

# Country Report

## POLAND

By

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**Health Professionals and Smoking Cessation in a larger Europe.  
European Union Project. Phase 2.**

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## 1. INTRODUCTION

### Brief description of the country

Poland is the country situated in central part of Europe. It belongs to European Union since 1.05.2004. Territory of the country: 322,577 km<sup>2</sup>; total population: 38,632 thousands (18,771 males; 19,849 females); at working age<sup>4</sup> : 23,920 thousands (12,320 males; 11,600 females).

Life expectancy for Polish population at age of 0: 70.2 for males and 78.4 for females<sup>1</sup>. Deaths caused by malignant neoplasms – 218.8; cerebrovascular diseases – 107.2; ischemic heart diseases – 143.8 and diseases of respiratory system – 47.4. per 100 thousands population. Number of doctors: 86,6608 (39,871 males; 46,737 females); number of doctors per 10 thousands population: 22.4. Number of specialists: 47,259; number of family physicians 7,000<sup>2</sup>; number of nurses: 186,491.

### Brief description of background to HPs project and country report

HPs project is addressed to several groups of health professionals including family physicians. It should be mentioned that Polish family physicians have an exceptional opportunity to undertake activities concerning prevention and health promotion: constant list of their patients, frequent visits, good knowledge about patients etc. In this bearing family physicians have a kind of advantage over other specialists to whom patients come usually with diagnosis of lung cancer or, after heart attack or stroke. Therefore The College of Family Physicians in Poland treated the Project very seriously by designating to it representative of The Prevention and Health Promotion Council, body of the College (Artur Mierzecki, MD, PhD). The essential background of the Project guarantees another Polish participant – The Health Promotion Foundation (President: Prof. Witold Zatonski, MD, PhD). Prof. Zatonski is also the head of The Department of Epidemiology and The Cancer Prevention in The Centre of Oncology – The Maria Sklodowska-Curie Institute in Warsaw. Health Promotion Foundation conducts a wide range of activities aimed at improving health of the Polish population. The Foundation has initiated many successful health improvement programs including the "World No Tobacco Day" on May 31 each year and the "Let's quit smoking together" drive on the third Thursday of November each year. Studies have shown that these events have had a significant effect in changing health behaviour. Both institutions, Foundation and College, have been in a good cooperation since 2000 organizing together Brief Antitobacco Intervention courses for all Polish family physicians, implementing subject of smoking cessation as obligatory to the

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<sup>4</sup> 18-64 for males; 18-59 for females

curriculum of family medicine specialization, publishing educational handbook how to teach family physicians about smoking cessation, organizing and taking part in Polish and international conferences on tobacco control.

Taking part in HPs project is a natural consequence of a good and close cooperation between both institutions.

## **2. THE USE OF TOBACCO PRODUCTS**

The tobacco consumption in Poland is in nearly 100% cigarette smoking.

According to results of Nationwide Survey on smoking behaviours and attitudes in Poland, annual national randomized surveys of adults which is conducted almost every year since 1980, in 2005 there is 42% daily smoking men and 25 % daily smoking women.

After the World War II the consumption of tobacco rose steadily until the late 1970s when it reached one of the highest level in the world, at over 3500 cigarette per person per year. The economic crisis of the late 1970s limited access to cigarettes, and tobacco consumption stopped rising. The studies conducted in 1970s revealed that in the mid-1970s 65 to 75% of Polish men between ages 20 and 60 smoked every day, and less than 10% of men in some age said that they never smoked. Smokers rarely quit: only a small proportion of men said they were ex-smokers. Smoking was a social norm in the adult male population. The prevalence of smoking among women in all age groups was also rose dramatically in that time. From 1974 to 1982 the prevalence of smoking among women increased from 20 to 30 percent (level the highest ever recorded). 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 smokers between 1981 and 1983, 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. The percentage of women smoking remained at about 30 percent, but considerable differences appeared across age groups. Smoking prevalence among the oldest women was 5 to 10%, compared with nearly 50 percent among the youngest adult women. However the cigarette consumption at the end of 1980s was the highest in the

world. The incidence of lung cancer (disease which affects nearly exclusively tobacco smokers) in Poland was higher than anywhere else in Europe (except in Hungary).

In 1980s, tobacco and cigarette production was an important source of government revenue. That was probably why in 1980s the information on health damage caused by smoking was censored. 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. In spite of regulation from 1974 of ban of smoking in health centre the law 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.

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. With the breakdown of the communism system Polish tobacco control advocates faced new challenges and opportunities. Regulations governing economic activity were changed to make way for a free market in 1998 and 1999. Constant availability of cigarettes was ensured while prices were kept at very low level. In the early 1990s in Poland, the price of a pack of cigarettes was on average lower than the price of a loaf of bread. At the same time cigarettes also became the most heavily advertised product (in the late 1990s the industry was spending one hundred million USD in Poland).

After 1990 tobacco consumption in Poland began to decrease for the first time since World War II. Tobacco industry data show that cigarette consumption fell by 10% between 1990-1998.

Summary: Smoking in Poland peaked at the end of 1970s with approximately 14 million smokers (62% of adult men and 30% of adult women). It remained at this level in the 1980s and decreased substantially in 1990s. At present about 9 mln Poles smoke everyday – less than 40% men and 26% women..

### **3. THE HARM DONE BY TOBACCO**

Every year more than 42 000 people die prematurely (35-69 years) due to tobacco smoking in Poland; this is 30% of all premature deaths.

From lung cancer, disease which affects nearly exclusively tobacco smokers, die every year 15000 males and 2700 females.

From all cancers over 27 000 males (55 % due to smoking) and nearly 18 000 females (12 % due to smoking) die prematurely.

Nearly 7000 people die from chronic obstructive pulmonary disease and other respiratory diseases in Poland, this is 40% of all deaths from all respiratory diseases.

From vascular diseases 25 000 people (20578 men and 5005 women) die because of their smoking. (all data from 2000, Peto, Lopez et al, 2005).

#### **4. MEASURES TO REDUCE THE HARM DONE BY TOBACCO**

##### Antitobacco Law

On 9 November 1995, the Law for the Protection of Public Health against the Effects of Tobacco Use was enacted in Poland.

Some of the key areas covered by the new act included:

- smoking bans in health care establishments, schools and other educational facilities, and 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 TV);
- 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% of the area;
- publication of health warnings on all cigarette packages (the warnings were to occupy 30% of two of the largest sides of each package); and
- free provision of treatment for smoking dependence.

In October 1999, the Polish Parliament voted to extend tobacco control. A total ban on advertising (billboards from 2001, newspapers from 2002) was passed by a vast majority of votes. 0.5% of the tobacco excise tax is dedicated to tobacco control. For the first time in the world, a ban on political parties' sponsorship by tobacco companies was introduced.

In 2003 Polish antitobacco law was amended according to European Union directive (2001/37/EC).

### The National Health Program

The National Health Program has existed since 1990. One of the task within it is to reduce the tobacco use and to prevent the tobacco attributable diseases.

## **5. COMMUNITY ACTIONS AND MEDIA EDUCATION**

5.1. According to data from 1999 smoking among health professionals are as follows: 27% males and 11% females.

5.2.

### Polish Great Smoke-Out (“Let’s quit smoking together campaign”)

Every year the since 1991 “Let’s quit smoking together” campaign has been taking place in Poland. The aim of the campaign is to encourage smokers to quit smoking. The campaign is organized by Health Promotion Foundation and Polish media (radio, public TV, largest daily newspapers and magazines (including magazines for health professionals). The most important elements of the campaign are:

- nationwide mass media coverage, including TV drive with a prime-time program devoted exclusively to the campaign;
- a “Let’s Stop Smoking Together” contest for all Polish smokers who want to quit (plus separate contests for health care workers and a bank employees);
- the organization of smoking cessation and counseling services;
- national and local special public events, health promotion meetings and health education activities with spotlight on the role of physicians, nurses and teachers in communicating health messages;
- nationwide survey to monitor changes in smoking and to assess the effectiveness of the campaign.

media campaigns includes:

- Press conferences
- Articles and programs on consequences of smoking
- Popularization of competition: „Let’s quit smoking together”
- Information concerning campaign, live relations.
- Informing about Quitline and website

TV campaigns:

- In 1999 the Australian TV spots campaigns took place in Poland. There were 6 spots broadcasted in public TV: artery, brain, lung, tumour, eye and tar. The campaign took place as well in press and as a posters.

According to results of survey done afterwards it had very good social perception in Poland.

- In 2002 there was TV campaign (antitobacco spots) with most well known “faces” of public TV, who were talking about different aspects of smoking and quitting.

### World No Tobacco Day

Every year since 1991 the World No Tobacco Day on 31<sup>st</sup> May has been celebrated in Poland.

In 2003 WNTD focused on Smoke-free Fashion and Movie. The actors from Polish most famous serials played in antitobacco TV spots. Additionally the smoking cessation issues appeared in most Polish famous serials in public TV.

## **6. THE EFFECTIVENESS AND COST EFFECTIVENESS OF SMOKING CESSATION INTERVENTIONS**

### 6.1. the effectiveness of smoking cessation interventions

The effectiveness of the smoking cessation activities in Poland is measured by:

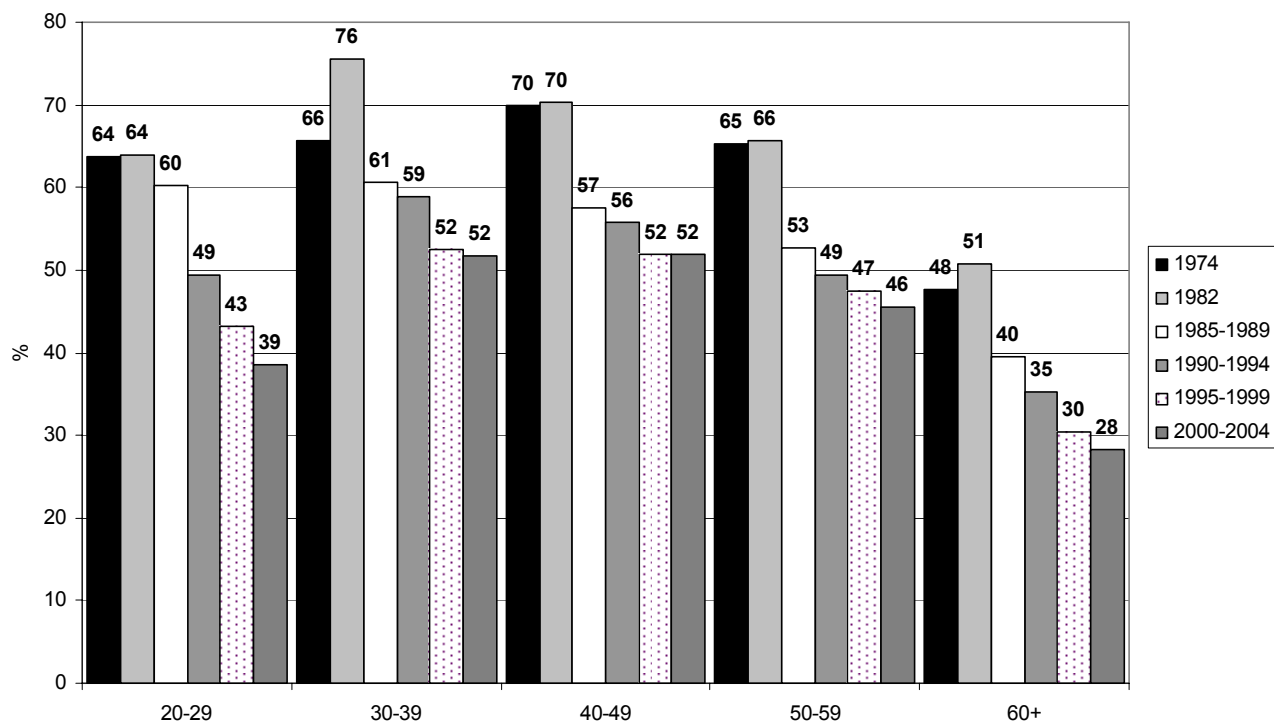
- nationwide randomized studies on attitudes towards tobacco control policy in adult population (1974-2004), including physicians, nurses and teachers, and youth population (schoolchildren –GYTS 1999, 2003, university students – 1989, 2000)
- studies on exposure to SHS in homes and public places (self and proxy reports and bio-and environments markers of SHS, 1968, 1992-2004)
- chemical analysis of the content of harmful substances, including tar, nicotine, CO, PAHs, TSN, heavy metals, in cigaretets sold in Poland (1983-2003)
- surveys and analyses on the effectiveness of tobacco control programs and policy (1985-2005)
- studies on economics of tobacco control (1995-2004)

Every year the impact of the Polish Great Smoke-Out campaign has been monitored in a national survey. In 2004 nearly 26 milion Poles recognized the campaign, 2,3 milion people

tried to change their smoking behaviours and 260 thousand people quit for good, 30 thousand Poles took part in the Let's quit smoking together contest.

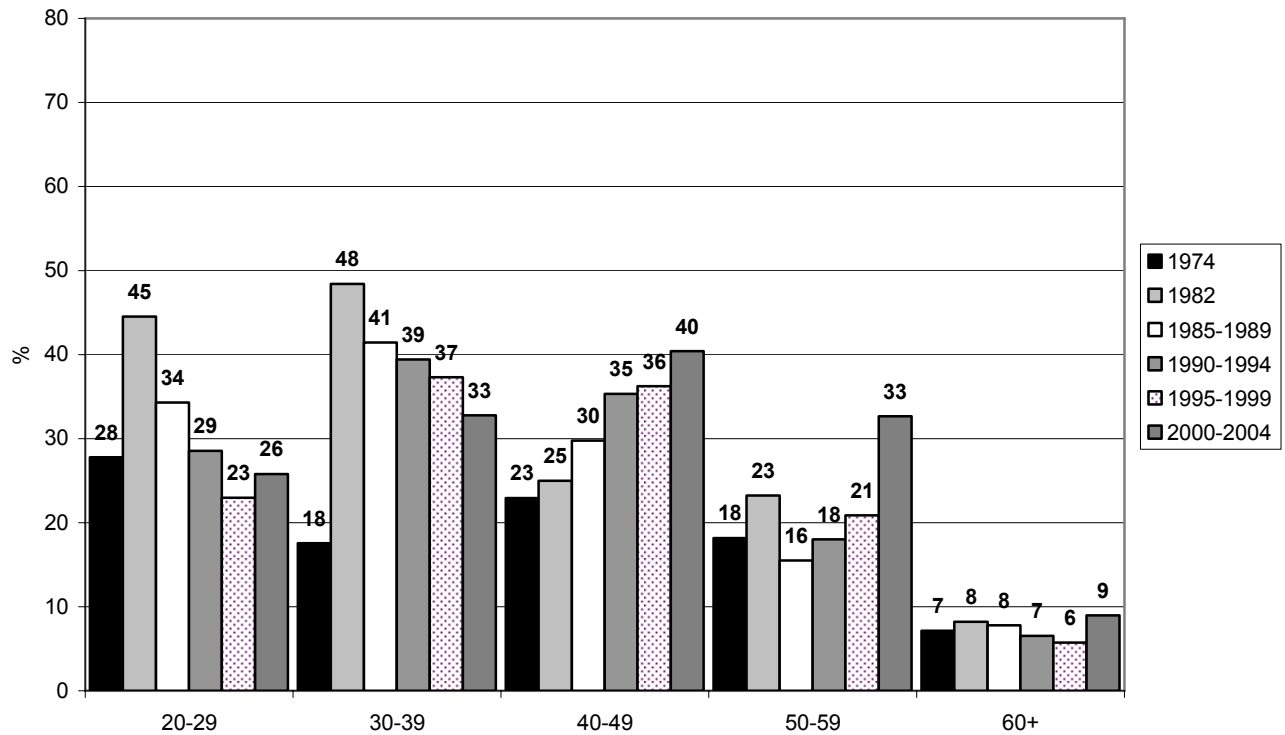
Since the beginning nearly 3 million smokers declared that they quit smoking thanks to the campaign.

Prevalence of tobacco smoking by age groups, males, Poland, 1974-2004





Prevalence of tobacco smoking by age groups, females, Poland, 1974-2004



## 6.2. the effectiveness of smoking cessation interventions

There is no Polish data on cost effectiveness of smoking cessation interventions.

## 7. HEALTH CARE INFRASTRUCTURE

### 7.1 Integrated health care system

In Poland smoking cessation is partially integrated in the health care system, including co-operation between primary health care, secondary health care and specialist services, similar to that for chronic diseases.

### 7.2 Structures for quality of care

There is Institute of Drugs in Poland , which licenses drugs for smoking cessation (as well as all other drugs), deals with cases of clinical negligence in smoking cessation and reviews the safety of pharmacological treatments for smoking cessation.

Cancer Center and Institute of Oncology, within the National Tobacco Control Program, has responsibility of preparing clinical guidelines for smoking cessation, monitors health outcomes

at the population level from smoking cessation and provides information on smoking cessation to health care providers.

Polish Ministry of Health monitors the quality of care provided for smoking cessation.

### 7.3 Research and knowledge for health

There is a formal research programme for smoking cessation in Poland with specifically allocated funding from governmental, semi-governmental and non-governmental organisations. This research programme is part of the evaluation of the National Tobacco Control Program activities. Now it is limited to evaluation of smoking cessation campaigns and programmes, quitline service, treatment in a few smoking cessation clinics, and surveys among physicians and medical students.

Education on smoking cessation is formally part of the curriculum of postgraduate professional training (for example in vocational training in family medicine) as well as continuing medical education of the medical and nursing students.

### 7.4 Health care policies and strategies for smoking cessation

There is official written governmental policy on smoking cessation in Poland, which is a part of an overall tobacco control policy (National Tobacco Control Program. The filename for the document reference is Program for Reducing the Health Consequences of Smoking in Poland, 2002-2006 (enforced by Government on 16 July 2002).

The governmental policy on smoking cessation includes: strategy on training for health professionals, national funded research strategy for smoking cessation, strategy for support of interventions by primary care professionals, intensive support for smoking cessation in specialised treatment facilities and promoting the use of pharmaceutical products.

### 7.5 Structures to manage the implementation of treatment within health services

There is the designated person in Poland, who oversees and manages smoking cessation services. Coordinator of the National Tobacco Control Program is responsible for those smoking cessation activities and services that are considered in the Annual Action Plans.

### 7.6 Funding health services and allocating resources

There is a government funding for services for smoking cessation, but only as a part of those smoking cessation activities and services that are included in the National Tobacco Control

Program (and Annual Action Plans). The funding is annually reviewed. Theoretically 0.5% levy from excise tax for tobacco products is spent to the whole National Tobacco Control Program, not exclusively to smoking cessation services.

## **8. SUPPORT FOR TREATMENT PROVISION**

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

The following screening and support systems are partially available in both general practice and in hospitals, for health care providers in smoking cessation: standardized screening instruments to identify smoking status and support by facilitators or advisors for smoking cessation. Standardized case notes or computer records to record smoking status and protocol charts or diagrams as an aid for smoking cessation are partially available in general practice only.

### 8.2 Protocols and guidelines

There are multidisciplinary clinical guidelines for smoking cessation in Poland as a part of other clinical care guidelines

1. A consensus of medical professions on diagnostics and treatment of tobacco dependence. In press. [in Polish]
2. Mierzecki, M. Godycki-Ćwirko, eds. Disease Prevention and Health Promotion Issues. Guideline for Family Physicians. AKTIS, Łódź 2000. [in Polish]
3. Rules of treatment in asthma by adults. Guidelines of College of Family Physicians in Poland, Wydawnictwo Medycyna Praktyczna, Cracow 1999. [in Polish]
4. Rules of treatment in asthma by children. Guidelines of College of Family Physicians in Poland, Wydawnictwo Medycyna Praktyczna, Cracow 1999. [in Polish]

There are in Poland:

- specialized guidelines or protocols for: family physicians and quitline counsellors;
- policy on smoking cessation written by the professional associations for: family practitioners and lung physicians,
- smoking cessation training within professional vocational education for: family practitioners and lung physicians

- smoking cessation training within accredited continuing medical education for the family practitioners, specialist nurses, oncologists and lung physicians

## **9. INTERVENTION AND TREATMENT**

### 9.1 Availability and accessibility

Help for smoking cessation is available and obtainable in Poland in the following settings: general/family practices, hospital clinics, addiction services, community based clinics, prisons and telephone quit-line.

Following products are licensed for use: NRT (2 and 4 mg gums, patches, lozenges, sublingual tablets and inhalers) as well as bupropion. NRT products are over counter and available at pharmacies, bupropion – only by doctors' prescription. NRT can be advertised in Polish media (press, radio, TV).

### 9.2 Affordability

Brief counselling intervention is available free of charge if doctors are doing this intervention. Bupropion is available partially free of charge only sporadically for some groups of patients (for example, within clinical trials). Intensive counselling interventions are available partially free of charge only in government health care institutions as a part of treatment of other addiction. NRT (2 and 4 mg gums, patches, lozenges and inhalers) are available by paying the full cost only.

One 4 mg piece of gum (as an NRT) costs 1 PLN. There are 12, 30, 48 and 105 numbers of units sold in Poland. Bupropion costs 7 PLN per 1 tablet (sold by 30 or 60 units).

There is a specialist service for smoking cessation available in some communities or regions only, by both referral and self-referral. It is reimbursed for the patient, but partly (advise in many cases is free of charge, cost of medicines is generally not reimbursed).

## **10. HEALTH CARE PROVIDERS**

### 10.1 Clinical accountability

The smoking cessation service/advice is a part of daily routine mostly for lung physicians, family doctors, cardiologists and oncologists, a bit less for ENT specialists, paediatricians and midwives. We noticed that pharmacists and dentist are engaged the least in smoking cessation promotion. Nurses in general practice are involved quite strong in smoking cessation.

We estimate, on a ten-point scale, that treatment providers consider smoking cessation advice as a part of their routine clinical practice as follows: pharmacists – 3, dentists – 5, ENT specialists, paediatricians and midwives – 6, family physicians, cardiologists and nurses working in general practice – 7 and oncologists as well as lung physicians – 8 points.

### 10.2 Treatment provision

There have been some studies and publications, by Polish authors, concerning smoking. The main findings of the most recent results are as follows:

57% smoking patients stopped in the last year [National quota sample of 600 adult smokers, 1998\*].

All patients are asked about their smoking status by 48% of physicians, 45% of physicians ask also some other patients (i.e. with symptoms of tobacco disease). 71% of all physicians, including 32% who are doing this at least once a week, assist their smoking patients with quitting [National randomized sample of 1,478 physicians, 1999\*\*].

90% of family physicians gave advice to quit smoking to all patients. 33% of family physicians follow practice protocols always, 55% - occasionally. NRT is recommended by 26% of family physicians. Bupropion was recommended by 10% of family physicians (three months after registration in Poland). [National randomized sample of 1,540 family physicians, 2000\*\*\*].

\*W. Zatoński, K. Przewoźniak, M. Porębski. *Polish smokers are ready to quit smoking*. Paper presented on the 11<sup>th</sup> World Conference on Tobacco or Health. 6-11 August 2000, Chicago, Illinois, USA. Abstracts, Vol. 1: 113.

\*\* K. Przewozniak, W. Zatonski. *Decline in smoking prevalence among Polish physicians*. Paper presented on the 11<sup>th</sup> World Conference on Tobacco or Health, 6-11 August 2000, Chicago, Illinois, USA. Abstracts, Vol.1: 89.

\*\*\*A. Mierzecki, K. Przewozniak, A. Radzinski, W. Zatonski. *Evaluation of the GP intervention among tobacco-dependent patients*”. Paper presented on the 3<sup>rd</sup> Congress of Family Medicine, Cracow, Poland, 12-15.06.2003. *Probl Med Rodz* 2003;5:29 [in Polish].

## 11. HEALTH CARE USERS

### 11.1 Knowledge

There have been some studies that provide answers for the information concerning smoking. 98% of Polish population declares knowledge that smoking is dangerous to their health and that living with someone who smokes increases their own risk for health problems.

### 11.2 Treatment seeking behaviour

There was one survey and publication, which provides information on the proportion of smokers who have ever used one of the following methods to stop smoking (W. Zatoński, K. Przewoźniak, M. Porębski. *Polish smokers are ready to quit smoking*. Paper presented on the 11<sup>th</sup> World Conference on Tobacco or Health. 6-11 August, 2000, Chicago, Illinois, USA. Abstracts, Vol. 1: 113).

According to this survey 12% of smoking patients got help from a doctor, 2% - from a pharmacist. NRT products are prescribed to 8% of smoking patients (nicotine gum - 7%, nicotine patches – 0.5% and other nicotine products, such as lozenges, tablets, inhaler or nasal spray – 0.2%). 0.5% of smoking patients tried hypnotherapy or acupuncture, 0.7% got self-help materials: leaflets, books, articles or videos on how to stop smoking. Willpower alone is estimated as 7%.

### 11.3 Smoking behaviours and intentions to quit

There have been some surveys, studies and publications which provide information on smoking status or intentions to quit among Polish population.

Smoking behaviours. According to data from national survey 2004 there is: 40% of males and 25% of females (total = 33%) are daily smokers. 3% of males and 2% of females are occasional smokers. 16% of males and 9% of females are ex-smokers,

Intentions to quit. According to data from 1999 79% of males and 73% of females attempted to quit over a 1 year period\* (total = 76%), 9% of males and 9% of females consider to quit in next 6 month\*\* (total = 9%). 28% of males and 25% of females (total = 27%) successfully quit for at least 1 year during last 2 years\*\*\*.

\*Attempt to quit;

\*\* W. Zatoński, K. Przewoźniak, M. Porębski. *Polish smokers are ready to quit smoking*. Paper presented on the 11<sup>th</sup> World Conference on Tobacco or Health. 6-11 August, 2000, Chicago, Illinois, USA. Abstracts, Vol. 1: 113;

\*\*\* Stopping smoking for 100-1000 days during last attempt

**2000-2004**

	daily smokers		ex-smokers		never smokers	
	N	%	N	%	N	%
Males	4706	40%	4706	22%	4706	35%
Age groups						
20-29	834	39%	834	8%	834	48%
30-39	799	52%	799	14%	799	31%
40-49	940	52%	940	22%	940	23%
50-59	707	46%	707	29%	707	23%
60+	1014	28%	1014	42%	1014	28%
Education level						
primary	1180	36%	1180	22%	1180	38%
vocational	1678	51%	1678	23%	1678	24%
secondary	1262	35%	1262	22%	1262	39%
academic	562	28%	562	23%	562	43%
Place of living						
rural	1749	40%	1749	21%	1749	36%
urban less than 100000	1544	41%	1544	21%	1544	34%
urban more than 100000	1406	39%	1406	23%	1406	35%
Females	5843	25%	5843	11%	5843	62%
Age groups						
20-29	961	26%	961	8%	961	64%
30-39	885	33%	885	12%	885	53%
40-49	1096	40%	1096	14%	1096	42%
50-59	858	33%	858	16%	858	49%
60+	1644	9%	1644	11%	1644	79%
Education level						
primary	1758	15%	1758	7%	1758	76%
vocational	1230	36%	1230	11%	1230	50%
secondary	1967	28%	1967	14%	1967	56%
academic	869	23%	869	16%	869	59%
Place of living						
rural	1968	17%	1968	8%	1968	73%
urban less than 100000	2018	28%	2018	13%	2018	57%
urban more than 100000	1851	30%	1851	12%	1851	55%

## THE ASSESSMENT TOOL

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

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*Please cross the box, place a cross in the table or ring the option corresponding to your answer or write your answer where indicated.*

#### **PART I**

##### **Personal details of contact person for completion of tool**

Name: Witold Zatoński

Organization and position: President, Health Promotion Foundation

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Country: Poland

If you are answering for a jurisdictional<sup>5</sup> region rather than a country as a whole, which jurisdictional region is it?

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

Population size of the country/region: 38,6 million

Date of completing the tool (dd-mm-yy): 20 October 2004

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<sup>5</sup> Such a jurisdictional region could be a region within a country or a municipality



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

- Yes
- No
- Do not know

If yes:

What is the name of the coalition?

Civil Society Coalition "Tobacco or Health"

Please describe the aim of the coalition in one sentence:

To prevent and reduce smoking-attributable premature mortality in Poland

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

Name of member organization or individual:

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

Health Promotion Foundation

(national non-profit institution representing different professionals, with the concern on man-made disease and public health and health promotion)

Foundation "Breath for Hope"

(regional NGO representing pulmonologists and other health providers of Bydgoszcz

and

Kujawsko-Pomorskie Voivodeship interested in lung disease prevention)

Association "Ciechanow Health Consortium"

(regional NGO representing different professionals of the Ciechanow community and aiming to improve public health in the region)

Pomerania Anti-Smoking Society, Gdansk

(regional NGO representing physicians and other health providers and public health leaders interested in preventing and reducing smoking-attributable diseases)

Society for Prevention and Control of Addictions

(regional NGO representing different professionals, with the concern on prevention and cessation of drugs, alcohol and tobacco use)

Association for Smoke-free Childhood

(nation-wide network of teachers and health providers working on protecting children's health from tobacco use and enforced passive smoking)

Association of Polish Scouts

(the biggest Polish scout organization)

Association "Sport for Children and Youth"

(national organization leading by sportsmen, sport teachers and other professionals interested in promoting sport, physical activity and healthy lifestyle among children and youth)

Association "Health and We"

(community-based NGO representing professionals from the Institute of Cardiology in Warsaw, with concern on prevention of lifestyle risk factors of CVDs)

## **PART II**

### **A. LEGISLATIVE MEASURES**

This section will provide the completed country specific WHO European profiles of tobacco control, and the completed country specific profiles of the ENSP project on tobacco control policies as attachments.

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

## B. COMMUNITY ACTION AND MEDIA EDUCATION

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

	% who are daily smokers	Date of survey	Please provide filename for document reference (and complete document reference template)
1.1. Doctors overall	27% - M, 11% - F	1999	K.Przewozniak, W. Zatonski (2000)*
1.2. Nurses overall			
1.3. General practitioners (internists)	29% - M; 5% - F	1999	K.Przewozniak, W. Zatonski (2000)*
1.4. Nurses in general practice			
1.5. Nurses in general hospitals			
1.6. Pharmacists			
1.7. Midwives			
1.8. Dentists			
1.9. Oncologists			
1.10. Cardiologists			
1.11. Lung physicians			
1.12. Surgeons	23% - M, 13% - F	1999	K.Przewozniak, W. Zatonski (2000)*
1.13. Gynaecologists	31% - M, 10% - F	1999	K.Przewozniak, W. Zatonski (2000)*
1.14. Other: Family physicians	18% - M, 11% - F	2000	A. Mierzecki et al. (2003)**
Psychiatrists	20% - All	1995	Database of the Institute of Psychiatry and Neurology
Paediatricians	24% - M, 11% - F	1999	K.Przewozniak, W. Zatonski (2000)*

\* K. Przewozniak, W. Zatonski (2000) Decline in smoking prevalence among Polish physicians". Paper presented on the 11<sup>th</sup> World Conference on Tobacco or Health, 6-11 August 2000, Chicago, Illinois, USA. Abstracts, Vol.1: 89

\*\*A. Mierzecki, K. Przewozniak, A. Radzinski, W. Zatonski (2003) Evaluation of the GP intervention among tobacco-dependent patients". Paper presented on the 3<sup>rd</sup> Congress of Family Medicine, Cracow, Poland, 12-15.06.2003. Problemy Medycyny Rodzinnej 5: 29 [in Polish]

### 2. Have there been public education campaigns implemented in your country or region in the past 24 months in the listed media that provide information about why smokers

should quit smoking, or provide information on how to quit? If so, were they publicly funded?

	Provide information about why smokers should quit smoking	Provide information on how to quit	Were the campaigns publicly funded		
			Fully	Partial	No
Television	X	X		X	
Radio	X	X		X	
Newspapers and magazines	X	X			X
Billboards	No information	No information			X
Other (please state)	Great Polish Smoke-out	Great Polish Smoke-out		X	

### C. HEALTH CARE INFRASTRUCTURE

#### Integrated health care system

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

- Yes, widely
- Yes, partially**
- No
- Do not know

#### Structures for quality of care

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

	Yes	No	If yes, please provide filename for organizational reference (and complete organization reference template)
4.1. Licenses drugs for smoking cessation?	X		Institute of Drugs as for any other treatment
4.2. Has the responsibility of preparing clinical guidelines for smoking cessation?	X		Cancer Center and Institute within the National Tobacco Control Program
4.3. Monitors health outcomes at the population level from smoking cessation?	X		Cancer Center and Institute within the National Tobacco Control Program
4.4. Monitors the quality of care provided for smoking cessation?	X		Ministry of Health as for any other treatment procedure
4.5. Reviews the cost effectiveness of smoking cessation interventions?	X		National Health Fund; it concerns prescribed medicines (bupropion)
4.6. Deals with cases of clinical negligence in smoking cessation?	X		Institute of Drugs as for any other treatment
4.7. Reviews the safety of pharmacological treatments for smoking cessation?	X		Institute of Drugs as for any other treatment
4.8. Provides information on smoking cessation to health care providers?	X		Cancer Center and Institute within the National Tobacco Control Program

## Research and knowledge for health

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

**Yes, this research programme is part of the evaluation of the National Tobacco Control Program activities. Now is limited to evaluation of smoking cessation campaigns and programmes, quitline service, treatment in a few smoking cessation clinics, and surveys among physicians and medical students**

No

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

	Undergraduate/ basic professional training		Postgraduate professional training		Continuing medical education	
	Yes	No	Yes	No	Yes	No
Medical students		X	X		X	
Nursing students		X	X		X	
Pharmacy students		X		X		X
Dentistry students		X		X		X

## Health care policies and strategies for smoking cessation

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

Yes, a governmental written stand alone policy on smoking cessation

**Yes, a governmental written policy on smoking cessation which is part of an overall tobacco control policy (National Tobacco Control Program)**

No, but there is a governmental policy on smoking cessation in preparation

No, there are no governmental policies on smoking cessation

Do not know

If yes,

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

Program for Reducing the Health Consequences of Smoking in Poland, 2002-2006  
(enforced by Government on 16 July 2002)

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

	Yes	No
A strategy on training for health professionals	X	
A national funded research strategy for smoking cessation	X	
A strategy for support of interventions by primary care professionals	X	
Intensive support for smoking cessation in specialised treatment facilities	X	
Promoting the use of pharmaceutical products	X	

### Structures to manage the implementation of treatment within health services

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

**Yes, coordinator of the National Tobacco Control Program is responsible for those smoking cessation activities and services that are considered in the Annual Action Plans**

No

Do not know

Please provide his/her contact details:

Name: Professor Witold Zatonski

Organization and position: Director, Division of Cancer Epidemiology and Prevention, the Maria Skłodowska-Curie Cancer Center and Institute of Oncology, 5 Roentgena Street, 02-781 Warsaw, Poland

Telephone/ Fax: +48 22 643 92 34

Email: zatonskiw@coi.waw.pl

### Funding health services and allocating resources



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

**Yes, but only as a part of those smoking cessation activities and services that are considered in the National Tobacco Control Program (and Annual Action Plans)**

No

Do not know

If no,

Funding is being prepared

11. Is the funding reviewed?

**Yes**

No

Do not know

If yes,

**Annually reviewed**

Reviewed every 2 to 5 years

Reviewed every 5 years or longer

Other (please specify):

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

Yes

**No, 0.5% levy from excise tax for tobacco products is spent to the whole National Tobacco Control Program, not exclusively to smoking cessation services**

Do not know

13. If yes, please state the proportion:

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

Yes

**No**

Do not know

15. Is the hypothecated tax reviewed?

- Yes
- No**
- Do not know

If yes,

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

#### D. SUPPORT FOR TREATMENT PROVISION

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

16. Are the following screening and support systems available for health care providers in smoking cessation?

	Available in general practice			Available in hospitals		
	Yes, widely	Yes, partially	No	Yes, widely	Yes, partially	No
Standardized screening instruments to identify smoking status		X			X	
Standardized case notes or computer records to record smoking status		X				X
Protocol charts or diagrams as an aid for smoking cessation		X				X
Support by facilitators or advisors for smoking cessation		X			X	
Systems to follow-up patients for monitoring and treatment			X			X

##### Protocols and guidelines

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

- Yes**
- No
- Do not know

If yes:

Stand alone guidelines for smoking cessation

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

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

A. Mierzecki, M. Godycki-Ćwirko, eds. Disease Prevention and Health Promotion Issues. Guideline for Family Physicians. College of Family Physicians in Poland, Łódź 2000. [in Polish]

If no:

Guidelines are being prepared

A consensus of medical professions on diagnostics and treatment of tobacco dependence and guidelines for smoking cessation for health providers and lung disease specialists are in preparation.

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

Yes

**No**

Do not know

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

If no:

Studies are being prepared

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

	Reimbursed for providing smoking cessation		Smoking cessation within terms of service and part of normal salary	
	Yes	No	Yes	No
General practitioners		X	X	
Nurses working in general practice		X		X
Doctors in hospital		X		X
Pharmacists		X		X
Dentists		X		X
Addiction specialists		X	X	

**20.** For the following professional groups, are there specialized guidelines or protocols, a written policy on smoking cessation by the professional association, smoking

cessation training within professional vocational education and smoking cessation training within accredited continuing medical education?

For the following professional groups, are there the following for smoking cessation:								
	Specialized guidelines or protocols		Written policy on smoking cessation by professional association		Smoking cessation training within professional vocational training		Smoking cessation training within accredited continuing medical education	
	Yes	No	Yes	No	Yes	No	Yes	No
General practitioners (family physicians)	X		X		X		X	
Nurses in general practice		X		X		X		X
Nurses in general hospitals		X		X		X		X
Specialist nurses		X		X		X	X	
Pharmacists		X		X		X		X
Midwives		X		X		X		X
Dentists		X		X		X		
Oncologists		X		X		X	X	
Cardiologists		X		X		X		X
Lung physicians		X	X		X		X	
Ear, nose and throat specialists		X		X		X		X
Internal medicine specialists		X		X		X		X
Surgeons		X		X		X		X
Psychiatrists		X		X		X		X
Counsellors in specialist services		X		X		X		X
Telephone quit line counsellors	X			X		X		X
Counsellors in community clinics		X		X		X		X
Obstetricians		X		X		X		X
Paediatricians		X		X		X		X
Addiction specialists		X		X		X		X

## E. INTERVENTION AND TREATMENT

### Availability and accessibility

21. Is patient help for smoking cessation available and obtainable (e.g., patients have good access) in the following settings?

Smoking cessation is available and obtainable:	Available in:			Obtainable from:		
	Yes	No	Do not know	Yes	No	Do not know
General/family practice	X			X		
Hospital clinics	X			X		
Work places		X			X	
Pharmacists		X			X	
Specialist clinics		X			X	
Addiction services	X			X		
Community based clinics	X			X		
Dentists		X			X	
Schools		X			X	
Prisons	X			X		
Telephone quit-lines	X			X		
Country or regional internet sites		X			X	

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

Are these products licensed and available from:	Licensed for use?			General sale (e.g. in supermarkets)			From pharmacies (over the counter)			Doctors' prescription			Can be advertised on television		
	Yes	No	Do not know	Yes	No	Do not know	Yes	No	Do not know	Yes	No	Do not know	Yes	No	Do not know
NRT 2 mg gum	X				X		X				X		X		
NRT 4 mg gum	X				X		X				X		X		
NRT Patch	X				X		X				X		X		
NRT Sub-lingual tablet		X			X			X			X			X	
NRT Lozenge	X				X		X				X		X		
NRT Inhaler	X				X		X				X			X	
NRT Nasal spray		X			X			X			X			X	
Bupropion	X				X			X		X				X	

### Affordability

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

Smoking cessation advice and treatment is free of charge or fully reimbursed	Yes, totally	Yes, partially (indicate the proportion covered)	Only by paying the full cost	Do not know
NRT 2 mg gum			X	
NRT 4 mg gum			X	
NRT patch			X	
NRT sub-lingual tablet	Not available in Poland			
NRT lozenge			X	
NRT inhaler			X	
NRT nasal spray	Not available in Poland			
Bupropion		X – only sporadically for some groups of patients (for example, within clinical trials)		
Brief counselling interventions	X – if doctors are doing this intervention			
Intensive counselling interventions		X – only in government health care institutions as a part of treatment of other addiction		

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

	Unit cost	Number of units sold (please state year)	Cost of total sales (please state year)
NRT 4 mg gum	1 PLN per gum	12, 48, 30, 105	
Bupropion	5 PLN per tablet	30, 60	

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

- Yes, but available only in some communities or regions**
- No

Do not know

If yes,

Only by referral

Only by self-referral

**By both referral and self-referral**

If yes, is it reimbursed for the patient?

**Yes, but partly (advise in many cases is free of charge, cost of medicines is generally not reimbursed)**

No

Do not know

## F. HEALTH CARE PROVIDERS

### Clinical accountability

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

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

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

### Treatment provision

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

	Date of information Please write NO, if no information	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Patients are asked or screened about their smoking status	All patients are asked by 48% of physicians 45% of physicians ask also some other patients (i.e. with symptoms of tobacco disease)	1999	National randomized sample of 1,478 physicians*
Smoking patients are given advice to quit	90% of family doctors gave this advice to all patients	2000	National randomized sample of 1,540 family doctors**
Smoking patients are assessed their willingness to quit	No data		
Smoking patients are assisted with quitting	71% of all physicians, including 32% who are doing this at least once a week	1999	National randomized sample of 1,478 physicians*
Treatment meets quality criteria	No data		
Practice protocols are followed	33% of family doctors follow it always, 55% occasionally	2000	National randomized sample of 1,540 family doctors**
Pharmacological products are recommended	NRT recommended by 26% of family doctors	2000	National randomized sample of 1,540 family doctors**
Pharmacological products are prescribed	Bupropion was recommended by 10% of family doctors (three months after registration in Poland)	2000	National randomized sample of 1,540 family doctors**
Abstinence is assessed at the end of treatment	No data		
Patients making a quit attempt are followed- up	No data		
Smoking patients stopped in the last year	57%	1998	National quota sample of adult smokers; N=600***

\* K. Przewozniak, W. Zatoński (2000) Decline in smoking prevalence among Polish physicians". Paper presented on the 11<sup>th</sup> World Conference on Tobacco or Health, 6-11 August 2000, Chicago, Illinois, USA. Abstracts, Vol.1: 89; \*\*A. Mierzecki, K. Przewozniak, A. Radzinski, W. Zatoński (2003) Evaluation of the GP intervention among tobacco-dependent patients". Paper presented on the 3<sup>rd</sup> Congress of Family Medicine, Cracow, Poland, 12-15.06.2003. *Problemy Medycyny Rodzinnej* 5: 29 [in Polish]; \*\*\*Zatoński W., Przewozniak, Porębski M. (2000) "Polish smokers are ready to quit smoking". In: 11<sup>th</sup> World Conference on Tobacco or Health "Promoting a Future Without Tobacco". August 6-11, 2000, Chicago, Illinois, USA. Abstracts, Vol. 1: 113

## G. HEALTH CARE USERS

### Knowledge



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

	Date of information  Please write NO, if no information	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
People know that smoking is dangerous to their health	1996	98%	Database of the Cancer Center and Institute
People know that living with someone who smokes increases their own risk for health problems	1996	98%	Database of the Cancer Center and Institute
People think that cigarette dependence is a behaviour that you can simply choose to stop (a habit)	No data		
People think that cigarette dependence is a behaviour that is difficult to stop even when you want to (an addiction)	No data		
People know about effective treatment methods	No data		

## Treatment seeking behaviour

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

	Date of information  Please write NO, if no information	Main findings	Please provide filename for document reference (and complete document reference template, one for each document)
Help from a doctor	1998	12%	Zatonski et al. 2000 *
Help from a nurse	No data		
Help from a pharmacist	1998	2%	Zatonski et al. 2000 *
Help from a dentist	No data		
Help from friends or family	No data		
NRT products overall	1998	8%	Zatonski et al. 2000 *
Nicotine gum	1998	7%	Zatonski et al. 2000 *
Nicotine patches	1998	0.5%	Zatonski et al. 2000 *
Other nicotine products, such as lozenges, tablets, Inhaler or nasal spray	1998	0.2%	Zatonski et al. 2000 *
Bupropion tablets	No data		
Herbal remedies	No data		
Hypnotherapy or acupuncture	1998	0.5%	Zatonski et al. 2000 *
Leaflets, books, articles or videos on how to stop smoking	1998	0.7%	Zatonski et al. 2000 *
Advice from the Internet	No data		
Stop smoking competitions	No data		
Stop smoking clinic or group	No data		
Smoking help line telephone service	No data		
Willpower alone	1998	7%	Zatonski et al. 2000 *

\* Zatoński W., Przewoźniak, Porębski M.: "Polish smokers are ready to quit smoking". In: 11<sup>th</sup> World Conference on Tobacco or Health "Promoting a Future Without Tobacco". August 6-11, 2000, Chicago, Illinois, USA. Abstracts, Vol. 1: 113;

## Smoking behaviour and intentions to quit

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

	Date of information  Please write NO, if no information	Definiti on of adult	Proportion of adults (%) who are	Please provide filename for document reference (and complete document reference template, one for each document)
<b>Current smokers:</b>	2003; national randomized sample; N=1005	15+		Database of the Cancer Center and Institute
Males			39% + 3%	Daily + occasional smokers
Females			23% + 1%	Daily + occasional smokers
Total			31% + 2%	Daily + occasional smokers
<b>Ex-smokers:</b>	2003; national randomized sample; N=1005	15+		Database of the Cancer Center and Institute
Males			20%	
Females			11%	
Total			16%	
<b>Attempted to quit over a 1 year period *</b>	1998; national quota sample of smokers; N=600	15+		Zatoński W. et al. (2000) **
Males			79%	
Females			73%	
Total			76%	
<b>Considering to quit in next 6 months</b>	1998; national quota sample of smokers; N=600	15+		Zatoński W. et al. (2000) **
Males			9%	
Females			9%	
Total			9%	
<b>Successfully quit for at least 1 year during last 2 years ***</b>	1998; national quota sample of smokers; N=600	15+		Zatoński W. et al. (2000) **
Males			28%	
Females			25%	
Total			27%	

\* Attempt to quit; \*\* Zatoński W., Przewoźniak, Porębski M.: "Polish smokers are ready to quit smoking". In: 11<sup>th</sup> World Conference on Tobacco or Health "Promoting a Future Without Tobacco". August 6-11, 2000, Chicago, Illinois, USA. Abstracts, Vol. 1: 113; \*\*\* Stopping smoking for 100-1000 days during last attempt

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

	Date of information  Please write NO, if no information	Definition of adult	Proportion of adults (%) who are	Please provide filename for document reference (and complete document reference template, one for each document)
<b>Current smokers:</b>	2003	15+		Database of the Cancer Center and Institute
Males				
15-19			23% + 0%	Daily + occasional smokers
20-29			40% + 8%	Daily + occasional smokers
30-39			43% + 2%	Daily + occasional smokers
40-49			53% + 3%	Daily + occasional smokers
50-59			38% + 1%	Daily + occasional smokers
60+			31% + 2%	Daily + occasional smokers
Females				
15-19			3% + 0%	Daily + occasional smokers
20-29			26% + 1%	Daily + occasional smokers
30-39			33% + 0%	Daily + occasional smokers
40-49			33% + 3%	Daily + occasional smokers
50-59			29% + 1%	Daily + occasional smokers
60+			11% + 0%	Daily + occasional smokers
Total				
15-19			13% + 0%	Daily + occasional smokers
20-29			33% + 5%	Daily + occasional smokers
30-39			38% + 1%	Daily + occasional smokers
40-49			43% + 3%	Daily + occasional smokers
50-59			33% + 1%	Daily + occasional smokers
60+			19% + 1%	Daily + occasional smokers

<b>Ex-smokers:</b>	2003	15+		Database of the Cancer Center and Institute
Males				
15-19			0%	Daily + occasional smokers
20-29			6%	Daily + occasional smokers
30-39			12%	Daily + occasional smokers
40-49			25%	Daily + occasional smokers
50-59			35%	Daily + occasional smokers
60+			41%	Daily + occasional smokers
Females				
15-19			5%	Daily + occasional smokers
20-29			5%	Daily + occasional smokers
30-39			13%	Daily + occasional smokers
40-49			21%	Daily + occasional smokers
50-59			15%	Daily + occasional smokers
60+			7%	Daily + occasional smokers
Total				
15-19			2%	Daily + occasional smokers
20-29			5%	Daily + occasional smokers
30-39			13%	Daily + occasional smokers
40-49			23%	Daily + occasional smokers
50-59			24%	Daily + occasional smokers
60+			21%	Daily + occasional smokers