.020	1,131	3,413	1.364	0.040	0.469	0.548
Exposure to SHS at Home	0.466	0.012	3,920	12,029	1.484	0.025	0.443	0.489
Exposure to SHS at Work	0.378	0.016	1,357	4,156	1.190	0.041	0.347	0.409
Exposure to SHS in Government Buildings/Offices	0.044	0.004	4,003	12,251	1.166	0.086	0.037	0.051
Exposure to SHS in Health Care Facilities	0.014	0.002	4,006	12,263	1.199	0.157	0.010	0.019

**Table C.6:** Sampling Errors - Rural Sample, GATS Poland 2009-10.

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Exposure to SHS in Restaurants	0.137	0.008	4,003	12,250	1.420	0.056	0.122	0.152
Exposure to SHS on Bars, Pubs, or Night Cubs	0.180	0.009	4,006	12,259	1.488	0.050	0.163	0.198
Exposure to SHS in Private Cars	0.206	0.009	4,009	12,265	1.332	0.041	0.190	0.223
Exposure to SHS in Public Transportation	0.039	0.005	4,006	12,259	1.489	0.118	0.030	0.047
Last cigarette purchase in store	0.635	0.021	1,044	3,157	1.424	0.033	0.593	0.677
Last cigarette purchase in kiosk	0.293	0.020	1,044	3,157	1.447	0.070	0.253	0.333
Noticed Anti-Smoking Information at Any Location	0.750	0.014	4,009	12,266	1.983	0.018	0.723	0.777
Noticed Health Warning Labels on Cigarette Packages	0.729	0.010	4,010	12,269	1.479	0.014	0.708	0.749
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.221	0.018	1,081	3,259	1.438	0.082	0.185	0.256
Noticed Any Advertisement, Sponsorship or Promotion	0.228	0.009	3,996	12,240	1.383	0.040	0.210	0.246
Believes that Tobacco Smoking Causes Serious Illness	0.926	0.005	4,008	12,265	1.238	0.006	0.915	0.936
Believes that Tobacco Smoking Causes Strokes	0.603	0.011	4,006	12,259	1.441	0.018	0.581	0.625
Believes that Tobacco Smoking Causes Heart Attacks	0.802	0.008	4,008	12,265	1.306	0.010	0.785	0.818
Believes that Tobacco Smoking Causes Lung Cancer	0.924	0.006	4,007	12,262	1.312	0.006	0.913	0.934
Believes that Using Smokeless Tobacco Causes Serious Illness	0.421	0.012	4,007	12,263	1.573	0.029	0.397	0.445
Believes that SHS Causes Serious Illness in Non-Smokers	0.838	0.009	4,008	12,262	1.600	0.011	0.820	0.856
Number of Cigarettes Smoked per Day (by daily smokers)	17.371	0.355	1,018	2,992	1.163	0.020	16.675	18.068
Time since Quitting Smoking (in years)	12.569	0.562	701	1,852	1.028	0.045	11.468	13.670
Monthly Expenditures on Manufactured Cigarettes	217.684	18.462	1,018	3,100	0.982	0.085	181.497	253.870
Age at Daily Smoking Initiation	18.887	0.116	1,742	4,926	1.027	0.006	18.660	19.114

# APPENDIX D: TECHNICAL AND SURVEY STAFF

Name and Surname	Institution	Position
<b>Ministry of Health</b>		
Adam Fronczak	Ministry of Health	Under-Secretary of State
Przemysław Biliński	Chief Sanitary Inspectorate	Deputy Chief Sanitary Inspector
Wojciech Kłosiński	Ministry of Health	Deputy Director, Department of Public Health
Tadeusz Parchimowicz	Ministry of Health	Chief Specialist, Department of Public Health
<b>World Health Organization - Country Office in Poland</b>		
Paulina Miśkiewicz	WHO Country Office in Poland	Head of the WHO Country Office in Poland
Dorota Kaleta	WHO Country Office in Poland	GATS in Poland Coordinator in years 2008-2010
Anna Kozieł	WHO Country Office in Poland	GATS in Poland Coordinator in years 2008-2010
<b>The Maria Skłodowska-Curie Cancer Center and Institute of Oncology</b>		
Witold Zatoński	Cancer Center and Institute of Oncology	GATS Poland Principal Investigator
Krzysztof Przewozniak	Cancer Center and Institute of Oncology	GATS Poland Co-Principal Investigator
Janusz M. Jaworski	Cancer Center and Institute of Oncology	GATS Poland Advocacy Manager
Jakub Łobaszewski	Cancer Center and Institute of Oncology	Research Officer
Kinga Janik-Koncewicz	Cancer Center and Institute of Oncology	Logistic manager
Janusz Sierosławski	Institute of Neurology and Psychiatry	Senior Researcher and Statistician
Joanna Szwachowicz	Cancer Center and Institute of Oncology	Administrative manager
Maria Przewoźniak	Cancer Center and Institute of Oncology	Administrative manager
Marta Mańczuk	Cancer Center and Institute of Oncology	Project collaborator
Magdalena Cedzyńska	Cancer Center and Institute of Oncology	Project collaborator
Jadwiga Cieśla	Cancer Center and Institute of Oncology	Project collaborator
Barbara Chebda	Cancer Center and Institute of Oncology	Financial Officer
Grażyna Roszkowska	Cancer Center and Institute of Oncology	Bookkeeper Office Manager
<b>Medical University of Warsaw</b>		
Bolesław Samoliński	Medical University of Warsaw	MUW GATS Principal Investigator
Filip Raciborski	Medical University of Warsaw	MUW GATS Co-Principal Investigator
Aneta Tomaszewska	Medical University of Warsaw	Research Officer
Joanna Gutowska Ślesik	Medical University of Warsaw	Research Officer
Jacek Borowicz	Medical University of Warsaw	Research Officer
Daniel Paczesny	Medical University of Warsaw	MUW GATS IT Administrator
Adam Lusawa	Medical University of Warsaw	MUW GATS IT Specialist
Piotr Samel-Kowalik	Medical University of Warsaw	Research Officer

Artur Walkiewicz	Medical University of Warsaw	Research Officer
Zbigniew Wawrzyniak	Medical University of Warsaw	Statistician
Dorota Gawrońska - Wójcik	Medical University of Warsaw	Head of the Project Office
Agnieszka Honbrechts	Medical University of Warsaw	Project Officer
Joanna Sobczak	Medical University of Warsaw	Financial Officer

#### **Pentor Research International S.A.**

Jerzy Głuszyński	Pentor Research International	Principal Investigator
Krzysztof Siekierski	Pentor Research International	Co-principal Investigator
Jacek Szut	Pentor Research International	Research Officer
Artur Kordykiewicz	Pentor Research International	Main Field Coordinator
Anna Kowalewska	Pentor Research International	Co-principal Investigator
Agnieszka Jędrzejowska	Pentor Research International	Quality Manager
Andrzej Fudała	Pentor Research International	Financial Manager
Marcin Czapek	Pentor Research International	Field Control Manager
Michał Mrożek	Pentor Research International	Field Officer
Mariusz Gajda	Pentor Research International	Field Officer

#### **US Centers for Disease Control and Prevention (CDC)**

Krishna Mohan Palipudi	Centers for Disease Control and Prevention	Senior Survey Statistician, CDC Focal Point
Jeremy Morton	Centers for Disease Control and Prevention	Senior Survey Methodologist
Linda Andes	Centers for Disease Control and Prevention	Statistician
Glenda Blutcher-Nelson	Centers for Disease Control and Prevention	Statistician

# APPENDIX E: CURRENT POLISH TOBACCO CONTROL LAW

## Obligatory at the time of GATS Poland fieldwork, without amendment adopted by Polish Parliament on 8 April 2010

### Law on the Protection of Public Health Against the Effects of Tobacco Use

Passed by Polish Parliament 9 November 1995

*Together with amendments to the Law passed 5 November 1999 ad 31 December 2003.*

In order to prevent tobacco dependence and protect health from the consequences of the habit, the following is laid down:

#### Article 1

State administration and local governments are obligated to undertake action to protect health from the consequences of tobacco use. They may also support similar activities of self-governed representations of the medical profession, non-government organizations, foundations, institutions and companies, as well as collaborate with churches and religious unions.

#### Article 2

The specific terms used in the Act are to be understood as follows:

- 1) "tobacco" - cultivated tobacco-producing plants of the genus *Nicotiana*
- 2) "tobacco products" - every product made of tobacco, such as cigarettes, cigars, cigarillos, tobacco cut up for pipes, hand-rolled tobacco, snuff and others, that contains tobacco or its constituents, with the exception of medicinal preparations containing nicotine.
- 3) "smokeless tobacco products" - tobacco products to be smelled, sucked, chewed or otherwise administered into the body, with the exception of medicinal preparations containing nicotine.
- 4) "tobacco accessories" - items and devices facilitating tobacco use, such as cigarette cases and holders, cigarette papers for hand-rolling, devices for rolling cigarettes, cleaning and loading pipes, pipes themselves, ash-trays, cigar cutters etc. (with the exception of lighters and matches).
- 5) "advertising of tobacco products" - public distribution of images of brands of tobacco products or graphic symbols associated with them, as well as names and graphic symbols of the companies producing tobacco products not differentiating from the name of a graphic symbol of tobacco products, serving to popularize the brand of tobacco products; information used for trade purposes among firms dealing with production, distribution, and trade of tobacco products is not considered to be advertising,
- 6) "information about tobacco products" - information about tobacco products as well as the levels of harmful substances, excluding media that encourage the buying or using of tobacco products, placed exclusively at the points of sale of these products
- 6a) "tar substances" - crude, non nicotine condensate of tobacco smoke,

- 6b) "nicotine" – nicotine alkaloids,
- 6c) carbon monoxide (CO) – noncolorful, no smelled gas, which is produced during burning of organic substances and which emerges in the gas phase of tobacco smoke,
- 6d) "supplement" – all kind of substances, except of tobacco leafs or other natural or crude elements of tobacco used for producing a tobacco product and is present in a made product, even in an altered state, including paper, filter, paints and glue.
- 7) "promotion of tobacco products" – public distribution of tobacco products or accessories, organization of testing sessions, selling products at promotional prices, contests supported by buying tobacco products or paraphernalia as well as other forms of public encouragement of the purchase or use of tobacco products,
- 8) "sponsorship" – financial or in-kind support of the activities of persons or institutions related with displaying the names of products and companies as well as their graphic symbols.

### **Article 3**

The protection of health against the consequences of tobacco use shall be achieved by adopting health, economic and social policies that shall comprise:

- 1) protection of the right of non-smokers to live in a smoke-free environment
- 2) health promotion - promoting a smoking- and tobacco-free life style
  - 2a) educational and informing activities
- 3) creating legal and economic conditions to encourage reductions in tobacco use
- 4) informing the general public about the adverse effects of smoking and the levels of harmful substances by means of messages on the packages of tobacco products and in advertisements.
- 5) decreasing the maximum permissible levels of harmful substances in tobacco Products
- 6) treatment and rehabilitation of tobacco-dependent patients.

### **Article 4**

- 1. The Council of Ministers shall develop a programme outlining health, economic and social policies aimed at reducing tobacco use.
- 2. The Council of Ministers shall submit a report on the implementation of this programme to the Parliament by April 30 each year.
- 3. The program mentioned in paragraph (1) is financed from the state budget at the level of 0,5% of the value of the excise tax on tobacco products.

### **Article 5**

- 1. Smoking is forbidden in the following places, with the exception of areas expressly set aside for smokers:
  - 1) health care establishments (see stipulation in paragraph 2)
  - 2) schools and other educational facilities
  - 3) closed space on the premises of institutions of employment and other public service buildings, as well as in small one-roomed gastronomic buildings, except specially designed places.
- 1a. Responsible for introducing ban on smoking in places, mentioned in par.1 is the owner or lender.

2. In special cases, the attending physician may exempt a patient staying at a health care facility from the ban on smoking tobacco products.
3. The Minister for National Defence, the Minister for Internal Affairs and the Minister of Justice shall issue ordinances stating the rules for permitting tobacco use on the premises of buildings in their charge.
4. The Council of a commune (gmina) may adopt a resolution declaring places other than those listed in par. 1 as smoke-free public places within the territory of the commune.

### **Article 6**

1. Persons under 18 are not allowed to buy tobacco products.
  - 1a. Shall there be any doubts regarding age of person buying tobacco products, salesperson is allowed to ask the buyer to present an identification document in order to confirm age of the buyer.
2. It is forbidden to sell tobacco products at health care establishments, schools and other teaching establishments as well as sports facilities.
3. It is forbidden to sell tobacco products through tobacco machines.
4. It is forbidden to sell cigarettes in packages containing fewer than 20 cigarettes or to sell single cigarettes.

### **Article 7**

It is forbidden to produce or market smokeless tobacco products, except snuff.

### **Article 7a**

It is forbidden to use during the production process of tobacco products any supplements which can increase addicting properties of tobacco.

### **Article 7b**

It is forbidden to place on tobacco products packages any brands, names, product signs or other symbols which suggest that the product is less harmful than other ones.

### **Article 8**

1. It is forbidden to advertise or promote tobacco products and accessories as well as products imitating tobacco products and accessories and tobacco-related symbols, and in particular:
  - 1) on television, the radio and cinemas, in newspapers and magazines for children and teenagers, health care establishments, cultural, educational and sports facilities,
  - 2) in printed media not mentioned under point (1)
  - 3) on posters, including billboards
  - 4) in IT services
2. Sponsorship by tobacco firms of sports, cultural, educational, health, and civic or political activities is forbidden.

## Article 8a

1. The producer or importer of tobacco products is obliged to present a list of all additions, and their quantity, used in producing tobacco products, according brands and kinds not later than 31 December each year.
2. The producer or importer is obliged do add to the list, which is mentioned in par.1 a explanation letter, which justifies the usage of each supplement in a tobacco product as well as defining their functions and categories.
3. The producer or importer is obliged do add all toxicological data regarding used supplements in burnt or unburnt, especially regarding the health outcome, together with addictive outcomes.
4. The list which is mentioned in par.1 is to be composed in diminishing order, according to weigh of each supplement used in a product.
5. The producer or importer is obliged to present the list, mentioned in par. 1 to the minister of health.

## Article 8b

1. The minister of health has a right to require from a producer or importer of tobacco products to conduct special tests in laboratories in order to specify other substances from mentioned in article 2 par. 6a – 6c as well as estimation of the influence if those substances on people health with specification of addictive properties of each substance.
2. The tests which are mentioned in the par. 1 are to be conducted on cost of producer or importer of tobacco products.
4. The results of the tests, which are mentioned in par.1 are to be presented to the minister of health, who shall present them in the information of consumers, bearing in mind the necessity of protecting of commerce of producing or importer.
5. The minister of health shall publish the information mentioned in par. 3 in Official Journal of the Republic of Poland.

## Article 9

1. Every single package of cigarettes to be sold in Poland should contain the following information printed clearly, legibly and permanently:
  - 1) at least two different warnings against the adverse effects of tobacco use; one of which is of general character
  - 2) information about the levels of tar, nicotine and carbon monoxide per one cigarette.
2. The messages enumerated in par. 1, item 1, shall be drawn up in Polish and shall occupy an area of at least 30% of one of the largest sides of a single cigarette package and at least 40% of another largest sides of a single cigarette package.
3. The provision of par 1, item 1 and item 2 shall be applied respectively to other tobacco products, taking in consideration par. 4 and 5.
4. On tobacco products other than cigarettes which are in retail and if their largest sides occupy an area more than 75 cm<sup>2</sup>, the information on adverse effects of tobacco use shall occupy at least 22,5 cm<sup>2</sup> of each of these sides.
5. One information on adverse effects of smoking must be places on a package of snuff which must occupy at least 30% of the biggest and most visible sides of a single package.
6. The information mentioned in par.1 item 2 drawn in Polish shall occupy at least 10% of one of the side surface of a single cigarette package.
7. The warnings mentioned in par. 1 item1 are also to be places on block packages being in retail and shall occupy at least 30% one of the largest surfaces of the block and at least 40% of another largest surfaces of the block.
8. Tobacco advertisements, mentioned in Article 2, par.6 shall contain a clear and legible warning against the adverse effects of smoking, occupying at least 20% of the advertisement.



## Article 10

The Ministry of Health shall issue ordinances determining the permissible level of tar substances, nicotine and dioxide contained in tobacco smoke, list of control laboratories entitled to defining the content of those substances as well as their design and the ways of placing health messages and information mentioned in article 9. taking into account differentiating of warning of adverse effects of tobacco use on general and specific; as well as considering the aims of health policy, particularly:

- 1) the decrease of distribution and use of tobacco products;
- 2) decrease of health loss, triggered by tobacco-related illnesses.
- 3) The efficacy of monitoring of tobacco use

As well as the standards defined by EU regulations.

## Article 11

The treatment of smoking dependence in public health care facilities shall be free of charge.

## Article 12

Whosoever:

- 1) produces or sells tobacco products, in which the content of harmful substances overreaches the permissible level,
- 2) produces or markets smokeless tobacco products, except of snuff
- 3) markets tobacco products without printing information on each package about the effects of using tobacco or about the harmful substance content,
- 4) advertises tobacco products in defiance of resolutions in article 8,

is liable to a penalty of limitation of freedom or a fine of up to PLN 200 000 or both punishments altogether.

## Article 12a

Whosoever places on packages of tobacco products labels, names, commercial signs, symbols and other signs which suggest that a product is less harmful than others, is liable to a penalty of limitation of freedom or a fine of up to PLN 200 000 or both punishments altogether.

## Article 12b

Whosoever uses supplements during tobacco products producing which increase additional properties of those products is liable to a penalty of limitation of freedom or a fine of up to PLN 500 000 or both punishments altogether.

## Article 13

1. Whosoever:

- 1) sells tobacco products in defiance of bans defined in article 6,
- 2) smokes tobacco products in places where apply restrictions defined in article 5
- 3) allows other to smoke on the subordinated territory regardless of bans defined in article 5

is liable to a fine.

2. In cases described in par. 1 ruling will follow procedures concerning misdemeanors.

#### **Article 14**

If the act described in article 12, items 1-3 or article 13 par. 1 item 1 was committed during the activity of economic subject, the perpetrator of the action is considered to be the person who is responsible for introducing tobacco products into production, trade, or sale.

#### **Article 15**

In case of committing an act described in article 12 item 1-3 or article 13 par. 1 item 1, the tobacco products being the subject of prohibited act can be confiscated, even if they were not the property of the perpetrator.

#### **Article 16**

In the decree from 24 June 1953 on the cultivation and production of tobacco products (Dz.U. No. 34 pos. 144 from 1988, No. 41 pos. 324 from 1989, No. 35 pos. 192 from 1993, No. 47 pos. 211) article 8a is deleted.

#### **Article 17**

The Act comes into life three months from the day of declaration.

# APPENDIX F: MPOWER SUMMARY INDICATORS FOR POLAND

**Table F.1: MPOWER Summary Indicators, GATS Poland 2009-2010.**

Indicator	Overall	Gender		Residence	
		Male	Female	Rural	Urban
<b>M: Monitor tobacco use and prevention policies*</b>					
Current tobacco smokers <sup>(1)</sup> (%)	30.3	36.9	24.4	27.8	31.9
Current cigarette smokers <sup>(1)(2)</sup> (%)	30.2	36.7	24.2	27.7	31.7
Current manufactured cigarette smokers <sup>(1)</sup> (%)	28.7	35.1	22.9	26.1	30.4
Current smokeless tobacco use <sup>(1)</sup> (%)	0.5	1.0	0.1	0.4	0.6
Average number of cigarettes smoked per day <sup>(2)(3)</sup>	17.2	18.3	15.5	17.4	17.1
Average age at daily smoking initiation <sup>(4)</sup>	18.9	18.2	20.1	18.9	19.1
Former daily tobacco smokers among ever daily smokers <sup>(5)</sup> (%)	36.5	38.3	33.7	37.1	36.2
<b>P: Protect people from tobacco smoke*</b>					
Exposure to secondhand smoke at home at least monthly <sup>(6)</sup> (%)	44.2	44.9	43.6	46.6	42.8
Exposure to secondhand smoke at work <sup>(7)†</sup> (%)	33.6	41.3	24.9	37.8	31.7
Exposure to second hand smoke in public places <sup>(8)†</sup> :					
Government Buildings (%)	10.0	10.7	9.3	10.4	9.8
Health Care Facilities (%)	4.6	4.3	4.8	3.4	5.2
Restaurants/Coffee Shops/Bistro (%)	53.9	53.4	54.3	49.0	56.0
Bars/Pubs/Night, Disco, Music Clubs (%)	89.2	89.1	89.4	84.7	91.2
Public Transportation (%)	8.4	10.7	6.6	9.1	8.0
Private Cars (%)	24.6	29.4	20.0	24.2	24.8
<b>O: Offer help to quit tobacco use<sup>(9)</sup></b>					
Made a quit attempt in the past 12 months <sup>(10)</sup> (%)	35.1	34.7	35.5	37.2	33.9
Advised to quit smoking by a health care provider <sup>(11)</sup> (%)	41.8	41.2	42.5	40.9	42.2
Attempted to quit smoking using a specific cessation method <sup>(10)</sup> :					
Pharmacotherapy <sup>(12)</sup> (%)	25.2	25.2	25.2	23.2	26.4
Counseling/advice <sup>(13)</sup> (%)	3.5	3.8	3.0	2.2	4.3
Interest in quitting smoking <sup>(14)</sup> (%)	50.1	48.0	53.1	50.8	49.8

**Table F.1: MPOWER Summary Indicators, GATS Poland 2009-2010.**

Indicator	Overall	Gender		Residence	
		Male	Female	Rural	Urban
<b>W: Warn about the dangers of tobacco*</b>					
Belief that tobacco smoking causes serious illness (%)	91.5	90.4	92.6	92.6	90.9
Belief that smoking causes specific diseases:					
Stroke (%)	61.8	59.3	64.0	60.3	62.6
Heart attack (%)	79.9	79.5	80.3	80.2	79.8
Lung cancer (%)	92.6	91.8	93.3	92.4	92.7
Belief that smokeless tobacco causes serious illness (%)	39.0	33.6	44.0	42.1	37.2
Belief that breathing other peoples' smoke causes serious illness (%)	81.4	77.4	85.1	83.8	79.9
Belief that certain types of cigarettes can be less harmful than others <sup>(15)</sup> (%)	17.7	19.5	16.1	16.2	18.7
Belief that cigarettes cause an addiction	98.0	98.0	98.1	97.5	98.4
<b>E: Enforce bans on tobacco advertising, promotion, and sponsorship*</b>					
Noticed any cigarette advertisement, sponsorship or promotion <sup>†</sup> (%)	25.2	28.7	22.0	22.8	26.6
Noticed anti-cigarette smoking information at any location <sup>†</sup> (%)	73.1	72.2	74.0	75.0	72.0
<b>R: Raise taxes on tobacco<sup>(16)</sup></b>					
Average cigarette expenditure per month (PLN)	208.52	211.73	203.95	217.68	203.68
Average amount spent on 20 manufactured cigarettes (PLN)	9.12	8.64	9.92	9.70	8.82
Last cigarette purchase was from a store (%)	52.0	52.3	51.7	63.5	46.0
Last cigarette purchase was from a kiosk (%)	40.9	40.7	41.0	29.3	47.0
Notes:					
<sup>(1)</sup> Current use includes both daily and occasional (less than daily) use.					
<sup>(2)</sup> Cigarette use includes manufactured cigarettes and hand-rolled cigarettes.					
<sup>(3)</sup> Among current daily cigarette smokers.					
<sup>(4)</sup> Among respondents 20-34 years of age who are ever daily smokers.					
<sup>(5)</sup> Also known as the quit ratio for daily smoking.					
<sup>(6)</sup> Adults reporting that smoking inside their home occur daily, weekly, or monthly.					
<sup>(7)</sup> Among those respondents who work outside of the home who usually work indoors or both indoors and outdoors.					
<sup>(8)</sup> Among those respondents that visited the place.					
<sup>(9)</sup> Among current smokers (includes both daily and occasional smokers).					
<sup>(10)</sup> Among current smokers and former smokers who have been abstinent for less than 12 months.					
<sup>(11)</sup> Among current smokers and former smokers who have been abstinent for less than 12 months, and who visited a HCP during the past 12 months.					
<sup>(12)</sup> Includes nicotine replacement therapy (e.g., chewing gum, patches, tablets, inhaler and other agents containing nicotine), prescription drugs (e.g., Tabex, Zyban, Champix), and other pharmaceutical agents.					
<sup>(13)</sup> Includes counseling by a specialist, including at a smoking cessation clinic, and a telephone quit line/advice/helpline.					
<sup>(14)</sup> Interest in quitting smoking includes current smokers who are planning to quit within next month, thinking about quitting within next 12 months, and who will quit someday, but not in the next 12 months.					
<sup>(15)</sup> Among those who believe that smoking causes serious illness.					
<sup>(16)</sup> Among current manufactured cigarette smokers.					
* Among all adults.					
† In the last 30 days.					

# APPENDIX G: GLOSSARY OF TERMS

Questionnaire and Indicator Terminology	
Beliefs about the dangers of tobacco smoking	Respondents who believe that tobacco smoking causes serious illness and specific diseases, i.e., stroke, heart attack, lung cancer.
Current smokeless tobacco user	Person who currently uses any smokeless tobacco product, either daily or occasionally.
Current tobacco smoker	Person who currently smokes any tobacco product, either daily or occasionally.
Daily smoker	Person who currently smokes any tobacco product every day.
Daily smokeless tobacco user	Person who currently uses any smokeless tobacco product every day.
Ever daily smoker	Person may or may not be a current smoker. Includes persons that are 'current daily smokers', 'current occasional smokers, formerly daily' or 'current non-smokers, formerly daily smokers'
Exposure to anti-tobacco information	Respondents who have noticed any information about the dangers of cigarettes or non-smoking tobacco, or that encourages quitting of these tobacco products, in the last 30 days, in the areas of interest: newspapers/ magazines, television, radio, billboards, internet, educational/health materials and/or elsewhere.
Exposure to secondhand smoke at home	Indicates percentage of respondents who reported someone smoking inside his/her home (daily, weekly or monthly), in the past 30 days. This does not include areas outside such as patios, balcony, garden, etc. that are not fully enclosed.
Exposure to secondhand smoke in public places	Indicates percentage of respondents who reported someone smoking inside the public places of interest, in the past 30 days: Government Buildings: Covering indoor areas which are non-smoking areas by the national smoke free laws. Health Care Facilities: Covering indoor areas of both public and private health care facilities which are non-smoking areas by the national smoke free laws. Restaurants/Coffee shops/Bistro: Covering food and/ or beverage selling place inside the building, not including place in front of any building and wayside. Bars/Pubs/Night, Disco, Music clubs: in indoor areas of these premises. Public Transportation: All public transport with both air conditioner and non air conditioner. Private cars: cars belonging to private persons or private companies
Exposure to secondhand smoke at the workplace	Indicates percentage of respondents who reported someone smoking at work inside, in the past 30 days. This is among those respondents who work outside of the home or who usually work indoors or both indoors and outdoors.
Exposure to cigarette advertisement, sponsorship and promotion	Respondents who have noticed any advertisement or signs promoting cigarettes in the last 30 days, in the areas of interest: stores where the products are sold, foreign TV channels, foreign newspapers/magazines, internet and/or elsewhere. Respondents who have noticed any sport or sporting event associated with cigarette brands/companies. Respondents who noticed any free samples of cigarettes or clothing/other items with a brand name or logo of cigarettes or sales prices or coupons or mails promoting cigarettes or cultural event sponsorship of cigarette companies/brands.
Former daily smoker	Person is currently a non-smoker but had previously smoked daily over a period of one month or more.
Former daily smokeless tobacco user	Person does not currently use smokeless tobacco but had previously used smokeless products daily over a period of one month or more.
Healthcare Provider (HCP)	Healthcare providers include various health professions such as medical doctors, nurses, pharmacist, health professionals, etc.
Interest in quitting smoking	Current tobacco smokers who are planning or thinking about quitting smoking within the next month, 12 months, or someday.
Non-smoker	Person currently does not smoke at all.
Non-user of smokeless tobacco	Person currently does not use smokeless tobacco at all.
Occasional smoker	Person who currently smokes less than daily.
Occasional smokeless tobacco user	Person who currently uses a smokeless tobacco product less than daily.

Questionnaire and Indicator Terminology	
Pharmacotherapy	Nicotine replacement therapy (e.g., chewing gum, patches, tablets, inhaler and other agents containing nicotine), prescription drugs (e.g., Tabex, Zyban, Champix), and other pharmaceutical agents.
Public places	Includes government buildings, healthcare facilities, school, university or other educational facility, restaurants, coffee shops/bistro/tea shops, bars/pubs/night club, music/disco clubs, public transportation and private cars.
Quit attempt	Current tobacco smokers and smokeless tobacco users who tried to quit during the past 12 months and former tobacco smokers and smokeless tobacco users who have been abstinent for < 12 months.
Quit ratio (among daily smokers)	Indicates how many 'ever daily smokers' were able to successfully quit ('former daily smoker' / 'ever daily smoker')
Secondhand smoke (SHS)	Inhalation of smoke from tobacco products used by others.
Smokeless tobacco use status	Classified into three categories: 1) 'Current/Daily smokeless user' means the person uses at least one smokeless tobacco product every day, over a period of one month or more. 2) 'Current/Occasional smokeless user' means the person uses smokeless tobacco products less than daily (either formerly daily or never daily). 3) 'Non-smokeless tobacco user' means the person currently does not use smokeless tobacco at all. This includes 'Former daily user' and 'Never daily user'.
Smoking status / Smoking frequency	Classified into three categories: 1) 'Current/Daily smoker' means the person currently smokes at least one tobacco product every day, over a period of one month or more. 2) 'Current/Occasional smoker' means the person currently smokes less than daily (either formerly daily or never daily). 3) 'Non-smoker' means the person currently does not smoke at all. This includes 'Former daily smoker' (currently a non-smoker but had previously smoker daily) and 'Never daily smoker' (currently a non-smoker and has never smoked daily, but instead occasionally or never smoker).
Tobacco Products	Two types of tobacco products: 1) Smoked tobacco includes: manufactured cigarettes, hand-rolled cigarettes, pipes full of tobacco, cigars/cigarillos and any other reported smoked tobacco products. 2) Smokeless tobacco includes: snus (oral tobacco), snuffing tobacco (for nasal use), chewing tobacco (oral tobacco for chewing), and any other reported smokeless tobacco products.

Global Adult Tobacco Survey  
Poland 2009-2010

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Technical supervision provided by:

Ministry of Health  
World Health Organization  
Chief Sanitary Inspectorate

Typographic design, typesetting and text makeup:

Studio Atlantis

© Ministry of Health, Warsaw 2010  
ISBN: 978-83-88681-76-1

Publisher:

Ministry of Health