

WHAT CAN PUBLIC ENDORSEMENT FOR A SMOKING BAN POLICY MEAN? PRELIMINARY FINDINGS FROM A QUALITATIVE STUDY

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SUMMARY

Objectives: The aim of the study is to describe attitudes which underlie Pole's declarations of support for a smoking ban in public places.

Methods: The qualitative study using semi-structured individual in-depth interviews was conducted. The 30 IDI-s (in depth interviews) being a part of a larger research project entitled 'Lay meanings of health and life orientation of Polish society versus prevention and health promotion attitudes' were realized between 2007–2009. People belonging to all key socio-demographic categories identified by variables such as sex, age, education, and place of domicile were interviewed. The resulting material was subjected to content analysis. In the study the structural concept of 'attitude' was adopted. In order to identify the attitudes towards smoking bans in public places statements related to all three components of attitudes were analysed, but the typology of attitudes was constructed mainly on the basis of the emotional-evaluative component.

Results: The study identified as many as four attitudes behind the declared support for a smoking ban in public places. Those attitudes were labelled 'supportive', 'accepting', 'conditionally accepting', and 'ambivalent'. They differ as regards degree of acceptance for the ban, conviction about harmfulness of passive smoking, setting great store by other regulators of smoking like cultural norms or healthy consciousness, and propensity to observe and execute the smoking ban. The 'supportive' attitude can be characterized not only by total support for the smoking ban in public places but also by insistence on the need for its extension. The 'accepting' attitude means approval for the smoking ban, and the 'conditionally accepting' attitude is distinguished from the others by the stress put on the right of smokers to have an access to places where smoking is permitted. The 'ambivalent' attitude can be typified by underlining other than legal ways of influencing smoking in public places.

Conclusions: The study suggests that the attitudes underlying the Pole's declarations of support for a smoking ban in public places can be differentiated. However, because of the low number of participants in the study the results should be verified thus the further research is needed.

Therefore, there is a need not only to study people's declaration of support or objection for the smoking ban in public places but also to examine their attitudes including cognitive and behavioural components using both qualitative and quantitative methods of social research.

Key words: smoking ban in public places, attitudes, public health, passive smoking, Poland

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INTRODUCTION

The results of epidemiological research have proved that passive smoking as well as active smoking is an important risk factor for numerous diseases, including cardiovascular diseases and cancer (1–3). Consequently, many countries have taken measures in order to protect their citizens against negative effects of passive smoking. Among those activities are legal regulations that ban smoking in public places. Smoking bans have also been introduced in Poland (4–7). The results of research conducted in countries which have introduced a smoking ban in public places suggest strong public endorsement for the smoking restrictions (3, 8–11). Surveys carried out to date in Poland have also shown a fairly strong support for a smoking ban: general support for the smoking ban in public places was declared by almost 80% of the respondents. Although non-smokers are most supportive of the idea (88%), support is also expressed by a considerable number of daily smokers (60%) (11).

On this basis legislators may anticipate that a strict smoking ban in public places will be generally obeyed (8). However, surveys do not usually provide insights into the differentiation of attitudes among those who express such support. On the other hand, a study based on qualitative methodology could help to bring such insights by showing nuances and subtleties of attitudes held by those who support the idea to regulate the issue by the law. The results of a study carried out in 2004 in Scotland, using focus group interviews, suggest that there are more attitudes towards a ban on smoking in public places than just 'for' and 'against' but attitudes rather constitute a continuum ranging from strong support to strong opposition (12). It is possible that similar attitudes could be identified in Poland. The aim of the study was to explore Poles' real attitudes underlying their declarations regarding support for a smoking ban in public places.

Studies on attitudes towards various events and phenomena are popular among social scientists as they help to predict and, most importantly, to understand people's behaviour (13, 14). In

the present study the structural concept of 'attitude' was adopted (15). According to this definition, an attitude consists of three components: emotional-evaluative, cognitive and behavioural. The emotional-evaluative component, regarded as essential for an attitude, means there is a positive or negative perception and/or emotional feeling towards an object, person, event or phenomenon. The cognitive component consists of beliefs about the object of an attitude. The behavioural component is defined as a programme of actions towards an object. The cognitive and behavioural components may be part of an attitude but are not necessary. They may, however, occur in varying degrees. Consequently, all analytically identified elements, if included in an attitude, represent a conglomerate depicting the attitude concerned.

MATERIALS AND METHODS

The following analysis is based on data derived from an exploratory study carried out from June 2007 to April 2008, while the legislative process (7) was in progress. The study was a part of a larger research project entitled 'Lay meanings of health and life orientation of Polish society versus prevention and health promotion attitudes' which was conducted using semi-structured individual in-depth interviews. The main goal of the in-depth interviews was to obtain information needed to construct a questionnaire for a survey.

Questions about legal regulations aimed at protecting public health were included among many other topics covered by in-depth interviews. The respondents were asked about their opinions on the existing as well as postulated constraints on smoking in public places.

In total, 30 respondents were interviewed. In view of the preliminary character of the present analysis this number of interviews seems to be sufficient (16). The purposive sampling was used. In order to obtain comprehensive spectrum of opinions, representatives of all key socio-demographic categories of Polish society identified by variables such as sex, age, education, and place of domicile were interviewed. The limitation was that the respondents should not have any connection with medical professions. To achieve this goal there were closely defined sampling criteria. According to them the researcher's collaborators were required to find exact number of people who met precise criteria, for example, women under age of 30, being university graduates, living in the countryside etc. They had a freedom of choosing respondents as long as the respondents met the criteria. The collaborators were also asked to prearrange meetings between researchers and respondents. Finally, appointments were made by the researchers who conducted all interviews.

The final sample consisted of 15 women and 15 men, of them 8 persons aged 30 and less, 12 aged from 31 to 50, and 10 aged more than 50. Their education level varied considerably: 11 were university graduates, 1 person had BA degree, 8 had secondary or post-secondary (but not tertiary) education and 10 completed primary or basic vocational school only. Ten of them lived in Warsaw (the capital of Poland), 10 people in the medium size towns and the remaining respondents in the countryside. In general, inhabitants of fourteen different localities were interviewed. In terms of smoking habits, the interviewed respondents can be divided into four groups: daily smokers (6 people), occasional

smokers (7 people), lapsed smokers (4 people), and non-smokers (13 people).

The interviews were recorded with a voice recorder and a transcription of each recording was prepared. The resulting material was then subjected to content analysis. The part of gained material concerning the smoking ban was divided into some analytical categories and coded independently by three researchers. The final solution appeared as a result of negotiation process between the researchers. Analysis was based on statements related to all three components of attitudes, i.e. emotional-evaluative, cognitive and behavioural. The following typology of attitudes was constructed mainly on the basis of the emotional-evaluative component which, in this case, was identified as support or objection towards the existing or proposed smoking ban in public places. Respondents' knowledge about the current restrictions and their ideas about the goals, validity, effectiveness, and enforceability of a smoking ban in public places were taken as the cognitive component. Smokers' declarations as to their un/willingness to observe the smoking ban in public places as well as non-smokers' declarations as to their un/willingness to enforce the ban were regarded as the behavioural component of attitudes.

RESULTS

Analysis of the collected material produced a typology, consisting of four types of attitudes towards a smoking ban in public places. Those types, varying mostly in the degree of approval for a smoking ban, were called: 'supportive', 'accepting', 'conditionally accepting' and 'ambivalent.'

The Supportive Attitude

The supportive attitude in our study is represented by people who never smoked or quit smoking. This attitude implies very strong support for any existing or proposed restrictions on smoking in public places. It involves the belief that a smoking ban should be expanded to cover not just the entire public domain but also the private sphere: 'They ban smoking. They would do a good thing if they banned it altogether.' (I04). Some respondents even suggested not only a total smoking ban but also a prohibition on manufacturing and selling tobacco products, which would render smoking impossible:

'There is a warning: smoking brings serious damage to your health, it causes cancer... But cigarettes are sold. They are available. So does anyone care about my health or what? They don't, otherwise they shouldn't make it available for me at all, I say. If people were so nice and didn't think about themselves and their money but about my health, there would be no need for smoking ban and there would be no smoking in various places. They just wouldn't manufacture harmful stuff. Why does anyone manufacture it in the first place?' (I14).

Analysis of the cognitive component of this attitude reveals poor knowledge of the applicable smoking ban in public places, including knowledge of its scope and binding force: 'It's probably forbidden in public places, isn't it?' (I04). Those who support a smoking ban in public places emphasise its role in protecting non smokers against the harmful effects of tobacco smoke. Those respondents express the belief that passive smoking causes serious

damage to health, equal to, or even more serious than that caused by active smoking: 'From what I've read, being a passive smoker is worse than being a smoker. In fact, passive smokers breathe in all that pitchy stuff.' (I10).

Analysis of the cognitive component of this attitude indicates that the second goal of a smoking ban is to create conditions under which smokers would be forced to give up their habit. Those respondents admit that all radical solutions that may eliminate the problem are justified in an effort to protect smokers' and non smokers' health. This belief is illustrated by the following statement:

'In my opinion... but my opinion is that the state should impose, obviously it should, as far as all that addictive stuff is concerned, I would even say it should use such regulations to minimize the possibility to use such stuff.' (I10).

Typical for the supportive attitude is the belief that the applicable smoking ban is insufficiently enforced, which is perceived as a problem. According to those respondents, smokers do not observe the smoking ban because there is no appropriate mechanism in place to enforce those regulations. However, they do not think that legal restrictions on smoking are an ineffective method of protecting non-smokers against the effects of tobacco smoke.

The behavioural component of this attitude includes the tendency to enforce the ban personally and to exert pressure on smokers in all public places. Those respondents tend to make comments to smokers and express their aversion and disapproval:

'(...) I've got that habit... when I see someone smoking at a bus stop, I make a circle around that person (...) so that everybody sees that I just don't want to breathe in all that terrible smoke. I think this also has an effect on people. There is no malice in that at all, this is just alluding to the fact that this person is disgusting because they smoke. That's it.' (I20).

Interestingly, this attitude is accompanied by a strongly emotional and highly negative stance not only towards smoking but also towards people who smoke. As a result, smokers are likened with other individuals who violate social norms such as drug addicts and criminals. Immediately after reflections on smokers, one of the respondents said the following:

'Or take those drug addicts. They know all too well what they're doing when they take those drugs. (...) All those prisons, all those inmates, I'd put them to work, they should work. They should do something useful. Of course, I mean the ones who're fit for it. Not the ones who are let out and kill more people right away...' (I10).

The Accepting Attitude

The next attitude in the typology, labelled as 'accepting', signifies acceptance for the existing restrictions and, in contrast with the supportive attitude, the belief that these restrictions are sufficient. In the present research it is demonstrated by those respondents who have never smoked or who smoke occasionally.

In respondents' opinions, the only role of a smoking ban in public places is to protect other people. The ban on smoking in public places is considered to be fair as it protects other people against harmful effects of passive smoking: '...there should be restrictions in places where people gather, I mean restaurants or pubs.' (I13). Obviously, passive smoking is perceived as causing damage to health. 'It's obvious that smoking in public places is

forbidden. Let smokers poison themselves but we shouldn't let them poison others.' (I17).

Within this attitude, smokers' right to smoke is not called into question as long as it does not harm others:

'I wonder if people should be banned from smoking at all. After all, we're free in a free country, free people. People can do whatever they want, smoke or drink. ...' (I13)

'In my opinion, everything is there for people to enjoy. You know, whoever wants to smoke, will smoke, and whoever doesn't want to, won't. Everyone's got their own free will. You know. It is your decision. If I want to smoke, I will, right? Or I will quit if I want to.' (I12).

The respondents concentrate on the right for non-smokers to stay in a smoke-free environment. They do not, however, pay any attention to the feelings of those who smoke and, as such, should conform to the ban. No behavioural component was found in this attitude.

The Conditionally Accepting Attitude

The next attitude towards a smoking ban in public places, labelled as 'conditionally accepting', is represented by daily smokers. This attitude implies acceptance of a ban on smoking in public places such as stations, cafés, trains etc. as long as smokers are provided with respectable conditions to pursue their habit. One of the respondents suggested that the ban should be obligatory in places where:

'...there is a likelihood that smoking may harm others. If someone wants to harm themselves, you can't help it. They are stupid, let them do what they want. I find a total ban unjust.' (I08).

The same person also said: 'You can divide premises into two parts: one room for smokers and another one for non-smokers.' (I08). Another respondent expressed a similar opinion:

'If you want to respect non-smokers' rights, you can certainly do what used to be done, have a restaurant divided for smokers and non-smokers, one train carriage for smokers, and the other one, or perhaps five carriages, for non-smokers, as there are more of them, aren't there?' (I06).

The respondents consider unavailability of appropriate places for smoking to be discriminating. One of them said:

'Some time ago I went to a hospital to visit my friend. It was annoying for me that I had to go out to smoke in a place next to the dustbin where an ashtray was. I felt like a leper. Why?' (I07).

Another person remarked: 'When I have no place to smoke, when I go to a café, for example, and I can't smoke 'cause there is nowhere to smoke, I feel unfairly discriminated against.' (I06).

The conditionally accepting attitude towards a smoking ban in public places is characterised by the belief that introduction of restrictions is acceptable in clearly justifiable cases otherwise a ban could limit smokers' right to smoke. Consequently, this attitude entails an objection to regulations such as a total ban on smoking in public places (no designated smoking areas): 'As far as I'm concerned, being a heavy smoker, there should be no restrictions on smoking 'cause this is my private business.' (I07).

Analysis of the cognitive component within the conditionally accepting attitude suggests that acceptance of a smoking ban stems from the belief that smokers and non-smokers should respect each other's rights rather than from the conviction that a smoking ban helps to protect non smokers against tobacco smoke, or to

encourage smokers to quit their habit: '(...) a smoking ban (...) can't eliminate smoking; however, it will make some people's lives more difficult, as they need some rights given to them by the state, right?' (I06).

Smokers are expected to respect non-smokers' rights to live in a smoke-free environment. Since non-smokers are bothered by tobacco smoke, they have the right not to be forced to inhale it regardless of the reasons:

'I absolutely agree with the opinion that my addiction should not have an effect on other people's lives, no matter if I drink alcohol, take drugs, smoke cigarettes, anything. Everyone is responsible for himself. I can't imagine a situation where a non-smoker has to tolerate me sitting next to him and me smoking a cigarette and saying I can do what I want 'cause this bothers him and I respect that.' (I07).

This attitude seems to be connected with a weak belief in the harm of passive smoking. However, some respondents emphasise the need to protect young children against tobacco smoke.

Typical of the conditionally accepting attitude is the belief that supplementary activities are required to improve the effectiveness of the smoking ban, for instance, awareness raised through education:

'This is certainly a matter of education, I mean, of culture; and I think if more people were familiar with that culture, there would be no need for legal regulations. Our society is another thing, though. I think that such legal regulations could be useful.' (I07).

The behavioural component is easy to recognize in the conditionally accepting attitude. The respondents claim they observe the smoking ban in public places and refrain from smoking in other areas whenever they suspect that smoke might bother someone:

'(...) I try to be very, very cultured towards other people, and if I'm in a public place, even when it's outdoors, I just won't smoke.' (I07)

One respondent, who presented himself as a strong supporter of the idea to extend the smoking ban on all public premises (provided that smoking areas are designated), also admitted he sometimes smoked in places where smoking was banned. He did that illicitly to make sure he 'doesn't get caught or come across as a fool' and admitted that he found compliance with the smoking ban in public places 'very troublesome' (I19).

The Ambivalent Attitude

The ambivalent attitude can be described as relatively negative towards a smoking ban in public places. As one respondent put it: 'There's this horrible idea to ban smoking in public places.' (I01). In our study, this attitude is demonstrated by non-smokers or occasional smokers. Analysis of the cognitive component suggests that reluctance about a smoking ban stems from the belief that social norms regulate smokers' behaviour better than rules of law. This attitude, however, is not tantamount to the opinion that smoking should be permitted everywhere. What is typical here is the belief that social norms are usually sufficient to regulate people's behaviour in this sphere:

'It seems obvious that there are some places (such as buses, cinemas, theatres) where it's not the right thing to do. (...) I think that most people know this and even when smokers get on a bus, they won't smoke, either (...). I think that, above all, it is not comfortable for them to smoke if there is a crowd of people

around (...). That's probably why they refrain from smoking, not because of the ban.' (I18).

Another respondent made a comment along the same lines: 'If someone is well-mannered, they won't smoke at the bus stop.' (I01).

However, the respondents who express this attitude are aware that people do not always act according to social norms, and sometimes do not act reasonably. Consequently, they admit that a smoking ban could be useful in certain situations: 'I think that it is exactly because there are some (people) out there who just don't do much thinking (...), so I guess an introduction of this kind of ban makes sense, because of such people.' (I18). The same person explains that this kind of ban should only have a minimum scope and should only apply in places where smoking might bother other people: 'One should exercise common sense here. There shouldn't be too many bans otherwise there would be total discrimination against those who smoke. (...) If it's in a closed space, then it (smoking) disturbs others, and then I'd say yes (to a ban).' (I18).

Those who hold the ambivalent attitude recognise non-smokers' right to avoid contact with tobacco smoke. This, however, does not stem from the belief that passive smoking is harmful. On the contrary, the respondents who represent this attitude tend to challenge the negative effects of passive smoking on health: '(...) it is questionable whether smoking is harmful or not. (...) I'm not fully convinced that all that passive smoking is like that and if that thing is absolutely true; for me, this is rather an aesthetic consideration.' (I01).

A behavioural component within the ambivalent attitude was not found.

DISCUSSION

The types of attitudes described in the present study build a continuum which is similar to the one identified in a study carried out in 2004 in Scotland, using focus group interviews (12). The main difference between those two studies is that no respondents in the present study strongly objected to a ban on smoking in public places. This difference might result from differences in methodology or from a smaller number of respondents interviewed in the Polish study. As demonstrated by survey results (CBOS 2008), negative attitudes towards a smoking ban are also represented within the Polish society.

The results of the present study differ also from findings gained in Canada (17). Canadian research has resulted in identifying three clusters of smokers and also three clusters of non-smokers regarding their attitudes towards smoking and anti-smoking legislations. Amongst those clusters there is a type called 'adamant' containing those smokers who feel anti-tobacco restrictions have gone too far and are less likely to accommodate non-smokers. Similar attitude has not been identified in the present study. Two remaining clusters of smokers 'reluctant' and 'easy-going' consist of people who support the restrictions on smoking and do not smoke around others. The reluctant smokers seemed to feel social pressure to quit smoking. The representatives of conditionally accepting attitude seem to resemble to certain degree the reluctant and easy-going smokers.

Results of the present study suggest that daily smokers can differ as regards attitude towards the smoking ban in public places

from non-smokers even though both declare support for the ban (11). In this study all daily smokers demonstrate conditionally accepting attitude. It means that they accept the ban on smoking in public places as long as they are provided with respectable conditions to pursue their habit while the non-smokers demonstrating the supportive attitude not only support the smoking ban in public places but also they insist on the need of its extension, and representatives of accepting attitude absolutely accept the ban. The differences between smokers and non-smokers as regards attitudes towards smoking restrictions have been previously revealed in the above-mentioned Canadian research (17).

When analysing the behavioural component of the identified attitudes, we may determine the propensity of people with different types of attitudes to comply with or enforce the ban. While the behavioural component is clearly distinct in the case of the supportive attitude, representatives of this attitude tend not as much to enforce the ban on smoking in public places but, rather, to pressurise smokers to refrain from smoking, no matter if the ban applies to the place concerned or not. Moreover, comments from people who represent this attitude reveal their unfamiliarity with the applicable regulations and disinterest in learning about them. The lack of behavioural component in the case of accepting and ambivalent attitudes shows that people who hold those attitudes do not have the propensity to enforce the smoking ban. Moreover, much like people with a supportive attitude, the two groups are not very familiar with the applicable laws. On the other hand, people who represent a conditionally accepting attitude (in our study those were daily smokers) declare refraining from smoking in places where they think their habit may bother somebody, no matter if the smoking ban applies to that place or not.

These results show that the representatives of all (positive) attitudes towards the smoking ban in public places in the present study are not very familiar with the applicable laws and they seem to be guided much more by their own judgment than by the existing laws. In the light of the foregoing, one may conclude that the people's declarations of support for a smoking ban in public places may not be very helpful as regards prediction of people's real behaviour. This conclusion refers especially to the countries with low legal culture like Poland where there is a high degree of public permissiveness towards certain violations of law and high percentage of people representing the opinion that the law should be obeyed only to keep up appearances while trying to evade it in practice (18, 19). For example in the mid-1990s, the percentages of Poles who represented that opinion (called hypocrites) reached 22% (18). This finding is supported by other study conducted in 2002–2003 in a few Polish cities where the shares of hypocrites reached 34–37% (19). It seems that attitudes towards the law in other countries of Central and Eastern Europe may be similar to those observed in Poland (20, 21).

CONCLUSION

Findings from the present analysis throw some light on attitudes which can underlie the support for a smoking ban in public places. Firstly, the study shows that these attitudes are probably differentiated. They seem to differ as regards degree of acceptance for the ban, convictions about harmfulness of passive smoking, setting great store by other regulators of smoking like cultural

norms or health consciousness, and propensity to observe and execute of the smoking ban. Secondly, the analysis suggests that although the support for the smoking ban is expressed by the majority of non-smokers as well as the majority of smokers the real attitudes standing behind the support expressed by representatives of the two groups can differ. Finally, people's declarations of support for a smoking ban in public places may not be very helpful as regards prediction of people's real behaviour: observance of or executing the smoking ban. Even people who hold positive attitudes towards the smoking ban seem to be guided much more by their own judgment of situation than the existing laws. However, because of a low number of the participants of the study, especially the low number of the studied representatives of all identified attitudes, the above-mentioned statements should be considered rather as hypothesis that need to be verified.

As an effect of the low number of participants the negative attitudes towards the smoking ban in public places were not identified while the findings from the surveys indicate that such attitudes occur in the Polish society. However, the proportion of Poles who declare objection to the smoking ban is small and averages 17% (11). Nevertheless, four different attitudes towards the smoking ban were identified in the present study and it seems to be reasonable to expect similar attitudes existing in the whole society.

These preliminary findings point out that there is a need to study not only people's declaration of support or objection for the smoking ban in public places but also their attitudes that contain cognitive and behavioural components. There is also need to use the qualitative as well as quantitative methods in order to identify the attitudes and then to estimate their distribution.

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Conflict of Interests

None declared

Ethical Recommendations

The Bioethics Area Committee of The Cardinal Stefan Wyszyński Institute of Cardiology, Warsaw, Poland approved the study for the realisation on 2th October, 2006.

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