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SMOKING HABITS AND ATTITUDES OF MEDICAL STUDENTS TOWARDS SMOKING AND ANTISMOKING CAMPAIGNS IN FOURTEEN EUROPEAN COUNTRIES

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Key words: Tobacco - Medical students - Antitobacco campaign.

From an ongoing global international survey we present the results for 14 European countries. The survey was carried out through a WHO-based questionnaire given to the students at the beginning of their first year and during the course of their final year. Daily smokers comprised 13.7% in first year and 21.5% in final year, with an overall variation between 3 and 33% according to country. There were already 16% of ex-smokers among first year students. More than 50% of smokers had made attempts to quit. 60% of daily smokers, and almost all others, thought that they would no longer be smoking in five years time.

Knowledge of aetiology was moderate in first year. It later improved but there remained many lacunae in final year, e.g. less than 30% were aware that smoking was a cause of coronary artery disease. There was little knowledge of public health measures for smoking control.

Attitudes were greatly influenced by smoking; ex-smokers were similar to non-smokers, with occasional smokers intermediate between these and daily smokers. Only 25% accepted a preventive and educative role in advising patients. As regards smoking, students were concerned with their personal health and with advising patients whom they knew to have smoking-related disease, but in general had little conception of smoking as a public health problem.

The differences between countries indicate that both habits and attitudes are social and cultural problems. In most of the centres there seemed to be much room for improvement of medical education in this field.

INTRODUCTION

The Tobacco and Health Committee of the International Union Against Tuberculosis and Lung Disease initiated in 1985 an international study on the habits, attitudes and knowledge of first and final-year medical students regarding tobacco smoking. The aims of the study were:

1) To obtain baseline data against which future changes could be measured.

2) To examine attitudes toward and knowledge of smoking as a public health problem.

3) To stimulate interest in the problem among these future doctors and their teachers.

MATERIALS AND METHODS

The centers and coordinator(s) in the fourteen participating countries were as follows:

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- Austria: Kunze, Vienna and Schwarz
- Belgium: Prignot, Yvoir
- Czechoslovakia: Kozak, Kutna Hora
- Denmark: Pedersen and Hilberg, Aalborg
- Finland: Tala and K. Liipo, Preitila
- France: Tuchais, Angers
- F.R.G.: Ferlinz and Gillmann Blum, Mainz
- Hungary: Vadasz, Budapest
- Iceland: Blondal, Reykjavik
- Poland: Kowall, Bialystok
- Portugal: Robalo-Cordeiro, Coimbra
- Romania: Mihailescu, Bucarest
- Turkey: Artvintli, Ankara
- U.K.: Miller and Farrant, London.

The total number of students included was 2742; 1358 in their first year of medical school and 1384 in their final year. The questionnaire used was based on one designed by the WHO for health professionals*. The questionnaire was translated into each local language. In each country, a local coordinator was chosen by the professor responsible for this survey. A protocol with all the details of the procedure was sent to each country and reports were sent back, together with completed questionnaires, to the central coordination in Bordeaux. The questionnaire was distributed to the medical students in the classroom. The coordinator was asked to ensure that there was no pressure as to the nature of the response. The questionnaire was completed anonymously by students at the start of the first year and during the course of their final year. The questionnaires were subsequently analysed by the "Laboratoire d'Informatique Médicale, Université de Bordeaux II".

The participation was very good (Table 1): for first-year students: 85% (85%-100%), and in the fifth year: 87% (26%-100%).

TABLE 1. - Participation in each country.

Countries	First Year students	Final year students
Federal Republic of Germany	99%	100%
United Kingdom	90%	63%
Austria	95%	100%
Belgium	85%	26%
Denmark	91%	81%
Finland	100%	100%
France (Angers)	100%	unknown
Hungary	100%	100%
Iceland	81%	86%
Poland	100%	100%
Portugal	95%	88%
Romania	97%	86%
Czechoslovakia	100%	100%
Turkey	100%	100%

*Questionnaire cf. annex 1.

RESULTS

I - Demographic characteristics

For the 2742 students the sex distribution is given globally* in Table 2 and for first year, by country, in Fig. 1.

TABLE 2. - Demographic data (all countries)

Sex	First Year		Final Year		TOTAL
	no.	%	no.	%	no.
Male	665	49	687	49.8	1352
Female	693	51	694	50.2	1387
TOTAL	1358	100	1381	100.0	2739

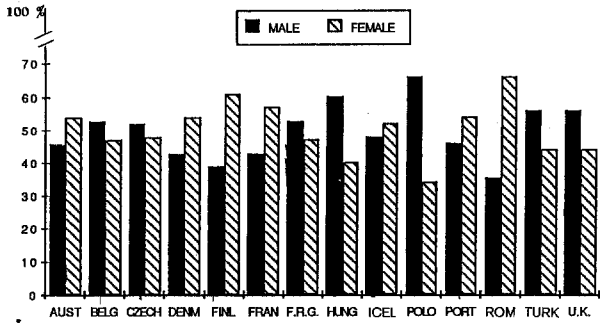

Figure 1. - Demographic data (first year)

*In the following the term "global" is used to indicate combined figures for all 14 countries.

II - Personal smoking habits

1) Consumption

Percentages of daily and occasional smokers, ex-smokers and non-smokers are given globally for first and fifth-year students in Table 3 and by country (first-year) in Fig. 2. There are no significant differences in the smoking habits of the two sexes.

Almost all smokers smoked cigarettes only (78%). Filter-tipped cigarettes (68%) (Fig. 3) were much more common.

The daily consumption of occasional smokers is rather low (2.8 cigarettes per day without significant difference between males and females).

Daily smokers' daily consumption is shown in Fig. 4. There are few differences between males and females.

2) Responses to the question: "Have you ever made a serious attempt to stop smoking?"

Figure 5 shows a very high frequency of such attempts in all countries and in each year of study. There are no significant differences between males and females. Attempts to stop smoking are more frequent among daily smokers (45%) than among occasional (35%) ones.

3) Responses to the question: "What do you think your smoking habits will be five years from now?"

Table 4 indicates the confidence among non-smokers and ex-smokers that they will maintain abstinence. This table indicates, too, the impressive proportion of occasional smokers who hope to quit smoking: their responses are rather similar to those of ex-smokers. Daily smokers' responses are quite varied but more than 50% hope that they will not smoke or will probably not smoke. There are few differences between sexes.

4) Responses to the question: "How do you

TABLE 3. - Smoking habits in first year and last year among males and females (all countries)

	Daily Smok.		Occ. Smok.		Ex-Smok.		Non-Smok.		TOTAL	
	no.	%	no.	%	no.	%	no.	%	no.	%
First Year	184	13.7	218	15.9	215	15.9	733	54.5	1350	100
Final Year	293	21.2	238	17.2	240	17.6	597	43.7	1368	100

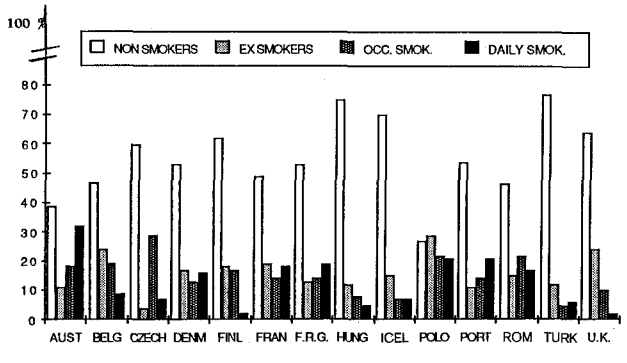

Figure 2. - Smoking habits by countries for the first year medical students

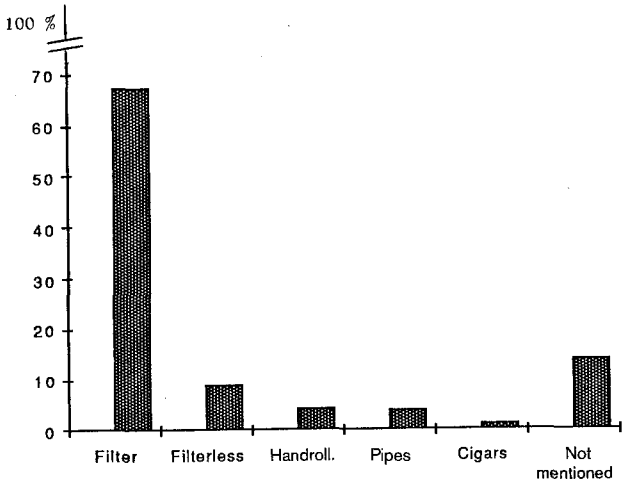

Figure 3. - Percentage of type of smoking (all countries) (first and final year)

personally assess the importance of the following reasons for not smoking yourself?"

Table 5 shows the overwhelming importance of symptoms and protection of personal health as reasons for not smoking (see questionnaire: annex 1). There were few differences between countries or between first- and final-year students though smokers rated these reasons less highly. Following well behind these, for each category of students and all countries, came the role model for children and patients, and personal discipline. Other reasons carried little weight. "Saving money" was regarded as important only in Denmark, where cigarettes are very expensive.

III - Knowledge of the dangers of tobacco

1) Responses to the question: "Do you think smoking is harmful to your health?"

One might have expected a much higher percentage of positive answers than are shown by Table 6. A surprising percentage, even in the final year (Table 7) said they did not know; a small percentage, especially among smokers, actually disagreed.

2) "For each of the disease listed below, please indicate whether you think that cigarette smoking is a major cause, a contributory cause, is associated with, or has no association with the disease or condition".

The replies are summarised in Fig. 6. There is an improvement in knowledge in the final year, but there remains a surprising amount of ignorance (Fig. 7).

III - Attitude of students towards patients' smoking

"In the following situations would you, as a future doctor, advise patients against smoking?". Three situations were proposed, summarised in Table 8 and Fig. 8, which indicate the proportion of students replying "often" (among choices of "often", "sometimes", "rarely" and "never").

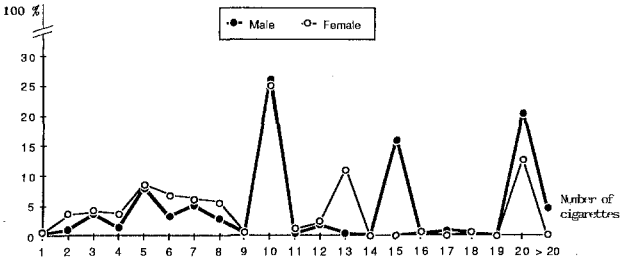

Figure 4. - Consumption of cigarettes (filter) among males and females daily smokers only in first and final years (all countries)

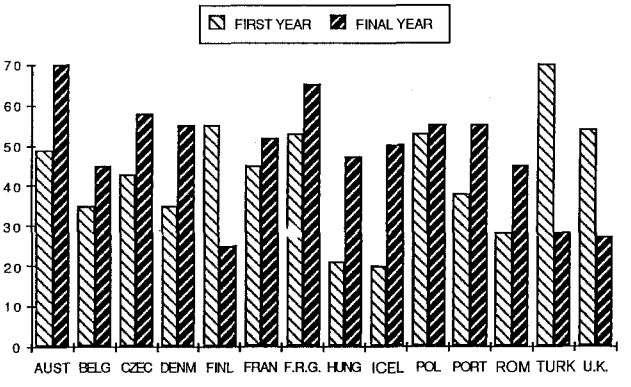

Figure 5. - Have you ever made a serious attempts to stop smoking? Percentage of positive replies among smokers for males and females combined

TABLE 4. - "What do you think your smoking habits will be five years from now?" Percentage of answers for males and females according to their smoking habits

	Will certainly not smoke		Will probably not smoke		Will certainly smoke		Will probably smoke	
	M	F	M	F	M	F	M	F
Daily Smok.	22.6	19	36.9	43.4	27.9	32.1	12.2	5.6
Occ. Smok.	61.1	62.5	33	33.3	5.6	2.5	0.5	0.8
Ex-Smok.	78.7	79.4	16.4	16.7	0	1.8	0.4	0.4
Non-Smok	86	84.9	9.7	10.2	0.3	0.6	0.2	0

1) In a patient with a smoking-related condition (recognised by the student!) a high proportion, even among smokers, would advise against smoking. This was true for almost all countries.

2) "When the patient himself raises the question about smoking". There was a good deal of variation between countries for first year students, but this tended to disappear in the final year, when most would advise against smoking. The figures for smoking students were only slightly lower than those for non-smoking students.

3) "When a patient is a smoker who has no symptoms or diagnosis of a smoking-related disease and does not himself raise the question of smoking?" Only a small proportion (8-40%, according to country in first year and 18-52% in final year, Fig. 8) would

TABLE 5. - "How do you personally assess the importance of the reasons for not smoking yourself?" (all students)

	Smokers		Ex-Smok.	Non-Smok
	Daily Smok.	Occ. Smok.		
9) Protect your health	54.2	70.5	79.4	83.9
1) Symptoms	48.3	55.6	54.6	51.5
6) Example to children	34	45.9	44.2	45.5
10) Self-discipline	32.4	37.7	41.5	35.3
7) Example to patients	29.9	36.8	33.4	38.8
4) To save money	16.2	23.1	18.5	20
3) Discomfort	15.9	32.5	22.4	29.4
2) Example to health work.	12.8	21.6	14.3	19.7
5) Example to adults	5.3	11.7	14.9	14.7
8) Pressure of colleagues	4.2	7.9	3.6	4.3

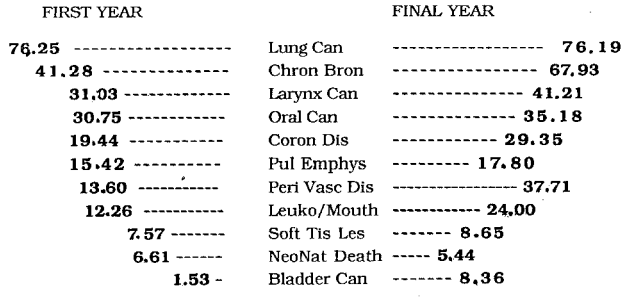

Figure 6. - Is cigarette smoking a *determinant* cause of these disease?
Answer "Yes" for all student in first and final year

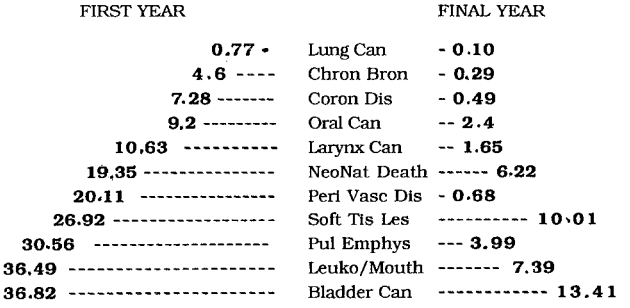

Figure 7. - "Is cigarette smoking a cause of these diseases?"
Answer "I don't know" for all students in first and final year

TABLE 6. - "Do you think smoking is harmful to your health?" Answer "Yes" according the smoking habits (all students)

	Daily Smokers		Occ. Smokers		Ex-Smokers		Non-Smokers	
	M	F	M	F	M	F	M	F
Strongly agree	57.2	62.1	73.9	71.8	77.8	73.9	81.4	79.3
Mildly agree	16.2	14.8	10.5	9.6	6.2	5.7	3.8	4.6
Mildly disagree	2.2	2.1	0.5	2.1	0.4	1.7	1.3	0.3
Disagree	5	5.1	3.6	2.9	0.9	2.2	0.8	1.1
Don't know	19.1	15.9	11	12.6	14.6	15	12.1	13.8
No answer	0.3	0	0.5	1	0.1	1.5	0.6	0.9
TOTAL	100	100	100	100	100	100	100	100

TABLE 7. - "Do you think smoking is harmful to your healt?" - Answer "Yes" of the smokers (daily and occasional) in first and final year

	First Year	Final Year
Strongly agree	70.5	67.6
Mildly agree	8.5	8
Disagree and mildly disagree	5	2.9
Don't know	16	21.5

intervene. This suggests an appreciable, but not a radical change, with increasing education, and emphasises the low priority students give to preventive action. There was little difference by sex but definitely lower figures for daily smokers.

V - The doctor and the anti-smoking campaign

To the question: "What is the role of the doctor in the anti-smoking campaign?", the student is invited to "Indicate the extent to which you agree or disagree with each of the following statements".

Nine propositions (see questionnaire: annex 1) concerning the attitudes of doctors are listed in Table 9, which shows the percentage answering "strongly agree". The highest figures are for "It's annoying to be near a person who is smoking", though there is a major variation according to smoking habits (68% in non-smokers, 21.5% in smokers). A little under half, in all categories, thought doctors should be more active (question 6) and also that most smokers could stop if

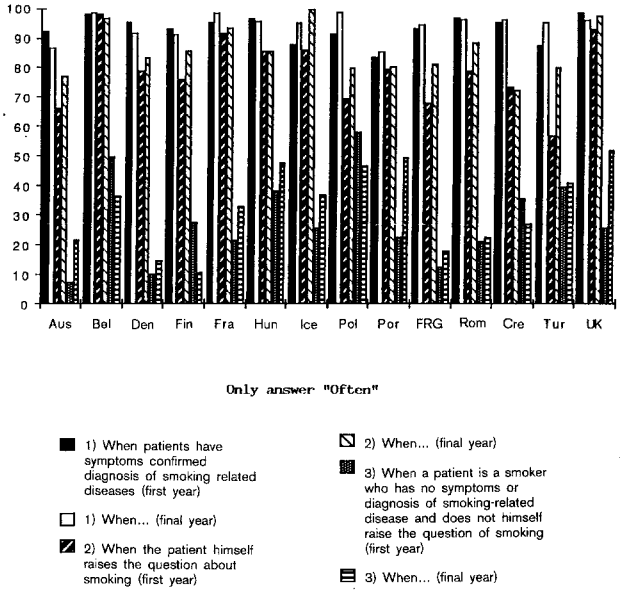

Figure 8. - In these situations would you, as a future doctor, advise patients against smoking?
Only answer "Often"

TABLE 8. - In the following situations would you as a future doctor advise patients against smoking?

		Daily Smok.	Occas. Smok.	Ex-Smok.	Non-Smok.
1) Tob. Rel. Disease	%	91.6	93.6	95.82	95.88
2) Quest. Ab. Smok.	%	71.8	78.6	84.48	83.32
3) No Symp., No Quest.	%	15.1	24.8	27.16	28.75

1) When patients have symptoms confirmed diagnosis of smoking-related diseases.
2) When the patient himself raises the question about smoking.
3) When a patient is a smoker who has no symptoms diagnosis of smoking-related diseases and does not himself raise the question of smoking.
Answer "Often"

TABLE 9. - "Indicate the extent to which you agree or disagree with each of the statements?"
Answer: Strongly agree

	According to smoking habits			According to year	
	Smok.	Ex-Smok.	Non-Smok.	First Year	Final Year
1) It's the Dr's responsability to convince people to stop smoking	29	35.5	41.2	34.2	38.3
2) Most smokers could stop if they wanted to	43.9	46.2	44.2	46	43.1
3) It's annoying to be near a person who is smoking	21.5	52.5	68.4	50.6	49.2
4) Dr. should set good example by not smoking	29.2	43.9	54.4	43.3	45
5) Most people will not give up smoking even if their Dr. tells them to	28.8	27.5	24.8	24.5	29
6) Drs. should be more active than they have been in speaking to lay groups about smoking	43.7	44.2	47.4	46	45.4
7) Drs. would be more likely to advise people to quit smoking if they knew of a good approach that really worked	47.1	47.8	43.8	44.6	40.5
8) Your current knowledge is sufficient as a basis for counselling patients who want to stop smoking	20.6	19.1	17.3	10.5	27.3
9) At every contact with a patient, where it would be natural to do so, you should dissuade him from smoking	31.9	41.5	45.7	41.9	38.8

TABLE 10. - "A number of opinion have been expressed about how to reduce smoking through legislative action. Would you agree or disagree with the following opinions?"
Answer: Strongly agree

	According to smoking habits			According to year	
	Smok.	Ex-Smok.	Non-Smok.	First Year	Final Year
1) Health warning on cig. pack.	56.4	67.5	68.4	62	66.5
2) Complete ban on advertising	43.6	49.2	56.6	48.2	53.8
3) Tob. in public places restricted	51.5	77.9	83.9	69.6	74.1
4) Price of tob. increased	19.5	39.1	43.7	33.4	36.1
5) Sale tob. to children prohibited	58.7	61	68.7	64.5	63.7
6) Smok. in hospital restricted	86	90.1	90.1	88.4	89
7) Health profes. training	60.7	67.5	66.4	67.3	62.1

they wanted to (question 2). Naturally the role model of the doctor (question 4) was more strongly supported by non-smokers (54%) than smokers (29%). Few students thought they had adequate training for counselling patients (question 8); this was true for both years, for both sexes and for all countries.

VI - Students' attitudes toward laws and regulations for controlling the tobacco problem

"A number of opinions have been expressed about how to reduce smoking through legislative actions. Would you agree or disagree with the following opinions?

Table 10 presents seven items (see annex 1) and the percentage who replied "strongly agree". Nearly all agreed with restriction of smoking in hospitals, except in a special room (question 6). Most agreed that health professionals should receive special training in the field (question 7), that sales to children should be prohibited (question 5) and that there should be health warnings on cigarette packets (question 1). The biggest variation was over restriction of smoking in public places; 84% of non-smokers, but only 51.5% of smokers, agreed.

When one studies the replies by country, almost all are in favour of hospital restriction.

For the other items, the replies were very heterogeneous. For instance the prohibition of sales to children received much support in seven countries but very little in three: Federal Republic of Germany, Austria, Denmark. Similarly restrictions in public places and health warnings on packets received strong support in most, but not all, countries. There was general support for more training for doctors and other health professionals in counselling methods. In constrast, no country was strongly in favour of prohibiting tobacco promotion; in general support for this measure was only moderate. Support for price increase (taxation) as a preventive measure was very low in all countries. There was little difference between the sexes.

Overall, one has the impression that students have a more personal than a public health attitude towards the smoking problem.

DISCUSSION

Was this multicentre survey conducted in the same way in all countries? The choice of coordinators, their careful briefing, the reports on implementation, together with the willing participation of the students and the relative coherence of the results, are all reassuring.

Then there is the question of the reliability of the responses. Smoking is not a "neutral" subject, especially for the young. For some it is socially reprehensible. As with alcohol, bias is certainly possible. This might merit a special investigation. The personality of the responsible teacher and the "climate of opinion" in the medical school might affect the responses. But these are only hypotheses and should not reduce the overall value of the enquiry.

One could compare our results with many others

published. We do not do so here, as these had different aims and used different methods.

Our general conclusions on the European study are as follows:

1) The population was very homogeneous as regards age; the numbers of males and females were similar. There were no great sex differences in habits, knowledge or attitudes.

2) If knowledge of the pathogenic role of tobacco was not too bad in first year, and somewhat improved by the final year, alarming deficiences still persisted. Although most students appreciated that smoking was a major determinant of lung cancer, nearly 25%, even in the final year, did not. Knowledge of other smoking-related diseases was poor. For instance, in the final year less than 30% appreciated its causal role in coronary artery disease and less than 10%, in bladder cancer.

3) There were fewer (13.7%) daily smokers in the first-year group than in the final year (21.5%), possibly reflecting a decreasing rate among the young in general (8, 9). It must be remembered that these were different cohorts; final year students might have smoked more during their first year. Daily smoking was somewhat less common among females.

There were differences among countries, suggesting social and cultural differences. Non-smokers varied from 40-75%, ex-smokers from 10-30% (globally already 15.9% in the first year compared to 17.2% in the final year); occasional smokers 10-30%; daily smokers 3-33%.

Daily smokers had poorer knowledge and medically different attitudes from the other groups. This may later adversely affect their professional practice. About 50% of all smokers had made one or more serious attemps to quit. Non-, occasional and ex-smokers almost all thought they would not be smoking in five years time; it is noteworthy that about 60% of daily smokers thought the same. This suggests that they regard their smoking habit as transient and reversible.

4) Questions on reasons for not smoking and on relevant laws and regulations suggest that students retain what is relevant to them personally and have little, or only moderate, knowledge of public health aspects. This component has clearly been insufficiently developed in medical schools.

5) When students' attitudes to patients are examined, it seems that they concentrate on aetiological aspects and their recognition. They pay little attention to the doctor's role in giving preventive advice to smokers who present with non-smoking related symptoms; only 25%, overall, would do so, only 15% among daily smokers. This suggests that even final-year students are not conscious of their responsibility for education and prevention. The impression is reinforced by the personal, rather than public health, reasons given for not smoking.

There are, however, hopeful signs. Smoking rates are lower in first year students; those who smoke seem to regard the habit as transient; attempts to quit are very frequent; and there are already a good number of ex-smokers.

But there are also pessimistic conclusions. Overall knowledge of aetiology is relatively poor and so is knowledge of public health aspects and the doctor's role in prevention and education. Students feel ill-equipped to counsel patients.

Although one cannot regard a single medical school as necessarily representative of a country, the lacunae are so widespread that there is clearly need to improve medical education in the smoking field.

Annex 1 - Questionnaire

This questionnary was prepared by the Tobacco and Health Commission of International Union against Tuberculosis, based on a questionnary of the World Health Organization. Its aim is to measure the attitudes and the general knowledge of medical students concerning tobacco usage.
This questionnary is confidential and anonymous.
Please answer the questions carefully and truthfully.

Do not write in this space.

n° [1]

This section to be filled out by the "TOBACCO and HEALTH" Commission

Code number (country, city, year of study) [1]

File number [6]

Smoker, Ex smoker, non smoker. [10]

Year of study : *1st* *4th* *5th*

Please write out yours answers clearly and/or mark the corresponding answer with the check mark

1. Sex (check one) : male ☐ female ☐ [11]

2. Please write down your age at your last birthday [12]

3. Before attending university, where did you live ? [14]
   - *city* ☐
   - *suburb* ☐
   - *town* ☐
   - *village* ☐

4. Have you ever smoked ? (check one) [15]
   yes ☐ *no* ☐ *(Go to question 9)*

5. Have you ever *smoked daily for 6 months or more ?* (Check one) [16]
   yes ☐ *no* ☐

6. Do you smoke *daily, occasionally or not at all ?* (check one) [17]
   - *daily (at least once per day)* ☐
   - *occasionally* ☐
   - *not at all (go to question 9)* ☐

7. Please write the number of items yo usually smoke per day (if not applicable please write "0" next to the appropriate items)
   - *manufactured cigarettes filter tiped* ☐☐ *(number)* [18]
   - *manufactured cigarettes filterless* ☐☐ [20]
   - *handrolled cigarettes* ☐☐ [22]
   - *pipefuls of tobacco* ☐☐ [24]
   - *cigars/cheroots* ☐☐ [26]

8. Have you ever made a serious attempts to stop smoking (check one) [28]
   yes ☐ *no* ☐

9. What do you think your smoking habits will be five years from now ? (check one) [29]
   - *will most certainly smoke daily* ☐
   - *will probably daily* ☐
   - *will probably not smoke daily* ☐
   - *will most certainly not smoke daily* ☐

10. How do you do personally assess the importance of the following reasons for not smoking yourself ? (please check the appropriate column)

	High	Moderate	Low	None	
1. *Occurence of certain symptoms*					30
2. *To set a good example for health workers*					31
3. *Not to create discomfort in people nearby*					32
4. *To save money*					33
5. *To set a good example for adults in your social environment.*					34
6. *To set a good example for children*					35
7. *To set à good example for patients*					36
8. *To comply with pressure from professional colleagues not to smoke*					37
9. *To protect your health*					38
10. *Self-discipline*					39

11. Do you think smoking is harmful to your health ? (check one) [40]
    - *strongly agree* ☐
    - *mildly agree* ☐
    - *no opinion/ don't know* ☐
    - *mildly disagree* ☐
    - *strongly disagree* ☐

12. For each of the disease listed below, please indicate whether you think that cigarette smoking is a major cause, a contributing cause, is associated with, or has no association will the disease or condition.

(CHECK ONE BOX ACROSS FOR EACH DISEASE)

	major cause	contributory cause	associated with	no association	don't know	
1. *bladder cancer*						41
2. *coronary artery disease*						42
3. *lung cancer*						43
4. *chronic bronchitis*						44
5. *oral cancer*						45
6. *pulmonary emphysema*						46
7. *laryngeal cancer*						47
8. *peripheral vascular disease*						48
9. *leukoplakia (mouth/lip)*						49
10. *any soft tissue lesion (mouth/lip)*						50
11. *neo-natal death*						51

13. In the following situations would you as a future doctor advise patients against smoking (check one box for each question)

Do not write in this space

	often	sometimes	seldom	never	
when patients have symptoms/confirmed diagnosis of smoking-related diseases.					52
when the patient himself raises the question about smoking					53
when a patient is a smoker who has no symptoms/diagnosis of smoking-related diseases and does not himself raise the question of smoking.					54

14. Please indicate the extent to which you agree or disagree with each of the following statements.

(CHECK ONE BOX ACROSS FOR EACH STATEMENT)

1. It is the (doctor's) responsibility to convince people to stop smoking

strongly agree ☐ somewhat agree ☐ neither agree nor disagree ☐ strongly disagree ☐ 55

2. Most smokers could stop if they wanted to

strongly agree ☐ somewhat agree ☐ neither agree nor disagree ☐ strongly disagree ☐ 56

3. It is annoying to be near a person who is smoking

strongly agree ☐ somewhat agree ☐ neither agree nor disagree ☐ strongly disagree ☐ 57

4. (Doctors) should set a good example by not smoking

strongly agree ☐ somewhat agree ☐ neither agree nor disagree ☐ strongly disagree ☐ 58

5. Most people will not give up smoking even if their (doctor) tells them to.

strongly agree ☐ somewhat agree ☐ neither agree nor disagree ☐ strongly disagree ☐ 59

6. (Doctors) should be more active than they have been in speaking to lay groups about smoking.

strongly agree ☐ somewhat agree ☐ neither agree nor disagree ☐ strongly disagree ☐ 60

7. (Doctors) would be more likely to advise people to quit smoking if they knew of a good approach that really worked

strongly agree ☐ somewhat agree ☐ neither agree nor disagree ☐ strongly disagree ☐ 61

8. Your current knowledge is sufficient as a basis for counselling patients who want to stop smoking.

strongly agree ☐ somewhat agree ☐ neither agree nor disagree ☐ strongly disagree ☐ 62

9. At every contact with a patient, where it would be natural to do so, you should dissuade him from smoking.

strongly agree ☐ somewhat agree ☐ neither agree nor disagree ☐ strongly disagree ☐ 63

15. A number of opinions have been expressed about how to reduce smoking through legislative action. Would you agree or disagree with the following opinions ? (check one box for each opinion).

Do not write in this space

1. There should be a health warning on cigarette packages.

strongly agree ☐ somewhat agree ☐ neither agree or disagree ☐ somewhat disagree ☐ strongly disagree ☐ 64

2. There should be a complete ban on the advertising of tobacco

strongly agree ☐ somewhat agree ☐ neither agree or disagree ☐ somewhat disagree ☐ strongly disagree ☐ 65

3. Smoking in closed public places should be restricted

strongly agree ☐ somewhat agree ☐ neither agree or disagree ☐ somewhat disagree ☐ strongly disagree ☐ 66

4. The price of tobacco products should be increased sharply

strongly agree ☐ somewhat agree ☐ neither agree or disagree ☐ somewhat disagree ☐ strongly disagree ☐ 67

5. The sale of tobacco to children should be completely prohibited.

strongly agree ☐ somewhat agree ☐ neither agree nor disagree ☐ somewhat disagree ☐ strongly disagree ☐ 68

6. Smoking in hospitals should be restricted to special smoking areas.

strongly agree ☐ somewhat agree ☐ neither agree nor disagree ☐ somewhat disagree ☐ strongly disagree ☐ 69

7. Health professionals should get specific training on how to support patients who want to stop smoking.

strongly agree ☐ somewhat agree ☐ neither agree nor disagree ☐ somewhat disagree ☐ strongly disagree ☐ 70

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kind regards