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Democracy and Health: Tobacco Control in Poland

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At the end of the 1980s, Poland had the highest cigarette consumption in the world. Polish men, in particular, had been heavy smokers for years. Their addiction had made cancers common and lives short (figure 5.1). By 1990, the odds that a 15-year-old Polish boy would live to the age of 60 were lower than for his peers in most other countries in the world, including India and China (Murray and Lopez 1994). The World Health Organization (WHO) estimated that almost half of the premature deaths among Polish men were caused by inhaling tobacco smoke (Peto and others 1992). Over half of the burden of noncommunicable disease among Polish men was smoking related.

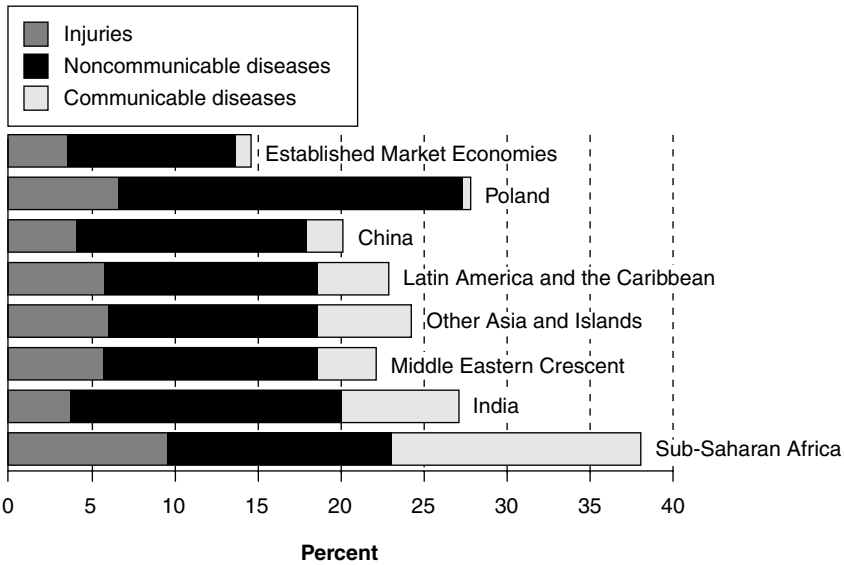
The medical community in Poland began to raise the alarm in the 1980s, when it became clear that the incidence of lung cancer in Poland was higher than almost anywhere else in Europe except Hungary (Zatoński and others 1996). The health, economic, and social costs of smoking spurred Polish doctors and health advocates to look for ways of reversing the advancing health catastrophe.

Tobacco Consumption in Poland: Historical Background

Cigarette smoking accounts for nearly 100 percent of tobacco consumption in Poland. In the 1920s and 1930s tobacco consumption remained stable at a relatively low level of about 500 to 700 cigarettes per person per year. After World War II, the figure rose steadily until the late 1970s, when it was one of the highest in the world, at well over 3,500 cigarettes per person per year (Zatoński and Becker 1988). The economic crisis of the late 1970s limited access to cigarettes, and tobacco consumption stopped rising.

The earliest studies on the prevalence of smoking in different socio-demographic groups date from 1974. The Maria Skłodowska-Curie Memorial Cancer Centre and Institute of Oncology (referred to in this chapter as the Cancer Centre and Institute) in Warsaw has conducted such studies almost every year since 1980. The studies revealed that in the mid-1970s,

Figure 5.1. Probability of Dying of Various Causes for Men Age 15–59, by Region, 1990



Source: Adapted from Murray and Lopez (1994).

65 to 75 percent of Polish men between ages 20 and 60 smoked every day, and less than 10 percent of men in some age groups said that they had never smoked (Zatoński and Przewoźniak 1992a, 1999). Smokers rarely quit: only a small proportion of men said they were ex-smokers. Smoking was a social norm in the adult male population. Far fewer women smoked than men, but the figures for women also rose consistently for all age groups. From 1974 to 1982, smoking prevalence among adult women increased from 20 to 30 percent—which was the highest level ever recorded (Zatoński and Przewoźniak 1992a). Some of the increase in smoking prevalence was a result of the way that cigarettes were rationed from 1981 to 1983: all employees received a quota of cigarettes whether or not they smoked. The result was an increase of 1 million in the number of smokers between 1981 and 1982, even though the number of cigarettes available on the market was static.

Throughout the 1980s, smoking prevalence among men continued to be very high, although minor decreases were noted in all age groups and more people in the youngest group began reporting that they had never smoked. This change may have been due to limited availability of cigarettes. The percentage of women smoking remained at about 30 percent, but consider-

able differences appeared across age groups. Smoking prevalence among the oldest women was 5 to 10 percent, compared with nearly 50 percent among the youngest adult women (Zatoński and Przewoźniak 1999).

Tobacco-Related Diseases

The growth of tobacco consumption in Poland after World War II led to an increase in morbidity and mortality caused by diseases and disorders related to inhalation of cigarette smoke. Lung cancer is a good indicator of health damage caused by smoking because it is found almost exclusively among tobacco smokers (Tyczyński and others 2000). After World War II, lung cancer mortality in Poland increased for men and women in all age groups. In the mid-1960s it was relatively low compared with rates in the United Kingdom and the United States (figure 5.2). In middle-aged men, however, lung cancer mortality increased rapidly. By the late 1970s it exceeded rates in both the United Kingdom and the United States (figure 5.3), and it continued to climb in Poland well after it had dropped in the other two countries (Zatoński 1995). The health consequences of inhaling cigarette smoke were less marked for women because of lower smoking prevalence (Peto and others 1994).

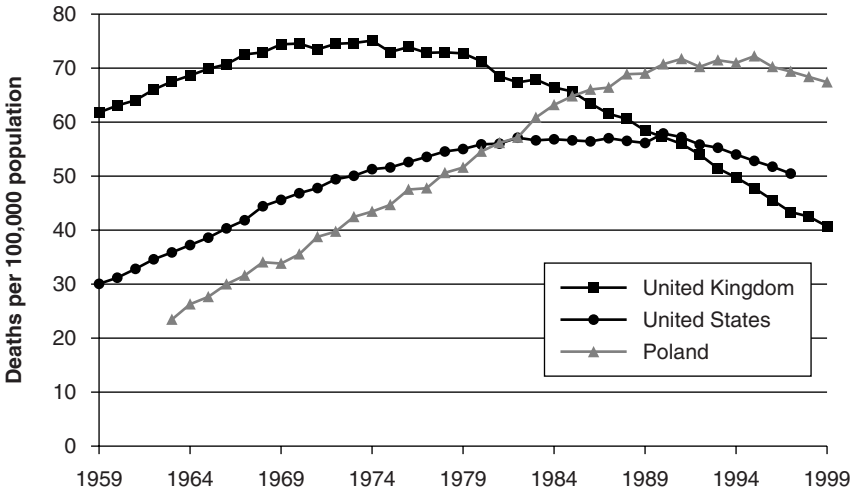
By the early 1980s the incidence of lung cancer among middle-aged Polish men was among the highest in the world and was significantly higher than it had ever been in any high-risk Western European country (for example, the United Kingdom or Finland). Figures for other cancers related to the inhalation of cigarette smoke, such as laryngeal and oral cancer, had also reached their highest levels by that time. Six of the 10 most frequent cancer sites in men were tobacco related (Zatoński and Tyczyński 1997). Epidemiological estimates indicate that 58 percent of malignant tumors in middle-aged men were caused by cigarette smoking. Similarly, studies showed that 42 percent of cardiovascular deaths and 71 percent of respiratory disease mortality among middle-aged men were smoking related (Peto and others 1994).

Tobacco Control in the 1980s

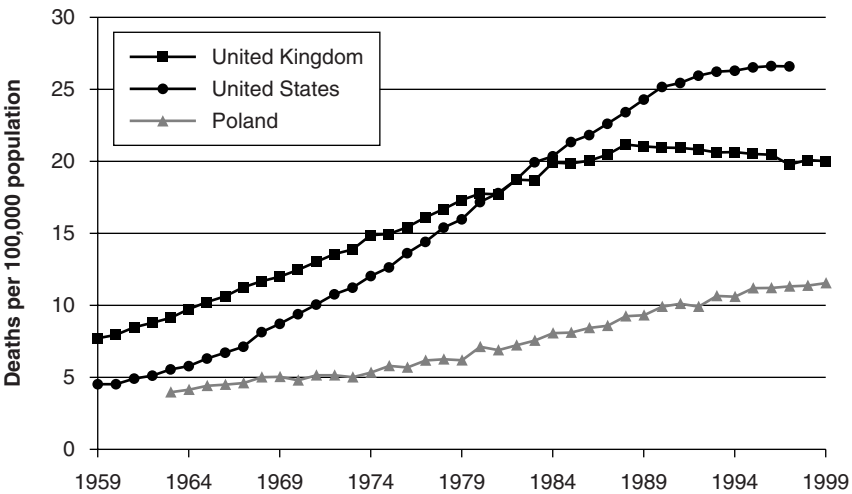
Unlike the case in most developed and developing countries, information about tobacco-related health damage was censored in Poland. Tobacco and cigarette production was an important source of government revenue. Health and the factors determining health were given little prominence in the media, which were controlled by the totalitarian regime. Scientific reports on health damage from tobacco smoke that received publicity in Western countries did not reach Poles. Public awareness of the dangers of tobacco use remained low.

Figure 5.2. Mortality Trends for Lung Cancer, All Age Groups, Men and Women, Poland, the United Kingdom, and the United States, 1959–99

Men

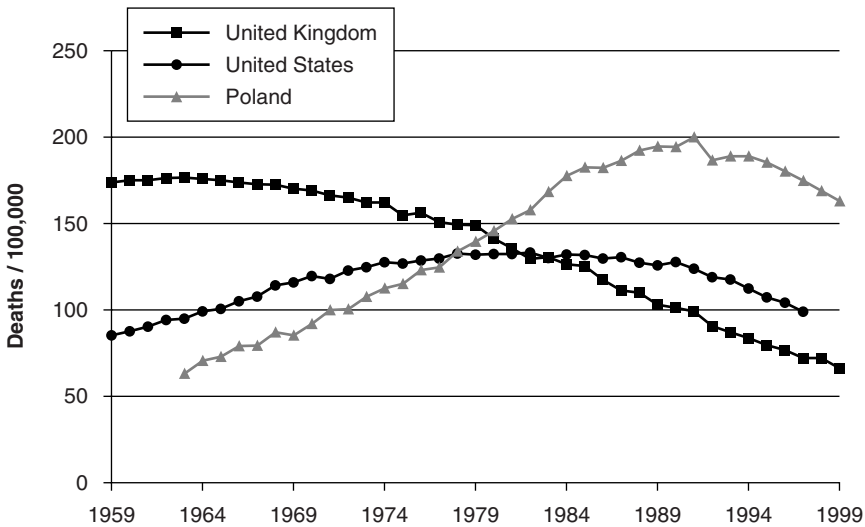


Women



Source: Cancer Centre and Institute, Warsaw, using data from Peto and others (1994) and Central Statistical Office of Poland (various years).

Figure 5.3. Mortality Trends for Lung Cancer, Men Age 45–64, Poland, the United Kingdom, and the United States, 1959–99



Source: Cancer Centre and Institute, Warsaw, using data from Peto and others (1994) and Central Statistical Office of Poland (various years).

Existing tobacco control regulations were paper tigers—they looked strong on paper but were ineffective because of lack of enforcement. For example, a 1974 law forbidding smoking in health centers was never enforced. This was a problem of considerable importance because cigarette smoking by physicians in health centers became widespread. In some medical specialties the percentage of doctors who smoked was higher than among the general population. In fact, physician smokers outnumbered all Polish woman smokers.

New Information about Tobacco

The growing catastrophe in adult health was first described in the early 1980s, as the voice of Polish civic society, symbolized by the democratic Solidarity movement, was gaining influence. As Polish society gradually became more open, more information on health issues was aired in the media. The 1980s saw the first publication of general information and scientific papers documenting tobacco smoking as the key causal factor in the growing cancer epidemic and in premature mortality among young and middle-aged adults (see, for example, Zatoński, Gottesman, and Przewoźniak 1987).

The political changes of the 1980s made possible the establishment of public organizations intent on improving the health of Poles by reducing the popularity of smoking. Several groups associated with the medical profession launched scientific studies, as well as activities that included developing tobacco control programs, educating the public, organizing debates and scientific conferences, and establishing links with international organizations. Through those international contacts, especially with the International Union against Cancer (UICC) and the WHO, Polish health advocates became involved in actions to reduce tobacco consumption.

In the early 1980s the Cancer Centre and Institute undertook systematic studies on the health consequences of cigarette smoking in Poland. Within a framework of international cooperation, investigators used WHO standard methodologies and definitions to document the relationship between smoking and the rapidly growing cancer epidemic. From these studies came the scientific basis for the first Polish report on smoking and health in Poland (Zatoński and Przewoźniak 1992a, 1992b).

Also in the early 1980s, the medical and scientific communities organized the first scientific conferences and workshops, in collaboration with the UICC and with Finnish medical organizations. These gatherings contributed to the growing understanding of the magnitude of smoking-related disease in Poland. They also highlighted the potential for effective interventions. During this period, health experts from Finland (Matti Rimpelä) and the United Kingdom (Richard Peto and Michael Wood) helped develop the first research and intervention programs.

While this scientific and public health activity was going on, tobacco control advocates began communicating their message to the public with the help of the media. They also organized Poland's first participation in World No Tobacco Day, in collaboration with the WHO.

Advances Despite Constraints

These efforts did not always receive government support and were sometimes criticized by government officials. In the early 1980s the prime minister's legislative council rejected a bill, prepared with the help of experts from Finland and the UICC, that would have established regulations to help reduce the health consequences of smoking. Officially, the bill was dropped on technicalities, but the actual reason was the perceived threat it posed to the country's weak economy. The tobacco sector was a government monopoly, and it was feared that a reduction in smoking would affect government revenues.

Similarly, attempts to alert the public, whether at home or abroad, to Poland's poor health conditions could be only partly successful. Free media did not exist in Poland, and the government had little interest in

health matters. In a nondemocratic system, health-related activities could be implemented only to a limited extent unless they were supported by the government.

Despite limited government support, tobacco control advocates made the 1980s an important period of preparing scientific assessments, compiling databases, training experts, establishing links with international organizations, and developing intervention programs. They took advantage of their opportunities and achieved four important things:

- The creation of a body of independent experts
- The establishment of the Polish Anti-Tobacco Society, an organization of health advocates
- The initiation of scientific research to document, for the first time, the role of tobacco in the adult health crisis in Poland
- The initiation of collaboration with scientific, social, and international organizations abroad.

The Impact of Democracy and a Free Market

With the breakdown of the communist system, Polish tobacco control advocates faced new challenges and opportunities. Regulations governing economic activity were changed to make way for a free market in 1988 and 1989. The introduction of a market economy seemed likely to increase tobacco use, with grim consequences for public health. The production and sale of cigarettes, which had been entirely controlled by the government, was one of the first economic sectors to be privatized. Within a few years, the Polish tobacco companies were taken over by multinational corporations, and by the end of the 1990s, more than 90 percent of the country's tobacco industry belonged to multinationals.

An almost immediate result of privatization was the unrestrained availability and improved consumer appeal of cigarettes. All international brands could now be found on the domestic market, together with new local brands such as *Solidarność* (Solidarity), *Lady Di*, *Sobieski* (named for a famous Polish king), and *George Sand*. Privatization also led to a rapid shift away from reliance on tobacco grown in Poland, and this, together with the introduction of modern equipment, caused a considerable reduction in the workforce. With the construction of new and technically more advanced factories, the industry's productivity increased substantially.

In the rapid privatization, the authorities made considerable concessions to the multinational companies, such as agreeing to keep tobacco taxes low for several years. As a result, the real prices of cigarettes remained low throughout the first half of the 1990s: a pack of one of the cheapest brands cost less than a loaf of bread. Higher

tobacco taxes that raised cigarette prices were levied only in the second half of the 1990s. Even so, at the end of the 1990s the tax rate was only 47 percent, while in European Union (EU) countries the minimum rate was 57 percent.

The Tobacco Lobby Moves into Action

The multinational tobacco companies developed a lobby to promote their interests. An important part of their efforts involved establishing good relations with the emerging class of politicians, particularly economic and financial specialists. For example, the tobacco lobby made a donation to Lech Wałęsa, then leader of the Solidarity trade union, in hopes of gaining his support.

As soon as they entered the Polish market, transnational tobacco companies worked to undermine the traditional ban on tobacco advertising. They were unable to overturn the internal regulations against tobacco advertising on national television (there were no private television channels at the time), but they did manage to overcome restrictions in all other media, including public radio and the press, the first of the media to be privatized. The tobacco companies introduced advertising techniques that Poles had never before experienced. The industry soon became the largest advertiser in the country; toward the end of the 1990s it was spending US\$100 million a year on advertising cigarettes in Poland (National Association of the Tobacco Industry 1998).

The unfamiliar marketing techniques had a powerful effect on a receptive public. The decrease in the prevalence of smoking halted, and the number and percentage of occasional smokers rose. The most important change was a surge in the number of children experimenting with cigarettes, with a particularly dramatic increase in the number of girls who smoked. The percentage of girls between the ages of 11 and 15 who smoked at least once a week increased from 16 percent in 1990 to 28 percent in 1998 (Mazur, Woynarowska, and Kowalewska 2000).

The opening of the market, the takeover of Polish tobacco companies by the multinationals, and the use of state-of-the-art marketing techniques all appeared to have determined the future of the tobacco epidemic in Poland. The industry set itself a goal of increasing tobacco consumption by about 10 percent over 10 years. Predictions concerning health were pessimistic. The evidence of increasing premature mortality among young and middle-aged adults between 1988 and 1991 seemed to confirm such fears (Zatoński 1995).

These growing health threats were challenges for health advocates. But democracy, an emerging civil society, and independent, news-craving mass media also opened up new opportunities for action.

The Kazimierz Declaration

Even before the political system changed in most Eastern European countries, Poland hosted a conference at Kazimierz in November 1990 with the title "A Tobacco-Free New Europe." The Cancer Centre and Institute organized the conference under the honorary patronage of Lech Wałęsa, the historic Solidarity leader, and in collaboration with the UICC and the American Cancer Society. It was the first meeting of health advocates from Western and Eastern Europe aimed at taking action to close the health gap between the two parts of the continent. It was also the first opportunity to present comprehensive scientific evidence on the magnitude of the health damage caused by smoking in Eastern Europe.

The conference targeted public health leaders from Eastern European countries. Many of the participants later became national leaders in tobacco-and-health policy in their own countries. Other participants included representatives of leading international health organizations such as the WHO and experts on tobacco and health from Europe and the United States, including Richard Peto of Oxford University; Greg Connolly of the Massachusetts Department of Health, director of one of the biggest tobacco control programs in the world; and Michael Wood from Belfast, then director of the UICC's Program on Tobacco and Cancer.

The conference ended with the endorsement of the Kazimierz Declaration, which recommended that national governments adopt comprehensive tobacco control programs to reduce the health consequences of cigarette smoking. The declaration emphasized that in a democratic state, legislation was the key to curbing the damage to health from smoking. It recommended that governments take the following steps:

- Introduce and enforce a strict ban on all direct or indirect advertising and promotion of tobacco goods or trademarks
- Adopt, as a minimum, EU standards for health warnings on cigarette packs
- Adopt, as a minimum, EU standards for maximum tar deliveries but with delays to allow national tobacco manufacturers to comply with maximum levels of 20 milligrams by 1995 and 15 milligrams by 2000
- Ban the introduction of smokeless tobacco and any new forms of tobacco
- Impose a substantial health surcharge on all tobacco products to raise the minimum price of cigarettes
- Regularly monitor tobacco-related mortality and smoking prevalence
- Immediately establish national tobacco control coordinating committees
- Recognize the need for smoke-free public environments

- Educate the public, especially young people, about the hazards of tobacco use
- Support smokers who want to stop smoking.

The Kazimierz conference also provided a framework for cooperation in tobacco control among Central and Eastern European countries. Not long after the conference, the WHO Collaborating Centre on the Action Plan for a Tobacco-Free Europe was set up at the Department of Epidemiology and Cancer Prevention of the Cancer Centre and Institute. Through it, Poland became a center for educating and training public health leaders in Central and Eastern Europe.

The Kazimierz Declaration provided a basis for health-related tobacco control action in Poland in the 1990s. Polish public health advocates saw the Kazimierz conference as a milestone in formulating objectives and as a catalyst for work on a parliamentary bill to reduce cigarette smoking with the goal of improving the health of the Polish people. Not surprisingly, the international tobacco industry viewed the conference with anxiety.

Establishment of the Health Promotion Foundation

In the new political milieu, nongovernmental institutions could be set up to achieve public goals. The Health Promotion Foundation was established to organize and support health promotion activities aimed at preventing smoking-related diseases and increasing consumption of fruits and vegetables.¹ Its continuing activities include:

- Developing and offering education programs
- Supporting scientific research
- Cooperating with local and international organizations such as the UICC and the WHO
- Organizing and making presentations at conferences and workshops.

The foundation's tour de force has been a mass campaign to help smokers quit. This drive takes place every autumn, climaxing on the third Thursday in November. Its Polish name can be translated as the Great Polish Smoke-Out, and it is based on the Great American Smoke-Out campaign. Within a few years, it became the largest regular public health campaign in Poland. Originally centrally organized, the campaign now relies on the active involvement of local communities and local media.

1. The foundation was set up by the author. Its limited budget comes from private donors, and its project funding, from international and other organizations. Its work is greatly facilitated by a strong partnership with Polish media.

Studies tracing the campaign's impact year by year have shown that 80 to 90 percent of Poles have heard of it. Many smokers credit the campaign with inspiring them to smoke less or stop smoking (Jaworski, Przewoźniak, and Zatoński 2000):

- Every year, 20 to 30 percent of smokers have tried to smoke less.
- Every year, about 1 million smokers (out of about 9 million daily smokers) have attempted to quit smoking.
- Every year, 200,000 to 400,000 people claim to have quit smoking thanks to the campaign.

Over more than a decade of campaigns, more than 2 million people have successfully quit smoking for good. These impressive results testify to the campaign's importance in improving the health of Poles.

Part of the campaign's success comes from a popular annual competition. All Poles who have quit smoking since the beginning of the year can take part simply by sending in postcards to the Health Promotion Foundation. The competition has become more popular each year, and in 2000, the 10th year, more than 40,000 postcards were submitted. The prize, awarded to a number of randomly chosen participants, is a one-week stay in Rome, including a private audience with Polish-born Pope John Paul II.

Both public and commercial media support the program, with public radio and television being the main media sponsors. Every year, thousands of news items describe the campaign. Special advertisements, information on how to quit, discussions, and reports are broadcast and printed. The competition and the trip to Rome traditionally receive wide television coverage.

New Legislation for Tobacco Control

In 1989 the upper chamber of Parliament, the Senate, became the first democratically elected political institution in postwar Poland. Because of their high social status, medical professionals formed an unusually high proportion of senators. Consequently, health advocates chose to begin legislative action in the Senate.

Soon after the Kazimierz conference, a working group at the Cancer Centre and Institute developed a preliminary draft of a tobacco control bill, together with a statement of reasons for approving it. The health-related arguments presented were backed up with scientific evidence, which included the dramatic level of premature mortality in Poland caused by inhaling cigarette smoke. The bill was based on WHO standards for good tobacco control legislation and included a comprehensive set of provisions for reducing cigarette consumption.

Politicians, and especially the medical professionals holding senatorial posts, welcomed the draft bill. A working group headed by Dr. Maciej Krzakowski of Cieszyn was formed in 1991 to prepare the motion. Soon afterward, the bill was introduced in the Senate.

Controversy Over the Proposed Bill

To the surprise of politicians and health advocates, the bill encountered strong opposition from the tobacco lobby. For the first time in the new democratic era, politicians were faced with the activities of a well-organized interest group determined to achieve its goals.

The controversy over the bill soon became public. The health of Poles and the harm done by cigarette smoke became the subject of a stormy public debate lasting many years. The media, now independent, but not always free of external influences, played a key role in the debate. The health evidence was irrefutable—which is not to say that the tobacco industry has never questioned it. The discussion therefore centered on whether legislation (which is, after all, a piece of paper) could improve the health of a nation.

Cigarette companies tried to make parliamentarians (and the entire nation) believe that the legislation would be ineffective. They questioned the efficacy of an advertising ban, health warnings, economic regulations, and education, and they referred to freedom of advertising. Above all, they warned that a ban would have a negative impact on Poland's future economic development.

Initially, the media and public opinion were skeptical about the need for the legislation. What seemed to turn public opinion was the consistent argument by health advocates that smoking was largely responsible for the catastrophic state of the health of adult Poles. In the last stage of the debate, opponents of the bill, now losing ground, concentrated their attack on the proposed advertising ban. The maintenance of the right to advertise cigarette products became a key area of possible compromise.

On the government side, financial decisionmakers disagreed with the proposal to allocate some tobacco tax revenue for financing actions to improve health by reducing smoking. In general, however, support for the legislation was rising among politicians and the public, irrespective of political affiliation. Public attitudes toward smoking were changing. The ongoing public debate had drawn the attention of Poles to the health costs of smoking, and they were also becoming more aware of reduced tolerance for smoking in other countries. As public awareness increased, political parties took notice.

The Bill Passes

In a country where democracy was only beginning to take root, a succession of short-lived governments might have been vulnerable to the efforts of the tobacco lobby to derail the bill. The industry encouraged the use of a presidential veto and, failing at that, sought at least to delay the passage of the bill as long as possible. But no matter which political party dominated Parliament, the work and the debate on tobacco control legislation continued. On November 9, 1995, the Law for the Protection of Public Health against the Effects of Tobacco Use passed with an overwhelming majority (90 percent) of votes from all political parties.

Some of the key areas covered by the new act were

- Smoking bans in health care establishments, in schools and other educational facilities, and in closed spaces in workplaces.
- A ban on selling tobacco products to minors under 18.
- A ban on selling tobacco products in health care establishments, schools and other educational facilities, and sports facilities.
- A ban on selling tobacco products in vending machines.
- A ban on producing or marketing smokeless tobacco products.
- A total ban on advertising tobacco products in electronic media (radio and television).
- Restrictions on advertising in other media. (Advertisements in print media and on billboards had to carry health warnings in the upper part of each advertisement, occupying 20 percent of the area.)
- Publication of health warnings on all cigarette packs. (The warnings were to occupy 30 percent of two of the largest sides of each pack.)
- Free provision of treatment for smoking dependence.

With the exception of two areas—lack of a total advertising ban and of a fund dedicated to improving smokers' health—the new law included all the actions outlined in the WHO's gold standard for tobacco control. The Polish legislation effectively provided for the protection of non-smokers and introduced the world's largest health warnings on cigarette packs. It also obligated the government to prepare annual action programs for controlling the health consequences of cigarette smoking. Implementation reports have been presented to Parliament every year since then.

The new regulations were enforced without much trouble, although there were some technical problems. For example, no company or industrial enterprise had a separate ventilated room to allocate for smokers' use. As a result, the regulation on implementing this measure only

became effective after five years; the provision of special rooms finally became a requirement on January 1, 2001. Within a short time, many workplaces, particularly in the private sector, became truly smoke-free, allowing smoking only in specially designated places.

The Industry Strikes Back

Having succeeded in preventing a total ban on tobacco advertising, the tobacco lobby immediately launched an aggressive campaign against the placement of large health warnings on cigarette packs. The lobby maintained that the new legislation was inconsistent with current EU regulations and would hinder Poland's admission to the EU. Industry officials feared that these health warnings, the first to be introduced in a European country, would create a precedent.

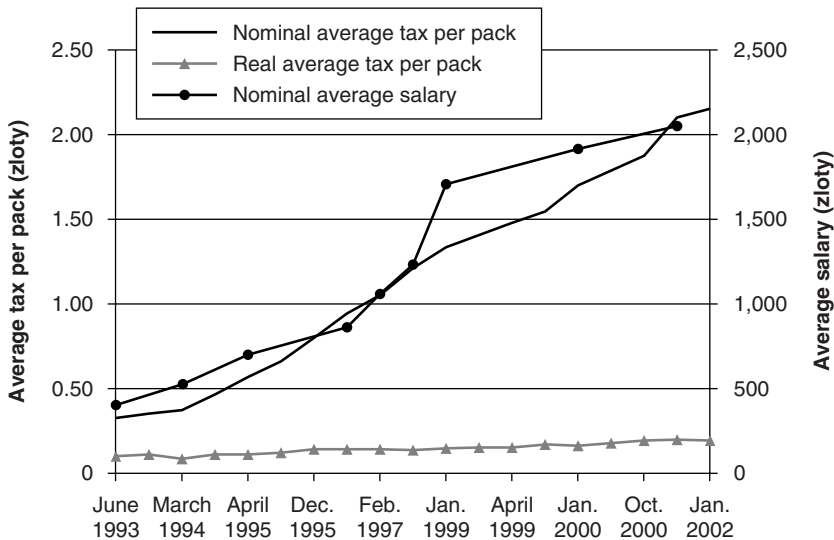
They were right. A few years later, the European Parliament referred to the Polish example as it began action to implement even larger health warnings on cigarette packs sold in EU countries. Warnings that occupy 30 to 40 percent of the two larger sides of a cigarette pack are being introduced in the EU in 2003.

A pro-tobacco parliamentary lobby was mobilized on an unprecedented scale to try and thwart the plans to introduce the health warnings. Many Polish politicians regard the scope and intensity of that lobby as the most powerful in the entire first decade of parliamentary democracy in the country. For health advocates, the offensive against the existing legislation provided another opportunity to call the public's attention to the health catastrophe resulting from cigarette smoke.

The fight of the tobacco industry's Goliath against the health advocates' David came under intense scrutiny in the media and even received international coverage. Undaunted by successive defeats, the tobacco lobby made three attempts to change the 1995 legislation during the *vacatio legis* (the period between the promulgation and the implementation of a law). The last attempt, a few months before the 1997 elections, was marked by a vigorous debate that almost resulted in a physical fight in Parliament. In spite of the enormous political and financial effort, on April 11, 1997, the tobacco lobby lost the battle to change the size of health warnings on cigarette packs. This time, however, the majority was small: 148 in favor, 122 against, and 100 abstentions.

In mid-1998, after two and a half years of negotiations, Parliament finally confirmed that health warnings on cigarette packs sold in Poland were to occupy 30 percent of the two larger sides of the pack. These were the largest warnings in the world until Canada introduced larger, pictorial warnings in 2001.

Figure 5.4. Nominal and Real Trends in Tobacco Excise Taxes and Average Monthly Salaries, Poland, 1993–2002



Source: Cancer Centre and Institute, Warsaw.

The Role of Cigarette Pricing

In privatization agreements concluded in the early 1990s, the government had agreed to freeze tobacco taxes. As a result, in the first half of the 1990s increases in cigarette prices remained below the inflation rate (which was high at the time), and taxes on cigarettes never exceeded 30 percent of the retail price, compared with the EU minimum of 57 percent and an EU average of about 75 percent. Increases in nominal cigarette prices matched income growth, and so cigarettes become increasingly affordable throughout the decade (figure 5.4).

The 1995 act stipulated that the government must take effective economic action through a pricing policy designed to limit tobacco use. In 1997 health advocates began collaborating with the World Bank and the University of Chicago to investigate the economics of smoking in Poland. The work included analyzing the effect of cigarette taxes and price increases on smoking behavior (see, for example, Zatoński, Matusiak, and Przewoźniak 1998). The preliminary results of this analysis showed that higher taxes and higher cigarette prices would result in a decrease in the number of cigarettes smoked and an increase in total tax revenues. Only when these results

were presented did the rate of tobacco tax increases accelerate. In 1999 and 2000 the tax on tobacco products increased by approximately 30 percent each year. It must be stressed that this economic tool—higher taxes that raise prices—has a particularly strong impact on less well-educated and poorer people. This is often the group with the highest smoking prevalence and the least likelihood of quitting in response to information about the harmful health effects of smoking (World Bank 1999). Unfortunately, not all politicians and economists are convinced of the effectiveness or advisability of using prices as a tool for limiting tobacco use.

Advertising Back on the Agenda

In 1998 a newly elected Parliament moved tobacco advertising onto the agenda once again. Parliamentarians were alarmed by new evidence showing a decrease in the age at which children (especially girls) begin smoking (Mazur, Woynarowska, and Kowalewska 2000). They were also responding to growing public concern about aggressive advertising by tobacco companies, which Poles regarded as being targeted mostly at children. There was a general consensus that these two factors—the growing popularity of smoking among children and aggressive cigarette advertising—were directly related and could be changed by a total ban on cigarette advertising. A new bill was introduced and this time moved rapidly through Parliament. A total ban on tobacco advertising was passed on September 10, 1999, by a large majority: 374 in favor, 11 against, and 12 abstentions. All political parties endorsed the bill. The new law included a provision for allocating 0.5 percent of tobacco excise tax revenue to the National Tobacco Program with the aim of reducing the health consequences of smoking. By December 2000, tobacco advertisements had been removed from billboards all over the country. Since 2001, tobacco advertising has been banned in all print media.

The progress of this bill, the parliamentary debate, and the media commentaries reflected the change in Polish society's attitude toward smoking. The decrease in smoking prevalence and the interest among smokers in trying to quit are striking. International studies indicate that the climate in Poland for health improvement through reducing tobacco consumption is one of the most favorable in Europe (Fagerström and others 2001).

Democracy Is Healthier

Democracy and a free-market economy have turned health into an important value in personal and family welfare in Poland. Pro-health behavior, the growing share in the Polish diet of vegetables and fruits (now avail-

able in great variety all year round), the popularity of a Mediterranean diet, and sports—all are at odds with inhaling tobacco smoke. The change in attitude toward smoking is most noticeable among educated Poles who have more experience of life in other countries, especially in the United States, and are aware of a lack of tolerance there toward smoking. In certain communities, being a nonsmoker has become fashionable, and smoking no longer receives social approval. Quitting smoking is a popular New Year's resolution.

Local and religious communities have become an important setting for discussions about the health effects of smoking. The Catholic Church is the main sponsor of the annual November antismoking campaign, and it also encourages nonsmoking at the local level—for example, when priests meet with engaged couples. Schools are also active in health promotion, helping to increase awareness of the dangers of tobacco use. The activities are aimed at parents, as well as at students and teachers.

Consumption Drops Dramatically

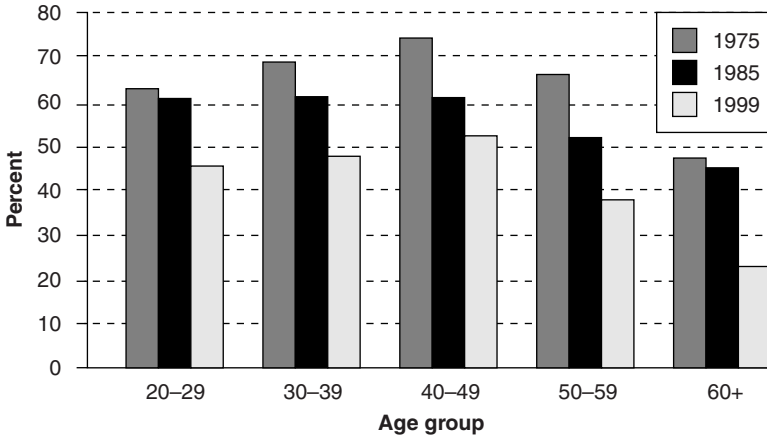
In the 1990s sales figures for cigarettes in Poland decreased for the first time since World War II. Tobacco industry data show that cigarette consumption fell by 10 percent between 1990 and 1998 (Michaels 1999). This reduction was achieved when the market was functioning normally and despite the enormously aggressive advertising policies of the tobacco companies. (As noted above, in the late 1990s the tobacco industry was spending US\$100 million annually on advertising.)

The drop in cigarette consumption was the result of reduced smoking prevalence in many different groups in society (Zatoński and others 2000). As figure 5.5 shows, smoking prevalence among men decreased in all age groups between 1975 and 1999. For women, a reduction in the popularity of cigarette smoking has been observed mainly in the younger age groups. The least significant reductions and the highest smoking prevalence are among middle-aged Poles of both genders, with no decline in prevalence evident (yet?) among middle-aged women. The overall decrease in smoking is most marked among better educated groups; among less well-educated Poles, the decrease in smoking is much less.

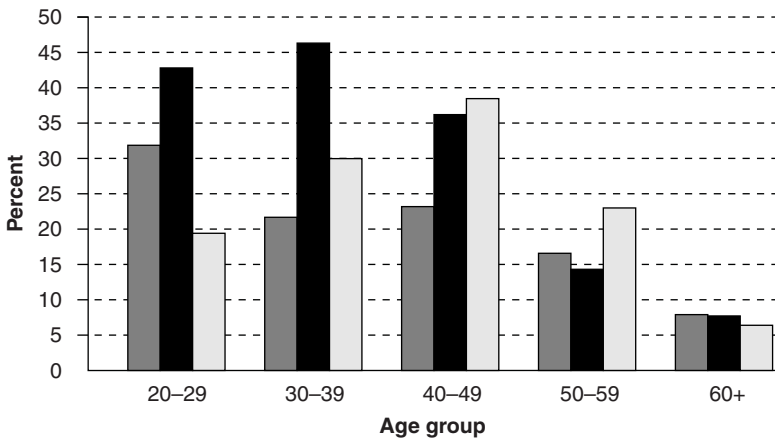
To sum up, smoking in Poland peaked at the end of the 1970s, with approximately 14 million smokers. At that time, 62 percent of all adult men and 30 percent of adult women smoked, and percentages for many age groups were higher. Prevalence levels remained at these levels in the 1980s but decreased substantially in the 1990s. At present, slightly fewer than 10 million Poles smoke—about 40 percent of adult Polish men and a little more than 20 percent of adult Polish women.

Figure 5.5. Smoking Prevalence by Age Group, Men and Women, Poland, 1975, 1985, and 1999

Men



Women



Source: Cancer Centre and Institute, Warsaw, using data from the Central Statistical Office of Poland (various years).

Health Indicators Improve

The drop in smoking across much of the Polish population has improved the country's health indicators. As noted at the beginning of this chapter, the incidence of lung cancer is the best and most specific

measure of changes in exposure to tobacco smoke. In Poland shifts in this epidemiological indicator clearly reflect the history of exposure of the Polish population to cigarette smoke.

The upward trend in lung cancer mortality in the youngest age group of adult men (age 20–44) was reversed in the 1980s, and by the end of the 1990s mortality had decreased by about 30 percent from the peak level. A 19 percent decline in lung cancer mortality in middle-aged men (age 45–64) followed in the early 1990s. In the over-65 population, the effects of the changes in exposure to cigarette smoke are still not evident.

In Hungary trends in lung cancer incidence before 1980 were similar to those in Poland. Hungary has not implemented effective tobacco control measures, and unlike the trend in Poland, the incidence of lung cancer is still increasing. The current incidence figures in Hungary are the highest ever for young and middle-aged adult men and women. In the United States and the United Kingdom, by contrast, trends in the epidemiology of lung cancer resemble those observed in Poland, although over a different time period (see figure 5.2, above).

Paralleling the changes in lung cancer mortality in Poland are decreasing mortality trends for other tobacco-related cancers, such as those of the oral cavity, larynx, and pancreas (Zatoński and Tyczyński 1997). Another positive change since 1991 has been a significant 20 percent reduction in cardiovascular disease (Zatoński, McMichael, and Powles 1998). About 10 to 40 percent of all cardiovascular disease in Poland is estimated to be tobacco-related. (The range reflects age-group and gender differences.) Exposure to cigarette smoke plays a less important role in cardiovascular disease than in lung cancer, but some of the decrease in cardiovascular disease is probably due to reduced exposure to cigarette smoke.

The reduction in smoking in Poland in the 1990s was also a factor in the drop in infant death risk during that decade. The lower risk is related to a decrease in the percentage of infants with low birth weight (<2,500 g)—from 8.4 percent in 1989 to 5.9 percent in 1999 (Szamotulska and others 2000). An estimated 20 to 30 percent of the reduction in risk can be attributed to lower exposure to cigarette smoke among pregnant women and their unborn and newborn babies. Between 1985 and 1999, the prevalence of smoking among women age 20–29 dropped significantly, by about 23 percent.

Overall, the total mortality rate in the Polish population from all causes fell by about 10 percent between 1991 and 2000, corresponding to a decrease of nearly 36,000 deaths annually. The reduction in cigarette consumption is estimated to be responsible for about one-third of the reduction in mortality across all age groups, or about 10,000 deaths a year (Zatoński 2000). Life expectancy—the best overall health indicator—increased in the 1990s by almost four years for men and almost three years for women.

Lessons Learned

Despite the significant progress in the past decade, Poland's journey toward health improvement through tobacco control is just beginning. The experience gained in these early stages will provide the foundation for future strategies.

Strong Warnings Have an Impact

One focus of early efforts has been on increasing public awareness of the health hazards of smoking. A valuable tool in raising awareness has been the large, clear warnings on cigarette packs. As a result of the introduction of the warnings, 3 percent of smokers stopped smoking, 16 percent attempted to quit, and another 16 percent are now more aware of the harm done by smoking (Zatoński, Przewoźniak, and Porębski 2000).

Pricing Policy Is Key, Especially for the Health of People with Low Incomes

The message about the harmful effects of cigarette smoke has mainly influenced better-educated Poles. Among people with basic education, including pregnant women, smoking prevalence has decreased very little (Zatoński and Przewoźniak 1999). Cigarette prices have been rising at a slower pace than incomes, which makes cigarettes more affordable and tends to increase consumption, especially among lower-income groups.

Pricing policy is an area of strategic importance for further limiting the health consequences of cigarette smoking. The World Bank's review of evidence shows clearly that it is the strongest and most effective single measure (World Bank 1999), and recent observations in Poland have confirmed this (Czart and others 2000). But the reduction in tobacco consumption that Poland has achieved so far is not attributable to the introduction of a pricing policy, since significant price increases occurred only after 1997. Taxation policy has only just begun to be used to reduce tobacco use in Poland, and more could be done.

Doctors and Other Medical Professionals Need to Do More

Medical advice is another effective method of motivating smokers to quit. Even though the antismoking climate in Poland is one of the most favorable in Europe, the contribution of physicians and other medical professionals to treating tobacco-dependence syndrome remains insignificant. Only 2 to 3 percent of ex-smokers report medical assistance in quitting.

Polish ex-smokers are mostly those who were the least addicted. Nearly one-half of daily smokers (about 4 million) smoke their first ciga-

rette within the first half-hour after waking up. In the most addicted cases, 8 percent of adult male smokers and 4 percent of adult female smokers (a total of 0.5 million people) wake up during the night to smoke a cigarette (Zatoński and Przewoźniak 1999).

The smokers with the strongest addiction and the greatest exposure to cigarette smoke are those born between 1940 and 1960. They reached adolescence (and started smoking) between 1955 and 1975, a period of widespread social acceptance of smoking. Smokers in this group either already suffer from severe smoking-related health problems or will before long see symptoms of the health damage caused by their smoking. This group should receive special medical attention and should be the target of carefully designed immediate interventions. Stopping exposure to cigarette smoke always brings substantial health benefits, even after many years of smoking (Peto 2002).

Nicotine addiction is a medical problem, so supporting those who want to quit or have quit is a special task for physicians. Both general practitioners and specialists (cardiologists, pulmonologists, obstetricians, pediatricians, and oncologists) should be made aware that helping people cure their tobacco addiction is part of a doctor's responsibility to his or her patients. It is impossible to cure patients of major diseases, such as chronic bronchitis and cardiovascular diseases, including coronary heart disease, without first getting them to quit smoking. Health providers in Poland are becoming more involved in helping patients stop. Some health insurance policies cover treatment to help people stop smoking, which makes economic sense, since smokers have much higher annual health care costs than nonsmokers.

Another great challenge in Poland that demands immediate action and a long-term campaign is reduction of pre- and postnatal exposure to tobacco smoke. Smoking during pregnancy and exposure of young children to cigarette smoke remain problems. In fetal and infant life, second-hand smoke is an important contributing factor to poor health. Intervention programs supported by local communities should be undertaken to protect children from this risk.

Science-Based Evidence Is Important to Justify Action

In all of Poland's tobacco control efforts, solid scientific evidence has played a key role. It has helped convince the general public of the dangers of tobacco consumption and has provided the justification for programs and legislation.

The Polish experience in changing people's attitudes toward smoking shows the dominant role of medical evidence. This evidence, based chiefly on domestic data compiled in collaboration with leading research centers abroad under the auspices of the WHO, demonstrated the extent

of the epidemic of diseases caused by inhaling cigarette smoke. In particular, highlighting the causal relationship between cigarette smoke and cancers, especially lung cancer, proved to be a good tactic. People viewed news on this link as reliable because the information came from the national Cancer Centre and Institute and was endorsed by prominent scientists. The ready acceptance of this information in the late 1980s may have been the result of increased awareness of the problem as the epidemic of tobacco-related diseases reached its peak. Poles were able to compare the health messages and scientific evidence with news about the health of their relatives and friends who were smokers.

Legislation Is Essential for Progress in Tobacco Control

Another important contribution to Poland's progress in tobacco control has been the legislation enacted in 1995 and 1999. The years 1990 to 1995, in particular, when the tobacco control law was drafted, were crucial to the later success of tobacco control efforts. Especially effective was the debate surrounding the bill, when the public heard the strong health evidence against smoking and observed the tobacco industry's actions to prevent the bill from being passed. The process of introducing and defending the legislation provided a forum for changing public attitudes toward tobacco, especially among the best-educated groups of society.

One important lesson from the Polish experience in preparing the bill is that legislative tactics must correspond to the level of public awareness of the issue. In the early 1990s Poles did not understand the importance of a total ban on tobacco advertising for reducing the health consequences of tobacco smoking. Only after years of watching the practices of the tobacco industry and following the national debate did people change their attitudes. This is reflected in the initial rejection of the total advertising ban in 1995 and its adoption in 1999 by an overwhelming majority of votes and with support from all political parties.

Both the 1995 legislation and its 1999 amendment have proved instrumental in changing the attitude of Poles toward tobacco use. Still, this transformation should be viewed as a phased process rather than a revolutionary change. Large, clear health warnings on cigarette packs that stigmatize the product, a ban on smoking in public places, and a total ban on tobacco advertising help reinforce this attitudinal change day after day.

Local Involvement in Tobacco Control Efforts Is Crucial

Rapid further progress in tobacco control is not possible without the involvement of local communities. In recent years activity regarding tobacco control has been transferred from the Parliament and the central government to local communities. The attitudes and participation of local

role models have become ever more important in supporting tobacco control activities. Involvement of local health providers is crucial in the battle against tobacco-related diseases.

Despite all these achievements, several thousand Polish smokers still die needlessly and prematurely every year because of smoking. Tobacco control continues to be a health priority in Poland.

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