State, society, and the politics of smoking in Poland, during and after communism (1960-2000)

Mateusz Zygmunt Zatoński

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Department of Health Services Research and Policy
Faculty of Public Health and Policy
London School of Hygiene & Tropical Medicine, University of London

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Research group affiliation: Centre for History in Public Health
Declaration of own work

I, Mateusz Zatoński, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Mateusz Zatoński
Abstract

The Polish Communist authorities declared an ideological commitment to population health. They maintained control over the political and economic levers necessary to shape the demand for, and the supply of, cigarettes. And yet, by the 1980s cigarette consumption in Poland reached the highest level in the world. Cigarettes were cheap and easily accessible, and tobacco control laws lax. Less than half of all Poles believed that smoking constituted a serious health hazard.

Between 1989 and 1991 Poland underwent a political and economic overhaul as the Communist regime lost power. Transnational tobacco companies (TTCs) entered Poland, kept cigarette prices low, lobbied politicians, built state-of-the-art factories, and invested in marketing. Despite these efforts, by 2000 cigarette consumption in Poland significantly declined. Progressive anti-smoking laws were introduced, banning tobacco advertisement and introducing the largest health warnings on cigarette packs in the world.

The aim of this thesis is to understand why post-communist Poland was able to adopt effective tobacco control policy responses rapidly in the 1990s, even though it had failed to do so earlier, despite the increasing power of the TTCs at that time. It also aims to investigate the importance of civil society actors in this process.

This thesis demonstrates that the collapse of communism in 1989 was a political caesura which opened the health policy landscape in Poland, empowering anti-tobacco civil society groups and public health-oriented politicians. Simultaneously, however, it highlights the continuity in tobacco control policy debates before and after 1989, showing that the professionalization and coalition-building of the anti-tobacco movement began already in the communist period. It also points to the importance of cultural change and of the shifting social attitudes towards smoking, to the centrality of the agricultural lobby in tobacco policy formation, and to the delayed privatisation of the tobacco industry as a factor weakening the lobbying efforts of the TTCs.
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List of abbreviations

ACF – Advocacy Coalition Framework

ACS – American Cancer Society

AWS – Akcja Wyborcza Solidarność (Solidarity Electoral Action)

BAT – British American Tobacco

BN – Biblioteka Narodowa (Polish National Library in Warsaw)

CDC – Centers for Disease Control and Prevention

CEE – Central and Eastern Europe

CSR – Corporate Social Responsibility

EEMA – Eastern Europe, Middle East, Africa

EEWG – East European Working Group

EC – European Community

EU – European Union

FSU – Former Soviet Union

GATT – General Agreement on Tariffs and Trade

GDP – Gross Domestic Product

HPF – Health Promotion Foundation

HWLs – Health Warning Labels

IMF – International Monetary Fund

JV – Joint venture

KOR – Komitet Obrony Robotników (Workers’ Defence Committee)

LMIC – Low and Middle-Income Countries

MHW – Ministerstwo Handlu Wewnętrznego (Ministry of Internal Trade)

MoH – Ministry of Health
**MP** – Member of Parliament

**MSW** – Ministerstwo Spraw Wewnętrznych (*Ministry of Internal Affairs*)

**NATO** – North Atlantic Treaty Organization

**NGO** – Non-governmental organisation

**OBOP** – Ośrodek Badania Opini Publicznej (*Public Opinion Research Institute*)

**OECD** – Organisation of Economic Cooperation and Development

**OKZPT** – Ogólnokrajowy Komitet Zwalczania Palenia Tytoniu (*Nationwide Committee for Limiting Smoking*)

**PM or PMI** – Philip Morris/Philip Morris International

**PRL** – Polska Rzeczpospolita Ludowa (*Polish People’s Republic*)

**PSL** – Polskie Stronnictwo Ludowe (*Polish People’s Party*)

**PTP** – Polskie Towarzystwo Przeciwytoniowe (*Polish Anti-tobacco Society*)

**PZPR** – Polska Zjednoczona Partia Robotnicza (*Polish United Workers’ Party*)

**RJR** – R.J. Reynolds Tobacco

**SD** – Stronnictwo Demokratyczne (*Alliance of Democrats*)

**SDA** – Seventh-Day Adventist Church

**SLD** – Sojusz Lewicy Demokratycznej (*Democratic Left Alliance*)

**SOE** – State-Owned Enterprise

**TTC** – Transnational Tobacco Company or Corporation

**UICC** – Union for International Cancer Control

**UK** – United Kingdom

**UP** – Unia Pracy (*Labour Union*)

**USA** – United States of America

**USSR** – Union of Soviet Socialist Republics

**UW** – Unia Wolności (*Freedom Union*)
WHO – World Health Organization

WWII – Second World War

ZChN – Zjednoczenie Chrześcijańsko-Narodowe (Christian National Union)

ZPT – Związek Plantatorów Tytoniu (Union of Tobacco Farmers)
**Definitions**

**Soviet bloc or Eastern bloc** – countries of Central and Eastern Europe under Soviet domination from the end of the Second World War until the collapse of the Soviet communist system in 1989-91.

**Transnational tobacco companies (TTCs)** – international tobacco corporations conducting business across national boundaries with varying degrees of coordination and integration.

**Communist and communist** – the capital ‘C’ is used when referring to Communist institutions and parties. The lower-case ‘c’ is used when referring to the communist ideology that in theory underpinned them.

**Polish People’s Republic** – official name of the Polish state between 1952 and 1989. In this period the country was under Soviet domination and was governed by the communist Polish United Workers’ Party.

**The Third Polish Republic** – official name of the Polish state after the collapse of Communist rule in 1989 and the introduction of democratic mechanisms of governance.

**Sanitary Epidemiological Service (Sanepid)** – a network of centrally managed, regional public health centres responsible for surveillance and control of preventable diseases, developed in many countries of the Soviet bloc. In Poland referred to as the **General/Chief Sanitary Inspectorate**.
1.1 Introduction

In the highly-polarised arena of contemporary Polish politics it is unusual to hear politicians from across the ideological spectrum speak out with a single voice on any issue. One rare exception is the assessment of Poland’s tobacco control efforts after the collapse of the Communist regime. In 2016 the conservative Vice-minister of Health Jarosław Pinkas called them a ‘truly spectacular success’,¹ the former left-wing Prime Minister Włodzimierz Cimoszewicz ‘one of the country’s most spectacular victories’,² and the agrarian politician, and former chairman of the Parliamentary Healthcare Committee, Jan Kopczyk ‘something enormously important, something we can be all proud of’.³ It is remarkable that politicians who disagree on the most fundamental issues, from the evaluation of Poland’s economic performance since its transition to market capitalism to the question of whether liberal democracy is the right political system for the country, are nonetheless united in their appreciation for the progress attained in the fight against smoking in Poland. Why has tobacco control become a broadly accepted positive example of the achievements of post-communist Poland? And why, among the many health challenges the country had to face in the second half of the 20th century, is effective tobacco control singled out as particularly significant?

The trend in cigarette sales between 1923 and 2015 encapsulates the story of the failures and successes of tobacco control in Poland (Figure 1). The first data points are scattered, and then interrupted altogether by the cataclysm of the Second World War (WWII). As Europe is rebuilding from the ashes of conflict, an explosion in tobacco sales occurs in the newly established communist Polish People’s Republic (PRL). Against a backdrop of forty years of turmoil, breakneck industrialisation, the tightening grip of authoritarian communism, the first grumblings of popular dissent in the late 1950s and 1960s, attempts at reconciling communism and consumerism in the 1970s, the complete meltdown of the debt-ridden economies of the Eastern bloc and the advent of anti-communist trade unionism with Solidarity in the 1980s, and finally the long awaited, yet somehow still unexpected collapse of

the Iron Curtain and political emancipation of the nations of the region in 1989, one trend remains undisturbed – the constant, linear increase in tobacco sales in Poland.

Figure 1. Cigarette sales in Poland, 1923-2013


Then comes the breakthrough. The data points, having peaked at 101 billion cigarettes per annum in the late 1980s, start to pull the sales curve down, its slope as steep as it was on the journey up. The downturn takes hold in the 1990s, and within a few years it becomes clear that smoking is on the retreat. By 2015 tobacco sales fall by 60% from their peak. The projection forward adds to the sense of optimism, suggesting that this decline may continue in the foreseeable future.

Hidden behind this elegant, almost symmetrical curve, is a wealth of stories that shed a light not only on the development of tobacco control policy in Poland, but also on broader considerations of the place of public health in social and economic transformations, the dynamics of health policymaking in authoritarian and post-authoritarian contexts, the role of civil society in strengthening public health, and ways of mitigating the adverse impact of
tobacco industry privatisation and globalisation. There is the story of the hundreds of individuals committed to strengthening anti-smoking measures, from religious conservatives preaching temperance, through communist ideologues concerned about the health of the toiling classes, to the nationalists protecting the ‘virility’ of the Polish nation, and the scientists sounding alarm bells over Poland’s soaring lung cancer rates. There is the story of the tobacco industry, and the replacement of an inefficient, backward, state-owned behemoth by competitive, modern, and aggressive transnational tobacco companies (TTCs) colonising new markets. There is the story of a society undergoing an uneasy transition from sheltered isolation of communism to an open capitalist democracy, with its plethora of opportunities and perils. Finally, there is the story of the hundreds of thousands of premature tobacco-related deaths in Poland, both those caused by soaring smoking rates of the post-WWII period, as well as those avoided thanks to the strengthened tobacco control efforts of the 1990s.

This thesis is an attempt to understand the structural mechanisms that underpinned these stories. This approach emphasises the complexity and interrelatedness of factors underlying tobacco control and is rooted in key works on the history of smoking – most prominently Virginia Berridge’s *Marketing Health* and Allan Brandt’s *Cigarette Century*. The latter, in particular, has shown that the changing regulatory rigour applied to cigarettes must be accounted for in analysing the rise and fall of tobacco consumption in the 20th century. Further, both Berridge and Brandt have demonstrated that a complete picture of tobacco policy formation can only be obtained if a dense web of relationships between different actors – political, economic, scientific, social, and cultural – is investigated. This thesis attempts to achieve this by conducting a policy analysis evaluating the importance of the changing nature of the Polish state and political process, the activity of civil society, the role of influential individuals, and the cultural shift in attitudes towards health in the second half of the 20th century. In doing so, it tries to unpack the developments in tobacco control in Poland in this period, which ranged from the failure of the Communist policymakers to address the growing problem of smoking, to the success of the public health community in pushing through progressive anti-tobacco legislation in the post-communist period, despite the powerful opposition of transnational tobacco companies.

It must be acknowledged early on that the present research has been conducted by a student of history with a professional past in public health advocacy, and at an institution – the
London School of Hygiene and Tropical Medicine (LSHTM) – with a normative commitment to ‘improving health worldwide’, in its mission statement. In this context, any claims of impartiality towards the question of effective tobacco control would not be sincere, although every effort has been made to conduct this work with the maximum scholarly objectivity possible. Nonetheless, this thesis is also an opportunity to ask the question whether the history of tobacco control in Poland can offer any useful policy insights to public health advocates, both in other countries currently undergoing market liberalisation and facing the power of the TTCs, and in Poland itself, where tobacco control efforts have lost momentum in recent years.

This research is of importance for the following reasons:

1) While a significant amount of research has been conducted on the public health developments in tobacco control in the Soviet Union (USSR) and its successor states, before and after the collapse of communism,\(^5\) less work has been done thus far on the Central and Eastern European (CEE) countries that today are member-states of the EU.\(^6\) Poland, being the largest country of the region, offers an important and under-researched case study.

2) As it entered the systemic transition from communism to liberal democracy in the 1990s, Poland was one of the countries with the highest smoking prevalence in the world. The rapid decrease in smoking rates that followed, and the strong anti-tobacco legislation accompanying them, were highly unusual in the CEE countries undergoing economic transformation to capitalism and the privatisation of tobacco industry.\(^7\) The idiosyncratic nature of tobacco control developments in Poland poses a still unexplored historical puzzle.

3) Researchers have thus far largely emphasised the weakness of civil society in post-communist states of CEE, although in recent years these findings have been


increasingly criticised. Little work has been conducted on public health advocacy groups in the region. Through exploring the success of Poland’s anti-tobacco movement in the 1990s this research can make an important contribution to this ongoing scholarly debate.

4) The thesis attempts to take a comprehensive methodological approach to documenting tobacco control history. Archival materials and tobacco industry documents are not studied in isolation — they are supplemented and triangulated with other sources, including interviews, witness seminars, and epidemiological data.

5) Finally, the history of tobacco control in Poland could provide a useful case study for tobacco control and public health advocates today. Several countries in the Middle East, North Africa, and Sub-Saharan Africa, are currently undergoing a process of tobacco industry privatisation parallel to that experienced by Poland in the 1990s. This thesis can help provide an understanding of how the potential negative health impact of such developments was managed and mitigated in the past.

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1.2 Research questions

When trying to understand the history of smoking in Poland in the second half of the 20th century two questions in particular emerge. The first is why tobacco control efforts in Poland before 1989 were so weak? In theory, the cult of the body and productivity was entrenched in the communist philosophy. Smoking-related diseases, and the consequent weakening of the workers’ ability to contribute labour, served to undermine the Communist state.\textsuperscript{10} The Polish authorities declared an ideological commitment to the health of Polish citizens and maintained control over the means of production and distribution of tobacco products.\textsuperscript{11} Despite this, cigarettes were one of the cheapest and most easily available consumer goods.\textsuperscript{12} Smoking in public places, offices, and educational institutions was widely accepted. The only tobacco control law, introduced in 1974 and restricting smoking in certain public venues, remained largely unenforced, meaning that even the existing moderate legislative restrictions were seldom respected.\textsuperscript{13} Finally, no effective health education efforts were conducted, and Poles remained poorly informed as to the dangers of smoking. According to surveys, in the 1980s less than half of all Poles believed that smoking posed a serious threat to the health and life of smokers.\textsuperscript{14}

The second question is why Poland was able to adopt effective policy responses to the problem of smoking shortly after the collapse of the communist system? The low health literacy of the CEE populations, the intense lobbying and marketing efforts of the TTCs, as well as the widespread perception of the superiority of an unbridled free market and light-touch regulation prevented most other countries in the region from achieving a similar


\textsuperscript{14} Zatoński and Przewoźniak, \textit{Health Consequences of Tobacco Smoking in Poland}
outcome in the 1990s. In this context, it is important to investigate some of the potential factors that could have helped precipitate this positive change in Poland.

Much public health research has been conducted on the role of civil society groups in opposing TTCs in various country settings, as well as on the international stage. Similarly, work has been undertaken by historians and sociologists to understand the broad political role of civil society actors in the CEE countries undergoing social unrest in the 1980s and democratic transition in the 1990s. However, little attention has thus far been paid to the intersection of those two themes – the importance of anti-tobacco advocacy in the context of communism and post-communism. An in-depth analysis of the case of Poland, which in the 1990s managed to act against one of the worst smoking epidemics in the world, can provide an insight into the question of the relative importance of civil society actors outside the government, and institutional forces and agenda-setters within the government, in effectively isolating the TTCs and preventing policymakers from supporting the tobacco industry.

15 Haglund, “Regional summary for the European Region.”
1.3 Research aim

The aim of this study is to understand why post-communist Poland was able to adopt effective tobacco control policy responses rapidly in the 1990s, even though it had failed to do so earlier, despite the increasing power of the TTCs at that time. It also aims to investigate the importance of civil society actors in this process.
1.4 Thesis outline

Chapter 2 synthesises secondary literature on Polish political history, the tobacco industry, Polish civil society, and on smoking history, providing the essential historical background to this thesis.

Chapter 3 explores the key theories of policymaking and of civil society that underly the analytical framework of this thesis.

Chapter 4 provides a literature review of existing scholarship on the history of anti-tobacco advocacy, on tobacco control in Central and Eastern Europe, and on the market liberalisation and civil society strength in the region.

Chapter 5 sets out the research methods and conceptual framework employed in this thesis and lays out the precise research objectives and how these were to be met.

The subsequent five chapters combine empirical findings on tobacco control developments in Poland between 1945 and 2000 with an analysis of the factors underlying them.

Chapter 6 focuses on tobacco control policymaking conducted by the Polish Communist governments after WWII, as well as the role of the state-owned tobacco industry.

Chapter 7 chronicles the establishment and development of Poland’s communist-era anti-tobacco advocacy organisations and assesses their influence on policy and health attitudes of the Polish population.

Chapter 8 explores the appearance of new powerful actors attempting to shape tobacco policy in Poland after the collapse of the Communist regime, the TTCs, their establishment on the Polish market, and their aggressive lobbying and marketing strategies.

Chapter 9 describes the formation of new anti-tobacco advocacy organisations after the collapse of the Communist regime and evaluates their attempts to counter the impact of the TTCs through education and political lobbying.

Chapter 10 looks at how the pro-tobacco and anti-tobacco currents influenced the policies introduced by Polish legislators in the 1990s.

Finally, chapter 11 draws together the findings of the previous chapters, summarises the scholarly contribution of the thesis, its limitations, and points to directions for future research, suggested implications for policy and advocacy, before closing with a few general reflections on tobacco control in Poland.
Chapter 2 – Historical background

This chapter offers a synthesis of secondary literature, providing the essential contextual background information on Polish political history, the tobacco industry, and Polish civil society. Part 1 sets out the political context for the thesis, by exploring the history of Poland in the second half of the twentieth century, from the Communist takeover in the late 1940s, to the transition to liberal democracy and market economy in the 1990s. It also examines the role of civil society in this period. Part 2 spells out the public health problem underlying this thesis, by presenting data on tobacco use and its health effects in CEE between the 1950s and 1990s, as well as the main changes in the tobacco industry in this period.
2.1 Historical context – Poland under Communist rule and beyond

The policymaking environment in Central and Eastern Europe (CEE) went through several ruptures during the 20th century. An overview of the political and economic history of Poland before and after the collapse of the communist system, with a focus on the changing role of civil society, can help understand the context within which tobacco control policy was developed.

2.1.1 Political and economic history

- The following events are presented graphically in Timeline 1 and Timeline 2 in Appendix F.

In the final years of WWII and in the immediate post-war period the USSR extended its military and political dominance over the countries of CEE. Elections were rigged and enemies of communism intimidated and imprisoned. By the late 1940s, the USSR was bordered on the west exclusively by ‘replica states’ ruled by Communist parties compliant to Moscow, implementing analogous economic reforms, five year plans, and modelling their constitutions on the Soviet one. In Poland too, the national elections of 1947 were rigged allowing the hitherto tiny Polish United Workers' Party (PZPR) to assume a monopoly of power and become the primary medium for social mobility and political participation.

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1 The different definitions used to refer to countries of central and eastern Europe have been the focus of extensive scholarly debate, see e.g. R. Okey, "Central Europe / Eastern Europe: Behind the Definitions," Past & Present 137, no. 1 (1992); J. Kloczowski, East-Central Europe in the Historiography of the Countries of the Region (Lublin: Institute of East Central Europe, 1995). In this thesis the term Central and Eastern Europe (abbreviated CEE) will be employed and will include the following countries: Bulgaria, Czechoslovakia, Hungary, Poland and Romania (countries which became the satellite states of the USSR after the Second World War), and Estonia, Latvia and Lithuania (countries which were incorporated in the USSR during the Second World War), as well as Slovenia (the only Yugoslav republic to join the EU in 2004). These countries have all become member-states of the EU between 2004 and 2007. Countries excluded are the former Yugoslav republics – with the exception of Slovenia – and Albania (states which never came under the control of USSR), and Ukraine, Belarus and Moldova (which have not had an extensive experience of statehood in the interwar period).


4 S. Bialer, “Poland and the Soviet Imperium,” Foreign Affairs 59, no. 3 (1980); N. Davies, A history of Poland, God’s playground (Oxford: Clarendon Press, 1981); Gowan, "Poland's Transition from State Socialism to Capitalism." P. 70; Berend, Central and Eastern Europe, 1944-1993: detour from the periphery to the periphery Pp. 3-38; Crampton, Eastern Europe in the Twentieth Century - and After

Poland, located in the strategically crucial space between the USSR and the defeated Germany, became a key constituent of this new buffer of Communist states (Figure 2).  

**Figure 2. Political map of Europe, 1945-1989**


In the post-war decades, CEE countries became characterised by a socialist ownership structure, under which the state-owned and controlled industrial production, the service sector, and agriculture. By the late 1950s, the Polish state was running the entire wholesale trade and 96% of the retail trade. This included the sale of alcohol and cigarettes. The nationalised economies became geared to urbanisation and primitive industrialisation. Like each of the USSR’s satellite states, Poland was assigned a role – to specialise in food production for export, as well as primary industrial production. In return it received raw materials and fuel from the USSR. After a period of growth fuelled by rapid industrialisation

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6 Bialer, "Poland and the Soviet Imperium."


in the 1950s, the Polish economy began to stagnate. Low wages, arduous working conditions and price increases led to major workers’ protests in 1956, 1970 and 1976 which left tens of people dead and thousands wounded. Meanwhile, 1968 saw a wave of unrest at Polish universities, sparked by the expulsion of a number of intellectuals who criticised the regime.

In the 1970s Poland’s Communist leaders attempted to restore economic growth and placate social discontent by permitting limited liberalisation of production and encouraging consumerism. For instance, ownership of cars per head increased in Poland fourfold between 1975 and 1989. Increasing cigarette sales also became one of the elements of the pursuit of modern consumption patterns that were supposed to be indicative of socialist progress (see Chapter 6). However, this remained at odds with the ongoing focus on production of heavy goods, centralised planning and numerical targets; the Soviet economic system installed in the post-war years proved resistant to change. Many consumer goods


had to be imported, often with money borrowed from western countries.\textsuperscript{17} As a result Poland’s hard currency debt rose from less than US$1 billion in 1971 to over US$26 billion in 1980.\textsuperscript{18}

By the late 1970s major sectors of industry were operating at a loss, exports to the West were being sold at prices below the real value of raw materials, and access to certain goods became extremely restricted. The waiting period for an apartment in Warsaw was an estimated 57 years.\textsuperscript{19} This was in stark contrast with the concurrent period of prosperity in Western Europe.\textsuperscript{20} The Polish economy continued to stagnate and attempts to introduce budget cuts or increase prices were met with riots.\textsuperscript{21} In 1980 the authorities caved in to public pressure and legalised Solidarity, the first independent trade union in a Communist country.\textsuperscript{22}

By 1981 Solidarity already had nearly 10 million members, four times as many as the PZPR.\textsuperscript{23} The authorities, headed by the new party secretary, General Jaruzelski, felt they were losing control of the situation. In December 1981 martial law was introduced and Solidarity was banned. The Party reasserted authoritarian rule in Poland, and the development of independent civic movements was frozen.\textsuperscript{24}

The uproar over the treatment of Solidarity in the West meant that Poland was cut off from its lenders. By the mid-1980s, as Tony Judt put it, the ‘Polish Communist Party was bankrupt economically and politically’.\textsuperscript{25} By the second half of the 1980s it had to appeal to the leader

\textsuperscript{17} Dwilewicz, "Kupowanie poparcia. Polityka gospodarcza jako środek stabilizacji sytuacji wewnętrznej w Polsce w pierwszych miesiącach rządów Edwarda Gierka [Buying the Support. Economic Policy as a Means of Stabilizing Poland’s Internal Situation in the first Months of Edward Gierek’s Government]."
\textsuperscript{18} Gowan, "Poland’s Transition from State Socialism to Capitalism." P. 73.
\textsuperscript{19} Z. Szpringer, "Publiczne zadłużenie zagraniczne Polski z perspektywy historycznej [Public foreign debt in Poland in historical perspective]," \textit{Analizy} 2, no. 69 (2012). Pp. 5-6.
\textsuperscript{21} Judt, \textit{Postwar: A History of Europe since 1945} . P. 578.
\textsuperscript{22} Gowan, "Poland’s Transition from State Socialism to Capitalism." P. 73; Dwilewicz, "Kupowanie poparcia. Polityka gospodarcza jako środek stabilizacji sytuacji wewnętrznej w Polsce w pierwszych miesiącach rządów Edwarda Gierka [Buying the Support. Economic Policy as a Means of Stabilizing Poland’s Internal Situation in the first Months of Edward Gierek’s Government]."
of Solidarity, Lech Wałęsa, for help both in its debt negotiations with the International Monetary Fund (IMF) and in its negotiations with the discontented workers.\footnote{Ibid. P. 606.} By the late 1980s it became legal to establish organisations independent of the state in Poland.\footnote{J. Celichowski, "Civil society in Eastern Europe: growth without engagement," in Exploring civil society internationally: Political and Cultural Contexts, ed. M. Glasius, D. Lewis, and H. Seckinelgin(London: Routledge, 2004). P. 73.} Under internal and external pressure, the first partially free elections in the Eastern bloc were held in Poland on 4 June 1989, with Solidarity candidates winning almost all seats for which they were eligible.\footnote{Ost, Solidarity and the politics of anti-politics: opposition and reform in Poland since 1968 P. 217.} By the end of the year Poland had its first non-Communist Prime Minister since the Second World War.\footnote{Gowan, "Poland's Transition from State Socialism to Capitalism." P. 65.}


Other changes were more drastic - the decision to dismantle trade protection led to an invasion of the Polish market by western exporters, including TTCs, and caused damage to Poland’s domestic industry.\footnote{G. N. Connolly, "Worldwide Expansion of Transnational Tobacco Industry," J Natl Cancer Inst Monogr 12(1992). P. 12; P. Murrell, "What is Shock Therapy? What did it do in Poland and Russia?,” Post-Soviet Affairs 9, no. 2 (1993). P. 128; G. N. Connolly, "Tobacco, Trade and Eastern Europe," in Tobacco and Health, ed. K. Slama(New York: Plenum Press, 1995); Gowan, "Poland’s Transition from State Socialism to Capitalism.";} The imports of foreign consumer goods grew so fast that Lech Wałęsa, the former Solidarity leader and, from 1990, President of Poland, publicly
accused foreigners of ruining Polish industry and using Poland as a dumping ground for their products. In 1991, the authorities decided to increase the import tariffs by more than 100%. In the first year of transformation, GDP declined by 11.6%, unemployment doubled, and domestic wages plummeted by 40% in real terms. The years of austerity brought about by the rapid reforms were invoked by political scientists as the cause of the political turmoil that Poland witnessed in the first half of the 1990s, exemplified by the proliferation of nationalist political groupings and the strengthening of a protectionist agrarian movement. Between October 1991 and April 1994 the country went through three governments and five ministers of finance. The first entirely free and fair elections, conducted in October 1991, precipitated a highly fragmented Parliament which, after several attempts to form a lasting government, dissolved in 1993. The subsequent election was won by the left-wing Democratic Left Alliance (SLD), whose founders included many high ranked PZPR officials. When this was shortly followed by Lech Wałęsa’s failed re-election bid in 1995, which he lost to a former Communist Aleksander Kwaśniewski, many began to fear that the economic pressure was pushing Poles back into the arms of the previous political establishment. However, against popular sentiment, and with strong pressure from international financial institutions and western democracies promising debt reduction and membership of western multilateral institutions, the ‘shock therapy’ was largely carried forward, and by the second half of the 1990s the Polish economy rebounded quicker than that of any of its neighbours, bringing greater prosperity and political stability (Figure 3). The SLD government, ruling in coalition with the agrarian Polish People’s Party, avoided an early election and completed its full, four-year term in 1997. It was replaced by another stable government formed by a party of the unified right, the Solidarity Electoral Action (AWS), which ruled until 2001. In 2004 Poland joined NATO and the European Union, which became a symbol of the country’s return to the community of western, democratic states.

33 K. Dziewulski, “Prywatni w handlu zagranicznym,” Życie gospodarcze 13(1992); Adam, "The transition to a market economy in Poland." P. 613.
38 Adam, "The transition to a market economy in Poland." P. 607; Gowan, "Poland’s Transition from State Socialism to Capitalism." P. 94.
Jeffrey Sachs, who served as the economic advisor to the Solidarity movement, and to several post-communist governments including Poland, was a firm supporter of rapid economic transition. In 1994 he suggested that that Poland and the Czech Republic outperformed other countries in the region and, as early adopters of ‘shock therapy’, they were able to borrow technology, capital, and management techniques from the global system and attract capital and foreign direct investment more promptly. Other scholars have pointed to different positive results of ‘shock therapy’ in Poland – eliminating shortages in shops, restoring trust in the Polish currency as a medium of exchange, successfully tackling inflation, and sustained GDP growth. However, for critics of this model of rapid economic transition, Poland’s success in the 1990s resulted precisely from the fact that it did not embrace ‘shock therapy’ as strongly as its


41 “Shock Therapy in Poland: Perspectives of Five Years.” P. 268.
42 Adam, “The transition to a market economy in Poland.” P. 608.
neighbours. In response to social pressure emerging already from the second half of 1990, elements of the initial ‘shock therapy’ were beginning to be weakened – credits were channelled to farmers and state enterprises, spending on housing was raised, fiscal and monetary policy were loosened and trade tariffs increased. The approach to privatisation in Poland was more gradual, and, three years after the collapse of communism, only 16% of Poland’s state-owned businesses had been privatised. For example, Poland was the CEE state that took longest to privatisate its tobacco industry after the collapse of Communist rule (see Chapter 8).

2.1.2 Role of civil society

In most countries of CEE after WWII, the internal fora of the Communist parties were the only legal spaces for political debate. Media outlets were heavily censored, religious institutions had been closed down, universities were expected to teach the ideology of the party, and the few existing advocacy groups were closely controlled by the regime. The period of de-Stalinisation in the late 1950s and 1960s allowed for some cultural freedom and implicit criticism of the regime, but direct attacks on the authorities were not tolerated. The Hungarian Uprising of 1956 and the Prague Spring of 1968, when the USSR, aided by other Soviet bloc regimes, sent in troops to prevent these states from introducing radically

reformed versions of socialism, shattered the illusions that communism could be reformed from within to create a democratic and pluralist system.\textsuperscript{48}

Poland was exceptional in the CEE, as the Catholic Church was allowed to remain a publicly active institution, although in exchange it was expected to keep away from politics and became a favourite target of state propaganda.\textsuperscript{49} Its relative independence allowed the development of a critical space in the form of Catholic universities, publishing houses and newspapers. While the regime tightly controlled dissemination of contestatory materials in other CEE countries and self-censorship was needed to reach broader audiences, Polish intellectuals were able to make use of the semi-autonomous institutions of the Church.\textsuperscript{50} The ascension of Karol Wojtyła to the Papacy as John Paul II in 1978 was a key development in the relations between the Communist authorities and the Polish people. During his pilgrimages to Poland in 1979 and 1983, which attracted tens of millions of participants, he positioned the Church in opposition to Marxism as an alternative source of moral and social authority.\textsuperscript{51}

Poland was the only CEE country to see mass social self-organisation in the communist period.\textsuperscript{52} The social movements contesting authoritarian communism, from 1980 concentrated around the Solidarity trade union, built links with the Church, formed local councils, pressed for social rights, and organised mass protests against the imploding economy.\textsuperscript{53} In its criticism of the Communist regime the opposition also included the poor levels of population health in Poland, but focused on alcohol-related harm rather than smoking.\textsuperscript{54} The Polish Anti-tobacco Society, established in the 1960s, with the support of prominent Communist activists, remained firmly anchored in the official state structures and

\textsuperscript{48} Gowan, "Poland’s Transition from State Socialism to Capitalism." Pp. 72-73.
\textsuperscript{52} Weigle and Butterfield, "Civil Society in Reforming Communist Regimes: The Logic of Emergence." P. 72; Celichowski, "Civil society in Eastern Europe: growth without engagement."; Wnuk-Lipiński, "Meandry formowania się społeczeństwa obywatelskiego w Europie Środkowej i Wschodniej [Intricacies of the formation of civil society in Central and Eastern Europe]." P. 11.
\textsuperscript{53} Judt, Postwar: A History of Europe since 1945 . P. 589.
\textsuperscript{54} J. Moskalewicz, "Lessons to be learnt from Poland’s attempt at moderating its consumption of alcohol," Addiction 88 (1993).
avoided antagonising the regime with overt criticism of tobacco control policy (see Chapter 7).\textsuperscript{55}

At the same time, other forms of civil society were also developing in Poland.\textsuperscript{56} Some space opened for civic engagement after the signing of the Helsinki Accords of 1975 by the USSR and its satellite states, which included articles committing its signatories to ‘promote and encourage the effective exercise of civil, political, economic, social, cultural and other rights and freedoms’.\textsuperscript{57} This was followed by a spawning of semi-independent circles, associations and clubs in CEE. While those outwardly critical of the regime, like Solidarity, were repressed, the Communist authorities were willing to tolerate some non-political movements for the sake of its international legitimacy.\textsuperscript{58} For example, the environmentalist movement, previously silenced under the Stalinist doctrine of unrestricted industrial production, began to gain popularity in the 1980s, although it was closely monitored by the regime and was not able to make a significant impact on environmental policy.\textsuperscript{59}

With the collapse of the communist one-party system in 1989, civil society groups were freed from the dilemma of submitting to direct control of the state or facing repression.\textsuperscript{60} Civil society organisations became some of the main recipients of foreign aid in post-communist states.\textsuperscript{61} However, many of the former opposition leaders moved from civil society organisations to the new competitive party politics.\textsuperscript{62} Civil society became dominated by a


\textsuperscript{58} Judt, \textit{Postwar: A History of Europe since 1945}. 502-503.


\textsuperscript{60} D.S. Mason, "Glasnost, Perestroika and Eastern Europe," \textit{International Affairs} 64, no. 3 (1988); S. White, \textit{Russia Goes Dry: Alcohol, State and Society} (Cambridge: Cambridge University Press, 1996); Wnuk-Lipiński, "Meandry formowania się społeczeństwa obywatelskiego w Europie Środkowej i Wschodniej [Intricacies of the formation of civil society in Central and Eastern Europe]." P. 16.


\textsuperscript{62} Lester, \textit{Encyclopaedia of Violence, Peace and Conflict} Pp. 269-278.
class of ‘NGO professionals’ benefitting from the influx of foreign aid, but at the same time constrained by the donors’ agendas and often overseen by foreign managers.\textsuperscript{63}

2.2 Tobacco in Central and Eastern Europe and Poland

2.2.1 Smoking and health

Up to half of all smokers eventually die of tobacco-related diseases. Smoking has been linked to multiple types of cancer (e.g. bladder, laryngeal, lower urinary tract, lung, pancreas, upper aero-digestive tract), cardiovascular diseases (e.g. atherosclerosis, cerebrovascular diseases, coronary heart disease), respiratory diseases (e.g. chronic obstructive pulmonary disease, pneumonia), adverse reproductive effects (e.g. foetal death and stillbirths, fertility, low birth weight, pregnancy complications), as well as other negative health effects (e.g. cataracts, hip fractures, peptic ulcers). Tobacco is a leading contributor to social inequalities in adult mortality. Smoking also imposes significant economic costs on society in excess health care utilisation and in reduced labour supply.

It is hard to overestimate the devastating impact of smoking on the populations of North America and Europe in the 20th century. Following the huge growth in the uptake of smoking in the first half of the 20th century, tobacco use became one of the principal causes of preventable morbidity and premature mortality. Globally, smoking was responsible for approximately 100 million deaths in the last century. European countries, which for a large part of this period have been characterised by very high smoking rates among men, have carried a substantial portion of this burden. Smoking among Western European males had been growing from the early 1900s and peaked in the 1950s, while Western European females started taking up smoking in the middle of the century, with their prevalence rates

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peaking in the 1970s.\textsuperscript{70} Despite the subsequent decline, the World Health Organisation (WHO) European Region still retains the highest smoking prevalence in the world.\textsuperscript{71} The estimated global age-standardized prevalence of daily smoking for males and females aged 15 and older is 31.1\% and 6.2\% respectively, which amounts to a total of 967 million smokers around the world.\textsuperscript{72} It has been estimated that, if current tobacco consumption trends continue, a further 1 billion people will die prematurely due to smoking in the 21\textsuperscript{st} century.\textsuperscript{73}

\subsection*{2.2.2 Population health and smoking in the Soviet bloc}

If Europe was the continent of smokers for much of the 20\textsuperscript{th} century, Eastern Europe was the region where the problem reached epidemic proportions. This has not always been the case; in the immediate years after WWII smoking prevalence in the CEE was at a low level in comparison to western countries.\textsuperscript{74} More broadly, the advances in medical care and public health in the region in the 1950s and 1960s led to an unprecedented rate of health improvement, principally connected to reductions in infectious diseases.\textsuperscript{75} The domination of the Soviet Union influenced the development of health systems across CEE. The satellite states of the USSR committed to achieve universal free health care, one of the key promises of Communist leaders, in a matter of a few years. For many of these countries, where before WWII access to the hospital was often a privilege afforded only to the urban rich, this was a veritable revolution.\textsuperscript{76} In addition, well-resourced, comprehensive campaigns were run with the aim of reducing the high levels of child and maternal mortality.\textsuperscript{77} An extensive system of public health infrastructure and institutions known as the Sanitary Epidemiological Service (Sanepid) was set up.\textsuperscript{78} Mass vaccination programmes to curb infectious diseases were

\textsuperscript{74} B. Forey et al., \textit{International Smoking Statistics: A Collection of Historical Data from 30 Economically Developed Countries}, 2 ed.(Oxford: Wolfson Institute of Preventive Medicine, 2002).
\textsuperscript{75} Mateusz Zatoński, Witold A. Zatoński, and Andrzej Wojtyła, "Premature mortality: Europe’s persisting Iron Curtain?," \textit{Journal of Health Inequalities} 2, no. 1 (2016).
\textsuperscript{76} J. Figueras et al., eds., \textit{Health systems in transition: learning from experience} (Copenhagen: European Observatory on Health Care Systems, 2004).
\textsuperscript{77} T. Maciejewski, "Rozwój opieki perinatalnej na przełomie XX i XXI wieku," \textit{Perinatologia, Neonatologia i Ginekologia} 6, no. 3 (2013).
\textsuperscript{78} George Gotsadze et al., "Reforming sanitary-epidemiological service in Central and Eastern Europe and the former Soviet Union: an exploratory study," \textit{BMC Public Health} 10, no. 1 (2010).
launched. The results came very quickly. Infant mortality fell in the countries of the Soviet bloc by 50%. Life expectancy increased by an average of 5 years in the 1950s, with the improvement in Poland as high as 9 years. By the mid-1960s the difference in life expectancy between CEE countries and Western Europe was down to just 1-2 years (Figure 4).

Figure 4. Life expectancy at birth in Poland and West Germany, 1930-1970


However, the Communist authorities of CEE, successful in their fight against infections, did not manage to replicate these achievements in dealing with chronic diseases. High alcohol consumption, poor diets, and the surge in smoking, characterised the countries of the Soviet bloc throughout the second half of the 20th century. Preventive medicine was fully subordinated to curative medicine, public health was seen as being solely in the competence

80 Feachem, "Health decline in Eastern Europe." P. 314.
of medical doctors, and epidemiological research was focused almost exclusively on infectious diseases. With the emphasis on medicalisation of health, not much effort was made to give the population the necessary tools to exert agency over their own wellbeing. Communist countries saw little public education on smoking harm, and western studies of the relationships between smoking and diseases such as cancer often struggled to penetrate the region.

Cigarettes were one of the cheapest consumer goods and anti-tobacco legislation was weak throughout the Soviet bloc. Cigarette sales in most CEE countries had been increasing rapidly in the decades following WWII. Mortality attributed to smoking doubled in the male population of CEE countries from 15% in 1955 to 29% in 1985. Meanwhile, western countries with traditionally high smoking prevalence rates have been experiencing the opposite trend, as tobacco consumption in their male populations was decreasing throughout the 1960s and 1970s. As a result, by the 1980s countries such as Hungary and Poland had some of the highest annual per capita sales of cigarettes in Europe, as well as the highest lung cancer rates among males. In the wake of the opening of the Iron Curtain, the former Communist states of CEE had a 70% higher probability of people dying before the age of 65 than in the Western European countries. The risk of death for a male aged 15 to 59 in Hungary was higher than in Zimbabwe and higher in the Czech Republic than in Vietnam (Figure 5).

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84 European Commission, "Tobacco or health in the European Union - Past, present and future." P. 42; Zatoński, "Tobacco Smoking in Central European Countries: Poland." P. 236.
85 Connolly, "Tobacco, Trade and Eastern Europe."
89 Kubik et al., "Patterns of cigarette sales and lung cancer mortality in some central and eastern European countries, 1960-1989."
90 McKee and Shkolnikov, "Understanding the toll of premature death among men in eastern Europe." P. 1051.
91 Feachem, "Health decline in Eastern Europe."
2.2.3 Transnational tobacco companies in Central and Eastern Europe

One of the key reasons for the continued existence of a health gap between Eastern and Western European countries, as well as for the persisting high levels of tobacco consumption in the CEE, was the role played by transnational tobacco companies (TTCs) in the region after the collapse of Communist rule. In the early 1990s, the TTCs were among the most powerful commercial actors in the world. Philip Morris International (PMI) sold 400 billion cigarettes in
1992 alone.\textsuperscript{92} By the year 2000 the tobacco industry enjoyed an annual turnover of almost US$400 billion.\textsuperscript{93}

While most West European countries have taken steps to oppose the economic and political power of TTCs through the introduction and implementation of comprehensive tobacco control measures, achieving such legislation proved difficult in post-communist Eastern Europe, which in the 1990s became one of the main targets for international expansion for western tobacco companies.\textsuperscript{94} With the number of smokers in Western Europe and North America declining, by the 1980s the TTCs were frantically looking for new avenues for selling their products.\textsuperscript{95} The Eastern bloc constituted a market that, until 1989, was largely closed to them and that was filled with almost half a billion potential consumers. The collapse of communism in this region marked an end to the planned economy and state ownership, replacing them with market liberalisation and privatisation.\textsuperscript{96} This meant that CEE markets became accessible to the TTCs almost immediately after the fall of the Iron Curtain.\textsuperscript{97}

Just as Latin America was the target of TTCs in the 1960s, and the rapidly developing Asian countries were in the 1980s, Eastern Europe found itself at the centre of tobacco industry attention in the 1990s. The TTCs invested heavily in manufacturing capacity and advertising in the region.\textsuperscript{98} The large state-owned tobacco companies were the first in line for privatisation in most CEE countries due to the antiquated state of the tobacco plants.\textsuperscript{99} In the years 1992-1996 BAT alone spent over $750 million in acquisitions in the region on newly-privatised cigarette manufacturers in Hungary, Ukraine, Russia, Uzbekistan, the Czech Republic, and Poland.\textsuperscript{100} By 1995 TTCs had acquired interests in 34 former state cigarette monopolies, taking over almost all the local tobacco companies.\textsuperscript{101}

In addition, CEE countries often emerged from communism with weak or poorly implemented tobacco control laws and with feeble border controls that facilitated

\textsuperscript{92} A. S. Bialous and S. Peeters, "A brief overview of the tobacco industry in the last 20 years," \textit{Tob Control} 21 (2012).
\textsuperscript{94} Haglund, "Regional summary for the European Region." P. 33.
\textsuperscript{95} Szilagyi and Chapman, "Hungry for Hungary: examples of tobacco industry's expansionism." P. 5.
\textsuperscript{96} Judt, \textit{Postwar: A History of Europe since 1945}
\textsuperscript{97} Szilagyi and Chapman, "Hungry for Hungary: examples of tobacco industry's expansionism." P. 6.
\textsuperscript{98} Connolly, "Worldwide Expansion of Transnational Tobacco Industry."
\textsuperscript{99} "Tobacco, Trade and Eastern Europe." P. 52.
\textsuperscript{101} Connolly, "Tobacco, Trade and Eastern Europe." Pp. 51-57.
smuggling.\textsuperscript{102} The tobacco industry thrived under this set up, exploiting the lax tobacco control laws to target youth and females, as well as directing illegal imports which helped increase demand for foreign cigarettes.\textsuperscript{103} Modern lobbying and marketing techniques introduced by TTCs were unprecedented in the region, allowing them to form alliances with key policy stakeholders, and to attract millions of new customers.\textsuperscript{104} The revenues of PMI grew from US$12.7 billion in 1986 to US$25.7 billion in 1993.\textsuperscript{105}

On the whole, mass privatisation of the tobacco industry in former communist states resulted in the lowering of tobacco taxation (not least because, in some cases, the TTCs helped write the tax codes), weakening of the existing anti-tobacco laws, and an increase in smoking, especially among youth and women.\textsuperscript{106} In the words of Connolly, ‘not only have the TTCs acquired the industry, they have acquired the tools to control consumption, and have effectively blocked public health attempts to curb smoking [...]’\textsuperscript{107}  

2.2.4 Smoking in Poland

Poland experienced the steepest growth in cigarette sales under communism of all the CEE countries, from 21.8 billion in 1949 to 100.8 billion in 1987.\textsuperscript{108} In 1987, 6.9 million men and 3.2 million women were daily smokers, making Poland the country with one of the highest smoking rates in the world (Figure 6).\textsuperscript{109} Tobacco control laws were largely non-existent, and smoking in public places, offices, educational institutions and hospitals was widely accepted. Less than half of all Poles believed that smoking was a serious hazard to the health and life of

\textsuperscript{102} Haglund, “Regional summary for the European Region.” P. 34.
\textsuperscript{104} Szilagyi and Chapman, "Hungry for Hungary: examples of tobacco industry's expansionism."
\textsuperscript{105} Connolly, "Tobacco, Trade and Eastern Europe." P. 52.
\textsuperscript{107} Connolly, "Tobacco, Trade and Eastern Europe." P. 59.
\textsuperscript{109} Ibid. P. 121; Ng et al., "Smoking prevalence and cigarette consumption in 187 countries, 1980-2012."
smokers.\textsuperscript{110} Poland’s premature mortality (death between 20-64 years) reached its highest level in 1991, with a mortality rate of 858/100,000 in males and 304/100,000 in females.\textsuperscript{111}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{smoking-prevalence-1980.png}
\caption{Smoking prevalence for both sexes, 1980}
\end{figure}

With Poland’s position as one of the largest countries of the Eastern bloc, its record smoking rates, and little public understanding of the magnitude of smoking harm, Poland was perceived as the ‘big prize’ for TTCs by commentators.\textsuperscript{112} The TTCs kept cigarette prices at a low level, spent US$100 million annually on nationwide campaigns promoting smoking, and intensely lobbied Polish politicians. In view of its extensive investments in infrastructure, marketing, and into securing political support, the tobacco industry predicted an increase in the sales of cigarettes in Poland by 10% to 20%.\textsuperscript{113} The governmental experts agreed,

\begin{footnotesize}
\textsuperscript{110} Zatoński and Przewoźniak, \textit{Health Consequences of Tobacco Smoking in Poland}

\textsuperscript{111} HEM project team, "HEM - Closing the Gap - Reducing Premature Mortality: Baseline for Monitoring Health Evolution Following Enlargement." P. 164.


\end{footnotesize}
projecting an increase in consumption from 100 billion cigarettes per year in 1994 to 119 billion in 2000.\textsuperscript{114}

And yet, this did not happen. On the contrary, the collapse of communism was followed by a decline in smoking, as cigarette consumption fell between 1985 and 1998 from 60\% to 40\% in men and from 34\% to 20\% in women, with an overall 10\% fall in cigarette consumption between 1990 and 1998. The number of people dying every year due to tobacco-related diseases dropped by almost 10,000 between 1991 and 1998. In the same period the life expectancy of Poles increased by 3 years in males and 2 years in females.\textsuperscript{115} In contrast, Hungary, a country with similar smoking and lung cancer rates as Poland before the collapse of the Eastern bloc, registered soaring rates of tobacco-related diseases by the late 1990s.\textsuperscript{116} Poland was one of the CEE countries which experienced the fastest gains in life expectancy in the years after the collapse of communism in Europe (Figure 7).\textsuperscript{117}

\textsuperscript{115} Ibid. P. 43.
\textsuperscript{116} Haglund, "Regional summary for the European Region." P. 33.
\textsuperscript{117} McKee and Shkolnikov, "Understanding the toll of premature death among men in eastern Europe." P. 1051.
Figure 7. Life expectancy in Poland, 1965-2015

Poland's success has been tied closely to its ability to pass progressive tobacco control laws in the 1990s (see Chapter 10). It was one of the few countries in the region, together with Estonia, Lithuania and Slovenia, which were able to establish such comprehensive legislative frameworks so quickly after the collapse of Communist rule.\textsuperscript{118} The Act for the Protection of the Public from the Effects of Tobacco and Tobacco Products, passed by the Polish Parliament on 9 November 1995, prohibited the sale of cigarettes to those aged under 18, limited the coal tar content of a cigarette to 15 mg and the nicotine content to 1.5 mg. A year later, the compulsory labelling of cigarette packs with health warnings was put into effect. On 15 June 1998 the Polish Parliament decided that the health warnings on cigarette packs must occupy at least 30% of the surface, making them the largest health warnings on cigarette packs in the world at the time. Finally, in 1999 tobacco advertising and promotion were completely prohibited (see Appendix J for full text of the legislation).\textsuperscript{119} The World Health Organisation declared that the Polish Anti-tobacco Law is an “example to the rest of the world”.\textsuperscript{120} The progress in legislation was accompanied by rapidly changing cultural norms. In a survey of 16

\textsuperscript{118} Haglund, “Regional summary for the European Region.”
European countries conducted in the late 1990s Poland was found to have the highest acceptance of anti-smoking laws and a popular belief that the government should take more action against tobacco.\textsuperscript{121}

\textsuperscript{121} K. Fagerström et al., "The anti-smoking climate in EU countries and Poland," \textit{Lung Cancer} 32, no. 1 (2001).
Chapter 3 – Conceptual background

This chapter presents a review of the leading theories that attempt to explain the mechanisms of policy change and the role of different agents and stakeholders in the process. Part 1 summarises the theories of policymaking underpinning this thesis, in the context of both liberal democracies and authoritarian states. Part 2 outlines conceptions of civil society, with a focus on how these were applied in Central and Eastern Europe.
3.1 Theories of policymaking

A wealth of scholarship has been produced in relation to the nature and practice of policymaking. This section identifies several concepts that can be helpful in understanding the developments in tobacco policy in Poland in the communist and post-communist period. These include state-centred explanations such as the rational actor model and the incrementalist model; society-centred explanations such as the advocacy coalition framework, elitist and Marxist approaches, and bounded pluralism; and theories regarding the policymaking process; including Kingdon’s process stream model and Leichter’s accounting scheme.

3.1.1 Role of the state

Political scientists have identified several different actors and groups within a state that can have an impact on policymaking, with their influence varying depending on the political system and context in which they are operating. Two principal approaches have been developed in trying to understand how influence is distributed in state and society: state-centred and society-centred.

Traditional, state-centred accounts of the policymaking process in liberal democracies emphasise the importance of state administrative structures – policymakers, politicians and public administrators. The rational actor model suggests that policymakers make policy on rational grounds. They look at existing problems, consider various policy alternatives and use aids such as cost-benefit analyses and expert advice before deciding which policy to introduce. This model assumes that the state is a neutral intermediary making rational, calculated choices. A limitation of the rational actor model is that it does not account for how policymakers, with their limited resources, are able to evaluate all the policy proposals relevant to the issue on the agenda at any given moment. It also ignores the impact of the values held by policymakers and the constraints they face due to policies already in place.

Simon, in his theory of ‘bounded rationality’, suggested that due to their limited knowledge,
rather than maximising the value of their decision, policymakers have to limit themselves to ‘satisficing’ – taking the best decision permitted by their cognitive limitations.4

Another state-centred approach is the **incrementalist model**. Its starting point is that policymakers do not start the process of policy formation with a blank sheet but need to integrate new policy within the existing framework.5 They therefore take a remedial rather than optimising approach, reviewing the most important potential consequences of the different policy alternatives and choosing the one that is closest to existing policy.6 This corresponds with Lindblom’s suggestion that public administrators are essentially ‘muddling through’ when making policy. As they need to negotiate and bargain with interest groups holding very different values and policy ideas, they are wary of taking drastic policy measures, and prefer to take ‘baby-steps’ instead.7

Under the state-centred approach, political parties play a key role in policy identification, the executive takes the lead in policy formation, and legislature serves as a locus of representation and scrutiny of the executive (or, for instance in authoritarian systems, as a rubber stamp). Meanwhile, the civil service constitutes an independent bureaucracy and source of expertise for the legislature and executive. Importantly for tobacco control policymaking, in most countries the Ministries of Health tend to be notionally responsible for the public health policy. However, in practice they do not always take the lead on actual health policymaking and often need to cooperate closely with other ministries in order to make an impact.8

### 3.1.2 Role of society

State-centred approaches to policymaking have traditionally been dominant in research literature. However, analyses of both democratic and authoritarian regimes, including in Eastern Europe, have demonstrated that interest groups embedded within society can sometimes exert a meaningful influence on policymakers.9 Before trying to explain the impact

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such groups might have had on tobacco policies in Poland, it is useful to look at how the ability of interest groups to influence policy is perceived by different theorists.

Society-centred approaches see policies as the result of lobbying of different interest groups within a state. The decisions made by politicians and public administrators are the outcome of these pressures. Interest groups can be organised around voluntary organisations, but can also include the media, political opposition, trade unions, NGOs, or the business community. These policy actors can seek to position themselves as insider pressure groups, seen as legitimate contributors to the policy debate by the authorities and invited to join government committees, or as outside pressure groups, choosing an anti-establishment stance and direct action.

Advocates of the pluralist approach propose that within the framework of freedom of speech and media, free and fair votes, and free lobbying, all interest groups can have an impact on policymaking, regardless of their resource constraints. In this model, policy is the product of societal consensus that emerges from the competition between these groups, mediated by the government. Multiple non-governmental actors and groups can form policy communities, networks which allow an exchange of information about activities, ideas and expertise. These can be short-lived and focused on a single policy issue or can constitute a broad coalition lasting many years.

One of the most influential ways of conceptualising such policy communities has been the advocacy coalition framework (ACF), developed by Paul Sabatier and Hank Jenkins-Smith. The ACF posits that, at the heart of each so-called advocacy coalition, lies a belief system shared by all its members. Members of the coalition are willing to engage in politics in order to translate these beliefs into action. The coalitions contain ‘people from a variety of positions, elected and agency officials, interest group leaders, researchers [who] show a non-trivial

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amount of co-ordinated activity over time.\textsuperscript{14} Relationships between such diverse groups of people take a long time to develop, and any policy change the coalitions might bring about usually takes at least a full policy cycle of a decade or more.\textsuperscript{15} Such coalitions do not necessarily need to be completely consensual and they can have competing coalitions within them. What their members share is a basic set of perceptions about the nature of the problem and what policies are needed to resolve it.\textsuperscript{16}

The ACF can be particularly suited to explain the CEE policy context and tobacco industry interference. On the first point, the ACF accounts not just for routine, minor policy change, occurring in the conditions of a stable socioeconomic context, but also for non-routine change resulting from external shocks. Such shocks can include environmental or demographic crises, sudden economic recession, or, as in the case of the Soviet bloc in 1989-1991, the sudden collapse of the dominant political structure. Skillful advocacy coalitions can exploit such events by influencing how policymakers interpret and respond to them.\textsuperscript{17} At the same time, on the second point, the ACF acknowledges that powerful dominant policy groups can challenge policy change for years, even if it is based on evidence that ‘seems self-evident to scientists’, as has been in the case of TTCs challenging tobacco control regulation.\textsuperscript{18} Nonetheless, the ACF also proposes that advocacy coalitions can serve an ‘enlightenment function’ through individuals and groups with significant technical knowledge, including scientists and academics. While not having a direct impact on policy, by means of their research findings and social prestige they can help shape how populations think, in the long term, of an issue in a fundamental sense, eventually leading to a cultural shift.\textsuperscript{19} This is, again, pertinent to the developments in tobacco control, including in post-communist CEE.

\textsuperscript{18} P. Cairney, “A ‘Multiple Lenses’ Approach to Policy Change: the Case of Tobacco Policy in the UK,” \textit{British Politics} 2, no. 1 (2007).
The ACF has been praised by public policy scholar Paul Cairney for providing ‘what we might consider to be the closest thing to a general theory of policymaking.’ However, it could be criticised for not adequately taking into consideration the disproportionate influence of certain powerful actors, such as the military, financial, or corporate elites. It is also of limited value in understanding policymaking in authoritarian regimes, as it presupposes the existence of a framework permitting independent pressure groups. Finally, the ACF is based on the notion that actors engage in politics due to their beliefs, rather than for simple material interests.

This notion, along with the pluralist nature of the ACF, has been rejected by theorists taking elitist and Marxist approaches to the study of policymaking. They argue that, rather than a result of struggle between a broad range of groups, policies are largely decided by a narrow network of elites which have the ear of policymakers. Some Marxist scholars have suggested that there is a direct partnership between the elites which control the means of economic activity and between those who control the state. Others concluded that, even if such a direct partnership does not exist, the structure of the state still makes policymakers prone to protecting the capitalist mode of production. In this view the interests of elite groups, large business entities affecting national trade and economic growth, including the tobacco industry, are far better represented in policymaking than those of other interest groups.

The idea of bounded pluralism can serve as a bridge between these disparate approaches. It suggests that issues of ‘high politics’, national self-preservation, decisions on the country’s

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economy or security, for example major reforms of the health sector, are decided within an elitist framework. However, issues of ‘low politics’, not involving the state’s fundamental national interest, such as domestic and routine policies in health, education, transport, or housing, are developed along pluralist lines. Even in state systems with more closed policy environments than liberal democracies, non-elite policy groups, non-governmental organisations, religious groups, and professional groups, can actively influence policymaking under ‘low politics’. Importantly, whether a policy issue is regarded as ‘high’ or ‘low politics’ can change with time, due to exogenous factors or due to actions of interest groups and the media. However, the usefulness of the ‘high/low politics’ dichotomy in analysing health policy has been questioned by some scholarly critics. Most recently, Jeremy Youde argued that there is little empirical evidence for the securitization of health policy, which would be a necessary prerequisite to attribute it ‘high politics’ status. Although Youde’s argument primarily referred to global health and international diplomacy, it is nonetheless important to remember that an issue’s positioning as a matter of ‘high politics’ goes beyond its importance for the economy alone, and must also include a security dimension.

3.1.3 The policymaking process

Bounded pluralism can help understand which actors are able to influence policymaking decisions in tobacco policy, but it does not fully explain why policy issues appear on the agenda at particular moments in time. One of the most popular frameworks that has helped analysts in answering this question is Kingdon’s process stream model. According to Kingdon, the opportunity to introduce new policy ideas occurs when three independent process streams, which are in constant flux, meet and trigger favourable conditions. The problem stream is shaped by how much evidence is available to policymakers that an issue is a problem, by their personal commitment to solving it, and by any potential focusing event that puts the spotlight on it. The policy stream depends on whether the proposed policy is congruent with dominant values, accepted by the powerful groups in society, and perceived

as politically safe and technically feasible. Finally, the *politics stream* is moulded by the strength of insider and outsider pressure groups supporting a particular policy idea. If a policy issue fulfils these conditions and the three streams run together, a ‘window of opportunity’ can open, making it easier to place the issue on the government’s agenda.\(^33\)

Policy ideas can exist for a very long time without getting on the policy agenda. This can happen if the dominant values and existing power relations are hostile towards the proposed policy and if elites lobby policymakers to maintain the status quo.\(^34\) However, in the context of liberal democracies these elites must contend with opposing pressure groups which attempt to shape the process streams by using instruments such as free media and free political association. In the authoritarian communist states of Eastern Europe, the scope for pressure from outside the elite groups was more limited, as only Party officials and state-sponsored mass national movements had the opportunity to impact the *policy streams* using legal channels. Therefore, any interest group had to either seek official support and function within the framework of formal dependence on the authorities, or directly oppose them and risk being dealt with using oppressive methods such as censorship or imprisonment.\(^35\)

The transition from authoritarian communism to liberal democracy can be a stimulus for the convergence of the process streams and the opening up of policy debates, including those regarding tobacco policy. A classification of factors enabling policy change known as Leichter’s *accounting scheme* is useful in trying to explain this opening.\(^36\) First, there are *transient situational factors* such as violent events, wars, coups, and other forms of sudden political change that can impact state activity by expanding, distorting, diverting, or limiting its role. Second are the more permanent *structural factors* in a system, such as type of regime, its economic structure, level of development, and demographics. Third are *cultural factors*, as represented by the value commitments of different groups within the state. Fourth are *external or environmental factors*, encompassing the events and political values


\(^{35}\) Weigle and Butterfield, "Civil Society in Reforming Communist Regimes: The Logic of Emergence."

outside the boundaries of the relevant political system, but influencing decisions within it. This last layer of policymaking is particularly important in a globalising world, in which states are not always sovereign decision makers and need to adapt their policy choice to the position of supranational actors such as multi-national corporations, international institutions, or powerful donors. An example of this can be the effect of transnational corporations on national health policy, international agreements, or international organisations such as the IMF or the EU, which can demand certain reforms from their recipient countries or member-states.

The dynamic of policymaking is highly dependent on the structure of the state and the level of participation it allows to its citizens. While free voting and the activity of pressure groups is often decisive in liberal democratic states, in many authoritarian countries, including the countries of the Soviet bloc, only Party elites and state-sponsored mass national movements could legally impact the policy agenda. A major shift of the political context, such as the transition from an authoritarian to a democratic system, can fundamentally reshape the policy environment and facilitate major policy change.  

This was the case in countries of Eastern Europe where the organisation of the state was radically different before and after the collapse of communism in 1989. These differences in the structure of the political system affected the participation and potential to influence public policy, including tobacco policy, of civil society pressure groups.


3.2 Theories of civil society

The theories and approaches outlined in the previous section together justify testing of the hypothesis that the changing configuration of relations between state and society in Poland after the collapse of communism in 1989 might help explain the major changes in tobacco policy that occurred in Poland in the 1990s. In order to assess the relative roles played by the state and society in these developments, it is important to first understand the range of ways in which civil society was conceptualised by theorists, in particular in relation to the Eastern European context.

3.2.1 Conceptions of civil society

Alongside actors embedded within the state apparatus and those from outside the state, such as international organisations and corporations, voluntary organisations have also been studied as important agents of policymaking. These can play a variety of roles, from providing a conduit linking different social groups to representing narrow sectional interests. Voluntary organisations can be categorised according to their motivation – economic (e.g. business organisations), professional (e.g. trade unions), or public interest (e.g. human rights, environmental, or health advocacy groups).

This diverse cluster of policy actors, ranging from NGOs, through charities, the media, trade unions, to religious organisations and health advocacy movements, has often been referred to using the umbrella term ‘civil society’. This breadth of organisations meant that civil society has been conceptualised and operationalised in very different ways depending on the historical and political context. Ernest Gellner defined civil society as ‘that set of diverse non-governmental institutions which is strong enough to counterbalance the state and, while not preventing the state from fulfilling its role of keeper of the peace and arbitrator between major interests, can nevertheless prevent it from dominating and atomizing the rest of society’. Gellner wrote those words just a couple of years after the collapse of the Soviet Union and in the context of a resurgence of independent social movements in post-

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40 Chari, Hogan, and Murphy, Regulating Lobbying: A Global Comparison . P. 3.
Communist Eastern Europe. Historically the use of the term ‘civil society’ has been very broad and has evolved with time.⁴³

Hegel defined civil society (bürgerliche Gesellschaft) as the realm occupying the space between the family and the state, in which free and unrelated individuals pursue their own interests and satisfaction by simultaneously satisfying the welfare of others.⁴⁴ Marx took a more confrontational view of social relations. For him civil society represented primarily the dominant class and perpetuated unjust capitalist relations.⁴⁵ Gramsci expanded the notion of società civile, from one intrinsically linked to the economy, to a broad idea of free associational activity encompassing such diverse institutions as family, media, trade unions, cultural institutions etc, although he agreed with Marx that it ultimately reproduced bourgeois hegemony and mobilised social consent for the ruling classes.⁴⁶

Other thinkers took a more positive view of civil society organisations. In the first half of the 19th century De Tocqueville saw voluntary associations as a crucial element of a democratic society, forging bonds of solidarity, preventing communities from atomising, and uniting weak individuals into powerful groups.⁴⁷ Some contemporary political scientists continue to write about civil society in similar terms, as a means of empowering individuals by amplifying their voice, as well as building greater social capital, trust and solidarity.⁴⁸ In democratic societies, civil society groups have been viewed as crucial to good civic governance and institutional performance, providing inputs to the government and challenging existing policies.⁴⁹ Within the context of liberal democracies, many experiencing decreasing popular political involvement and declining party and union membership, civil society organisations such as NGOs, charities and voluntary organisations, including anti-smoking advocacy groups,

⁴³ Hall and Trentmann, Civil Society: A reader in history, theory and global politics
have been seen as the new principal loci of grassroots activism, expertise, popular expression, and holding governments to account for their policy decisions.50

3.2.2 Conceptualising civil society in Central and Eastern Europe

The independence of civil society organisations from the administrative structures of the state has been at the heart of many definitions of civil society.51 Liberal thinkers in particular saw the associative freedom offered by a strong civil society as a replacement for state intervention and overgrown bureaucracy.52 The dominance of this conceptual approach is a challenge for researchers attempting to operationalise the concept of civil society for the purposes of research on the CEE region, where under Communist authorities almost all associational activity, with rare exemptions such as the Catholic Church in Poland, had to be state-affiliated to operate within the legal sphere.

When the concept of civil society re-emerged in the region in the 1970s, it was largely used to refer to dissidents and anti-establishment groups formed on the wave of growing dissent against authoritarian communism. This framing excluded state-sanctioned civic associations involved in a broad spectrum of activities, ranging from trade unionism, through arts and sports, professional activity, to the promotion of healthy behaviours.53 Scholars and thinkers in the Communist countries of the Soviet bloc attempted to conceptualise civil society in an authoritarian context. Vaclav Havel argued that people can build an independent social sphere by ‘living in the truth’ - refusing to participate in the ideological rituals of the state and openly demanding that laws and civil rights be upheld.54 György Konrád took this notion further in his concept of ‘antipolitics’, arguing that civil society can be resurrected through a determined rejection of any form of political involvement until unlimited self-determination.

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unlimited democracy, and unlimited freedom of speech are granted to the nations of CEE.\textsuperscript{55} However, these conceptually attractive theories were in practice often reaching only a narrow sliver of urban intellectuals, remaining unheard by the masses living and working in the industrial centres and countryside. Even the much-lauded Charter 77, criticising the Czech Communist authorities for failing to respect human rights provisions, was signed by less than 2,000 people in the decade after its appearance.\textsuperscript{56}

The Polish theorists developed a more pro-active doctrine, that of New Evolutionism, which argued for the importance of workers’ mobilisation and the formation of independent trade unions to obtain gradual democratic concessions from the state.\textsuperscript{57} While the regime tightly controlled dissemination of contestatory materials in other CEE countries and self-censorship was needed to reach broader audiences, Polish intellectuals were able to make use of the semi-autonomous institutions and publications of the Catholic Church.\textsuperscript{58} After the mass strikes of June 1976 the first major anti-communist civic group was formed in Poland, bridging the gap between disgruntled workers, disillusioned Marxists, and Catholic intellectuals – the Workers’ Defence Committee (KOR).\textsuperscript{59} The main mission of KOR was to give legal aid to political prisoners and their families. In December 1979 KOR issued a ‘Charter of Workers’ Rights’ demanding the right to autonomous unions and the right to strike.\textsuperscript{60} The ideas of New Evolutionism and of KOR were to become the intellectual underpinnings of Solidarity in the 1980s.

In the early 1980s both KOR and Solidarity very explicitly positioned themselves as ‘antipolitical’ civil society movements.\textsuperscript{61} As the Solidarity strikers in Gdańsk announced to the negotiating committee formed by the government in August 1980, ‘we don’t want to engage in politics. We’ll have nothing to do with politics. Politics is your business, not ours.’\textsuperscript{62} Their intention in the early 1980s was not to challenge PZPR’s control of the state apparatus – this could prove very costly, as seen in the events in Hungary in 1956 and Czechoslovakia in 1968 – but rather to embark on what Neal Ascherson has described a ‘self-limiting revolution’.\textsuperscript{63}

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\begin{itemize}
\item \textsuperscript{55} G. Konrad, Antipolitics: an essay (San Diego; London: Harcourt Brace Jovanovich, 1984).
\item \textsuperscript{57} Michnik, Letters from Prison and Other Essays
\item \textsuperscript{58} Eberts, “The Roman Catholic Church and Democracy in Poland.”
\item \textsuperscript{59} Gowan, “Poland’s Transition from State Socialism to Capitalism.” P. 74.
\item \textsuperscript{60} Judt, Postwar: A History of Europe since 1945 . P. 569.
\item \textsuperscript{62} Ost, Solidarity and the politics of anti-politics: opposition and reform in Poland since 1968 . P. 1.
\item \textsuperscript{63} Ascherson, The Polish August: the self-limiting revolution
\end{itemize}
This entailed the creation of a free space for civic self-expression, a public sphere in which the citizens could be empowered.\textsuperscript{64}

What the Czech, Hungarian and Polish theoretical approaches to civil society shared was that all of them positioned the oppressive state as the enemy of civil society. The state had to be protested against (Havel), escaped (Konrad), or actively fought (Michnik). This attitude strongly influenced the understanding of the role of civil society in CEE also after the collapse of communism in 1989.\textsuperscript{65} According to Bhikhu Parekh from then on ‘civil society became a central category of political discourse, especially among creative writers, trade unionists and political activists, who had suffered the most from its absence’.\textsuperscript{66} The rapid development of independent civil society in CEE was seen as a priority, and both local scholars and foreign advisors saw it as crucial to counterbalance the power of government in the new political reality.\textsuperscript{67} Civil society movements were to play a key role in ensuring a successful transition to democracy through scrutinising the state, encouraging local populations to participate in public affairs, and helping build a new political culture of moderation, compromise and respect in societies with little or no experience in democratic governance.\textsuperscript{68}

In the words of the social anthropologist Chris Hann, civil society in CEE ‘signified utopian conditions of democratic participation and tolerance, the antithesis of ‘totalitarianism’, but more precise definitions were seldom forthcoming’.\textsuperscript{69} Other theorists have criticised the lack of consistency with which the concept of civil society has been utilised at different periods in CEE.\textsuperscript{70} Civic associations excluded from the definition of civil society pre-1989 due to their affiliation with the authoritarian regime, including health advocacy groups, after the collapse of communism began to be regarded as civil society organisations by scholarly literature.\textsuperscript{71}

\textsuperscript{65} Celichowski, "Civil society in Eastern Europe: growth without engagement." P. 72.
\textsuperscript{66} B. Parekh, "Putting civil society in its place," ibid. P. 20.
\textsuperscript{67} Gellner, Conditions of liberty: civil society and its rivals ; Celichowski, "Civil society in Eastern Europe: growth without engagement." P. 74.
\textsuperscript{69} Hann, "In the church of civil society." P. 45.
\textsuperscript{71} Elliott, "Civil society and democracy: A comparative review essay.”; Ekiert and Foa, "The Weakness of Post-Communist Civil Society Reassessed.”; Killingsworth, Civil Society in Communist Eastern Europe: Opposition and Dissent in Totalitarian Regimes
Taking a broad definition of civil society does carry conceptual risks. Nonetheless, it seems to be a better alternative than using narrow and static interpretations that render the concept useless in accounting for the development of pressure groups within Poland in the period spanning the rupture in the nature of the Polish state that took place in 1989.\textsuperscript{72} While civic associations in communist Poland were often closely controlled by the regime and had limited freedom to engage in public policy debates, they provided a semi-independent platform for internal debate for their members, were able to protect their specific traditions, and in some cases continued their activity after the collapse of the Communist regime.\textsuperscript{73}

While not ignoring the different structural limitations that civic associations faced under authoritarian communism and liberal democracy, this research adopted a wide analytical definition of civil society as a set of social groups composed of individuals who join voluntarily and whose members deliberate or act collectively to accomplish common goals.\textsuperscript{74} This definition, applied to both the periods before and after the collapse of communism, allows inclusion of a range of organisations in the analysis; movements formed in direct opposition to the Communist authorities such as Solidarity, institutions operating with their reluctant permission such as the Catholic Church, associations of health professionals and health advocates which were formally tied to the state until 1989, and western-style NGOs formed in the 1990s with strong links to the international advocacy community.

\textsuperscript{72} B. J. Falk, "Review," \textit{Slavic Review} 72, no. 3 (2013).
\textsuperscript{74} Kubik, "Between the State and Networks of 'Cousins': The Role of Society and Noncivil Associations in the Democratization of Poland."
Chapter 4 – Literature review

This thesis draws upon, and hopes to contribute to, scholarship falling into several different areas. These can be broadly categorised as: a) the historiography of anti-tobacco advocacy, b) the existing literature on tobacco control in Central and Eastern Europe, c) the political science and public health literature on the role of civil society and the effects of privatisation and market liberalisation after the collapse of the Iron Curtain. This chapter offers a brief overview of the relevant literature and identifies the gaps and debates which this thesis intends to address.
4.1 History of anti-tobacco advocacy

There is a wealth of English-language literature on the history of the anti-tobacco movement in the democratic states of Western Europe, North America, and Australia. Less research exists on anti-smoking groups in other regions, although there is some more recent scholarship on Latin America, South-East Asia, and sub-Saharan Africa, as well as on authoritarian countries such as Nazi Germany or communist Bulgaria and Soviet Union. This section briefly reviews the historiography of anti-tobacco advocacy which deals with issues germane to the Polish case: the political lobbying of health advocates, the involvement of religious groups and of the medical community, and the importance of the voluntary sector in tobacco control more broadly.

Historically, the first tobacco control advocacy groups in Western Europe often collaborated closely with religious organisations. One of the first modern anti-smoking organisations, the Anti-Tobacco Society, formed in 1853 in London, had leading churchmen among its founding members. Initially, tobacco control arguments were framed primarily in the context of the perceived moral and social destructiveness of the ‘vice’ of smoking, rather than its physiological effects. While this moralistic strand of anti-tobacco advocacy continues today in some places, with time it has been replaced by health-focused argumentation. The medical profession was involved with the anti-tobacco movement from its early days, although initially there was no medical consensus on the harmfulness of smoking and many doctors involved in advocacy were dismissed as ‘tobaccophobes’. This began to change in Western Europe in the 1860s, when respected medical authorities, such as Sir Benjamin Brodie, foundation chairman of the General Medical Council, and Sir Charles Hastings, founder of the British Medical Association, began to voice similar concerns about regular smoking.

77 Ibid. P. 393.
of the French Medical Academy.\textsuperscript{78} However, the ‘medico-public health coalition’ really gained steam by the middle of the 20\textsuperscript{th} century, when epidemiological research conclusively confirmed the connection between cigarettes and lung cancer. The involvement of healthcare professionals in the movement continued to grow as associations between a host of other diseases and smoking were revealed in the following decades.\textsuperscript{79}

Preventing smoking among children has historically been one of the most popular and uncontroversial causes of anti-tobacco activists. The International Anti-Cigarette League, founded in London in 1901 with the purpose of achieving this goal, numbered Winston Churchill and Baden-Powell among its supporters.\textsuperscript{80} Amongst the most divisive approaches, meanwhile, was that of harm reduction, arguing that helping cigarette smokers shift to less injurious tobacco products can be a good alternative if quitting altogether proves too difficult. Harm reduction became mainstream in Western Europe in the early 1960s, when the British Royal College of Physicians argued that smokers should be encouraged to shift to safer forms of tobacco such as pipes and cigars.\textsuperscript{81} Anti-smoking advocates who subscribed to this philosophy were less loath to collaborate with the tobacco industry in order to develop safer tobacco products. Some harm reductionists even opposed measures such as the tobacco advertising ban, arguing that the information contained in the advertisements is necessary for smokers to be able to switch to ‘safer’ cigarettes.\textsuperscript{82} On the other side of the spectrum stood groups such as the English Action on Smoking and Health (ASH), founded in 1971.\textsuperscript{83} These organisations, characterised by a higher degree of media-savviness and the use of professional advertising agencies, marked the ‘prohibitionist’ turn in tobacco control. ASH pointed out that harm reduction approaches have limited value, and raised issues that they failed to address, such as passive smoking.\textsuperscript{84}

While the discovery of the link between smoking and lung cancer has boosted the anti-tobacco movement, in certain countries it has been also used to avoid scrutiny of other policy areas. Virginia Berridge has shown that, in Britain, it became an opportune excuse for the

\textsuperscript{80} Walker, "Medical aspects of tobacco smoking and the anti-tobacco movement in Britain in the nineteenth century." P. 401.
\textsuperscript{83} "Passive smoking and its pre-history in Britain: policy speaks to science?." P. 1186.
\textsuperscript{84} "Histories of harm reduction: illicit drugs, tobacco, and nicotine." P. 41.
government to steer interest away from the issue of air pollution, which the authorities saw as carrying greater potential for political embarrassment.85 Research on social movements in the Soviet bloc countries confirms this, as anti-communist dissidents identified the link between environmental pollution and lung cancer as a powerful rallying slogan against the Soviet bloc authorities and their focus on rapid industrialisation. Smoking harm, seen as the result of each citizen’s individual decisions and not the responsibility of the state, provided a less effective political weapon for dissidents.86

From its early days, the anti-smoking movement engaged in political lobbying. In 1858 the Anti-Tobacco Society in England for the first time petitioned the British Parliament to ban juvenile smoking in the streets. Advocates had to wait for 50 years for the 1908 Children Act to introduce the restriction.87 Anti-smoking groups have predominantly sought to influence ‘upstream’ influences on health rather than focus on individual smokers. Their goals included legislation that would limit the advertising, promotion, and availability of tobacco, fiscal measures restricting its affordability, effective public information campaigns reducing the desirability of smoking, and cessation support offered to as broad a group of smokers as possible.88 The measures proposed by tobacco control advocates in recent decades that met most opposition from the tobacco lobby included tobacco advertising and sponsorship bans, the introduction of large health warning labels on tobacco packaging, and restrictions on smoking in public places. While advocates in certain countries, notably Australia, Canada, and Scandinavia, had already managed to push many of these regulations forward in the 1970s and 1980s, in other countries these took longer to implement, or are still not in place.89 The anti-tobacco movement began to internationalise in the 1950s, as the first informal contacts between cancer researchers were made, and the process sped up with the advent of initiatives such as the World Conferences on Tobacco or Health (from 1967), and culminated in the WHO Framework Convention on Tobacco Control in 2003.90

One of the recurring themes in the history of the anti-tobacco advocacy movement is its struggle against the tobacco industry and its political lobbyists in affecting tobacco control

85 “Passive smoking and its pre-history in Britain: policy speaks to science?.” P. 1185.
87 Walker, “Medical aspects of tobacco smoking and the anti-tobacco movement in Britain in the nineteenth century.” P. 400.
regulation.\textsuperscript{91} The limited historical research on anti-smoking groups in the CEE, mainly conducted in the Russian, Bulgarian, and Hungarian contexts, suggests this was also the case in the region, in particular after the collapse of the Communist system and the privatisation of tobacco industry.\textsuperscript{92}


\textsuperscript{92} T. Szilágyi, “Studying the Hungarian anti-smoking movement,” \textit{Tobacco Control} 11 (2002); Romaniello and Starks, \textit{Tobacco in Russian history and culture: from the seventeenth century to the present / edited by Matthew P. Romaniello and Tricia Starks}; Neuburger, \textit{Balkan smoke: tobacco and the making of modern Bulgaria}
4.2 Tobacco control in Central and Eastern Europe

The countries of the Soviet bloc have some important similarities in terms of the make-up of their political and economic systems, as well as public health developments, extending over forty years. Most of them experienced rapidly increasing life expectancy between WWII and the 1970s, driven by expansion and modernisation of health services, and successful campaigns against infectious diseases, but followed by stagnating health life expectancy, driven by rising chronic diseases in the subsequent decades. Finally, with a handful of exceptions, the region has experienced an almost simultaneous revolution in the structure of state and financial institutions in the late 1980s and early 1990s.

However, any comparative description of tobacco control developments in the CEE must come with several qualifications. While all the countries of the Soviet bloc could be described as single-party socialist republics with command economies, this broad characterisation conceals some significant differences between them. Poland was a highly centralised state, largely monoethnic, with a relatively conservative approach to state control over the economy (with the exception of the large private agricultural sector), but quite liberal in tolerating dissenting voices within society, and of individuals and institutions establishing professional connections across the Iron Curtain. It shared the Soviet bloc with countries which were federations (e.g. Soviet Union), multi-ethnic (Bulgaria), predominantly urbanised (East Germany), had liberal economic policies (Hungary since the 1960s), were oppressively intolerant of any sign of political dissent (Romania), and effectively cut off its inhabitants from any meaningful contacts with the West (e.g. Czechoslovakia after 1968). To this must be added very different paths taken after the collapse of communism – the democratisation and westward drift of the central European states, development of crony capitalism in Russia and Ukraine, or the instalment of personalised dictatorships in Belarus and several central Asian republics.

In each country these differences added up to yield diverse policymaking environments for public health: from practicalities of the legislative process (e.g. role of the legislature versus the executive in policymaking), to the space and freedom given to third sector pressure groups, or to cultural differences, such as the involvement of religious groups in the formulation of legislation. In addition, a meaningful comparison is rendered even more difficult by the scarcity of English-language literature on the history of tobacco control in the region.
This thesis provides the first in-depth look into the Polish case, taking a historical approach and exploring a broad range of factors affecting tobacco control in Poland throughout the second half of the 20th century. One of the scholarly attractions of the story of tobacco control in Poland is its purported exceptionality. In literature on health policy Poland is presented as one of the few former Soviet bloc countries to be able to introduce strong anti-tobacco legislation in the 1990s and to experience a significant decline in smoking prevalence. Before turning to Poland, however, this section will review the existing literature on other countries of the region. Appendix M summarises the key data on tobacco control developments in several other CEE countries on which some literature exists.

USSR/Russia is included as the largest economy of the region and the country covered most robustly by literature, Czechoslovakia/Czech Republic and Hungary as the Central European countries with most structural similarities with Poland, and Bulgaria as an outlier.

4.2.1 USSR/Russia

The Soviet Union and its successor state, Russia, is the country of the CEE region about which most tobacco control scholarship exists to date. It can therefore provide a sort of blueprint of smoking history for CEE, especially when it comes to the communist period, before the smoking patterns in countries of the former Soviet bloc diverged in the 1990s.

Existing literature suggests that the attitude of the Soviet authorities to the problem of smoking was characterised by a tension between the stated ideological commitment of the Communist Party to the health of the new Soviet citizen, and the economic importance of the booming tobacco crop and cigarette market. As a result, ongoing anti-smoking campaigns, and occasional legislative restrictions on smoking, were never accompanied by consistent efforts at enforcement, or at evaluating their effectiveness. Interestingly, more evidence exists for the state actively promoting tobacco products from state factories, through the use of advertising or attractive packaging design, than in other countries of the Soviet bloc, but not unlike in the People’s Republic of China. As Romaniello and Starks put it, ‘Soviet health

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Historians linked the drive to modernise the tobacco industry in the USSR, and the beginning of limited collaboration of state industry with transnational companies, to the attempts of the USSR authorities to refocus economic development on fostering consumption in the 1970s. The stagnation of cigarette consumption only occurred in the 1980s, and was not due to tobacco control efforts, but to a scarcity of the product due to economic difficulties. Knowledge of the health harm of smoking was existent in scientific circles, but it was not widely made available through public media – as a result Soviet society remained poorly informed about the magnitude of tobacco harm.\footnote{K.F.A. Fox, ‘’Tobacco is Poison!’ Soviet-Era Anti-Smoking Posters,” ibid. Pp. 198-199; Elizaveta Gorchakova, “The Iava Tobacco Factory from the 1960s to the early 1990s: An Interview with the Former Director, Leonid Iakovlevich Sinel’nikov,” in Tobacco in Russian History and Culture: From the Seventeenth Century to the Present, ed. M. P. Romaniello and T. Starks(New York: Routledge, 2009). P. 205.}

The Soviet Union was a net tobacco importer, but it also had a significant tobacco growing economy. The economic breakdown of the country in the 1990s meant that there was not enough money to import the tobacco crop, or to replace the ageing machinery in cigarette plants. Russia could no longer count on the imports of cheap tobacco from former satellite states such as Bulgaria. In addition, much of the industrial distribution network in the country fell apart. The antiquated domestic tobacco industry could not keep up with the demand for cigarettes. In consequence, the tobacco economy in 1990s Russia collapsed. Cigarettes for a short period became deficit goods. Their shortages in Moscow in 1990 even threatened to escalate into riots. A rationing system in which set amounts of cigarettes were given to both smokers and non-smokers was introduced.\footnote{”The Iava Tobacco Factory from the 1960s to the early 1990s: An Interview with the Former Director, Leonid Iakovlevich Sinel’nikov.” P. 220-221.}

Unlike Poland, whose economic development was stabilised by the promise of European Union accession, economists such as Stiglitz observed that the 1990s in Russia were a period of constant economic turmoil and rapidly increasing levels of poverty.\footnote{J. Stiglitz, Globalization and its Discontents (London Allen Lane: Penguin Press, 2002); Stiglitz, Making Globalization Work.} Tobacco control legislation was low on the list of immediate priorities, with politicians more concerned with basic state building and economic reform. Restricting access to cheap cigarettes could be a
further destabilising factor in an already tense political situation. The least burdensome way to solve the popular dissatisfaction fuelled by cigarette shortages was to allow the private sector to take over. The TTCs willingly stepped into the void, taking the problem of the collapsing tobacco industry off the shoulders of the Russian authorities, allowing them to focus on the plethora of other issues faced in the new geopolitical reality. The sale of the state tobacco monopoly became a significant short-term source of revenue for the state coffers. Research into tobacco industry documents showed that controversy surrounded the decision to privatise the tobacco industry. There was no opposition from the local tobacco growing community. The collectivisation of tobacco farming under communism meant that there were fewer small farmers for the TTCs to win over.

Public health experts in the 1990s pointed out that efforts to restrain the marketing and commercial activity of TTCs were half-hearted. Despite a law prohibiting cigarette advertising passed by the Duma in 1993, big cities were flooded with tobacco marketing. The ministries, concerned about the economic consequences of regulation, failed to support and enforce the legislation. Tobacco advertising proliferated on prime-time TV and on the radio, and half of all billboards in Moscow carried cigarette publicity. Cigarette advertising in Russia, as in all of the former Soviet bloc countries, tried to associate smoking with western lifestyles that Eastern Europeans wanted to emulate, and often explicitly targeted children. Tobacco control advocates did not put up an effective opposition in the form of anti-tobacco advertising. TTC marketing was so successful that it led the tobacco industry to quip in a report that Russians began to ‘see smoking as the distinction between human beings and animals.’

The TTCs were heavily invested in Russia from the earliest days of transition, and their interest in the country never waned. This was not just due to the early privatisation of its tobacco industry, but also because Russia was the third largest cigarette market in the world.

103 M. McKee et al., “Patterns of smoking in Russia,” Tobacco Control 7, no. 1 (1998).
and a centrepiece of the tobacco industry’s eastward expansion. When cigarette production plummeted in 1990, RJR, PMI, and BAT made ‘emergency’ shipments of tens of billions of cigarettes to Russia. In the first half of the 1990s western tobacco industry investment in Russia was at least $310 million – the largest western investment in any sector in Russia.

Civil society health advocacy groups failed to make themselves heard amidst the political and economic tumult and could not act as an effective buffer against the onslaught of TTCs. They failed to develop a campaign that would capture the imagination of the public and help precipitate a cultural shift towards healthy lifestyles. An industry journal in 1998 elatedly concluded that ‘anti-tobacco activists are almost unknown in Russia so the Russian people and government have not been bombarded with anti-tobacco propaganda.’ In addition, Russian tobacco control advocates did not enjoy strong links with their Western counterparts (more research is necessary to understand why Russia did receive significant support from the global tobacco control community in this period). On the contrary, rather than promoting tobacco control, the international community pressured the Russian state to privatise its tobacco industry as quickly as possible. In result, the consumption of cigarettes in Russia increased rapidly in the 1990s, with American cigarette imports increasing 72-fold in the first half of 1991 alone.

4.2.2 Hungary

Far less English-language scholarship exists on tobacco control in Hungary. The existing research concerns the post-communist period, and the majority of it is the product of one researcher – Tibor Szilagyi. This is particularly unfortunate since Hungary could constitute a very useful comparative case. It was the country whose cigarette market shared most significant similarities with Poland before 1989 – very similar smoking rates, a small, but influential tobacco growers’ lobby, and an economy increasingly geared to Western-style consumerism starting in the 1970s – but which nonetheless diverged from Poland after 1989, with a poor tobacco control record throughout the 1990s.

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107 Ibid.
108 Hurt, “Smoking in Russia: what do Stalin and Western tobacco companies have in common?.”
109 McKee et al., “Patterns of smoking in Russia.”
111 Gilmore, "Tobacco and Transition: The Advent of the Transnational Tobacco Companies." P. 244.
112 McKee et al., "Patterns of smoking in Russia."
Szilagyi’s work shows that the entrance of TTCs onto the Hungarian market was characterised by massive investment in marketing and attempts at developing close ties with policymakers. In theory, Hungary had some legislative tobacco control provisions, including an advertising ban. However, these were not only widely flouted, but in fact the ban was reversed in 1997 after a coordinated campaign of the TTCs to ‘amend obsolete tobacco advertising legislation which restricts communication with consumers.’\textsuperscript{113} In Hungary the opposition to authoritarianism pre-1989 was strongly tied to the question of economic freedom – thus the attempt of the Communist authorities to placate society by the halfway house of ‘goulash socialism’. The legacy of this approach was the strong opposition to the regulation of tobacco in the 1990s. The English health advocate Nigel Smith foreshadowed this in 1990 by observing that the concepts of ‘liberalisation’ and ‘freedom’ in the Hungarian regulatory discourse began to be ‘used in a very extreme sense, as a sort of reaction against forty years of totalitarianism. As a result, if you want to try to control any activity, then people will cry “freedom” or “liberalisation” against whatever you want to do.’\textsuperscript{114} Political culture emerges from this picture as the key variable explaining the limited appeal of tobacco control in 1990s Hungary.

The TTCs thrived in this cultural context and considered Hungary a model of a rapidly liberalising post-communist state offering them an attractive investment climate. In fact, they planned to use Hungary as a hub from which they could export cigarettes to neighbouring states. There was little opposition from the local tobacco growers, who saw in the TTCs a promising client for local tobacco. Hungary’s four state-owned tobacco manufacturing plants were among the first properties to be taken over by foreign investors in the 1990s.\textsuperscript{115}

Szilagyi’s work shows that TTCs quickly decided to commit fully to the Hungarian market. They established direct links with the Hungarian authorities, in particular with the Ministry of Agriculture. The Ministry openly sought the views of industry on tobacco control, and these consultations became the basis of its active opposition to tobacco control provisions, including what it called ‘premature’ decreases in nicotine and tar in cigarettes, as well as increasing the size of health warning labels on cigarette packets.\textsuperscript{116} A PR firm hired by the tobacco industry noted the ’lack of an effective political and state administrative support’ for anti-smoking campaigns, explaining it by the fact that ‘some of the most popular politicians

\textsuperscript{113} Szilagyi and Chapman, ”Hungry for Hungary: examples of tobacco industry's expansionism.” P. 15.
\textsuperscript{114} N. Smith, ”Identifying Obstacles to Action” (paper presented at the Conference on ‘A Tobacco Free New Europe’ Kazimierz, Poland, 1990). P. 68.
\textsuperscript{115} Szilagyi and Chapman, ”Hungry for Hungary: examples of tobacco industry's expansionism.” P. 10.
\textsuperscript{116} Ibid. P. 13.
and cabinet ministers including the Prime Minister are active smokers [...] and partly to the large tax revenue the State budget receives from the sales of tobacco products. In effect the 1990s became a period of deregulation of tobacco and of rapidly rising smoking prevalence among women and youth.

There was little backlash against the open involvement of the Hungarian authorities with the tobacco industry. The TTCs closely monitored the activities of the country’s nascent anti-tobacco groups to ensure that this lack of public or media scrutiny remained the norm. This was made easier by the lack of a professionalised anti-tobacco movement in the early 1990s with good ties with the scientific community, the policymakers, and international tobacco control groups. Contemporary western tobacco control advocates complained about the ‘lunatic fringe’ anti-smoking groups in the country, and that due to their aggressive stance towards policymakers the Hungarian ‘anti-smoking movement can be put back quite a long way by an attitude of that sort’. Szilagyi suggested that only with the scrapping of the advertising ban in 1997 ‘the Hungarian tobacco control community woke up’ and launched advocacy efforts to overturn the decision, which began to bear fruit in the 2000s.

4.2.3 Czechoslovakia/Czech Republic

The English-language literature on tobacco control developments in Czechoslovakia/the Czech Republic in the second half of the 20th century is limited to one article focusing on the TTCs’ efforts to interfere with advertising and excise tax policies in the Czech Republic, and occasional mentions in overview articles of industry privatisation in the region. Czechoslovakia never experienced smoking rates of the magnitude observed in Poland or Hungary. Traditionally the wealthiest and most urbanised country in the region, Czechoslovakia was in fact unique in the Soviet bloc for hosting a mass anti-smoking campaign in the 1980s, which was accompanied by a slight decrease in smoking rates.
The limited existing literature shows that in the 1990s Czechoslovakia (and from 1993 the Czech Republic) followed a path closer to Hungary than that of Poland and experienced a rapid privatisation of its five state-owned tobacco manufacturing plants. What was peculiar about the Czech case is that the entire state tobacco monopoly, owning all domestically produced brands, was taken over almost entirely by a single TTC – Philip Morris International. This meant that unlike in the other countries in Central Europe, where a fierce marketing and lobbying competition took place between the tobacco companies, in the Czech Republic PMI comfortably held 80% of the cigarette market until the year 2000. PMI took a targeted approach to lobbying, focusing on politicians who held key veto power in the Czech administration. Press reports suggested that Philip Morris invited Czech Parliament deputies on free trips to Switzerland ahead of crucial votes on tobacco advertising.

Nonetheless, by the mid-1990s the Czech politicians, spurred by the data indicating that almost 20% of the country’s deaths were attributable to smoking-related illnesses, began to develop anti-tobacco legislation proposals. In May 1995 the Czech Parliament voted in favour of a bill banning advertisement of tobacco products on TV and radio, limiting smoking in public places, and increasing the legal age of purchase of cigarettes to 18. Following what R.J. Reynold’s CEO referred to as ‘several weeks of intensive lobbying by the industry’, the Czech President Vaclav Havel vetoed the law. Havel’s presidency continued for eight more years and his veto remained in place.

Havel’s veto, and Czech politicians’ reticence to engage with tobacco control legislation more broadly, left the country with one of the weakest tobacco control records in the European Union. Similarly to Hungary, no strong anti-tobacco advocacy groups developed in the 1990s. In fact, tobacco industry consultants expressed surprise that the communist-era anti-smoking efforts ‘somehow vanished after 1989’ and that the country has no ‘official’ anti-smoking campaigns. This was partly due to the cuts to government funding to the Czech Republic’s anti-smoking program in December 1995. The Czech Health Minister, Jan Strasky,
in justifying the cuts, stated that ‘if cancer rather than the lack of finance were the health sector’s biggest problem, [I] wouldn’t have taken the job.’\textsuperscript{131} The country’s smoking rates stagnated in the 1990s, and at twenty billion cigarettes per year cigarette sales today are at the same level they were in the 1980s.\textsuperscript{132}

4.2.4 Bulgaria and other CEE countries

The other former communist countries, and the Balkans in particular, have received even less scholarly attention. This is regrettable, since the contrasting developments in the recent years – from regulatory progress in Romania to the persistently high smoking rates in the western Balkans – might yield interesting insights into tobacco control in the post-communist space.\textsuperscript{133} One exception is Bulgaria, which has been the focus of one of the most comprehensive monographs on the history of tobacco in the region until the collapse of communism – \textit{Balkan Smoke} by Mary Neuburger.\textsuperscript{134} However, little has been written on Bulgaria post-1989, apart from Neuburger’s tangential mention of this period, and an article by Skafida et al, 2014, which is based on limited documentary and interview data and almost entirely preoccupied with the question of tobacco excise policy.\textsuperscript{135}

Bulgaria under Communist rule, and for a long time before the communists came to power, has been the CEE country where tobacco farming has constituted the most important part of the economy, and which as a result had a very powerful and politically connected state-owned tobacco industry.\textsuperscript{136} By the second half of the 20\textsuperscript{th} century Bulgaria was the biggest producer of cigarettes in the Soviet bloc.\textsuperscript{137} In fact, between 1966 and 1988 Bulgaria was contending for the title of the biggest exporters of cigarettes in the world, competing only with the USA.\textsuperscript{138} With so many Bulgarians involved in the tobacco economy, the state-
sponsored anti-smoking efforts were superficial, primarily focused on the production of abstinence publications, and not backed by any attempts at restricting the availability of cigarettes or smoking in public places. The awareness of smoking harm was very poor, and until the mid-1970s tobacco industry literature even claimed that whereas western tobacco could indeed cause cancer, Bulgarian tobacco actually contained ‘anti-carcinogens’, which ‘countered the carcinogens in tobacco as well as those present in air-pollution’. Tobacco attained a particularly strong cultural meaning in the country – the crop was referred to commonly as ‘Bulgarian Gold’ – making it an even more sensitive issue than in the other countries of the region.

Bulgaria also went through a tumultuous economic period in the 1990s, with rising unemployment and inflation, and falling productivity and GDP – however, unlike in the case of Russia, this did not lead the government to go the way of rapid privatisation. Tobacco control research showed that in fact, the 1990s saw three failed privatisation attempts, and by the early 2000s Bulgartabac still had an over 90% share of the cigarette sales in the country. Privatisation, which only took place in 2011, was opposed out of concern that it would destroy jobs for tobacco farmers – tobacco farming and export were a central part of the country’s economy. This made it harder for TTCs to secure influence, even though there was WTO and EU pressure on Bulgaria to liberalise its tobacco market. Nonetheless, this did not help bring about stronger tobacco control legislation, and in the 1990s smoking prevalence in the country actually increased to over 35%. In 2002 the Bulgarian Ministry of Health declared that the previous attempts at regulating tobacco, as well as anti-smoking campaigns, had been a failure and that new policies are needed.

140 “Smokes for Big Brother: Bulgaria, the USSR, and the Politics of Tobacco in the Cold War.” P. 233.
141 Ibid. P. 228.
143 Ibid. P. 13.
144 Ibid. P. 2.
145 Ibid.
4.3 Market liberalisation and civil society strength in Central and Eastern Europe

The existing scholarly literature tends to be critical of the developments that characterised both public health and civil society in CEE during the political and economic transition away from communism in the 1990s. Public health researchers have emphasised the negative effects that market liberalisation and privatisation of previously state-owned enterprises had on the health of CEE populations. Political scientists have pointed to the weakness of civil society in CEE after the collapse of the Iron Curtain. This thesis focuses on the health advocacy movement, still under-investigated by scholars of civil society in the CEE, and its strength in Poland, a country whose public health outcomes have vastly improved in the 1990s, in contrast to many other states in the region. It can therefore offer a new perspective to these ongoing debates.

4.3.1 Market liberalisation and health

The literature on the public health effects of the post-communist transition has predominantly pointed to the detrimental impact they had on the CEE countries in its early years. Stuckler et al. argued that the mass privatisation that accompanied the economic shock therapy, and which was followed by an increase of male unemployment rates, was associated with a substantial increase in short-term adult male mortality in CEE countries.\textsuperscript{147} Other analyses have confirmed the detrimental impact of rapid privatisation on working-age male mortality in Russia, and on the odds of dying of women in Hungary.\textsuperscript{148} Research on commercial determinants of health has demonstrated that the opening up the region to powerful transnational companies, and in particular the transnational tobacco companies which privatised the local state tobacco monopolies, has weakened the public health legislation in those countries. Work by Anna Gilmore, Martin McKee, and others has documented how the rapid transition to market economy, which was not accompanied by the development of strong regulatory structures and mechanisms of control (e.g. via taxation), has allowed the TTCs to penetrate CEE markets, quickly privatise state tobacco

monopolies, and engage unhindered in subversive business practices.\textsuperscript{149} Whether the result was the domination over the tobacco market in a given country by a single TTC (cases of BAT in Uzbekistan and PMI in the Czech Republic), or intense competition between them (as in the case of Russia or Ukraine), the outcomes for public health were similar – a huge investment in the modernisation of cigarette production and marketing, competitive pricing of cigarettes, weaker tobacco control measures, an increased availability of tobacco, and growing or stagnating smoking rates.\textsuperscript{150}

The research on the effects of post-communist transition on health in Poland tends to present the country as an exception in the CEE region. Poland actually recorded significant improvements in life expectancy in the early 1990s,\textsuperscript{151} despite engaging with what some contemporary scholars called ‘the most radical liberalization program in the region’. More recently, economists and sociologists have questioned this view, and suggested that Poland’s managed transition away from communism might have been so successful precisely because the country did not embrace liberalisation, and especially privatisation, as unconditionally as other countries of the region.\textsuperscript{153} Regardless, apart from a report on the tobacco industry influence over tax policy by Clifford et al., little research has been conducted this far on the

\textsuperscript{149} Gilmore and McKee, “Moving East: how the transnational tobacco industry gained entry to the emerging markets of the former Soviet Union—part I: establishing cigarette imports.”; “Moving East: how the transnational tobacco industry gained entry to the emerging markets of the former Soviet Union— part II: an overview of priorities and tactics used to establish a manufacturing presence.”; Gilmore, Fooks, and McKee, “A review of the impacts of tobacco industry privatisation: Implications for policy.”


\textsuperscript{151} Stuckler, King, and McKee, “Mass privatisation and the post-communist mortality crisis: a cross-national analysis.”

\textsuperscript{152} M.S. Fish, “Postcommunist Subversion: Social Science and Democratization in East Europe and Eurasia,” Slavic Review 58, no. 4 (1999).

impact of the entry of TTCs on the Polish market on tobacco control policy and the related public health outcomes. This thesis will contribute to addressing this gap in literature.

4.3.2 Strength of civil society

In the years immediately following the collapse of the Iron Curtain both CEE theorists and foreign advisors saw civil society movements as crucial to setting the limits of power of a potentially overbearing government, scrutinising the state and encouraging local populations to participate in public affairs. This view was closely aligned with a strand of scholarship on CEE known as ‘transitology’. Transitology, which was developed by scholars trying to understand the democratisation of regimes in Southern Europe and Latin America, has become a leading theoretical paradigm in researching post-communist Europe. Transitologists saw the promotion of civil rights as the principal driver of transition from authoritarianism to liberal democracy and free market capitalism. They argued that the determining factor in guiding these developments, which they saw as desirable, was the presence of strong, independent, civil society actors. With these conditions in place, according to transitologists, the post-communist countries would follow a path of inevitable convergence with Western countries in every field, from politics and economics, to public health.

In time, scholars researching the former Soviet Union, faced with the failure of Western-style liberal democracy in the region and the inability of an independent third sector to take root, started to move away from a transitologist reading of the post-Soviet space, including, in

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158 S.F. Cohen, "Russian Studies Without Russia," *Post-Soviet Affairs* 15, no. 1 (1999); Fish, "Postcommunist Subversion: Social Science and Democratization in East Europe and Eurasia."
some cases, the CEE countries. Negative evaluations of the impact of the transition on civil society began to dominate. Scholars pointed to low levels of social trust and community engagement in the CEE. The average number of organisational memberships in post-communist states in 1995-1997 was 0.91 per person, lower than in established democracies (2.39), but also than in other post-authoritarian countries (1.82). Sociologists, such as Bill Lomax, criticised the CEE for their apparent inability to strengthen civic initiatives and the participation of citizens in governance. Many political scientists began to refer to CEE countries as ‘democracies without citizens’ – characterised by the protection of civic rights, rule of law, and multiparty competition, but with very weak grassroots voluntary activity. As a result, the early 1990s have been viewed by many academics as a period of crisis for civil society practice and thinking in CEE. Some scholars suggested that a ‘civic demobilisation’ took place in the region – the anti-state sentiments that fuelled dissident movements under communism, combined with the ruthless onset of capitalism in the early 1990s, and the migration of former civic leaders to new state bureaucracies, were breeding cynicism and discouraging people from civic engagement in the first years of parliamentary democracy.

However, this negative portrayal of civil society in 1990s CEE countries has been increasingly criticised in the recent years. The criticism was partly based on the methodology used, which emphasises formal membership in organisations such as trade unions, while understating voluntary activity such as in professional groups, clubs, advocacy movements, or

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159 Saxonberg and Linde, "Beyond the Transitology - Area Studies Debate."; King, "Post-Postcommunism: Transition, Comparison, and the End of “Eastern Europe”.


161 Howard, The Weakness of Civil Society in Post-Communist Europe


163 Gowan, "Poland’s Transition from State Socialism to Capitalism." P. 94; Kopecky and Mudde, Uncivil Society: Contentious Politics in Post-Communist Eastern Europe; Lester, Encyclopaedia of Violence, Peace and Conflict Pp. 269-278; Raabe, "Transformacja i społeczeństwo obywatelskie w Polsce [Transformation and civil society in Poland]."; Adam, Social Costs of Transformation to a Market Economy in Post-Soviet Countries. The Cases of Poland, the Czech Republic and Hungary; Elliott, "Civil society and democracy: A comparative review essay."

participation in protest activity. Ekiert and Foa pointed out that civic associations from the communist era (e.g. professional associations) often survived the democratic transition and adapted to the new socio-political environment, forming the backbone of a post-communist civil society also including NGOs, charities, and foundations. Public health advocacy groups are among those organisations that have attracted least attention in research on civil society engagement in the CEE region (one exception is a short Open Society Institute report on the role of civil society in tobacco control in Kazakhstan, Moldova, Romania, and Ukraine). This thesis hopes to contribute to this ongoing scholarly debate on the strength of post-communist civil society by focusing one of such groups, the tobacco control movement, and its impact on Poland’s tobacco control developments in the 1990s. This way, it can help obtain a fuller picture of the strength of civil society in Poland after the collapse of the Communist regime.

166 Bernhard and Karakoc, "Civil Society and Legacies of Dictatorship."; Ekiert and Foa, "The Weakness of Post-Communist Civil Society Reassessed."
167 "Civil Society Weakness in Post-Communist Europe: A Preliminary Assessment."
168 Open Society Institute, "Taking on Goliath: Civil Society’s Leadership Role in Tobacco Control."
A multi-methods approach was employed in conducting the research for this thesis. This combined epidemiological evidence on smoking and tobacco-related diseases with several qualitative methods of data collection – documentary research in governmental, media, and industry archives, and collecting oral accounts. A research diary was kept throughout data collection and analysis, in which reflections on the challenges and opportunities encountered during this process were recorded. These were supplemented by regular consultations with mixed-methods researchers in my advisory and supervisory boards.
5.1 Scoping research

During the first year of research a review of theoretical and historical literature was carried out (see Chapters 2, 3, and 4). This was followed, after obtaining ethics approval, by five scoping interviews carried out with a range of stakeholders between December 2014 and June 2015 (see Appendix A for interview schedule and Appendix B for list of interviewees). Scoping research was also conducted in the online archives of the Polish Parliamentary Archives and the Legacy Tobacco Documents Library, maintained by the University of California at San Francisco, following the release of large quantities of internal industry documents as a result of a legal settlement in the USA. This scoping research served to inform the interview schedule, initiate respondent-driven sampling, and create a preliminary timeline of tobacco control in Poland (see Appendix F for timelines). It also helped refine the research hypothesis, conceptual framework, and research objectives of the project (Figure 8).
Figure 8. Flowchart of scoping research and conceptual work

- Formulated research questions
- Formulated research aims
- Created preliminary conceptual frame
- Wrote introduction
- Carried out scoping archival research
- Commenced literature review
- Carried out five scoping interviews
- Obtained preliminary results
- Refined conceptual frame
- Developed research objectives
- Developed research methods
- Prepared conceptual framework
5.2 Conceptual framework and research hypothesis

The research underpinning this thesis took an inductive approach, using data collected during scoping research to derive the first structure of analysis. The analytical framework was then updated as further evidence was collected. Existing theories were not used to determine the analysis, but rather as heuristics helpful in thinking conceptually about the collected data. This data-driven method was also preferable because little previous research has been conducted on the history of health advocacy in the context of communism and post-communism, and pertinent, context-sensitive analytical frameworks were not available. This turned out to be a productive approach, as it allowed for some unexpected findings to emerge during data collection, and in the final outcome led to a partial restructuring of the analytical frame (for both versions of the conceptual framework see Appendices K and L).

A preliminary hypothesis and conceptual framework were formulated after the completion of the literature review and scoping research. The conceptual framework integrated elements of various models identified in the literature as most applicable to the Polish case – Hall’s notion of bounded pluralism, Kingdon’s process streams model, and Leichter’s accounting scheme. As new evidence emerged during the main round of data collection on the importance of long-term coalition building, both on the side of the anti-tobacco and pro-tobacco lobby, the conceptual framework was updated with Sabatier’s Advocacy Coalition Framework (these theories are outlined in Chapter 3).

The collapse of the authoritarian one-party state in 1989 was identified as an event affecting all the factors facilitating policy change detailed in Leichter’s accounting scheme. The hypothesis being tested posits that civil society engagement (and the lack thereof) can help explain both Poland’s failure to implement laws limiting tobacco harm before 1989, and its success in doing so after the collapse of the Communist regime.

According to the research hypothesis, before 1989:

- the Communist authorities, the monopolist in the tobacco market, considered the sale of cigarettes as one of the key measures to encourage consumerism and revive the stagnant economy. Policies on tobacco control were considered a matter of ‘high politics’, potentially disruptive to the state’s strategic priorities, and were decided within the framework of the Party elite, not involving civil society actors. Hall’s bounded pluralism served to identify the ‘high politics’ status of tobacco policy.
- Kingdon’s process streams model was used to understand why favourable conditions for stronger tobacco control policy were not triggered before 1989. The problem
stream seemed conducive to stronger public health measures, as evidence of high smoking prevalence and smoking harm was available in Poland. However, there was little political will to tackle smoking using legislative means – the policy streams and politics streams precluded change. Authorities were unwilling to implement laws that could decrease cigarette revenue and limit access to a cheap and popular consumer good. Token anti-tobacco advocacy groups, closely controlled by the authorities, were confined to educational efforts, and had little access to mass media and negligible impact on policy and public attitudes.

According to the research hypothesis, after 1989:

- with the privatisation of tobacco industry there was less political concern about the profits of the tobacco industry, relegating smoking to an issue of ‘low politics’ (Hall’s bounded pluralism).
- Kingdon’s three process streams aligned, opening a ‘window of opportunity’ for tobacco control policy change. The presence of a large group of physicians in the first democratically elected Parliament, combined with the decision of international anti-tobacco advocates to organise a large conference in Poland on the future of tobacco control in the CEE just after the collapse of communism, put evidence of tobacco harm in Poland on the radar of policymakers and the public. An alliance of medical and scientific societies with the powerful Catholic Church was formed and maintained close relations with pre-1989 dissidents who achieved significant political influence in the newly democratic legislature. This alliance was crucial in countering the lobbying efforts of the TTCs, changing the public perception of smoking, and achieving the passage of comprehensive tobacco control legislation.

The hypothesis outlined above and visualised in the conceptual framework (Figure 9) has helped to frame the research objectives and questions. It was interrogated as data were collected and analysed to explore the relative importance and interaction of civil society actors, institutional forces (agenda-setters within the state), as well as the cultural and generational change in attitudes towards smoking in the Polish society.

The extent to which this hypothesis was found to be correct, and the validity of the conceptual framework from which it stems, are discussed in the concluding chapter in the light of the new findings and insights that emerged from the data (see Chapter 11). In particular, a decision was made to include Sabatier’s Advocacy Coalition Framework as a helpful supporting analytical tool which highlighted the much greater degree of continuity
across the 1989 divide, especially in the expansion of the anti-tobacco movement, than was assumed in the initial hypothesis.
Tobacco policy a matter of high politics – an economic priority of the state. Only economic and political elites have a say in its formulation (Hall et al. 1975).

Event that affects all elements in Leichter’s (1979) classification of factors facilitating policy change – situational (violent transition occurs), structural (change of regime type and organisation), cultural (nature of participation), environmental (opening to international pressure).

Tobacco policy as low politics – tobacco as one of many industries to privatise – field opens up for participation and civil society influence (Hall et al. 1975).

**Problem Stream**
- Evidence of problem
- Focusing events
- Personal experience

**Policy Stream**
- Acceptability
- Congruence with existing values
- Feasibility

**Politics Stream**
- Organized interests
- Media involvement

1989

**Before 1989**

- Anti-smoking groups controlled by authorities, limited to fringe activity and prevented from initiating public debates on tobacco policy.
- Evidence of high prevalence of smoking, but growing level of lung diseases blamed mainly on environmental pollution. Scale of tobacco-related diseases kept a secret by the authorities.
- Ban on smoking in hospitals of 1974 as potential focusing event for further legislation – but legislation weak and unenforced.
- Some personal involvement of leading politicians.

**After 1989**

- Anti-smoking groups become independent of state, free to launch mass media campaigns, and initiate public debates on tobacco policy.
- Evidence of high prevalence of smoking and growing level of smoking-related diseases recognized by policymakers.
- Kazimierz Declaration of 1989 as focusing event for further legislation – recommendations heeded by authorities.
- Personal involvement of leading politicians (especially role of numerous physicians in Polish parliament).

**Inside interest groups:**
- State tobacco monopoly keeps health off agenda.
- Communist Party and government elites.
- Economic elite reliant on tobacco income.
- Health Ministry (weak?).

**Outside interest groups:**
- State-controlled anti-tobacco association (weak?).
- Church and Solidarity (uninterested in tobacco).

Weak media controlled by regime.

**High acceptability** – willingness to follow example of West. By mid-1990s v. high anti-smoking climate (Fagerstrom 2001).
- Overhaul of policy agenda, health seen as important value in brief period of post-communist idealism in parliament.
- Overhaul of legislative system and EU requirements means completely new tobacco law feasible.

**Inside interest groups:**
- Declining state tobacco losing insider status.
- Powerful Finance Ministry in charge of privatisation.
- Health Ministry (weak?).

**Outside interest groups**
- Multiple TTCs (powerful but Poland not main focus).
- Growing number of independent NGOs.
- International health community and EU pressure.
- Physicians one of few surviving elite groups.

Free media with strong commitment on reporting health stories.
5.3 Archival research

Several archives were accessed during the main round of data collection in Poland between September 2015 and June 2016. Research in each of the archives carried with it a specific set of opportunities, challenges, and limitations.

**Library of the Polish Parliament** (Biblioteka Sejmowa)

The libraries and archives of the post-1989 lower and upper chambers of the Polish Parliament, the Sejm and Senate, contain parliamentary proceedings, expert reports, copies of legislative documents and bills discussed, as well as the justification behind them. The materials pertaining to tobacco legislation, including anti-smoking laws and legislation regarding the privatisation of the tobacco industry, were identified in the collection and accessed for this research. The full transcriptions of all parliamentary sittings in which interpellations, resolutions, appeals, amendments, or projects of legislation related to tobacco policy were discussed (including debates referring to tobacco control, tobacco-related disease prevalence and treatment, the functioning of tobacco enterprises, the demonopolisation of the tobacco industry, tobacco taxation) were reviewed and relevant sections were analysed in detail. This included the sittings of the 10th term Sejm (1989-1991 – two interpellations, two parliamentary legislative proposals, one governmental legislative proposal), the 1st term Senate (1989-1991 – three resolutions, one parliamentary legislative proposal), the 1st term Sejm (1991-1993 – three interpellations, two parliamentary legislative proposals, one governmental legislative proposal, one parliamentary expert report), the 2nd term Senate (1991-1993 – one parliamentary legislative proposal, one governmental legislative proposal), the 2nd term Sejm (1993-1997 – three parliamentary legislative proposals, one parliamentary legislative amendment proposal, one committee legislative amendment proposal, one parliamentary appeal), the 3rd term Senate (1993-1997 – one parliamentary legislative proposal), the 3rd term Sejm (1997-2001 – one parliamentary legislative proposal, two parliamentary legislative amendment proposals).

The parliamentary archives are largely digitised and easy to use, although several key proceedings and legislative documents dating to the early 1990s had to be accessed in the physical archive. These archives offered a glimpse into the political discussions surrounding tobacco control legislation, the positions of different parties and politicians and the major divisive questions. They also provided information at which point of the legislative journey the laws were blocked, stalled, or challenged, and the reasoning behind those decisions. The archive partly helped explain which lobbying groups had the best access to Polish politicians, since
organisations providing them with data were often named in parliamentary speeches and expert reports. More information on this would be available in the minutes of the parliamentary committees, but unfortunately, during the course of data collection in this archive, the documents of the parliamentary committees were not available.

**Institute of National Remembrance (Instytut Pamięci Narodowej)**

The Institute of National Remembrance (IPN), an organisation set up with the aim of prosecuting crimes against the Polish nation, manages an archive containing a wealth of documents from the period of Communist rule. It includes archives of several communist-era ministries, and documents collected by the security apparatus of the state. The archive allowed access to drafts of tobacco-related bills and legislative initiatives from the period, as well as the comments on them from various ministries. It also contains the organisational and financial documentation of civil society groups and trade associations functioning pre-1989 (e.g. Social Committee for Limiting Smoking, Polish Anti-tobacco Society, other health advocacy groups, Solidarity trade union, farmers’ associations), which they were required to submit to the Ministry of the Interior. Twenty-one collections of documents were reviewed, dating from 1962 to 1988. Eight of them contained general information on smoking regulation in the communist period, six (most extensive by volume) were in-depth reports and investigations into the functioning of civic groups involved in some form of tobacco policy lobbying (including Solidarity), four were collections of legislative proposals of the Ministry of Health as well as the comments of other ministries on them, two referred to local and national tobacco-growing activities and the cigarette manufacturing industry, and two pertained to other tobacco-related topics.

The IPN archives provided insights into the budget, structure, and activity of civil society tobacco control groups, as well as tobacco industry actors, in the communist period, as well as how they were perceived and evaluated by the government. It must be acknowledged, however, that a significant proportion of the materials in the IPN archives are made up of complaints and denunciations submitted to the state security apparatus. This meant that the data might tend to paint a more negative picture of the organisations it refers to, as well as focus on conflicts between individuals rather than tackling structural factors. The archive also aided understanding of the political debates and attitudes towards tobacco control legislation in this period, as well as the challenges to the enforcement of regulation. However, it presented them from the point of view of the Ministry of the Interior, which rarely saw them as a priority and tended to be critical
of Ministry of Health attempts at pushing for legislative solutions, perhaps painting a skewed picture of the opposition they faced from the authorities in general.

**National Library of Poland (Biblioteka Narodowa)**

The National Library (BN) was one of the key data collection venues for this research. It hosts a comprehensive archive of the Polish media, which was used to access the pertinent newspapers of the communist and post-communist period (e.g. Słowo Ludu, Życie Gospodarcze, Życie Warszawy, Gazeta Wyborcza, Rzeczpospolita), archives of the Polish Radio, archives of religious journals and publishing houses (e.g. Znaki Czasu, Tygodnik Powszechny), but also science, medical, and public health journals, which were searched for articles pertaining to smoking (e.g. Nauka [Science], Przegląd Przeciwytytoniowy [Anti-tobacco Review]), as were medical brochures and pamphlets (e.g. produced by Ministry of Health, Chief Sanitary Inspectorate, health advocacy groups, medical associations). Finally, the library also contains the publications of trade associations, several of which were reviewed for useful data (e.g. Związek Plantatorów Tytoniowych [Union of Tobacco Farmers], Centralny Związek Kółek Rolniczych [Central Union of Farming Associations], Wiadomości Tytoniowe [Tobacco News]). In total, data were extracted from 307 daily newspaper articles from 1960 to 2001, 32 medical and public health monographs from 1960 to 1989, archives of six academic journals from 1960 to 2000 (two tobacco control, one alcohol control, two tobacco industry, one published by Seventh Day Adventists).

There were several limitations to working with the BN archives. Many of the sources were not digitised (especially for the communist period), and often individual articles are not catalogued, so a targeted search strategy had to be employed. All issues of newspapers, magazines and journals that were published a month before and a month after the dates of key legislative decisions or other tobacco-related events were reviewed, as well as articles by journalists who were identified as regularly writing on the issues of tobacco control or the tobacco economics. For the sources which were digitised, keyword searches were run, including the Polish terms for ‘cigarettes’, ‘tobacco’, titles of tobacco control laws, relevant organisations and individuals. Despite this, it is possible that further manual trawling through the media archives would yield more relevant data.

**Poster Museum at Wilanów (Muzeum Plakatu w Wilanowie)**

The Poster Museum contains a large collection of Polish poster art from the 20th century, including public health images. Specialised curators at the museum were consulted to identify pertinent anti-tobacco posters by various artists. The decision to include posters as a source of
data was made during the course of research, as the importance for the cultural shift in attitudes towards smoking was becoming increasingly apparent. Posters were chosen as a good exemplar of the preventive communication strategies chosen by the Polish authorities and health advocates to promote the tobacco control message across the second half of the twentieth century. In the analysis of visual sources an attempt was made to look beneath the ‘surface’ message and take under account the different meanings and ways of understanding of the images that the viewers might bring in different periods. Nonetheless, the visual sources were meant only to supplement written documents and interviews, and a thorough decoding of each of the images was not undertaken. In addition, the posters analysed in this research constitute only a sample of anti-tobacco imaging produced in the period investigated, rather than an exhaustive collection.

**Health Promotion Foundation (Fundacja „Promocja Zdrowia”)**

The archives of the Health Promotion Foundation (HPF), the most prominent anti-tobacco advocacy organisation in Poland after 1989, were searched for documents pertaining to the establishment of the foundation in 1991, and its activity in the subsequent decade. Publications from this period were reviewed, along with correspondence, expert reports prepared for politicians, reports from conferences, as well as documents referring to the organisation of mass health promotion campaigns, including the Great Polish Smokeout, and the educational materials prepared by HPF in this period.

The principal practical challenge in using the HPF archives was that the records and documents are not catalogued nor systematically organised and had to be browsed manually in their entirety. This meant that the process was extremely labour intense. It is also possible that since these are internal archives of an organisation, sources highlighting its successes might be better represented in its collection, making it especially important to triangulate them using other data. It is important to note, however, that these archives were never previously used for the purpose of historical research, and thus allowed an unprecedented glimpse into the functioning of an influential health advocacy organisation in the post-communist period.

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Warsaw Cancer Centre (Centrum Onkologii – Instytut im. Marii Skłodowskiej-Curie) and Central Statistical Office (Główny Urząd Statystyczny)

These two institutions maintain epidemiological data repositories, as well as archives of Polish epidemiological journals. These were useful in gaining an understanding of the epidemiological and demographic context and evidence of health impacts of tobacco use in Poland in the 20th century.

Truth Tobacco Industry Documents repository (accessed predominantly between December 2016 – February 2017)

The Truth Tobacco Industry Documents repository was used to understand the motivations and account for the actions of the TTCs, containing internal records of the leading tobacco companies made available as a result of settlement agreements and civil society efforts (https://www.industrydocumentslibrary.ucsf.edu/tobacco/). The documents have been widely used in research on tobacco industry tactics in the past, although only several papers thus far have used them to shed light on the CEE region.2

Boolean logic was applied to locate relevant sources for further examination. The archive was searched systematically, using search terms such as ‘Poland’, ‘Polish’, names of relevant institutions and organisations (e.g. ministries, advocacy groups, manufacturers’ associations, consumers’ associations), political parties, industry working groups (e.g. Eastern European Working Group), cities (e.g. Warsaw, Kraków, Augustów), newspapers, events (e.g. the Great Polish Smokeout), titles of legislation, and individuals (e.g. representatives of tobacco companies, health advocates, politicians, cultural figures). An iterative approach was taken, and as new data on organisations or individuals were identified, new search terms were formulated. Due to the organisation of the repository, where many documents are stored in groups, records adjacent to particularly relevant documents identified through searches were also studied. A broad date

2 Szilagyi and Chapman, “Hungry for Hungary: examples of tobacco industry’s expansionism.”; Gilmore and McKee, "Moving East: how the transnational tobacco industry gained entry to the emerging markets of the former Soviet Union—part I: establishing cigarette imports.”; "Moving East: how the transnational tobacco industry gained entry to the emerging markets of the former Soviet Union—part II: an overview of priorities and tactics used to establish a manufacturing presence.”; A. Gilmore, "Tobacco and transition-understanding the impact of transition on tobacco use and control in the former Soviet Union" (London School of Hygiene and Tropical Medicine, 2005); "Tobacco and Transition: The Advent of the Transnational Tobacco Companies.”; Cliford et al., "Tobacco industry influence over tobacco tax policy during privatisation and European Union accession in Poland.”; Shirane et al., "Tobacco Industry Manipulation of Tobacco Excise and Tobacco Advertising Policies in the Czech Republic: An Analysis of Tobacco Industry Documents.”; Skafida et al., "Change in tobacco excise policy in Bulgaria: the role of tobacco industry lobbying and smuggling."
range was used, spanning the whole of the 20th century, although nearly all documents found dated to the 1990s, when the TTCs entered the Polish market, with a handful produced between the 1960s and 1980s. Most documents originated from Philip Morris records, with a substantial minority coming from British American Tobacco. In total, almost 400 individual sources were identified spanning the years 1960-2003, as well as one collection of over 50 collated sources from 1966-1981 and 30 newspaper articles from international press from 1980-2000.

The use of the Truth Tobacco Industry Documents had its challenges. Some records referenced earlier documents which could not be located in the repository. Internal codes used in the correspondence were not always clear; although in several instances tobacco control experts on my PhD advisory board helped with their interpretation. Many scans of documents were of poor quality and several were illegible. Polish names were routinely misspelled in the catalogue and Polish characters were used inconsistently; to mitigate this several different ways of spelling certain search terms were used. Frequently it was impossible to tell whether a document pertained to plans and ideas or to implemented decisions; where possible, this was ascertained through triangulation with other sources.

Despite these limitations, as other tobacco documents researchers have pointed out, the documents ‘are authentic in the sense that the persons who wrote them could hardly have imagined that their documents would one day become public.’ They are a unique resource for researchers trying to understand the strategies of the tobacco industry, both in the fields of marketing and political lobbying. Care was taken to interpret each industry document in context of the other sources rather than as a special category of data, and to avoid sensationalising the documents through emphasising their secrecy and the use of dramatic language characteristic to early research using tobacco industry documents.

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5.4 Oral history

Three forms of oral history were used in the data collection process between December 2014 and December 2016: interviews, witness seminars, and a conference whose participants also supplied witness testimonies. All recordings and transcripts of the interviews, seminars, and conference were saved electronically in a password-protected folder at the London School of Hygiene and Tropical Medicine, and were only accessible to the author.

Interviews

The bulk of oral history research conducted during the data collection period came in the form of semi-structured in-depth interviews with key informants. These were conducted by the author in English or in Polish, depending on the first language of the interviewee. The interviews had open-ended questions and were tailored to the individual interviewee (see Appendix A for interview schedule). The interviews took place in the participant’s home or a location that was convenient for them. The need for privacy guided location choice. Interviews were digitally recorded and transcribed verbatim. Interviews lasted between 30 and 120 minutes.

The interviewees were individuals involved in health policymaking, advocacy, or in the tobacco industry between the 1970s and 1990s. This included ministers and parliamentarians, civil servants, anti-tobacco activists (Polish and western), religious leaders, researchers and scientists, and tobacco industry executives. The initial pool of interviewees was identified from secondary literature and the subsequent interviewees by respondent-driven sampling, or by them being identified as key stakeholders in the archival materials. In total, 15 interviews were carried out in Poland, UK, Italy, and the USA between December 2014 and February 2017 (see Appendix B for list of interviewees, excluding interviewees representing the tobacco industry who chose to remain anonymous, Appendix C for participant information sheet, Appendix D for informed consent form, and Appendix E for LSHTM Ethics Approval). In four cases, follow-up interviews were conducted. Five other informants were approached for an interview but declined due to advanced age and health concerns or, in the case of tobacco industry representatives, a lack of interest.

The interviews posed some methodological and practical challenges. While a broad spectrum of key stakeholders was interviewed, yielding a wide range of data about tobacco policy in Poland, it proved difficult to identify interviewees holding critical opinions of the developments in the 1990s. An attempt was made to elicit dissenting views by recruiting persons associated with the
tobacco industry. However, only two individuals agreed to participate, under the condition of remaining anonymous, and both declared that in retrospect they evaluated the anti-tobacco efforts of the post-communist period positively, perhaps indicating a courtesy bias.

Another limitation was that most of the interviewees only began their involvement with health and tobacco policymaking, advocacy, or public health, in the late 1980s. Only a handful could provide data regarding the late 1970s, and none regarding the earlier period. Recruiting individuals who might provide such information was unsuccessful, as they were either unavailable due to poor health or had passed away before the interviews could take place.

**Witness conference and testimonies**

The second oral history data collection method was a fully recorded and transcribed *witness conference* – the Conference on Smoke-free Poland – organised on 18 May 2016. The conference was organised by the Ministry of Health of Poland in collaboration with the Health Promotion Foundation (Image 1). It marked the 20th anniversary of the enactment of the Polish Anti-tobacco Law by the Polish Parliament in May 1996. The conference was attended by over 100 participants representing the health advocacy movement in Poland. The participants originated from a wide variety of backgrounds – physicians, politicians, civil servants, artists, journalists, and many others – in order to reflect the diverse nature of the anti-tobacco movement in Poland. Several of them held senior governmental positions in the present government, including the Minister and Vice-minister of Health. The participants discussed the key developments in tobacco control in Poland in the last 30 years and were asked four broad questions:

- What was your contribution to the anti-tobacco movement and to advocacy in favour of smoke-free lifestyles in Poland?
- How do you explain the success of the health advocacy in Poland in the 1990s?
- How did the Anti-tobacco Law and the decrease in popularity of smoking in Poland impact your personal and professional life?
- Is there any distinctive, personal story connected with your involvement in health advocacy in Poland?

Ten formal presentations addressing these questions were given, and 5 other participants in the conference submitted written witness testimonies (see Appendix B for list of conference participants and contributors of witness testimonies).
The format of a ‘witness conference’ carried with it several challenges as a tool for data collection. Many of these challenges were associated with the fact that, as a substantial organisational undertaking, it had to be organised with the help of a major institutional partner, the Ministry of Health of Poland, which hosted the event. In order to obtain support, the conference theme had to be framed in an attractive way. The tagline of ‘20th anniversary of the introduction of the Polish Anti-tobacco Law’ was used for this purpose. The discussion points of the conference, as well as the list of presenters, had to be agreed with the Ministry. This shifted
the programme from being purely focused on history to being partly devoted to present and future tobacco control policy. Therefore, out of the 150 minutes allocated to presentations, the first 90 minutes were devoted to historical reminiscences, while the last 60 minutes to the current political agenda, in which the Vice-Minister of Health laid out the new government’s plan for tobacco control in the coming years. Finally, the conference invitations and the outline of discussion topics framed the Polish Anti-tobacco Law and its legacy in a very positive way, thus perhaps discouraging potential dissenting voices.

In addition, due to the current political polarisation in Poland, the choice was made not to invite several individuals whose contribution might have been valuable for the purpose of research, but could be unfavourably received by the hosting institution. Several other invitees refused to attend for political reasons. Others still attended, but were not provided with space in the programme to make oral contributions (although in a number of instances they still took the floor impromptu). In particular, key informants with known broadly defined left-wing views, or political affiliations, were underrepresented during the event. This meant that greater effort had to be made to elicit data from these individuals using different methods, including interviews and the witness seminars.

Despite those limitations, the format and prestige of the event provided a unique opportunity to obtain data from several respondents who were not interested, or not promptly available, to take part in individual interviews or in witness seminars. In addition, it enhanced the public engagement and impact dimension of the research. The conference was reported in several media outlets and it was used by the Ministry of Health to announce the government’s new proactive position in regard to implementing European Union Tobacco Products Directive provisions, as well as regulating electronic cigarettes.

Witness seminars

The third oral history data collection method was centred on two fully recorded and transcribed witness seminars. The format of the meetings was modelled on the witness seminar programme organised by the Wellcome Trust Centre for the History of Medicine at University College London and the London School of Hygiene and Tropical Medicine History Centre. It has been

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characterised as ‘a particularly specialised form of oral history, where several people associated with a particular set of circumstances or events are invited to come together to discuss, debate, and agree or disagree about their memories’. While care was taken for the topics discussed at the meetings not to be completely pre-determined, a semi-formal structure was adopted in order to ensure that key points were covered by the participants, while allowing them to use them as a springboard to explore other, related issues. A briefing paper that included short biographies of participants, a brief historical background to the topic discussed, and a set of guiding questions, was prepared ahead of the meeting (see Appendices G and H). These were sent to the participants before the seminar (see Appendix B for list of participants). A suitable moderator was also identified in each case. The moderators were individuals who knew most of the seminar participants through professional connections, who had an understanding of tobacco control and the issues surrounding it, and who were held in high esteem by the other ‘witnesses’, allowing them to act authoritatively and probe them even on more controversial topics. After the seminars, the transcripts were made available to the participants who had the opportunity to edit or redact any statements, which none of them chose to do.

The first seminar was the Witness Seminar on Tobacco Control Policy in Poland, which took place on 31 May 2016 (Image 2). The seminar was organised by the Health Promotion Foundation and hosted by the Polish Chief Sanitary Inspectorate. Nine participants took part – politicians, civil society activists, journalists, and public health specialists – who have been involved historically in Poland’s anti-tobacco advocacy and policymaking. The seminar provided an opportunity for an in-depth, moderated discussion on the past, present, and future of tobacco control in Poland, with a particular focus on the introduction and impact of the Polish Anti-tobacco Law of 1995 and its amendment of 1999. The briefing paper received by the participants ahead of the meeting included a timeline of key milestones in tobacco control in Poland, and a series of guiding questions centred around four key topics. The moderator was encouraged to make sure that at least 40 minutes were devoted to each of the sections.

- This first section focused on the question of why tobacco control policy progress only took place in the 1990s. What were the obstacles such policies faced in the 1980s? How did the political discussion on health change in the 1990s? How did the anti-tobacco movement evolve in this period? Who were the key individuals and institutions? 

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• In the second section the participants reminisced on the parliamentary debate over the Anti-tobacco Law in the Polish Sejm and Senate. What lobbies were involved and in what way? What was the stance of the different parties? What were the key arguments used? What were the key milestones leading to the introduction of the 1995 legislation and the later amendments?

• The third section tackled the implementation and enforcement of the Anti-tobacco Law. How useful was the Law in supporting the activity of the health advocacy movement? What were the roles of different civil society groups in implementing the regulation? How did the legislation impact the life of Poles? How did it affect attitudes towards smoking in the country?

• The final section discussed the present and future of tobacco control in Poland. In many ways the challenges and opportunities associated with this seminar were similar to those of the witness conference. The agenda of the host, the Chief Sanitary Inspectorate, had to be taken into account both in drafting the agenda and in the choice of participants. The entire final section of the discussion was devoted to the present and future of tobacco control in Poland, rather than its history. It was also necessary to emphasise the role of the Chief Sanitary Inspectorate in tobacco control developments. However, in this case the choices of guests faced less political scrutiny, representatives of movements from across the ideological spectrum (including very senior left-wing politicians) were represented, and an attempt was made to encourage them to speak candidly about their views.
A specific challenge arising from the witness seminar format is that some of its participants might try to dominate the discussion, leaving others less time to contribute. This fortunately only happened to a small extent in this case and the moderator made sure everyone got a voice. Another related limitation of this format is that little can be done about participants unwilling to contribute during the seminar, or ‘determined to have their say with little regard to the rest of the meeting’.\footnote{Tansey, "Witnessing the witnesses: potentials and pitfalls of the witness seminar in the history of twentieth-century medicine."} This was fortunately not the case for this research, and all the participants
engaged willingly in the discussion. The participants also came well prepared for the discussion, having received the briefing papers and list of topics in advance. The seminar was organised on 31 May 2016, the World No Tobacco Day, in order to make it an attractive event both for the host institution, and for the participants. As a result, it managed to draw a very high calibre of participants, especially politicians and civil servants, including a former Prime Minister, Ministers and Vice-ministers of Health, and present and former Chief Sanitary Inspectors. Many of these individuals would not be available for individual interviews.

Witness seminars also share the limitations of oral history more broadly – inaccurate recall, the temptation to grandstand, or a tendency to view the past through a ‘golden age’ lens. During the witness seminar and conference, however, the scope for immediate scrutiny by other participants might have prevented some of the speakers from inflating their historical role, as they could have done during the face-to-face interviews. The group setting of the witness seminar provided a window into the shared discourse of its participants. In addition, the participants could prod each other’s memory, allowing for the emergence of data that would otherwise not be accessed through individual interviews.

The second witness seminar took place on 27-28 October 2016 and was hosted by the Harvard University Department of the History of Science in Cambridge, Massachusetts. This seminar had a more international outlook than the first one and had the broad remit to tackle the ‘past, present, and future of tobacco control’, but nonetheless the history of tobacco policy in Poland featured prominently as one of the key case studies discussed, and was set in the context of tobacco control in other regions. In total 14 participants were involved, ranging from health scientists, economists, and health historians who have conducted research on Poland in the past, through American health advocates who were involved in supporting Polish anti-tobacco efforts in the 1990s, to a senior US politician who in the past have also provided health policy advice to the CEE region. The key topics discussed were harm reduction approaches to tobacco control, the use of litigation and lawsuits, targeted promotion of tobacco products, the impact of tobacco taxation, the role of social, religious, and business lobbying groups, as well as the importance of addiction treatment.

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In the entire data collection process, this was the event in which the history of tobacco control in Poland was treated most tangentially. The principal interest of most participants lay in tobacco control in the international and American context. The seminar also came in the wake of rising interest in electronic cigarettes and next generation tobacco and nicotine products – this meant that it naturally veered towards those contemporary topics. Nonetheless, the moderator of the meeting did his best to ensure the case of Poland was kept prominent throughout the discussion. The conversation about modern products was couched in the context of more general and timeless tobacco control debates, such as the tension between harm reduction approaches and the precautionary principle, or the challenges posed by disruptive innovation to anti-tobacco advocacy efforts.
5.5 Data synthesis

The data collection and analysis involved an iterative process. The documentary sources and transcripts of audio-taped interviews were coded using thematic analysis to identify emergent themes. Rather than setting out with a preliminary list of coding themes, initial themes were derived from the data to avoid constricting research findings. Throughout the data collection, the author reflected on the documentary sources, audio files, transcripts and, and the interview technique, revising the interview schedule and list of themes as appropriate. These notes served to provide a context for the analysis.

The NVivo qualitative analysis software was used to manage the transcribed material and the coding process. The validity of the analysis was maximised by identifying negative cases, ensuring that the interpretations of the data were sufficiently contextualised, and by triangulating findings across the source base. Care was taken to apply a reflexive approach and reflect on the role of the researcher throughout the data collection, as well as during the coding and analysis (see Chapter 5.6). This was especially important as both the author and his relatives and colleagues have been and continue to be involved in anti-tobacco advocacy in Poland.

A detailed empirical analysis of the collected sources was conducted to identify the key actors, organisations, and networks, both within Poland and internationally, and assess their impact on tobacco control policy developments over time. A close reading of the archival sources was carried out, as well as triangulation with data obtained via oral interviews and seminars. The focus was on the content of the sources, but both their situational and institutional contexts were taken into account, including the authorship of the source, its function, and the political context in which they were created. The use of multiple sources of information enabled a richer analysis of the issue than the sole use of documentary evidence or interviews would. It allowed for greater triangulation, and mitigation of the potential individual biases of both the documentary evidence and oral history sources. The interviews helped uncover less tangible findings not immediately apparent from documents, especially related to cultural factors.

However, there were also drawbacks to the multi-methods approach taken. While triangulation has proven useful when multiple sources agreed on a historical narrative, it was problematic when a conflict between information obtained from archival source and that received from interviewees arose. This was for instance the case with tobacco industry privatisation, which the interviewees remembered as happening in the years immediately following the collapse of the Communist regime, while the archival evidence suggested it was a much more drawn out
process. In addition, while care was taken to triangulate evidence, this was not always possible. This especially applied to the earlier decades investigated by the research, the 1960s and 1970s. Less archival evidence was available for this period, and few of the interviewees were involved in tobacco control in this period. This meant that some pieces of archival data could not be verified against another source. Perhaps accessing additional archives, such as the Central Archive of Modern Records (Archiwum Akt Nowych) in Warsaw, which contains further repositories of ministerial documents from the communist period, would help mitigate this data scarcity, but could not be undertaken due to time constraints and extended closure during the data collection period.

Finally, support of outside institutions had to be sought in organising the witness seminars and conference, and their agenda had to be incorporated in the discussion, even if its relevance to the research question was only tangential. Certain participants might have not been willing to speak their minds openly due to the political context of the event, and social hierarchies from the outside world might have been replicated. On certain topics of discussion, it proved impossible to identify negative cases and elicit dissenting opinion. It remains uncertain whether this was a result of a consensus on these questions, or of the context in which data was collected, as well as the position of the interviewer as a public health advocate.
5.6 Reflexivity

In embarking on a doctoral project investigating the history of tobacco control in Poland, from the outset I was aware that the issue of researcher positionality would be of considerable importance. Tobacco control has been a field I have been involved in for several years, and to which I have strong professional and personal links. My views on issues surrounding tobacco control are neither objective nor detached, nor could they ever become that. My work and family background, and my studies in the field of public health, have taught me to think of unrestrained access to good health as one of the virtues of a well-functioning society, and weak regulation of tobacco as a major inhibiting factor for achieving this positive outcome.

From 2008 I have volunteered my time in anti-tobacco advocacy, and from 2012 I have worked as a researcher and analyst in a health advocacy organisation, the Health Promotion Foundation (HPF). The HPF was one of the key institutional actors involved in tobacco control efforts in the 1990s. From its establishment in 1991 it has conducted some of the country’s largest mass health education campaigns, including the Great Polish Smokeout, and was heavily involved in lobbying in favour of the Anti-tobacco Law. Inevitably, a significant portion of my research on the post-1989 period was therefore devoted to investigating an organisation with which I have been, and continue to be, professionally involved.

However, my connection with tobacco control has been much more intimate than just spending a few years working for a public health NGO. My father, Witold Zatoński, has been closely involved with tobacco control since the 1980s. In 1982 he became the General Secretary of the Polish Anti-tobacco society, and in 1991 he founded the Health Promotion Foundation. For decades he was the head of Cancer Control and Epidemiology at the Warsaw Cancer Centre. He was the first and most important person to shape my views about the importance of civil society involvement in public health, and about cigarettes being something far more sinister than just another consumer good. Using the distinction described by Evered and Louis in 1981, my research was closer to ‘inquiry from the inside’, rather than from the ‘outside’. This background meant that I had to pay special attention to positionality and reflexivity at every step of this project, from the design, through data collection, to data analysis and reporting.

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My positionality as a public health advocate brought with it some benefits. As Ilja Maso points
out, a researchers’ passions and prejudices can also fuel their willingness to pursue the ‘truth’,
and indeed, my practice in tobacco control advocacy in Poland has driven me towards embarking
on a PhD investigating its history.\textsuperscript{12} Thanks to my insider status, I had a deep prior understanding
of the community from which many of my interviewees hailed, and shared an experience base
with many of them.\textsuperscript{13} On a practical level, this made it easier to convince some of the key
informants to participate in my research – although I did my best to avoid making them feel coerced into doing so due to our pre-existing relationships, I made the voluntary nature of participation explicit, and I accepted refusals without further probing.\textsuperscript{14} More importantly, it helped me establish rapport, respect, and a shared language with many of the participants.\textsuperscript{15} My prior knowledge of the field they operated in meant that I was in the position of someone who was ‘empirically literate’ on the subject of my research, making it easier to draw out the more detailed and implicit data.\textsuperscript{16}

On the other hand, my proximity to the object of my research posed serious challenges to its reliability and validity, and also to my capacity to access some data. Every researcher brings with themselves a baggage of emotions, experiences, values, prejudices and personal agenda. Every research project is a subjective enterprise, and must thus employ rules and considerations which can help control for this subjectivity.\textsuperscript{17} In my case, given both my professional and personal connections with tobacco control in Poland, this was particularly important.

Some of the interviewees were my peers and workplace colleagues. Others, while never having met me before, were aware of my professional and personal backgrounds. In designing my


\textsuperscript{13} V. K. Kanuha, “‘Being’ native versus "going native": conducting social work research as an insider," Social work 45, no. 5 (2000); M. E. Asselin, "Insider research: issues to consider when doing qualitative research in your own setting,” J Nurses Staff Dev 19, no. 2 (2003).


\textsuperscript{15} J. Taylor, "The intimate insider: negotiating the ethics of friendship when doing insider research,” Qualitative Research 11, no. 1 (2011); F. McDermid et al., "Conducting qualitative research in the context of pre-existing peer and collegial relationships," Nurse Res 21, no. 5 (2014).


\textsuperscript{17} Maso, “Necessary subjectivity: exploiting researchers’ motives, passions and prejudices in pursuit of answering ‘true’ questions."
interview schedules, and in interpreting the interviews, I therefore closely followed Corbin Dwyer and Buckle’s admonition to remain committed to represent accurately the data collected, while being open to my role in inevitably shaping interpretations.\footnote{S. Corbin Dwyer and J. L. Buckle, “The Space Between: On Being an Insider- Outsider in Qualitative Research,” 	extit{International Journal of Qualitative Methods} 8, no. 1 (2009).} I informed my participants that I wanted to hear their opinions and memories of the events and that they should not assume that I had extensive prior knowledge of what happened (or that I was asking questions to which I knew the answers already), in an attempt to avoid missing useful data.\footnote{D. DeLyser, “Do You Really Live Here?” Thoughts on Insider Research,” 	extit{Geographical Review} 91, no. 1/2 (2001); L. J. Breen, "The researcher ‘in the middle’: Negotiating the insider/outsider dichotomy,” 	extit{The Australian Community Psychologist} 19, no. 1 (2007).} Whenever during data analysis it became clear that some data has been shared through innuendo or vague comments, due to the interviewee’s perception that I would understand what they meant because of my familiarity with the subject area, follow-up contact was established to clarify what their intended meaning was.\footnote{Kanuha, “‘Being’ native versus “going native”: conducting social work research as an insider.”} In interviewing participants with whom I have worked before I made it explicit that for the duration of the interview we were interacting in a professional context, in an attempt to minimise the possibility of blurring the boundaries between the research and our collegial relations.\footnote{C. Gunasekara, “Pivoting the centre: reflections on undertaking qualitative interviewing in academia,” 	extit{Qualitative Research} 7, no. 4 (2007).} For that reason, I attempted always to conduct the interviews in locations that would facilitate this, preferably work offices or neutral spaces such as cafes, rather than the participants’ homes. Fortunately, I have not been placed in a position in which I would consider omitting reporting certain data due to the fear of repercussions, which can be a common challenge for interviews with people with whom there is a pre-existing relationship.\footnote{J. Mercer, "The challenges of insider research in educational institutions: wielding a double-edged sword and resolving delicate dilemmas,” 	extit{Oxford Review of Education} 33, no. 1 (2007).}

In my research and analysis I was determined to do everything I could in order to mitigate what Michael Pertschuk, a prominent American public health advocate and later chronicler of US social justice movements, called the ‘inevitable distortions of judgement flowing from that very closeness to the issues and people involved.’\footnote{M. Pertschuk, 	extit{Smoke in Their Eyes} (Nashville: Vanderbilt University Press, 2001). P. 8.} I took several precautions to moderate the bias. I sought not to write a history based on individual agency and constructed a conceptual framework that favoured structural explanations. I did my best to triangulate each claim, especially made in interviews, with archival data.
Nonetheless, despite my best efforts, certain limitations resulting from my fraught positionality were impossible to eliminate. First, an important organisation investigated in this research was the Health Promotion Foundation. It is an organisation in which I have been personally involved for many years, and am emotionally invested in.\(^{24}\) This opened the possibility of having internalised a lack of objectivity about its achievements, or insider blindness, which made attaining analytic distance more difficult.\(^{25}\) On one hand, having worked for a long time in the HPF I had an in-depth understanding of the organisation, which facilitated the process of identifying and locating the sources relevant to this research.\(^{26}\) On the other hand achieving authenticity in my research demanded constant attention to reflexivity – I have been taught to think about the past of the Foundation in the context of its tobacco control successes of the 1990s and had to prompt myself to formulate questions and evaluate data in a way that would not presume this interpretation and open to other narratives that might emerge.

Second, nearly all of my interviewees were well aware of my father’s anti-smoking activity, and knew that I am his son. In several cases, they referred to this directly (\textit{You want to know why tobacco control in Poland was successful? The answer is your dad}). Some expressed surprise that I was interviewing them at all, suggesting that my father knew more about tobacco policy development in Poland than anyone else. This attitude was especially prevalent among respondents from the field of public health, although several of the interviewed politicians, and even tobacco industry executives voiced similar opinions. It is also not unreasonable to suspect that my personal and professional backgrounds, as well as my affiliation with a public health school, made it more difficult to access some interviewees, in particular more tobacco industry representatives, and in result eliciting dissenting views on tobacco control efforts in Poland.

To make sure the participants did not think I expected them to talk primarily about my father’s contribution, I informed them, both in the participant information sheet sent ahead of the interview, and personally at the beginning of the interview, that I was particularly interested in structural factors, as well as their personal experiences. I also made it clear to each of them that they could choose for the interview to remain anonymous and fully confidential. Nonetheless, 


\(^{25}\) Taylor, "The intimate insider: negotiating the ethics of friendship when doing insider research."

\(^{26}\) T. Zdrojewski, "Presentation at Conference on Smoke-free Poland," (Ministry of Health, Warsaw 2016).
there is no way of telling for sure whether any of the respondents were deterred from speaking openly, and from voicing any criticism they might have of my father’s work.

In discussions with my supervisors the concern emerged that in my attempts to avoid bias that could stem from my family background, I might end up introducing the opposite bias and marginalise individual agency in cases where it was of key importance. However, I did my best to let the data speak for themselves and I hope that the mixture of structural and individual factors that have emerged in my conclusion as having shaped the tobacco control story in Poland are a fair representation of the historical reality.
5.7 Research objectives

This section sets out the detailed objectives of my research and how the methods described above contribute to achieving them.

Objective #1: Analyse the position taken and influence wielded on tobacco policy by different groups within government before 1989

An organisational analysis of the structure of government in communist Poland was carried out in order to identify which ministries and branches of bureaucracy were relevant to tobacco debates in the country. A review of the historical literature on this topic was conducted in the National Library of Poland. It was followed by an analysis of sources pertaining to tobacco control and anti-tobacco legislation drawn from the archival collections of the Polish government and ministries, as well as the records of the state tobacco monopoly and tobacco farmers, contained in the Institute of National Remembrance (IPN). The documentary sources were complemented by interviews with PZPR politicians active in the 1980s. These data were interrogated to explore the engagement of the authorities with the evidence of tobacco-related harm that was then emerging, and the ways in which they used the extensive power of the communist state prior to 1989 to advance tobacco control in Poland (see Chapter 6).

Objective #2: Examine and analyse the strategies adopted by anti-tobacco advocates, and the position taken on tobacco policy by civil society groups antagonistic to the authorities, before 1989

A review of official, state-sanctioned Polish medical and public health journals and health promotion materials from the period, held in the Warsaw Cancer Centre and the Wilanów Poster Museum in Warsaw, was carried out, as well as a review of the communist-era press (available in BN). These documentary sources were complemented by interviews with members of state-sanctioned health advocacy groups from the pre-1989 period. They were interrogated to ascertain the extent of anti-tobacco advocacy and lobbying in communist Poland, and the degree of freedom that civic movements were granted to conduct anti-tobacco campaigns. In addition, an analysis of sources pertaining to Solidarity drawn from the IPN archive, and a review of the most influential Catholic newspaper in Poland, ‘Tygodnik Powszechny’ and the Seventh-day Adventist Church publication ‘Znaki Czasu’ (available in the BN), were carried out, as were interviews with prominent members of both organisations. The evidence obtained provided insight into the use that the largest anti-communist organisations made of the issue of tobacco harm in their struggle against
the regime, and how they saw their role in shaping tobacco policy and popular attitudes towards smoking in Poland (see Chapter 7).

**Objective #3: Examine and analyse the strategies adopted by TTCs to increase smoking prevalence and lobby for favourable tobacco policy in Poland, as well as the position of Polish tobacco farmers, after 1989.**

This objective was addressed principally by an analysis of sources yielded by targeted searches in the online Truth Tobacco Industry Documents library, as well as interviews with senior stakeholders involved in the expansion of TTCs into CEE in the 1990s. These sources made it possible to examine the actions of TTCs after they entered the Polish market, as well as their perception of the causes of their failure to prevent the decrease of smoking prevalence and the methods used to lobby for tobacco-friendly legislation in the Polish Parliament. These sources also gave the industry’s perspective on the role of independent health advocacy groups in precipitating those setbacks to their goals (see Chapter 8).

**Objective #4: Analyse the position taken and influence wielded on tobacco policy of different groups within government after 1989**

An organisational analysis of the structure of government in post-communist Poland was carried out in order to identify which ministries and branches of state administration were most engaged in tobacco debates in the country. A review of the historical literature on the topic was carried out in the Polish National Library in Warsaw. This was followed by an analysis of sources drawn from the archival collections of the Polish Parliament. These documentary sources were complemented by witness testimonies and interviews with key members of the political establishment who participated in drafting and passing of the progressive tobacco legislations in 1995 and 1999. These data were interrogated to explore the engagement of the authorities with the evidence of tobacco-related harm and with anti-tobacco advocacy groups post-1989 (see Chapter 10).

**Objective #5: Examine and analyse the strategies adopted by anti-tobacco advocates to decrease smoking prevalence and lobby for comprehensive tobacco policy in Poland, and the position taken on tobacco policy by other civil society groups after 1989**

Interviews were conducted with key figures from the medical, scientific, and health promotion fields, as well as Catholic Church leaders who were involved in anti-tobacco advocacy efforts of the 1990s, and foreign experts who supported their efforts. These interviews made it possible to understand how political constraints on anti-tobacco activism were loosened after the collapse of
the communist system, and what methods the activists employed in raising health awareness and lobbying politicians in the new reality of a pluralist democracy, despite opposition of the TTCs. In addition, a review of Polish medical and public health journals, and health promotion materials from the period, held in the Maria Skłodowska-Curie Cancer Centre and the Wilanów Poster Museum in Warsaw, was conducted, as well as a review of the two main Polish daily newspapers, Gazeta Wyborcza and Rzeczpospolita (available in BN) (see Chapter 9).

Objective #6: Draw conclusions concerning the impact of the different stakeholders on the formulation of tobacco policy in Poland, and identify what insights from the Polish case could be useful for tobacco control advocates working in countries in which the market is now undergoing a process of liberalisation.

The final objective was addressed by combining the evidence gathered using the aforementioned methods with data on tobacco production, sale, and consumption collected by the Polish Central Statistical Office, as well data collected by the Maria-Curie Institute of Oncology in Warsaw on the individual attitudes of Poles towards smoking and their changing understanding of tobacco harm. The conceptual framework, drawing on theories including Kingdon’s process streams model, Leichter’s accounting scheme, Hall’s bounded pluralism, and Sabatier’s Advocacy Coalition Framework, was used to identify the key factors underlying policy change in tobacco control in Poland. Secondary literature developments in tobacco control policy in other CEE countries was used to couch the Polish case in a regional perspective. Finally, an attempt was made to draw analytical lessons that could be drawn from the Polish case for countries in which market liberalisation has not yet occurred or is in progress, reflecting the Polish situation in the 1990s (see Chapter 11).
Chapter 6 – The Polish state and tobacco control during communism

6.1 Introduction

One of the foundational motifs of socialist ideology was its critique of the living and health conditions capitalism imposed upon people. Communist ideologues argued that only ‘socialism ensures the maximum conditions for the preservation and improvement of man's health.’ A model socialist state would gear its health policy primarily to prevention and prophylaxis. Communist leaders of Eastern European countries declared their willingness to translate this theory into practice, making a commitment to the health and productivity of their citizens. Smoking was to become one of the early targets of this new approach to health. In 1920 Lenin approached his first Commissar of Health, N.A. Semashko, and asked, 'Why don’t you start a fight against that poison tobacco? I will support you.'

Why then have the Communist authorities of CEE, which held all the political and economic levers necessary to shape both the demand for, and the supply of cigarettes, failed to control the spread of the tobacco epidemic in the region? Per capita cigarette consumption increased in all CEE countries after WWII, taking over the consumption in Western Europe in the 1970s (Figure 10). Nowhere was the problem more acute than in the Polish People’s Republic (PRL), where the smoking rates were highest, and the increase in consumption steepest throughout the period of Communist rule.

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Figure 10. Estimated annual cigarette consumption per capita, 15+ (1965-1987)


On paper, tobacco control efforts in Poland seemed to be in excellent shape. In 1974 the Polish Minister of Health issued a decree (henceforth the 1974 Tobacco Control Decree) prohibiting smoking in restaurants, coffee houses, shops, railway and bus stations, commuter trains and lecture halls. The Polish news agency PAP declared that ‘it is the first legal act taken by an European nation against smoking in public.’ However, despite these declarations, cigarettes continued to be cheap, easily accessible, and omnipresent – the 1974 decree remained effectively a dead law. By the 1980s Poland was one of the countries with the highest lung cancer rates among men in the world. Tobacco control legislation has failed in communist Poland.

In this chapter I argue that the Polish Communist authorities consciously underused the health policy and enforcement tools at their disposal on the issue of tobacco control. Tobacco policies

7 Kubik et al., "Patterns of cigarette sales and lung cancer mortality in some central and eastern European countries, 1960-1989."
were deemed highly sensitive to the interests of the state and were decided within the limited framework of the economic elites of the communist state and in certain periods they had the characteristics of Hall’s ‘high politics’. Kingdon’s politics stream remained closed for strong tobacco control measures, and the voices of the Ministry of Health, anti-smoking advocates, and public health experts were marginalised. Similarly, the policy stream was not conducive to tobacco control – greater value was attached to the economic importance of tobacco than to its health consequences. Until the 1970s the authorities avoided enacting strong anti-tobacco laws due to the growing economic influence of the tobacco farmers’ and the Polish Tobacco Monopoly. In the 1970s cigarettes formed an important element of the regime’s campaign to boost consumerism in the country. Finally, in the 1980s, faced with an economic crisis and shortages of consumer goods, authorities feared that restrictive policies, including tobacco control, might upset the fragile social consensus of the country – radical changes in tobacco laws were not politically feasible. Therefore, throughout this entire period, favourable conditions for real policy change never arose, leaving the ‘window of opportunity’ closed.
6.2 Influences on tobacco control policy in communist Poland

In 1952 a new constitution was introduced in Poland, replacing the principle of separation of powers between the executive, legislative, and judiciary branches of government with the communist notion of the ‘dictatorship of the proletariat’. The will of ‘the working people of the towns and villages’ was to guide policymaking, as interpreted by the National Assembly (the Sejm), which appointed cabinet ministers, including the Prime Minister. The Sejm was elected by popular vote contested by the country’s legal political parties – the communist Polish United Workers’ Party (PZPR), and its coalition partners, the United Peasant Party, and the Democratic Party. This nominal diversity did not mean much in practice, as the PZPR always held control of the Sejm, while the other parties had to formally declare their commitment to a socialist orientation. The PZPR had the final say on any policy matter. The Sejm’s and Council of Ministers’ choices and legislative initiatives had to be pre-approved by the PZPR, making the government merely the party’s bureaucratic arm, implementing decisions made by the PZPR leadership. One of the effects of the PZPR’s parliamentary and extra-parliamentary leadership was that the policymaking process in the country was extremely opaque, with many key political decisions kept secret until their actual implementation. As a non-PZPR deputy to the Sejm put it in an interview in 1976, referring to the secrecy surrounding the decision to increase food prices, ‘our representative institutions really are democratic – even the deputies to the Sejm didn’t know what was going on until the last moment!’

In this opaque system the most straightforward path to policy change led not through democratic institutions, targeting parliamentarians, or approaching relevant Ministries with expert opinion, but rather by having the ear of the higher echelons of the PZPR. The issue of tobacco control was contended by four groups of policy actors embedded in the state or directly controlled by the authorities which had different levels of political importance and lobbying strength: civil society organisations, the Ministry of Health, the Polish agricultural lobby, and the...

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10 Curtis, *Poland: A Country Study*
State Tobacco Monopoly. This section assesses their impact on the shaping of tobacco control legislation in communist Poland.

6.2.1 Weakness of the Ministry of Health

Issues related to health and welfare policy in PRL formally fell within the remit of the Ministry of Health and Social Welfare (MoH). However, the ministry held little political clout and its capacity to influence regulation, which was seen as strategically important by the regime, as was the case of tobacco control legislation, was in practice very limited.

The MoH’s official responsibility was to plan, establish priorities, develop standards and methods, and coordinate operating agency programmes, but it was not directly involved in the provision of health services. Preventive medicine was integrated into the general medical care system rather than delivered by public health units. Patients with chronic diseases were identified by their GPs or workplace physicians and periodically invited for visits. In theory, a big role was to be assigned to local organisations, especially in the realm of health education. However, the involvement of voluntary health organisations remained marginal and state health agencies were tasked with most health promotion efforts. Notable exceptions were the Red Cross and trade unions, which had set duties in maintaining workplace hygiene.\(^\text{14}\)

A special role was played by Sanepid, the state sanitary inspectorate. This institution was modelled on that in the USSR, where Sanepid specialised in campaigns for mass vaccination, protecting water supplies, pasteurization of milk, and other anti-epidemic functions, but also in epidemiological research into infectious diseases and environmental health.\(^\text{15}\) The Polish Sanepid was set up in 1954 as part of the campaign against infant mortality and the heightened prevalence of infectious diseases in the country since WWII.\(^\text{16}\) Despite being officially a branch of the Ministry of Health, Sanepid enjoyed relative operational independence. The head of Sanepid was the Chief Sanitary Inspector, who was also a vice-Minister of Health, and who had a medical background. Sanepid established the country’s system of environmental sanitation and hygiene, but was also in charge of the health education of the public.\(^\text{17}\) Its operational strength lay at the

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\(^{17}\) State Sanitary Inspector, "Wystąpienie Państwowego Powiatowego Inspektora Sanitarnego w Nakle nad Notecią dotyczące zagadnień zdrowia publicznego, historii służb sanitarnych [Presentation by the State Sanitary Inspector in Naklo on the Notec regarding public health and the history of the sanitary service],"
local level. Sanepid had trained public health physicians in each of Poland’s provinces and there was a direct line from each Sanepid station to the local government.\footnote{M. Posobkiewicz, J. Kalinowska-Morka, and B. Świekatowski, “Państwowa Inspekcja Sanitarna - 60 lat istnienia i 95-lecie funkcjonowania służb sanitarnych w Polsce [The State Sanitary Inspectorate],” \textit{Przegl. Epidem} 69 (2015).}

Throughout the 1950s and 1960s the main, if not exclusive, focus of Sanepid activity was workplace safety and communicable disease control.\footnote{State Sanitary Inspector, \textit{Folder Informacyjny [Information Folder]} (Warsaw: State Sanitary Inspectorate, 2014).} This reflected the attitude of the Polish Communist authorities towards prophylaxis, in which prevention was mostly associated with maintaining good hygiene. Broader public health did not form part of medical education and many medical schools did not have Public Health Departments.\footnote{W. Zatoński, interview by M. Zatoński, 20 January, 2016.} Tobacco control in this period was very much out of the picture for Polish health authorities, as evidenced by the fact that the first anti-tobacco posters did not appear in the country until the late 1960s.\footnote{D. Dzida, "Polish Anti-nicotine Posters From 1968-2008 - Psychological Analysis,” in \textit{Polish Public Health Poster}, ed. K. Krajewski-Siuda (Katowice-Kraków: Medical University of Silesia, 2012).}

By the early 1970s Sanepid began to shift its focus towards chronic diseases.\footnote{Weinerman, \textit{Social Medicine in Eastern Europe}. P. 150.} Bogusław Kożusznik, an epidemiologist who was the first Chief Sanitary Inspector in the 1950s, became the chairman of the Polish Anti-tobacco Society (PTP) in 1971. This marked the beginning of Sanepid’s greater involvement in tobacco control efforts, and the onset of the painstaking process of building a broad tobacco control coalition involving advocates, the medical community, and the Ministry of Health that took the bulk of the next two decades. Sanepid began to commission and distribute anti-smoking propaganda, and to lobby from within government for the introduction of stronger policy measures – it was one of the driving forces behind the 1974 Tobacco Control Decree.\footnote{L. Kożusznik, "Prof. dr med. Bogusław Kożusznik,” \textit{Gazeta Wyborcza}, 28 December 2006.} The institution’s anti-tobacco drive was further strengthened in the mid-1980s, when Jerzy Bończak became the Chief Sanitary Inspector. He was a regular speaker at anti-tobacco meetings and conferences, and frequently spoke out in favour of stronger anti-tobacco policy and against cigarette price reductions in the media.\footnote{S. Zajączkowski, \textit{Zanim zapalisz - przeczytaj [Before you light up - read up]} (Warsaw: Znaki Czasu, 1987).} However,
Sanepid remained one of the few state institutions to exhibit a consistent interest in tobacco control in communist Poland.  

Sanepid’s attempts at furthering the cause of tobacco control were hindered by the fact that the MoH was politically weak, especially once the mass campaigns against communicable diseases of the post-war years concluded. The ministry’s position was partly weakened by the dominance of a philosophy of clinical specialism over prevention throughout the Soviet bloc when it came to tackling chronic diseases. Contemporary social policy scholars characterised Poland’s neglect of preventive medicine as even worse than in neighbouring Soviet bloc countries. As a result, while the system was successful in tackling communicable diseases thanks to improvements to clinical care, it failed to control the non-communicable disease epidemic that began in the late 1960s. To make matters worse, the MoH was used by the PZPR as the perennial scapegoat for the perpetual state of crisis of the health service in communist Poland. This failure of the MoH to reform the dysfunctional health system had been a subject of continuing criticism in the specialist and popular press. This translated into the condescending treatment MoH officials received from the PZPR leadership. For example, according to a contemporary MoH official, when the communist Prime Minister Piotr Jaroszewicz was approached in the early 1970s with a bill proposal expanding the powers of Sanepid, he responded with a categorical ‘no’, adding that ‘there shall be no dictatorship of the sanitariat over the dictatorship of the proletariat!’  

The MoH’s feeble political position meant that it had little say on issues viewed by the elites as economically sensitive, such as tobacco control regulation. Even when legislation was officially introduced at its behest, as was the case with the 1974 Tobacco Control Decree, its enforcement was often not treated as a priority by other ministries and governmental agencies. The officials of the MoH were limited to voicing their dissatisfaction, sometimes publicly. The Chief Sanitary Inspector Jerzy Bończak in 1985 wrote that while the MoH ‘believes it necessary to protect legally non-smokers and to increase tobacco prices […], on a country scale efforts have not been effective’, and assured that the Ministry has appealed to the PZPR and other ministers to
introduce stronger anti-smoking measures.\textsuperscript{32} This wishful thinking never came to fruition before the collapse of the Communist regime in 1989.

The MoH’s impotence could have been a reason for why many of the most promising health leaders in the PRL sought to further their careers abroad, where often they found the accolades they lacked in Poland. One example was Kożusznik who, throughout the 1970s, despite his chairmanship of the PTP, also served as the vice-chairman of the UNICEF Executive Board.\textsuperscript{33} Another example is that of Jan Karol Kostrzewski, Kożusznik’s successor as Chief Sanitary Inspector, who was one of the pioneers of research on non-communicable disease epidemiology in Poland, and held a Master’s degree in Public Health from Harvard.\textsuperscript{34} However, after a term as Minister of Health between 1968 and 1972, mostly devoted to improving the coverage of vaccinations in Poland, he too chose to pursue an international career. He focused his professional efforts on the chairmanship of the International Epidemiological Association, and in 1975 was elected as the chair of the WHO Executive Board.\textsuperscript{35} These two represented a broader trend of a public health ‘brain drain’ that took place in the PRL. The cause of tobacco control in Poland, undermined by the political weakness of MoH, found itself, at least until the 1980s, deprived of such high calibre allies and leaders who could commit themselves to full-time anti-tobacco advocacy. This, and other aspects of the weakness of the Polish anti-tobacco movement under communism are explored in more depth in Chapter 7.

6.2.2 Structure of the tobacco industry in communist Poland

- Events pertaining to the development of tobacco industry in communist Poland are presented graphically in Timeline 3 in Appendix F.

As the MoH and the public health voices around it struggled to promote anti-tobacco policy in PRL, another lobby pulling in the opposite direction was quickly gaining strength in the country – the tobacco farmers. Tobacco farming made up a relatively marginal sector of Poland’s strongly

\textsuperscript{32} J. Bończak, “Działalność przeciwtytoniowa resortu zdrowia i opieki społecznej [Anti-tobacco activity of the Ministry of Health and Social Care],” \textit{Przegląd Przeciwtytoniowy} 2 (1985).
\textsuperscript{33} Kożusznik, “Prof. dr med. Bogusław Kożusznik.”
\textsuperscript{34} J. K. Kostrzewski, “Życiorys [Biography],” \textit{Nauka} 4(2005); Danuta Naruszewicz-Lesiuk, interview by Edyta Hetmanowska 2013.
agricultural economy. There were circa 20,000 tobacco farmers in the country. While the state closely monitored tobacco farmers, the sector was never collectivised, unlike in most other Soviet bloc states. This was not exclusive to tobacco farming – in contrast to the fully nationalised heavy industrial sector, agricultural collectivisation in Poland proceeded at a very slow pace, apparently confirming Stalin’s reputed remark that collectivising Polish farming would meet so much resistance that it would be ‘like fitting a cow with a saddle.’ By 1967 only 15% of the arable area in Poland was nationalised. The number of state collective farms growing tobacco remained insignificant. The size of the average tobacco farm was very small, and only increased from 0.2ha in 1950 to 0.33ha in the late 1970s. A journalist writing for the Tobacco Reporter magazine in 1969 observed that most ‘of the tobacco is produced by small farmers that own their land, and strips of tobacco can be seen throughout the countryside of southeast Poland during the summer.’

The most prominent organisation representing the tobacco farmers in communist Poland was the Union of Tobacco Farmers (Związek Plantatorów Tytoniu, or ZPT). It was founded in 1957 and incorporated in the state-controlled Central Union of Farming Associations. The ZPT headquarters was in Lublin, the largest city in south-eastern Poland, the traditional hub of Polish tobacco farming. The organisation had a poor relationship with the Communist authorities in the early years after it was established, mostly due to the incompetence of its leadership. In 1962 the ZPT underwent an inspection by the Ministry of Internal Affairs, which uncovered profound irregularities in its functioning. The chairman of the ZPT, Antoni Marucha, was accused of forging documents, poor bookkeeping, ‘getting drunk in the ZPT office during work hours’, and spending the Union’s money for his own personal use, including parties organised for the members of the

41 Związek Plantatorów Tytoniowych
42 Centralny Związek Kółek Rolniczych
43 Krajowy Związek Plantatorów Tytoniu [State Union of Tobacco Farmers], "O nas [About us]," http://kzpt.org/.
ZPT Auditing Commission, which was supposed to monitor his activities. Marucha was duly replaced as ZPT chairman.\textsuperscript{44}

The ZPT was able to promptly rebuild its positive image with the authorities. It began to spend a large proportion of its budget on charity activities. In the 1960s the ZPT branch in Leżajsk donated PLN 1 million for the construction of a sanatorium, and about PLN 370,000 for the construction of new schools. The Kraków branch donated PLN 1.5 million for new schools. The ZPT authorities also worked hard to maintain the support of its members – every year the ZPT organised over 1300 mass trainings for tobacco farmers, 200 demonstrations of how quality inspection should be conducted, 400 demonstrations of planting and maintaining tobacco crops, 600 demonstrations of how tobacco leaves should be collected and cured, and organised 50 trips during which tobacco farmers could share their experiences. Finally, the ZPT maintained regular contacts with the tobacco industry in other socialist countries, in particular Bulgaria and the USSR, with regular exchanges of know-how. As a result, the ZPT steadily grew in stature and influence. By the end of the 1960s it had almost 100 permanent employees, and its membership stood at over 190,000, in over 5000 regional offices. The organisation had a well-developed financial support mechanism, with its members donating 0.5% of the price of the tobacco they sold to the ZPT. The budget of ZPT stood at almost 6.5 million złoty (roughly equivalent to today’s £690,000).\textsuperscript{45}

In Poland’s socialist economy the main customer for the tobacco grown by the Polish farmers was the Polish state. It was represented by the Polish Tobacco Monopoly.\textsuperscript{46} Established in 1922, in the interwar period its income accounted for 14% of the entire state treasury income.\textsuperscript{47} The Communist government in 1950 assigned its management and supervision to the Ministry of the Food Industry (Ministerstwo Przemysłu Spożywczego i Skupu).\textsuperscript{48} Occasionally ministers would sit in on the organisational meetings of the Monopoly, giving the organisation a direct access to

\textsuperscript{44} IPN BU 1585/23789, “Odwołanie Związku Plantatorów Tytoniu od zarządzeń pokontrolnych [Appeal of the Union of Tobacco Farmers regarding the audit decisions],” \textit{Institute of National Remembrance} (1962).


\textsuperscript{46} The Polish Tobacco Monopoly was officially renamed the Union of Tobacco Industry (Zarząd Przemysłu Tytoniowego) by the Communist authorities, but kept all the hallmarks on a state monopoly. The term Polish Tobacco Monopoly is used throughout this thesis for convenience.

\textsuperscript{47} A. Leszczyński, “Pięć wieków tytoniu i dymu [Five centuries of tobacco and smoke],” \textit{Gazeta Wyborcza}, 13 July 2015.

\textsuperscript{48} E. Rybarczyk, “30 lat przemysłu tytoniowego w Polskiej Rzeczypospolitej Ludowej [30 years of the tobacco industry in the Polish People’s Republic],” \textit{Wiadomości Tytoniowe} 7 (1974).
policymakers. The Monopoly was divided into several regional state-owned enterprises (SOEs) which managed the cigarette manufacturing plants. By 1989 there were five major tobacco SOEs in the country. These were independent enterprises but, as Ignacy Zawistowski, the director of production of the largest manufacturing plant in Poland, the Kraków tobacco SOE, pointed out, the ‘state-owned, friendly cigarette companies functioned peaceably in the old system [...] and information was exchanged in a cordial air.’ As the state set the prices of crops, the Monopoly bought tobacco relatively cheaply from Polish farmers.

6.2.3 Growing importance of the tobacco economy

The Monopoly quickly became a demanding customer for the Polish tobacco farmers, as it had to cater to the rapidly growing number of smokers in the country after the Second World War. Cigarette production grew at an equally impressive rate. Already by 1960 Poland was one of the world’s leaders in cigarette manufacture. The production quotas set by the state were so high that in the late 1950s the Polish Tobacco Monopoly cautioned the authorities that they might be exceeding demand for cigarettes in the country. Nonetheless, the output of Polish cigarettes more than doubled, from 26 billion sticks in 1950 to 60.5 billion in 1965 (Figure 11). Initially the state had to increase tobacco imports, principally from Bulgaria, Greece, and Turkey, to meet the Monopoly’s demand. However, farm production of tobacco also grew, increasing fivefold between 1945 and 1969. Polish tobacco farmers increased their output by 50% between 1964 and 1969 alone. The surplus was sold abroad, quadrupling Polish tobacco exports between 1965 and 1969. At the same time, Polish imports of tobacco dropped from over 19,000 tons in 1963 to less than 11,000 tons in 1967. This trade surplus by the mid-1960s also extended to cigarettes, as Polish imports fluctuated around 1.4 billion pieces (mostly imported from Bulgaria and Cuba), while exports stood at over 7.5 billion (over 90% shipped to the USSR).

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50 Clifford et al., “Tobacco industry influence over tobacco tax policy during privatisation and European Union accession in Poland.”
52 Synowiec, *Przemysł tytoniowy w Polsce w okresie pierwszego planu pięcioletniego* [Tobacco industry in Poland during the first five years plan], S. P. 135.
53 Ibid. P. 192.
54 Unknown, "Poland’s changing tobacco trade."
During the 1960s the Polish tobacco industry became both a source of revenue for the treasury thanks to the Monopoly’s growing income from cigarette sales, and a source of foreign currency thanks to the growing exports of both cigarettes and tobacco. For example, the four thousand tons of flue cured tobacco exported in 1964 alone brought in $4.1 million to the state coffers. By the end of the 1960s Poland became a significant player on the world tobacco market. In 1970, with a production of 69 billion sticks, it ranked as the 12th largest cigarette producer worldwide, accounting for 2.2% of global production.

As cigarettes were becoming a high-profile trade item for the Polish economy, the authorities began to pay closer attention to quality control of the Polish Tobacco Monopoly products in the 1970s. The export success of Polish tobacco was particularly impressive considering the fact that the tobacco grown in Poland, the northernmost country to grow the crop on an industrial scale.

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56 Unknown, "Poland’s changing tobacco trade."
57 "Z prasy zagranicznej [From the foreign press]," Wiadomości Tytoniowe 6 (1974).
58 B. Rejnowski, "Tytoń na świecie - produkcja, areał i plony [Tobacco around the world]," ibid.4 (1973).
scale, had the reputation of being of very poor quality by western producers. In addition, the industrial cigarette production process and machinery used in Poland were antiquated, and the resulting product also lagged far behind western cigarettes in quality. In 1960 over 60% of all cigarettes produced in Poland belonged to one of the brands with the poorest quality – Sport cigarettes. Polish customers complained about finding pieces of cloth, wires, or pebbles in their cigarettes, as well as the sloppy printing which meant that the brand names on cigarette packets were often smudged. Production was focused on quantity not quality, and any additional training for the labourers was viewed as a waste of potentially productive time.

The Polish tobacco producers saw an opportunity for modernisation in the decision of the new PZPR leader, Edward Gierek, to open up Poland to the West in the 1970s. Gierek’s aim was to restore economic growth by shifting the economy away from heavy industry and towards consumer products. He authorised heavy borrowing from western banks in the hope of jump-starting a consumer market in the communist country, in return permitting some products from capitalist countries on to the Polish market. Collaboration between the Polish tobacco industry and western companies began in 1973, when the Kraków tobacco SOE signed a licensing agreement with Philip Morris for the production of Marlboro cigarettes, which was also intended to allow the Poles to learn about modern technological processes in cigarette production.

Throughout the 1970s the Polish Tobacco Monopoly also explored experimental avenues for competing with other tobacco-exporting countries. In 1971 the Monopoly began trialling the production of a type of crop that through the application of a special chemical process yielded a low nicotine and low tar nicotine leaf. This awakened the interest of the international press. In an article published in the New York Post on 26 April 1971 the author describes his experience of smoking what he calls ‘probably the safest cigarette in the world. If I smoked 50 a day for the rest

60 Synowiec, Przemysł tytoniowy w Polsce w okresie pierwszego planu pięciolatniego [Tobacco industry in Poland during the first five years plan], 5. Pp. 130-164.
61 Zawistowski, "Quality Fundamentals."
65 "Monopoly tests nicotine-free brand,"[Tobacco Institute Records; RPCI Tobacco Institute and Council for Tobacco Research Records, 1971].
of my life I’d be in no greater danger than if I was gulping sea air, according to its manufacturers."66 The industry magazine *Tobacco International* reported that interest in the Polish product has been displayed 'in Canada, Great Britain, the Netherlands, Japan and West Germany', and leading western newspapers, including the Guardian, the Times, and the Wall Street Journal also picked up the story. 67

While the nicotine-free cigarette unsurprisingly never took off as a mass consumer product, the expensive Marlboro cigarettes had to wait until the 1990s to exceed 2% of market share, and the production process of cigarettes in Poland remained out-dated, nonetheless the tobacco market in Poland continued to grow rapidly throughout the 1970s. 68 Cigarette output increased to over 90 billion pieces in 1979 (Figure 11), driven by a per capita consumption growth from 1603 cigarettes per person per annum in 1950 to 2613 in 1978. 69 This followed the trend of all Comecon countries, where, by 1977, cigarette production reached almost 650 billion units. Poland was the third largest exporter in the bloc, although it stood only at 9.5% of total Comecon exports, with Bulgaria at 69.6% and Cuba at 14.2%. 70 As exports grew, so did Polish tobacco production, and by 1978 Poland was the fourth largest producer of the crop in Europe, after the USSR, Bulgaria, and Greece. 71 The Tobacco Reporter forecast that as there ‘is not overt Government effort to discourage cigarette consumption in Poland sales are expected to continue to rise.’ 72

6.2.4 Tobacco policy as ‘high politics’?

This upward industrial drive was fuelled by the synergy of interests of the tobacco farmers selling their product, the state tobacco SOE’s manufacturing cigarettes, and the authorities profiting from exporting both raw tobacco and cigarettes. The Polish government was aware of the economic importance of the crop, especially in the context of the stagnant economy of the 1960s

70 "Z prasy zagranicznej [From the foreign press]," *Wiadomości Tytoniowe*, no. 1 (1980).
71 J. Skiedzielewski, "Uprawa tytoniu w RWPG [Tobacco planting in Comecon]," ibid.6 (1981).
and Gierek’s consumerist drive of the 1970s. The rapid growth of the tobacco industry was presented as a symbol of the success of the communist economy. In an article written in 1974 and marking the 30th anniversary of the tobacco industry in communist Poland, Edward Rybarczyk, the director of the Polish Tobacco Monopoly, attributed its success to the ‘revolutionary political changes, socialist reconstruction of the social and economic structure of the country, an increasing quality of life, progressing industrialisation and urbanisation, and increases in employment and income’.73

When the anti-tobacco advocates approached representatives of the Ministry of the Food Industry to inquire what was being done about the growing smoking rates in Poland, they were told that the sale of tobacco products was growing faster than that of any other consumable product, and that while the Tobacco Monopoly was conducting its own studies on smoking harm, these were given very low priority.74 It was the stated preference of the Ministry of the Food Industry to mitigate the health consequences of smoking by moving the consumption towards products of ‘higher quality’, including pipes and cigars, rather than to eliminate the habit entirely.75 For the next decades this became a recurring justification of MoH representatives who, queried on progress in tobacco control policy, responded with assurances that they were working closely with the State Tobacco Monopoly to improve the quality of tobacco.76

In his book on the politics of tobacco, Melvyn Read argues that governments in general view tobacco primarily in economic terms, and a belief exists that the benefits of the tobacco industry outweighs the social costs of smoking. ‘Cigarettes provide governments with one of their biggest and most valuable sources of revenue’, he writes, ‘they support thousands of jobs, both directly and indirectly, particularly crucial in times of economic recession.’77 This was the case in communist Poland throughout the 1960s and 1970s – the growth of tobacco consumption was seen by political elites as a cause for celebration rather than for concern. Jackson Diehl, the

73 Rybarczyk, ”30 lat przemysłu tytoniowego w Polskiej Rzeczypospolitej Ludowej [30 years of the tobacco industry in the Polish People’s Republic].”
74 IPN BU 1585/21542, ”Protokół z konferencji odbytej w dniu 17 lipca 1962r. w sprawie propagandy przeciw paleniu tytoniu [Minutes of the conference on 17 July 1962 regarding anti-smoking propaganda],” Institute of National Remembrance (1962).
75 “Protokół z posiedzenia Ogólnokrajowego Komitetu Zwalczania Palenia Tytoniu z dn. 9.IX.63r. odbytego w gmachu Ministerstwa Handu Wewnętrznego [Minutes of the meeting of OKZPT on 9 September 1963 in MHW],” Institute of National Remembrance (1963).
76 Bończak, ”Działalność przeciwtytoniowa resortu zdrowia i opieki społecznej [Anti-tobacco activity of the Ministry of Health and Social Care],”
Washington Post correspondent in Warsaw, came to a similar conclusion when trying to understand the lack of centrally coordinated anti-tobacco measures in communist Poland. He pointed out that the Polish state earned around $450 million annually from its tobacco monopoly, and that in 1985 the industry won approval for new investments of about $400 million plus an additional $100 million for imports of machinery from western countries. ‘Part of the problem,’ he concluded, ‘is that the state has a vested interest in selling cigarettes to Poles.’

With the backing of powerful interest groups hoping for a continued increase in cigarette consumption, tobacco policy was treated as a highly sensitive issue, in which the weak and disjointed public health voices could be safely brushed aside in favour of economic considerations. Does this mean that tobacco control in 1970s Poland became an issue of ‘high politics’? This depends on how strictly we define the term. If we intend ‘high politics’ in the sense theorists such as Walt used it, referring to issues of systemic importance determined solely by the core elites of the country, then the situation of tobacco control in 1970s Poland, in the period of Gierek’s heightened emphasis on consumerism, seems to meet the criteria. If we take Youde’s approach, which points to the centrality of the security dimension in defining an issue as ‘high politics’, then tobacco control in the 1970s cannot be regarded as a ‘high politics’ issue. Poland experienced a rapid improvement in living conditions in the early 1970s, facilitated by the détente between East and West and opening to western markets. The increase in financial resources allocated on branches of industry providing everyday goods (e.g. clothes, furniture, cars), as well as the rapidly rising salaries, was largely financed through credits and loans from Western countries rather than by exports of tobacco and cigarettes. Therefore, stronger tobacco regulation, while an inconvenience to the country’s economic elites, would not challenge their fundamental interests, or be of existential importance to the survival of the state.

6.2.5 Tobacco control in times of crisis

While the labelling of tobacco control policy in the 1970s as ‘high politics’ is arguable, in the early 1980s the issue moved past being one of some economic importance, and into being potentially disruptive to the very structure of the state. The economic downturn, a growing opposition to

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78 J. Diehl, "Poles Refuse to Put Out Their Cigarettes; Tobacco Habit Continues to Spread Despite 20-Year Campaign Against It," The Washington Post, 10 February 1987.
79 Walt, Health Policy: An Introduction to Process and Power
80 Youde, "High Politics, Low Politics, and Global Health."
the PZPR, and violent strikes across the country forced the authorities to legalise Solidarity, the first independent trade union in the Soviet bloc.\textsuperscript{82} As Solidarity began to challenge the PZPR’s monopoly of power, hardliners led by General Jaruzelski took over the government, cracking down on opposition and introducing martial law in December 1981.\textsuperscript{83} The country was plunged into a decade of debilitating crisis. In this context, cigarette production ceased to be a symbol of the success of the communist economy in delivering the consumer goods craved by the Poles. Instead, it became one of the patchwork of measures the government viewed as necessary to maintain a fragile stability in a country buffeted by economic, social, and political turbulence. The period between the 1950s and 1970s was to remain the ‘golden age’ of the Polish Tobacco Monopoly. By the 1980s Gierek’s borrowing spree was over and the PRL was on the verge of bankruptcy. Throughout the 1980s Poland was to struggle with tens of billions in foreign debt and a runaway inflation rate. With the state-owned factories unable to keep up with consumer demand, and no financial means to import products from abroad, many everyday items became deficit goods. Constant shortages of basic necessities soon led to rationing.\textsuperscript{84} For the first time since WWII, the production of cigarettes in Poland decreased, from 94 billion in 1980 to 89 billion in 1981,\textsuperscript{85} and to 86 billion in 1983.\textsuperscript{86} This was not due to a decrease in demand, which was estimated by a Polish tobacco industry magazine at 95-96 billion cigarettes.\textsuperscript{87} As in all other industrial sectors, the state did not have enough foreign currency to import the necessary raw materials, especially chemicals and paper, to sustain production levels.\textsuperscript{88} Often there were shortages of spare parts needed to repair the machinery in the tobacco plants, bringing production to a halt.\textsuperscript{89} To make matters worse, the bad weather conditions in 1980 led to a particularly poor harvest. Tobacco production for the first quarter of 1981 was over 12% lower than in the same period of 1980.\textsuperscript{90} More cigarettes were bought from abroad, and the share of

\textsuperscript{82} Michnik, 	extit{Letters from Prison and Other Essays}; Garton Ash, 	extit{The Polish Revolution: Solidarity}.
\textsuperscript{83} Dudek, 	extit{Stan wojenny w Polsce 1981-1983 [Martial Law in Poland 1981-1983]}
\textsuperscript{85} Unknown, "Sprzedaż wyrobów tytoniowych w Polsce [The sale of tobacco products in Poland]."
\textsuperscript{86} "Z prasy [From the press]," ibid.1 (1984).
\textsuperscript{87} Ibid.
\textsuperscript{88} A. Dąbrowska, "Wywiad z mgr. inż. Jerzym Rębisiem, dyrektorem ds. technicznych Zakładów Przemysłu Tytoniowego w Radomiu [Interview with the director of the Radom state owned tobacco enterprise]," ibid.12 (1981).
\textsuperscript{89} H. Chrzan, "Trudne dni w Zakładach Przemysłu Tytoniowego w Krakowie [Difficult times in the Kraków State Owned Tobacco Enterprise]," ibid.10-11.
imported cigarettes in total consumption grew from 1% to 6.7% in 1981. However, the increasing prices of tobacco around the world, and the declining funds of the state, meant that the deficit could not be covered by these imports.91

By the middle of 1981 stocks of cigarettes of the Polish Tobacco Monopoly were nearly exhausted. The state attempted to decrease demand for cigarettes by announcing in October 1981 a substantial price increase, with the average price for a packet rising by 95%. The announcement coincided with the first countrywide convention of Solidarity delegates in Gdańsk.92 The convention, intended to focus on questions of independent trade unionism, labour rights, and state censorship, became dominated by the question of cigarette prices.93 In the presence of the Minister of Finance, hastily flown into Gdańsk by the authorities, and to a great applause of the delegates, the Solidarity leader Lech Wałęsa threatened the government that if the cigarette price rise was not stopped, ‘we will have a riot. We can control it, but whether you can control us, I doubt that.’94

The Solidarity threat was not taken lightly – its membership at that point stood at nearly 10 million, making it four times larger than the PZPR.95 The newspaper Dziennik Łódzki reported that within ‘circles of authorities on all levels there is a consensus that cigarette smoking has a political character. Derivative of that opinion is the thesis that cigarette prices must be protected: a change could bring social dissatisfaction.’96 Not being able to go through with the price hikes, but also unable to meet consumer demand, the authorities chose to begin rationing cigarettes.97 Each Pole was able to buy three packs of cigarettes per week with their ration stamps.98

91 “Sprzedaż wyrobów tytoniowych w Polsce [The sale of tobacco products in Poland].”
95 Ost, Solidarity and the politics of anti-politics: opposition and reform in Poland since 1968 . P. 137.
96 Diehl, “Poles Refuse to Put Out Their Cigarettes; Tobacco Habit Continues to Spread Despite 20-Year Campaign Against It.”
97 Unknown, “Z prasy [From the press].”
However, this did not mean the number of smokers in the country declined. On the contrary, the fact that every adult received ration stamps for cigarettes resulted in an increase of smokers by around one million in the year following the introduction of cigarette rationing. Anti-tobacco advocates were furious that the public health opportunity resulting from cigarette scarcity was not only missed, but that smoking prevalence actually increased. Those who did not start smoking still picked up their allocated packets to use them as currency, as cigarettes became one of the staples of the fast-developing barter economy. The Polish Minister of Finance in 1981 warned that the ‘devolution of Poland into a barter society is our greatest problem. We must stop cigarettes from becoming money and money from becoming nothing.’

As economic disarray hit the Polish tobacco business, fractures started to appear between the state and the tobacco farmers of the ZPT. As the anti-communist movement gained strength at the end of the 1970s, the authorities decided to monitor labour organisations more closely. The Central Union of Farming Associations began to exert more control over the ZPT. On top of that, tobacco sector employees felt they were being marginalised in the public debate as the economic crisis unfolded. A restructuring of salaries placed them behind workers in the bread and meat industries. They complained that all that rationing had achieved was to move the cigarette trade into the black market, where they were sold at exorbitant prices. Tobacco farmers decided to take Solidarity’s example, leave the state union, and establish their own, autonomous institution – the National Union of Tobacco Farmers.

Any hope for the modernisation of the Polish tobacco industry had to be postponed indefinitely. The Polish Tobacco Monopoly, cutting costs, focused on the production of the cheapest, lowest quality cigarettes. Filter-tipped cigarettes remained in very short supply. In the early 1980s less than half of all the cigarettes sold in Poland were filtered, while for example in Sweden the figure

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99 Zatoński, "Interview."
100 Zatoński and Przewoźniak, *Health Consequences of Tobacco Smoking in Poland*
101 J. Kozioł, interview by M. Zatoński, 13 June, 2016.
103 Union of Tobacco Farmers, "Związek Plantatorów Tytoniu Zarząd Główny w Lublinie [Union of Tobacco Farmers Lublin Headquarters]."
105 Union of Tobacco Farmers, "Związek Plantatorów Tytoniu Zarząd Główny w Lublinie [Union of Tobacco Farmers Lublin Headquarters]."
106 Unknown, "Cigarette Shortage Continues."
was 90%. By far the most popular brand throughout the 1980s were the non-filtered Popularne, the new brand name of Sport cigarettes (Figure 12). The director of production at the Kraków tobacco SOE, Ignacy Zawistowski, complained that despite the technical knowledge gained through the factory’s collaboration with Philip Morris, ‘it was impossible to utilise the benefits of our knowledge because the majority of conditions necessary to improve quality were impossible to be fulfilled [...] we were doomed to get only the materials and machinery assigned by central distributors in our country, and these authorities had less money from year to year for key purchases influencing quality.’

Figure 12. Cigarette sales by brand in Poland, in % (1982-1987)


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108 Zawistowski, “Quality Fundamentals.”
The rationing of cigarettes ended in mid-1983, as Poland’s western lenders agreed to postpone the payment of its debts. Representatives of the tobacco SOEs argued in the media that restarting tobacco and cigarette exports should become a priority in the context of Poland’s difficult economic situation, as their sale abroad ‘increases our foreign currency reserves and allows the importing of high necessity goods or spare parts.’\footnote{E. Wiśniewski, “Eksport naszą szansą [Export is our chance],” \textit{Wiadomości Tytoniowe} 10-11 (1981).} However, exports did not resume at the same scale as in the 1970s.\footnote{Unknown, “Z prasy [From the press],” ibid. 1 (1984).} While tobacco production increased once again, the materials required for the manufacture of cigarettes, such as cigarette paper, filters, and packaging, remained scarce, partly because of the slow pace of production using the antiquated machinery in factories, forcing the manufacturers to use cheaper substitutes. The improvements in cigarette production technology in other countries left Polish manufacturers far behind. The poor quality of the tobacco crop grown in Poland and of the paper used for making cigarettes, the use primitive paper filters, and even the sloppy packaging, mostly made of outmoded cellophane rather than aluminium, meant that the Polish Tobacco Monopoly’s products were not attractive for foreign importers.\footnote{“Exports of Polish Leaf Tobacco Rise Again.”}

After a dip in the early 1980s cigarette production in Poland bounced back, reaching 94 billion sticks by 1986, with an additional 5 billion imported from abroad. The difference in respect to the 1970s was that the entirety of the output was now consumed by the Polish market.\footnote{J. Werczyński, “Dużo palimy, ale nie eksportujemy,” \textit{Wiadomości Tytoniowe} 11 (1987).} Tobacco and cigarettes were no longer a source of foreign currency, and thus essential to the Polish economy. However, this did not mean that the tobacco economy ceased to be a priority for the authorities. By the end of the 1980s an average adult Pole was consuming 3600 cigarettes per year.\footnote{WHO, “The current status of the tobacco epidemic in Poland,”[Copenhagen: World Health Organization, 2009].} Their quality might have been poor, but in a country frozen in an economic crisis, where meat, gasoline, and chocolate were still rationed, cigarettes remained one of the most accessible consumer products.\footnote{Diehl, ”Poles Refuse to Put Out Their Cigarettes; Tobacco Habit Continues to Spread Despite 20-Year Campaign Against It.”} The pleasure and solace they provided to the troubled Polish society was more important to the regime than the evidence of their growing health toll. Anti-tobacco advocates were allowed to operate in the country and were increasingly using mass media to broadcast their message about smoking harm and cessation methods (see Chapter 7). However, tobacco control legislation proposals emerging from the public health community, even those
that gained the approval of the MoH, were promptly rejected by the PZPR leadership, and the 1974 Tobacco Control Decree remained largely ignored by institutions responsible for its enforcement. The authorities made sure that they were not perceived as standing between the Poles and their cigarettes until the collapse of the Communist regime in 1989.
6.3 Tobacco control legislation in communist Poland

- Events pertaining to the development of tobacco control legislation in communist Poland are presented graphically in Timeline 7 in Appendix F

In view of the economic importance of the Polish tobacco industry for state revenue, and the weakness of both the MoH and non-governmental anti-tobacco advocacy groups, we should perhaps wonder not why anti-tobacco policy in communist Poland was so weak, but rather why was tobacco control legislation introduced at all. In 1974 a number of factors contributed to this. One was that by the 1970s some form of tobacco control legislation existed in most industrialised countries, including many Soviet bloc states. The Polish authorities realised that they had become a public health outlier. This realisation was compounded with the skyrocketing smoking rates, which by the late 1970s were on some measures among the highest in the world, and the resulting growth in tobacco-related diseases, which were gradually becoming a strain on the Polish healthcare system. Tobacco control legislation, even if largely unenforced, could provide a fig leaf for the Communist regime, shielding it from the criticism it increasingly faced from the international public health community, the home-grown anti-tobacco advocates, and the MoH politicians. It also pre-empted accusations that it was ignoring the deteriorating health of Polish citizens.

6.3.1 Growing concerns about health

Initial attempts at cutting down smoking in Poland through government intervention took place in the 1960s. These were spurred by the rapid pace at which tobacco consumption increased in the country – from one of the lowest levels in Europe in the interwar period, at about 550g/person in 1935, to one of the highest in the world in 1960, at over 1500g/person.115 In August 1966, the Polish press agency announced an increase of tobacco prices – the cost of the most popular brand, Sport cigarettes, went up from 12 to 14 cents for a pack. The change was unexpected, and all tobacco kiosks closed after it was announced, to prevent hoarding before the increase was put in effect. This was the first time such a measure was officially justified by health reasons. The Polish Press Agency reported that the increase was necessary ‘to check the very rapidly growing consumption of cigarettes [...]’, because ‘in light of recent medical research, such a rapid growth of tobacco consumption exerts a negative influence on the health of the

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115 Synowiec, Przemysł tytoniowy w Polsce w okresie pierwszego planu pięcioletniego [Tobacco industry in Poland during the first five years plan], S. Pp. 171-172.
population’. This token change did not mean much in practice, as cigarettes were so cheap that a slight increase constituted no barrier at all for consumers. On the Polish market, 1 kilogram of sugar cost as much as 72 cigarettes, 1 kilogram of meat as much as 163 cigarettes, and 1 kilogram of butter as much as 393 cigarettes. This was much lower than elsewhere in Europe – for example, in France the cost of 1kg of butter was the equivalent of 60 cigarettes. Other small symbolic changes took place within the government in this period. For example, throughout the 1960s different ministers, as well as police chiefs, received set amounts of money to buy ‘presentable cigarettes’ for entertaining visitors. These extra payments were terminated in 1972. In 1971, following international trends, the flag carrier of Poland, LOT Polish Airlines, prohibited smoking on all domestic flights.

One area in which tobacco control in communist Poland was more stringent than in other European countries, including the Soviet Union, was advertising. Advertising in general was closely controlled by the regime through most of the communist period and was frequently used by the state to reorient citizens away from a product which may be temporarily to one which was currently abundant. When, for instance, pork or butter became deficit goods; advertising would be praising the healthiness of beef or margarine. Often generic products were advertised (e.g. with slogans such as ‘Fresh eggs should be a staple in your family’s diet’), rather than particular brands; and in many cases there would be only one brand of any given product on the market anyway. While by 1989 there were 20 cigarette brands in Poland, there was never an oversupply of tobacco products on the Polish market.

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117 Synowiec, Przemysł tytoniowy w Polsce w okresie pierwszego planu pięcioletniego [Tobacco industry in Poland during the first five years plan], 5. Pp. 173-174.
118 IPN BU 1619/1326, "Wydatki na papierosy dla kierownictwa MSW [Spending for cigarettes for the MIA management],” Institute of National Remembrance (1972).
120 Fox, "'Tobacco is Poison!' Soviet-Era Anti-Smoking Posters."
special category of goods, for which advertising was prohibited from the outset of Communist rule.\textsuperscript{122}

The token regulations introduced in the 1960s, had little effect in stymieing the growth of smoking in Poland. By the mid-1960s Poland had the highest cigarette consumption rate in the CEE, at almost 2,500 cigarettes per year per capita.\textsuperscript{123} By the mid-1970s Poles became the country with the highest smoking prevalence in the world.\textsuperscript{124} Cigarette consumption was to peak at over 3,500 cigarettes by 1987, compared to the Eastern European average of 2,600, and a Western European average of under 2,300 cigarettes (Figure 10). This was, inevitably, followed by an explosion in the rates of tobacco-related diseases. The rate of cancer deaths grew rapidly, a problem made worse by the fact that the Polish health system, geared to treating infectious diseases, was poorly equipped to deal with chronic illness.\textsuperscript{125} In 1974 the director of the Warsaw Cancer Centre declared that lung cancer has reached the status of an epidemic in Poland.\textsuperscript{126} The World Health Organization warned that half of all premature deaths among Polish men in the 1980s were linked to smoking.\textsuperscript{127} In 1983 a government report estimated the rate of all cancers connected to smoking at 37\% among men and 12\% among women and that the disease killed over 12,000 people in Poland annually.\textsuperscript{128}

The Polish medical and public health community, which throughout the 1960s perceived anti-tobacco advocates as puritanical fanatics, was becoming increasingly vocal about the need to tackle the spreading tobacco epidemic. In 1970 a Working Group on smoking-related problems was set up at the Medical Section of the Polish Academy of Sciences. It was composed of a small

\textsuperscript{125} Kubik et al., "Patterns of cigarette sales and lung cancer mortality in some central and eastern European countries, 1960-1989."
\textsuperscript{126} Unknown, "Restrictions on smoking in Poland," ed. La Republicain Lorrain(Tobacco Institute Records; RPCI Tobacco Institute and Council for Tobacco Research Records, 1974).
\textsuperscript{128} IPN BU 1098/10, "Projekt uchwały Rady Ministrów w sprawie: ograniczenia palenia tytoniu ze względów zdrowotnych, funduszu przeciwtytoniowego [Proposal of Council of Ministers decree regarding limiting smoking tobacco due to health reasons and an anti-tobacco fund]," \textit{Institute of National Remembrance} (1983).
group of respected senior scientists, many with connections to the WHO, whose task it was to keep the government informed of the progress of research on smoking. These were informed by the developments in western countries, where epidemiologists and medical scientists had become actively involved in the anti-tobacco effort – the first World Conference on Tobacco or Health was held in 1967 in New York, and was followed by tobacco control guidelines issued by the WHO and the Union for International Cancer Control (UICC), including an emphasis on legislative action. The Polish Working Group sent its reports to the Ministries, local authorities, the mass media, and medical journals, with policy recommendations.

Similar opinions from the medical community were increasingly widely circulated among state institutions. Even tobacco industry publications echoed some of their concerns, pointing out that smoking rates ‘in Poland and in Hungary are higher than the average in all other Comecon countries’. One tobacco industry representative wrote that Poland belongs ‘in terms of smoking, to the world leaders, and we should not be proud of it’ and that ‘careful and effective tobacco control is needed.’ Another added that ‘there is no reason why Poland should be one of the world leaders in smoking’. Of course there was an agenda behind the Polish Tobacco Monopoly’s concern about smokers – it wanted to encourage the government to step up the lucrative exports of its products, rather than focus on production for the domestic market. While different policy actors had their different reasons, by the mid-1970s a consensus seemed to have developed that the tobacco market could not remain effectively unregulated.

6.3.2 The 1974 Tobacco Control Decree

The first legal document regulating smoking in communist Poland was issued on 4 June 1974. It did not come in the form of a legislative bill, but rather a decree issued by the Minister of Health and Social Justice ‘regarding the limiting of smoking tobacco due to health reasons’. The justification for the decree was presented in positive terms. Rather than a response to a growing

130 Reubi and Berridge, "The Internationalisation of Tobacco Control, 1950-2010."
131 WHO Regional Office for Europe, "Survey on Smoking and Health in the European Region, 1974-1975."
132 Unknown, "Z prasy zagranicznej [From the foreign press]."
problem, it was framed as a new element that would support already existing socialist progress. The decree, according to the MoH, was needed ‘to continue the improving trend of the healthy and hygienic conditions in workplaces, educational institutions, in restaurants and other public utility venues, and with the intention of protecting the health of non-smokers and smokers, particularly preventing smoking-related diseases […]’.

Amongst its key provisions were (see Appendix I for full text of the decree):

- A ban on smoking in all facilities belonging to the Ministry of Health, including waiting rooms in healthcare institutions, in hospital wards, in university canteens, pharmacies, etc; and ensuring that non-smoking rooms exist in buildings in which smoking is allowed.
- A recommendation to other ministries, local government, and cooperative unions and social organisations, to introduce similar bans in facilities for which they were responsible, for example:
  - in restaurants, cafes, and ‘other facilities of collective nutrition made up of more than two rooms devoted to consumption’, as well as shops (these services in PRL were predominantly managed by the Ministry of Internal Trade and Services);
  - in suburban trains, station eateries, train dining cars, and waiting rooms at bus and train stations (these were managed by the Ministry of Communication);
  - in cultural centres, public halls and clubs (managed by the Ministry of Culture and Art);
  - university lecture halls and seminar rooms (managed by the Ministry of Science, Higher Education, and Technology);
  - on TV shows (for which the Radio and Television Committee was responsible).

The Tobacco Control Decree initially received much praise from the public health community and the media. It was announced to great fanfare, also internationally. Newspapers from as far as Seattle reported on the introduction of the regulation: ‘Environmentalists and health authorities have new respect for the Poles, who sometimes are the brunt of cruel jokes. The Polish government has forbidden smoking in restaurants, coffee houses, snack bars, commuter trains and lecture halls.’

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136 Dz. U. 1974 nr 22 poz. 135, "Rozporządzenie w sprawie ograniczenia palenia tytoniu ze względów zdrowotnych [Decree regarding limiting smoking tobacco due to health reasons]," Decree of the Minister of Health and Social Care issued on 4 June (1974).

137 Unknown, "No smoking."
regulation ‘the most far-reaching introduced by a government’ in global tobacco control.\(^{138}\) The WHO Regional Office for Europe was also cautiously optimistic: ‘Although the official regulations are not as yet strictly adhered to, they seem to be profitable and promising. Non-smokers are no longer limited only to putting up a notice “Thank you for not smoking” on their desks, and more and more rooms are now marked “Smoking prohibited”\(^{139}\). The Polish anti-tobacco advocates and the MoH hoped that the decree would provide a powerful lobbying tool for stronger regulations, and more coordinated anti-tobacco measures in the future.\(^{140}\)

However, public health optimism about the Tobacco Control Decree quickly faded. Within a few years its most restrictive clauses were retracted, and enforcement of the remaining ones was half-hearted. The first victim was the ban of smoking on trains and in railway stations, which was cancelled after just one year, as travellers ignored the new rules.\(^{141}\) An example of how ministries tried to shirk the responsibilities put upon them by the MoH was the reaction to the decree, or rather the lack thereof, from the Ministry of Internal Affairs (MSW). In 1976 the Department of Health and Social affairs of the MSW, frustrated by the inertia over implementing smoking bans within ministry facilities, called upon the Minister to introduce the provisions of the decree.\(^{142}\) It took the MSW leadership until 1984 to begin responding to those calls; and then only for the legal office of the MSW to dispute the need to comply with the 1974 decree, stating that ‘the legal basis cited in the decree is inaccurate […] and its provisions are not binding for the Minister of Internal Affairs […].’\(^{143}\) The MSW claimed that while no regulations had been officially introduced, the decree had been ‘acknowledged and observed’ by the MSW, the ban on smoking


\(^{139}\) WHO Regional Office for Europe, “Survey on Smoking and Health in the European Region, 1974-1975.”

\(^{140}\) PN BU 1098/11, “Projekt zarządzenia Ministra Spraw Wewnętrznych w sprawie ograniczenia palenia tytoniu w pomieszczeniach służbowych jednostek organizacyjnych resortu spraw wewnętrznych [Proposal of a decree of the Minister of Internal Affairs regarding limiting smoking in organisational facilities of the ministry of internal affairs],” Institute of National Remembrance (1984-1985); IPN BU 1098/12, “Pismo PTP dotyczące ograniczenia palenia tytoniu [PTP letter regarding limiting smoking tobacco],” ibid.(1985-1986).

\(^{141}\) WHO Regional Office for Europe, “Survey on Smoking and Health in the European Region, 1974-1975.”

\(^{142}\) IPN BU 0554/24, ”Pismo Okólne nr 1/76 Dyrektora Departamentu Zdrowia i Spraw Socjalnych MSW z dnia 26-04-1976 r. w sprawie ograniczenia palenia tytoniu ze względów zdrowotnych [Circular nr 1/76 issued by the Director of the Department of Health and Social Affairs of the Ministry of Internal Affairs on 26-04-1976 regarding limiting smoking tobacco due to health reasons],” Institute of National Remembrance (1976).

\(^{143}\) IPN BU 1098/11, “Projekt zarządzenia Ministra Spraw Wewnętrznych w sprawie ograniczenia palenia tytoniu w pomieszczeniach służbowych jednostek organizacyjnych resortu spraw wewnętrznych [Proposal of a decree of the Minister of Internal Affairs regarding limiting smoking in organisational facilities of the ministry of internal affairs],” ibid.(1984-1985).
in meetings and conferences had been broadly respected, and seminars had been organised for
the upper management of the Ministry on the challenge posed by tobacco.\textsuperscript{144} However, when an
internal evaluation of the implementation of anti-tobacco measures in the MSW was conducted
in 1987, it concluded that these were respected only to a minimal extent.\textsuperscript{145} The Polish public
health community was aware of the shortcomings and lack of enforcement of the 1974 decree.
Prof. Woy-Wojciechowski, the President of the Warsaw Medical Association, in a radio interview
in 1986 said that ‘it is truly embarrassing that the general rules governing smoking in Poland
result mainly from fire safety and workplace safety regulations. [The 1974 decree], one of the
first such legislative acts in the world’, in practice quickly disappeared in bureaucrats’ briefcases.
Few have heard of it, even fewer observe it.’\textsuperscript{146}

6.3.3 Later attempts at introducing anti-tobacco legislation

Disappointed by the fiasco of the 1974 Tobacco Control Decree, anti-tobacco advocates looked
for other ways of halting the tobacco epidemic. In 1979 the Minister of Health requested the
Minister of the Food Industry to introduce warning labels on cigarette packages.\textsuperscript{147} In 1980 the
Polish Tobacco Monopoly started printing health warnings – ‘Smoking may be dangerous to
health’ – on cigarette packets. The Catholic daily \textit{Słowo Powszechne} described the move ‘as a
major victory for the Anti-Smoking Committee.’\textsuperscript{148} The authorities were willing to support certain
tobacco control measures – but only those that did not limit the access of Poles’ to cigarettes and
threaten to provoke social unrest. Regulations such as advertising bans, or health warning labels
on packaging, lay in the inoffensive category. The resistance of policymakers started when more
invasive changes were proposed, such as smoking restrictions in public places, or price increases.

Nonetheless, by the mid-1980s, with the temporary stabilisation of the political situation in
Poland, and with the threat posed by Solidarity seemingly contained, public health advocates

\textsuperscript{144} IPN BU 1098/12, "Pismo PTP dotyczące ograniczenia palenia tytoniu [PTP letter regarding limiting
smoking tobacco]," ibid.(1985-1986).
\textsuperscript{145} IPN BU 0355/65, "Materiały Wydziału II Biura "C" MSW zawierające przepisy centralne i zarządzenia z lat
1986-1988 [Ministry of Internal Affairs materials regarding the central laws and decrees from the years
\textsuperscript{146} Zajączkowski, \textit{Zanim zapaliesz - przeczytaj [Before you light up - read up]} . P. 43.
\textsuperscript{147} A. Grzybowski, "Przegląd rozwoju podstaw prawnych działalności anty nikotynowej [Review of legal
bases for anti-tobacco activity]," in \textit{Oświata zdrowotna w walce z paleniem tytoniu [Health education in
countering tobacco smoking]}, ed. A. Grzybowski(Warsaw: Państwowy Zakład Wydawnictw Lekarskich,
\textsuperscript{148} Unknown, "Poles get smoking warning." ed. Philadelphia Inquirer(Tobacco Institute Records; RPCI
attempted to bring the issue of low cigarette prices back to the table. The Polish Anti-tobacco Society, increasingly supported by the medical community, was becoming more assertive in voicing its opinions in mass media, and in supplying the MoH with data and examples from other countries. In January 1984 an Interministerial Committee for Counteracting Tobacco Smoking was formed at the MoH.\textsuperscript{149} It included the Viceminister of Health and the Chief Sanitary Inspector, the leaders of the PTP, railway health inspectors, representatives of the ministries of science and culture, the Women’s League, as well as Polish state TV. The main duties of the committee were to analyse developments in smoking rates, issue opinions on anti-smoking programmes, collaborate with the tobacco industry on improving the quality of tobacco products, and also recommend legislative solutions.\textsuperscript{150} In February 1986, the Chief Sanitary Inspector Jerzy Bończak expressed outrage in a radio interview over the fact that cigarette prices were being reduced. The Minister of Health, Miroslaw Cybulko supported him, quoting Canadian and Swedish research showing the high costs of smoking, and criticised ‘people who believe that the production of cigarettes should be a profitable business for the state.’\textsuperscript{151} In its reports issued to the government in the 1980s the MoH and Sanepid estimated the economic losses connected to smoking in Poland, resulting from work absence, cost of treatment, and high mortality of working age adults, at around five times higher than the state’s revenue from selling tobacco products.\textsuperscript{152}

In the 1980s the MoH, together with the Sanepid, twice approached the government with proposals of anti-tobacco legislation that would replace the failed 1974 Tobacco Control Decree. The 1983 proposal was based on a package of policy recommendations prepared by the Polish anti-tobacco advocates with the help of experts from the Union for International Cancer Control, and Finnish tobacco control researchers. The new policy was to consist of two decrees that would be issued by the Council of Ministers rather than the MoH, seeing that its 1974 decree was ignored by the other ministries. The first decree, ‘regarding limiting smoking tobacco due to health reasons’ would:

\textsuperscript{149} Międzyresortowa Komisja do Spraw Przeciwdziałania Paleniu Tytoniu
\textsuperscript{151} Zajączkowski, Zanim zapalisz - przeczytaj [Before you light up - read up]. Pp. 16-18.
\textsuperscript{152} IPN BU 1098/10, “Projekt uchwały Rady Ministrów w sprawie: ograniczenia palenia tytoniu ze względów zdrowotnych, funduszu przeciwtyniowego [Proposal of Council of Ministers decree regarding limiting smoking tobacco due to health reasons and an anti-tobacco fund].”
• create a Committee for Countering Tobacco Smoking to advise the Prime Minister, evaluate anti-tobacco programmes, co-ordinate anti-tobacco activity of state institutions, initiate a process of technological and quality improvement of tobacco production, support the functioning of the Anti-tobacco Society, and develop international collaborations, including with the WHO;
• constrain the ministries and state institutions to engage in anti-tobacco activities, including school education, cessation treatment, and introducing bans on smoking in their facilities;
• oblige the Minister of Agriculture to establish a threshold on ‘how much nicotine and other harmful substances are contained in tobacco’.

The second decree would establish an anti-tobacco fund, based on a special supplement of 0.50 złoty on each packet of tobacco products sold. The fund would be managed by the MoH and earmarked for anti-tobacco education, improving the quality of tobacco products, production of cessation drugs, financing cessation advice clinics, research activity on the effects of smoking, the functioning of the Anti-tobacco Society, and an increase in the number of anti-tobacco publications. The expected amount of the fund was PLN 2.5 billion (equivalent of roughly £66 million today).\textsuperscript{153}

The debate on the proposal within the government was over before it really started – health advocates active at the time remember that it was one of the most quickly rejected policy recommendations in their professional lives.\textsuperscript{154} The proposal for the creation of an anti-tobacco fund was opposed by the Minister of Finance, who questioned its purpose and suggested combining it with the existing anti-alcohol fund. The remaining provisions were opposed, ironically, on the grounds that the meagre effects of the 1974 Tobacco Control Decree were proof that no amount of regulation can make people stop smoking. The swift rejection of MoH’s proposal underscores the weakness of the health ministry, as well as the unwillingness of the country’s political leadership to engage even in the discussion over tobacco control regulation in the context of the delicate political situation in Poland in the early 1980s.\textsuperscript{155}

\textsuperscript{153} Ibid.
\textsuperscript{154} K. Przewoźniak, interview by M. Zatoński, 9 January, 2016; Zatoński, “Interview.”
\textsuperscript{155} IPN BU 1098/10, “Projekt uchwały Rady Ministrów w sprawie: ograniczenia palenia tytoniu ze względów zdrowotnych, funduszu przeciwtytoniowego [Proposal of Council of Ministers decree regarding limiting smoking tobacco due to health reasons and an anti-tobacco fund].”
In May 1988 another legislative proposal, this time for a bill regarding ‘nicotine abstinence and countering smoking tobacco’ was circulated around the ministries by the MoH, in the hope that the government would decide to send it to Parliament for discussion. The bill in its original form would:

- oblige state administration organs to undertake anti-tobacco propaganda and education, improve the quality of tobacco products, increase cigarette prices, introduce smoking restrictions in public places and workplaces, and limit the availability of tobacco products;
- set up an advisory committee to the Minister of Health responsible for designing an anti-tobacco action programme, consisting of representatives of state, social, and religious organisations;
- create an Anti-Tobacco Fund to cover the costs of the anti-tobacco initiatives, this time drawn from 5% of the cost of tobacco products. The Fund was to be administered by the Polish Anti-tobacco Society in collaboration with the MoH;
- ban the sale of tobacco to people under-18;
- introduce more prominent health warning labels on tobacco packaging.^[157]

Chastened by the 1983 debacle, the MoH justified the need for the bill arguing that while a piece of legislation might not solve the problem of smoking by itself, it could form the basis of comprehensive anti-tobacco activity. The bans and restrictions were to be followed in the long term by the development of an ‘appropriate social climate’ with the use of propaganda and education, especially targeting youth. The Minister of Health argued that ‘change in mentality takes time, but it leads to durable change. On the other hand, immediate action was also necessary, action that could help bring about a decline in smoking prevalence in Poland – raising the prices of cigarettes, decreasing availability, and limiting the content of toxic chemicals in tobacco products.’^[158]

However, as was the case with the 1983 decree proposal, doubts were voiced about the legality of some of the measures, including the idea of fining employers who failed to enforce the ban on

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[^158]: Ibid.
smoking in workplaces. The Ministry of Internal Affairs also pointed out that the government could not legislate a ban on smoking in places that were not public, such as certain eateries or offices. Unlike in 1983 though, the proposal was not rejected out of hand, but instead returned for further consultation. Nonetheless, this time political turbulence stood in the way of legislation – the collapse of the government in October 1988 sparked another political crisis which eventually culminated in the fall of the Communist regime in Poland. Tobacco control fell off the political radar until the 1990s.

6.3.4 Failure of tobacco control legislation in communist Poland

Despite much initial hope associated with the 1974 decree, tobacco control legislation failed to halt rising smoking rates in the PRL. In a 1985 article entitled ‘For the Human Rights of Non-Smokers’, Prof. Bogusław Bobrański, an eminent chemist and pharmacist, wrote that in Poland ‘tobacco is smoked everywhere, even under the No Smoking sign [...], in public transport, universities, schools, post offices, workplaces, airports, cafes, restaurants, by medical doctors and nurses in hospitals, by actors in movies, even in scenes which could easily do without smoking.’ Bobrański attacked the government over its lack of commitment to enforcing the 1974 decree; ‘if the Ministry of Finance approached its own decrees so light-heartedly, the country would have gone bankrupt due to lack of money from taxes’.

The importance of the tobacco economy, and the politically sensitive nature of cigarette availability, meant that it would take a particularly strong and cohesive coalition to bring about meaningful tobacco control policy measures. The MoH, the anti-tobacco advocates, and the medical community were neither strong, nor cohesive. They rarely spoke on tobacco regulation with one voice, at least until the very last years of the Communist regime. MoH officials at anti-tobacco meetings throughout the 1960s and 1970s often cautioned activists that their focus should be on educational and propaganda efforts rather than legislation, and that the anti-tobacco movement should ‘avoid the temptation [...] of dividing society into smokers and non-smokers’. Even as the MoH was putting forward its legislative proposals in the 1980s, it did so without a cohesive coalition.

159 Ibid.
160 Kozioł, "Interview."
162 Ibid. P. 76.
without much conviction – after the government rejected the 1983 decree proposal the Minister of Health declared that he did not think that a new piece of legislation was really needed, but rather a better implementation of the 1974 Tobacco Control Decree.\textsuperscript{164} The medical community, too, while notionally in favour of stronger tobacco control, did not quite see eye to eye with the anti-tobacco advocates as to what this should entail. Prof. Jerzy Woy-Wojciechowski in May 1986 declared that cigarette price increases, just as with alcohol, ‘are of course of little or no importance’, unlike ‘the improvement of the quality of tobacco or other cigarette subcomponents […] which is crucial.’\textsuperscript{165} With the threat of social unrest always hanging over the issue of meaningful price increases, along the lines of those opposed by Solidarity in 1981, these were not carried out by the authorities.\textsuperscript{166} Cigarettes remained one of the most affordable and accessible products on the PRL market.\textsuperscript{167}

After the advent of Solidarity in 1980, the government was constantly treading on eggshells in any policy decisions it made. Limiting cigarette availability was seen as politically risky at a time when the state struggled to provide adequate amounts of basic foodstuffs.\textsuperscript{168} Józef Kozioł, the vice-premier in the years 1985-1988 recalled that by the 1980s the profits from tobacco did not matter as much as the fact that cigarettes constituted a ‘stabilising factor’ during a period of market imbalance and social unrest.\textsuperscript{169} Since in the framework of a command economy the state was in charge of deciding prices for cigarettes rather than the manufacturer, any increase of prices, as well as introduction of more stringent laws, would make the government an easy target for the anti-communist oppositionists.\textsuperscript{170} This approach was best captured in a quote from Czesław Bobrowski, the chairman of Jaruzelski’s Economic Advisory Council, who in 1983 told a youth communist paper that in times of unrest ‘the government was overwhelmingly motivated by political and social factors, more so than what was favourable for the economy.’\textsuperscript{171} In this

\textsuperscript{164} Zajączkowski, Zanim zapalisz - przeczytaj [Before you light up - read up] . P. 16.
\textsuperscript{165} Ibid. P. 43.
\textsuperscript{166} Diehl, "Poles Refuse to Put Out Their Cigarettes; Tobacco Habit Continues to Spread Despite 20-Year Campaign Against It."
\textsuperscript{167} J.M. Jaworski, interview by M. Zatoński, 12 January, 2015.
\textsuperscript{168} Ibid.
\textsuperscript{169} J. Kozioł, "Oral contribution to witness seminar on tobacco control policy in Poland,"(Chief Sanitary Inspectorate, Warsaw 2016).
\textsuperscript{170} "Interview."
context it was hard to imagine that progressive tobacco control policy, a potential irritant to
Poland’s 12 million smokers, would be a government priority.\footnote{IPN BU 1585/21122, “Polskie Towarzystwo Przeciwtyniowe [Polish Anti-tobacco Society],” Institute of National Remembrance (1979-1984).}

By the late 1980s even in the eyes of the western tobacco lobby Poland became a sort of
legislative ‘promised land’, despite its communist political system. In 1987 \textit{The Distributor} (the
publication of the US National Association of Tobacco Distributors) published an article
describing Poland as a country ‘where chocolate (surely one of life’s necessities) and meat are
still rationed, a third of the population clings to one of life’s simple pleasures – smoking.’ The
article praised the Polish government, which ‘unlike the U.S. Government, shows remarkable
tolerance for the habits of its population – at least their smoking habits. In fact, this may well be
the one area where the real political stick over government policy is still wielded by the Polish
public.’\footnote{Distributor, ”Poles still enjoy ‘the right to smoke’,” ed. National Association of Tobacco Distributors(Tobacco Institute Records; RPCI Tobacco Institute and Council for Tobacco Research Records, 1987).}
6.4 Conclusion

In Lenin’s Russia the bold, reformist attitudes towards tobacco control fizzled out at the first encounter with the country’s industrial elite. As Semashko presented his decree proposing limiting the supply of tobacco and restricting the sale of tobacco products to the Soviet of People’s Commissars, the economic organizations fell upon him ‘with bayonets’. When he sought support from Lenin, Semashko was also promptly put down – ‘you, old man, were crushed’, the Soviet leader allegedly told him.174

In communist Poland, like in Soviet Russia, socialist commitment to health also did not hold up when faced with economic considerations and national security. In the late 1980s a group of Polish sociologists explored the tension between the Leninist emphasis on treating health as the responsibility of the state, and communist Poland’s failure to realign its social policies to give public health a similar priority to economic advancement. They pointed out that while the bulk of the Polish national budget continues to be allotted to huge industrial projects, its expenditure on health protection is among the lowest in Europe.175 This research confirms that the regime’s priorities in the area of tobacco policy were similar.

Tobacco control policy in communist Poland was marginalised in the 1960s and 1970s due to its potentially negative impact on the modernising economy, and in the 1980s was out of bounds as a destabilising influence on the fragile political status-quo. If political pressure for tobacco control was weak, the social pressure was even weaker. In a nation with a plethora of urgent wants, a collapsing economy, and, in the wake of martial law, a seemingly increasingly authoritarian regime, health was not seen as a key aspirational value that could shape personal behaviour. Smoking remained socially acceptable among most groups in Polish society. A poll conducted in 1983 on opinions about smoking revealed that it was broadly accepted. Almost 60% of respondents said they did not mind regular smoking around them, as compared with only 38% accepting of ‘behaviours of young people’, 35% of dealing with personal affairs during work hours, and less than 24% accepting swearing.176 Addiction specialists complained that despite the ban on sale of cigarettes to minors in the late 1980s even children of primary school age rarely...
had a problem with buying them in shops.\textsuperscript{177} Neither Polish society, nor powerful interest lobbies, and certainly not the state institutions were interested in the enforcement of the 1974 Tobacco Control Decree, or in introducing new legislation to replace it in the 1980s.

This chapter has explained the political and economic constraints faced by tobacco control in the PRL – the weakness of the MoH, the strength of commercial interests associated with tobacco, and the sensitive nature of cigarette availability to social stability. It does not explain, however, why the attitudes of Poles towards smoking evolved very little throughout the communist period despite the fact that in much of Europe societies began to gradually turn away from cigarettes. The next chapter looks at the relationship of civil society with tobacco control in the PRL, and the failure of the anti-tobacco advocates’ efforts to change Polish smoking culture.

\textsuperscript{177} Markiewicz, \textit{Nikotynizm drogą do innych uzależnień [Nicotine as a gateway to other addiction]}. Pp. 22-24.
Chapter 7 – Polish society and tobacco control during communism

7.1 Introduction

A situation in which an industrialised region not afflicted by war or plague experiences a significant decline in life expectancy has few precedents in history.¹ This outcome appeared particularly unlikely in the context of the Soviet bloc countries, which by the mid-20th century were at the peak of their economic productivity and could boast growth rates higher than in any Western European country.² And yet, the 1960s saw an onset of a premature mortality crisis that was to persist until the collapse of the Communist regimes in the region in the 1990s.³ In trying to understand this surprising development, epidemiologists pointed to three principal factors – alcohol, diet, and smoking. However, as the medical sociologist William Cockerham pointed out after the collapse of the Soviet Union, to ‘claim that alcohol, smoking, or poor eating habits are responsible for the large number of premature deaths does not explain why so many people in the former Soviet bloc nations drank alcohol, smoked, or consumed less nutritious food to the extent that they significantly shortened their lives.’⁴

The previous chapter analysed the reasons underpinning the weak regulatory efforts of the PRL authorities in tobacco control. However, public health scholars have theorised that committed and responsive civil society organisations can compensate for public health policy failures of political authorities by conducting direct campaigns and driving social change in health awareness and behaviours.⁵ Despite the failure of the Polish Communist regime to act against the growing problem of smoking, a strong anti-tobacco civil society movement could constitute a significant force against the smoking epidemic in Poland.

² Cockerham, Health and Social Change in Russia and Eastern Europe. P. 9.
³ Feachem, "Health decline in Eastern Europe."; Zatoński, Zatoński, and Wojtyła, "Premature mortality: Europe’s persisting Iron Curtain?.
⁴ Cockerham, Health and Social Change in Russia and Eastern Europe. P. 1.
In this chapter I show that civil society in the PRL failed to make up for the poor tobacco control record of the politicians. Until the 1970s the anti-smoking movement remained marginal, detached from the medical and scientific community, and highly personalised under the leadership of the belligerent and uncompromising Alfred Jaroszewicz. His organisation, instead of building up grassroots support, spent the bulk of its time in the ultimately futile pursuit of state funding and on the production of amateurish and poorly disseminated propaganda materials. By the second half of the 1960s it was embroiled in a vicious internal conflict which effectively precluded it from conducting effective anti-tobacco activity or from gaining greater respect from the authorities. From the 1970s onwards the anti-tobacco movement became professionalised. Its leaders engaged in a gradual process of building up an advocacy coalition, as conceptualised in Sabatier’s *advocacy coalition framework*, and aligned their organisation closer to the medical community, developed ties with international public health advocates and the WHO, and engaged in more coherent media, propaganda, and social marketing strategies.

By the 1980s Kingdon’s *problem stream* seemed to be conducive to policy change in tobacco control in Poland – the evidence of the health impact of smoking was becoming apparent to the authorities, several politicians, especially from the Ministry of Health, became personally involved in the anti-tobacco movement, and the 1974 Tobacco Control Decree provided a potential focusing event for further regulation. However, the ‘window of opportunity’ remained closed, as neither the *policy stream* nor the *politics stream* aligned. The anti-tobacco movement was unsuccessful in involving the leading civil society organisations of the period, the Catholic Church and Solidarity, in their work, thus limiting the reach of the anti-smoking message. In consequence, the social acceptability of strong anti-tobacco regulation remained low. The legislators, worried about antagonising the seditious Polish society, were unwilling to risk enforcing stringent regulation. In a country with a broken political and economic system, and with an authoritarian and oppressive regime still in place, health was not perceived as the most urgent social need. The anti-tobacco advocates were unable to ensure the enforcement of the 1974 Tobacco Control Decree and failed to secure the support of policymakers for stronger tobacco control legislation in the 1980s. In effect, while a broad anti-tobacco advocacy coalition was in place in Poland by the time that the Communist regime collapsed in 1989, it had little to show for its efforts – Poland remained the country with some of the highest smoking rates in Europe, and some of the weakest tobacco control regulation.
7.2 ‘Sisyphean labour’ under ‘an autocratic leadership style’: the anti-tobacco advocacy movement between 1960 and 1971

- Events pertaining to the development of the anti-tobacco movement in communist Poland are presented graphically in Timeline 5 in Appendix F

The first official institution devoted to promoting smoke-free lifestyles in communist Poland, the Interministerial Commission for Limiting Smoking, was established in 1960. In 1962 it was renamed the Nationwide Committee for Limiting Smoking (OKZPT), and in 1964 the Social Committee for Limiting Smoking (SKZPT). The organisation was founded by Alfred Jaroszewicz, the Director of the Programme Board of Advertising of the Ministry of Internal Trade (MHW), who remained its chairman until 1971.

Jaroszewicz emerged from the archival sources analysed for this research as the towering figure of the anti-tobacco movement in Poland for the first decade of its existence. This focus on individual agency might be due partly to the nature of the archive from which the bulk of information on the SKZPT was drawn – the Ministry of the Interior documents often focussed on the shortcomings in the functioning of civic organisations in the PRL and sought to pinpoint the person who could be blamed for them. Nonetheless, it appears clear that Jaroszewicz’s leadership style, character, and relations with the authorities had a profound impact on the early years of communist Poland’s tobacco control effort. In this context, it is important to glimpse into Jaroszewicz’s past, which provides clues to the conflictual, uncompromising, and individualistic approach he took to leading his organisation.

Whether it was his troubled past, described in the next section, that fuelled the thorny aspects of his character, or whether he was naturally a distrusting person, the fact is that Jaroszewicz ran the SKZPT as a personal fiefdom. He was particularly loath to foster local advocates and involve medical and scientific authorities that could challenge his leadership. With his background as a communist stalwart, as well as his family relations (his stepbrother Piotr Jaroszewicz was the Deputy Prime Minister between 1952 and 1970, and Prime Minister between 1970 and 1980), Jaroszewicz was exceptionally well-connected to the PZPR establishment. This meant that government agencies were willing to turn a blind eye to the controversies surrounding his management practices. It seemed that Jaroszewicz believed that he could single-handedly

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6 Międzyresortowa Komisja do Spraw Zwalczania Palenia Tytoniu przy Ministerstwie Handlu Wewnętrznego
7 Ogólnokrajowy Komitet Zwalczania Palenia Tytoniu
8 Społeczny Komitet Zwalczania Palenia Tytoniu
9 Ministerstwo Handlu Wewnętrznego
convince the authorities to provide generous financial and administrative support that would help turn his organisation into a mass movement and did not attach much importance to building grassroots capacity. When this approach failed, he quickly became jaded and attempted to turn the SKZPT into a money-making venture selling poorly executed public health propaganda materials to government agencies.

In the 1960s modern anti-tobacco advocacy was still in its infancy, and even in the highly developed western countries the need for tobacco control regulation was not yet fully embraced – in fact the use of tobacco in the US peaked in this period.\textsuperscript{10} In this context, and given the growing importance of the tobacco economy for the PRL and the concerns about smoking harm only just starting to emerge (see Chapter 6), it would take truly exceptional leadership to overcome those structural barriers and convince the Communist authorities of the importance of implementing anti-tobacco measures. Jaroszewicz failed to provide such direction. His erratic behaviour, as well as the financial irregularities exposed by the governmental audits of SKZPT, meant the authorities were not willing to engage with the anti-tobacco movement in any substantial way. At the same time, Jaroszewicz’s position as an insider in the Communist establishment, and his early ability to make his organisation the sole ‘approved’ civil society group responsible for tobacco control advocacy, meant that the regime tolerated his fraught management throughout the 1960s. In its 1970 report on the functioning of the anti-tobacco organisation, the MSW concluded that ‘in evaluating the SKZPT activity this far it must be underlined that it has the characteristics of Sisyphean labour, and there are no indications that things could improve in the future, even with higher financial support from the state.’\textsuperscript{11}

7.2.1 Alfred Jaroszewicz – the unlikely father of Polish anti-tobacco advocacy

There is little direct evidence to explain why Alfred Jaroszewicz, a senior employee of the MHW with no background in public health, became the foundational figure of the Polish anti-tobacco movement. In the 1980s his former collaborators and anti-tobacco activists, Bogusław Kożusznik and Zachariasz Łyko, suggested that Jaroszewicz’s interest in tobacco control dated back to the


time he spent as a member of the Polish trade mission to London in the late 1950s. Jaroszewicz’s stay in England came shortly after the publication of pioneering studies of British and American scientists on the causal relation between smoking and lung cancer and cardiovascular diseases, and coincided with the onset of the debate about the stricter regulation of tobacco products in these countries. According to Kożusznik and Łyko, these developments had such a strong impact on Jaroszewicz that soon after his return to Poland he decided to launch his anti-smoking initiative.

Jaroszewicz’s personal and professional interest in advertising and marketing might have been another factor that drew him to health promotion activity. In addition to working at MHW, Jaroszewicz also published several books on the history, forms, and methods of advertising. In communist Poland commercial advertising was severely limited, especially before Gierek’s consumerist drive of the 1970s. The opportunity to become involved in the production and dissemination of anti-smoking propaganda might have provided Jaroszewicz with an alternative way of becoming engaged in mass communication. This was also evidenced by the high artistic quality of some of the posters released during the decade of his leadership (see Chapter 7.3.5).

Jaroszewicz’s past before becoming an anti-tobacco organiser was exceptionally turbulent, even for the stormy standards of 20th century Eastern Europe. As a committed communist, in the 1920s Jaroszewicz became an informant for the Soviet military intelligence agency. He was planted in the Second Department of Polish General Staff, the branch of Polish military responsible for intelligence and counterintelligence. Throughout the 1920s and 1930s he continued to advance through the ranks of the Polish intelligence services and, when the Second World War broke out, he became a leading member of the anti-Nazi Polish underground, while at

14 Kożusznik and Łyko, “XX-lecie Polskiego Towarzystwa Przeciwtytoniowego [Twenty years of the Polish Antitobacco Society].”
15 A. Jaroszewicz, Zarys rozwoju reklamy(Warsaw: PWN, 1966); Środki i formy reklamy stosowane w handlu wewnętrznym na różnych szczeblach, w różnych ogoniwach i branżach(Warsaw: PWN, 1996).
the same time continuing his covert work for the Soviets. In 1944 Jaroszewicz participated in the Warsaw Uprising and became politically active in the centrist Alliance of Democrats (SD) party. After the defeat of the Nazis, the SD became a satellite party of the Communist Polish Worker’s Party in the post-war provisional government, and Jaroszewicz entered the country’s political elite. In November 1945 he was selected as the Vice-minister of Trade and Provisioning, a position which he held until November 1946.\(^{18}\)

However, Jaroszewicz’s past soon caught up with him. As the Polish communists were solidifying their grip on power, a struggle for influence began between the nationalist faction of Władysław Gomułka, and the Stalinist wing led by Bolesław Bierut.\(^{19}\) Jaroszewicz, associated with Gomułka, found himself accused of betraying communist ideals and acting as a ‘triple agent’, ultimately loyal to the Polish authorities during the interwar period.\(^{20}\) He was arrested in 1948, brutally tortured, and imprisoned.\(^{21}\) Only in 1956, after the death of Bierut, and in the wake of Khrushchev’s De-Stalinization, Jaroszewicz was rehabilitated by the Polish Supreme Court. He was released in 1957, alongside millions of political prisoners across the Soviet bloc.\(^{22}\) Just three years later he was at the helm of the OKZPT (Image 3).

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\(^{19}\) Judt, Postwar: A History of Europe since 1945

\(^{20}\) Korkuć, "Włodzimierz Lechowicz - 'O przeszłości nigdy nie mówi'."


7.2.2 Formation of the anti-tobacco movement and the struggle for funding

The activity of the anti-tobacco movement throughout the 1960s was dominated by Jaroszewicz’s ambition to secure the status of official state-sponsored organisation (the so-called ‘higher utility status’) for the OKZPT and later SKZPT. According to Jaroszewicz without such support the OKZPT/SKZPT would be unable to fulfil its public health mission. He argued that the high costs of publishing and dissemination of propaganda and educational materials meant that instead of focusing on anti-tobacco work the OKZPT/SKZPT employees would need to spend the bulk of their time on onerous fundraising.\(^{23}\) Ironically, the fixation on higher utility status meant that the OKZPT/SKZPT under his leadership did little else than lobbying in pursuit of it – even though later audits of the organisation indicated that it was doing much better financially than Jaroszewicz suggested. In any case, Jaroszewicz’s arguments went unheard and the anti-tobacco

movement had to continue to function without the comfort of financial stability throughout the communist period.

In its first years the OKZPT effectively functioned as an affiliate of the MHW.24 The OKZPT secretariat, where its meetings and conferences were held, was located in the MHW building. The bulk of the funding of the OKZPT also came from the MHW. In 1962 it amounted to around PLN 120,000, which could pay the time of around six full-time employees (the average annual salary in 1962 was PLN 20,160).25 This was not much, but the OKZPT had few staffing and administrative expenses, as these were covered by the MHW.26 OKZPT’s activity was focused almost exclusively on securing the patronage of powerful individuals and organisations, which might in turn help it obtain more generous funding from the state. Jaroszewicz first sought to put together an organisational committee for the OKZPT that would include well-connected communist bureaucrats and apparatchiks, as well as representatives of other regime-sanctioned civic organisations and government media. He sent letters to a number of institutions, as well as various politicians, including the Ministers of Health, Education, Food Industry, Communication, Internal Trade, urging them to delegate representatives to the meetings of OKZPT and to support the organisation ‘morally and financially’.27

Jaroszewicz organised a series of conferences and meetings in 1962 and 1963 attempting to bring these prominent groups and individuals together around an anti-smoking platform. Each of these was attended by around ten participants, including representatives from several ministries, civic organisations such as the League of Polish Women and the Union of Rural Youth, institutions such as the National Institute of Hygiene and the Polish Red Cross, and several national media outlets.28 The OKZPT was most successful in developing good relations with the anti-alcohol

26 IPN BU 1585/21542, “Protokół z posiedzenia Ogólnokrajowego Komitetu Zwalczania Palenia Tytoniu z dn. 9.IX.63r. odbytego w gmachu Ministerstwa Handlu Wewnętrznego [Minutes of the meeting of OKZPT on 9 September 1963 in MHW].” Pp. 33-36.
28 “Protokół z konferencji odbytej w dniu 17 lipca 1962r. w sprawie propagandy przeciw paleniu tytoniu [Minutes of the conference on 17 July 1962 regarding anti-smoking propaganda].” Pp. 27-32; “Protokół z posiedzenia Ogólnokrajowego Komitetu Zwalczania Palenia Tytoniu, które odbyło się w dniu 24 kwietnia 1963r. w gmachu Ministerstwa Handlu Wewnętrznego [Minutes of the meeting of OKZPT on 24 April 1963 in MHW].” P. 42.
movement. Its representatives agreed that a direct link existed between the two vices: ‘smoking is conducive to drinking wine, or even vodka. In this way an underage smoker turns into a hooligan.’ In 1963 the Central Social Anti-Alcohol Committee (henceforth Anti-alcohol Committee) decided to launch a shared initiative with the OKZPT to open five non-alcohol and non-smoking cafes in Warsaw. This collaboration promised to be a great boon for the OKZPT, since the Anti-alcohol Committee was an influential mass membership organisation founded directly by the PZPR and involving leading academics and politicians.

In the 1960s close collaboration with the Catholic Church in communist Poland still carried the threat of political marginalisation for any organisation which attempted it. However, Jaroszewicz developed strong ties with another religious group – The Seventh-day Adventist Church. A Christian denomination with the bulk of its membership in the United States, the Adventist Church is characterised by its doctrinal adherence to healthy lifestyles, including abstinence from smoking tobacco. The Adventist Church was a small religious community in predominantly Catholic Poland. In the 1950s it numbered around 6,000 followers in 62 congregations. As in the case of many other faith groups in Poland, in the Stalinist period until 1956 the Adventist Church suffered the suppression of its leading authorities by the regime, but by the 1960s it was allowed to function more freely.

The head of the Polish Adventist Church, Stanisław Dąbrowski, saw anti-tobacco work as a good way to engage with Polish society. The leadership of the church appealed to its followers to join the anti-tobacco movement. The authorities were happy about the decision of the Adventists to

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30 Główny Społeczny Komitet Przeciwalkoholowy
32 Gorsky and Krajewski-Siuda, "Alcoholism and Drunkenness in Polish Poster Art."
35 "Divide et impera. Szkic o złożoności polityki wyznaniowej PRL wobec Kościołów mniejszościowych i jej następstwach [The faith politics of communist Poland towards minority churches]," Pamięć i Sprawiedliwość 1, no. 7 (2005).
channel their energies this way, as health education was viewed with less suspicion by the Communist regime than engaging in religious or theological activity.³⁷ The Adventists were also welcomed to the movement by Jaroszewicz for financial reasons – the Adventist Church was one of the few institutions in the PRL to have access to funds from abroad (from the Church headquarters in the USA), and it contributed to the anti-tobacco movement in the form of donations, and membership fees, as well as occasionally covering the operational costs of organising conferences or meetings, and providing international contacts, including donations of western propaganda, educational, and scientific materials.³⁸ Zachariasz Łyko, the editor-in-chief of the Adventist publication Znaki Czasu, was a member of the SKZPT Board from the mid-1960s, and its General Secretary, from 1968, in essence becoming Jaroszewicz’s right-hand man.³⁹ Jaroszewicz made sure to cultivate positive relations with the Adventists, and even after his retirement from anti-tobacco advocacy in the 1970s he published an article in Znaki Czasu emphasising the important role played by that religious group in the tobacco control movement in Poland, illustrated with pictures highlighting his close relations with international Adventist leaders (Image 4).

³⁷ S. Dąbrowski, interview by M. Zatoński, 8 January, 2015.  
However, the OKZPT meetings involving outside collaborators were irregular, and apart from the Adventist representatives, their participants rarely held senior roles in their institutions. Jaroszewicz was disappointed about not being able to attract other prominent civic organisations, in particular the influential Union of Socialist Youth, which he approached several times. Jaroszewicz was also unable to secure the support of leading politicians outside of the MHW. Despite declarations of moral support by the Ministry of the Food Industry and the MoH, by the second half of 1963 it became clear that they would not aid the OKZPT financially. 

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40 "Protokół z posiedzenia Ogólnokrajowego Komitetu Zwalczania Palenia Tytoniu, które odbyło się w dn. 13 lutego 1963r. w Ministerstwie Handlu Wewnętrznego [Minutes of the meeting of OKZPT on 13 February 1963 in MHW]." P. 38.
41 "Protokół z posiedzenia Ogólnokrajowego Komitetu Zwalczania Palenia Tytoniu z dn. 9 IX.63r. odbytego w gmachu Ministerstwa Handlu Wewnętrznego [Minutes of the meeting of OKZPT on 9 September 1963 in MHW]." P. 34.
addition, the collaboration with the anti-alcohol movement quickly turned out to be a poisoned chalice. Seeing the development of close links between the two groups, the authorities suggested that rather than increasing the level of funding for anti-tobacco efforts, the OKZPT could instead be merged with the Anti-alcohol Committee.42

The financial situation of the OKZPT was to become even more complicated. After receiving one of Jaroszewicz’s letters requesting support, in 1963 MSW decided to conduct an audit of the organisation. It became apparent that the OKZPT did not have any autonomous legal status, and that its functioning within the structure of the MHW was effectively unlawful.43 Jaroszewicz had no choice but to reform the organisation into an independent civic association, with its own statute and finances separate from the MHW. The OKZPT was transformed into SKZPT and became the PRL’s first civil society organisation to have a legal mandate to conduct anti-tobacco advocacy activities. The MSW made it clear that the SKZPT, as an independent entity, could not draw directly on the resources of the State Ministry, as the OKZPT did using MHW facilities, staff, and budget to conduct its operations.44

With other Ministries unwilling to contribute financially, Jaroszewicz sought to obtain the ‘status of an organisation of higher utility’ for the SKZPT. This status was assigned by the Council of Ministers to organisations ‘whose development was particularly beneficial to the state or social interest of the country.’ Throughout the communist period it was assigned to just 48 civic organisations, including the League of Polish Women, the Polish Medical Association, and the Association of Polish-Soviet Friendship. In 1959 it was also assigned to the Polish Anti-alcohol Committee. The higher utility status allowed these organisations to obtain generous governmental subsidies, receive donations, acquire fixed and liquid assets, as well as be exempt from certain taxes and charges.45 Jaroszewicz’s application was supported by the MoH and the MHW, both of whom issued letters underlining the importance of the SKZPT’s mission in the context of emerging international research on the link between smoking and respiratory cancer.

44 “Protokół z posiedzenia Ogólnokrajowego Komitetu Zwalczania Palenia Tytoniu z dn. 9.IX.63r. odbytego w gmachu Ministerstwa Handu Wewnętrznego [Minutes of the meeting of OKZPT on 9 September 1963 in MHW].” P. 35.
45 Dz. U. 1932 nr 94 poz. 808, “Prawo o stowarzyszeniach [Law regarding associations],” Decree of the President of the Republic of Poland issued on 27 October (1932).
the growing rates of smoking in Poland, as well as the need to reduce the amount of money invested into the production of tobacco products and the import of tobacco.\textsuperscript{46}

However, the Council of Ministers disagreed and in August 1963 declared that in its view the SKZPT could successfully fulfil its mission as a regular civic organisation.\textsuperscript{47} In order to obtain higher utility status the SKZPT would first need to demonstrate its social value and provide arguments for why it should not be merged into one organisation with another higher utility organisation, such as the Social Anti-alcohol Committee.\textsuperscript{48} As a result, after all of Jaroszewicz’s manoeuvring, the SKZPT was left without official MHW support and without guaranteed governmental funding.

Without a stable source of state funding, Jaroszewicz sought alternative ways of financing his organisation. However, these required the SKZPT to actually carry out some work on the ground, other than just bombarding different ministries with letters and organising meetings. In June 1966 SKZPT signed a contract with the MoH, with the ministry committing to pay PLN 200,000 (circa £20,000 today) annually in exchange for the organisation’s educational work informing the public about smoking harm.\textsuperscript{49} The contract was to be reviewed periodically, and only 25% of the MoH funds could be spent on administrative purposes, while the rest had to be dedicated specifically for educational activities – stipulations that Jaroszewicz criticised as limiting the operational capacity of the SKZPT.\textsuperscript{50} The SKZPT also collected annual membership dues of PLN 12 per month, and received modest donations from individuals and organisations. Jaroszewicz circulated among politicians other proposals for how the organisation could be supported, including through imposing a special tax on tobacco products, modelled after the alcohol tax, but these were promptly rejected.\textsuperscript{51}

\textsuperscript{46} IPN BU 1585/21542, “List Ministra Zdrowia do Ministra Spraw Wewnętrznych z dnia 8 lipca 1963r w sprawie SKZPT [Letter from the Minister of Health to the Minister of Internal Affairs on 8 July 1963 regarding SKZPT],” \textit{Institute of National Remembrance} (1963). P. 52.


\textsuperscript{51} “Zwyczajny Zjazd Krajowy SKZPT [SKZPT General Meeting].” P. 317.
Most controversially, the SKZPT made money by selling anti-tobacco propaganda materials to various state institutions, from which it earned over PLN 200,000 in 1966. This practice incentivised the organisation to produce largely useless materials and became the subject of an MSW audit, which uncovered multiple irregularities in how the transactions were conducted and criticised the low quality of the propaganda (more details in Chapter 7.2.4). In total, the budget of the SKZPT for the year 1966 was PLN 451,532 (circa £40,000 today), almost four times higher than in 1962.  

7.2.3 Early tobacco control advocacy efforts  

As securing funding constituting the OKZPT/SKZPT’s priority in the 1960s, the anti-tobacco movement’s advocacy efforts were rather anaemic, especially considering Jaroszewicz’s extensive political connections. The main focus was on the direct lobbying of selected politicians, while less importance was attached to building grassroots participation and engagement with the media. This strategy was ultimately a resounding failure. None of the leading policymakers became converts to the cause of tobacco control and Jaroszewicz’s sidelining of local anti-smoking activity led to serious frictions within the SKZPT.

Little effort was made by Jaroszewicz to turn the anti-tobacco movement into a mass organisation in the mould of the Anti-alcohol Committee. By the mid-1960s the SKZPT put its membership at just 700 people spread among ten regional branches located in Poland’s major cities. However, even these low figures were disputed by the authorities as significantly inflated, possibly in order to strengthen the claim of the organisation for higher utility status. The MSW noted that while SKZPT reports indicated 47 members in the Warsaw branch, the actual number was eleven. Jaroszewicz himself complained that the activity of the SKZPT outside the biggest Polish cities was very weak. The most active branch was located in Katowice, which by 1967 had over 250 members and conducted vigorous anti-tobacco propaganda activities,
especially in schools. Other notable branches were located in Gdańsk, where its good contacts with the city authorities led to the first partial bans on smoking in public transport, and in Poznań, where the first smoking cessation clinic in Poland was founded. The local branches often became dormant soon after their establishment and by the end of the 1960s it proved impossible for the SKZPT Executive Board to even get in touch with many of the regional representatives.

As with the attempts to secure funding, Jaroszewicz seemed to initially believe that his prestige and connections alone would suffice to carry forward the anti-tobacco cause nationally. He personally contacted a number of government ministers, sending letters soliciting their support for anti-tobacco regulation and citing examples of legislation in England, Sweden, and Italy. Jaroszewicz approached the Minister of Communication with the suggestion of banning smoking in coaches and suburban trains, encouraged the MoH to establish new smoking cessation clinics, and advised the Minister of Education to introduce anti-smoking material into school curricula. All of the Polish ministers were urged to introduce bans on smoking at ministerial meetings. Jaroszewicz was politely ignored. The ministers unanimously voiced their support for the work of anti-tobacco advocates, but declared that implementing any of the steps proposed by Jaroszewicz would be legally challenging and impossible to enforce – a similar pretext to that used in later decades to dismiss the MoH’s policy initiatives. For example, the Ministry of Communication refused to ban smoking on trains, arguing that “introducing this rule on train corridors would be met with opposition from the passengers and would not be realised in

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59 “Sprawozdanie z działalności Zarządu Głównego SKZPT za okres od ostatniego posiedzenia Zarządu Główne do 15 IX.69r [Report from the functioning of the Central Committee of the SKZPT for the period since the last meeting until 15 September 1969].” P. 283.
60 “List OKZPT do Ministra Spraw Wewnętrznych z czerwca 1963 [OKZPT letter to the Minister of Internal Affairs from June 1963].” P. 3.
61 “Protokół z posiedzenia Ogólnokrajowego Komitetu Zwalczania Palenia Tytoniu, które odbyło się w dniu 24 kwietnia 1963r. w gmachu Ministerstwa Handlu Wewnętrznego [Minutes of the meeting of OKZPT on 24 April 1963 in MHW].” P. 43.
62 “Protokół z posiedzenia Ogólnokrajowego Komitetu Zwalczania Palenia Tytoniu z dn. 9 IX.63r. odbytego w gmachu Ministerstwa Handlu Wewnętrznego [Minutes of the meeting of OKZPT on 9 September 1963 in MHW].” P. 35.
practice.⁶³ Other ministries declared that the best they could do was to issue advice to all their agencies to introduce a ban on smoking during meetings and conferences.⁶⁴ The only ministry to take extensive formal steps by banning smoking due to hygienic and sanitary reasons in all its facilities was the MHW, where Jaroszewicz’s influence was strongest. This promised to be potentially significant – the MHW controlled a great deal of commercial property in Poland and the ban could therefore have a direct impact on a substantial number of people. However, the enforcement of the ban was patchy. In March 1963 a letter circulated to all the points of sale under MHW management expressed the concern that smoking in its facilities persisted.⁶⁵ Nonetheless, by 1966 the State Catering Industry confirmed that it had introduced a smoking ban in all of its milk bars, as well as 381 restaurants around Poland.⁶⁶

By the mid-1960s Jaroszewicz seemed to realise the futility of his letter-writing approach. When at one of the OKZPT meetings the idea was proposed of writing to the Council of Ministers to encourage an increase in cigarette prices, he decided that ‘this suggestion should be considered premature in the current economic-financial situation of the country. It should be returned to at a later date.’⁶⁷ The unwillingness of the authorities to engage with Jaroszewicz’s proposals, despite his personal influence, was driven by their dismissive attitude towards tobacco control in the 1960s. The vigorous struggle against infectious diseases bore fruit. Life expectancy in Poland, and in the Soviet bloc more broadly, was quickly growing and it seemed only a matter of time before it would catch up with the West.⁶⁸ Smoking rates were rising rapidly, but their effects on population health in Poland were not to become apparent until the 1970s.⁶⁹ For the time being, the rapid increase in cigarette production and sale were viewed by the authorities primarily as a symptom of a well-functioning socialist economy, and Jaroszewicz’s advocacy failed to change their views.

⁶³ “List Ministerstwa Komunikacji do SKZPT [Letter from the Ministry of Communication to SKZPT].” P. 249.
⁶⁵ “Pismo okólnie Nr. 6 Ministra Handlu Wewnętrznego z dn. 28 marca 1963 r. [Circular letter nr. 6 from the Minister of Internal Trade from 28 March 1963],” Institute of National Remembrance (1963): P. 259.
⁶⁷ “Protokół z posiedzenia Ogólnokrajowego Komitetu Zwalczania Palenia Tytoniu, które odbyło się w dniu 24 kwietnia 1963r. w gmachu Ministerstwa Handlu Wewnętrznego [Minutes of the meeting of OKZPT on 24 April 1963 in MHW].” P. 45.
⁶⁸ Cockerham, Health and Social Change in Russia and Eastern Europe
⁶⁹ Feachem, “Health decline in Eastern Europe.”; Zatoński, Zatoński, and Wojtyła, "Premature mortality: Europe’s persisting Iron Curtain?."
7.2.4 Early anti-tobacco propaganda efforts

With the failure to secure funding and to exploit Jaroszewicz’s political connections to affect legislation, the one remaining area of activity of the anti-tobacco movement was the publication of anti-tobacco materials, primarily brochures and posters. At one of the first OKZPT conferences, in July 1962, it had been emphasised that awareness of ‘nicotine harm’ in the Polish population was still low, and that changing this with the use of anti-smoking propaganda must be a key goal of the organisation. However, in this aspect, too, the OKZPT/SKZPT ultimately failed. The materials were poorly designed and disseminated, and their primary role, rather than being educational, was to bring profit to the organisation and its leadership.

In 1963 the OKZPT published thirty thousand anti-smoking posters, and fifteen thousand copies of a brochure based on western literature on tobacco harm and methods of fighting smoking. With Jaroszewicz’s failure to secure higher utility status and with the separation of SKZPT administration from the MHW, the production of propaganda materials became one of the principal sources of revenue for the organisation. The governmental audits of SKZPT activity in the mid-1960s revealed that its day-to-day work was largely devoted to ‘propagating anti-tobacco slogans and [...] publishing activity/brochures’.

As with other fields of activity of the anti-tobacco movement in the 1960s, such propaganda was largely conducted at Jaroszewicz’s whim. The SKZPT did not conduct any research into what kind of anti-smoking messages would be salient to the Poles. The content of the publications was effectively decided during SKZPT Executive Board meetings, which were usually dominated by Jaroszewicz. In the late 1960s, for example, the Board determined that SKZPT propaganda would be structured around the following themes – health, physical ability, the physical and mental development of youth, saving money, and fire prevention. Despite smoking rates growing particularly quickly among men, it was decided that women and children should be the primary targets of propaganda (it should be pointed out that among the SKZPT’s 21 original founding

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70 IPN BU 1585/21542, "Protokół z konferencji odbytej w dniu 17 lipca 1962r. w sprawie propagandy przeciw paleniu tytoniu [Minutes of the conference on 17 July 1962 regarding anti-smoking propaganda]." Pp. 27-32.
71 "Protokół z posiedzenia Ogólnokrajowego Komitetu Zwalczania Palenia Tytoniu, które odbyło się w dn. 13 lutego 1963r. w Ministerstwie Handlu Wewnętrznego [Minutes of the meeting of OKZPT on 13 February 1963 in MHW]." P. 38.
72 "Informacja w sprawie działalności stowarzyszenia pn. SKZPT [Information regarding the functioning of SKZPT]." Pp. 194-195.
members, only 7 were women). In tailoring their message to women, the SKZPT chose to emphasise their role as mothers and the impact of smoking on the baby, but also to ‘establish the conviction that a smoking woman begins to resemble a man, which weakens her femininity, her attraction, her grace, and diminishes her chances of succeeding in life.’ In addressing the youth, the SKZPT Board decided that particular attention should be paid to the negative impact of smoking on memory, as well as physical prowess, attributing to the smoking teen the ‘widely scorned image of a clodhopper and an oaf’.

The cost of production, quality of execution, and educational value of the materials published by the SKZPT were objects of internal criticism throughout the 1960s. Propaganda messages were devised without any apparent mechanisms for quality control or expert consultation. Alongside the themes outlined above, they also included unsophisticated catchphrases such as ‘Cigarette times X = addiction’, ‘Don’t smoke and you’ll buy a TV set on credit’, ‘Down with smoking – the enemy of humanity’, or ‘Mother! Do you know that your child is coughing due to tobacco?’ The leadership of some of the organisation’s local branches criticised these slogans as ‘dated’ and ‘unintelligible’. In consequence, regional SKZPT offices, and in particular the active Katowice branch, despite the lack of funding, tried to develop their own propaganda materials.

In 1970 the former Director of the SKZPT Executive Board, Wojciech Rogoziński, issued a letter to the MSW criticising Jaroszewicz for turning the process of production of anti-tobacco propaganda into a money-making scheme. Money for SKZPT’s educational activity was obtained from the MoH. The design of posters and brochures was commissioned from amateurs, usually without any artistic or marketing experience. The anti-tobacco slogans used on the posters were often invented by Jaroszewicz’s family or relations, who were paid for their work at unusually high rates. Other SKZPT members were never consulted on the designs. Due to their poor quality, they would often be rejected by the quality control inspectors at the state publishing houses. In those

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75 Ibid. P. 309.
77 “Pismo Społecznego Komitetu Zwalczania Palenia Tytoniu Oddział Wojewódzki w Katowicach do oddziału SKZPT w Łodzi [Letter from SKZPT Katowice to SKZPT Łódź].” P. 153.
cases, Jaroszewicz would resubmit them to the branches of publishing houses directed by his colleagues from the MHW, who would approve them for printing.  

In order to disseminate the propaganda materials Jaroszewicz also attempted to make use of his contacts and his position at the MHW. Copies of posters and brochures were sent to a broad range of state-affiliated institutions, from the Central Trade Union Council, to the Polish Red Cross and the Polish Tourist and Sightseeing Society. Jaroszewicz would also send letters to the points of sale controlled by the MHW, such as consumers’ co-operative outlets, pressuring their branch management to purchase anti-tobacco publications for ‘exorbitantly high prices’. In a later MSW investigation these letters were found to be misleading, as Jaroszewicz frequently referred to his MHW affiliation, creating the false impression that the SKZPT was a state institution rather than an independent civic organisation, and suggesting that stocking up on its propaganda materials is virtually obligatory.

On the whole, the story of the anti-tobacco propaganda in the 1960s is one of perverse incentives. As Jaroszewicz became either jaded or frustrated with his failed attempts to secure state patronage he turned to publishing. The principal motivation for this, however, was not changing the views of Poles on smoking, but rather to fund his organisation. The resulting propaganda was poorly designed, executed, and disseminated. In 1971 the MSW referred to SKZPT activity as limited to ‘effectively that of a publishing company’. Whether by the late 1960s Jaroszewicz lost interest in the anti-smoking cause, or whether he simply tried to keep the SKZPT afloat in a political context in which there was little money for tobacco control, is debatable. What is more certain is that by the early 1970s the disgruntlement his eccentric methods fomented within the SKZPT helped to exhaust the patience of the authorities and ended the decade-long period of Jaroszewicz’s leadership of the anti-tobacco movement in Poland.
7.2.5 Controversies in the Polish anti-tobacco movement

The decay of the SKZPT exemplifies what literature on the third sector refers to as ‘voluntary failure’, and which it attributes to several factors.\textsuperscript{83} For example, ‘philanthropic insufficiency’ is associated with the inability of civic organisations to generate adequate resources. This was the case with the SKZPT’s failure of obtaining higher utility status, and which incentivised it to focus its activity around for-profit propaganda activity. ‘Philanthropic amateurism’ argues that the inability of such organisations to adequately remunerate professional staff means that they often rely on amateur volunteers or idealists. Similarly, the SKZPT had to rely on members driven by temperance ideology, or religiously motivated Adventists, rather than expert public health advocates. Finally, ‘philanthropic particularism’, describes the tendency of voluntary organisations to focus on very narrow subgroups of the population, rather than building broader coalitions. The SKZPT, also due to the nature of its leadership and members, maintained a moralistic focus on the effect of tobacco smoke on women and children rather than a broader public health approach, which made it more difficult to develop a broad advocacy coalition and involve medical authorities in its activity. These inadequacies meant that within a few years the SKZPT descended into organisational chaos.

The aggressive attempts at selling propaganda materials to state institutions brought the SKZPT under the scrutiny of the Communist regime, but this was just one of the many controversies that characterised the organisation under Jaroszewicz. These scandals, along with his combative, non-inclusive approach and the repeated attempts to turn the SKZPT into a lucrative enterprise, brought him in conflict with both the state authorities and with other health advocates and condemned the anti-tobacco cause to the fringes of the Polish political and social mainstream. The SKZPT in the 1960s failed to develop into a mass movement that could shape Poles’ opinions on smoking, or into a respected elite pressure group which might have the ear of policymaking elites.

In its early years the SKZPT was periodically rocked by conflicts between its central leadership in Warsaw and its regional branches.\textsuperscript{84} Throughout the 1960s the chairman of the Katowice branch,

\begin{itemize}
  \item \textsuperscript{84} IPN BU 1585/21542, "Notatka służbowa z postępowania wyjaśniającego skargę Oddziału Wojewódzkiego SKZPT z dn. 16.XI.1968 r. na Zarząd Główny SKZPT przeprowadzonego w Zarządzie Głównym w dniu 27.I.69
\end{itemize}
Włodzimierz Kranz, accused Jaroszewicz of stunting the development of local anti-tobacco leaders, and of impeding direct communication between the regional branches to exchange information and experiences. Kranz argued that the SKZPT Executive Board was jealous of his successes in Katowice and was sabotaging him by conducting spontaneous audits and refusing funding. In December 1967 the Katowice branch was suspended by the SKZPT Executive Board, and continued to operate without its support for the next decade. In 1968 representatives of several regional branches hostile to Jaroszewicz were not permitted to vote at the SKZPT Assembly in 1968 which reconfirmed him as the chairman of the organisation.

The conflict came to the attention of the MSW, which launched an investigation into the functioning of the SKZPT, concerned about the ‘unhealthy atmosphere’ developing in the organisation. Kranz urged the MSW to investigate the mismanagement of the organisation by the SKZPT Executive Board, referring to Jaroszewicz as ‘incapable, a dilettante, a man of tremendously bad will.’ The MSW took Jaroszewicz’s side, concluding that the conflict was principally fuelled by a personal conflict between Kranz and Jaroszewicz, and advised the SKZPT Executive Board to create a stronger system of monitoring of its regional branches, and a stricter set of rules governing their functioning.

However, the rift within the SKZPT persisted. While throughout the 1960s the authorities tolerated Jaroszewicz’s mismanagement of the anti-tobacco movement, once the dissatisfaction with his leadership spread to the higher echelons of the SKZPT they could no longer ignore the...
problem. In 1970 the MSW received another complaint about Jaroszewicz, this time from Wojciech Rogoziński, the long-time Director of the Secretariat of the SKZPT Executive Board, fired by Jaroszewicz just a few months earlier (according to Jaroszewicz Rogoziński’s dismissal was a collective decision of the Executive Board).\textsuperscript{91} Rogoziński, apart from describing in detail the money laundering scheme into which the SKZPT turned its publishing activity, painted a bleak picture of the SKZPT’s activity in general: its failure to engage with youth organisations, the medical community and the media; the fact that it organised educational activity only sporadically; Jaroszewicz’s unwillingness to involve media celebrities and scientific authorities in the anti-tobacco movement; and the shutting off of dissenting branches such as Katowice from funds and propaganda materials.\textsuperscript{92} In addition, he complained about the procedural irregularities surrounding Jaroszewicz’s re-election and accused him of inflating membership numbers in the SKZPT reports in order to give a false impression of the organisation’s importance.\textsuperscript{93} Finally, he accused Jaroszewicz of frequently using SKZPT staff to take care of his private matters, such as writing letters to public officials regarding the allocation of a new car to his brother-in-law.\textsuperscript{94} Rogoziński dismissed Jaroszewicz’s complaints that the SKZPT was unable to function effectively due to a lack of funding. He claimed that the organisation had almost PLN 1,000,000 in the organisation’s account, which Jaroszewicz used for his personal needs.\textsuperscript{95} In 1971 the leadership of the Gdańsk SKZPT branch issued a letter corroborating Rogoziński’s claims and adding a further criticism – that many of the key members of the SKZPT Executive Board, including the treasurer, the accountant, and the chairman of the Revision Committee, which was supposed to evaluate the functioning of the SKZPT, were all closely connected with Jaroszewicz through family or personal ties.\textsuperscript{96} Jaroszewicz effectively turned the anti-tobacco movement into a family business, and for over a decade the state authorities were willing to ignore these warning signs.

\textsuperscript{92} “Odpis listu Rogozińskiego [Transcription of Rogoziński’s letter].” Pp. 330-339.
\textsuperscript{93} Ibid. Pp. 330-339.
\textsuperscript{94} Ibid. P. 346.
\textsuperscript{95} Ibid. Pp. 340-343.
7.2.6 The sidelining of Jaroszewicz

The MSW proved to be lenient towards the well-connected Jaroszewicz and concluded that his actions as chairman of the SKZPT fell within the realm of legality. However, the Ministry did acknowledge that Jaroszewicz largely ignored its past recommendations. The MSW report characterised Jaroszewicz as a poor organiser with a ‘preference for administrative methods and an autocratic leadership style’. It recommended that the SKZPT either be merged with the Social Anti-alcohol Committee, assigned a ministerial caretaker to reform it, or undergo significant personnel changes in the make-up of its Executive Board. Jaroszewicz’s choices were limited to stepping down from the leadership position or effectively closing SKZPT down. He took the first path, and during the General SKZPT Assembly held in December 1971 decided not to run again for the chairmanship of the organisation.

The example of the Polish anti-tobacco movement in the 1960s lays bare the vulnerability of civil society groups functioning within the PRL. It could be speculated that Jaroszewicz obtained the position of leadership in the anti-tobacco as a sinecure from the Communist authorities. He was a member of the nomenklatura to whom the regime owed a debt after the poor treatment he received from the system he helped to create. This would be consistent with the way many civic organisations in the PRL were assigned caretakers without a special interest in their activity, but with good connections with the upper echelons of the PZPR.

Nonetheless, there is little indication in the archival sources that this was also the case with Jaroszewicz. He was not assigned an undemanding position at a powerful institution, but rather took it upon himself to establish from ground up an organisation that would promote what was, for the authorities, the marginal cause of tobacco control. It should also be remembered that due to the nature of the documents describing SKZPT – the majority of which came from the archives of the Ministry of the Interior – much of the information we have about Jaroszewicz comes from the perspective of his enemies, such as Kranz, who attempted to portray him negatively in their communications with the authorities.

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97 “Informacja MSW oceniająca działalność SKZPT w okresie od 1964 r. do 31.XII.69 [MSW evaluation of the functioning of SKZPT in the period from 1964 to 31 December 1969].” P. 272.
98 Ibid. P. 276.
99 Ibid. P. 278.
100 Kożusznik, “Prof. dr med. Bogusław Kożusznik.”
Regardless, it is clear that even if Jaroszewicz embarked on building SKZPT driven by idealism, his initial enthusiasm petered out as soon as it became clear that the regime had little interest in seriously investing in anti-tobacco activity. With smoking prevalence in Poland still relatively low, and the tobacco economy only just gaining pace, in the 1960s it was perhaps still possible to prevent the major rise in tobacco consumption that took place in the following years. However, Jaroszewicz’s disillusionment meant that under his leadership the SKZPT did little to advance the anti-smoking effort, instead becoming a vehicle of patronage for his colleagues and family. His privileged status stopped the authorities from taking decisive action against him for over a decade.

The case of SKZPT in the 1960s exemplified the weakness of civil society in the PRL – the structural reliance of an entire movement on a single individual rooted in the nomenklatura meant that one person’s whim could destabilise it for a very long time. The organisation entered the 1970s in complete disarray. The MSW inquiry concluded that it had grave difficulties in recruiting committed individuals, thus ‘giving an opportunity for people driven primarily by their own personal motives, rather than social interest’.\footnote{IPN BU 1585/21542, "Informacja w sprawie działalności stowarzyszenia pn. SKZPT [Information regarding the functioning of SKZPT]." P. 195.} Anyone taking over the helm of SKZPT would have their work cut out for them, having to build up the movement essentially from scratch.
7.3 Years of reform and coalition-building: the anti-tobacco advocacy movement between 1972 and 1989

After Jaroszewicz’s retirement, the anti-tobacco movement in Poland went through a lengthy period of restructuring, leadership change, and the pursuit of a more effective model of activism and advocacy. Its first apparent success came in 1974, when its proposals were integrated in Poland’s first Tobacco Control Decree. However, as the new laws remained largely unenforced, it became clear that the political and economic situation in the country precluded any serious commitment of the authorities to tobacco control. In the 1980s the health advocates’ proposals for anti-tobacco regulation were dismissed out of hand by the regime. The anti-smoking movement, realising the futility of the policy lobbying approach, moved its efforts towards direct communication with society. It strengthened its social marketing approach, launching its own periodical and collaborating with print media, but also adapted the health propaganda message to new media such as television, while becoming more forceful in spreading information about smoking harm and cessation methods. It also engaged more strongly in coalition-building, developing a particularly close collaboration with the medical community. This gave anti-smoking advocates a more professional appearance in the eyes of the public and of politicians, helping them shed the amateurish image of the Jaroszewicz period. However, the movement failed to engage with the two strongest civil society organisations in the country – the Catholic Church and Solidarity. Similarly, its educational and propaganda activities failed to stem the rising tide of smoking in Poland. As a result, while by the late 1980s the reputation of the anti-tobacco movement in Poland was much stronger and its importance broadly acknowledged, it was still unable to bring about real change.

7.3.1 Reforming the Polish anti-tobacco advocacy movement

As Jaroszewicz stepped down in December 1971, the SKZPT Assembly elected Prof. Bogusław Kożusznik to its chairmanship, a position he was to keep until the mid-1980s. Kożusznik was a prominent medical doctor, with good political connections in Poland, and strong scientific ties abroad. He was a long-time Vice-minister of Health (1946-1959), and the first Chief Sanitary Inspector in post-war Poland between 1955 and 1959. During his tenure in the MoH he was involved, for example, in the establishment of the World Health Organisation.103

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The recollections of Kożusznik’s wife and of his collaborators suggest that tobacco control was never his main passion. He appeared to be more interested in the structure of the Polish health service (which he helped rebuild after WWII), and the fight against infectious diseases in Poland (which he led as the Chief Sanitary Inspector) and later also in the developing world (where he worked on behalf of UNICEF). His decision to take on the leadership of the anti-tobacco movement was partly the initiative of the Polish health authorities, who wanted a respected and predictable scientist to replace the wildcard Jaroszewicz. Kożusznik’s good standing with the international public health community also allowed the Communist regime to avoid criticism that it was neglecting the fight against smoking. Kożusznik administered the SKZPT competently, but throughout the 1970s the bulk of his time went into his work for UNICEF, where he served as the Vice-Chairman of the UNICEF Executive Board.\(^\text{104}\)

Despite the change, some of the SKZPT branches continued to resent the organisation’s leadership. Kranz from Katowice claimed that the chairmanship election was again rigged by Jaroszewicz and his entourage, effectively allowing him to keep influence behind the scenes. Any credibility Kranz might have had with the authorities was lost as he began to increasingly resort to anti-Semitic and personal insults in his criticism of the SKZPT Executive Board. In a complaint letter to the MSW he referred to Jaroszewicz as ‘Rozenblum-Jaroszewicz’, hinting at his Jewish roots, and attacked the SKZPT General Secretary Zachariasz Łyko as the representative of the ‘parasitical Adventist sect’. Kranz was joined by several other branches, including Gdańsk, Kraków, and Wrocław, in refusing to accept the election result and expressing concern about the influence of the Adventist Church in the SKZPT.\(^\text{105}\) However, with the stabilisation of the organisation under the leadership of Kożusznik, the state firmly took the side of the central structures of the SKZPT. In 1975 the MSW ruled that if the Katowice branch continues to oppose the SKZPT Executive Board, it will need to be dissolved. A few days later Kranz resigned, putting an end to the lengthy period of internal conflict within the Polish anti-tobacco movement.\(^\text{106}\) In

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\(^{104}\) Kożusznik, "Prof. dr med. Bogusław Kożusznik.", Zatoński, "Interview."


1979, also in order to draw a line under the organisation’s troubled past, the SKZPT was transformed into the PTP\textsuperscript{107} – Polish Anti-tobacco Society.

The movement under Kożusznik’s leadership became more inclusive and put greater effort into building up its grassroots presence. By the mid-1980s the Executive Board of the PTP consisted of 30 people, a much bigger and more varied group than Jaroszewicz’s handful of family and friends running the SKZPT in the 1960s. The organisation had 18 branches around the country and declared a membership of circa 8000 (Image 5).\textsuperscript{108} However, the PTP Executive Board acknowledged that this was a very approximate number, with many of the members largely inactive.\textsuperscript{109} In inflating its membership numbers the PTP had the same incentive as the SKZPT in the earlier years – trying to convince the state authorities that its size and prominence justified the attribution of higher utility status and of state funding. However, the response from the MSW remained unchanged: the PTP had ‘the full capacity to fulfil its statutory aims within its current legal status’.\textsuperscript{110} Until 1989 the anti-tobacco movement was to remain structurally limited by the scarcity of state funding, and the meagre possibilities of securing private funders in communist Poland.

\textsuperscript{107} Polskie Towarzystwo Przeciwtytoniowe
\textsuperscript{108} Kożusznik and Łyko, "XX-lecie Polskiego Towarzystwa Przeciwtytoniowego [Twenty years of the Polish Antitobacco Society]." P. 9.
\textsuperscript{109} Zatoński, "Interview."
\textsuperscript{110} IPN BU 1585/21122, "Polskie Towarzystwo Przeciwtytoniowe [Polish Anti-tobacco Society]."
7.3.2 Building an anti-tobacco coalition

Another feature that distinguished the SKZPT under Kożusznik from the earlier period was its willingness to collaborate closely with scientific and medical associations. A group particularly attracted by the organisation was the tuberculosis experts, who came to great prominence during Poland’s successful anti-tuberculosis campaign of the post-war period, and who by the 1970s were looking for new public health causes to support. 111 With time, toxicologists, epidemiologists, oncologists, addiction experts, paediatricians, and finally also family doctors became increasingly involved as Kożusznik attracted his contacts from the medical community. By the 1980s, while the bulk of the active PTP members were still ‘lay’ anti-smoking enthusiasts

who remembered the days of Jaroszewicz, the influence of younger health professionals in the movement was on the rise.  

In 1982 another medical doctor and epidemiologist with experience of working in the West, Prof. Witold Zatoński, became the General Secretary of the PTP, and in 1984 its vice-chairman, adding to Kożusznik’s already extensive international contacts. Zatoński was part of the wave of Polish health scientists and researchers who in the 1970s sought to advance their career in Western Europe due to the limited possibilities for professional growth offered to them by the communist state. However, Zatoński chose to return to Poland in the 1980s. This decision was partly motivated by his meeting with two British epidemiologists, Richard Peto and Calum Muir, who in the late 1970s suggested that the most appropriate use of his public health training received in the West would be to investigate the factors underlying the high levels of male premature mortality in Eastern Europe, which at the time were beginning to baffle western epidemiologists. Peto and Muir pointed at tobacco consumption as a potential key contributor to this health decline. Zatoński followed their advice, and after returning to Poland in the early 1980s he became the Director of the Epidemiology and Prevention Unit at the Warsaw Cancer Centre. There he developed the system of cancer monitoring in Poland, published the first Atlas of Cancer Mortality in Poland, while taking over from Kożusznik as leader of the the PTP. Zatoński was also the vice-president of the Polish Medical Association, which allowed him to draw further medical professionals into the tobacco control effort. Its increasing ‘medicalisation’ helped the anti-tobacco movement gain greater legitimacy in the eyes of the political establishment. It also meant that the organisation, in addition to its advocacy and propaganda work, became increasingly active in tobacco control research. Already in the 1970s the complaint began to be voiced at SKZPT meetings that the lack of a thorough epidemiological understanding of the scale of the problem of smoking in Poland – the precise

112 A. Korsak, Dziś przestaję palić [Today I am quitting smoking] (Warsaw: Państwowy Zakład Wydawnictw Lekarskich, 1974); Grzybowski, "Przegląd rozwoju podstaw prawnych działalności antynikotynowej [Review of legal bases for anti-tobacco activity]."; Zatoński, "Interview."
113 Kożusznik and Łyko, "XX-lecie Polskiego Towarzystwa Przeciwtytoniowego [Twenty years of the Polish Antitobacco Society]."
116 Przewoźniak, "Interview."

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number of smokers, their social breakdown, the prevalence of tobacco-related diseases – meant
that it was impossible to develop evidence-based interventions. At the insistence of the
SKZPT, the first nationwide study investigating smoking prevalence in Poland was conducted in
1974 by the state Public Opinion Research Institute (OBOP). Conferences, organised in
attachment with the Polish Academy of Sciences and with medical associations throughout the
1970s and 1980s, regularly updated the Polish scientific community on the state of knowledge on
the health effects of smoking, including second-hand smoking. The monitoring system was
strengthened in 1980, when the Warsaw Cancer Centre began conducting annual studies on
smoking prevalence among different socio-demographic groups. The anti-tobacco advocates
received a new tool with which they could demonstrate the true scale of the smoking epidemic in
Poland to the policymakers and the public.

Gierek’s opening of Poland to the West in the 1970s, while facilitating the growth of the tobacco
economy, also allowed the Polish health advocates and researchers to develop collaborations
across the Iron Curtain. A particularly close relationship was developed between the Polish
tobacco control researchers and their Scandinavian and Nordic colleagues, whose involvement in
Poland was looked at more favourably by the Communist authorities than that of American or
British scholars. Finnish experts helped develop the Polish cancer registry, and introduced to
Poland the methods of analysing the chemical composition of cigarettes. Norwegian
researchers established in Poland an arm of a WHO survey on smoking habits among
schoolchildren. According to one contemporary Polish tobacco control activist, the support of
top international tobacco control researchers allowed Poland to develop much more

117 IPN BU 1585/21542, “Sprawozdanie z działalności Zarządu Głównego SKZPT za okres od ostatniego
posiedzenia Zarządu Głównego do 15.IX.69r [Report from the functioning of the Central Committee of the
SKZPT for the period since the last meeting until 15 September 1969].” P. 302.
118 Zatoński, "Interview."
119 A. Falkiewicz, ed. Palenie tytoniu w świetle badań naukowych: materiały sympozjum [Smoking tobacco
in the light of scientific research: symposium materials](Wroclaw: Polska Akademia Nauk, 1977);
Anonymous Observer, "The Health Consequences of Tobacco Smoking in the Polish Society (October 2-3,
120 Zajączkowski, Zanim zapalisz - przeczytaj [Before you light up - read up]
121 IPN BU 1585/21542, "Sprawozdanie z działalności Zarządu Głównego SKZPT za okres od ostatniego
posiedzenia Zarządu Głównego do 15.IX.69r [Report from the functioning of the Central Committee of the
SKZPT for the period since the last meeting until 15 September 1969].” P. 282.
122 Zatoński, "Interview."
123 L.E. Aaro, "Witness testimonial collected after the Conference on Smoke-Free Poland,"(Warsaw:
Ministry of Health, 2016).
sophisticated methods of investigating the problem of smoking in Poland than in any other Soviet
c bloc country. The scientific shift of the anti-smoking movement already began to bring tangible effects in 1981
with the establishment by the MoH of the state-funded National Antismoking Centre. The Centre, whose creation came after years of PTP lobbying, employed over 40 people, primarily psychologists, sociologists, and physicians. It was tasked with monitoring trends in smoking rates in Poland and the quality control of tobacco products sold in the country, as well as organising international scientific meetings for knowledge exchange purposes. The Centre also supported PTP in educational and propaganda activities, producing antismoking films for children, as well as posters and badges. A Team for Combating Tobacco Smoking was also formed at the Polish Academy of Sciences, with the remit to gather data on the problem of smoking in Poland.

By the mid-1980s Kożusznik could boast about the PTP’s collaboration with a range of international actors, including the International Temperance Association, the American Cancer Society, and the International Agency for Research on Cancer – all of which took part in PTP conferences, or invited PTP representatives to their meetings. In 1984 the PTP hosted the II Antismoking Symposium of Socialist Countries. The conference gathered 348 participants from Europe, mostly from the Eastern bloc, but also from western countries, in particular Scandinavia. The main focus of the conference was the risk of smoking to children and adolescents, but presentations, such as the one by Karl Fagerstrom, also set out legislative and propaganda targets for successful anti-tobacco efforts. From the late 1980s Poland also began to participate in the WHO’s celebrations of the World No Tobacco Day.
However, despite the growing contacts with the West, tobacco control activists in Poland remained marginal participants in the international anti-tobacco movement. Reports from the World Conferences on Tobacco or Health, the largest global cyclical gatherings of anti-tobacco advocates, showed that in the 1980s the focus of discussion was increasingly shifting to the problems of the developing world, in particular Latin America and South-East Asia, while Eastern Europe remained conspicuously absent. This seems to have been partly motivated by the concern of international anti-tobacco activists with the aggressive attempts of TTCs to create new markets for their products, while the Soviet bloc countries remained sheltered from this by their state monopolies. The other reasons were political – accepting any direct funding from capitalist countries was still viewed with suspicion by the Communist authorities, and so the PTP was largely cut off from the biggest contributors to tobacco control such as the American Cancer Society.

Apart from their efforts to involve the medical community and place the PTP within the framework of international anti-tobacco advocacy, Kożusznik and Zatoński also put special care into fostering good relations with the media. Nonetheless, throughout the 1970s very few journalists expressed interest in anti-tobacco activity. Only in the 1980s, as the health effects of smoking in Poland were becoming more apparent, did the media start to pay attention when the PTP organised regular press conferences. Articles on the negative effects of smoking became a regular fixture in nationwide newspapers. One story that the Polish media found particularly newsworthy stemmed for PTP’s collaboration with the Food Research Laboratory in Finland, which conducted an analysis of the five most popular cigarette brands sold in Poland. The results showed extremely high levels of tar, nicotine, and carbon monoxide, above the level in other European countries. These findings were widely reported in Poland and ignited the debate on the poor quality of Polish tobacco products. From 1984 the PTP published its own journal, the Przegląd Przeciwtytoniowy ['Anti-Tobacco Review']. From 1986 Polish Radio aired a

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133 Reubi and Berridge, "The Internationalisation of Tobacco Control, 1950-2010." P. 462.
134 Ibid. P. 460; Przewoźniak, "Interview."
135 Kożusznik and Łyko, "XX-lecie Polskiego Towarzystwa Przeciwtytoniowego [Twenty years of the Polish Antitobacco Society]." P. 11.
136 Zajączkowski, *Zanim zapalisz - przeczytaj [Before you light up - read up]*
137 IPN BU 1585/21122, "Polskie Towarzystwo Przeciwtytoniowe [Polish Anti-tobacco Society]."
138 Markiewicz, *Nikotynizm drogą do innych uzależnień [Nicotine as a gateway to other addiction] * P. 11.
show every week about smoking entitled ‘Before you light up – listen up’, to which tobacco control advocates and politicians were invited. The goal of the show was ‘raising awareness of smoking harm among society, the tobacco industry, and institutions responsible for the quality of cigarettes’.  

By the mid-1980s the PTP was becoming increasingly savvy at social marketing techniques, adapting its propaganda efforts to the new media, and drawing the attention of journalists through various marketable stunts. When it organised an international conference in 1984 the Polish state TV and local newspapers were lured by the promise of interviews with leading global public health experts, as well as an anti-smoking song written especially for the occasion and performed by one of the leading pop stars in Poland. Another way to garner media interest was by issuing open letters to cultural and sports icons. One of the letters which attracted much attention was addressed to the coach of the Polish national team, Andrzej Strejlau, who had the habit of smoking during football games.

7.3.3 Failure to involve the Catholic Church and Solidarity in tobacco control

Despite the tobacco movement’s success in obtaining the support of Poland’s medical community and international health advocates, the PTP was unable to engage two influential non-governmental groups in the country – the Catholic Church and the Solidarity trade union. In particular, attempts were made to develop stronger ties with the Catholic Church, which after the ascension of John Paul II to the papacy gained even more influence in Polish society. However, while the Church enthusiastically embraced the anti-alcohol cause, it was much less interested in becoming involved in the anti-tobacco campaigns in the 1980s and limited itself to providing the PTP with what Kożusznik described as ‘ongoing moral support.’ The main religious institution supporting the PTP until 1989 remained the Adventist Church, whose scope of influencing Polish society was incomparably smaller.

The most powerful civic movement of 1980s Poland, Solidarity, also showed little interest in tobacco control. The PTP made few efforts to involve the trade union in its work, perhaps in fear of putting at risk its relations with the Communist authorities. Meanwhile, Solidarity chose to

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141 Gottesman, "Presentation at Conference on Smoke-free Poland."
142 Kożusznik and Łyko, "XX-lecie Polskiego Towarzystwa Przeciwtotonioowego [Twenty years of the Polish Antitobacco Society]." P. 12.
include several other public health issues in its criticism of the regime. The ‘Experience and Future Discussion Group’, a gathering of some of the most prominent intellectuals backing Solidarity, issued reports criticising Poland’s collapsing health service, high accident rate in workplaces, rampant alcoholism, and pointing out that Poland is one of the few countries in the world in which the emission of industrial gases is not subject to control. Tobacco harm was conspicuously absent from their critique of the regime.

The failure to capitalise on Solidarity’s interest in public health issues as political weapons was perhaps a missed opportunity of the PTP, as evidenced by the progress in alcohol control in Poland in the early 1980s. The trade union’s pressure on the authorities to counteract alcoholism, the support it received from the Catholic Church on this topic, and the respect it enjoyed among many Poles, forced the regime’s hand to introduce stronger alcohol. It can be speculated that similar progress could have been achieved with tobacco regulation if the PTP was more forceful in involving Solidarity in its advocacy efforts. On the other hand smoking, which was perceived as a matter of individual choice, simply constituted a less attractive political platform for the opposition with which to attack the Communist regime. Environmental pollution could be blamed on the government more easily, while the social impact of alcohol was more immediate and spectacular and could be condemned as ‘part of the machinery of oppression’.

Tobacco control was marginalised by concerns about alcohol and pollution, also among sections of the medical community, especially as health service workers increasingly left the state-sanctioned trade unions and joined Solidarity. Zatoński remembers the surprise of some senior public health figures in Poland when he began to reorient the work of the Epidemiology and Prevention Unit at the Warsaw Cancer Centre towards tobacco control: ‘They would say that I am behaving like a religious fanatic trying to conduct a crusade against smoking. The leading academics of the time, on the wave of Gorbachev’s anti-alcohol campaign, were focusing on

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143 Deacon, "Medical care and health under state socialism."
145 Deacon, "Medical care and health under state socialism.”; Gorsky and Krajewski-Siuda, "Alcoholism and Drunkenness in Polish Poster Art." P. 89; Zatoński, "Interview."
146 Millard, "The health of the Polish health service." P. 57.
alcohol carcinogeneity [...] meanwhile those in the opposition pushed for the importance of environmental pollution, which was the responsibility of the regime. Meanwhile, smoking was everyone’s private business.147

Instead of collaborating, on several occasions Solidarity and the PTP found themselves pitched on opposite sides of the tobacco control debate, especially on the issue of tobacco taxation. Looking to patch up the disintegrating communist economy, throughout the late 1970s and early 1980s the Communist authorities announced several hikes in cigarette prices. The news of the steepest rise, one that would amount to a 95% increase in the average price of a packet of cigarettes, was broken in October 1981, just as Solidarity delegates were gathering at the Gdańsk shipyard for their first nationwide convention.148 Rank-and-file members of Solidarity were furious, both at the authorities, and at the leadership of the trade union, since the state media maintained that the price increase was agreed with them beforehand – some delegates even announced that they would quit the union if nothing was done about the price hike.149 The convention proceedings were halted midway and turned entirely to the question of cigarette prices, as Wałęsa threatened the government with a national strike, and the Ministry of Finance abandoned their idea.150 Several delegates voiced their concern that the announcement was part of the regime’s strategy to derail the Solidarity convention, and to ‘make it seem to the world that the summit of the Union, the largest union, instead of dealing with fundamental social issues [...] focuses on the prices of drugs.’151 This instinct was correct. North American newspapers, bemused by the situation, reported that it is ‘hard to imagine the cost of cigarettes as a burning issue that threatens a ‘national brawl, particularly when the price is 40 cents a pack, or about one-half what the American smoker pays’, and published pictures of the long queues of workers in front of a cigarette kiosk in the Gdańsk shipyard.152 What this episode did demonstrate,

147 Zatoński, "Interview."
150 Diehl, "Poles refuse to put out their cigarettes; tobacco habit continues to spread despite 20-year campaign against it."
however, was the ability of Solidarity to influence the government on tobacco policy – an ability which the PTP never manage to capitalize on.

While Solidarity never became engaged in the anti-tobacco cause as an organization, the PTP did develop close ties with individual Polish dissidents. By the mid-1980s it employed several sociologists, journalists, and former student activists who fell foul of the regime for their involvement with the anti-communist opposition. Most of them had little prior interest in tobacco control or even public health more broadly, but with state organisations, research institutes, and regime newspapers unwilling to employ them, they found safe harbour, and formal employment, at the PTP and Zatoński’s research group at the Institute of Oncology, where they worked principally on national surveys of smoking and on preparing policy recommendations and educational materials. The authorities were willing to tolerate their involvement in what was considered a niche and not politically aggressive organisation, where they would not pose a threat to the regime. What the dissidents offered to the PTP was their connections with the anti-establishment intelligentsia, as well as strong ties with the artistic and literary communities. Few of the dissidents continued their work for the tobacco control movement after 1989, but remained sympathetic to the cause – this was significant as some of them became prominent politicians and media figures in the post-1989 period (see Chapter 9).

The years of Kożusznik’s leadership transformed the profile of anti-tobacco advocacy in Poland. Jaroszewicz’s fraught leadership over a small, disjointed group of activists, many of whom had little actual interest in tobacco control, seemed a distant memory. The PTP was well-connected nationally and internationally, attracted a range of esteemed researchers and medical professionals, as well as regime and opposition political figures, and had an established presence in the media. Nonetheless, its failure to involve the most powerful civic organisations in the country, as well as the ‘high politics’ status of cigarettes in the 1980s, meant that while the PTP’s tobacco control policy recommendations began to be respected by the policymakers, they continued to go unheeded.

7.3.4 Tobacco control policy lobbying

From the moment he took the chairmanship of the SKZPT, Kożusznik did attempt to mobilise the authorities to take a more active regulatory stance towards tobacco. The organisation developed a series of overarching regulatory priorities which were to be taken up in any contact with the

153 Przewoźniak, "Interview."; Zatoński, "Interview."; Gottesman, "Presentation at Conference on Smoke-free Poland."
authorities, replacing Jaroszewicz’s haphazard approach of sending letters to individual ministries. These included the ban on smoking in public places, including schools, offices and workplaces, conferences, waiting rooms, hospitals, and during public gatherings and trainings, as well as a ban on the sale of cigarettes to children under 18. However, with the growing importance of tobacco for Gierek’s more consumption-oriented economy, the authorities were ambivalent about the SKZPT’s increased focus on regulation. MoH representatives warned the SKZPT leadership that the organisation’s focus should be on educational and propaganda efforts, and that the anti-tobacco movement should ‘avoid the temptation […] of dividing society into smokers and non-smokers’.  

One apparent success of the SKZPT was the decision of the Ministry of Health to issue the 1974 Tobacco Control Decree (see Chapter 6.3.2 for details). This came after years of pressure from the anti-tobacco advocates on the politicians and organisations supporting them. Examples of the lobbying efforts throughout the late 1960s and early 1970s included appeals issued together with members of the Polish Academy of Sciences to various ministries regarding the need for tobacco control regulation, petitions regarding anti-tobacco legislation prepared by student leaders at the Warsaw Medical Academy, and parliamentary motions regarding the issue of smoking harm proposed by MPs collaborating with the anti-tobacco movement. The 1974 decree itself was spurred by a memorial on the poor tobacco control situation which was prepared by the SKZPT in 1972. Nonetheless, by the 1980s it was becoming increasingly clear that the 1974 decree would not fulfil the public health hopes that were associated with it, as it remained virtually unenforced. The PTP began to lobby for the development and introduction of new regulations, referring to the examples of smoking bans introduced in Sweden and Finland. Scientific conferences were also used by the anti-tobacco movement in the hope of exerting pressure on the authorities. By the mid-1980s these events increasingly involved prominent Polish and international scientists, and concluded with direct appeals to legislators. The observers from transnational tobacco

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154 IPN BU 1585/21542, "Sprawozdanie z działalności Zarządu Głównego SKZPT za okres od ostatniego posiedzenia Zarządu Głównego do 15.IX.69r [Report from the functioning of the Central Committee of the SKZPT for the period since the last meeting until 15 September 1969]." Pp. 303-304.
155 "Zwyczajny Zjazd Krajowy SKZPT [SKZPT General Meeting]." P. 323.
157 Jaroszewicz, "Ruch Zwalczania Palenia Tytoniu w Polsce [The Anti-tobacco Movement in Poland]."
companies noted the high calibre of their participants and the great deal of trouble that was made to coordinate the sessions, mass media, and social events. They also pointed out the sophistication with which the anti-tobacco advocates attempted to open a political avenue for the politicians to take what could be unpopular regulatory decisions: ‘It was evident that if the Government suggested legislation, this would be seen as a repressive measure. It was therefore important that anti-smoking messages be seen as coming from WHO.’

However, the authorities used the 1974 decree to stall the debate on future tobacco control regulation, arguing that the problem in Poland was not the lack of legislation, but rather its poor enforcement, and that the energies of politicians and anti-tobacco advocates alike should be focused on that. They took steps that would help placate the health advocates, while not guaranteeing any real change. An example was the establishment in 1984 of the Intergovernment Department Commission for the Countering of Tobacco Smoking, an advisory body issuing opinions on anti-smoking programmes and legislative proposals, which included PTP activists, alongside MoH and Ministry of Science and Culture officials, health inspectors, other civic organisations such as the Women’s League, and representatives of the state media, but also of the state tobacco industry. When it became clear that the authorities, including the MoH, were not willing to push the agenda on anti-smoking regulation, the PTP decided to present the policymakers with a ready draft of a tobacco control bill. In the early 1980s, in close collaboration with Finnish public health experts, they prepared a legislative proposal based on the Scandinavian/Nordic experiences. However both this, and a later legislative proposal also failed to make headway with the contemporary governments. The anti-tobacco advocates failed to reach an insider status that would allow their ideas for legislation to receive serious consideration by the authorities.

Some anti-tobacco activists, frustrated by the lack of regulatory progress, by the mid-1980s were becoming more outspoken about the poor public health record of the regime. Sotiris Stavrou, the editor of the PTP’s Anti-Tobacco Review, in 1984 wrote that the ‘shortening of our lives, and filling it with serious chronic diseases and other painful forms of suffering’ resulting from smoking

161 Unknown, “The establishment of Intergovernment Department Commission for the counteration of tobacco smoking.”
162 Zatoński, “Interview.”
has been ‘deliberately planned’ through the ‘annual plans to increase the production of tobacco products.’\(^{163}\) Policies such as that of handing out ration stamps for cigarettes to every adult citizen during the economic crisis of 1981 were also publicly blamed by the activists for leading to an increase in smoking prevalence at a time in which fewer cigarettes were actually sold.\(^{164}\) However, the top echelons of the PTP were careful not to engage in open criticism of the government, even as the decision makers refused to engage with their policy proposals.

Kożusznik, also writing in the *Anti-Tobacco Review*, rebuked Stavrou’s criticism of the authorities and declared that ‘visits paid to the representatives of the state authorities always constituted a positive and inspirational element in the history of the movement’.\(^{165}\) The personal and professional relations of the leading figures of the anti-tobacco movement with the state elites, as well as their understanding that in the authoritarian state little can be achieved without the blessing of the regime, meant that the PTP activists pulled their punches when commenting on the government’s poor public health record.

In addition, Zatoński remembers that a large section of the anti-tobacco movement leadership, including himself, were not fully convinced about the importance of anti-tobacco regulation in countering the rise of smoking. The legislative proposals for the government were prepared at the suggestion, and occasionally insistence, of their western colleagues, and were not considered a key issue.\(^{166}\) Instead, the SKZPT, and later the PTP, prioritised the development of smoking cessation capacity and of harm reduction in Poland.

The SKZPT’s engagement with smoking cessation dated back to the funding of the first cessation clinic in Poland in 1967 by Józef Granatowicz, a prominent addiction specialist and SKZPT activist, and the director of a major hospital in Poznań.\(^{167}\) The publication of brochures and books advising smokers on how to quit, training medical doctors in smoking cessation, and the establishment of smoking cessation advice clinics became one of the key areas of activity for the SKZPT, and later PTP. By the early 1980s there were almost 60 such clinics around the country.\(^{168}\)

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164 Zatoński and Przewoźniak, *Health Consequences of Tobacco Smoking in Poland*

165 Kożusznik and Łyko, "XX-lecie Polskiego Towarzystwa Przeciwtytoniowego [Twenty years of the Polish Antitobacco Society]." P. 12.

166 Zatoński, "Interview."


168 W. Kornasieciwicz, "Działalność Polskiego Towarzystwa Przeciwtytoniowego w zwalczaniu nałogu palenia [Activity of the PTP in combatting the smoking addiction]," in *Oświata zdrowotna w walce z palieniem*
Granatowicz also conducted pioneering research on the treatment of tobacco addiction using drugs with central action on the brain’s nicotine receptors, such as Tabex. Despite following best treatment practice, and the use of novel and effective cessation drugs such as cytisine, the cessation clinics failed to reach many patients, especially as few doctors saw it as their duty to refer their patients to them. Many Polish physicians were smokers, which according to SKZPT undermined their effectiveness in delivering stop smoking – often they would advise their patients to cut down rather than quit entirely. Another obstacle was the scarcity of cessation drugs in Poland. No such pharmaceuticals were produced in Poland and they had to be imported (including cytisine), which was not always possible under communism, as the Polish state was perpetually low on foreign currency. The most popular product on the market was a drug called ‘Antynicotin’, based on lobeline, a chemical compound inducing nausea after smoking a cigarette – however its effectiveness was not methodically tested. Nicorette was introduced to Poland in the mid-1980s, allegedly as a chewing gum rather than as a cessation drug, after the Minister of Labour and Social Policy, Stanisław Ciosek, approached Zatoński to ask him what the best methods for quitting smoking were, only to be told that the most tested drug, Nicorette, was not available on the Polish market. Another organisation providing cessation support in collaboration with the SKZPT/PTP was the Adventists, who organised their own Stop Smoking in Five Days courses nationwide – however despite claims of high effectiveness these were also never evaluated. Despite these limitations, the anti-tobacco movement invested much time and effort in the smoking cessation path, also at the expense of policy lobbying. 

*tytoniu [Health education in the fight against tobacco smoking], ed. A. Grzybowski (Warsaw: Państwowy Zakład Wydawnictw Lekarskich, 1981).*


171 IPN BU 1585/21542, “Sprawozdanie z działalności Zarządu Głównego SKZPT za okres od ostatniego posiedzenia Zarządu Głównego do 15.IX.69r [Report from the functioning of the Central Committee of the SKZPT for the period since the last meeting until 15 September 1969].” P. 301.

172 "Protokół z konferencji odbytej w dniu 17 lipca 1962r. w sprawie propagandy przeciw paleniu tytoniu [Minutes of the conference on 17 July 1962 regarding anti-smoking propaganda].” P. 31.

173 "Protokół z posiedzenia Ogólnokrajowego Komitetu Zwalczania Palenia Tytoniu, które odbyło się w dn. 13 lutego 1963r. w Ministerstwie Handlu Wewnętrznego [Minutes of the meeting of OKZPT on 13 February 1963 in MHW].” P. 39.

174 Zatoński, "Interview."

175 Kożusznik and Łyko, "XX-lecie Polskiego Towarzystwa Przeciwtobroczki [Twenty years of the Polish Antitobacco Society].” P. 13; Dąbrowski, "Smoking menace still haunting humanity."
doctors, we believed at the time that treatment could be the key to solving the smoking problem,’ remembers Zatoński.\textsuperscript{176}

Harm reduction approaches held a similarly important place in the activity of the Polish anti-tobacco movement in the 1970s and 1980s, and were also prioritised over policy lobbying. SKZPT educational brochures and leaflets complained about the poor quality of Polish cigarettes, encouraged smokers to move to using pipes and cigars instead, and praised the ability of filters to help reduce the carcinogenic effect of tobacco.\textsuperscript{177} The relations between the anti-smoking movement and representatives of the state tobacco monopoly were cordial, and the improvement of the quality of Polish tobacco and cigarettes was perceived as a shared cause.\textsuperscript{178}

In the 1980s PTP included the modernisation and better funding of the Polish tobacco industry as one of its manifesto postulates, as this would facilitate the production of ‘less harmful’ types of cigarettes, without which ‘even the increase in cigarette prices would be of little or no importance’.\textsuperscript{179}

Despite more vigorous efforts at coalition-building and the professionalisation of the anti-tobacco movement, the SKZPT and PTP in the 1970s and 1980s remained unable to ensure the implementation of anti-tobacco legislation in Poland, and the advocates prioritised other activity over policy lobbying. The movement was also used by the authorities as a fig leaf, to refute accusations of complacency on tobacco control by pointing out that they are ‘working closely with the PTP to overcome the problems of smoking in Poland’, as the Minister of Health Miroslaw Cybulko declared in a 1986 radio interview.\textsuperscript{180}

7.3.5 Unsuccessful attempts to foster an anti-smoking culture

Considering its failures on the legislative front, and a political and economic situation in the country that was not conducive to stronger tobacco control measures, one way left for the anti-tobacco movement to foster healthier lifestyles was to reach over the heads of the communist legislators, and communicate directly with the Polish people. This approach, in theory, also

\textsuperscript{176} Zatoński, “Interview.”
\textsuperscript{178} Zatoński, “Interview.”
\textsuperscript{179} Zającowski, \textit{Zanim zapalisz - przeczytaj} [Before you light up - read up] P. 16.
resonated with Jaroszewicz’s professional background and interest in advertising. However, the resulting propaganda and educational campaigns were haphazard, poorly disseminated, produced output of uneven quality, and in some cases were stifled by the authorities. In effect, the health advocates failed to change the positive attitudes of Poles’ towards smoking, a situation which persisted until 1989.

The defining characteristic of the propaganda materials produced by the SKZPT and PTP was their erratic nature. On one hand, certain posters were commissioned from talented Polish graphic designers. They were often characterised by high artistic merit and the use of sophisticated imagery that was not meant to be read literally. Some of the anti-smoking posters were created by internationally acclaimed artists who represented the so-called ‘Polish Poster School’. This term covered a generation of artists, mostly painters, who in the 1950s and 1960s sought an escape from the constraints of socialist realism in poster art and imbued it with innovative designs and a layer of individuality that was not acceptable before the period of de-Stalinization of the Soviet bloc. As Poland began to open up to western influences in the late 1960s and 1970s, the artists increasingly included developments from abroad, such as pop art, surrealism, or the use of geometrical abstraction. In the PRL the artists were not allowed to comment on political issues, and the bulk of their work initially consisted of designing film posters, but they were also frequently commissioned to produce public health posters.\(^\text{181}\)

Examples of artistically accomplished anti-tobacco propaganda materials in the 1960s were the posters *Nie przepalaj zdrowia* ['Don’t burn through your health'] and *Palisz płacisz zdrowie tracisz* ['Smoke pay lose health'] (Image 6). Both were released in 1968, with a print run of almost 50,000 copies.\(^\text{182}\) They were designed by young artists who later became prominent members of the Polish Poster School, and were characterised by innovative design, the use of subtle imagery, and witty wordplay. The author of the former, Zbigniew Rychlicki, went on to become a famous illustrator of children’s books and created some of the most iconic animated TV characters of the

\(^\text{181}\) A. Dydo, ”The History of the Polish Poster,” in *Polish Public Health Poster*, ed. K. Krajewski-Siuda(Katowice-Kraków: Medical University of Silesia, 2012).

The fact these posters were still commissioned under the leadership of Jaroszewicz indicates that, despite his organisational and characterological deficiencies, the advertising know-how he brought from his position at the MHW at least occasionally translated into good quality propaganda images, which, unfortunately, remained very poorly disseminated.

Image 6. SKZPT anti-tobacco posters, 1960s

Left: ‘Don’t burn through your health’ by Z. Rychlicki (1968)
Right: ‘Smoke pay lose health’ by A. Nowacki (1968)


The most accomplished anti-tobacco posters of the 1970s were also created by young designers who had just completed their training (Image 7). Jakub Erol, who later became a prolific film poster artist, designed a 1972 anti-tobacco poster featuring the powerful metaphor of a cigarette as a proverbial ‘nail in the coffin’ of a smoker. Ewa Chodkiewicz-Świder’s 1976 poster entitled

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Zegar twojego dnia? ['Your day’s clock?'] marked the increasing interest Polish artists took in less traditional design methods such as the use of photomontage – and in fact the poster’s designer in subsequent decades became famous for the use of photography in her work.\footnote{184} This innovative streak was continued in later anti-tobacco posters, such as the 1981 Nikotyna zabija ['Nicotine kills'], created by Wojciech Naczas, the son of the famous Polish sacral painter Bronisław Naczas (Image 8). His use of the serpent as a symbol of the deadly and insidious nature of smoking, which also carried Biblical connotations, was a fixed staple of anti-tobacco imagery in Poland (for example see the PTP membership badge in Image 5).

Image 7. SKZPT anti-tobacco posters, 1970s

Left: Unnamed poster by J. Erol (1972)
Right: ‘The clock of your day?’ by E. Chodkiewicz-Świder (1976)

However, it should be kept in mind that the handful of most artistically successful posters created by the SKZPT and PTP were rather a matter of luck than a credit to the organisation. Their designers were not prominent at the time of their conception – they were either students, or recently out of university, and only became accomplished artists in the decades to come. The anti-tobacco movement was lucky to benefit from the large pool of talent that existed in Polish poster art, and whose work was easily affordable at the time. These could be therefore viewed as fortunate coincidences rather than the results of a coherent strategy of producing artistically valuable propaganda materials. In fact, the bulk of the SKZPT and PTP propaganda output was
characterised by a far lower level of sophistication. An anti-tobacco advocate remembered that, even by the 1980s, the PTP was focused on the production of ‘millions’ of gadgets such as of ‘No smoking’ door hangers, or anti-smoking labels for matchstick packets (Image 9), instead of proper educational materials.\textsuperscript{185}

\begin{center}
\textbf{Image 9. Anti-smoking labels on matchstick packets, 1966}
\end{center}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{anti-smoking-labels.jpg}
\caption{Text: ‘S.O.S. Smoke pay lose health’}
\end{figure}


Whether artistically accomplished, or amateurish, what all materials produced by the anti-tobacco movement in the 1970s and 1980s shared was the lack of an evidence-based approach or peer review in their preparation. The lack of an overarching propaganda strategy and of a systematic anti-tobacco message was criticised by contemporary health advocates, along with the fact that many of the materials were poorly edited, and the educational information was presented in a very technical and unappealing way (Image 10).\textsuperscript{186}

\begin{footnotesize}
\begin{enumerate}
\item[\textsuperscript{185}] IPN BU 1585/21542, “Informacja dotycząca działalności SKZPT [Information regarding the functioning of SKZPT].” Pp. 369-370; Przewoźniak, "Interview."
\end{enumerate}
\end{footnotesize}
Slogans used by the SKZPT were labelled as ‘dated’ and ‘unintelligible’ by critics within the tobacco movement and included examples such as ‘Cigarette times X = addiction’, or ‘Mother! Do you know that your child is coughing due to tobacco?’ Such convoluted and unimaginative messaging was a staple of SKZPT brochures throughout the 1960s and 1970s (Image 11), as well as posters in the 1980s (Image 12).

"I smoke because I want to" is not true! Whoever begins smoking cigarettes becomes a slave of addiction.'

Apart from visual propaganda in the form of posters, brochures, and leaflets, the anti-tobacco activists also prepared an educational curriculum for schools, which recommended scientific experiments which would illustrate the dangers of smoking to children – for example adding tobacco to a fishbowl, observing the fish lie on the surface seemingly lifeless, and then see them
revive after transporting them to another vessel with clean water. Attempts were also made to popularise anti-tobacco slogans among young Poles. However, phrases like ‘I chose a life without cigarettes’, or ‘No, thank you, I chose non-smoking’, that the PTP attempted to promote as go-to answers for teenagers asked if they want a cigarette, sounded as naive in the 1980s as they do today.

The content of the anti-tobacco propaganda was sometimes dictated by political developments in the country, rather than by educational considerations. For example, in the early 1970s, as the Polish economy was transitioning in line with Gierek’s emphasis on consumer goods, the SKZPT developed its messages in line with these new economic priorities in the hope that this would increase the chance of state support for its campaigns. The propaganda materials began to convince Poles that instead of spending money on cigarettes, they could use it to buy other products, such as fridges or vacuum-cleaners. The SKZPT Board was very clear that this was done to satisfy the authorities, rather than because they believed such messaging could be effective. In fact, in its reports it pointed out that the ‘argument that quitting smoking is a way of supporting the state should be used very cautiously in propaganda efforts and, outside of official communication, should be avoided.’

Finally, even if they would have been professionally designed and trialled, it might be speculated that PTP propaganda and educational materials might still fail to make a difference, for the simple reason that it remained largely invisible to the average citizen. While the SKZPT/PTP under Kożusznik continued to produce large quantities of anti-tobacco posters and leaflets, rather than attempting to pressurize state agencies and businesses to buy them, as was the case under Jaroszewicz, the organisation in the 1970s and 1980s prioritised their dissemination in healthcare and educational institutions. However, the rationality of the distribution of these materials remained doubtful. Their overproduction meant that hospital directors began to complain about being sent mass quantities of ‘wastepaper’. In consequence, many of the publications never left the warehouses where they were stored, while some of those that reached their destinations

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188 "Sprawozdanie z działalności Zarządu Głównej SKZPT za okres od ostatniego posiedzenia Zarządu Głównej do 15.IX.69r [Report from the functioning of the Central Committee of the SKZPT for the period since the last meeting until 15 September 1969]." P. 296.
189 Kornasiewicz, "Działalność Polskiego Towarzystwa Przeciwtytoniowego w zwalczaniu nałogu palenia [Activity of the PTP in combatting the smoking addiction]." P. 52.
190 IPN BU 1585/21542, "Perspektywiczny plan kampanii propagandowej przeciwko paleniu tytoniu [Prospective plan of an anti-tobacco propaganda campaign]." P. 310.
191 Zajączkowski, Zanim zapalisz - przeczytaj [Before you light up - read up]
used to cover holes in doctors’ offices and waiting rooms.\footnote{E. Łata, “Oral contribution to witness seminar on tobacco control policy in Poland,”(Chief Sanitary Inspectorate, Warsaw 2016); Zatoński, "Interview."} The anti-tobacco posters and brochures were largely absent from the outdoor public places, workplaces, or shops. An American journalist reporting from Poland in 1987 expressed his surprise at the lack of stigma attached to smoking, and that despite the existence of PTP ‘no one nags Poles about their growing habit. There are almost no advertising campaigns [...] or antismoking literature.’\footnote{Diehl, "Poles Refuse to Put Out Their Cigarettes; Tobacco Habit Continues to Spread Despite 20-Year Campaign Against It."}

In trying to account for its failure to reach the Polish society, the anti-tobacco movement leaders pointed at the lack of financial support from the state, which condemned its propaganda activity to a narrow scope and the inability to tailor its message to different social groups.\footnote{IPN BU 1585/21542, “Perspektywiczny plan kampanii propagandowej przeciwko paleniu tytoniu [Prospective plan of an anti-tobacco propaganda campaign].” P. 305.} In fact, on several occasions the authorities went even further and actively suppressed the public health message. As the improvement of health indicators began to reverse in the 1970s, the authorities began to restrict the circulation of information regarding the health status of the Polish population.\footnote{D. Duch-Krzystoszek and A. Firkowska-Mankiewicz, "Healthy or Happy Child: An Interplay of Politics, Health and Values," in Images of Disease: Science, Public Policy and Health in Postwar Europe, ed. I. Lowy and J. Krige(Luxembourg: Office for the Official Publications of the European Communities, 2001).} While the Communist governments were happy for data on the growing morbidity and mortality toll that smoking imposed on the Polish population to be circulated within scientific and medical circles, in the politically tense period of the 1980s they intervened to limit its accessibility to the broader public. The government was particularly wary of allowing criticism from the West to be picked up by Polish public opinion. When an article on the rising death rates among Polish men by the American cardiovascular epidemiologist Richard Cooper was brought to the attention of the MoH by Polish anti-tobacco activists in 1984, they were clearly instructed that it was not fit for dissemination in Poland.\footnote{Cooper, Schatzkin, and Sempos, "Rising death rates among Polish men."; Zatoński, "Interview."} In February 1987, The Washington Post published an article by its Warsaw correspondent, Jackson Diehl, who contrasted the Poles, ‘one of the heaviest-smoking people in the world’, with the progress made in tobacco control in the West and criticised the authorities for the lack of visible anti-smoking campaigns, and the resulting lack of stigma attached to smoking in Poland, which he called ‘illustrative of how social ills have quietly flourished in a communist-ruled nation preoccupied for years with political and economic crises.’ In the article Diehl also quoted Zatoński saying that in the 20 years of the

192 E. Łata, “Oral contribution to witness seminar on tobacco control policy in Poland,”(Chief Sanitary Inspectorate, Warsaw 2016); Zatoński, "Interview."
193 Diehl, "Poles Refuse to Put Out Their Cigarettes; Tobacco Habit Continues to Spread Despite 20-Year Campaign Against It."
194 IPN BU 1585/21542, “Perspektywiczny plan kampanii propagandowej przeciwko paleniu tytoniu [Prospective plan of an anti-tobacco propaganda campaign].” P. 305.
existence of the anti-smoking movement ‘we haven’t had many successful days.’ When the article was picked up by the Radio Free Europe in its criticism of the Communist regime, Zatoński was warned by the Ministry of Public Security that he was at risk of losing his passport and right to travel if he were to give such interviews to foreign press again.

The anti-tobacco movement was also unable to foster non-smoking role models for the Poles. The two key political figures of the 1980s were smokers – Lech Wałęsa was open about his love of cigarettes and pipes, while the party secretary Wojciech Jaruzelski, despite the image of sobriety he tried to project, was known to smoke in private. Many leading actors were also smokers, and often portrayed roles of smokers on television. However, the problem ran much deeper than just a few public individuals from the world of politics and culture. Health advocates complained that non-smoking rules of the 1974 Tobacco Control Decree are widely ignored ‘on high-level meetings of the health ministry, during scientific conferences, and in schools. It is hard to count on any real progress as long as doctors and teachers will not understand the disastrous role they play in (unintentionally) promoting smoking with their own example. A terrible role is also played by nurses, who smoke commonly [...] Appeals to stop smoking scenes in movies and in television have also fallen on deaf ears.’ Medical doctors who worked in the Polish health service in the 1980s remember the last decade of Communist rule as the period when the medical community was only starting to wake up to the importance of tobacco harm in Poland, but with very high smoking rates still persisting among healthcare professionals, also in their workplaces.

The PTP did have a handful of token successes in using cultural means to shape a greater awareness of the threat posed by smoking. In 1974 it ran a newspaper campaign that resulted in the renaming of Poland’s most popular cigarette brand – Sport cigarettes – to the name

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197 Diehl, "Poles Refuse to Put Out Their Cigarettes; Tobacco Habit Continues to Spread Despite 20-Year Campaign Against It."
198 J. Hoagl, "Joe Camel Goes to Europe," The Washington Post, 2 April 1998; Zatoński, "Interview."
199 Diehl, "Poles Refuse to Put Out Their Cigarettes; Tobacco Habit Continues to Spread Despite 20-Year Campaign Against It."
200 IPN BU 1585/21542, "Sprawozdanie z działalności Zarządu Głównego SKZPT za okres od ostatniego posiedzenia Zarządu Głównego do 15.IX.69r [Report from the functioning of the Central Committee of the SKZPT for the period since the last meeting until 15 September 1969]." P. 295.
201 Gibiński, "Walka z nalogiem palenia tytoniu na świecie i w Polsce [Fight with tobacco smoking addiction around the world and in Poland]." P. 10.
Popularne, symbolically removing the link between good health and smoking. A song entitled ‘Just do not smoke’, prepared for a 1984 anti-tobacco conference, and performed by the Polish pop star Maryla Rodowicz, briefly soared to number one in Poland. However, the cultural pull of smoking was too strong to be countered by such sporadic efforts. Cigarettes were perceived as the definitive consumer good and as such had a special status in the communist context of the Eastern bloc. As the anthropologist Katherine Verdery put it, ‘consumption goods and objects conferred an identity that set you off from socialism, enabling you to differentiate yourself as an individual in the face of the relentless pressures to homogenize everyone’s capacities and tastes into an undifferentiated collectivity. Acquiring objects became a way of constituting your selfhood against a deeply unpopular regime.

Apart from pointing fingers at inadequate funding, the PTP advocates saw little wrong with their propaganda, and blamed the ‘frustrated, neurotic, irritable’ state of Polish society for the failure of its anti-tobacco efforts. ‘It is clear’, the PTP manifesto stated, ‘that the anti-tobacco campaign in Poland is confronted with a society that is not very susceptible, that it can provoke a reaction opposite to what was intended. The importance of health, as a basic value, which justifies the sense and importance of anti-tobacco campaigns, has become ambiguous’ for Poles. A 1984 brochure on smoking and cancer put the case more directly: ‘I am not sure whether at present we are in the optimal situation to engage [...] in a broad and comprehensive fight against smoking. Everyday life brings too many problems. How can we expect from anyone that they will sacrifice their time to fight against smoking?’

Diagnosing the social frustration in the years following Gierek’s unsuccessful reforms and the martial law of the early 1980s as the principal stumbling block for public health was not wrong. The medical sociologist William Cockerham acknowledged that the sense of powerlessness instilled by the communist system did make Eastern European populations less concerned about maintaining healthy habits than westerners. Nonetheless, the chaotic nature of the anti-

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204 Diehl, “Poles Refuse to Put Out Their Cigarettes; Tobacco Habit Continues to Spread Despite 20-Year Campaign Against It.”; Kuszewski, ”Oral contribution to witness seminar on tobacco control policy in Poland.”
206 IPN BU 1585/21122, “Polskie Towarzystwo Przeciwtotoniuowe [Polish Anti-tobacco Society].”
208 Nagorski, The Birth of Freedom: Shaping lives and societies in the new Eastern Europe P. 189; Cockerham, Health and Social Change in Russia and Eastern Europe. P. 46.
smoking propaganda effort definitely did not contribute to changing this state of affairs, and stood in contrast to the more systematic campaigns conducted by anti-tobacco campaigners in many western countries.
7.4 Conclusion

Outlining the history of Poland’s anti-tobacco movement, in 1984 Kożusznik wrote that he saw as the main success of his organisation the ‘breaking of the psychological barrier between our movement and society. Initially we were perceived as a group of dreamers or even fanatics, surrounded by a sort of mysticism that broader society, and often also different institutions, failed to understand. Today, the situation has radically changed. The fight against tobacco is treated as an important element of our social and national existence, and as a necessary activity.’\textsuperscript{209} The leader of the PTP was right – after the internal divisions and scandals of the 1960s, the 1970s brought a palpable professionalization to the anti-tobacco movement. The PTP formed important alliances with the medical community, set up mechanisms of monitoring the growth of smoking and tobacco-related diseases, and established collaborations with western anti-smoking advocates. The movement acquired techniques of political and scientific networking that gradually strengthened its leverage and helped foster a certain level of respect from the political authorities.

A tobacco control \textit{advocacy coalition} was beginning to consolidate in the 1980s but, as explained by Sabatier’s ACF, it needed time to realise its full potential. By 1989 the Polish anti-tobacco advocates still had very few concrete achievements to boast about. The 1974 Tobacco Control Decree proved to be an empty promise from the authorities, without any real provisions for enforcement. The \textit{policy} and \textit{politics streams}, as conceptualised by Kingdon, remained unfavourable to concrete tobacco control measures. During the years of Kożusznik’s leadership smoking rates skyrocketed, and tobacco had become one of the pillars of economy and Gierek’s consumerist drive, and in the 1980s of political and social stability. The PTP also failed to establish alliances with the Catholic Church and Solidarity that could have proved key in advancing the public health cause in the 1980s. Finally, it did not succeed in raising awareness of the magnitude of tobacco harm among Poles. Granatowicz commented that the increase in smoking in the country was due to ‘the view, deeply held among many smokers, that while tobacco smoking is not particularly useful, it is not particularly harmful either.’\textsuperscript{210}

\textsuperscript{209} Kożusznik and Łyko, "XX-lecie Polskiego Towarzystwa Przeciwtytoniowego [Twenty years of the Polish Antitobacco Society]." P. 14.
\textsuperscript{210} Granatowicz, \textit{Metody odzwyczajania się od palenia tytoniu: wskazówki dla lekarzy [Methods of giving up tobacco smoking: guidelines for doctors].} P. 3.
When the Communist regime unexpectedly collapsed in Poland in 1989, many experts predicted a further deterioration in the public health situation. The advent of capitalism, with all its temptations and sophisticated marketing, was threatening to take advantage of the poor health literacy of the Polish population. Nowhere was the concern more pronounced than among tobacco control experts. Western cigarette brands – Marlboro, Winston, or Kent – became desirable status symbols throughout the Eastern bloc. As the transnational tobacco companies entered the Polish market, the perfect storm seemed to be in place for the smoking epidemic in the country to reach a new stage. However, the calm, gradual approach of the anti-tobacco advocates to coalition building in the 1970s and 1980s also helped to lay the foundations of a strong public health movement, and the advent of democracy in 1989 served to reinvigorate it. The TTCs entering Poland were soon to find out that they were to face a strong opposition to their expansion plans.

211 Zatoński and Zatoński, "Sytuacja zdrowotna [Health situation]."
212 Neuburger, “Smokes for Big Brother: Bulgaria, the USSR, and the Politics of Tobacco in the Cold War.” P. 233.
Chapter 8 – The tobacco industry in Poland after 1989

8.1 Introduction

- Events pertaining to the development of tobacco industry in post-communist Poland are presented graphically in Timeline 4 in Appendix F

When, in 1987, Vienna was chosen to host the Sixth World Tobacco Exhibition & Symposium, to take place in October 1990, it was in the hope that its traditional links with Eastern Europe would help stimulate more open trade across the Iron Curtain.¹ Little did the organisers, among whom were the world’s leading transnational and state tobacco companies, know that the event would be taking place in a region experiencing its most profound political, social, and economic upheaval since the Second World War.² As the Iron Curtain was rapidly lifted, and protectionist socialist economies of the Soviet Bloc were one-by-one succumbing to Western-style capitalism, the timing could not have been more opportune for what was one of the world’s most globalised industries. The organisers promptly decided that an entire day of the exhibition would be devoted to the theme of ‘The Tobacco Industry and Eastern Europe.’ The industry magazine Tobacco Reporter marvelled as ‘busloads of Eastern Europeans pouring onto the exhibition floor bolstered attendance.’³

The Polish tobacco industry was represented by Marek Pitula, the director of the foreign trade office of Poland’s largest cigarette manufacturer – the Kraków Tobacco Factory. In a plenary speech to delegates, Pitula characterised the situation of the industry in Poland:

Polish society is a society of heavy smokers. Consumers will favour cigarettes with good smell, taste and effective filters, as well as new low-nicotine cigarettes. [However], forty percent of cigarettes in Poland are still without filters. [Polish tobacco factories] are poorly equipped, and the productivity is well below western standards.⁴

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⁴ Ibid. P. 40.
With its huge customer base, antiquated industry that could barely meet demand for cigarettes, and increasingly business-friendly environment, Poland constituted an attractive investment opportunity for the wealthy and experienced western companies. However, the TTCs knew that they had to act fast if they wanted to get ahead of their competitors and the potential backlash that was predicted to follow Poland’s tough economic reforms and withdrawal of state subsidies. ‘Mikhail Gorbachev’s amended statement: “If you come too late, history will punish you” also applies to us,’ concluded a study of Eastern European markets conducted by British American Tobacco in January 1990.5

The events of 1989 shifted the policy landscape in Poland, deeply affecting several of the factors facilitating policy change identified in Leichter’s accounting scheme – from the structural (change of regime type and political system) to the external/environmental (political control by the Soviet Union was replaced by the influence of the European Community). One of the most fundamental changes was the replacement of the protectionist socialist economy, in which the state controlled the bulk of the industry, by liberal capitalism, which allowed big, western, transnational companies, including the TTCs to enter the Polish market. This meant that a new, powerful, experienced actor entered the fray of tobacco policymaking. Therefore, in the first chapter focusing on the post-1989 period, I recount the attempts of the TTCs to establish themselves economically and politically in post-communist Poland. It is important to understand this before investigating the changes undergone by civil society after the collapse of communism (see Chapter 9), and before analysing how the state reacted to these developments in formulating and enacting tobacco control in the 1990s (see Chapter 10).

I argue that immediately after the collapse of the Iron Curtain the TTCs embarked on a major advertising, investment and lobbying campaign in view of taking over the state tobacco monopoly. However, it soon became clear that the process of industry privatisation in Poland would be more extended than initially assumed, primarily due to the opposition of the tobacco farmers, supported by an influential agrarian political movement that from 1993 took part the ruling parliamentary coalition. Faced with this uncertainty, the TTCs reduced their operational capacity in the Polish market and focused on other post-communist countries instead. This slowed the industry’s expansion in Poland and the growth of popularity of western brands, as many Poles remained loyal to the cheaper domestic cigarettes. After the process of privatisation

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of the tobacco industry was finally initiated in 1995, the TTCs turned their gaze back to Poland. However, due to the deep divisions between different multinationals, especially on issues of taxation, the TTCs never managed to devise a coherent lobbying strategy, nor a shared system of monitoring and countering the activities of anti-tobacco advocates – a strong pro-tobacco advocacy coalition, as described by Sabatier’s ACF, did not develop. Due to the faltering commitment of the tobacco industry to the Polish market, as well as the structural limitations and internal divisions they faced, the TTCs throughout the 1990s failed to position themselves as an insider interest group and control what Kingdon called the politics stream of the policy discussion. In consequence, the TTCs were unable to prevent the strong Polish Anti-tobacco Law of 1995, nor its subsequent amendments banning advertising.
8.2 Entry of the TTCs into the Polish market

In the immediate aftermath of the collapse of the Iron Curtain it seemed that the privatisation of the Polish tobacco industry would proceed apace, allowing the TTCs promptly to take over the Polish market. Already in 1989, the Polish state tobacco monopoly was disbanded and cigarette manufacturing organised into several self-governing and self-financing factories. The largest of these was in Kraków, with a market share of almost 40%, followed by Poznań and Radom with around 20%, and Augustów with a little over 5%. The remaining, smaller factories, including Lublin and Łódź, accounted for the rest of Poland’s cigarette production, which totalled almost 100 billion cigarettes per year (Figure 13).

![Figure 13. Cigarette factories in Poland by market share (1992)](image)


The Polish government commissioned the British investment bank Morgan Grenfell to conduct a study of the tobacco sector, which was published in February 1992, and endorsed full privatisation of the industry. The study, combined with the country’s rapid shift to market

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8 Gourlay, "Poland and the Tobacco Industry: A Briefing Note." Appendix 1.
capitalism, suggested that the auctioning of the tobacco factories to the TTCs would be over in a matter of months. Encouraged by those positive signals, in the early years of post-communist Poland (roughly between 1989 and 1993) the tobacco multinationals undertook vigorous investment and lobbying campaigns that would allow them to begin their takeover of the Polish market, while avoiding onerous regulation from the authorities.

8.2.1 Modernising the Polish tobacco industry

A strategic analysis of British American Tobacco’s (BAT) business opportunities estimated that the CEE and former USSR countries, with 12% of global cigarette consumption, offered the company greater potential than established markets such as the USA (10%) or Western Europe (6%).

In November 1992, three years after the collapse of the Berlin Wall, Mike Pavitt, the Public Affairs Manager of Rothmans International, offered his employer’s take on the collapse of the Eastern bloc:

_We’d have loved to have been in Eastern Europe in a big way years ago. We were hammering on the Berlin Wall longer than the American forces. Until recently perhaps 40% of the world’s smokers were locked behind ideological walls. We’ve been itching to get at them – and we’re much relieved and excited that this 40% is now open to us. That’s where our growth will come from._

The TTCs were keen participants in the period of initial enthusiasm and expansion of western companies into Poland after 1989. The tobacco transnationals were willing to invest large sums into the decrepit state tobacco plants and to begin the production of their cigarette brands in Poland. They attempted to position themselves as insider interest groups, collaborating closely with the SOEs and trying to demonstrate their importance to the Polish economy as modernisers and job creators – also in the view of influencing the regulatory debate on tobacco.

Philip Morris (PM) was the first TTC to gain a foothold in Poland. Its licensing agreement with the Kraków tobacco state-owned enterprise (SOE) for the production of Marlboro cigarettes dated back to 1973, and the company had a better understanding of the Polish market than any of the

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10 M. Macalister, “The $225,000,000,000 habit,” ed. The Observer (British American Tobacco Records, 1992).
other TTCs. In 1990 the agreement between PM and Kraków was extended, allowing PM to produce 300 million Marlboro and 30 million L&M cigarettes every year for the local market. In a forecast presented in 1991, the company’s management congratulated itself on having ‘aggressively seized the export opportunity that was made possible by the convertibility of the złoty and the favourable reform of import tariffs and regulations. As such we were the first to offer Polish consumers Western manufactured cigarettes for sale in zloties.' The other multinationals decided to follow PM’s example and entered license arrangements with the remaining factories. British American Tobacco (BAT) signed a joint venture agreement with the Augustów plant, Poznań began producing West cigarettes for Reemtsma and Gauloises for Seita, while Tabacalera began to collaborate with Radom. Scandinavian Tobacco Company produced Prince cigarettes in the antiquated factory in Łódź, and Rothmans signed a contract with the small Lublin factory (Figure 13).

Within months, all the elements of the tobacco business in Poland – from production, through distribution, to marketing – were revolutionised. The modern and professional approach of the multinationals to selling their products contrasted with the clunky communist-era SOEs. The TTCs conducted in-depth studies to understand the profiles of Polish smokers in order to determine the most appropriate advertising campaigns, quality control methods, and cigarette packaging design, even down to details such as preferences regarding printing style on packaging. PM was one of the first companies in Poland to hire a local PR agency, which it largely had to train itself. A leading US tobacco control researcher and advocate Gregory Connolly warned that this replacement of ‘decaying state monopolies which could barely meet demand [with multinational corporations and their] sophisticated marketing will encourage the expansion of demand.’

12 Clifford et al., "Tobacco industry influence over tobacco tax policy during privatisation and European Union accession in Poland." P. 17.
While local production of western brands was being built up, small quantities of officially imported, expensive cigarettes were sold on the Polish market and heavily marketed. Research on tobacco industry tactics in CEE has suggested that in order to supplement these imports, build market share and avoid import duties, TTCs used the large quantities of illicit cigarettes entering the Polish market. This growth in cigarette smuggling was also used as an argument to convince politicians that an increase in tobacco taxation would only exacerbate the problem.\textsuperscript{18}

The TTCs hoped that by developing ties with the tobacco SOEs, and investing in their modernisation, they would place themselves at the front of the queue when the privatisation tenders were announced. BAT’s Managing Director, Ulrich Herter, prepared a declaration of intent for BAT investment in Augustów, describing it as ‘sugar coating in order to impress and convince the workers’ council that BAT will be the best partner for a joint venture with them.’ In the declaration, BAT presented itself as a model employer, offering attractive salaries and pension schemes, as well as medical facilities, meals, housing, and training for its employees. Internal planning documents also forecast that, under its management, the cigarette production levels in Augustów would significantly increase, creating further jobs (Figure 14).\textsuperscript{19}

\textsuperscript{18} Clifford et al., "Tobacco industry influence over tobacco tax policy during privatisation and European Union accession in Poland."

In its marketing plan for 1994 PM identified the acquisition of the Kraków SOE as the ‘most important initiative’ in its geographic expansion in the region.\textsuperscript{20} BAT’s internal documents suggest

\textsuperscript{20} Clifford et al., "Tobacco industry influence over tobacco tax policy during privatisation and European Union accession in Poland." P. 12.
that its executives attached a similar importance to the acquisition of the Augustów plant. With the promise of imminent expansion in sight, Sir Patrick Sheehy, the chairman of BAT, declared in an interview with Financial Times in January 1991: ‘These are the most exciting times I’ve seen in the tobacco industry in the last 40 years’.

8.2.2 Recruiting political allies

The TTCs were also among the first western companies to conduct political lobbying in post-communist Poland. Philip Morris had a head start and a vast network of contacts in Poland, but it was not the only TTC to have begun monitoring the situation in the country well before 1989. An R.J. Reynolds Tobacco (RJR) analysis conducted in 1982 identified Lech Wałęsa as a potential partner for tobacco lobbyists: ‘Every time you see the man, he has a cigarette in his hand. As a representative of a worker’s union, he exemplified the ideal of the working man Winston smoker.’ In 1987 a US tobacco distributors’ publication raved about Wałęsa as ‘a lover of both cigarettes and pipes’ and a ‘role model for his country’s men and women.’

Wałęsa also became the politician most coveted by the TTCs after the collapse of the Iron Curtain, even before he became President of Poland at the end of 1990. In November 1989 Philip Morris involved Wałęsa in the bicentennial commemoration of the US Bill of Rights, of which it was one of the cosponsors. PM hoped to use the anniversary to portray itself as a champion of freedom of speech and, implicitly, the freedom to advertise its products, and ultimately also the freedom to smoke. PM sought recognisable public figures who would front its campaign, not only as a marketing vehicle, but also to establish good relations with prospective political allies.

According to the Wall Street Journal, Guy Smith, the corporate affairs vice-president of PM, expressed the hope that ‘if they think well of the company through our support of the Bill of Rights, it follows they’ll think well of our products.’ Wałęsa, freshly triumphant after Solidarity’s success in the first partially free elections in Poland in June 1989, was invited to participate in the

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24 Distributor, "Poles still enjoy 'the right to smoke'."
campaign alongside figures such as the Vietnam prisoner of war Everett Alvarez, African American civil rights leaders Benjamin Hooks and Barbara Jordan, several celebrities and actors, and even the President of the University of Notre Dame. Wałęsa agreed to be featured in PM-sponsored advertising commemorating the Bill of Rights in magazines such as *Time*, *Newsweek*, or *People* for a fee between $20,000 and $25,000 (Image 13).²⁸

**Image 13. Philip Morris Wałęsa Bill of Rights advertisement, 1990**

Philip Morris was also a pioneer when it came to lobbying Poland’s new, democratically elected Parliament. In April 1990 the company magazine The Philip Morris Globe reported that the ‘efforts of the fledgling Polish government to create a more open society with a market-driven economy have been hampered by a scarcity of resources. One problem frustrating democratic reforms: the lack of basic equipment necessary for the free flow of information.’ In response, the company decided to deliver to the Polish Senate (the upper house of the Parliament) ‘computers, fax machines, answering machines, typewriters, and other office necessities […] an additional gift of copying machines and a year’s supply of paper was delivered later.’

During the same visit PM donated two kidney dialysis machines to the Polish National Children’s Fund and sponsored the exhibition of contemporary American craft in Warsaw. The PM delegation was hosted by Wojciech Sawicki, the Head of Senate Chancellery, Andrzej Stelmachowski, the Speaker of the Senate, and Janusz Ziółkowski, the chairman of the Senate Foreign Relations Committee (Image 14). They also met with Bronisław Geremek, the Solidarity floor leader of the Sejm (the lower house of the Parliament), and one of the leaders of the anti-communist opposition in the 1970s and 1980s. During the visit The Philip Morris Globe conducted interviews with Wałęsa and Geremek, which were used for the cover feature of the magazine’s next issue (Image 15).

The emphasis on charity work and on developing ties with politicians who had a track record of standing up to oppressive regimes is telling not just about the TTCs’ political strategy, but also of their appetite for building a positive image of the company. This applied not just to external, but also to internal communication – after all the The Philip Morris Globe was read predominantly by PMI employees. Perhaps in the climate of the growing controversies surrounding the unethical methods of tobacco companies they needed to convince themselves that they stand for something more than just selling a deadly product. The Polish politicians and former dissidents were willing participants in this performance not just because of the promise of potential material gain, but also because they emerged from the isolation of the communist era greedy for praise and endorsement from the west. Seeing themselves on the cover of a magazine published by a company such as Philip Morris, often perceived as one of the symbols of the success of American capitalism, could be gratifying for them.

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Image 14. Photo of PM delegation and hosts (with caption) accompanying The Philip Morris Globe coverage of the visit to Poland, April 1990


Image 15. Photo of Lech Wałęsa (with caption) accompanying The Philip Morris Globe cover feature on the visit to Poland, April 1990

With this apparent normalisation of direct contacts between Polish politicians and tobacco industry executives, it was perhaps surprising that the launch of the PM Bill of Rights advertising campaign involving Wałęsa was met with much criticism in Polish media. Wałęsa was in the middle of a presidential campaign and his opponents used his involvement with PM to argue that he was unfit for office. In May 1990 Wałęsa’s spokesman declared that his boss did not ‘realize agreeing to do an ad supporting the US Bill of Rights might be seen as an endorsement of smoking. Wałęsa opposes linking the Bill of Rights to the freedom to light up […] He is an enemy of smoking.’

Despite these announcements, PM believed that in Wałęsa they had found a new ally in potential future debates on regulation (Wałęsa’s role in the tobacco control legislation process of the 1990s is further explored in Chapter 10). A PM corporate affairs presentation from 1991, after Wałęsa became President, stressed that ‘PM’s good contacts with President Walesa, thanks to Guy Smith’s initiatives, could prove very useful when the time comes to drive our point of view home.’ By the early 1990s the TTCs, and especially PM, seemed to be in a position to exploit its good relations with leading Polish policymakers in opposing anti-tobacco regulation, and pushing for a smooth and swift privatisation of the tobacco industry.

8.2.3 Pre-empting tobacco control regulation

The only tobacco control regulation that existed in Poland as the country emerged from communism was the largely unenforced 1974 Tobacco Control Decree (see Chapter 6.3.2). Cigarette prices were very low, and smokers were not used to any restrictions to where they could acquire and consume tobacco products. The legislation also failed to regulate tobacco advertising. While this was not a problem pre-1989, when advertising was almost entirely controlled by the Communist authorities, capitalist Poland saw a rapid spread of commercial advertising. The only restrictions on tobacco marketing came from an ambiguous law on media advertising inherited from the PRL. While the law in theory restricted tobacco advertising, its enforcement mechanism consisted of insignificant fines, which allowed the industry effectively to

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33 Unknown, "Walesa denies appearance in ad endorses smoking."
35 “Presentation on PM Corporate Affairs in EEMA."
36 “Poland - Strategy Review."
ignore it. By the mid-1990s cigarettes became the most advertised product in Poland, with the multinationals spending $100m per year on advertising, mostly on billboard, newspaper, and magazine advertising (see Chapter 8.2.4). While state TV channels refused to air cigarette advertisements, these continued to be shown on privately owned channels.

The Polish Senate first raised the problem of the effective lack of tobacco advertisement regulation in April 1991, when a bill was proposed that would completely ban tobacco advertising. PM immediately began to organize a counter-proposal in the form of a voluntary code of restrictions. The company first set up a meeting between its management and the Minister of Agriculture to gauge the latter’s attitude to the plan. Once PM verified that the Ministry viewed this as a viable alternative to legislative restrictions, it sought the support of the other TTCs. The East European Working Group (EEWG) was formed at the initiative of PM, bringing together representatives of the regional offices of PM, BAT, Reemtsma, Gallaher, RJR, Austria Tabak and Rothmans (later it was extended to other TTCs). The EEWG had periodical meetings and shared information about the political landscape in Poland and other countries of the region, and attempted to coordinate lobbying efforts.

In its 1992-1994 strategic plan for the EEMA (Eastern Europe, Middle East, Africa) region PM claimed that these efforts were successful in delaying and weakening the bill. In 1992 the MPs decided to limit the advertising ban to television, radio, and teen magazines, with the restrictions to be implemented only by 1995. Suspecting that this would not satisfy the public health lobby, at a tobacco industry EEWG meeting in Copenhagen in 1993 the major TTCs decided to demonstrate their good will and ‘avoid strong actions by the Antis’ by adhering to the principles of the law straight away, without waiting for its official implementation date. They also pledged

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38 Clifford et al., "Tobacco industry influence over tobacco tax policy during privatisation and European Union accession in Poland." P. 38.
44 "Palenie z reklamą [Smoking with advertisement]," Gazeta Wyborcza, 17 April 1993.
to incorporate some other minor restrictions into their marketing practices that surpassed those mandated by the legislation. These included not putting up cigarette billboards in the proximity of schools, not sponsoring children’s, youth and religious events, refraining from conducting sample promotion to under 18s, not using models aged under 25 in ads, and introducing health warnings covering ‘at least’ 5% of advertising space. According to a BAT report this allowed it to ‘pre-empt argumentation of those claiming that state regulations are too liberal’, all the while the companies continued to widely advertise their products, also using controversial practices such as sponsoring rock concerts and giving away free cigarette samples in venues attracting teenagers, including pubs and discos. Voluntary agreements were to become a key tool for the TTCs in Poland for pre-empting, delaying, and weakening legislation throughout the 1990s, although they would not always be fully successful.

At the same time the TTCs were developing other methods of opposing the advertising ban that would supplement voluntary restrictions. In November 1992, Leo Burnett developed a ‘Polish Action Kit’ that would help the multinationals in opposing the ban. In addition to economic arguments, it framed the debate as a freedom of speech issue, underlining that ‘restrictions on advertising would defeat the purpose of establishing the freedoms that Poland fought so hard to achieve. Any attempt to restrict the advertising of a lawful product would set a dangerous precedent for other products, and other freedoms.’ The kit included sample templates for letters to legislators to be signed by advertising agencies, local trade associations, local media owners, and other advertising agencies.

The TTCs also sought to influence the Polish authorities by setting up and fostering third-party pressure groups that would help oppose tobacco control measures. PM established as one of its priorities organising its ‘traditional allies’, including the Publishers Union, advertisers, and certain media groups, ‘so that an indigenous coalition, opposed to restrictions on marketing freedoms, is established and vocal in Poland.’ PM, Reemtsma, and BAT also collaborated to establish a

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national manufacturers’ association (NMA) in Poland which would represent both local tobacco manufacturers and the multinationals. The NMA was to work closely with Intertabac, the domestic industry organisation, as well as smokers’ rights groups. TTCs reached out to these organisations, developed ties with key individuals and presented their investment plans at Solidarity conferences.\textsuperscript{52}

The advertising agencies McCann-Erickson and Leo Burnett, both of which counted the TTCs among their regular clients, launched the Advertising Against Censorship campaign, whose name evoked the ghosts of communist past.\textsuperscript{53} The campaign involved leading daily newspapers, which donated full pages for advertisements criticising the ban; major private radio stations which ran nine hundred 150-second campaign spots; as well as the country’s largest private television station, Polsat. Tobacco companies, which ranked among the top three advertisers in the Polish press, had little difficulty in bringing together this broad range of actors, including newspapers otherwise associated with anti-tobacco advocacy, such as Gazeta Wyborcza.\textsuperscript{54} Billboards warning against the ‘law banning the advertisement of legal products’ appeared in major cities.\textsuperscript{55} The TTCs commissioned a study by Bain & Co which showed that the expected losses for the print media sector from the decline in revenue would exceed $6 million.\textsuperscript{56} They also provided parliamentarians with ‘scientific data’ suggesting that advertising has no effect on the number of cigarettes smoked in a country.\textsuperscript{57} This powerful coalition, and the persuasive economic arguments it wielded, significantly contributed to delaying the introduction of the tobacco advertising ban in Poland, especially as the Sejm Culture and Media Committee echoed the concern about the diminishing sponsorship resources for culture that it could lead to.\textsuperscript{58}

The pressure on policymakers exerted by the TTCs in the early 1990s was unprecedented in Poland. The policymakers, taking their first steps in the post-communist political reality, were

\textsuperscript{52} Ibid. 
\textsuperscript{54} Styczek, “Smoking ads debate - just butt out, okay?.”
\textsuperscript{55} Usidus, “O wolność reklamy papierosów [For the freedom to advertise cigarettes].”
only starting to learn how to deal with commercial actors. The level of organisation, sophistication, and intensity of the tobacco lobbying, and the deployment of a discourse that linked smoking and tobacco marketing to ideals of democratic freedom, was something that both politicians and advocates declared to have never experienced before (the impact of lobbying on Polish policymakers is further discussed in Chapter 10).

8.2.4 Tobacco marketing in post-communist Poland

The ability of the TTCs to successfully delay tobacco advertising bans in the early 1990s meant that their entrance to the Polish market could be accompanied by a barrage of marketing efforts intended to convince Polish society, never before exposed to modern advertising efforts, not only that they should not give up smoking, but also that they should smoke more. After joining Philip Morris International in 1985 André Calantzopoulos worked in some of the world’s heaviest smoking countries. Nonetheless, when he became the Managing Director of PM Poland in the early 1990s he was taken aback by the enthusiasm exhibited by the Polish society for smoking. He told *The New York Times*: ‘I’ve never seen anything like it in my life. People go to the kiosk and say: “Do you have any new cigarettes for me to try?”’ After decades of being limited to a handful of poor-quality brands in grey packaging produced by state manufacturers, the variety of choice that came with the advent of capitalism was exhilarating. ‘The right to smoke [in Eastern Europe] is political’, wrote *The Christian Science Monitor*, and suggested that in post-communist countries, emerging from a long period of state control over individual choice, some valued the right to smoke even more than the right to vote. Colourful cigarette advertising was seen as an improvement on the communist cityscapes, and anti-tobacco advocates faced criticism for opposing ‘one of the first attempts at breaching the socialist ‘greyness’ of Polish cities’. While in the 1990s the TTCs may have had some doubts, due to the uncertainty surrounding privatisation, about how extensively they should invest in the development of a production capacity in Poland, they did not have similar qualms about the importance of a well-financed marketing effort. Any transnational trying to gain a share of the Polish market had to compete

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both against other TTCs, and against the state factories producing well-established Polish brands. A marketing war began over the minds and hearts of consumers. The tobacco industry spent around US$100 million annually on cigarette advertising. By 1997, as much as 42% of all high-format outdoor advertising spending in Poland came from just three companies – Philip Morris, R. J. Reynolds, and Rothmans – and in cities more than half of all billboards advertised tobacco products. These were supplemented by adverts in magazines, in cinemas, in shops, and on public transport (Image 16).

**Image 16. Marlboro advertising on a tram in the city of Poznań, early 1990s**

In analysing the numerous advertising images and materials produced by the TTCs in the 1990s it becomes clear that tobacco producers employed four dominant approaches to marketing: 1)

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63 Connolly, “Worldwide Expansion of Transnational Tobacco Industry.”; Czerwińska, Koronowski, and Stankiewicz, “Przemysł tytoniowy a zagadnienie monopolu państwowego [The tobacco industry and the question of state monopoly].”  
64 Clifford et al., “Tobacco industry influence over tobacco tax policy during privatisation and European Union accession in Poland.” P. 22.  
presenting their products as the epitome of ‘westernness’, 2) using Polish nationalistic tropes in advertising, 3) targeting underage consumers, and 4) the use of ‘shock tactics’.

The initial approach to advertising tobacco products in post-communist Poland was simultaneously bold and straightforward. Cigarettes sold by TTCs were to symbolise “The West” and everything that this concept stood for in the eyes of the Polish consumers – freedom, individuality, modernity, and success. This tactic was facilitated by the fact that western-produced cigarettes were already associated with all those things in the minds of many inhabitants of CEE. BAT analysts in their 1990 ‘Study on Eastern Europe’ observed that their products were perceived as ‘relatively inexpensive status symbols. Anyone who smokes foreign cigarettes distinguishes himself from the egalitarian doctrine of socialism and thus demonstrates more individuality or personal freedom on a small scale.’ The TTCs were intent on capitalising on these views.

If “The West” symbolised an idealised socio-cultural and economic space, for many Eastern Europeans its most concrete manifestation were the United States of America. In turn, one of the most powerful symbols of ‘America’, not just in the CEE but in much of the world, was the image of the Marlboro cowboy. In 1993 Philip Morris decided to prioritise the use of the ‘Cowboy and the Marlboro Country images and heritage’ in its marketing efforts in Poland and invest in high impact advertising to increase the awareness of the ‘Western heritage of the brand’. Enormous cigarette billboards became part of the landscape of the ‘new Poland’, and provided a colourful contrast to the oppressive communist architecture of Polish cities (Image 17). Double spreads in weekly magazines were to communicate ‘the splendour and excitement of Marlboro country’, and posters at points of sale would bring ‘visuals of action, excitement and strength to the consumer’. These would be supported by ‘spectacular and back lit signs in major traffic areas’ and, in cinemas, ‘60 and 90 second commercials that optimise the splendour and excitement of Marlboro Country.’

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68 Ibid. P. 30.
Image 17. Marlboro advertising in central Warsaw, 1995-1996

The Marlboro Adventure Team competition, organised in Poland in the second half of the 1990s, encapsulated the essence of the ‘western’ branding of Marlboro. Competition coupons were handed out in pubs, kiosks, music stores and clubs. The final prize for its participants was a trip to south-western USA, where they would, according to the adverts, ‘on rafts, in jeeps, on motorcycles, and on horseback traverse hundreds of miles of the land of adventure, Marlboro Country’ (Image 18).

**Image 18. Magazine advertising of the Marlboro Adventure Team competition, 1999**

*Advertising slogan: ‘Adventure. Live it with us!’*

Source: Image from the collection of Scott Thompson.

Many other brands were also marketed using imagery and slogans evocative of “The West”. The French company Seita in 1994 began to advertise its Gauloises with the slogan ‘Keep Paris in your pocket’. Reemtsma capitalised on the reputability of the ‘Made in Germany’ image in Eastern Europe, in addition to producing a brand simply called ‘West’. BAT made sure that its cut rag tobacco was imported via the United States in order to be able to use the label ‘Blended in the

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70 Unknown, ”The Poles ‘cough’,” ed. Le Point(Philip Morris Records, 1994).
71 British American Tobacco and Brown & Williamson experts, ”Study on Eastern Europe.” P. 19.
USA’ on its packaging. Another Philip Morris brand, L&M, used images of California beaches, the ‘Ray Ban’ girl, surfers, and the vast open spaces of the American West, which were supposed to conjure ‘the excitement and values of the Americana image’. Logos of L&M appeared at football and speedway stadiums, and in newspapers, and its advertising materials carried slogans referring to adventure and freedom and announcing competitions in which smokers could win a trip to the US (Image 19).


A left-wing MP, in his 1994 speech to the Parliament criticizing cigarette advertising, provided an evocative description of the feelings such images were intended to conjure:

A nice, colourful insert: do not wait any longer – nice girl, handsome man, guitar, surely its summer – hit the road, get in the car, on your motorbike, drive. And what? You will feel the rhythm, relax, brother. You’ve got the girl, you’ve got the guitar, and of course you’ve got a packet of cigarettes with you. Then you can feel the rhythm. You are happy […]

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because finally you can feel something, which you wanted to feel for all those years. You can feel the taste of America. The cigarette IS America.\textsuperscript{75}

The marketing approach which emphasised the ‘westernness’ of tobacco products was only partially successful. On one hand, by the mid-1990s the recognisability and reputation of brands such as Marlboro and Camel among Polish smokers was very high.\textsuperscript{76} On the other, their share of the Polish market was growing slower than anticipated. By 1995 only 10\% of Polish smokers bought imported cigarette brands.\textsuperscript{77} Their high price, as well as the persisting loyalty to domestic brands, were identified by Polish media as the principal obstacles to their proliferation.\textsuperscript{78} In 1995 the cheap Klubowe and Popularne were still the leading brands in Poland, each with about 15\% of market share. The most popular foreign cigarettes, Marlboro, held less than 4\% of market share.\textsuperscript{79}

The tobacco transnationals realised that the ‘western’ allure of imported tobacco products would not be enough to win over the Polish smoker. Michael Parsons, the Press and Public Relations manager of PM Europe, in a 1995 interview with the Wall Street Journal admitted that ‘a lot of people assumed everything would be swept away. The trend now is that local brands have become important trademarks in their own right.’\textsuperscript{80} Thus, the TTCs began and investing more in the promotion of existing domestic brands and launching new ones that referred to Polish history and culture.

The first western company to successfully harness the sustained interest in domestic brands was BAT. In 1995 it began, in collaboration with the Augustów tobacco factory, the production of a new brand that, rather than emphasising its ‘westernness’, would instead tap into the patriotic feelings of Polish consumers.\textsuperscript{81} The result was the Jan III Sobieski brand, named after the 17\textsuperscript{th}

\textsuperscript{76} W. Bartkowiak, "W poznańskiem pali się siedem milionów papierosów dziennie [Seven million cigarettes are smoked every day in the Poznań region]," Gazeta Wyborcza Poznań, 19 April 1994.
\textsuperscript{77} P. Wrabec, "Tytoniowe miliony [Tobacco millions]," Gazeta Wyborcza, 16 October 1995.
\textsuperscript{78} Bartkowiak, "W poznańskiem pali się siedem milionów papierosów dziennie [Seven million cigarettes are smoked every day in the Poznań region]."; P. Wrabec, "Caro przed Marlboro [Caro ahead of Marlboro]," Gazeta Wyborcza, 31 January 1996.
\textsuperscript{79} "Tytoniowe miliony [Tobacco millions]."
\textsuperscript{81} Unknown, "Market Information: Other Eastern Europe Countries Various Press Articles - 1990's Index."
century Polish warrior-king (Image 20). The new brand, evoking the historical period in which
Poland was at the height of its military and political power, was a resounding success. After less
than a year on sale Sobieski captured 5% of the Polish cigarette market. By January 1996, out of
the total sales of BAT brands in Poland – 680 million cigarettes – Sobieski accounted for 647
million, with all remaining brands (including brands well established on western markets such as
Lucky Strike and Kool), selling just 33 million sticks. The Sobieski cigarettes were so successful
that BAT ran into capacity problems at the Augustów plant and was forced to stop manufacturing
the HB brand in Poland. BAT Poland sought the success of Sobieski in its relatively low price,
about 20% lower than for premium Western brands such as Marlboro, combined with its
successful fulfilment of ‘an unsatisfied demand for a high quality product with national cultural
heritage.’ Louis Hughes, the Chairman of BAT in Poland, explained the winning recipe to a New
York Times reporter: ‘Part of the success was the product. Part of the magic was the name.’

83 Parker-Pope, “Local Brands Are Hot.”
84 Unknown, “Comments on January, 1996 results,” ed. BAT Group
Poland(https://www.industrydocumentslibrary.ucsf.edu/tobacco/docs/xpcl02081996).
87 Perlez, "Fenced In at Home, Marlboro Man Looks Abroad."
BAT’s example was followed by the other tobacco companies. With the takeover of the Polish factories in 1995-1996 the TTCs also acquired the licence to produce the domestic brands. In interviews with the press, PM representatives announced that their company would invest more heavily in the ‘cheap domestic brands’ produced by the newly bought Kraków factory, such as Caro, or Klubowe. Other TTCs followed suit and soon the old domestic brands were produced using modernised technology, with improved tobacco mix, and in new, attractive packaging (Image 21).
The western brands and revamped local cigarettes were primarily intended to maintain the high smoking rates among Polish adults. However, the TTCs went to much greater lengths than the former state tobacco monopoly in attempting to recruit younger customers. Already in the early 1990s lighter and flavoured brands were introduced on the Polish market previously dominated by the heavy, high-tar domestic cigarettes. A 1997 BAT report identified Light cigarettes as particularly resonant with ‘the great desire in Poland for anything that represents the new and modern era’ and noted that Poland had the fastest growing Lights segment in the world, with an increase from no Lights on the market in 1991 to a market share of over 31% in 1997.90

Advertisement of tobacco products increasingly acquired a fresh and youthful look, for example taking the form of comic strips. The most famous example of a brand using cartoon-themed

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90 Unknown, "Poland, The Drive to Lights," ed. British-American Tobacco Co Ltd (Depositions and Trial Testimony (DATTA); RICO Litigation Privilege Downgrades Collection, 1997).
advertising, known to be more effective in promoting cigarettes to children than adults, was Camel, which in Poland also used its easily recognisable Old Joe cartoon character (Image 22).  

**Image 22. Magazine advertising of Camel cigarettes, mid-1990s**

*Advertising slogan: ‘Always keep a Camel close’*

*Source: Health Promotion Foundation archive.*

Another example was a brand called Crazy, a berry-flavoured light cigarette, the packet of which featured a smack of lipstick and hand scrawled lettering evocative of punk rock, do-it-yourself aesthetic (Image 23). When faced with criticism of the brand being aimed at young people, the marketing director of the Poznań factory, where the cigarettes were produced, responded that they are aimed ‘at people who don’t take things seriously.’

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92 Beck and Michaels, "Tobacco Makers Are Fuming as Poland, Hungary Move to Restrict Advertising."
Apart from branding and advertising in magazines and on billboards, the TTCs also developed less traditional, proactive ways of attracting Polish teenagers to cigarettes. Tactics such as free sample promotion, whereby cigarettes would be given out to potential customers, often at cultural and entertainment events, were particularly prevalent.\(^93\) Often these events were organised by the TTCs themselves.\(^94\) For example, throughout the 1990s PM organised the popular Marlboro Rock-In festival in Poland, which often featured internationally famous musicians, such as Bob Dylan, whose visits to Poland were still a rarity (Image 24).\(^95\) RJR followed suit, launching their own music festival – Camel Planet, which was organised across several Polish cities and attracted leading Polish pop bands (Image 25).\(^96\) A *Gazeta Wyborcza* report from the 1993 Marlboro Rock-In captured the atmosphere of such events:


\(^96\) K. Olszewski, "Papierosy dla nieletnich [Cigarettes for minors]," *Rzeczpospolita*, 6 August 1996.
The audience at the entrance was welcomed by graceful girls wearing red t-shirts with the ‘Marlboro’ logo. Teenage vendors at the company’s stand encouraged the audience to buy and smoke its luxury cigarettes – every packet was accompanied by a free box of matches. Smoking was allowed everywhere. Singers of the bands participating in the competition smoked on stage, as did the accompanying singers. Young people smoked in front of the stage and at the bar. The sponsors made sure that the teenagers associate rock’n’roll with tobacco smoke.97

Image 24. Hostesses at the Polish Marlboro Rock-In festival, 1993

Source: Health Promotion Foundation archive.

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The final approach of the TTCs was trying to attract media attention to their products by means of controversy. The most well-known instance of this was an advertising campaign run by the German TTC Reemtsma, which in the 1990s coined the ‘Test the West’ slogan, advertising its cigarettes of the same name. In 1999 it launched a major billboard advertising campaign featuring the image of a topless woman. In conservative Poland, the image provoked a nationwide debate which involved even the religious authorities. Scott Thompson, a Californian health advocate working in Poland at the time, criticised Polish public opinion for swallowing the bait set by Reemtsma: ‘[…] the Polish Catholic Church played into the hands of the German tobacco company by condemning the ad for its exposure of harmless flesh, rather than for glamourising a deadly product. After a few days of enormous free publicity, Reemtsma happily covered the offending breasts with the word “CENZURA”’ (Image 26).  

— S. Thompson, "Abreast of the West: German effort to distract Poles from the truth about smoking," *Tobacco Control* 9 (2000).
Rights’ campaign (see Chapter 8.2.2), this conjured discourses of freedom versus repression in the context of smoking.

Image 26. Billboard advertising West cigarettes before and after its ‘correction’, 1999

The transnationals engaged in other marketing stunts. For instance, they organised nationwide competitions which caught the attention of the media. One of them offered the chance of
‘becoming a cosmonaut’ (Image 27), and another one, organised in collaboration with Gazeta Wyborcza, offered its winner one kilogram of gold (Image 28). Even foreign diplomats were involved in TTC advertising stunts. For example, the US Embassy in Warsaw helped promote Camel cigarettes ‘by placing a branded ashtray canister outside one of its doors. This was removed only after the ambassador was informed that RJ Reynolds had sold its international operations to Japan Tobacco.’

Image 27. Billboard advertising West cigarettes, late 1990s

Source: Health Promotion Foundation archive.

The combination of focusing marketing efforts around Poles’ western aspirations, developing products tailored to the local market by imbuing them with patriotic symbolism, appealing to the youth market, and skilful use of publicity stunts, promised to be an irresistible combination for the Polish customers, exposed to commercial marketing methods for the first time in decades. However, it soon became apparent that tobacco control advocates were also quickly learning the ropes of modern social marketing, and that tobacco advertisements would be opposed by a steady stream of anti-tobacco messaging (see Chapter 9). Nonetheless, in the early 1990s both industry and government analysts believed that the advertising strategy of the TTCs, combined with their ability to provide a product of superior quality to what was available on the market before, and to ensure swift privatisation and fend off restrictive regulation thanks to the seemingly positive relations with policymakers, would lead to a surge in the sales of cigarettes in Poland by 10% to 20% by the year 2000.100

100 Connolly, "Worldwide Expansion of Transnational Tobacco Industry,"; Czerwińska, Koronowski, and Stankiewicz, "Przemysł tytoniowy a zagadnienie monopolu państwowego [The tobacco industry and the question of state monopoly]."
8.3 Setbacks to TTC expansion in Poland

Despite the early inroads of the TTCs in lobbying, modernisation, and marketing, it quickly became clear that the quickly established licensing agreements with Polish cigarette factories would neither guarantee that Western companies would be awarded their privatisation bids, nor that privatisation would take place at all.\textsuperscript{101} The political turmoil in Poland, the frequent changes of government, the structural difficulties surrounding the transition to western-style capitalism, and the unpopularity of rapid privatisation plans among another powerful, and well-established lobby group – the tobacco farmers – meant that by 1993 Poland remained the only post-communist Central European country with a tobacco industry still in the hands of the state. By 1994 out of the 100 billion cigarettes Poles consumed every year, 90 billion were still manufactured in the five state-owned factories.\textsuperscript{102} This dampened the enthusiasm of the TTCs, as well as their willingness to continue committing organisational and financial resources. In addition, conflicting interests between the tobacco transnationals, especially on the issue of taxation, meant that sustaining a unified position on lobbying and a shared system of monitoring tobacco control developments in Poland proved to be impossible. While the privatisation of the tobacco industry was effectively completed by 1996, the faltering attention of the TTCs helped open a ‘window of opportunity’ for the increasingly vocal anti-tobacco movement in the country, which was now calling for stronger tobacco control measures. As a result, the tobacco industry failed to prevent the introduction of the 1995 Polish Anti-tobacco Law and the 1999 ban on tobacco advertising.

8.3.1 Divisions between the TTCs

Competition within the newly opened market, apparent in the extensive investment in advertising campaigns, bred divisions between the TTCs that eventually became a stumbling block to the development of effective lobbying against the 1995 Polish Anti-tobacco Law and its 1999 amendment. As early as 1992, Brenda Follmer, an R.J. Reynold’s spokeswoman, described the competition between TTCs in Poland as ‘terrible. Terrible. It’s cut throat […] You want to beat your competitors into a market or you want to lock something up and everybody’s after the same thing. Intense – I guess that’s really an understatement.’ Reynold’s regional president, Thomas E.

\textsuperscript{101} Unknown, "Market Information: Other Eastern Europe Countries Various Press Articles - 1990's Index."
\textsuperscript{102} Czerwińska, Koronowski, and Stankiewicz, "Przemysł tytoniowy a zagadnienie monopolu państwowego [The tobacco industry and the question of state monopoly]."
Marsh, was more succinct: ‘It’s trench warfare. Hand to hand combat.’

During a meeting of the directors of the major TTCs in Poland in July 1992 Reemtsma and RJR complained that their marketing materials were being removed by competitors. The BAT report from the meeting described it as part of a ‘street war between PM and RJR’ and complained that it ‘seems that there is no chance of multilateral agreement at the moment.’

Other companies resented PM’s ‘paternalistic’ attitude and its position as the most active lobbyist among the TTCs in Poland. A 1991 BAT report stated that ‘it became apparent that PMI have lots of people on the ground in Eastern Europe to combat anti-smoking activity. This is indeed in the interest of the whole industry, but whilst taking the initiative PM is getting a high profile and probably side benefits from being the industry leader.’ In the same year the company decided to postpone the exchange of marketing information at EEWG meetings ‘for later meetings when the market structure in East European countries are [sic] developed and the current huge volumes of transit do not deform the real market picture in terms of volume by brand and share by brands.’ By September 1993 the whole purpose of the EEWG was being questioned in BAT correspondence. While the TTCs agreed that they were in agreement on a few topics – including opposition to a state monopoly and stringent legislation – there was ‘no point of [sic] agreeing to cooperate only to mismanage that cooperation.’

The deepest division between the TTCs was on the issue of the appropriate structure of taxation of tobacco products. This topic was analysed in detail by one of the few existing academic research papers on TTC activity in 1990s Poland – a report prepared by Clifford et al. (2011) on Tobacco industry influence over tobacco tax policy during privatisation and European Union accession in Poland. The report illuminated the reasons behind the discord between the tobacco companies. The ad valorem (by value) tax in place in Poland in the early 1990s disadvantaged companies such as PM, which focused on premium brands, including Marlboro, accentuating their products’ already higher prices. The company therefore pushed Polish decision makers to adopt a specific tax (by quantity), which would enhance PM’s competitive advantage. PM was successful in its lobbying, and in 1993 a tiered specific tax system was introduced. For the

104 "[Report of the meeting on tobacco issues held at Marriot Hotel]," (British American Tobacco Records, 1992).
106 W. A. von Mayer, "[Note from WA von Meyer to Ton van Waay regarding the next EEWG Vienna meeting]," ed. BAT Export GmbH(British American Tobacco Records, 1991).
subsequent years, the prices of the cheaper brands were therefore gradually increasing, making Marlboro comparatively affordable.

This provoked the animosity of the other TTCs, whose focus was on the cheaper and medium-priced brands. BAT began to organise a coalition against PM, calling for the early adoption of the EU’s mixed system in Poland, and attempting to ‘isolate PMI and force them to rethink their position’.\(^{108}\) The BAT Managing Director Ulrich Herter in January 1996 wrote a letter to the Prime Minister Włodzimierz Cimoszewicz warning that BAT, along with Reemtsma and Seita, would not be able to proceed with its ‘job creating investment programme’ in the country if the ‘discriminatory’ cigarette tax system was not replaced.\(^{109}\) Both sides also sought to engage the state authorities of countries from which they originally hailed in supporting their causes. As early as 1991, in a corporate affairs presentation, PM regional executives boasted about ‘making use of US diplomatic missions in the Eastern countries to convey our point of view.’\(^{110}\) BAT collaborated with the British Department of Trade at least several times in the 1990s in lobbying the Polish authorities on the issue of ‘appropriate’ excise tax structures.\(^{111}\)

A less pronounced, but also somewhat divisive question was that of voluntary codes, which were pushed by PM, but to which the other TTCs striving for market expansion were more ambivalent. This led to situations like that in 1994, when RJR aired television ads for Camel cigarettes despite the voluntary declaration of the TTCs not to advertise their products on TV and radio that was issued just a few months earlier.\(^{112}\) Such behaviours of TTCs angered the policymakers and the public and weakened the effectiveness of tactics such as the use of voluntary agreements as lobbying tools.

8.3.2 Opposition to tobacco industry privatisation

The infighting between the TTCs came at a bad time, just as their expansion plans for the Polish markets were facing mounting obstacles. Despite the break-up of the tobacco monopoly into independent factories, the Polish state was hesitant to completely let the cigarette industry out

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\(^{108}\) Clifford et al., "Tobacco industry influence over tobacco tax policy during privatisation and European Union accession in Poland."


\(^{110}\) Unknown, "Presentation on PM Corporate Affairs in EEMA." Pp. 9-10.

\(^{111}\) Clifford et al., "Tobacco industry influence over tobacco tax policy during privatisation and European Union accession in Poland." P. 27.

\(^{112}\) Recknagel, "Smokers cough."
of its hands and into the free market. The five largest producers (Kraków, Radom, Poznań, Łódź, and Augustów) remained under the general policy control of the Ministry of Agriculture.\textsuperscript{113} There was also no real competition between them, since all continued to produce the same domestic brands.\textsuperscript{114} A 1991 PM strategy review described the Polish market as characterised by a ‘very poor quality of locally manufactured products’ and ‘significant price disparity between locally manufactured products and imports as well as products produced under license’, that disadvantaged the TTCs.\textsuperscript{115} International brands, despite heavy advertisement, struggled to take off faced with the state-subsidised Polish cigarettes. By 1994 the total share of the market of foreign brands remained under 10%.\textsuperscript{116} PM was also concerned about the system of distribution, which previously functioned through government-owned kiosks, but after 1989 fell into disarray, leaving the fragmented and resource-poor private sector struggling to replace it.\textsuperscript{117} It became clear that license agreements would not be enough, and only full privatisation would allow for the creation of a modern and competitive cigarette market in Poland in which TTCs would thrive. However, this process was to prove more complicated than expected. The ongoing political turmoil in Poland, resulting in an early election in 1991, and then another collapse of the government in 1992 and elections in 1993, meant that little political progress was being made on big economic decisions, including tobacco privatisation. During each of Poland’s government reshuffles the multinationals made an effort to meet personally with the key figures in the Privatisation, Finance, and Agriculture ministries, as well as the leading parliamentarians.\textsuperscript{118} The TTCs kept track of any appointments and public appearances at which contact could be made. When Janusz Lewandowski became the Minister of Privatisation in 1992, BAT immediately issued a letter reminding him of the government’s promise to promptly carry out tobacco industry privatisation and about Morgan Grenfell’s positive recommendation, and assured him of the company’s commitment to modernisation and support for Polish farmers.\textsuperscript{119}

\textsuperscript{113} Gourlay, “Poland and the Tobacco Industry: A Briefing Note.” Appendix 1.
\textsuperscript{114} Matlick, “Eastern Europe’s tobacco industry: what it wants, and what it needs.”
\textsuperscript{115} Unknown, “Poland - Strategy Review.”
\textsuperscript{116} Bartkowiak, “W poznanskiem pali sie siedem milionow papierosow dziennie [Seven million cigarettes are smoked every day in the Poznań region].”
\textsuperscript{117} Unknown, “Three Year Plan 1992-1994 Philip Morris EEMA Region.”
\textsuperscript{118} “Central Europe 1994 OB Presentation.” P. 38.
Despite these efforts, in February 1992 draft legislation was unexpectedly submitted to the Polish Parliament by peasant and nationalist MPs proposing the re-creation of a state monopoly for tobacco and spirits. Although the legislation did not conclude its drafting stage before the collapse of the government and the early election in 1993, it sowed doubt over whether the question of privatisation was purely one of when, rather than if. ‘Multinationals picked partners, letters of intent are signed or in negotiation, and workers, for the most part, are convinced it’s necessary. Yet privatisation of Poland’s tobacco industry has been snagged, snarled in political posturing and bogged in protectionist-leaning debate’, complained the Tobacco Trade Review in August 1993.120

The uncertainty surrounding privatisation was to increase after September 1993, when the parliamentary election was won decisively by left-wing parties. The resulting governing coalition of the post-communist Democratic Left Alliance (SLD) and the peasant Polish People’s Party (PSL) was not to the liking of the TTCs, worried that it would be more cautious on privatisation. PSL, which ran on a platform of protectionist agricultural policies, was a source of particular concern to the multinationals.121 These apprehensions proved to be well-founded. On 19 May 1994 Bogdan Pęk, a PSL MP and the Chairman of the Parliamentary Committee for Privatisation, presented a draft law to Parliament again calling for the return to a state tobacco monopoly. This came as a surprise both to the TTCs and to the PSL coalition partner SLD, which had just reassured investors that their government is committed to continuing the course of full privatisation. Pęk justified the bill with reference to the interests of the tobacco growers, who constituted a considerable part of the PSL electorate, and who were concerned that the multinationals would not be interested in their product, preferring to import tobacco from abroad.122

While large tobacco farmers broadly supported privatisation as the surest way to modernise Poland’s tobacco industry, the loudest voice in the debate belonged to the small tobacco farmers. The decision of the Polish Communist authorities not to go through with the plans to collectivise Polish farming before 1989 left the country in an unusual position among the post-communist states in which the majority of farmland was owned by small, individual farmers,

122 Gourlay, "Poland and the Tobacco Industry: A Briefing Note."
rather than large conglomerates. This also applied to tobacco. By 1994 around 70% of all Polish tobacco farms were operated by small landowners, and their average size was below 4000m$^2$ – in Western Europe the average size was between 20,000 and 30,000m$^2$. The Polish tobacco farms were often technologically backward – many did not even have drying rooms – and were not able to cultivate modern types of tobacco. They could hardly compete on volume and price with the much larger foreign plantations. In addition, the generally poor climatic conditions for growing tobacco in Poland meant that only dark domestic tobacco could be grown, precluding the cultivation of crops considered to be of higher quality, such as Virginia and Burley, used in making the increasingly popular lighter cigarettes. The particularly harsh weather in the late 1980s and early 1990s exacerbated the already poor quality of the domestic crop. While throughout the communist period the farmers were guaranteed to sell their crops to the Polish Tobacco Monopoly, the situation began to change after 1989. As the tobacco factories gained some operational independence from the state, they began to delay payments to Polish growers and started looking for tobacco abroad. The small farmers were concerned that privatisation would only make things worse, as the TTCs could use their global networks to access cheaper and better-quality tobacco from elsewhere.

The TTCs attempted to reassure Polish farmers that they too would prosper in the post-privatisation era. Initiatives such as RJR’s Agroproject, or BAT’s Tobacco Foundation, attempted to get the sceptical tobacco farmers on the side of the TTCs by providing them with modern equipment, seeds, and fertiliser. In their Declaration of Intent for a Joint Venture with Augustów, BAT presented itself as the company with ‘the largest direct commitment in the area of leaf growing’ and support for local growers to ‘achieve an improvement in the local leaf crop in terms of quality and quantity.’ BAT organised educational campaigns for farmers, including counselling programmes fostering modern farming practices. The company even contacted the

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123 Unknown, "Poland’s changing tobacco trade."
125 Unknown, "Attitudes to smoking research proposals."
128 Herter and Tomat, "Declaration of Intent for a Joint Venture."
British Ambassador in Warsaw to verify whether Polish tobacco farmers were eligible for the British Government Agricultural Development Fund, arguing that ‘if funds could be made available for, say, assisting former tobacco growers to develop other cash crops, this could significantly improve the political climate for us. It is largely the tobacco growers lobby which has prevented privatisation occurring to date.’

However, despite these reassurances, the situation on the ground contrasted with the optimistic vision of the TTC lobbyists. As soon as the multinationals signed license agreements with the local factories, they began to upgrade their blends and helped to develop links with foreign growers. In 1993 alone over 40,000 tonnes of tobacco leaf were imported by the Polish tobacco SOEs. Between 1990 and 1992 the local tobacco content in domestically manufactured cigarettes decreased from 92% to 50%. As a result, local tobacco production fell from 130,000 tonnes in 1986 to 45,000 in 1994. This only stoked the small farmers’ fears of privatisation and strengthened their support for the reinstatement of a state tobacco monopoly that would guarantee them protection against the TTCs.

The executives of the cigarette factories, gathered around the Intertabac domestic industry organisation, were in general supportive of privatisation, seeing it as a chance for much needed modernisation. However, this did not mean their enthusiasm was universally shared. At the Kraków SOE, the producer with best established ties with a TTC, only half of the company’s workforce gave support to privatisation. There were a few reasons underlying this hesitation. First of all, witnessing what was happening to SOEs in other sectors that were undergoing privatisation in Poland, the workers were alarmed that a corporate owner would implement huge redundancies to streamline the company. The second concern was that the TTCs, pressured by shrinking markets in the USA and Western Europe, would simply flood the Polish market with cigarettes produced in the West, turning the Polish producers into wholesalers. In addition, the

131 Barton, "Rebuilding Leaf Supply and Demand in Central and Eastern Europe."
132 Gourlay, "Poland and the Tobacco Industry: A Briefing Note."
136 Gourlay, "Poland and the Tobacco Industry: A Briefing Note." Appendix 3.
financial and technical support TTCs were already giving to their respective partner tobacco SOEs in developing the local brands and adjusting to the new economic environment ironically took the urgency out of the privatisation programme.\textsuperscript{137}

It was in response to these concerns that PSL proposed a new state tobacco monopoly which would control tobacco prices, production, and imports. The party claimed that the revenues such a monopoly would bring to the state would be higher than the income generated by selling off the tobacco SOEs.\textsuperscript{138} These arguments were rejected by the senior coalition partner, SLD, and the opposition liberal parties. Nonetheless, the monopoly bill, also supported by nationalist opposition MPs, who resented the sell-off of Polish industry to foreign companies, had to go through the lengthy legislative process, adding to the uncertainty surrounding the timeline of privatisation.\textsuperscript{139}

### 8.3.3 Growing hesitance of TTCs about committing to the Polish market

It was becoming obvious that privatisation of the tobacco industry in Poland would be a much more drawn-out affair than in Czechoslovakia or Hungary, where it was completed by 1992. Just as the TTCs were faced with the increasing probability that the privatisation of the Polish tobacco industry would be at best delayed, and at worst not happen at all, data began to show a decreasing turnover from cigarette sales in Poland in the early 1990s. The industry publication Tobacco Reporter sought the reasons for this in the decreasing disposable income of Poles following the ‘shock therapy’ reforms, as well as the increased number of smuggled cigarettes on the market.\textsuperscript{140} The TTCs were also worried about the burgeoning anti-tobacco movement in the country, and its increasingly popular anti-smoking campaigns (see Chapter 9). Ignacy Zawistowski, the Director of Production in the Kraków SOE, in 1992 commented on PM’s investment of $12 million into new equipment for the factory; ‘I don’t think they’re making too much money out of it just now [...] Their aim is just to make Marlboro famous in this country.’\textsuperscript{141}

As a result of these mounting adversities, the enthusiasm of the TTCs for investing in Poland began to wane. While the TTCs had few doubts that their commercial presence in the entire

\textsuperscript{137} John, "The Country that Cried Privatization."
\textsuperscript{138} Unknown, "Another tobacco monopoly in the making."
\textsuperscript{141} Macalister, "The $225,000,000,000 habit."
region would be of value in the long-term, they understood that some countries would provide better short and medium-term returns on investments than others. In view of its economic uncertainties and stalled privatisation, Poland was increasingly perceived as a high-risk country, as opposed to East Germany, Hungary, or Czechoslovakia. A high-level BAT meeting in December 1991 set an order of priority for the ‘new tobacco markets’, placing Poland in the lower priority category, alongside small economies such as Moldova and Latvia, and below Russia, Ukraine, Yugoslavia and Czechoslovakia. Ulrich Herter in a letter to BAT EEMA after the collapse of the Polish government in mid-1992 wrote: ‘I agree with you that BAT must have a longer term presence on the large Polish market but I feel it is worth emphasising that for this project to have any real chance of being approved by the BAT Board, it must show that it will enhance long term group profitability.’

The TTCs began to look for alternative locations in the region to invest in and in several cases reduced, or decided not to expand, their operational capacity in Poland. In March 1993 Philip Morris Poland declared that while it was ready to invest $500 million in Poland, it felt the Polish government was breaking its commitments regarding privatisation, and that the company would not be willing to wait for a decision any longer. As a result, the decision was made for half of the employees from PM’s Warsaw office to be seconded to Kazakhstan. When Anna Kozerska replaced Jacek Siwek as BAT Poland’s Corporate Affairs Manager in 1996, in a letter to BAT headquarters she complained that she was ‘fairly isolated here’ and did not feel she had been briefed on some of the basic information, including who were the ‘allies and enemies’ of PM, and what was the company’s stance on marketing restrictions and labelling. Similarly, the interests of BAT in Poland were pursued primarily by the German subsidiary of the company, BATIG, rather than a dedicated Polish branch, instead only maintaining a local sales office in Warsaw. By the mid-1990s Poland was one of the post-communist countries with the lowest proportion of multinational control of cigarette manufacturing capacity, and the only Central European country not to have fully privatised its tobacco industry (Figure 15). A 1997 BAT report on the Polish

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147 Brookes, ”[Letter from Nick Brookes to British Ambassador in Poland Michael Llewelyn Smith].”
market complained that Poland ‘is certainly the laggard of the Visegrad countries regarding foreign investment. Considerable Red tape has resulted in long delays to complete deals and therefore would-be investors becoming increasingly frustrated and finally disinterested.’

Figure 15. Multinational Control of Cigarette Manufacturing Capacity in Central and Eastern Europe (1995)

<table>
<thead>
<tr>
<th>Area</th>
<th>Estimated Capacity Billions</th>
<th>Controlled by Multinationals Billions</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Eastern Europe and Former Soviet Union</td>
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<td></td>
</tr>
<tr>
<td>Russia</td>
<td>165</td>
<td>68</td>
<td>37</td>
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<td>Baltic/Belarus</td>
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<td>0</td>
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<tr>
<td>Caucasus Republics</td>
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<td>0</td>
</tr>
<tr>
<td>Central Asian Republics</td>
<td>52</td>
<td>37</td>
<td>71</td>
</tr>
<tr>
<td>Total</td>
<td>345</td>
<td>161</td>
<td>47</td>
</tr>
<tr>
<td>Central Europe</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Poland</td>
<td>130</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Hungary</td>
<td>22</td>
<td>22</td>
<td>100</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>21</td>
<td>21</td>
<td>100</td>
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<tr>
<td>Slovakia</td>
<td>8</td>
<td>8</td>
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</tr>
<tr>
<td>Total</td>
<td>181</td>
<td>61</td>
<td>34</td>
</tr>
</tbody>
</table>


The tobacco monopoly proposals were finally laid to rest in September 1994, when the Sejm, in an unexpectedly close vote, defeated the PSL bill. The privatisation tenders for Poland’s five tobacco factories were announced in July 1995. In November 1995 BAT acquired the initial 33% of the Augustów tobacco factory, followed by Seita’s purchase of Radom in December, PM’s acquisition of Kraków in January 1996, and Reemtsma’s of Poznań in February 1996. PM’s

148 Unknown, "Poland, The Drive to Lights."
149 D. Clark, "[Note from David Clark to David Pearce enclosing a note on Friday's tobacco monopoly vote]," ed. Barclays de Zoete Wedd Limited (British American Tobacco Records, 1994).
investment, totalling over $372 million, became the largest single investment in Poland by a US company.\textsuperscript{150} However, the decision of Polish authorities to privatise the tobacco industry came with a catch. Any company investing in the Polish tobacco factories would initially be offered only 33% of the shares. It would only be allowed to raise its ownership to over 50% if it met contractual obligations connected to employment levels and wages, as well as using at least 40% of domestically grown tobacco in its products.\textsuperscript{151} The TTCs were particularly displeased about the latter point. A BAT report from 1995 stated that the ‘efficiency of Polish agriculture, and tobacco growing is not an exception, makes quality/price ratio hardly acceptable.’\textsuperscript{152} Not until the early 2000s would the last state-owned tobacco factories in Poland be fully bought out, although the largest plants were privatised by the end of 1996.\textsuperscript{153}

8.3.4 Failure to oppose the Polish Anti-tobacco Law

The divisions within the industry, the opposition of the powerful tobacco growers lobby to the multinationals’ expansion, and the weakening of the organisational ability of TTCs in Poland came at a time when Polish politicians began to discuss a new comprehensive tobacco control law that would replace the 1974 Tobacco Control Decree. The resulting Polish Anti-tobacco Law was passed by the Parliament in 1995 and signed into effect by the President in 1996. Among other provisions, it prohibited the sale of cigarettes to minors, limited the tar and nicotine content of cigarettes, and introduced large health warning labels (HWLs) on cigarette packs (these were the largest health warnings on tobacco packaging in the world at the time). A further amendment to the legislation in 1999 prohibited tobacco advertising, promotion, and sponsorship of events and institutions (see Appendix J for full text of the legislation).

This did not mean that the TTCs did nothing to oppose the legislation. Quite to the contrary – the TTCs exerted intense pressure on Polish politicians, especially on the question of advertising, as

\begin{itemize}
  \item \textsuperscript{150} D. Farrell, "[Letter from Farrell Delman to Earl E Kohnhorst regarding TMA publications]," ed. Tobacco Merchants Association(British American Tobacco Records, 1995); Unknown, "Seita takes over ZPT Radom,"
  \item \textsuperscript{151} ed. La Tribu Desfosses(British American Tobacco Records, 1995); "PM takes stake in Polish company,"
  \item \textsuperscript{152} ed. the Philip Morris Globe(Philip Morris Records, 1996); "Reemtsma Acquires Cigarette Producer," ed.
  \item \textsuperscript{153} Handelsblatt(British American Tobacco Record, 1996).
  \item \textsuperscript{151} "Privatization plans for tobacco takes form," ed. Tobacco International(Tobacco Institute Records; RPCI
  \item \textsuperscript{152} Tobacco Institute and Council for Tobacco Research Records, 1995).
  \item \textsuperscript{153} "Country Competitive Report."
  \item \textsuperscript{153} 1478/IV, "78 Obrady Komisji Rolnictwa i Rozwoju Wsi [78 Sitting of the Committee of Farming and the
  \item \textsuperscript{153} Development of the Countryside]," Archiwum Sejm [Archive of the Sejm] (2003).
described in Chapter 8.2.3, and in Chapter 10. Apart from targeting Polish legislators, the TTCs sought support from influential politicians based in their home countries. BAT was particularly active in mobilising its contacts in Britain in support of its Polish interests. When in September 1996 BAT identified that a speech by its chairman, Lord Cairns, at Cambridge University, would be attended by several Polish regulators and academics, it ensured that his speech would include ‘a few talking points on the history of BAT’s involvement in Poland, benefits and opportunities for our investment […] and the company’s standing as one of the biggest foreign investors in Poland.’\footnote{J. Siwek, “Lord Cairns’ Speech - Messages,” ed. BAT Group Poland (British American Tobacco Records, 1996).} In 1997 BAT decided to involve Lord Lawson in its lobbying efforts, identifying him as ‘apart from Baroness Thatcher […] one of the most influential figures in the eyes of the Poles.’\footnote{A. Lioutyi, “Poland lobbying activities,” ed. British American Tobacco (British American Tobacco Records, 1996).} In January 1997 Ulrich Herter in a letter thanked Anthony Nelson MP, the British Minister of Trade, for his ‘extremely helpful interventions with the Polish officials during your recent trip to Poland.’\footnote{U. Herter, “[Letter from Ulrich Herter to Anthony Nelson regarding interventions with Polish officials during trip to Poland],” ed. British American Tobacco Company Limited (British American Tobacco Records, 1997).}

After Poland began its accession negotiations with the European Union in 1993, the TTCs also began to look for support to Brussels in their negotiations with the Polish authorities. This was the case, for example, when BAT and PM in 1996 lobbied for the reduction of the size of HWLs on cigarette packets, which the Polish Anti-Tobacco Law set at 30%, to the 4% set as a minimum by the European Community. Jacek Siwek, the General Manager of BAT Poland, drafted a ‘request letter’ expressing the belief that the law is ‘inconsistent with the EU directives on this issue’ and asking for a clarification on what ‘the status of legislation is on this issue in the EU.’ He also drafted the ‘response letter’, which answered his own question: ‘the existence of labelling requirements in Poland which significantly differ from those in the Directive may well constitute a barrier to trade following Poland’s eventual entry into the EU.’ He then proceeded to ask the BAT corporate affairs headquarters to identify an organisation ‘in the EU’ which would volunteer to take the role of the ‘response partner’ and sign the letter. ‘Siwek expressed the certainty that he would not have any problems with identifying a trade union, growers association, or law firm in Poland to act as the ‘request party’. ‘We would prefer the EU party not to be one that can be blamed for being directly controlled by the industry,’ Siwek concluded, ‘should we be able to
identify more than one party in the EU we will be able to provide more than one tailored request letter and more than one request party.\textsuperscript{157}

Another insidious form of gaining political favour throughout the 1990s was the industry’s Corporate Social Responsibility (CSR) activities. BAT raised money for the establishment of an orphanage and homeless shelter.\textsuperscript{158} PM focused on supporting cultural events, such as the Freedom Film Festival tour showcasing films from Central and Eastern Europe, and sponsored the Andrzej Wajda/Philip Morris Freedom Prize for emerging filmmakers from the region – in both cases the industry attempted to highlight a corporate identity based around concepts of political ‘freedom’ and, implicitly, freedom from regulation.\textsuperscript{159} The company also provided humanitarian assistance to the victims of the massive floods that hit Central Europe in 1997.\textsuperscript{160} The largest CSR initiative, involving all the TTCs and the national manufacturers’ association, was the youth awareness campaign entitled ‘Trade – prohibition of sale until 18 years of age’, launched in 1996.\textsuperscript{161} Stickers and posters stating ‘We do not sell to persons under 18’, neither designed in a way which would be particularly eye-catching for a youthful spectator, were distributed to shops selling cigarettes, briefing letters informing about the Responsible Sales Programme were sent to 40,000 outlets, and radio and television advertisements accompanied the campaign (Image 29).\textsuperscript{162} The utilitarian approach of TTCs to community activities was affirmed in 1994 by the General Manager of BAT Poland, Jacek Siwek, who told a World Tobacco magazine reporter that his employer ‘is not a charity organisation which just puts money into the market without taking anything out. Since we have not been able to make large-scale investments in Poland so far, the extent to which we are involved is not as great and, what is more important, not as structured, as it could be.’\textsuperscript{163} The TTC CSR machine by the mid-1990s was still not working at full throttle, and its impact on policymakers and public opinion could only be limited.

\textsuperscript{157} J. Siwek, "Poland - on-pack health warnings,” ed. BAT Group Poland(British American Tobacco Records, 1996).
\textsuperscript{158} Hollos, "BAT prepares to up local production.”
\textsuperscript{159} Unknown, "Philip Morris Website,”(Philip Morris Records 1996).
\textsuperscript{160} Ibid.
\textsuperscript{162} Unknown, "Philip Morris Website.”
\textsuperscript{163} Hollos, "BAT prepares to up local production.”
The multinationals sought to involve the entire Polish tobacco sector in their lobbying efforts, including the resistant farming community. TTC representatives carefully prepared for events such as the Tobacco Growers’ Assembly, delivering presentations attempting to convince the farmers that tobacco control regulation was also a threat to them, and ‘to create a sense of unity with the growers at a critical time.’ Nonetheless, the farmers remained divided – while they might not have been keen about anti-tobacco regulation in general, they also realised that it would primarily hurt the TTCs, and potentially dampen further their enthusiasm for

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privatisation. In result the agrarian and nationalist parties that represented the farmers in the Parliament remained among the most avid supporters of strong tobacco control legislation (see Chapter 10).

The TTCs also tried to cultivate their image as good employers in order to maintain the political support of trade unions. After privatising the state tobacco factories the TTCs agreed to keep on the existing workers, even if this meant the plants were overstaffed, revamped the factories to improve working conditions and efficiency, and agreed to significant wage increases in the first year after privatisation. However, once the TTCs established firm control of their new assets, the ‘rationalisation’ of costs started – by 2000 the factories began to lay off employees, while the quality upgrade of machinery allowed them to increase cigarette production.

Finally, after privatisation was completed the transnationals attempted to ensure that their internal divisions no longer stood in the way of their lobbying against tobacco control efforts. By 1997 a Polish Industry Working Group was established, and organised regular meetings of senior executives of the Polish branch of the major TTCs, including PMI and BAT, with the goal of preventing further tobacco regulation, and of weakening the 1995 Tobacco Control Law. The TTCs attempted to use self-imposed voluntary restrictions once again, a tactic which helped to pre-empt tobacco advertising legislation in the early 1990s. In 1998 another voluntary code of marketing practices was agreed by the major TTCs. The companies committed, amongst other things, not to produce advertising that could suggest ‘that the person is smoking, has been smoking, or is about to smoke’, not use celebrities or models who ‘clearly appear to be under 25 years of age’, provide information on tar and nicotine yields on adverts, imply that ‘smoking is the unique factor for success in life’, but also to ‘not abuse or misuse research results, quotations or scientific data.’ Just a few months after the code was agreed, the last point was infringed by Reemtsma, which to the dismay of other TTCs launched an ‘aggressive media campaign’ of its new High Care Systems filter, presenting unfounded claims that it significantly reduces the...
exposure of respiratory system to harmful substances.\textsuperscript{170} The resurfacing divisions within the industry, and non-compliance to self-imposed restrictions angered policymakers and provided ammunition for health advocates, who pointed out the hypocrisy of the TTCs and continued to push for a full advertising ban.

8.4 Conclusion

After establishing themselves as leading commercial actors in Poland in the early 1990s, and engaging in forceful lobbying against regulation and aggressive marketing efforts, it appeared that the TTCs would be able to capitalise on the low health awareness of the Polish population, and its appetite for consumer goods. This was not to be the case. The prediction of TTCs about the increase in the sales of cigarettes in Poland by 10%-20% never materialised.\textsuperscript{171} Instead, between 1990 and 1998 cigarette consumption in Poland declined by 10%.\textsuperscript{172} The production of cigarettes, after a brief increase from 90 billion in 1993 to 96 billion in 1995 spurred by modernisation, by the second half of the 1990s production was declining again.\textsuperscript{173} The Polish Central Statistical Office estimated that between 1998 and 1999 alone tobacco production declined by 36.7%.\textsuperscript{174} By 2001 tobacco production in Poland stood at just 80 billion cigarettes per year.\textsuperscript{175} Per capita tobacco consumption fell from 2509 cigarettes in 1994 to 1954 cigarettes in 2000.\textsuperscript{176}

The TTCs put the blame for the decline of the tobacco market on the new legislation. They were taken aback by the stringency of certain provisions of the 1995 Polish Anti-Tobacco Law, in particular the introduction of large HWLs which, in the view of PM Corporate Affairs, ‘could have global effects.’\textsuperscript{177} BAT representatives at a regional conference in 2000 complained that 1999 ‘was a difficult year for the tobacco industry [...] the tobacco products advertising ban was introduced, smuggling increased and anti-smoking campaigns were making an impact.’\textsuperscript{178} Reasons for the failure to prevent the regulation were sought mainly in the disunity between the companies. The chairman of BAT Poland, Louis Hughes, in 1996 admitted that ‘it must be

\textsuperscript{171} Connolly, ”Worldwide Expansion of Transnational Tobacco Industry.”; Czerwińska, Koronowski, and Stankiewicz, ”Przemysł tytoniowy a zagadnienie monopolu państwowego [The tobacco industry and the question of state monopoly].”

\textsuperscript{172} Bałczewska, ”Smoking and tobacco control in Poland.” P. 43.

\textsuperscript{173} Unknown, ”Poland, The Drive to Lights.”

\textsuperscript{174} ”Zwijanie produkcji? [Packing up production?],” Gazeta Wyborcza, 20 February 1999.

\textsuperscript{175} M. R. Bodyl, ”Zmiany na rynku tytoniu i wyrobów tytoniowych w Polsce w latach 2001-2016 [Changes in the market of tobacco and tobacco products in Poland during the years 2001-2016],” Roczniki naukowe stowarzyszenia ekonomistów rolnictwa i agrobiznesu 19, no. 6 (2017).

\textsuperscript{176} M. Kanicka et al., ”Spożycie papierosów w Polsce po wprowadzeniu Ustawy z dnia 9 listopada 1995 roku o ochronie zdrowia przed następstwami używania tytoniu i wyrobów tytoniowych [Consumption of cigarettes in Poland after the introduction of the Act of November 9th 1995 on protection of health against the consequences of use of tobacco and tobacco products],” Hygeia Public Health 48, no. 3 (2013).

\textsuperscript{177} Carlson, ”3 year plan 1992-1994 Corporate Affairs, EEMA Region.”

\textsuperscript{178} Unknown, ”Cross Regional CORA Conference on 28 -30 June 2000.”
acknowledged that disunity has created much confusion at the ministerial and political levels.\footnote{L. Hughes, "Excise tax structure - Poland," ed. BAT Group Poland(British American Tobacco Records, 1996).}

At an EEWG meeting in February 1996, the multinationals agreed that the failure to prevent legislation outcome was partly because in ‘the face of a very coordinated strategy by the "antis" the tobacco industry suffers from a fractured approach even on the issues that threaten the whole industry in C&E Europe.’\footnote{A. Lioutyi, “Industry Meetings on Eastern Europe,” ed. British American Tobacco Company Ltd(British American Tobacco Records, 1996).} These internal divisions precluding a strong pro-tobacco advocacy coalition, alongside the drawn-out process of privatisation which delayed the TTCs takeover of the Polish market, and the antagonistic stance of the powerful tobacco growers’ lobby towards the multinationals until the mid-1990s, all weakened the efforts of the tobacco industry to position itself as an insider interest group in the eyes of Polish policymakers, capture the politics stream of the tobacco control policy debate, and effectively prevent the opening of the ‘window of opportunity’ for anti-tobacco legislation.

Nonetheless, it must be remembered that despite these limitations the TTCs throughout the 1990s remained among the most powerful commercial actors on the Polish market. Their lobbying efforts were on most occasions shrewd and sophisticated, having been trialled in the past on western politicians. In addition, the TTCs spent vast amounts of money to convince Poles to use their products and continued to be the leading advertisers in the country until the tobacco marketing ban was introduced in 1999. The multinationals still held many advantages which in other contexts might have been sufficient in ensuring the expansion of the market for their product. Internal divisions within the industry, or the position of farmers, do not fully explain why the policymakers chose to take such a tough stance on tobacco, nor, more importantly, why Poles in the 1990s began to walk away en masse from smoking. After all, the 1974 Tobacco Control Decree also appeared strong on paper, and yet it failed to change popular attitudes. The situation in the 1990s was different. Public health considerations, aggressively pushed by the anti-tobacco civil society movement, increasingly dominated the societal and political debates about smoking.
Chapter 9 – Polish society and tobacco control after 1989

9.1 Introduction

By the end of the 1980s the health of the Polish population hit its lowest point in decades. Life expectancy among adult males fell to levels not seen since the Second World War, and the chances of a 15-year old Polish boy living to the age of 60 were lower than that of his peers in China, Latin America, or India. The instability following the collapse of the communist system in 1989 led many in the medical community to believe that health indicators would deteriorate further. The breakdown of the economy, the appearance of previously non-existent unemployment, rapidly growing inequalities, and the entry into the Polish market of aggressive western tobacco and alcohol companies, augured poorly for the health of Poles.

To make matters worse, Poles seemed unaware of the destructive impact of certain unhealthy lifestyles, including tobacco use. Research conducted by Polish sociologists in the late 1980s indicated that less than half of all Poles believed that smoking should be treated as a serious health concern.

In 1992 an investment management firm, Sanford Bernstein, described the optimism of its tobacco industry clients in the region as predicated on ‘East European citizens not being well enough educated to have health concerns about smoking. Perhaps fifty years from now, they will realize that it is bad for you and consumption will drop then.’

However, the collapse of the authoritarian government also led to the reconfiguration of Polish civil society. Before 1989 it consisted of state-sanctioned organisations, obliged to further the ideological goals of the regime, restricted from accepting support from partners from non-socialist countries, and reliant solely on the government as a source of funding and legitimacy. These groups were replaced by western-style NGOs, run by professional advocates, enjoying

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3 Unknown, “Papieros albo zdrowie [Cigarette or health],” Gazeta Wyborcza, 27 January 1995; Zatoński and Zatoński, “Health in the Polish People’s Republic.”
4 Zatoński and Przewoźniak, Health Consequences of Tobacco Smoking in Poland
5 Weissman, “The Marlboro Man Goes East.”
6 Lowy, "Images of Disease between Biomedicine and Politics.” Pp. 9-30; Wnuk-Lipiński, "Meandry formowania się społeczeństwa obywatelskiego w Europie Środkowej i Wschodniej [Intricacies of the formation of civil society in Central and Eastern Europe]." P. 16.
significant support from western institutions and philanthropists, and with the mandate to closely scrutinise the actions of government. The tobacco control movement also underwent a significant restructuring along these lines, becoming a formidable force for public health.

In this chapter I contend that anti-tobacco advocates in 1990s Poland capitalised both on the groundwork laid by the Polish Anti-tobacco Society in the 1980s, the opportunities generated by the advent of democracy and free markets in the country, as well as the effective leadership of Witold Zatoński. The growing engagement of the scientific and medical communities in tobacco control pre-1989 became the fundament of a much broader tobacco control alliance emerging in the 1990s, involving private sector partners, figures from the world of media and culture, the Catholic Church, and bolstered by the sustained support of the western public health community. Sabatier’s ACF estimated the gestation period of an advocacy coalition to be a decade or more – in the case of the Polish anti-tobacco movement the period of maturity came in the 1990s. The resulting alliance proved to be effective both in lobbying for stronger tobacco control measures and in building awareness of the effects of smoking in Poland.

The anti-tobacco advocates managed to capture the Kingdonian problem stream of the tobacco control debate. They became more proficient at the use of social marketing and communication, including prominent anti-tobacco posters, which allowed them to bring the evidence of Poland’s growing smoking-related disease rates to the public. They used a major tobacco control conference organised in the Polish town of Kazimierz in 1990 as a focusing event, which concluded with a call for tobacco control legislation issued by international public health leaders to the Polish authorities. Similarly, the activity of the anti-tobacco movement was also crucial in further shaping the policy stream and politics stream of the tobacco regulation discussion, in effect opening wide the ‘window of opportunity’ for anti-tobacco legislation that was already propped open by the agrarian opposition to tobacco industry privatisation (see Chapter 8). Mass educational campaigns were launched, most notably the Great Polish Smokeout, as well as other punchy anti-tobacco actions conducted with the help of nationwide media. In the 1990s good health was becoming an important value in Polish society, endorsed as a welcome sign of Poland’s westernisation, and measures leading to its improvement were characterised by high social acceptability. The anti-smoking advocates successfully tapped into, and cultivated, this cultural shift using social marketing methods. While their activity was strongly opposed by

marketing efforts of the TTCs, by the late 1990s the public health interest group prevailed in ensuring a high level of support for stringent anti-tobacco regulation the Polish society.
9.2 Development of Poland’s modern anti-tobacco advocacy movement

- Events pertaining to the development of the anti-tobacco movement in post-communist Poland are presented graphically in Timeline 7 in Appendix F.

In the early 1990s, Poland’s tobacco control movement underwent a process of restructuring during which the communist-era PTP was replaced by a modern coalition centred around a new organisation, the Health Promotion Foundation (HPF). This starting point of this transformation was an international tobacco control conference held in the town of Kazimierz in 1990, in which experienced western health advocates helped their Polish colleagues draw up the campaigning, educational, and lobbying strategies for the next decade. Kazimierz was closely followed by the establishment of the HPF, an organisation which served as the focus point for tobacco control efforts conducted in the country. Under the resourceful leadership of Witold Zatoński, the HPF replaced the listless activities of the PTP with more vibrant health promotion efforts, forceful political lobbying, and effective coalition-building, bringing organisations ranging from the Catholic Church to private entrepreneurs into the orbit of tobacco control advocacy. The culmination of HPF’s activities was the Great Polish Smokeout – an annual, large scale tobacco awareness campaign that capitalised on the newly developed organisational breadth of the anti-tobacco movement, the opportunities provided by a more open political and economic environment, and the growing aspirational value of healthy lifestyles in the Polish society.

9.2.1 Lessons for ‘A Tobacco Free New Europe’

The focusing event that helped to kick-start the development of modern tobacco control in post-1989 Poland was the international Conference on ‘A Tobacco Free New Europe’, which took place in the town of Kazimierz in Poland in November 1990. Its funders and organisers included the International Union Against Cancer (UICC), the American Cancer Society (ACS) and the World Health Organisation’s Regional Office for Europe, while the local hosts were the PTP and the Polish Medical Chamber. The scale of the Kazimierz conference far exceeded any previous tobacco control event organised in Poland. Over 100 health advocates and researchers from 22 countries participated in the meeting, including some of the world’s leading tobacco experts – such as Gregory Connolly, the organiser of successful smoking control programmes in Massachusetts, the French tobacco harm researcher Albert Hirsch, and Richard Peto, one of the most influential biostatisticians in the public health world. In Kazimierz they were met by Polish

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8 Jaworski, "Interview."
(but also Czech, Hungarian, and Soviet) cardiologists, oncologists, radiologists, pulmonologists, toxicologists, as well medical association organisers, representatives of the Ministry of Health, journalists, community organisers, consumers’ rights advocates, and even business community leaders. Images from the conference convey the eclectic and informal atmosphere which accompanied the meeting, against the backdrop of a country and nation in transition in which the conference was set (Image 30). The UICC Chairman, Michael Wood, praised the ‘historic’ role of the meeting as a bridge between western and eastern anti-tobacco advocates. 


A deep sense of urgency accompanied the meeting. Contemporary observers remarked the participants’ ‘grave disquiet at both the economic impact and health problems the new democracies will face as the transnational tobacco companies are allowed access into their

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markets. Reports from Warsaw, Budapest, Moscow and Prague, where cigarette advertising is still illegal, showed that the TTCs were ignoring the law and placing their trademarks everywhere.\textsuperscript{10} The delegates were concerned about the appeal of western cigarette brands to post-communist consumers.\textsuperscript{11}

The western advocates accurately predicted the strategy TTCs would take to penetrate the CEE markets. During the conference Gregory Connolly laid it out step by step: pushing for the removal of trade barriers and advertising restrictions, approaching local cigarette companies to sell international brands through license or joint manufacturing agreement (with the end goal of acquiring them) and, in case of states refusing to deal with TTCs, instigating contraband cigarette sales to introduce their brands and soften the market, and seeking support from their American and British politicians to pressure local decision makers on their behalf.\textsuperscript{12} Luk Joossens, the Director of the European Bureau for Action on Smoking Prevention, rightly predicted that the TTCs might wait until the discussion about privatisation was over in Poland before fully committing themselves to the market, and also suggested to the Eastern European advocates that they could try to exploit the growing distrust between different TTCs, especially between PMI and BAT (see Chapter 8).\textsuperscript{13}

The opportunity to tap into the knowledge of experienced industry observers was one of the elements that made Kazimierz valuable for the Polish advocates, and which helped them to understand better the behaviour of the commercial actors they would be facing in the new political and economic reality and prepare strategies to oppose them. The Poles were also warned of the potential pitfalls. For example, Richard Peto argued that a focus on reducing tar levels might be used by TTCs to promote their ‘healthier’ products over the low-quality cigarettes produced by state monopolies.\textsuperscript{14} This suggestion was important in changing the approach of leading Polish anti-tobacco advocates who until the late 1980s believed that the popularisation of low-tar cigarettes could be a key measure in fighting tobacco-related diseases, and helped avoid a potentially detrimental rapprochement of the public health community with the TTCs.

\textsuperscript{10} J. Longstaff Mackay, "The fight against tobacco in developing countries," \textit{Tubercle and Lung Disease} 75, no. 1 (1994).
\textsuperscript{12} G. Connolly, "The Marketing Tactics of the Tobacco Industry" (ibid.). P. 18.
\textsuperscript{13} L. Joossens, ibid. P. 25.
\textsuperscript{14} R. Peto, "Mortality, Morbidity and Tobacco Use" (ibid.). P. 5.
Western tobacco control advocates also provided their CEE colleagues with insights on how to influence the debate on tobacco control and conduct effective lobbying. Richard Peto cautioned not to ‘undervalue the political power of epidemiological information’ in making a case to the Polish public and politicians. The numbers of the dead, in his opinion, would speak for themselves and instigate action.\footnote{R. Peto, "Identifying Obstacles to Action" (ibid.).} Michael Wood and David Simpson, Director of the British Action on Smoking & Health (ASH), also suggested that the mounting evidence on passive smoking harm could be a particularly powerful argument in pushing down social acceptability of smoking.\footnote{D. Simpson, "Passive Smoking and Smoke-free Environments" (ibid.). P. 55; M. Wood, ibid. P. 54.} One of the priorities set by the conference the development of a better mortality monitoring system in Poland.\footnote{R. Peto, "Identifying Obstacles to Action" (ibid.).}

Economists, including Joy Townsend from the UK Medical Research Council, explained that tax increases were a measure that could be very popular with politicians as they carried both public health and fiscal benefits.\footnote{J. Townsend, "The Economic Issues" (ibid.).} Luk Joossens and Andrew Hayes, the Liaison Officer of UICC Tobacco Control, pointed out that the excise tax thresholds set by the European Community, and its increasingly harsh directives on tobacco control, could be used as a political tool in Poland, a country aspiring to join the Community.\footnote{A. Hayes, "Closing session" (ibid.); L. Joossens, "Mobilising Public Opinion and Influencing the Decision Makers" (ibid.).}

John Roberts, the Regional Programme Manager for WHO Europe, and long-time member of the ASH Executive Committee, suggested that in the absence of an advertising ban an effort should be made to counteract the glamourisation of smoking by putting forward a positive image of non-smoking.\footnote{J. Roberts, "The Economic Issues" (ibid.). P. 49.} David Simpson encouraged the involvement of key cultural figures in the battle against smoking, and focusing the anti-tobacco activities on an annual No Smoking Day.\footnote{D. Simpson, "Mobilising Public Opinion and Influencing the Decision Makers" (ibid.).} Finally, it was emphasised that health advocates in each of the CEE states needed to organise a professional lobby group at national level that would coordinate the fight against tobacco.\footnote{A. Hirsch et al., "Countering the Tobacco Epidemic: "It Can Be Done"" (ibid.). P. 33.}

One remarkable legacy of the conference was how thoroughly the advice of the western scientists and advocates was heeded by the Poles – it could be argued that anti-tobacco activities in 1990s Poland followed the script written in Kazimierz. The Warsaw Cancer Centre began work
on strengthening their mortality data monitoring mechanisms and made them available to tobacco control advocates for political lobbying. The examples of cigarette taxation and other tobacco control policies in the European Community and European Union became one of the key reference points for public health voices arguing for regulation and demanding that they be consistent with the gold standards in EC/EU countries.\textsuperscript{23} Figures from the world of arts and culture, but also religious authorities, were involved by tobacco control campaigners in their efforts, and the No Smoking Day became the focusing point for all anti-tobacco educational efforts carried out throughout the year. The set of policy recommendations that eventually became the 1995 Polish Anti-tobacco Law, and its later amendments, was also closely based on the Kazimierz resolution. Finally, following the recommendation of Kazimierz delegates just a year after conference an organisation coordinating all anti-tobacco activities in Poland was established – the Health Promotion Foundation.

9.2.2 Birth of the Health Promotion Foundation

The Kazimierz conference was the spark that ignited the process of restructuring the Polish anti-tobacco movement. The PTP had entered the new political reality with the reputation of an obsolete organisation with a long track record of failing to influence the government’s tobacco control policy, or to carry out effective health education activities.\textsuperscript{24} In addition, as the Communist regime collapsed, it lost some of its most competent staff. For the anti-communist dissidents the main draw of the PTP had always been the opportunity for formal employment while they were not allowed to work in their actual professions. As the political tides changed, they left to pursue careers elsewhere. For example, the sociologist Krzysztof Gottesman became the director of the political department of one of Poland’s largest daily newspapers, \textit{Rzeczpospolita}.\textsuperscript{25} The political scientist Krzysztof Czabański became the head of the Polish Press Agency, and later the director of the Polish Radio.\textsuperscript{26} This meant that the anti-tobacco movement now had sympathetic ears in influential positions in Polish media, but also that the PTP also lost some of its key talent.\textsuperscript{27} This was a characteristic trend for civil society in post-1989 Poland, as

\begin{footnotesize}
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\item \textsuperscript{23} Z. Matyjek, "Znikanie papierosów [Disappearance of cigarettes]," \textit{Gazeta Wyborcza}, 10 September 1999.
\item \textsuperscript{24} IPN BU 1585/21122, "Polskie Towarzystwo Przeciwtytoniowe [Polish Anti-tobacco Society]."; Distributor, "Poles still enjoy 'the right to smoke'."
\item \textsuperscript{25} Unknown, "Krzysztof Gottesman szefem publicystyki Polskiego Radia 24 [Krzysztof Gottesman becomes the head of opinion journalism in Polish Radio 24]," \textit{Gazeta Wyborcza}, 4 August 2016.
\item \textsuperscript{26} A. Kublik and Szpala. I., "Krzysztof Czabański: Twarz mediów narodu [Krzysztof Czabański: The face on a nation’s media]," ibid., 23 December 2015.
\item \textsuperscript{27} Przewoźniak, "Interview."
\end{itemize}
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many former social activists left the advocacy world and moved to media or politics.\textsuperscript{28} Most of the remaining members of the PTP were old-timers, some of them still remembering the chairmanship of Alfred Jaroszewicz. Few had a scientific background, and many based their dislike for tobacco on puritanical and moralistic considerations, rather than concerns about public health. With the retirement of Kożusznik in the 1980s, the old formula of anti-tobacco advocacy was wearing thin.\textsuperscript{29}

Witold Zatoński, the main organiser of the Kazimierz conference on the Polish side, and the vice-chairman of both the PTP and the Polish Medical Association, decided that the PTP was not the right institution to fulfil the mission of co-ordinating a national anti-tobacco campaign as set out at Kazimierz. He believed that a new organisation, more independent from government funding, and without the burden of many long-time argumentative members, could provide a more streamlined leadership to the Polish anti-tobacco movement.\textsuperscript{30} In December 1991 he founded the Health Promotion Foundation (HPF). The formal aim of the new organisation was ‘the reduction of cancer incidence in Poland through taking action leading to the decrease in smoking prevalence’.\textsuperscript{31} The HPF became the centrepiece of a broad tobacco control coalition involving a range of organisations and institutions. In principle, it was intended to serve as a lobbying group pushing for the transformation of the legislative proposals formulated at the Kazimierz conference into Polish law (see Chapter 10 for more details about the HPF’s lobbying efforts).\textsuperscript{32} However, some of its most important successes in the early 1990s were connected to health education activities.

The Foundation initially was engaged primarily in raising awareness about the need for stronger tobacco control regulation among the public and decision makers, using media channels, and scientific communities, as well as providing expertise to parliamentary committees. However, its range of activities soon broadened to include tobacco control research and smoking cessation support and training. Regular workshops in tobacco addiction treatment were organised for

\textsuperscript{28} Lester, Encyclopaedia of Violence, Peace and Conflict Pp. 269-278.
\textsuperscript{29} Zatoński, "Interview."
\textsuperscript{30} Ibid.
doctors, nurses, as well as Sanepid and MoH employees. The first national Quitline and cessation clinic was opened at the Warsaw Cancer Centre in collaboration with the HPF. The HPF also engaged in publishing, producing materials such as guides for smoking cessation for clinicians and smokers wanting to quit, educational materials for media and schools, as well as anti-tobacco propaganda images, and coordinated World No Smoking Day activities in Poland.

From its founding the HPF was closely affiliated with a research institute – the Maria Skłodowska-Curie Institute of Oncology (Warsaw Cancer Centre) – where Zatoński worked as Director of the Epidemiology and Prevention Unit. This meant that the advocacy organisation had its feet firmly rooted within the official scientific framework of the state and enjoyed recognition from the research community. The Warsaw Cancer Centre conducted detailed monitoring of cancer incidence and mortality, as recommended by the Kazimierz conference, arming the anti-tobacco lobbyists with statistics regarding smoking harm in Poland. The HPF had access to the Cancer Centre’s human resources, and many of its employees became active collaborators of the HPF. Its affiliation with the Warsaw Cancer Centre also allowed the organisation to access research grants unavailable to many other NGOs conducting educational activity. The remaining funding for HPF came from its publishing and educational activity, much as was the case of the PTP, but also from state subventions, grants from western public health organisations, and donations from private and industry sponsors.

The extensive international network of contacts developed by Kożusznik and Zatoński in the 1980s could be tapped into more easily after the lifting of the Iron Curtain in 1989. Poland, with its high smoking and lung cancer rates, was perceived as a worthwhile context to work in for public health specialists hailing from Western Europe or the US – Gregory Connolly referred to countries such as Poland as a ‘nirvana for tobacco researchers.’

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34 Unknown, "Telefon dla palaczy [Quitline]," Gazeta Wyborcza, 06 November 1996.
36 Baker, "Country briefing - Poland."
37 Przewoźniak, "Interview.;" Zatoński, "Interview."
39 Przewoźniak, "Interview."
provided most financial and scientific support for the HPF throughout the 1990s were the same ones which organised the Kazimierz conference – ACS, UICC, and WHO Europe. The HPF also became the first tobacco control grantee of the Open Society Foundation. In 1992 WHO Europe set up an international task force and a special consultant to support the health advocates in CEE and organised a series of country missions, consensus conferences, and workshops to foster mutual learning and support on tobacco control. Fellowships were created to enable local advocates to visit other countries and learn from their tobacco control experiences.

The tobacco industry was concerned about the birth in Poland of what a 1991 PM report called a ‘truly international coalition of anti-smokers, all too eager to convert freshly “liberated” territories to their theories’. The support of western tobacco control researchers was particularly important for the HPF as it helped to raise the image of the discipline, and the role of the organisation, in the eyes of the public and of policymakers. In the wake of the collapse of communism, the prestige of Western European and American science was at its peak in Poland.

The long-time head of the Sanepid Public Health department Elżbieta Łata confirmed the importance of this motivation: ‘We all knew smoking was bad, but it was only after 1989, when the West told us to focus on preventive and not curative medicine, that health promotion became really emphasised.’ After replacing the marginalised PTP, the HPF increasingly found itself at the centre of the public health transformation taking place in 1990s Poland. A 1995 BAT country report warned that ‘due to the size of the market, Poland was picked as a priority for the international anti-smoking lobby. The support given to the local anti-smoking activists, led by Prof Zatonski, and hence extent of their lobbying is remarkable.’

9.2.3 Role of Witold Zatoński – ‘The Polish Republic’s No. 1 Anti-Smoker’

The person standing behind much of the tobacco control activities in 1990s Poland was the HPF’s founder and president, Witold Zatoński. His centrality as the co-ordinator of Poland’s anti-tobacco efforts is confirmed by a range of sources, from interviews with public health advocates, through media reports, to tobacco industry documents. In Philip Morris overviews of the

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41 Open Society Institute, "Taking on Goliath: Civil Society’s Leadership Role in Tobacco Control."
43 Unknown, "Presentation on PM Corporate Affairs in EEMA." P. 14.
45 Łata, "Oral contribution to witness seminar on tobacco control policy in Poland."
46 Unknown, "Country Competitive Report."
international anti-smoking network in the mid-1990s, Zatoński is the only CEE advocate identified by name, labelled ‘Poland’s leading anti tobacco activist’.\textsuperscript{47} Polish media in this period referred to Zatoński as ‘the Polish Republic’s No. 1 Anti-Smoker’.\textsuperscript{48} When the Polish Anti-tobacco Law was passed by the Sejm in 1995, the principal proponent of the bill, the MP Seweryn Jurgielaniec, in his speech celebrating the legislative victory singled out ‘Professor Witold Zatoński and the group of his employees, whose input in the preparation of today’s document in enormous.’\textsuperscript{49}

Mike Pertschuk, an analyst of social justice movements and the chronicler of the American anti-tobacco movement in the 1990s, in his research identified several qualities important for effective civil society leaders.\textsuperscript{50} He believes that Witold Zatoński met many of these criteria, which made him a particularly effective advocate in the Polish context: a good rapport with the political class, strategic thinking, his position as a scientist and expert, and his personality.\textsuperscript{51}

First, from the moment of his involvement with the PTP in the 1980s Zatoński developed links with the ruling communist political elites, while at the same hiring several anti-communist dissidents who could not find a job elsewhere. This meant that in the 1990s he enjoyed the esteem of both the past oppositionists who stepped into positions of political power, and of former communist parliamentarians, who regained some influence after the electoral victory of the Left Democratic Alliance (SLD) in 1993. Zatoński was careful not to speak down to politicians, instead offering to provide his expertise and public support in their work on the tobacco control legislation.\textsuperscript{52} In consequence, by the mid-1990s leading politicians were asking Zatoński to organise lectures on smoking harm and regulatory solutions in tobacco control for members of the Parliamentary Healthcare Committee and at the summits of different political parties.\textsuperscript{53}

Włodzimierz Cimoszewicz, the left-wing Polish Prime Minister in 1995-1996, recounted that:

\begin{quote}
[The] biggest role in the shaping of my awareness [of tobacco control] was of course played by Professor Zatoński […] We all know him and know that he is not only
\end{quote}


\textsuperscript{48} Unknown, "Hasła 'Rzuć palenie razem z nami' [Slogans of the Great Polish Smokeout],” Gazeta Wyborcza, 03 October 1997.

\textsuperscript{49} Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 34 posiedzenia Sejmu w dniach 27 i 28 października 1994 [Stenographic transcript of the 34th sitting of the Sejm on 27 and 28 October 1994]."

\textsuperscript{50} Pertschuk, Smoke in Their Eyes

\textsuperscript{51} Interview by M. Zatoński, 1 April, 2015.

\textsuperscript{52} Zatoński, "Interview."

\textsuperscript{53} Health Promotion Foundation, "Sprawozdanie z działalności Fundacji "Promocja Zdrowia" w 1994 roku [Report from the activity of the Health Promotion Foundation in 1994]."
competent, but also highly compelling. This was incredibly important for me when, as a Prime Minister, I was responsible for a lot of different issues which stood in competition with each other. With my busy calendar, my limited attention, I needed someone like Professor Zatoński to show me what is going on, where our problems lie, how we compare to other societies, other countries, and what are the reasons underlying this.\textsuperscript{54}

Second, Pertschuk characterised Zatoński as a strategic thinker, willing to proceed incrementally, seek compromise, and take a step back when necessary.\textsuperscript{55} For example, in 1995 it became apparent that the issue of a complete ban on tobacco advertising, opposed by the Polish media and a large part of the political class, might derail the Anti-Tobacco Law. Many American and Western European tobacco control advocates advised Zatoński that without this provision the legislation would not be complete and suggested that he reject it. Having followed their lead before, this time Zatoński ‘decided that their counsel made no sense for Poland – at that point in the evolution of Polish public opinion and law’, and supported the bill.\textsuperscript{56} He then continued to lobby for more stringent provisions and, on the back of the success of the 1995 legislation and the increasingly favourable anti-tobacco climate in the country, in 1999 the Polish Anti-tobacco Law was amended to include a complete advertising ban.

Finally, Pertschuk identified Zatoński’s position as a scientist and expert, as well as his personality, as the two remaining elements behind his success.\textsuperscript{57} First, as the head of the Epidemiology and Prevention Unit at the Warsaw Cancer Centre, he enjoyed the status of a respected scientist and his pronouncements on tobacco were viewed as evidence-based and not driven by an anti-tobacco bias.\textsuperscript{58} Zatoński also ensured that he did not project the image of a health fanatic targeting smokers. The TTCs, monitoring anti-tobacco activity in the media, took note of Zatoński’s pronouncements that helped shape his easy-going public persona: “We don’t want to persecute smokers”, says Prof. Witold Zatoński, Chairman of the Foundation. “We want to help them stop smoking.”\textsuperscript{59}

\textsuperscript{54} Cimoszewicz, "Oral contribution to witness seminar on tobacco control policy in Poland."
\textsuperscript{55} Pertschuk, "Interview."
\textsuperscript{56} \textit{Smoke in Their Eyes} P. 307.
\textsuperscript{57} "Interview."
\textsuperscript{58} Woy-Wojciechowski, "Interview.”; Szymborski, "Interview."
Zatoński’s leadership qualities allowed him to bring together a wide range of political and civil society actors. Many of the figures who constituted the backbone of the Polish anti-tobacco movement in the 1990s pointed to Zatoński’s influence for their original involvement. Iwona Schymalla, a journalist and former director of the Polish state TV channel, suggested that ‘while many people were involved in tobacco control in Poland, without Professor Zatoński, without his determination, knowledge and diplomatic approach, it would be impossible to unify so many different groups into the Polish anti-tobacco movement.’

Artur Mierzecki, member of the Board of the College of Family Physicians in Poland and editor of the Family Physician monthly magazine in the 1990s, underlined the importance of Zatoński’s determination to involve a broad range of social and professional groups in the tobacco control effort, including economists, journalists, the Catholic Church, or even the military. Other opinions verged on exaltation. Urszula Dudziak, a prominent psychologist and Catholic activist, characterised Zatoński as being equipped with ‘wisdom and responsibility, care for others and appreciation for those who contributed even the tiniest brick to the building he planned. Prof. Witold Zatoński is a true treasure for the health of Poles [...] who made himself known as a great intellectual, organiser, charismatic, wonderful planner [...] able to rally people of many talents around him by creating a sense of security and hope.’

Even tobacco industry representatives interviewed for this research presented opinions along the same lines, if delivered in a less lofty manner.

Zatoński’s centrality is best illustrated by a quote from Krzysztof Przewoźniak, a sociologist and Zatoński’s long-time collaborator, who stated that ‘if one was to create a sociogram [of tobacco control in Poland], they would have to put Zatoński and his team at the Warsaw Cancer Centre at the centre of it. This is where the paths of many organisations, both scientific and advocacy groups, came together.’ Zatoński himself characterised his approach rather differently: ‘I was always driven by an “opportunistic approach”. There was limited planning ahead, I just made sure to make the most of all the occasions that came my way.’

60 I. Schymalla, “Presentation at Conference on Smoke-free Poland,” (Ministry of Health, Warsaw 2016).
62 Zdrojewski, “Presentation at Conference on Smoke-free Poland.”
64 Anonymous tobacco industry executive, interview by M. Zatonski, 20 April, 2016.
65 Przewoźniak, "Interview."
66 Zatoński, "Interview."
9.2.4 The Great Polish Smokeout

Perhaps the best illustration of Zatoński’s ‘opportunistic approach’, and his ability to engage a broad range of actors in tobacco control efforts, was the Great Polish Smokeout (GPS).67 The idea for the Smokeout came from an analogous American campaign, the Great American Smokeout, first organised in 1977 by the American Cancer Society, to encourage smokers to quit for at least one day.68 The concept was first introduced to the Polish advocates during the Kazimierz conference. From a spur-of-the-moment idea, by the mid-1990s the GPS became Poland’s largest health awareness campaign, with hundreds of central and local authorities participating. By the late 1990s the GPS was credited by millions of Poles as the main impulse for quitting smoking. It also allowed the anti-tobacco advocates to establish entirely new alliances, involving the Catholic Church, media and culture personalities, and the private sector, and thus significantly strengthening their educational and lobbying capacity.

The main organisers of the GPS were the HPF, Warsaw Cancer Centre, and the Ministry of Health.69 The first edition of the GPS was hastily put together in the months following Kazimierz. A prize draw was organised for Poles who declared quitting smoking for good on 31 May, the World No Smoking Day. The main prize was a trip to the USA and a meeting with senator Edward Kennedy (Image 31).70 The choice of prize exemplified the movement’s ‘opportunistic approach’, as well as the network of supporters the HPF already had in place. The destination was chosen because a director of the Polish branch of British Airways who was an acquaintance of one of the HPF’s employees organised a complimentary ticket on a flight to the US. A meeting with Edward Kennedy was offered as the main prize, because Gregory Connolly, one of the HPF’s western supporters, was able to arrange it through his personal connections. The media partner of the first edition of GPS was Express Wieczorny, a popular evening paper whose editor-in-chief was Krzysztof Czabański, a former anti-communist dissident and PTP employee. Even in later years, when it was a more established organisation, the HPF continued to use similar tactics of favours.

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67 The Polish name of the campaign, *Rzuć Palenie Razem z Nami*, translates to ‘Quit Smoking With Us’. However, ‘Great Polish Smokeout’ is widely used in the literature.
70 W. Zatoński, “Presentation at roundtable on Tobacco Control - past, present and future,”(Department of the History of Science, Harvard University, 2016).
and connections in order to keep down its operational costs, sometimes to the surprise of the western advocates over how cheaply large-scale anti-tobacco activity can be conducted.\textsuperscript{71}


The impromptu idea worked. For many Poles, until recently locked behind the Iron Curtain, the allure of an experience in the US, combined with the meeting of a prominent American statesman, posed an attractive prospect – the HPF received tens of thousands of participation coupons. The moderate success of the first GPS became the fundament underlying the expansion

\textsuperscript{71} G. Connolly, "Presentation at roundtable on Tobacco Control - past, present and future," (Department of the History of Science, Harvard University, 2016); Zatoński, "Interview."
of the campaign in the following years, as one of Poland’s most powerful institutions – the Catholic Church – threw its weight behind it.

Throughout the communist period the lack of involvement of the Catholic Church in tobacco control in Poland stood in contrast to its aggressive stance on alcohol. This changed in the 1990s, largely thanks to one of Poland’s most influential priests, Cardinal Józef Glemp. For many years Glemp was a close collaborator and personal chaplain of the prominent anti-communist dissident Cardinal Stefan Wyszyński. After Wyszyński’s death Glemp was named Primate of Poland, a title attributing its holder with honorary precedence among Polish bishops. Zatoński first met Glemp in 1991 in Warsaw, as he went to visit the Primate’s office to complain about a high ranked Catholic official who allegedly accepted a large donation from the tobacco industry. Glemp not only assured him that the Church would cut any ties with the industry, but also offered to support the anti-tobacco movement more actively. Zatoński again took the ‘opportunistic approach’ and invited Glemp to become the honorary patron of HPF, to which the Primate agreed.

The involvement of one of Poland’s most respected and influential organisations proved a great boon to the anti-tobacco movement. In interviews with the media, Glemp recounted the story of his personal struggle with nicotine addiction and encouraged the faithful to quit. On many occasions he acted as the public face of HPF, for example as the head of the committee awarding the Foundation’s prize honouring individuals who demonstrated leadership in promoting smoke-free lifestyles in Poland. He also fostered anti-smoking initiatives within Catholic social and educational institutions. Catholic universities organised lectures regarding smoking harm.

Classes on the importance of tobacco control and methods of encouraging smoking cessation

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74 Zatoński, “Interview.”


77 M. Campagnaro, “Presentation at Conference on Smoke-free Poland,”(Ministry of Health, Warsaw 2016).
were introduced into the curricula of theological seminaries.\textsuperscript{78} Finally, as the political debate on anti-tobacco legislation was entering the final phase in 1995, Glemp made sure that the Polish episcopate’s voice on the topic was resoundingly in favour of strong regulation.\textsuperscript{79}

However, the most spectacular result of Zatoński’s fortuitous meeting with Glemp was the involvement of the Catholic Church in the organisation of the GPS. Glemp decided to seek support for the action at the very top of the Catholic hierarchy and approached Pope John Paul II to extend his official patronage over the campaign. The Pope agreed and offered to welcome a group of the competition’s winners in the Vatican every year.\textsuperscript{80} Thus, from 1992 the main prize for the group of circa 20 ex-smokers selected in the GPS prize draw was a visit to Rome and a private audience with the Pope – a man who for many Poles was the embodiment of their religious sentiment and national pride (Image 32). The involvement of the Catholic Church, and in particular the ‘Polish Pope’ in the campaign, provided the GPS with its winning formula, attracting media attention and the interest of sponsors.\textsuperscript{81}

\textsuperscript{78} R. Jaworski, "Witness testimonial collected after the Conference on Smoke-Free Poland," (Warsaw: Ministry of Health, 2016).
\textsuperscript{79} Campagnaro, "Presentation at Conference on Smoke-free Poland."
\textsuperscript{80} Ibid.
With every passing year, the involvement of local media, businesses, councils, schools, and healthcare institutions increased, as did the range of accompanying activities. For example, in 1999 in the provincial city of Tarnów various events were organised during the GPS – plays about health at the community theatre, smoke-free fairs, anti-smoking events in schools, schoolchildren giving out leaflets urging adults to quit at train and bus stations, and doctors and nurses providing free quitting advice in pharmacies. Local media throughout Poland reported the names of GPS prize winners hailing from their region. Twice a year the HPF organised a

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82 Zatoński, "Interview."); Jaworski, "Interview."
83 Unknown, "Palenie podstawowe [Primary school smoking]," Gazeta Stołeczna, 19 November 1993; "Rzuć palenie [Quit smoking]," Gazeta Wyborcza Kraków, 18 November 1999.
84 "Krótko [Short]," Gazeta Wyborcza Bydgoszcz, 05/01 1999.
briefing for local advocates, presenting them with the newest epidemiological data on smoking harm, tobacco industry tactics, as well as new cessation methods. The HPF also provided them with leaflets and posters and gave suggestions on how health fairs should be organised. Such events were often organised in collaboration with activists from the local Catholic Church or Sanepid stations. Educational materials were given out in intercity trains and on domestic flights. Apart from the visit to Rome, a variety of prizes for the GPS competition participants, including books and CDs, were funded by state and private sponsors. Another appealing prize for many was that the names of all the winners were published in the Christmas issue of Gazeta Wyborcza, Poland’s biggest daily newspaper. However, ‘the main prize’, as Gazeta Wyborcza suggested, was ‘saving yourself from imminent death.’

The broad range of sophisticated social marketing activities on the national level, including marketable stunts, such as involving airlines in the campaign, combined with a passionate, often informal implementation of the anti-tobacco campaign by local leaders, ensured a high and sustained visibility of the anti-tobacco efforts and aligned them with Poland’s newly obtained civic freedoms (Image 33). This was a far cry from the highly centralised, ineffective efforts of the PTP in the 1980s, which left its educational materials poorly disseminated or unused and failed to evoke the enthusiasm of the broader population.

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86 Jaworski, “Interview.”
87 Unknown, "Dzień bez papierosa [No smoking day]," Gazeta Wyborcza, 20 November 1998.
88 S. Zagórski, "Nie pal sobie życia [Don’t burn through your life],” ibid., 7 November 1994.
89 Unknown, "Podsumowanie nasze akcji "Rzuć Palenie Razem z Nami" [Summary of our action - the Great Polish Smokeout],” ibid., 23 December 1995.
90 “Największy morderca w Polsce [The deadliest killer in Poland]."
Image 33. Events organised as part of the Great Polish Smokeout, 1990s

Clockwise from top left: schoolchildren from Sobałczów parade their anti-tobacco slogans, passanger of LOT Polish Airlines is given an anti-tobacco leaflet, anti-tobacco parade on the Royal Route in Warsaw.


The number of declarations from smokers who quit and wanted to participate in the prize draw averaged at about 35,000 every year and totalled at over 350,000 throughout the 1990s. The record number of declarations was 46,500 in the year 2000.91 Many more declared that the GPS had an impact on their smoking habit. A survey conducted in 1997 showed that in that year alone 200,000 Poles quit smoking as a result of various activities and media reports connected with the GPS, while one million tried to quit.92 Throughout the 1990s, two million Poles attributed their successful quitting attempts to the GPS. 93

93 “Teraz łatwiej zerwać z nałogiem [Now its easier to break the habit],” Gazeta Wyborcza, 17 January 2000.
9.2.5 The broadening of the anti-tobacco coalition

The growing popularity of the GPS helped to expand the anti-tobacco coalition throughout the 1990s. Apart from the Catholic Church, the most powerful ally proved to be the Polish media. In 1992, drawn by the increasingly high profile of the campaign, Gazeta Wyborcza, the daily newspaper with the highest circulation in Poland, became the media partner of the GPS.94 Throughout every November it published articles about smoking in Poland, and printed GPS competition coupons, often on the front page.95 A whole range of other media were also involved as co-organisers – from military periodicals, through lifestyle magazines, local press, and health-focused publications.96

From the mid-1990s the group of GPS winners traveling to Rome was accompanied by a film crew preparing a half-hour report from the visit for the state TV, which was aired at prime time just before Christmas every year.97 In addition, the state TV ran short informational clips encouraging the public to quit and reporting on the various activities and events accompanying GPS. These clips starred notable scientists, media stars, and sports personalities.98 According to the later director of the Polish state TV, Iwona Schymalla, the GPS and the accompanying anti-smoking events, with thousands of hours of programming dedicated to them, constituted the only comprehensive and consistent public health campaign conducted by the Polish media in this period.99 In a public opinion poll conducted in 1996 by the OBOP Public Opinion Research Institute, 89% of Poles declared that they had heard of the Great Polish Smokeout, mostly thanks to the television coverage (Figure 16).

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94 Jaworski, "Interview."
95 Unknown, "Uwaga czytelnicy [Attention readers]," Gazeta Wyborcza, 10 November 1997.
96 "Podsumowanie nasze akcji "Rzuć Palenie Razem z Nami" [Summary of our action - the Great Polish Smokeout]."
98 Jaworski, "Interview."
99 Schymalla, "Presentation at Conference on Smoke-free Poland."
As the GPS was gaining popularity prominent politicians increasingly sought to become associated with the anti-tobacco effort. The Honorary Committee of the GPS, chaired by Cardinal Glemp, grew to include all of the Polish Ministers of Health in the 1990s, Presidents of several big cities, Speakers of the Sejm and the Senate, and, in the late 1990s, even Prime Ministers; in addition to leading doctors, heads of research institutes, and influential figures from the worlds of media and business. The ample media coverage also drew the attention of the private sector. Poles were one of the nations of the former Soviet bloc to espouse capitalism most enthusiastically. Private enterprise proliferated, and new companies sprang up en masse as soon as market economy took hold. Polish health advocates tried to involve business partners in the anti-tobacco movement from the moment the Communist regime collapsed. Several prominent


entrepreneurs were invited to the Kazimierz conference. This included one of the richest Poles, Zbigniew Niemczycki, who was publicly lauded during the meeting by the WHO Regional Manager John Roberts as ‘one of the leading Polish businessmen, who dedicated himself to be on the side of health.’

With the GPS brand becoming more recognisable, it also attracted an increasing number of sponsors. This included companies broadly dealing with health; pharmaceutical firms, insurance companies, health foods producers; but also from other fields: transport companies (e.g. PeKaE bus company, the national airline LOT), chocolate producers (e.g. Wedel), banks, even the cookware manufacturer Zepter, were among the many companies which sought to be identified with the anti-tobacco initiative and supported it financially or materially in exchange for including their logos in GPS materials. For example, in 1994 the HPF it received over 2,564 million PLN (equivalent of today’s £170,000) in sponsorship from the private sector, supplementing its research and state-funding, and allowing the organisation a level of financial independence that the PTP was not able to attain.

Marek Jaworski, who held the role of private sector liaison in the HPF, believes that attracting sponsors was made easier by the period of aggressive market competition in the years following the collapse of communism. As foreign and local companies were establishing themselves on the newly open market, they sought different ways of making themselves known to the customers who were overwhelmed by the range of choice offered by the capitalist economy. Building the image of an organisation that cared about the health of its clients helped a firm stand out. The HPF ensured it gave prominent space and visibility to its backers. Press releases about the GPS or related activities always included a list of sponsors. Anti-tobacco advocates thanked the companies supporting their work in interviews. Logos of all the sponsors were published on the GPS competition coupon, hundreds of thousands of which were published in national press. In addition, the logo of the HPF, the so-called ‘Green Lungs’, pictured alongside household names

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103 Unknown, "Podsumowanie naszej akcji "Rzuć Palenie Razem z Nami" [Summary of our action - the Great Polish Smokeout]."; "Oto wygrani [Those are the winners]," Gazeta Wyborcza, 28 December 1998; Jaworski, "Interview."; Zatoński, "Interview."
105 Jaworski, "Interview."
of popular brands, helped convey the legitimacy and familiarity of the anti-tobacco movement to the public (Image 34).

**Image 34. The Great Polish Smokeout participation coupon with list of sponsors, 1990s**

![Image of the participation coupon]

*Source: Health Promotion Foundation archive.*

The anti-tobacco advocates took great care to cultivate their alliances. Every year the HPF organised award ceremonies to honour those who supported the GPS and other health advocacy efforts in Poland, but also to mobilise potential allies (Image 35). The so-called Golden Lung awards were given out by Primate Glemp in the name of HPF to Polish and international researchers, media figures, politicians, but also business owners.\(^{106}\) For example, the 1997 awards were given to Richard Peto, the director of Polish Radio Krzysztof Michalski, the deputy editor-in-chief of Gazeta Wyborca Piotr Pacewicz, and a prominent journalist writing for lifestyle and women’s magazines, Zofia Kamińska.\(^{107}\) In 1999 they were awarded to the speakers of the Sejm and of the Senate.\(^{108}\) In 2001 the winners were GlaxoSmithKline, as well as the popular

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\(^{106}\) Montgomery, “Prymas też rzucił palenie [The Primate also quit smoking].”


singer Paweł Kukiz. In addition, every year local GPS organisers were included in the list of recipients in an effort to encourage the continued expansion of GPS to the Polish provinces. Through deepening this alliance of very different communities the anti-tobacco movement was able to engage with various sections of the Polish society. As a result, smoke-free lifestyles were increasingly entrenched as an integral component of the cultural shift that was sweeping the country in the 1990s.

**Image 35. Award ceremony for engagement in the promotion of smoke-free lifestyles, 2000**

*From left to right: Anna Popek (journalist), Sławomir Zieliński (director of Polish state TV), Primate Cardinal Józef Glemp, Kamil Durczok (journalist), Witold Zatoński.*

*Source: Health Promotion Foundation archive.*

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109 "Nagrody za promocję zdrowia [Awards for health promotion]."
110 Jaworski, "Interview."
9.3 Shaping attitudes towards tobacco

By the end of the 1990s hundreds of thousands of Poles were quitting smoking every year. ‘Another Miracle on the Vistula’, read the headline of a 1999 article in Gazeta Wyborcza commenting on ‘non-smoking becoming the new fashion.’ A poll conducted in 2000 indicated that 69% of Polish smokers wanted to quit. This rapid change in attitudes towards smoking was a by-product of a broader trend sweeping the country. In the 1990s the Polish society began to attribute greater importance to good health than during the communist period. Healthy lifestyles, rather than smoking, became a marker of ‘western’ modes of behaviour and of social progress. In a country in which the political and social debate was dominated by the aspiration to ‘re-join the West’, this provided the basis for a dramatic cultural shift. One of the important factors underlying the shift towards healthy lifestyles was that the aggressive advertising efforts of the TTCs did not remain unopposed (see Chapter 8 for an analysis of tobacco industry marketing). The result was an advertising war for the hearts and minds of Poles, fought in the media, on the streets of Polish cities, in retail venues, and in the corridors and waiting rooms of healthcare institutions.

9.3.1 Anti-tobacco social marketing in post-communist Poland

The anti-tobacco advocates attempted to counter tobacco advertising by the use of a mixture of educational campaigns, such as the Great Polish Smokeout, and social marketing. While their budget was a fraction of that of the tobacco producers, health promotion efforts were supported by a growing number of institutional and political allies, as well as prominent media and cultural figures. The role of the Chief Sanitary Inspectorate, with its vast network of regional sanitary stations and local inspectors, was particularly important in ensuring the broad dissemination of educational materials, even down to village health centres and community halls. Artists involved in the design of anti-tobacco posters commented that the Inspectorate was the only state institution that was able to distribute their work so thoroughly within a short period of time.

The tropes employed in these social marketing campaigns mirrored the themes highlighted by tobacco advertising. Most importantly, the health advocates sought to undermine the associations between cigarettes and ‘westernness’, instead presenting smoking as a backward habit that Poles needed to shed if they wanted to re-join the fold of western countries. At the

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112 "Teraz łatwiej zerwać z nalogiem [Now its easier to break the habit]."
113 Wojtyła, "Oral contribution to witness seminar on tobacco control policy in Poland."
same time, they deployed an array of arguments and tactics supplementing this approach – from recourse to the patriotism and religiosity of the Poles, through portraying the tobacco industry as an agent addicting vulnerable Polish children, to the use of controversial advertisements which drew the attention of media and of the public. Through these efforts the anti-tobacco movement tapped into the cultural shift towards healthy lifestyles sweeping Poland and fostered the trend of Poles turning away from smoking.

In the early years following the collapse of communism, anti-tobacco imagery sought not only to associate healthy behaviours with ‘westernness’, but also to label smoking as somehow associated with the period of the ancien régime. This was clear already in the materials produced for the Kazimierz conference, the event which proved to be the founding moment of modern anti-tobacco advocacy in Poland.\footnote{Wood, "Introduction."} The poster of the event, widely shared within the public health community in Poland, but also with the media covering the event, contained the image of a smoking male worker surrounded by polluting factories and church cupolas suggesting Russian Orthodox architecture (Image 36). In this way they associated tobacco with the communist past, as well as with foreign influence – connotations with a negative ring in the minds of the Poles.
The portrayal of smoking as a vice associated with working-class males also appeared in the work of the artists who collaborated with the anti-tobacco movement. Among them was Andrzej Mleczko, one of the most prolific cartoonists in post-communist Poland.\(^\text{115}\) Mleczko illustrated several publications of the HPF and included the anti-tobacco cartoons in his best-selling books. He was eventually awarded the Foundation’s prize for his promotion of smoke-free lifestyles (despite being a smoker himself).\(^\text{116}\) In Mleczko’s cartoons the smokers were often pictured as backward, primitive, impoverished, and contrasted with images of successful non-smokers (Image 37).

Image 37. Anti-tobacco cartoons by Andrzej Mleczko, 1990s

Caption: 'Group from Poland'

Caption: 'Find 10 differences between the two pictures'

Source: Muzeum Karykatury, "Andrzej Mleczko,”
Health propaganda portrayed non-smoking lifestyles as characterised by good health, attractiveness, success, and modernity - not dissimilar to the smokers’ lifestyles advertised on cigarette billboards. One of the most widely used symbols was that of the ‘girl with an apple’ – the fruit being a prop that has been used previously by the PTP to suggest a healthy alternative to the cigarette (Image 38). The pictures of the various iterations of the image, along with the easily recognisable logo of the HPF (‘Green Lungs’) adorned bus stops, public communication vehicles, government institutions, and hospital hallways across the country throughout the 1990s.\footnote{Jaworski, Akcja "Rzuć palenie razem z nami" w latach 1991-2006. Monografia [The Great Polish Smokeout in the years 1991-2006. A monograph]} The slogans accompanying the ‘girl with an apple’ often referred to the aspirational quality of quitting smoking, suggesting that only as a non-smoker can one fully participate in Poland’s journey to re-join the ‘western world’ (e.g. ‘Before entering Europe, put out your cigarette’, which alluded to Poland’s ambition to join the European Union). The image carried an eclectic mixture of associations – from the biblical symbolism of the apple to the sexualised portrayal of youth. It became one of the most recognisable symbols used by the HPF to put forward a positive image of non-smoking and compete with the omnipresent cigarette advertising.
Image 38. Health Promotion Foundation posters exhibited in public transport, mid-1990s

Captions: ‘Before entering Europe put out your cigarette’ (on t-shirt), ‘Quit smoking with us!’ (in red on left-hand poster), ‘Over 2.5 million Poles quit smoking with us’ (in red on right-hand poster)

Caption: ‘Our family doesn’t smoke!’ (capital letters in red)

Apart from visual imagery, the anti-tobacco advocates also used articles in the press to convince Poles that in western countries, and in particular the US, non-smoking is ‘fashionable and constitutes part of the cult of health and physical fitness dominating in the US [...] The increase in the number of non-smokers means that strict anti-tobacco regulation follows the fashion [for non-smoking].’\textsuperscript{118} The pervasive media reports from the Great Polish Smokeout used ‘westernness’ to convince the public to the virtues of non-smoking. First of all, the advocates advertised the competition’s main prize, a trip to Rome, in a similar way the TTCs advertised their trips to the US – as an opportunity to discover a culturally iconic location until recently inaccessible to most Poles trapped behind the Iron Curtain. \textit{Gazeta Wyborcza}, the media partner of GPS, published enticing articles encouraging its readers to participate in the competition: ‘Will you complete the coupon? Maybe you will be the one who will go to Italy? [...] Think about it. Rome, May, Fontana di Trevi, via Veneto. The place where Fellini shot his movies. Dolce vita.’\textsuperscript{119}

Second, the coverage of the GPS pushed the notion that by quitting smoking Poles would become more ‘civilised’. An article published in \textit{Gazeta Wyborcza} on Christmas Eve 1996, entitled \textit{A Polish Bus Without Cigarettes}, vividly described the surprise of Austrian border guards at the fact that not a single person in the bus carrying the winners of the GPS competition declared that they have cigarettes in their possession. With similar reports, the media suggested that the GPS was slowly changing one of the cultural characteristics long associated with Poles, both in their own minds and in the stereotypes of foreigners – that of the smoker-Pole.\textsuperscript{120}

Like the TTCs, the anti-tobacco advocates also did not shy away from including patriotic elements to its social marketing efforts. In the Polish context, a country with an overwhelmingly Catholic and relatively conservative population, patriotism was often tightly intertwined with religion. The major involvement of the Catholic Church, and of the Pope himself, in the flagship campaign of the anti-tobacco movement, the Great Polish Smokeout, was probably the most effective way of capitalising on the religiosity of Poles in promoting a public health message. Religious imagery was also used in anti-tobacco advertising. An example of this is a poster, commissioned by HPF, recreating the Biblical story of the fall of man and expulsion from Garden of Eden (Image 39). In the poster, the fruit from the tree of knowledge with which the serpent tempted Adam and Eve is replaced by a cigarette. The creator of the image, Andrzej Czeczot, was a well-known satirist,

\textsuperscript{118} K. Olszewski et al., "Czy czeka nas zdrowotna rewolucja [Are we expecting a health revolution]," \textit{Rzeczpospolita}, 3 May 1996.

\textsuperscript{119} W. Tymowski, "W maju na via Veneto [In May on via Veneto]," \textit{Gazeta Wyborcza}, 19 November 1996.

\textsuperscript{120} Unknown, "Polski autobus bez papierosów [A Polish bus without cigarettes]," ibid., 24 December.
whose anti-communist art forced him to leave Poland in 1982. After returning in the mid-1990s he became the in-house cartoonist for Poland’s leading centre-left magazines. The Adam and Eve poster, referencing a Biblical parallel known to everyone in the largely Catholic Poland, carried his trademark style of using powerful imagery in a light and slyly humorous way – while also referencing the HPF’s popular social marketing image of the ‘girl with an apple’.  

Image 39. Health Promotion Foundation poster by Andrzej Czeczot, late 1990s

Another artist collaborating with the anti-tobacco movement was Tomasz Sarnecki, best known for the iconic 1989 election poster of Solidarity. His anti-tobacco posters took a more solemn approach than Czeczot’s, for example by picturing an eagle, a symbol inspired by the coat of arms

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of Poland, protecting its chick from cigarettes (Image 40). The need to protect children from the
danger of cigarette smoke, and positing non-smoking as a duty parents have towards their
offspring, was a recurring theme in Sarnecki’s anti-tobacco posters designed for the HPF (Image
41).


‘A real eagle does not smoke’ by T. Sarnecki

Source: Health Promotion Foundation archive.
The threat posed by smoking to Polish children was highlighted frequently by the anti-tobacco advocates also because of the importance it carried for the policy discussion over the appropriate regulation of tobacco advertising. The image of children they attempted to push in the public debate was that of defencelessness and the incapacity to resist the aggressive marketing efforts of the TTCs, which in many cases were addressed directly to teenagers. Some of the earliest posters commissioned by the HPF in the early 1990s encapsulated this approach by emphasising the vulnerability of children faced with tobacco smoke (Image 42).
By the mid-1990s, this framing was picked up by Polish policymakers, such as the independent senator Aleksander Gawronik, who offered his analysis of the effect TTC advertising had on children:

*Marlboro advertisement: horses in motion, magnificent men, a cigarette. The conclusion is simple – if you smoke a cigarette you are wonderful, strong, you have a chance.
Mountains in the background. From psychology we know that their image signifies the willingness to participate in an onward march and overcoming difficulty. We don’t talk about it, but this is the psychological workbench on which the little thirteen-year-old human being is manipulated, the fifteen-year-old who wants to be an adult.*

If anti-tobacco posters had an impact on the perceptions of smoking both among the public and the policymakers, none were more influential, and none attracted more public attention than those designed by Andrzej Pągowski. Pągowski was a household name in Poland already

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in the 1980s thanks to his work on film posters, most notably for movies directed by Krzysztof Kieślowski.\textsuperscript{125} In the 1990s Pągowski was commissioned by the anti-tobacco movement and the Polish Ministry of Health to design several anti-tobacco posters. Instead of emphasising the moral and health implications of smoking on which the posters usually focused, Pągowski chose to highlight the aesthetic disgust, in particular the unpleasant olfactory experiences, that the vice provoked in him (Image 43).\textsuperscript{126}

Image 43. Anti-tobacco poster – ‘Put it out before you are put out’, c. 1992

‘Put it out before you are put out’ by A. Pągowski
Source: Health Promotion Foundation archive.

In 1994 the most famous, and most controversial, of Pągowski’s anti-tobacco posters commissioned by the MoH was released – ‘Papierosy są do dupy’ – an effective pun which loosely translates to ‘Cigarettes are for arses’, or ‘Cigarettes are shit’ (Image 44). Its

\textsuperscript{126} A. Pągowski, “Presentation at Conference on Smoke-free Poland,” (Ministry of Health, Warsaw 2016).
controversial form sparked an animated public debate about whether public money should be spent on posters that many considered obscene. One of the effects of the outrage among some commentators was that the poster quickly became widely known and distributed, and its copies were amongst the most requested of the Ministry of Health’s health promotion materials. Pągowski believes that it has become his most famous poster, and the one about which he is still asked most often. Today it is presented by media scholars and sociologists as one of the most recognisable health promotion communications to have been created in Poland after the collapse of communism.

127 Ibid.
It could be speculated that, apart from the shock value of the image, it was Pągowski’s readiness to omit the tropes traditionally associated with public health promotion in Poland – health, morality, nationalism, religious obligation, opposition to foreign influence – that made the poster so successful and enduring. While undoubtedly original and pushing the boundaries of freedom of expression through its crude imagery, it also carried clear traces of the influence of the Polish Poster School in the way it used symbolism and humour, which particularly resonated with the Polish audience (see Chapter 7.3.5). Pągowski’s controversial poster in many ways became the symbol of the innovative approach to anti-tobacco advocacy in Poland in the post-communist period.

Anti-tobacco advertising in Poland encapsulated many of the qualities of the tobacco control movement in the country in the 1990s. First, its determination to stand up to the tobacco industry, despite the huge disparity in means. Second, the sophistication of its methods, here typified by the successful attempt to hijack and twist the thematic frames pushed by tobacco
advertising. Third, the breadth of its network, which allowed it to secure the collaboration of some of Poland’s leading graphic artists and illustrators in its social marketing efforts, often through the personal connections of the anti-tobacco advocates.\(^{131}\) Finally, the awareness of the context in which it operated – that of ongoing cultural change and the legitimisation of a new, modern way of thinking about health – and the ability to capitalise on these developments.

9.3.2 Role of the media

Regardless of the sophistication of its health messaging, or its ability to mobilise a broad range of allies, the efforts of the tobacco control movement would be of little consequence if not for the fact that its voice was carried directly to the households of millions of Poles by the mass media. By emphasising the mortality and morbidity toll smoking took on Polish society, packaging the message in the form of media-friendly personal stories and celebrity testimonies, and the appeal of its flagship campaign – the Great Polish Smokeout – the anti-tobacco advocates throughout the 1990s managed to sustain the interest of the Polish newspapers and TV networks in their work.

First of all, the health advocates ensured they had at their disposal a range of epidemiological data regarding the effects of smoking in Poland, obtained thanks to the improved monitoring system established at the Warsaw Cancer Centre, that could capture media attention. They systematically reminded journalists that tobacco had killed around 2 million Poles since World War II, and that it led to 40,000 funerals in Poland every year.\(^{132}\) However, health facts were most attractive to the Polish media if they were delivered by esteemed western public health figures, whose visits to Poland were still a novelty in the 1990s. The anti-tobacco advocates made sure to whip up media interest every time such a visit took place. When Richard Peto visited Poland in 1994, Zatoński organised a press conference at which, much to the irritation to the PM representatives observing the meeting, they ‘called on journalists to play a role in the anti-smoking movement through their reporting.’\(^{133}\) When Peto returned two years later to talk about key determinants of health, the local advocates organised a press conference covered by all main nationwide papers. Peto was unequivocal in pointing out to the media what public health issues

\(^{131}\) Woy-Wojciechowski, "Interview."
\(^{132}\) Unknown, "Największy morderca w Polsce [The deadliest killer in Poland]."
should merit their interest. ‘Only two factors affect the health of a nation. These are diet and cigarettes. All of the other factors put together, even though there are thousands of them, do not matter as much.’ Similarly, during the debate on tobacco advertising, voices of western experts such as Marghareta Haglund, the co-founder and President of the International Network of Women Against Tobacco, resonated particularly strongly with Polish media. In her interview for *Gazeta Wyborcza*, Haglund attacked TTCs for targeting women in their advertising. In conservative Poland, Haglund’s arguments about the damage smoking causes to fertility, hormone balance, and the foetus were picked up particularly enthusiastically by journalists.

An even more media-friendly packaging of public health content was that of celebrity endorsements for the anti-tobacco cause. For example, the anti-tobacco activists managed to successfully garner media interest in the Kazimierz conference by calling a press conference after it concluded, at which a set of letters of support from important political figures was presented to Polish and American media, including from Lech Wałęsa (who was still battling accusations of corruption following the PM Bill of Rights scandal), Jimmy Carter, Edward Kennedy, and the US Surgeon General (Image 45). By using such materials for publicity, the health advocates managed to give to what otherwise might be a strictly academic event the veneer needed to attract the interest of public opinion.

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134 E. Cichocka, “Możesz być zdrowszy [You can be healthier],” *Gazeta Wyborcza*, 26 September 1996.
Mr. Chairman
Ladies and Gentlemen

I am extremely happy that Poland is host to the international anti-tobacco conference held under the title, Tobacco-Free New Europe. I am glad that so many excellent experts from all over the world are taking part.

Alcohol and tobacco are plagues deteriorating the health of the Polish people. We have to prevent this, which is why I have joined the conference’s honorary committee.

I have joined it also because I had smoked in the past and I know that this addiction can and must be controlled.

Let me take this opportunity to say publicly that I do not smoke now and I am against all forms of spreading this addiction, especially aggressive promotion and advertising of tobacco products.

I have said we will drag Poland up to Europe. This race requires fitness so that we can cover the whole distance. As in a long distance race, the runner with no addictions is most likely to win.

I therefore hope, ladies and gentlemen, our Polish and foreign guests who are taking part in this conference, that your intensive work will bring the best possible results. I strongly believe that the conference will help make Poland one of the countries of the new, tobacco-free Europe.

Lech Wałęsa
However, the tobacco control feature most willingly reported by the media was that in which the problem of smoking was presented through the lens of personal experience. Such articles frequently focused on prominent businessmen, artists, but also religious leaders such as Primate Glemp, who managed to quit smoking.137 After the introduction of the Polish Anti-tobacco Law in 1995 several newspaper articles were also devoted to the personal experiences of politicians with smoking. In interviews, prominent parliamentarians from across the political spectrum often emphasized that they were hoping to set a good example for the rest of the country.138 Several celebrities also vocally supported the anti-tobacco efforts, sharing their stories of quitting and encouraging others to follow their lead. The most active among them in the 1990s was the actor Karol Strasburger. After being awarded the HPF’s Golden Lungs for a long time he would wear the pin on his lapel during his TV programmes and public appearances.139 Journalists would also describe their own experiences with battling tobacco addiction. In 1998 one of Poland’s leading radio journalists Monika Olejnik, in an interview entitled ‘I quit out of shame’, recounted her long road to quitting, motivating her final decision by the fear that she would eventually lose her voice.140 A long article by the Gazeta Wyborcza journalist Leszek Michno in 1997 described his quest for a ‘Life without a cigarette’. Michno wrote that after several failed attempts, the changing moment in his life came when he was assigned to cover one of the GPS trips to Rome.141

In fact, quitting success stories in Gazeta were often accompanied by information about the GPS and competition coupons for readers.142 These were not only devoted to celebrities – quitting stories sent by readers were also regularly reported by the media. These were particularly attractive if they concerned unusual characters – such as letters sent by a tobacco farmer (‘After twenty years of poisoning myself I am putting an end to it. Thanks to your arguments. What is tearing me apart is the fact that my actions also poisoned others – for the last few years I have been a farmer of this devil’s weed’), or a prison inmate (‘I don’t think I will get to go to Italy since

138 A. Stelmach, “Przestałem lubić siebie z tym moim palieniem [I stopped liking myself as a smoker],” ibid., 8 November; “Zacząłem z nudów [I started out of boredom],” Gazeta Wyborcza, 16 November 1999.
139 Unknown, “Nie przepalić kapitału [Don’t burn through your capital],” ibid., 10 November 1998; Jaworski, “Interview.”
I am currently in prison [...] The initial disbelief of my fellow inmates has changed into respect. I quit partly because cigarettes are the reason I am here – I am suspected for stealing them from a warehouse').

Personal stories also included the more negative, emotive cases. For example, *Gazeta Wyborcza* printed letters that HPF received from children, such as this one from 14-year old Marta: ‘Please help! My mum smokes a lot of cigarettes every day. She has a very low pension, my dad is also retired, and also smokes, but less than my mum. Please let me know what I should do, maybe buy some medicine or something’. Other articles would describe cases in which women smokers gave birth to sick children, or stories about sexual problems among women and men caused by smoking. Articles would compare tobacco to heroin or other narcotics, and depict tar as disgusting. The economic cost of smoking was also occasionally mentioned, both in terms of personal finances, and in terms of healthcare and social costs.

Whenever current events provided an occasion to frame a news story as being about the danger of smoking, the Polish anti-tobacco advocates would seize the occasion. When a famous artist or politician died from tobacco-related disease, Zatoński made sure the media did not forget about the reason for their passing. Scientific conferences were used as another way of attracting public attention to the issue of smoking. The participation of international guests generated interest in the press conferences that accompanied them, public letters were issued to high profile politicians, and western experiences of tobacco control were widely shared with the media. When the Warsaw Cancer Centre organised a tobacco control conference in September 1993, the press was informed that the 130 experts from 15 countries who would take part would issue a letter to President Bill Clinton urging him to prevent the expansion of TTCs into Poland. The media were repeatedly informed about the broad anti-tobacco measures that existed in

146 S. Zagórski, “Nie pal sobie życia [Don't burn through your life],” ibid., 7 November 1994; Unknown, “Uzależnienie F-17 [Addiction F-17],” ibid., 12 November 1996.
147 Bartkowiak, “W pozańskim pali się siedem milionów papierosów dziennie [Seven million cigarettes are smoked every day in the Poznań region].”; Zagórski, “Nie pal sobie życia [Don't burn through your life].”
148 K. Montgomery, “Nie muszą umierać! [They don't have to die!],” ibid., 21 November 1996.
countries such as the USA and Finland, and were assured that ‘smoking is no longer fashionable in the West.’

The growing success of the GPS, support of influential institutions such as the Catholic Church, the improving health of the Polish population with the first positive effects of the 1995 Anti-Tobacco Law, the growing concern about aggressive tobacco advertising, and the involvement of religious and cultural icons, helped to further fuel media interest. Krzysztof Przewoźniak remembered the surprise of anti-tobacco advocates at the increasing frequency with which they were approached by press, TV and radio for materials regarding smoking harm. The most extensive press coverage, across both of the main Polish dailies Gazeta Wyborcza and Rzeczpospolita, was consistently devoted to the Great Polish Smokeout.

A paradox of the newspaper coverage of tobacco-related issues lay in the fact that the tobacco industry was the biggest advertiser in the Polish press in the early 1990s. In some cases, an extensive report from the GPS, including a competition coupon, would be juxtaposed against a full-page cigarette advert. This was also reflected more broadly on the approach of the media to tobacco control. While the reports on health promotion activity of anti-tobacco advocates was overwhelmingly positive, stories concerning the debate over tobacco control legislation were more nuanced. The media were critical of many provisions of the bill, but in particular of the ban on tobacco advertisement (see Chapter 10 for more detail on the legislative debate). Towards the end of the 1990s the recurring theme in the media was that of tobacco control as a Polish success story, the unlikely triumph of a tobacco control David over the Goliath of the tobacco industry. Gazeta Wyborcza saw itself as being one of the drivers of this positive change. In 1996 it wrote that ‘a great achievement of the last years, which can be attributed to the media and to the Health Promotion Foundation, is the fact that 1 million Poles quit smoking.’

150 Przewoźniak, "Interview."
152 Jaworski, "Interview."
154 Zatoński, "Interview."
155 Cichocka, "Możesz być zdrowszy [You can be healthier]."
9.3.3 Poland’s ‘fairly hostile’ climate towards smoking

The cultural shift in attitudes towards an anti-tobacco stance in 1990s Poland was evident in various social spheres. Many Poles seem to have been convinced by the anti-tobacco advocates’ framing of quitting smoking as a key life milestone to be achieved by a ‘western’, modern individual. The journalist Iwona Schymalla remembered the emotions of the winners of the GPS whom she accompanied on their trips to Rome: 'I saw their emotions, I saw how deeply they experienced the fact that they have achieved something important, perhaps the most important thing they could do for themselves and for their loved ones. Smoking stopped being fashionable and Poles were quitting en masse.'\(^{156}\)

It was also interesting to notice that in the interviews conducted as part of this research almost all of the participants, despite not being prompted about it, chose to reminisce about the moment they successfully quit smoking. This suggests that this particular lifestyle change has acquired a very powerful cultural meaning for the Poles – as the country was recreating itself in the 1990s after the collapse of authoritarian rule, so, it seems, were its citizens. Quitting smoking has become an important element of this transition.

At its regional conference in 2000 BAT analysts tied the falling sales of cigarettes ‘with the healthy lifestyles trend, which has influenced even Poles’ eating habits. More people are consciously giving up on old habits and customs to stay fit and healthy. Non-smoking and healthy living, which seems to be in vogue in Poland, is one of the reasons for the decline in cigarette consumption.'\(^{157}\) The HPF realised this synergy between different lifestyle choices, and increasingly began to incorporate other pro-health messages in its activity – for example in 1998 it launched the ‘five fruits and veg a day’ campaign.\(^{158}\)

Anti-tobacco efforts became the corporate social responsibility activity of choice for companies in Poland. By 1998 as many as 78% of enterprises engaged in Smoking Cessation Policy activities as part of their voluntary health promotion activities. By comparison, 48% engaged in supplementary check-ups, 36% in physical fitness activities, 31% in vaccination, 14% in stress management, and 14% in supporting alcohol abusers.\(^{159}\) In some ways, smokers became

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\(^{156}\) Schymalla, "Presentation at Conference on Smoke-free Poland."

\(^{157}\) Unknown, "Cross Regional CORA Conference on 28 -30 June 2000."

\(^{158}\) "Kolejny cud nad Wisłą [Another miracle on the Vistula]."

\(^{159}\) K. Puchalski and E. Korzeniowska, "Zaangażowanie zakładów pracy w Polsce w promocję zdrowia personelu [Involvement of Polish enterprises in workplace health promotion]," Medycyna Pracy 53, no. 5 (2002).
increasingly discriminated against on the labour market. Piotr Kler, the founder of one of Poland’s largest furniture companies, remembered that in the early 1990s, as his company was attempting to compete in the increasingly competitive market, one of the concerns was the high smoking rate among employees, which stood at about 70-80%. Frustrated by the situation, he introduced a new system, rewarding the non-smokers with a 6% bonus in comparison to the smokers. In Kler’s account this system gave near-miraculous results, and within a month 50% of employees decided to quit. Zbigniew Niemczycki, one of Poland leading entrepreneurs, declared in an interview that ‘when I am hiring, and I can choose between a smoker and a non-smoker, I choose a non-smoker.’

By the late 1990s research on social acceptance of smoking indicated that an enormous shift had occurred in people’s attitudes towards the habit. Poland was far from the nation of smokers it was a decade earlier, when less than half of the population believed that smoking is harmful. Instead, a 1998 survey of 15 European countries and Poland showed that the latter had the best anti-smoking climate, and strongest support for further tobacco control legislation out of the surveyed nations. Polls indicated that Poles also supported measures such as awarding bonuses by companies to non-smoking employees and those trying to give up smoking. PM research on awareness of environmental tobacco smoke (secondhand smoke) showed that it was highest in Poland among the European and Middle Eastern countries in which it was conducted. The tobacco industry was worried by the growing hostility towards smoking. A Polish tobacco growers’ magazine, Przegląd Tytoniowy, complained about the spread to Poland of a ‘neopuritan ideology [according to which] cigarettes are becoming unfashionable and smokers are perceived by their surroundings as “black sheep” and are treated as such at work, in public transport, public places, and occasionally even in their own homes.’ A study commissioned by PM echoed those fears, suggesting that Poland has developed a ‘fairly hostile’ climate towards tobacco, becoming the country in Central Europe least tolerant to smoking, with the highest rate of people who believed that smoking was becoming less socially acceptable.

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161 Montgomery, "Jak przestałem palić [How I stopped smoking]."
162 Fagerström et al., "The anti-smoking climate in EU countries and Poland."
163 Unknown, "Mniej dymu, więcej kasy [Less smoke, more cash]," Gazeta Wyborcza, 16 November 1996.
164 "Attitudes to smoking research proposals."
166 Baker, "Country briefing - Poland."
BAT analysts described the challenge TTCs faced in the country in the late 1990s succinctly: ‘Challenges for tobacco in Poland – Regulation: more of it, more extreme, spreading faster. Demonisation of the industry, the product, employees, the consumer’. They also presented a slide suggesting that the industry believed that it had lost the battle over the Polish public opinion (Image 46).

Image 46. Slide from British American Tobacco regional roadmap presentation, 2000


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167 Unknown, "Cross Regional CORA Conference on 28 - 30 June 2000."
9.4 Conclusion

The anti-tobacco movement in Poland evolved from a narrow group of idealists and moralists in the communist period, to a professional and broad advocacy coalition, rooted in the scientific community, and supported by international public health experts. This professionalisation of anti-tobacco advocacy, accompanied by a decisive engagement of the powerful Catholic Church, helped re-shape the thinking of Poles about tobacco, and turned the tobacco control movement into a powerful interest group, helping to shape the politics stream of the tobacco control debate in Poland.

Unlike in the 1980s, advice to quit smoking was no longer treated with apathy, but instead provoked enthusiasm, as evidenced by the mass participation of Poles in the Great Polish Smokeout. The success of this campaign turned the spiral of interest in anti-tobacco activity further, involving mass media and incentivising politicians and business leaders to associate with tobacco control. By disseminating knowledge on the evidence of smoking-related diseases in Poland, organising a strong focusing event in the form of the Kazimierz Resolution, and personally involving politicians in their efforts, the anti-tobacco advocates captured the problem stream of the tobacco policy debate as well.

The anti-tobacco advocates also managed to create a strong material culture around the visualisation of tobacco control message, involving leading illustrators and cartoonists in its social marketing efforts. Those efforts helped counter tobacco industry advertising and interacted with the shift occurring in Polish society, whereby the Poles began to attribute greater value to healthy lifestyles, which they saw as a marker of the coveted ‘westernness’. The tobacco control movement managed to attach their cause to this trend and exploited it to increase the support for legislative solutions for the smoking epidemic. These changing social moods in respect to smoking did not remain unnoticed by the Polish elites. They helped open the policy stream, and allowed for more constructive interaction with policymakers, eventually paving the way to the Polish Anti-Tobacco Law and its later amendments. The former parliamentarian and Director of the Mother and Child Institute Janusz Szymborski recalls that the scientific community was increasingly convinced that ‘if we wanted to join the western world in more than just having a European passport, we had to improve our health outcomes, and the authorities and medical community found the perfect platform to achieve this in the form of anti-tobacco activity.’

\[168\] Szymborski, "Interview."
10.1 Introduction

By 1991 it appeared that Poland’s democratic revolution was complete. Two years earlier, the Soviet-dominated Polish People’s Republic ceased to exist, replaced by the westward looking Republic of Poland. The first partially free election took place in 1989, culminating in an electoral collapse of the Polish United Workers’ Party (PZPR). In 1990 the two pillars of authoritarian communism, the Office of Censorship and the Security Service, were abolished. Poland embarked on a rapid programme of market liberalisation intended to bring its economy in line with that of Western Europe.

Many hoped that this new political dawn would mark the end of the inadequacies of communist-era law-making. For tobacco control advocates, the most important issue was the inability of the PZPR to introduce legislation which would help contain the country’s rampant smoking and lung cancer rates. In July 1991 the parliamentarians of the newly independent Polish state met in the Sejm to vote on a bill which would constitute a first step towards tackling this problem. The bill proposed the creation of a new tax amounting to 20% of the price of tobacco products which would be devoted to the treatment of tobacco-related diseases.\(^1\)

However, as the debate in the Sejm began, the chamber was far from unanimously supporting the bill. One MP voiced the concern that ‘[the proposal] is polluting the clean tax system of the State. [We] need to look at the overall national interest, not just at fragmentary problems.’\(^2\) In a vote that followed, the bill was rejected.\(^3\) Instead, the MPs proposed to issue a resolution, a form of legislation constituting effectively a non-binding declaration of intent, urging the government to take steps which would help protect non-smokers and children, set quality norms of

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\(^3\) Ibid. P. 166.
production, and ‘eventually lead towards a ban on cigarette advertising’. Unexpectedly, even the vote on the resolution proved challenging. As the MPs raised their hands, it turned out that the quorum was not met – many MPs had decided that the vote was a good time to take a cigarette break. The Speaker of the Sejm summoned the MPs ‘currently in the smoking room, perhaps as a form of protest, but who should be voting.’ The smokers were rushed back into the room and the resolution was passed.

The Sejm’s flippant approach to the problem of smoking, and the decision to limit legislative action to a resolution, carried echoes of the 1974 Tobacco Control Decree. This too was notionally progressive but changed very little in practice (see Chapter 6). It seemed that at least on questions of tobacco control policymaking, not much had changed in Poland since the collapse of communism.

However, four years, three governments, two elections, and one President later, the Sejm was discussing tobacco control legislation again. The law would, among a host of other provisions, introduce one of the largest health warning label (HWL) requirements on tobacco packaging in the world. This time the parliamentary vote was a culmination of over one year of deliberations, including multiple committees, several drafts of the bill from both the Sejm and the Senate, the involvement of public health experts and economists, and a heated discussion in the Polish media. On 9 November 1995 the Sejm voted in support of the Polish Anti-tobacco Law, with just a handful of MPs opposing it. The bill’s original proponent, the left-wing MP Seweryn Jurgielaniec, thanked the parliamentarians for ‘making a huge step on the road to the European Union, on the road to Europe.’ As the WHO called the law an ‘example to the rest of the world’, it was clear that tobacco control in Poland was no longer a legislative pariah.

In this chapter, I explore the factors underpinning the ability of Polish policymakers to introduce far-reaching tobacco control legislation within a few years after the collapse of the Iron Curtain;
something their communist-era predecessors were unable to achieve for over four decades. I argue that following 1989 the change in factors facilitating policy change, as conceptualised by Leichter’s *accounting scheme*, brought about favourable conditions for stronger tobacco regulation. The structural shift – from communist to capitalist economy – meant that scarcity of consumer goods ceased to be a problem, and the state was no longer looked to as a guarantor of availability of products such as cigarettes. The tobacco sector was simply one of many industries that the elites wanted to privatise, and tobacco control was one of multiple areas of public health regulation that the new regime needed to reform, and was therefore firmly rooted in the realm of Hall’s ‘low politics’. The move from authoritarianism to democracy created a more open policy landscape, meaning that non-elite groups such as civil society actors and health experts had a greater say in the formulation of the legislation. This allowed for a stronger representation of public health interests, rather than it being purely driven by economic considerations. The external/environmental shift – with the European Community (EC) replacing the Soviet Union as the primary reference point for policy formulation – meant that the more progressive western ideas of prevention, including tobacco control, increasingly replaced the communist-era model focused on curative medicine. Finally, the cultural shift towards a greater societal interest in healthy lifestyles, described in Chapter 9, was also conducive to the regulation of harmful products such as tobacco.

In addition, in 1990s Poland the three policy streams aligned over the question of tobacco regulation, opening a ‘window of opportunity’ for anti-tobacco advocates to push their views of what tobacco control legislation should entail. The *problem stream* was shaped by the ample evidence of the effect smoking-related mortality and morbidity in Poland, which was supplied to decision makers by the dynamic and increasingly respected tobacco control advocacy movement, and used to good effect by several parliamentarians personally committed to introducing anti-tobacco legislation. The overhaul of the policy agenda along the lines of EU requirements meant that significant shifts in how authorities approached public health problems occurred, making a tobacco control regulation reform feasible and unlocking the *policy stream*. Finally, the *politics stream* was shaped by the reticence of insider groups, such as the farming lobby and its political representatives of the PSL who participated in the 1993-1997 coalition government, to oppose anti-tobacco legislation, as well as the pressure of the NGO’s and a section of the media on policymakers to strengthen public health provisions.
10.2 Actors and processes in tobacco control policymaking in post-communist Poland

The practice of policymaking in Poland underwent fundamental changes after the 1989 democratic transition. The communist-era legislative processes, characterised by their opaqueness, and the behind-the-scenes influence of the PZPR in all areas of government, gave way to a more transparent system. Law-making was decentralised at all levels – multiple political actors could have a say in the initiation, amendment, and finalisation of legislation.

The opening up of the policy landscape meant that special interest groups, including public health advocates, but also TTCs, had more opportunities to lobby for and against regulation. The complicated legislative process, and the multitude of veto points, also allowed policy actors to block legislation at multiple stages of its formulation. On the whole, however, the circumstances lined up favourably for stronger tobacco control measures. A brief period of political idealism that followed the peaceful revolution of 1989 provided a ‘window of opportunity’ for reformists of various ilk, as both the authorities and society were willing to accept a legislative overhaul of the old order.

Several politicians with a background in public health and international experience, most prominently the left-wing MP Seweryn Jurgielaniec, chose to pick tobacco control as a cause worth investing their political capital in, even at the risk of upsetting their political milieu. Their efforts were legitimised by the pressure from the EC, which expected Poland to strengthen its public health regulation before accessing the organisation. In addition, the relative importance of nationalist and agrarian parties in the 1990s Parliament meant that foreign corporations, including TTCs, had to battle protectionist tendencies, which also translated into the willingness to curb their economic expansion by regulating tobacco. Finally, administered by the charismatic Jacek Żochowski, the MoH also gained influence in the 1993-1997 parliamentary term, listening attentively to the voices of tobacco control advocates, and managing more frequently to impose its views over the economic elites of the country.

10.2.1 Policymaking process in post-communist Poland

In theory the structure of policymaking in post-communist Poland remained similar to what was in place before 1989. The Parliament was to remain the central driver of legislation, although it was now divided into a lower (Sejm) and higher (Senate) house. However, in reality the legislative branch became unshackled from the control of the PZPR, no longer having to pre-approve its initiatives with the authorities. Parliament replaced the government as the principle initiator of
legislation – for example in 1998 around 60% of all bills submitted to Parliament were introduced by deputies. The office of the President, abolished by the Communist authorities in 1952, was restored in 1989, adding another key actor to the government and Parliament with veto power over any legislative decision made by the former two institutions.

Decentralisation made it relatively easy to propose a new bill, but also meant that it could be amended, or even blocked at multiple points of the legislative process. For example, in the 1997-2001 term, amendment laws constituted 59% of all laws in Poland, a higher proportion than in the Czech Republic or Hungary. The intricacies of the legislative process in post-communist Poland, and the role of the Sejm, Senate and President, are presented graphically in Figure 17, with the points at which bills could be rejected highlighted in red.

For the anti-tobacco advocates it meant that just by convincing several MPs about the need of stronger tobacco control regulation they could initiate the work on a parliamentary bill. However, the complexity of the system also gave the TTCs the opportunity to block laws at multiple levels – in the Sejm, the Senate, or by Presidential veto. In addition, a bill could become stuck for long periods in the legislation committee stage, in which each of its MP members could put forward suggestions for amendments that had to be fully considered, voted on, and passed for further consideration to the Sejm and Senate. This was also the stage in which experts and lobbyists could participate, sitting in of the committee meetings and trying to convince the parliamentarians to their point of view. The TTCs exploited those ‘veto points’ in their attempts to delay or derail tobacco control regulation.

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Figure 17. Legislative process in Poland after 1989

10.2.2 Political landscape in the 1990s

The political parties in the Polish Parliament throughout the 1990s could be grouped into five factions:

- The post-communist left. After the collapse of the PZPR in 1991, many former communist politicians joined a broad umbrella party, the Sojusz Lewicy Demokratycznej (Democratic Left Alliance), or SLD. The SLD was one of the dominant forces in Polish politics throughout the 1990s. The grouping also attracted younger social democratic politicians who attempted to shape it along the lines of a modern European centre-left party, supporting EU accession, and committing to the privatisation of state-owned enterprises, including the tobacco industry. The party was deeply divided on many issues of public health, including tobacco control, with some of its MPs ranking among its key supporters, while others vehemently opposing it.

- A smaller ‘new left’ movement, distancing itself from the legacy of the PZPR, surfaced in 1993, with its most prominent representative being the Unia Pracy (Labour Union), or UP. The UP, while being pro-European, was critical of SLD’s pro-privatisation stance, and uniformly supported far-reaching tobacco control measures. However, its limited electoral appeal meant that it did not play a key role in the debate.

- The agrarians, concentrated around the Polski Sojusz Ludowy (Polish People’s Party), or PSL, were an economically left-wing and socially conservative/nationalist movement focused on protecting the Polish farmers from the impact of market liberalisation and on pushing for the best possible deal for Polish farmers after Polish accession to the EU. Its negative attitude towards tobacco industry privatisation, and support for tobacco control measures were functions of this self-prescribed role. Their distrust of the TTCs began to weaken only in the late 1990s, as the companies attempted to reassure Polish farmers that they would continue buying their crops. PSL’s strong performance in the 1993 elections, and its ability to enter governing coalitions throughout the 1990s, meant that despite its limited support base the party had disproportionate influence on policymaking.

- The liberals were initially represented by a smattering of different political groupings, most of which in 1994 consolidated under the umbrella of the Unia Wolności (Freedom Union), or UW. This faction took an economically and socially liberal position, supporting the economic ‘shock therapy’ and quick privatisation. They were largely proponents of a
‘small state’, which meant they opposed far-reaching tobacco control legislation (especially bans on advertising), instead advocating for tailored, less intrusive measures and educational efforts.

- The right-wing parties. The broad conservative wing of Polish politics, consisting of groupings ranging from Christian Democrats to the nationalist fringe, was deeply divided in the first half of the 1990s. Despite their strong electoral performance in the 1991 elections, the right-wing parties could not agree on the division of ministerial position, failed to form a stable government, and were replaced by a pro-western, pro-business, centre-left coalition. Only in 1997 did the right-wing groupings consolidate around the umbrella of Akcja Wyborcza Solidarność (Solidarity Electoral Action), or AWS. The Polish right-wing broadly advocated social conservatism, enjoyed support in rural areas, and was often sceptical about liberal reform and the fast pace of privatisation, but ultimately agreed, if with caveats, on the desirability of EU accession. Due to the broad nature of AWS, similarly to the SLD a range of positions existed within its ranks on the issue of tobacco control.

The first years of democracy were characterised by an extreme instability of the Polish political scene (see Figure 18 for the Sejm election results throughout the 1990s). The period between 1989 and 1993 saw three snap parliamentary elections, several changes of government, and infighting between and within the different parties stemming from the Solidarity movement. The 1991 election, with the lack of a minimum threshold parties needed to obtain to secure seats in Parliament, provided an extreme case of this – out of the 111 parties running in the elections, 29 gained seats in the Sejm (with 11 winning just one seat each). The inability of the authorities to complete a full, four-year term meant that many bills, including tobacco control regulation, had to be abandoned halfway through the legislative process, and picked up again during subsequent parliamentary terms.

The introduction of the 5% vote threshold for political parties in Parliament in 1993 helped overcome this period of volatility. With the electoral victory of the centre-left Democratic Left Alliance (SLD) a stable coalition government with the agrarian Polish People’s Party (PSL) emerged. The coalition passed some of the fundamental bills for the legislative order of post-communist Poland, including public health and tobacco control legislation. As Jan Kopczyk, the chairman of the Parliamentary Healthcare Committee in this period, remembers, ‘we could

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15 https://dzieje.pl/aktualnosci/rozmowa-z-prof-wieslawem-chrzanowskim-marszalkiem-sejmu-i-kadencji
finally take our time. We were not in a hurry. There were no all-night parliamentary sittings, none of this crazy pace. There was time, calm, a slow, meticulous slog to prepare the individual pieces of legislation.\footnote{Kopczyk, "Oral contribution to witness seminar on tobacco control policy in Poland."}

While the SLD continued to clash with its more protectionist coalition partners over the extent and speed of the liberalisation of the economy, the Parliament served its full term until 1997. After the 1997 election it was replaced by a coalition between AWS and UW, which governed until 2001. These political configurations were accompanied by the conservative presidency of the former Solidarity leader Lech Wałęsa between 1990 and 1995, and of the western-facing former communist youth leader Aleksander Kwaśniewski after 1995.
Despite the political fragmentation accompanying the first years of Poland’s democratisation, and the multitude of veto points in the legislative process making policymaking a complex affair, the early and mid-1990s saw a wave of fundamental reforms passed by the Parliament. The events of 1989 instilled policymakers with the belief that they had the mandate, or even duty, to draw a line under the policymaking inertia that defined the last decade of Communist rule. Poland was one of the poorest countries in Europe, its economy based on backward agriculture and an inefficient, polluting heavy industry, and marred by shortages of consumer goods.\footnote{Piątkowski, Europe’s Growth Champion: Insights from the Economic Rise of Poland P. 2.}

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was a strong social consensus, expressed by the popularity of Solidarity, that the country needs to be re-organised from the ground up. Polish politicians in the early 1990s were therefore committed to wiping the slate clean and transforming Poland’s regulatory landscape. The Minister of Finance during the years of transition, and one of the fathers of the country’s economic ‘shock therapy’, Leszek Balcerowicz, described this period of political idealism as follows:

_In the interval between the discrediting of the old political elite and the coalescing of new interest groups, conditions are especially favourable for technocrats to assume positions of political responsibility. There is also a greatly increased probability that the population will accept difficult, normally controversial economic policy measures as necessary sacrifices for the common good._

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This bold approach also extended to health policymaking. Regulations governing the medical and nursing professions, the creation of a healthcare insurance system, laws regarding the treatment of mental health issues, the reform of laws on organ transplants – these were just some of the legislative initiatives that were carried through by the Polish Parliament by the mid-1990s. The 1995 Anti-tobacco Law was no longer a particularly delicate issue of ‘high politics’ that could destabilise the fragile social order, as was the case in the early 1980s – it was rather just one among a host of laws reshaping the Polish economic and public health landscape.

The reformatory streak embraced by Polish politicians in the 1990s, also on matters of tobacco control, was additionally legitimated by the requirements set forward by the European Union. A key condition of the EU prior to considering Poland’s accession was that the country should adopt the Acquis Communautaire – the accumulated body of directives, regulations, and decisions constituting EU law. Therefore, regardless of whether it was led by left-wing or right-wing politicians, the Polish government throughout the 1990s engaged in ambitious programmes of reforms, often unpopular among the electorate for their radicalism, in fields ranging from local government, through pensions, to education. 20 Among these was also health policy; the Polish

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19 Kopczyk, "Oral contribution to witness seminar on tobacco control policy in Poland."
20 Kuszewski, "Oral contribution to witness seminar on tobacco control policy in Poland."

_A. Szczerbiak, The political context of EU accession in Poland, European Enlargement project (London: The Royal Institute of International Affairs, 2002). P. 3."
Ministry of Health was charged with responsibility for screening and revising 191 separate laws.\textsuperscript{21} Several of those pertained to EU tobacco directives and resolutions, including the labelling of tobacco products, bans on advertising of cigarettes in certain media, limits on the tar yield of cigarettes, increasing taxation levels, and restricting smoking in public places.\textsuperscript{22} Polish politicians were therefore forced to begin work on a tobacco control law that would replace the dated, and never fully implemented, legislation of 1974. This way anti-tobacco efforts became an integral element of Poland’s political and cultural ambition of ‘returning to Europe’, espoused by politicians from across the ideological spectrum.

Finally, early 1990s Poland was put in a particularly favourable position to carry out far-reaching reforms due to the quality of its political elites. In his book analysing the factors underlying Poland’s economic success after 1989, the Polish economist Marcin Piątkowski points to the relatively large autonomy, intellectual freedom, social prestige, and western connections enjoyed by Polish intellectuals during the final decades of Communist rule. Unlike the other, more closed states of the Soviet bloc, communist Poland allowed its young talents to gain education and experience abroad, in effect fostering the development of alternative intellectual elites that were ready to step into the political void caused by the collapse of the \textit{ancien régime} in 1989.\textsuperscript{23} These politicians were not satisfied with just following the lead of western countries, but had the ambition of someone who, in the words of Włodzimierz Cimoszewicz, Poland’s Prime Minister between 1993-1997, ‘always wants to be top of the class.’\textsuperscript{24} In effect, instead of simply copying Western European legislation, in many areas they strove to surpass them by adopting more far-reaching solutions. In several cases it did not work. For example, the experiment of ‘unlimited democracy’ – removing a minimum threshold of support for parties to enter the Sejm in order to ensure full representation for the electorate – had to be reversed in 1993 due to the unwieldy

\textsuperscript{21} Department of European Integration and International Affairs, “Informacja dla Sejmowej Komisji Zdowia: Temat przystosowania polityki zdrowotnej Polski i harmonizacji prawa a zakresu ochrony zdrowia do wymogów Unii Europejskiej [Information note for Parliamentary Health Commission: Adjustment of Polish health policy towards EU requirements and transposition of legislation in the area of healthcare],” (Warsaw: Ministry of Health, 1999).
\textsuperscript{24} Cimoszewicz, "Oral contribution to witness seminar on tobacco control policy in Poland."
and fragmented nature of the resulting Parliament. Others – such as the 1995 Anti-tobacco Law – became examples of good practice that other countries emulated.\(^{25}\)

Jan Kopczyk, the chairman of the Sejm Healthcare Committee between 1993 and 1997, remembered that among the members of the committee, most had medical, nursing, or research backgrounds, and many had previous experience in central or regional government or administration. According to Kopczyk, despite their different political backgrounds and differences of opinion, the committee members gave precedence to the expert opinion informing their policy discussions – since party politics was largely a new concept in the democratising country, there was less party tribalism. Finally, the strong position they often enjoyed in their parties (for instance, Kopczyk was a member of the official PSL leadership) meant that they could exert strong influence on how their party colleagues voted, regardless of the official position of the different parliamentary groups on issues such as tobacco control regulation.

A number of politicians active in the tobacco control debate of the 1990s exemplified this trend. The first was Seweryn Jurgielaniec, a member of the Sejm Healthcare Committee, and the main proponent of the 1995 Anti-tobacco Law.\(^{26}\) Jurgielaniec was the Chief Medical Officer of the Koszalin region for 12 years, and a local councillor. In 1993 he was elected to the Sejm as an SLD MP.\(^{27}\) Throughout the two terms in which he served in the Parliament, Jurgielaniec chose tobacco control as his main focus, and headed the parliamentary sub-committee dealing with this issue. Jurgielaniec time and time again fell out with the SLD leadership due to his hardliner stance on tobacco legislation, especially his drive to introduce a complete advertising ban.\(^{28}\)

One of Jurgielaniec’s key allies was Jacek Żochowski, also a SLD MP, who between 1993 and 1997 was the Minister of Health. He was a cardiologist and researcher, and has authored over 160 scientific articles on health and healthcare. Żochowski had a strong political position: even as Prime Ministers came and went, and the make-up of the government changed three times, he


\(^{26}\) Kopczyk, "Interview."


\(^{28}\) Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 34 posiedzenia Sejmu w dniach 27 i 28 października 1994 [Stenographic transcript of the 34th sitting of the Sejm on 27 and 28 October 1994]."; Zatoński, "Interview."
kept his ministerial position for almost the entire parliamentary term, until his sudden death in September 1997.

A smoker himself, Żochowski was nonetheless committed to supporting tobacco control efforts, and not just in the form of legislation. When Pągowski, commissioned by the Ministry of Health to design an anti-tobacco poster, came up with his controversial ‘Cigarettes are shit’ poster, the government came under fire from conservatives and the Church for spending public money on what was perceived as an obscene image. Żochowski, however, owned the campaign – he called up a press conference, at which he declared that ‘he understood the image was causing a stir, but that deep inside we all know that cigarettes are shit, and we should leave it at that.’ Żochowski had the reputation among his peers of someone who would stand up for the recommendations of the Parliamentary Health Committee, and not be afraid of pushing them through with the decision makers, even if they were unpopular. Żochowski died in 1997 at the age of 56, due to prostate cancer.

After the change of government in 1997, the main proponent of tobacco control regulation became the conservative-agrarian politician and AWS Senator Andrzej Wojtyła. A paediatrician by training, Wojtyła was active in the Solidarity movement in the 1980s, and served as Minister of Health between 1992 and 1993, before leaving Poland to complete a course in healthcare management at Georgetown University. In the 1997-2001 term he was a vice-chairman of the Parliamentary Health Committee. In the late 1990s he took the lead on passing the complete advertising ban on tobacco products.

10.2.4 Lobbying for and against tobacco control

It was on this structural (privatisation and the stabilisation of the economy), political (democratisation and the changing party landscape), and personal (quality of the elites) background, supplemented by the cultural and social considerations (as described in Chapter 9), that the battle between the pro- and anti-tobacco factions played out in the 1990s.

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30 Pągowski, “Presentation at Conference on Smoke-free Poland.”
32 Unknown, “Żochowski, Ryszard Jacek (1941-1997).”
The TTCs continued to engage in well-funded, inventive, and aggressive lobbying efforts, attempting to bring the key decision makers to their point of view (see Chapter 8). The transnationals had many advantages on their side. The liberal current of Polish politics was naturally suspicious of regulation, while conservative politicians could be responsive to rhetoric linking limiting personal freedoms to the communist past. Much of the private sector – from vendors, through advertisers, to the media – were concerned that tobacco control legislation, and in particular the ban on advertising, would severely hurt their business. The vice-president of the International Advertising Association, Paweł Kowalewski, evoked the ghosts of authoritarian past, warning that Poland is becoming a leader in 'censorship, but that Poles are so experienced in playing such games that they will surely find a way to overcome such bans.'\textsuperscript{34} The media played a particularly duplicitous part, often supporting anti-tobacco educational efforts, while remaining sceptical towards legislation. The left-wing MP Grzegorze Marciniak (UP) pointed out the hypocrisy of many newspapers taking the TTCs side on the advertising ban debate: 'It is sad for me to say that the press has played a significant role in promoting cigarettes, while at the same time supporting actions such as the Great Polish Smokeout.'\textsuperscript{35}

Nonetheless, it was the advocacy coalition representing the anti-tobacco side of the debate that proved more cohesive, unified, and attuned to the political and social reality post-1989. It managed to exploit the misgivings agrarian and nationalist politicians had towards industry privatisation and TTCs in general, benefitted from its good relations with the politically influential Church, mobilised sympathetic journalists, and managed to tie tobacco control regulation to the positive image and cultural moment generated by the Great Polish Smokeout. At industry meetings on regulatory issues TTC representatives complained about the strong influence anti-smoking groups had in the Polish Parliament.\textsuperscript{36} Anti-tobacco advocates could capitalise on the coalition-building efforts it engaged in for the previous decades, and its good standing with politicians from across the political spectrum. This was illustrated by a 1997 \textit{New York Times} report, which wrote about the way Witold Zatoński ‘infuriates the international tobacco companies with the way he saunters into the chamber of the Polish Parliament to talk to his friends among the legislators.’\textsuperscript{37}

\textsuperscript{35} Sejm Rzeczypospolitej Polskiej, “Sprawozdanie stenograficzne z 34 posiedzenia Sejmu w dniach 27 i 28 października 1994 [Stenographic transcript of the 34th sitting of the Sejm on 27 and 28 October 1994].”
\textsuperscript{37} Perlez, “Fenced In at Home, Marlboro Man Looks Abroad.”
Unlike the divided TTCs, the anti-tobacco movement was also very quick to operationalise its policy goals. Already the 1990 Kazimierz Conference concluded with a resolution signed by international public health experts. It was a direct call for governments of CEE to take several legislative decisions which would help roll back the tobacco epidemic in the region (Image 47). These included, for example, bans on advertising and promotion, the introduction of larger HWLs, more state support for smoking cessation and education of administrators, doctors, and journalists, and cigarette price increases.\textsuperscript{38} These ideas were of course not entirely new for Polish health advocates – many of the policy proposals echoed those that were suggested to the Communist government by the PTP in the 1980s. However, this time they came with the authority of renowned global public health scientists and were therefore treated more seriously by the Polish politicians. In addition, they helped to reinvigorate the Polish anti-tobacco advocates who were reassured that they had been heading in the right direction.\textsuperscript{39}

\textsuperscript{38} Peto, "Mortality, Morbidity and Tobacco Use."; J. Roberts, "Countering the Tobacco Epidemic: "It Can Be Done"" (ibid.). P. 29; D. Simpson, "Mobilising Public Opinion and Influencing the Decision Makers" (ibid.).

\textsuperscript{39} Przewoźniak, "Interview."

Kazimierz • Poland, 28-29 November 1990

Immediate Legislative Proposals

Throughout Eastern Europe more than one-third of all male deaths in middle age are now due to smoking, and the epidemic is still increasing. The conference therefore calls for governments throughout the region to take, as a first step, urgent action to:

1. Introduce (and enforce) a strict ban on all direct or indirect advertising or promotion of tobacco goods or trade marks
2. Adopt (as a minimum) European Community standards for cigarette packet health warnings
3. Adopt (as a minimum) European Community standards for maximum tar deliveries, but with delays to allow national tobacco manufacturers to comply with them:
   - max. 20 mg by 1995
   - max. 15 mg by 2000
4. Ban the introduction of smokeless (and all other new forms of) tobacco
5. Impose a substantial health surcharge on all tobacco products, partly to increase revenue, but chiefly to increase the minimum price of cigarettes.

The following additional recommendations were made to national governments:
- Regular monitoring of tobacco induced mortality and smoking prevalence.
- The immediate establishment of national tobacco control coordinating committees.
- The recognition of the need for “smoke-free” public environments.
- Education of the public (especially young people) about the hazards of tobacco use (which could be funded partly by the proposed health tax on tobacco products).
- Provision of support for smokers who wish to stop.

The conference also called on all doctors, politicians, teachers and church leaders to recognise their responsibility to set an example by stopping smoking.

End of Resolution

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Finally, in seeking a hypothesis that would explain the willingness of policymakers in the early 1990s to introduce far-reaching tobacco control legislation I initially explored an idea stemming
from scoping interviews with Polish anti-tobacco advocates. The impression of the interviewees was that the early post-1989 Parliaments contained an unusually large representation of democratically elected MPs with professional backgrounds in healthcare, which resulted in the prioritizing of health-related matters. However, a review of the lists of parliamentarians in Poland across the last decades, as well as before 1989, shows that this intuition is not borne out by the figures. Healthcare professionals, and in particular medical doctors, were well-represented in all parliamentary cohorts, with the early 1990s not being exceptional. Interestingly, several of the physician MPs, especially from the liberal-centrist parties, were among the most vehement and consistent enemies of anti-tobacco legislation. Nonetheless, the involvement of several prominent parliamentarian medical doctors, such as Jurgielaniec, Żochowski, and Wojtyła, meant that the legislative initiatives for stronger tobacco control regulation came with the authority of the medical profession. Importantly, their efforts were firmly supported not just by public health experts and tobacco control advocates, but also by the leading medical associations of the country. Ahead of the final parliamentary vote on the 1995 Anti-tobacco Law these organisations, for example the Polish Cardiac Society and The Polish Chamber of Physicians and Dentists, issued letters to the MPs supporting the most restrictive provisions of the proposed bill.\textsuperscript{40}

10.3 Tobacco control legislation in post-communist Poland

- Events pertaining to the development of tobacco control legislation in communist Poland are presented graphically in Timeline 8 in Appendix F

Three principal legislative debates defined tobacco control legislation in Poland in the 1990s. The first one, on the privatisation of the Polish tobacco industry, took place between 1992 and 1994, and was fuelled by the support of a large section of the farming lobby for the re-introduction of a State Tobacco Monopoly.

The second debate, on tobacco control regulation, stemmed from a broad interparty agreement that something should be done to lower the soaring smoking rates in Poland. However, this consensus was accompanied by vast differences of opinion on how strict and all-encompassing the anti-tobacco regulation should be to achieve the goal of a healthier population.

The third debate followed the passing of the Polish Anti-tobacco Law in 1995 and consisted of tobacco industry attempts to weaken the legislation, and anti-tobacco advocates’ attempts to complement it with a full ban on advertising.

Initially TTCs were successful in using delay tactics, utilising veto points in the Polish legislative system, and targeting key policymakers with their lobbying efforts. They were also successful in opposing the anti-privatisation voices in the Polish Parliament, and in excluding an advertising ban from the 1995 Polish Anti-tobacco Law. However, they were unable to block other strict tobacco control measures pushed by the anti-tobacco advocates, including HWLs on packets and advertising, restrictions on tar content, and measures limiting the availability of cigarettes. Despite several attempts, they also failed to reverse some of the provisions of the Law. In the second half of the 1990s the Polish policymakers, lobbied by health advocates, urged by the European Union, and responding to the pressure of Polish society, which resented the aggressive tobacco marketing campaigns carried out by the TTCs and expressed support for further legislation, decided to tighten further the Anti-tobacco Law by introducing a complete ban on tobacco advertising and sponsorship.

10.3.1 State Tobacco Monopoly debate

The victory of Solidarity in the 1989 elections was followed by a period of vocal rejection of all forms of state intervention and property. The media propagated the virtues of the ‘free market’
An early victim of this approach was the state-owned alcohol industry, perceived as a relic of socialism. Trade and distribution of alcohol products were among the first sectors of the communist economy to be privatised. The backward tobacco industry seemed to be next in line.

Unexpectedly in February 1992 a group of PSL MPs proposed a bill which would authorise the Ministers of Finance and of Agriculture to create a state-owned enterprise overseeing the Polish tobacco industry. This State Tobacco Monopoly would be the only body entitled to issue licences for the manufacture, production, import, and wholesale of tobacco products in Poland. Marian Starownik (PSL), the original proponent of the Monopoly bill, called the tobacco industry ‘a goose which lays golden eggs’. He blamed its poor performance not on the inefficiencies of state ownership, but a lack of adequate investment from the state.

The nationalist MPs backed the bill proposal. Together with PSL MPs, they argued that that privatisation would exacerbate unemployment, endangering the livelihood of 120,000 growers and their families, as well as of the 11,000 people employed in the manufacturing plants. ‘What else will we offer those people’, asked Jan Kowalik (PSL), ‘I don’t believe that after privatisation western companies will be buying Polish tobacco. Western tobacco is subsidised, in some countries by 50-90%. How can [the Polish farmers] be competitive in this situation?’ PSL was backed in its opposition by several farmers’ organisations and rank-and-file growers, especially those with smaller plots, who remained defiant in opposing privatisation.

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45 Ibid.
48 "Sprawozdanie stenograficzne z 19 posiedzenia Sejmu w dniach 2, 3 i 4 lipca 1992 [Stenographic transcript of the 19th sitting of the Sejm on 2, 3 and 4 July 1992]."
The nationalist parliamentarians often presented privatisation as an attempt of western industry to ‘colonise’ the newly independent Polish market, while offering little in return. Andrzej Tadeusz Mazurkiewicz (KPN) attacked the government for issuing a licence to RJR for the production of 8-10 billion cigarettes per year. Thanks to this, he argued, Reynolds ‘employs thousands of people [...] but in the United States, not in Poland. Their cigarettes do not have even an ounce of Polish tobacco. This is what [privatisation] can lead to. In Poland RJR employs only around 200 people.’

Wojciech Błasiak (KPN), suggested that the Polish government purposefully underfunded the Polish tobacco industry to lead it to the brink of ruin and prepare the ground for smooth privatisation. In his view ‘the public opinion was being manipulated to buy into the continuously promoted false dichotomy that the only choice for Polish tobacco industry is either sale to western companies, or slow decline.’ PSL parliamentarians also warned that privatisation would lead to Poland becoming a ‘dumping ground’ for tobacco which the TTCs were failing to sell in the shrinking western markets.

Most other parties opposed the Monopoly bill, none more vehemently than the centrists and liberals. The liberal MPs further argued that it would be impossible to protect the Polish market from international competition, to which the underfunded state monopoly would simply be unsuited. Even left-wingers, such as Konrad Napierała (UP), agreed that the Polish tobacco industry was in such bad condition that it would require astronomical sums of money to bring it back into shape – something better obtained from foreign investors than from the scarce state budget.

Both sides of the debate drew heavily on the examples of other European tobacco monopolies. The opponents of privatisation cited them as worthy of emulating in the Polish context. The privatisers, meanwhile, pointed out that countries such as France, Italy, or Spain, where monopoly was retained, were forced to weaken anti-import laws due to EC requirements. As a

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50 Sejm Rzeczypospolitej Polskiej, “Sprawozdanie stenograficzne z 19 posiedzenia Sejmu w dniach 2, 3 i 4 lipca 1992 [Stenographic transcript of the 19th sitting of the Sejm on 2, 3 and 4 July 1992].”
51 “Sprawozdanie stenograficzne z 28 posiedzenia Sejmu w dniu 2 września 1994 [Stenographic transcript of the 28th sitting of the Sejm on 2 September 1994].”
52 Ibid.
53 Kumór and Świderek, “Papieros pod lupą [Cigarette under the magnifying glass].”
55 Czerwińska, Koronowski, and Stankiewicz, “Przemysł tytoniowy a zagadnienie monopolu państwowego [The tobacco industry and the question of state monopoly].”
result, their state monopolies lost large shares of the market in competing with imported foreign brands.\textsuperscript{57} Many SLD MPs agreed, arguing that in countries where the tobacco industry was privatised, the tobacco revenues were higher than in countries which kept a monopoly, citing examples of the US and the UK as worth emulating.\textsuperscript{58}

Health arguments were tangential to the privatisation debate, but they did appear throughout. Some of the Monopoly’s supporters suggested that it would allow the state to control growing smoking rates more directly. Liberal parliamentarians ridiculed these claims, quoting the example of the spirits’ monopoly in Tsarist Russia, ‘thanks to which Russia became the drunkest country in the world, which it remains until this day.’\textsuperscript{59} In general, centrist MPs, as such Michał Chaloński, framed the debate in terms of consumers’ rights. A state monopoly would mean that the farmers would continue to produce poor quality tobacco and the producers would continue to sell it to the customers. He argued that ‘smoking harm, as everyone knows, can be greater or lesser. Pleasure from smoking can also be greater or lesser, depending on the type of cigarettes smoked.’\textsuperscript{60} In this view privatisation, and the resulting competitive cigarette market, would result in the production of better-quality products, or ‘healthier’ cigarettes as the MPs referred to them.\textsuperscript{61} On the whole, however, health took a back seat to economic arguments. As Bogumiła Boba, a surgeon MP from the nationalist Christian National Union (ZChN) put it, since ‘it is impossible to get Poles to change their habits by force, let’s at least make [smoking] a source of money [...] and employment for Polish families, instead of helping out Western economies.’\textsuperscript{62}

Accusations of corruption were levelled several times at supporters of privatisation. For example, when the director of the National Union of Tobacco Farmers bureau, Ryszard Piątek, spoke out in favour of privatisation in July 1994, the agrarian MPs promptly remembered that just a few years earlier he had vehemently opposed it. ‘What happened for Mr Piątek to change his mind?’, asked Jan Kowalik from PSL, ‘Well, in autumn 1992 Dr Piątek was invited by one of the western companies for a training in Switzerland, from which he returned with a completely different

\textsuperscript{57} Kumór and Świderek, "Cigarette under the magnifying glass."  
\textsuperscript{58} Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 19 posiedzenia Sejmu w dniach 2, 3 i 4 lipca 1992 [Stenographic transcript of the 19th sitting of the Sejm on 2, 3 and 4 July 1992]."  
\textsuperscript{59} Ibid.  
\textsuperscript{60} Ibid.  
\textsuperscript{61} “Sprawozdanie stenograficzne z 28 posiedzenia Sejmu w dniu 2 września 1994 [Stenographic transcript of the 28th sitting of the Sejm on 2 September 1994]."  
\textsuperscript{62} “Sprawozdanie stenograficzne z 19 posiedzenia Sejmu w dniach 2, 3 i 4 lipca 1992 [Stenographic transcript of the 19th sitting of the Sejm on 2, 3 and 4 July 1992]."
opinion. As a teacher, I wonder, what methods were used by the trainers and what teaching aids did they use to achieve such educational success? Wiesław Galimski, chief of the Regional Growers’ Union in Kraków, accused Piątek of having ‘made friends with foreigners’. Similar implicit accusations of bribery accompanied the tobacco privatisation debate in the Polish Parliament throughout.

Throughout the parliamentary debates the agrarian and nationalist MPs suggested that in their opposition to privatisation they had stepped on the toes of a powerful and malevolent interest group. When Ryszard Bondyra (PSL) was presenting the case for the state tobacco monopoly in September 1994, he was interrupted by a bomb alert. As the MPs reconvened an hour later, Bondyra resumed his speech by suggesting that the bomb scare was no coincidence: ‘we all know what kind of money is involved and what struggle we are witnessing over this industry. We can see what tricks can be used to intimidate others [...] As the only post-communist country we are stemming the tide [of privatisation], and this is the result.’

Opposing the Monopoly proposal became one of the principal lobbying concerns of the TTCs. In May 1992 Philip Morris reported to the EEWG that at its urging Intertabac, the domestic industry organisation representing the six major tobacco manufacturing plants, would exert pressure on the Ministry of Agriculture in favour of privatisation. PM believed that the Ministry of Agriculture ‘will seek to slow-down and sidetrack the Sejm (PSL) proposal so that their version has time to be processed through the Council of Ministers.’ In effect, the bill was bounced between several parliamentary committees and it did not make it back to the Sejm before the pre-term election in September 1993.

The question of the Monopoly resurfaced in the next parliamentary term. By this time PSL lost support of part of the growers’ organisations, including the National Union of Tobacco Farmers, whose Bureau director Ryszard Piątek declared in July 1994 that the monopoly is a straight ‘path to the collapse of the Polish tobacco industry and tobacco growing.’ Nonetheless, the proposal returned to the Sejm in September 1994. The parliamentary debate, riddled with accusations of

63 “Sprawozdanie stenograficzne z 28 posiedzenia Sejmu w dniu 2 września 1994 [Stenographic transcript of the 28th sitting of the Sejm on 2 September 1994].”
64 Szot, “Jedni nie chcą prywatyzacji, inni monopolu [Some don’t want privatisation, others monopoly].”
66 Reavey, “Letter from R.P. Reavey to EEWG.”
67 Szot, “Jedni nie chcą prywatyzacji, inni monopolu [Some don’t want privatisation, others monopoly].”
68 A. Kostrz-Kostecka, “Nowy etap batalii o tytoń [Next stage of the battle for tobacco],” ibid., 31 August.
corruption levelled against the supporters of privatisation, was concluded by an unexpectedly close vote of 155 in favour of privatisation, and 116 against, with 24 MPs abstaining. This ended the legislative battle over the State Tobacco Monopoly, and the sell-off of the Polish tobacco factories to western bidders began in late 1995.

After the PSL’s proposal of the state tobacco monopoly was rejected, the agrarian parliamentarians began to use the western takeover of the tobacco industry in Poland as a reason for introducing tobacco control legislation. They argued that with the monopoly the state lost the ability to shape the tobacco market directly and therefore smoking needed to be more tightly regulated. For example, Bogdan Pęk (PSL) appealed to the Sejm, that ‘as we intend to sell the Polish tobacco industry to foreign companies, we should also take the logical next step. We should do right by Polish society and remove the possibility of advertising the tobacco industry [...] as a way of making amends to the Poles.’ With the state no longer obtaining direct revenue from cigarette sales, but rather via excise tax, its interests could be reconciled more easily with anti-tobacco measures – tobacco control regulation shifted further towards the realm of ‘low politics’.

10.3.2 A slow start to tobacco regulation

While the first proposal for a bill tackling alcohol-related problems in Poland came just months after the June 1989 elections, tobacco control legislation had to wait for two more years to garner the interest of parliamentarians. The health advocates, reinvigorated by the November 1990 Kazimierz Conference and the resulting policy roadmap, decided to push for meaningful, legally binding legislation, rather than just a resolution. They chose to pitch their policy proposals directly to the Senate. Witold Zatoński remembers that this choice was dictated by the fact that in the 1989-1991 parliamentary term only the Upper Chamber had been democratically elected.

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69 Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 28 posiedzenia Sejmu w dniu 2 września 1994 [Stenographic transcript of the 28th sitting of the Sejm on 2 September 1994]."
70 "Sprawozdanie stenograficzne z 34 posiedzenia Sejmu w dniach 27 i 28 października 1994 [Stenographic transcript of the 34th sitting of the Sejm on 27 and 28 October 1994]."
71 "Sprawozdanie stenograficzne z 57 posiedzenia Sejmu w dniach 24 i 25 sierpnia 1995 [Stenographic transcript of the 57th sitting of the Sejm on 24 and 25 August 1995]."
and was seen as holding the real popular mandate, unlike the Sejm. They found a willing collaborator in Senator Maciej Krzanowski. Despite being a member of the centrist Democratic Union, a party with liberal and anti-statist views, Krzanowski, a physician and member of the Senate Health Committee, became a very enthusiastic supporter of anti-tobacco legislation.

Krzanowski developed his anti-tobacco bill in early 1991. He later remembered it as being his only ‘personal legislative initiative’ in the first term Senate. An internal Philip Morris report described it as ‘the first attempt to bring about comprehensive anti-smoking legislation in the post-communist era.’ In October 1991 the proposal was finally discussed in the Senate. The bill was motivated by the need to curb the ‘tobacco-use epidemic in Poland’, and it referenced the tobacco control legislation in Scandinavian countries as its main inspiration. The key measures it proposed echoed the Kazimierz Resolution:

- promoting educational campaigns against smoking;
- introducing a quota for toxic substances in cigarettes;
- adopting an appropriate fiscal policy (increasing tobacco taxation);
- total ban on promotion and advertising of tobacco;
- ban on smoking in public places, including public transport, healthcare and educational institutions, workplaces;
- ban on sale of tobacco to minors;
- ban on cigarette vending machines;
- introduction of large health warning labels on cigarette packets;
- free tobacco dependence treatment;
- better monitoring of the tobacco-related disease epidemic.

On 3 October 1991 the bill was voted through by the Senate and sent to the Sejm for further deliberations. However, its legislative journey would end there. Earlier in the year the Polish Parliament voted to dissolve itself ahead of the end of its full term. Poland’s first entirely free election took place on 27 October 1991, and all the bills that had not yet been voted on were

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74 Zatoński, “Interview.”
78 Ibid. Articles 3, 6 and 7
scrapped. The delay in the bill’s legislative journal was not accidental. PM credited itself with a ‘successful lobbying campaign’ thanks to which the bill ‘was finally not considered by Parliament prior to the October 1991 elections. It is likely to reappear in some form during 1992. We will therefore continue to use direct and third party contacts to maintain lobbying pressure on government officials and parliamentarians to reject or modify this and future bills.’

Nonetheless, Krzanowski’s bill remained a very important reference point in the anti-tobacco legislation debate for the next decade. Its basic tenets constituted the foundation of all the tobacco control bills discussed in this period. When the next Senate picked up the topic in July 1992, the debated legislative proposals were almost identical to those Krzanowski introduced a few months earlier. The ‘Bill regarding countering tobacco harm’ was initiated by PSL, and opposed particularly vehemently by centrist UD, and its later incarnation, UW. Senator Anna Bogucka-Skowrońska (UD) in 1992 quoted a letter from a voter telling off the senators for apparently ‘having suffered sunstroke. They ignore the difficult situation the country is in – miners on strike, farmers protesting – and instead focus on abortion and smoking. Hell, let them do it, but in their free time, not for public money.’ In the end, the bill met a similar end to Krzanowski’s proposal – it was voted through comfortably by the Senate, but became stuck again in a lengthy cycle of committee discussions and did not make it to the Sejm before the pre-term elections of September 1993.

While economic questions were always prominent in the tobacco control debate, as the 1990s went on the health-based arguments were deployed increasingly more frequently. In the first two terms several anti-regulation parliamentarians questioned the robustness of evidence for smoking harm. The nationalist Senator Marian Rejnewicz declared that any anti-tobacco bill was just a distraction from real problems – pollution, privatisation, strikes – complaining that ‘its main justification is the link between lung cancer incidence and smoking. Dear Senators, there is no such link […] many professors have said that a direct causal link has never been established and is

79 Krzanowski, "Interview."
82 Ibid. P. 68.
impossible to prove.\textsuperscript{84} The anti-tobacco advocates provided parliamentarians with studies on tobacco-related diseases which helped refute those claims, showing that smoking kills up to 40,000 Poles every year.\textsuperscript{85} Any real disagreement over whether smoking was harmful was cut short by the December 1992 expert report prepared by the Chancellery of the Sejm, which unequivocally presented Poland as the country with the heaviest absolute burden of tobacco-related diseases in Europe, quoting estimates prepared by Peto and Lopez (Figure 19).

\textbf{Figure 19. Forecast of tobacco-related deaths in Europe in 1995}

\begin{center}
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\end{center}


\textsuperscript{85} Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 36 posiedzenia Sejmu w dniach 5 i 6 lutego 1993 [Stenographic transcript of the 36th sitting of the Sejm on 5 and 6 February 1993]."
The opponents of restrictions instead began using more sophisticated arguments relating to the lower harmfulness of ‘quality cigarettes’. Jan Król suggested that free competition would force the producers to make less harmful cigarettes. Edward Wende (UD) argued against the advertising ban, convincing other Senators that only thanks to cigarette advertising was he able to find out that he could now buy the ‘healthier’ Marlboro Light cigarettes instead of his usual, ‘more harmful’ brand. Industry executives pushed this notion in the media, arguing that an advertising ban would mean that the customers would lose any idea of what products were available on the market, and would be forced to stick with ‘low quality’ cigarettes. The centrist Piotr Fogler (Konwencja Polska) called out the ‘hypocrisy’ of the proponents of restrictions who were trying to limit the availability of better quality tobacco produced by TTCs. These arguments resonated with the public. A 1994 survey indicated that 45% of Polish smokers bought foreign cigarettes due to health considerations.

These claims were challenged in the Senate as early as 1993. Zdzisław Czarnobilski (PSL), a medical doctor, argued that ‘nicotine kills regardless of whether it is less or more pure.’ Adam Struzik (PSL), Chairman of the Social Policy and Health Committee in the Senate between 1991 and 1993, and Speaker of the Senate from 1993 to 1997, joked that the ‘real adventure’, the taste of which Marlboro embodies, is an adventure that ends on the hospital oncological unit. In 1995, Seweryn Jurgielaniec pointed out to MPs that ads of cigarettes rarely informed about relative harmfulness, rather focusing on catchy slogans and selling exciting lifestyles, thus suggesting that an ad ban would limit access to information was a nonsensical argument. Nonetheless, by this point the debate, also in the media, started abandoning the idea that a ‘healthier cigarette’ exists.

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86 Ibid.
87 Senat Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 36 posiedzenia Senatu w dniu 19 marca 1993 [Stenographic transcript of the 36th sitting of the Senate on 19 March 1993]."
90 BAT Daily Press Summary, "Poland - demand for Western cigarettes."
91 Senat Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 36 posiedzenia Senatu w dniu 19 marca 1993 [Stenographic transcript of the 36th sitting of the Senate on 19 March 1993]."
92 Ibid.
93 Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 57 posiedzenia Sejmu w dniach 24 i 25 sierpnia 1995 [Stenographic transcript of the 57th sitting of the Sejm on 24 and 25 August 1995]."
94 Wujec, "Pałacze do rezerwatu [Smokers to the reservation]."
10.3.3 Passing and defending the 1995 Anti-tobacco Law

After the unsuccessful efforts at passing strong anti-tobacco legislation in the first two terms, this was finally achieved in the first full term of the Polish Parliament (1993-1997). The Sejm began its deliberations of the Anti-tobacco Law in October 1994. The new bill, proposed by Seweryn Jurgielaniec (SLD) despite the reticence of his party to push for strong tobacco regulation, picked up the main provisions of the tobacco control legislation discussed by the Senate in the previous two terms, originally proposed by Maciej Krzanowski in 1991. Health arguments began to play a leading role when work started on the anti-tobacco bill in the 1993-1997 term. Jurgielaniec, who was the vice-chairman of the Sejm Healthcare Committee, argued for the need for the bill in terms of cancer epidemiology, life expectancy, and changes in cigarette consumption and their effects in the previous decades, quoting western scholars such as Peto, and Polish researchers, most frequently Zatoński.95

New elements added to Jurgielaniec’s proposal included the establishment of a special Health Protection Fund; financed with 2.5% of the price of every cigarette, and devoted to the treatment of tobacco-related diseases; and the introduction of large, 30% HWLs on cigarette packaging.96 Simultaneously, the social-democratic UP proposed that the Sejm issue an appeal to the Polish government to prepare by the end of 1995 a comprehensive anti-tobacco programme, including prevention, education, fiscal measures, and treatment provisions.97 This appeal was welcome by Jurgielaniec, as he hoped it would speed up the work of the committees, whose delays made it impossible to pass anti-tobacco legislation in the two previous terms. The ‘Appeal of the Sejm Regarding Counteracting Tobacco Addiction’ was passed by the Sejm on 28 October 1994.98

The legislative solutions in western countries, first highlighted during the 1990 Kazimierz conference and later routinely brought up by Polish anti-tobacco advocates, were a common reference point in the debate. Even the nationalist politicians, in supporting tougher anti-tobacco

95 Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 34 posiedzenia Sejmu w dniach 27 i 28 października 1994 [Stenographic transcript of the 34th sitting of the Sejm on 27 and 28 October 1994]."
96 ibid.
97 J. Oleksy, "Apel Sejmu Rzeczypospolitej Polskiej z dnia 28 października w sprawie przeciwdziałania nałogowi palenia tytoniu [Appeal of the Sejm from 28 October regarding counteracting tobacco addiction]." ibid.
measures, referred to the ‘total war against tobacco’ going on in western countries.\textsuperscript{99} Seweryn Jurgielaniec cited the examples of Scandinavian countries as demonstrative of the importance of appropriate legislation in tackling tobacco-related diseases.\textsuperscript{100} Sławomir Marczewski, another medical doctor MP from the SLD, posed a question to his colleagues: ‘we often talk about the march towards Europe. Are we supposed to march with a packet of Klubowe cigarettes in our pocket, with yellow fingers, and with nicotine stains on our teeth?’\textsuperscript{101} Senator Janusz Mazurek (NSZZ Solidarność) pointed out that all the international bodies advising Poland on the matter of tobacco control, including the World Bank and the WHO, were calling on it to take drastic regulatory steps due to the poor health situation in the country.\textsuperscript{102} Certain left-wing MPs, for example Eugeniusz Januła (Nowa Demokracja), portrayed anti-tobacco legislation as a last line of defence against the TTCs, pushed out from ‘civilised Europe’ where the cigarette market was declining, ‘invading’ Poland.\textsuperscript{103}

Meanwhile, the liberals used western examples to attack certain provisions of the bill, for example the large HWLs. Maria Dmochowska (UW) argued that the latter would contravene EC legislation, as the requirements in EC countries only required HWLs covering 4% of the packaging.\textsuperscript{104} The Minister of Health, Jacek Żochowski, himself put the record straight, reminding the MPs that EC regulations only talk of minimum sizes of HWLs, not specifying how large they can be.\textsuperscript{105}

The conservative parliamentarians who supported restrictions on tobacco relied particularly heavily on nationalist arguments. Some framed the anti-tobacco bill as an attempt to protect Poles. Others presented the bill as protecting the health of Poles from a deadly Western industry. Adam Struzik during the Senate discussion quoted Witold Zatoński’s dictum that ‘the cancer will remain in Poland, while the money will go to the West.’\textsuperscript{106} Zatoński was also quoted in the Senate

\textsuperscript{99} “Sprawozdanie stenograficzne z 36 posiedzenia Sejmu w dniach 5 i 6 lutego 1993 [Stenographic transcript of the 36th sitting of the Sejm on 5 and 6 February 1993].”

\textsuperscript{100} “Sprawozdanie stenograficzne z 34 posiedzenia Sejmu w dniach 27 i 28 października 1994 [Stenographic transcript of the 34th sitting of the Sejm on 27 and 28 October 1994].”

\textsuperscript{101} Ibid.

\textsuperscript{102} Senat Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 36 posiedzenia Senatu w dniu 19 marca 1993 [Stenographic transcript of the 36th sitting of the Senate on 19 March 1993].”

\textsuperscript{103} Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 57 posiedzenia Sejmu w dniach 24 i 25 sierpnia 1995 [Stenographic transcript of the 57th sitting of the Sejm on 24 and 25 August 1995].”

\textsuperscript{104} Ibid.

\textsuperscript{105} Ibid.

\textsuperscript{106} Senat Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 36 posiedzenia Senatu w dniu 19 marca 1993 [Stenographic transcript of the 36th sitting of the Senate on 19 March 1993]."
by Zbigniew Kulak (SLD), as saying that ‘the interests of tobacco companies are not aligned with the interest of the Polish nation.’

Bronislaw Dutka, a PSL MP, commenting on the rejection of the advertising ban proposal in 1993, expressed outrage at placing ‘foreign interests’ above the ‘health of our nation.’ Conservative Jan Mizikowski (Ruch dla Rzeczypospolitej) put things in evangelical tones – ‘financial losses are irrelevant. The highest value is the human being, the family, the nation. If we will fight against the tobacco epidemic, we will protect the nation from degenerating.’

It quickly became clear how divided the Parliament was, both between and within parties, over how restrictive the regulations should be. The three major parties, SLD, PSL, and UW, were internally split on almost every issue that was voted on – the extent of the smoking ban in public places, where the sale of cigarettes could be allowed, and what should be the size of the warning labels on cigarette packets and billboards.

After a final sitting of the Parliamentary Health Committee, the bill returned once more to the Sejm for the final vote on 9 November 1995. After months of internal divisions, political parties had to agree consensus opinions ahead of the final vote. The Sejm deliberations on the Anti-tobacco Law took place just a month after the tobacco state monopoly initiative was finally laid to rest and the decision to sell the Polish industry was made.

The liberals, for example Marek Samborski (KL-D), expressed their concern that the plans to introduce tighter anti-tobacco legislation would decrease the value of the industry being auctioned. Some left-wing MPs, including Marek Rojszyk (SLD), agreed that ‘we need to remember the approaching privatisation of the tobacco industry. This kind of regulation could lead to the weakening of our negotiating position.’ PSL disagreed, supporting the most restrictive version of the bill. Jan Kopczyk argued that with the rejection of PSL’s State Tobacco Monopoly proposal, it is no longer the

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107 "Sprawozdanie stenograficzne z 53 posiedzenia Senatu w dniach 14 i 15 września 1995 [Stenographic transcript of the 53rd sitting of the Senate on 14 and 15 September 1995]."
108 Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 42 posiedzenia Sejmu w dniach 15 i 16 kwietnia 1993 [Stenographic transcript of the 42nd sitting of the Sejm on 15 and 16 April 1993]."
109 Ibid.
110 Senat Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 53 posiedzenia Senatu w dniach 14 i 15 września 1995 [Stenographic transcript of the 53rd sitting of the Senate on 14 and 15 September 1995]."
111 Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 28 posiedzenia Sejmu w dniu 2 września 1994 [Stenographic transcript of the 28th sitting of the Sejm on 2 September 1994]."
112 "Sprawozdanie stenograficzne z 19 posiedzenia Sejmu w dniach 2, 3 i 4 lipca 1992 [Stenographic transcript of the 19th sitting of the Sejm on 2, 3 and 4 July 1992]."
113 "Sprawozdanie stenograficzne z 57 posiedzenia Sejmu w dniach 24 i 25 sierpnia 1995 [Stenographic transcript of the 57th sitting of the Sejm on 24 and 25 August 1995]."
government’s priority to protect the industry from legislation which could make it lose money, as it ceases to be Polish anyway. Unia Pracy, as well as the nationalist parties, shared PSL’s stance on this point. The centrist and liberal UW took the most anti-regulatory stance, opposing the ‘extremist and unrealistic’ provisions in the bill.\(^\text{114}\) It was clear that there was no longer an agreement across the political spectrum whether tobacco control was a matter of ‘high politics’ that needed to be handled with kid gloves, or whether it was now a routine issue of regulating a private industry like any other.

The resulting bill was a halfway house, retaining some of the most far-reaching measures, while dropping others. The ‘Act for the Protection of the Public from the Effects of Tobacco and Tobacco Products’ voted through by the Sejm did not include a total advertising ban and rejected the ban on smoking in public transport and higher education institutions.\(^\text{115}\) However, all the other proposed measures were included (see Appendix J for the full text of the legislation):

- obliging the government to report to the Sejm every year on the progress of its anti-tobacco efforts;
- ban on smoking in hospitals and schools, as well as public workplaces;
- granting local governments extensive powers in assigning smoke-free places;
- ban on the sale of tobacco to minors;
- ban on the sale of cigarettes in hospitals, educational and sports institutions;
- ban on cigarette vending machines;
- ban on selling single cigarettes;
- ban on advertising tobacco in TV, radio, cinema, child and youth press, healthcare institutions, cultural centres, higher education institutions, and sports facilities;
- health warning labels covering 30% of cigarette packets;
- health warning labels covering 20% of tobacco adverts;
- free treatment of tobacco addiction;
- fines, and even possibility of prison sentence, for those breaking any of the above regulations.\(^\text{116}\)

\(^\text{114}\) “Sprawozdanie stenograficzne z 64 posiedzenia Sejmu w dniach 8 i 9 listopada 1995 [Stenographic transcript of the 64th sitting of the Sejm on 8 and 9 November 1995].”

\(^\text{115}\) Ibid.

Tobacco control advocates such as Witold Zatoński expressed their disappointment at the lack of a complete advertising ban and of a guarantee to create the Health Protection Fund in the Law. However, on the whole, the health advocates, as well as supporters of strict regulation such as Kopczyk and Jurgielaniec, were relieved that the bill finally cleared the Parliament, seeing it as a solid first step towards improved tobacco control efforts. Zatoński announced in the media that ‘our work is not over [...] Now we need to monitor the enforcement of the Law and create a broad coalition for complete advertising ban in Poland.’

However, it soon became clear that even those legal provisions passed in November 1995 were far from being secure. In the subsequent years, attempts were made to use Poland’s complex legislative system and veto points to block the bill turning into law. The first challenge came in December 1995 when Lech Wałęsa, stepping down after unexpectedly losing the presidential election to Aleksander Kwaśniewski (SLD), decided to veto the Anti-tobacco Law as one of his final legislative decisions. Wałęsa justified his decision by the fact that the ‘noble goal of the bill – counteracting tobacco addiction – will not be achieved without a ban on tobacco advertisement.’

Tobacco control advocates suddenly faced the spectre of Poland remaining one of the only countries in Europe without legislation regulating the cigarette market. A blitzkrieg effort was conducted to convince the incoming President to reverse this decision. The chairman of the Sejm health committee at the time, Jan Kopczyk, remembers that the Minister of Health, Jacek Żochowski (SLD), who had a good working relationship with President Kwaśniewski, and was perceived as a medical authority, was instrumental in pressuring the President to reverse the veto. Zatoński recalls that he made sure that the paperwork for signing the bill was on Kwaśniewski’s desk as soon as possible, before any other lobbyists could get to him. On 8 January 1996 Kwaśniewski finally signed the Polish Anti-tobacco Law into life.

Similarly, in 1997 a proposal to amend the Anti-tobacco Law was issued by the Parliamentary Committee of Transport, Communication, Trade, and Services to reduce the size of the warning labels to 4% of the packaging. The MPs argued that the Polish-produced cigarettes with larger
warning labels would not be able to compete on an equal footing with imported cigarettes. The AWS government ridiculed their claims, pointing out that the same 30% rule would apply to any cigarettes from abroad sold legally in Poland as well. The originator of the idea was Andrzej Szarawarski, an SLD MP, who was accused in the media by anti-tobacco advocates of doing the bidding of the TTCs, which were worried that the Polish pioneering health warnings will constitute a precedent for other European countries. The resulting vote in the Sejm was close, with the opposition parties, SLD and PSL, as well as the liberals, officially supporting the reduction in warning size. Only the efforts of a handful of parliamentarians led by Seweryn Jurgielaniec, who convinced their colleagues to vote against their party line, allowed the bill to be rejected.

10.3.4 Towards a tobacco advertising ban in 1999

The issue of the advertising ban came on the agenda in surprising circumstances. In September 1992 the Sejm began to discuss a bill on unfair competition that would help regulate Poland’s newly capitalist market and crack down on the growing problem of corruption. Unexpectedly, conservative and nationalist MPs suggested an amendment that would introduce a ban on tobacco and alcohol advertising. This question dominated the discussion on the bill. The parliamentary committees recommended that the total ad ban should be reduced to a ban on advertising in teenage and children magazines, leaving other forms of advertising untouched as long as they include information on smoking harm. These recommendations were supported by a coalition of advertising agencies, tobacco producers and importers, publishers, and printers, giving the anti-ban voices much space in the press. However, at the same time the Chancellery of the Sejm commissioned an expert report on smoking in Poland which painted a damning picture of the situation. It criticised the state for ‘losing control over the tobacco market, and in

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124 "Nie muszą umierać! [They don't have to die!]."
125 P. Pacewicz, "Antyrekla da zdrowia [Negative advertisement for health]," ibid., 12 April 1997; Zatoński, "Interview."
result the ability to shape consumption levels’. \(^\text{129}\) The report quoted Zatoński’s attributing 40% of all cancers in men and 10% in women to smoking, and pointed at tobacco-related diseases as one of the principal causes for Poland’s decreasing life expectancy. \(^\text{130}\) It also expressed particular alarm at the increasing smoking rates among children and teenagers. \(^\text{131}\)

As a result, in February 1993 the Sejm voted to include the total ban in their bill proposal to the Senate, where it was discussed a month later. \(^\text{132}\) There, it attracted broad support from the conservative, Catholic, and agrarian parties, while the liberals and the SLD opposed it. \(^\text{133}\) The debate was fraught and peppered with accusations of corruption. \(^\text{134}\) In the end the Senators voted for an intermediate version of the bill, banning tobacco advertisement in radio and TV (where it was very rare due to internal regulation anyway), and in youth and children’s magazines (where, as a PSL MP pointed out, only an idiot would try to advertise cigarettes), permitting it elsewhere under the condition that it included clear information on smoking harm. \(^\text{135}\) After an equally heated debate, in April 1993 the Sejm agreed with this recommendation and voted the bill into law. \(^\text{136}\)

The debate on a full advertisement ban returned in Jurgielaniec’s proposal of October 1994. However, the parliamentary committees reviewing the bill recommended removing the advertising ban. \(^\text{137}\) The MP Juliusz Braun (UD) explained that incomes ‘generated by [tobacco] advertising are decisive for the continued existence of many newspapers and journals.’ \(^\text{138}\) Newspapers picked up this idea, widely reporting stories from countries such as France, where

\(^\text{130}\) Ibid. P. 5.
\(^\text{131}\) Ibid. P. 6.
\(^\text{132}\) Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 38 posiedzenia Sejmu w dniach 18 i 19 lutego 1993 [Stenographic transcript of the 38th sitting of the Sejm on 18 and 19 February 1993]."
\(^\text{133}\) Senat Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 36 posiedzenia Senatu w dniu 19 marca 1993 [Stenographic transcript of the 36th sitting of the Senate on 19 March 1993]."
\(^\text{134}\) Ibid.
\(^\text{135}\) "Uchwała Senatu Rzeczypospolitej Polskiej z dnia 19 marca w sprawie ustawy o zapobieganiu i zwalczaniu nieuczciwej konkurencji [Resolution of the Senate of Poland from 19 March regarding the law on preventing and counteracting unfair competition]," Archiwum Sejmu [Archive of the Sejm] (1993).
\(^\text{136}\) Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 42 posiedzenia Sejmu w dniach 15 i 16 kwietnia 1993 [Stenographic transcript of the 42nd sitting of the Sejm on 15 and 16 April 1993]."
\(^\text{137}\) Unknown, "Sporne reklamy [Controversial advertisement]," Gazeta Wyborcza, 24/02 1995.
\(^\text{138}\) Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 36 posiedzenia Sejmu w dniach 5 i 6 lutego 1993 [Stenographic transcript of the 36th sitting of the Sejm on 5 and 6 February 1993]."
‘the introduction of an advertising ban in 1993 led to a collapse of the media market. The government had to introduce subsidies of USD40 million to support the press.’ 139

In 1995 Seweryn Jurgielaniec opposed this line of argument by pointing to the price of smoking due to the high cost of treatment of Poland’s lung cancer patients.140 Senator Jerzy Kopaczewski (SLD), also pointed out that the high mortality of working age men in Poland due to smoking weakened the country’s economic competitiveness.141 Others, like Zdzisław Czarnobilski from PSL, tried to reframe the debate away from economics entirely, pleading with Senators to stop trying to monetise the impact of a ban, as ‘the health of the nation cannot be translated into billions or trillions. 142

The opponents of the ban also argued that it would weaken primarily the sale of Polish cigarette brands. Krzysztof Dołowy (UW) suggested that ‘since people will still be exposed to advertising abroad, and Polish advertising will be banned [...] will this not affect Polish growers and make them lose money?’143 Nationalist parliamentarians, like Adam Łukomski (ZChN), rejected this argument, pointing out that Polish companies would never be able to compete with wealthy TTCs on advertising budget and their advertisements would remain marginal. 144

No other provision of the bill made the parliamentarians to draw on western examples more than the advertising ban. Especially in the early 1990s, many sought to convince the chamber that such bans could actually lead to an increase in smoking rates. The media and press publishers’ unions, major recipients of cigarette advertising money, promptly picked up this argument, pointing at the decrease in smoking prevalence in countries with tobacco advertising, such as Belgium, and the increase in Greece or Italy, countries where advertising was banned.145 Dorota Simonides (UD) brought up an example closer to home, pointing out that ‘until recently in

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139 Wujec, "Palacze do rezerwatu [Smokers to the reservation]."
140 Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 57 posiedzenia Sejmu w dniach 24 i 25 sierpnia 1995 [Stenographic transcript of the 57th sitting of the Sejm on 24 and 25 August 1995]."
141 Senat Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 53 posiedzenia Senatu w dniach 14 i 15 września 1995 [Stenographic transcript of the 53rd sitting of the Senate on 14 and 15 September 1995]."
142 "Sprawozdanie stenograficzne z 36 posiedzenia Senatu w dniu 19 marca 1993 [Stenographic transcript of the 36th sitting of the Senate on 19 March 1993]."
143 Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 57 posiedzenia Sejmu w dniach 24 i 25 sierpnia 1995 [Stenographic transcript of the 57th sitting of the Sejm on 24 and 25 August 1995]."
144 "Sprawozdanie stenograficzne z 42 posiedzenia Sejmu w dniach 15 i 16 kwietnia 1993 [Stenographic transcript of the 42nd sitting of the Sejm on 15 and 16 April 1993]."
Poland there were not cigarette ads, and still we smoked more than we do now. Jan Król (UD) in February 1993 speculated in the Sejm on why this might be the case: ‘in the case of graphic ads the advertisers have a duty to include visible and legible information on the harm of alcohol and smoking. It could be said that this requirement [turns ads] into negative publicity for smoking.’ Adam Struzik (PSL), the proponent of the 1992 anti-tobacco bill, ridiculed these arguments, declaring that ‘now he understands why our capital, other cities and towns, are drowning in tobacco slogans. It’s done to teach our society not to smoke and to add some colour [to the surroundings] – this is the peak of perfidy.’ Grzegorz Marciniak (UP) in the later years of debate referred to the examples of Canada and New Zealand, where the introduction of ad bans was followed by decreases in smoking prevalence.

Questions of personal freedom of smokers, and of limits of state responsibility, were also very prominent in the discussion over anti-tobacco legislation. Anna Bogucka-Skowrońska (UD) went as far as calling the advertising ban a return to totalitarian practices. Ryszard Jarzembowski (SLD) went even further, comparing the supporters of the ban to the North Korean dictator Kim Il Sung, trying to deprive Poles of the newly obtained freedom of information. Supporters of restrictions, such as Adam Struzik (PSL), attempted to reframe the discussion around the rights of non-smokers to clean air. The freedoms of non-smokers, alongside the need to curb smokers’ egoism, became a recurring justification for the passage of an anti-tobacco bill. Smokers were portrayed by some MPs as selfishly forcing others to inhale tobacco smoke. Ryszard Ulicki (SLD) talked about the cultural norm existing in Poland in which it was acceptable for smokers to
ignore the health of those around them, and to react aggressively if told off.\textsuperscript{154} Jerzy Madej, one of the few UW politicians supporting the harsh measures, did so due to these very concerns, criticising his party colleagues who spoke ‘of interests of producers of tobacco being violated […]’

What about the non-smokers? Both those who do not smoke at all, and those who could potentially become smokers in the future, those who we should defend from this addiction?\textsuperscript{155}

However, the most powerful argument of the proponents of strict legislation was probably related to the protection of children.\textsuperscript{156} Child-centred arguments were used particularly effectively in advocating for the advertising ban, as its opponents struggled to justify why some of the publicity clearly targeted children. Parliamentarians such as Zdzisław Czarnobilski (PSL) and the nationalist Jan Zamoyski (SN-D) cited studies demonstrating that current cigarette adverts were particularly appealing to the youth.\textsuperscript{157} In the 1993-1997 term the need to protect children was foregrounded as one of the main motivations for the bill. ‘For a few years Poland has been an area of aggressive methods of tobacco promotion and advertisement. Children are particularly vulnerable to these tactics’, argued the main proponent of the bill Seweryn Jurgielaniec, ‘despite educating the public on smoking harm […] we have not managed to achieve the desired effects, meaning a decrease in tobacco consumption […] Thus it is necessary to guarantee an appropriate state policy towards tobacco production and use through legislative mechanisms.’\textsuperscript{158}

Just as in the case of the tobacco monopoly debate, on several occasions parliamentarians supporting stricter anti-tobacco regulations accused their opponents of succumbing to foreign lobbyists. As neither the first, nor the second term Senate tobacco initiatives made it to a Sejm reading due to delays in committee hearings, Adam Struzik (PSL) complained about the ‘naughty

\textsuperscript{154} “Sprawozdanie stenograficzne z 34 posiedzenia Sejmu w dniach 27 i 28 października 1994 [Stenographic transcript of the 34th sitting of the Sejm on 27 and 28 October 1994].”

\textsuperscript{155} Senat Rzeczypospolitej Polskiej, “Sprawozdanie stenograficzne z 53 posiedzenia Senatu w dniach 14 i 15 września 1995 [Stenographic transcript of the 53rd sitting of the Senate on 14 and 15 September 1995].”

\textsuperscript{156} Parliamentary Paper 752, “Ustawa o ustanowieniu podatku od sprzedawanych wyrobów tytoniowych jako dopłaty do budżetu Ministerstwa Zdrowia i Opieki Społecznej przeznaczonych na leczenie chorób będących następstwem palenia tytoniu oraz o odpłatności za leczenie następstw nadużycia alkoholu [Bill on the creation of a tax on sold tobacco products as a payment to the budget of the Ministry of Health and Social Care dedicated to the treatment of conditions resulting from tobacco smoking and on covering alcohol abuse treatment costs].” Uzasadnienie [Justification]

\textsuperscript{157} Senat Rzeczypospolitej Polskiej, “Sprawozdanie stenograficzne z 36 posiedzenia Senatu w dniu 19 marca 1993 [Stenographic transcript of the 36th sitting of the Senate on 19 March 1993].”

\textsuperscript{158} Sejm Rzeczypospolitej Polskiej, “Sprawozdanie stenograficzne z 34 posiedzenia Sejmu w dniach 27 i 28 października 1994 [Stenographic transcript of the 34th sitting of the Sejm on 27 and 28 October 1994].”
imps ready to propose a new amendment every time it seemed that the bill is ready. During discussions over the ad ban in the unfair competition bill, Adam Łukomski (ZChN) told the MPs that while the Latin proverb claims that ‘pecunia non olet, those who will be voting against the ad ban should have a think on whether this money doesn’t carry the scent of the equally proverbial 30 silver coins.’ Several SLD parliamentarians tried to ridicule these assertions. Ryszard Jarzembowski suggested that if evidence shows that banning ads actually increases cigarette consumption, maybe ‘it is those supporting the advertisement ban that are in reality covert agents of the tobacco companies? […] Is it not suspicious that people who call for such extremist regulation are themselves smokers?’

Other parliamentarians were more direct in their accusations. The Catholic Senator Waldemar Bohdanowicz gave an account of a visit he received from representatives of ‘one of the six largest corporations producing tobacco’ who urged him to remain silent in the discussion regarding the advertising ban. He also suggested that the only reason that the ban was so close to passing in 1993 was that it was attached to the seemingly unrelated legislation regarding unfair competition, which caught the tobacco industry off guard. ‘If this matter would be deliberated upon in a more direct manner,’ argued Bohdanowicz, ‘the pressure on the Senators and MPs would be much stronger.’ Following Bohdanowicz’s talk other Senators, including the centrist Jerzy Stępień and Edward Wende, admitted that never before have they experiences such intense and direct lobbying from any interest group, and that they too had been approached by TTC representatives, in Wende’s case from Philip Morris.

The bill returned to the Sejm for further deliberation in August 1995, just as the privatisation of the Polish tobacco industry was being finalised. In their speeches, PSL, SLD, and even UW MPs admitted that their parties were divided on the advertising question. Parliamentarians from Jurgielaniec’s own party, SLD, praised the TTCs for signing a ‘voluntary code of marketing restrictions’, suggesting that perhaps this was a better path to assuring that tobacco adverts do

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160 Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 42 posiedzenia Sejmu w dniach 15 i 16 kwietnia 1993 [Stenographic transcript of the 42nd sitting of the Sejm on 15 and 16 April 1993]."
161 Senat Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 53 posiedzenia Senatu w dniach 14 i 15 września 1995 [Stenographic transcript of the 53rd sitting of the Senate on 14 and 15 September 1995]."
162 "Sprawozdanie stenograficzne z 36 posiedzenia Senatu w dniu 19 marca 1993 [Stenographic transcript of the 36th sitting of the Senate on 19 March 1993]."
163 Ibid.
not target children. The argument of the MPs was that the TTCs should be given a chance to
demonstrate their good faith, and if they failed, the Parliament should return to the question of
advertising abuses at a later date.\textsuperscript{164}

The Sejm decided to send to the Senate a version of the bill extending the advertising ban only to
healthcare institutions, universities, and sports facilities, instead of the press, magazines and
street billboards (the full advertising ban proposal was rejected by just 6 votes).\textsuperscript{165} Similarly, in
the Senate the complete advertising ban was passed with the majority of only 3 Senate votes.\textsuperscript{166}
In the final vote on the Act for the Protection of the Public from the Effects of Tobacco and
Tobacco Products’ in November 1995 the SLD decided to support the majority of restrictive
measures, apart from the total advertising ban. In result, the advertising ban was defeated by
206 to 125 votes.\textsuperscript{167}

Nonetheless, the advertising ban debate was to make a quick return. In 1997 the AWS Senator
Andrzej Wojtyła was approached by Witold Zatoński who urged him to return to the issue of
regulating tobacco advertising. Politically, the question of banning tobacco advertising was
becoming less controversial than a few years earlier. Soon after the introduction of the Polish
Anti-tobacco Law, journalists started to point out that the TTCs did not keep their end of the
bargain and continued their questionable marketing practices. The daily \textit{Rzeczpospolita} pointed
to mass events such as Camel Planet, during which ‘our journalist saw tens of minor girls and
boys puffing on cigarettes offered to them as part of the promotion.’\textsuperscript{168} With the more
conservative AWS-led government taking power in 1997, such arguments were gaining increasing
traction. Polls quoted by parliamentarians suggested that over 80\% of Poles supported
advertising bans.\textsuperscript{169} The EU also helped shape the anti-tobacco trend – in 1998 it introduced a
ban on tobacco sponsorship of sport, cultural, health, and educational activities, and in 1999 it
called upon all the CEE accession states to ban tobacco marketing.\textsuperscript{170} The final vote, which took

\begin{thebibliography}{99}

\bibitem{164} Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 57 posiedzenia Sejmu w dniach 24 i 25
sierpnia 1995 [Stenographic transcript of the 57th sitting of the Sejm on 24 and 25 August 1995]."
\bibitem{165} Ibid.
\bibitem{167} Unknown, "Palisz, płacisz, patrzysz, palisz... [You smoke, you pay, you look, you smoke...]," ibid., 10
November.
\bibitem{168} [Olszewski, 1996 #21395]
\bibitem{169} Sejm Rzeczypospolitej Polskiej, "Sprawozdanie stenograficzne z 57 posiedzenia Sejmu w dniach 24 i 25
sierpnia 1995 [Stenographic transcript of the 57th sitting of the Sejm on 24 and 25 August 1995]."
\bibitem{170} Z. Matyjek, "Zakaz palenia? [Smoking ban?]," \textit{Gazeta Wyborcza}, 26/07 1999; "Znikanie papierosów
[Disappearance of cigarettes]."
\end{thebibliography}
place in the Sejm in September 1999, was decisive, with 374 MPs voting in favour of the ban of
tobacco marketing, and only 11 against. In addition, the Sejm mandated that 0.5% of the tobacco
excise tax would be devoted to the development of anti-tobacco initiatives. Tobacco
advertising would disappear from billboards in Poland in 2000, and from the press in 2001.  

seminar on tobacco control policy in Poland.”
172 Unknown, “W skrócie - zakaz reklamy papierosów [In short - ban on cigarette advertising],” Gazeta
Wyborcza, 06/11 1999.
10.4 Conclusion

When the brand-new 30% health warnings first appeared on Polish cigarette packaging in 1997, the anti-tobacco advocates could not conceal their glee. ‘We are pioneers’, declared in an interview Witold Zatoński, ‘nowhere else in Europe are the anti-tobacco labels so large. This time it’s our colleagues from the West who want to copy us!’\(^{173}\) The TTCs in Poland lost the two big regulatory battles of the 1990s. In 1995 they failed to stop the Polish Anti-tobacco Law, which became the first piece of comprehensive tobacco control legislation in 20\(^\text{th}\) century Poland. They were more successful with the tobacco advertising ban, which they managed to delay with the help of the Polish media. Nonetheless, by 1999 this was not enough – the international pressure, the irritation with the aggressive, child-focused advertising efforts of the industry, and the early success of the Anti-tobacco Law prompted further legislation. A BAT report from 1997 pointed out that the constant news on political debate on tobacco control itself ‘created and maintained awareness of smoking related and social issues in Poland.’\(^ {174}\) By the end of the 1990s Poland’s tobacco control regulation was more comprehensive than the EU recommendations, and some of its provisions, such as the size of HWLs on cigarette packaging, were in fact adopted into the 2001 EU Directive so that they would not be jeopardised once Poland entered the EU.\(^ {175}\) Polish anti-tobacco leaders in the next years were invited to other Central and Eastern European countries to advise local health advocates and governments on tobacco control.\(^ {176}\)

The legislative developments in 1990s Poland were primarily driven by structural factors. The earthquake of 1989 wiping clean the regulatory slate, the coming-of-age of the anti-tobacco advocacy coalition, the alignment of Kingdon’s process streams, and the progressive slide of tobacco policy towards an issue of ‘low politics’ facilitated these positive changes. Nonetheless, arguably this would have been impossible without the dose of political idealism, the spirit of Solidarity that for a brief period after the lifting of the Iron Curtain permeated Polish politics, and helped to overcome the common tendency of capitalist democracies to favour the most powerful and wealthiest interest groups. The Polish politicians of the early post-communist period, in the

\(^{173}\) “Jak dobrze być chorym [It’s good to be ill],” *Gazeta Stołeczna*, 18/06 1997.
\(^{174}\) “Poland, The Drive to Lights.”
\(^{175}\) Gilmore and Zatoński, “Free trade v. the protection of health. How will EU accession influence tobacco control in Poland?.”
words of Jan Kopczyk, ‘tried to adjust our policies, our behaviours, to the golden standards out there, to ideal models. In social health policies this attitude was particularly pronounced.’

Kopczyk, “Oral contribution to witness seminar on tobacco control policy in Poland.”
11.1 Introduction

In 2014, the Institute for Health Metrics and Evaluation (University of Washington) published a summary of global tobacco trends between 1980 and 2012.\(^1\) Poland, with a decrease in the number of smokers of 2.5 million, was ranked as the sixth country with the biggest absolute reductions in smoking in the world, and the highest ranking middle-income economy on the list.\(^2\) As Figure 20 shows, it was also the country with one of the highest decreases as percentage of the total population.

**Figure 20. Countries with biggest reduction in smokers (in millions), 1980-2012**

In 2016, the former left-wing Prime Minister Włodzimierz Cimoszewicz elatedly characterised this achievement: ‘Twenty years after the implementation of the Anti-tobacco Law, [after]

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\(^2\) Poland only became classified as a high-income economy by the World Bank in 2010.
over twenty years of very intense anti-tobacco campaigning we can say [...] that as a society we have achieved an incredible success. When measured by real outcomes such as the number of lives saved, it is one of the most spectacular victories.\(^3\) The fate of the R.J. Reynolds factory, one of the largest new cigarette plants in Central and Eastern Europe (CEE), became a symbol of the Poles’ waning appetite for tobacco frequently brought up by public health advocates. Opened to great fanfare in June 1994, the factory was sold to Thompson Electronics just seven years later due to disappointing sales of RJR’s flagship brand, Camel.\(^4\)

This thesis explored the two faces of tobacco control in Poland in the second half of the 20\(^{th}\) century. The first was characterised the incapacity of the Communist authorities and the civic organisations to oppose the explosion of smoking rates, despite theoretically having at their disposal all the ideological (the importance of public health in Marxist ideology) and regulatory (state-controlled economy and industry) assets to do so. The second was distinguished by the success of the public health forces in defying the expectations of the TTCs and becoming one of the world’s tobacco control leaders during Poland’s political transformation in the 1990s.

In this chapter I provide an overview of the major contributions this research has made to existing scholarship in the fields of history and public health policy. I also discuss some of the limitations of this thesis, as well as the directions for future research that arise out of them. Finally, I seek to understand what policy implications can be drawn from the Polish case that could help inform tobacco control efforts today.

\(^3\) Cimoszewicz, "Oral contribution to witness seminar on tobacco control policy in Poland."
11.2 Summary of findings

My original hypothesis was that:

- lack of civil society engagement can explain communist Poland’s failure to implement laws limiting tobacco harm;
- the Communist authorities considered the sale of cigarettes as one of the key measures to revive the stagnant Polish economy. Any policies regarding tobacco control, deemed potentially damaging for the interest of the state, were considered a matter of ‘high politics’ and were decided within the framework of the Communist Party (PZPR) elite, without consulting civil society groups;
- the token anti-tobacco advocacy movement was closely controlled by the Communist regime, with its activity and access to mass media restricted, information on smoking harm contained, and tobacco control policy proposals promptly rejected;
- after the collapse of the Communist regime tobacco industry was privatised and ceased to be a state monopoly, no longer constituting a crucial source of income for the state, thus relegating tobacco control policy to an issue of ‘low politics’, allowing non-elite groups to participate in its formulation;
- civil society groups, freed from the shackles of authoritarian communism, could finally conduct active public health advocacy and disseminate information about smoking harm;
- a powerful anti-tobacco alliance of medical and scientific societies, international health advocates, the Catholic Church, and the numerous physician MPs, offset the lobbying efforts of TTCs, and was successful in pressuring legislators into passing comprehensive tobacco control laws in the 1990s.

The preliminary hypothesis underlying this thesis was conceptualised after the first wave of scoping research. It was broad in order to allow for the exploration of a wide range of potential explanatory factors. Throughout the data collection and analysis processes, care was taken not to use these early assumptions to determine the sources read or how they were interpreted. Instead, the theoretical models employed in this research, Hall’s bounded pluralism, Kingdon’s process streams model, and Leichter’s accounting scheme, were used as flexible heuristic aids, and were adjusted iteratively as new data emerged. When it became clear that they were not adequate to understand the dynamics of tobacco control in Poland,
elements of another theory, Sabatier’s *Advocacy Coalition Framework*, were included to complement them (see Appendix L for the updated conceptual framework). Consequently, the data analysis revealed a number of unexpected findings which served to qualify, and add a further layer of nuance, to the original hypothesis.

My research results demonstrate that the original hypothesis was correct in:

- identifying the collapse of the Communist regime in 1989 as the political caesura which revolutionised the nature of policymaking in Poland;
  - However, it underestimated the importance of continuity in the debates on tobacco control policy between the 1980s and 1990s.
- attaching much importance to the role of civil society groups as crucial for tobacco control policy formation in Poland;
  - However, it was incorrect in assuming that the weakness of anti-tobacco advocates resulted predominantly from restrictions imposed by the Communist regime. Instead, it was principally due to the poor leadership and strategies chosen by the advocates themselves until the 1980s.
- pointing to the fear of the Communist governments about upsetting the fragile economic status quo as an important factor in discouraging the authorities from engaging in potentially disruptive social policy such as tobacco control.
  - However, it was incomplete in not making a more nuanced distinction between the 1960s and 1970s, when the tobacco and cigarette industry was simply an important, but not indispensable element of the Polish economy (with its importance growing under Gierék’s consumerist drive), and the early 1980s, when Poland’s political crisis and social instability elevated maintaining the availability of cheap cigarettes to an issue that could have potential security consequences.

The hypothesis, however, missed important elements of tobacco control in Poland, which emerged in this research:

- underestimating the significance of the 1980s as a period of professionalization and coalition-building for the anti-tobacco advocacy movement;
- overemphasising the importance of medical professionals as a pressure group in the post-1989 Parliament;
- not sufficiently accounting for the role of cultural change accompanying the shifting social attitudes towards smoking in Poland;
- omitting the agricultural lobby as a key participant of the tobacco policy discussion;
• not identifying the effect of the delayed privatisation of the tobacco industry in Poland in weakening the lobbying efforts of the TTCs.
11.3 Scholarly contribution

My thesis provides a contribution to the historiography of anti-tobacco advocacy, to research on tobacco control in Central and Eastern Europe, and to the political science and public health literature on civil society and the effects of privatisation and market liberalisation after the collapse of the Iron Curtain (see Chapter 4 for a review of the existing literature on these topics). This section lists the specific contribution of each of the thesis chapters to these strands of scholarship.

11.3.1 Chapter 6: a major new case study of tobacco control in a communist country

A key contribution of this thesis is to the historiography of public health. There is a growing pool of research on public health history in Central and Eastern Europe, both in national and international contexts. However, despite the epidemic nature of smoking in the region in the second half of the 20th century, only a handful of scholars looked at the history of tobacco control in communist CEE, with the majority of work focusing on the Soviet Union, and only Mary Neuburger’s research on Bulgaria pertaining to a country on the broader Soviet bloc. Chapter 6 of this thesis constitutes the first historical investigation into tobacco control in communist Poland.

In addition to adding to literature on communist CEE, Chapter 6 contributes a major new case study to the literature on tobacco control in countries with state-owned tobacco industry more broadly. This is important given the persistence of state-owned tobacco companies in countries facing rising smoking rates (especially in Africa and the Middle East), and the rising global influence of the state-owned China National Tobacco Company (the largest tobacco-company in the world). The chapter shows how the protection of tobacco growing and state-
led cigarette manufacturing can become a powerful policy priority in a state-led economy, even one such as Poland, where the tobacco sector constituted a relatively small share of the economy. In circumstances of economic downturn, or political crisis, continued provision of state-produced, cheap, and easily available cigarettes can become perceived by the authoritarian government as an issue of social stability, or ‘high politics’. This carries important implications for public health actors in such countries, who need to adjust their arguments and rhetoric not just to address public health considerations, but also the web of interdependence between state and tobacco industry stakeholders.

Chapter 6 also constitutes another country case study of a notionally Marxist political system, where much lip-service was given to socialist commitment to health, but in practice authorities gave economic considerations priority over public health. While there is no conclusive evidence that cigarettes were central to the attempts of the Communist authorities to foster consumerism, it is clear that tobacco control was perceived by decision makers as an unnecessary diversion for a country embroiled, by the 1980s, in a seemingly endless economic crisis. With a powerful tobacco growers’ lobby opposing any change, and disorganised attempts at pushing the case of public health by a politically weak Ministry of Health, a serious public debate on tobacco control simply never took place in the Polish People’s Republic, despite the pro-public health ideology underpinning the political structure of the state.

11.3.2 Chapter 7: health advocacy failures in CEE cannot be explained solely by political repression

Chapter 7 provides hitherto the most substantive analysis of the functioning and impact of anti-tobacco movements in a communist country. Contrary to existing literature on civil society movements in communist CEE, it showed that the anti-tobacco advocates had much autonomy and experienced little interference by the authorities in their activities. On the other hand, despite the lack of coercive measures from the authorities, the tobacco control movement was nonetheless restricted in achieving public health goals by systemic constraints. It could not freely form alliances with powerful opposition groups, conduct aggressive lobbying, accept foreign support, or draw on independent sources of funding.

increase profits, report finds: Africa and the Middle East are at a tipping point for avoiding epidemic numbers of preventable morbidity and mortality,” ScienceDaily; Kohrman et al., Poisonous Pandas: Chinese Cigarette Manufacturing in Critical Historical Perspectives.


9 Killingsworth, Civil Society in Communist Eastern Europe: Opposition and Dissent in Totalitarian Regimes
Therefore, while the communist authoritarian system in which it operated was not the direct cause of the movement’s ineffectiveness (it could arguably have been more successful with better leadership, a greater focus on grassroots development, and an evidence-based awareness building effort), this structural factor did limit the tactical approaches the anti-tobacco advocates could employ. This is a novel finding in literature on civic participation in public health in the Soviet bloc.

In communist Poland, the smoking epidemic was not a taboo subject, and was vigorously discussed within specialist circles, but also among senior politicians, who often appeared sympathetic to tobacco control efforts. The fact that this debate rarely entered the public realm was not due to a campaign of repression conducted by the regime, but rather by the weakness of the tobacco control lobby. Anti-tobacco advocates were allowed to operate freely, and indeed were supported by government funds, although these were admittedly limited. That they did not develop a closer collaboration with the state media in order to raise the profile of their cause appears not to have been because they were prevented from doing so, but rather due to the advocates’ poor use of their time and resources. Instead of engaging in coalition building, throughout the 1960s the anti-tobacco movement was busy enforcing a centralised hierarchy in the movement and producing vast quantities of health promotion materials whose effectiveness was never evaluated, and which were rarely widely disseminated.

It is also in the weakness of the communist-era anti-tobacco movement, compounded with the economic situation of the country, that one could seek some of the reasons for the failure of the 1974 Anti-tobacco Law. It must be remembered that the legislation contained some elements that were progressive for the time and attracted significant praise internationally. Clearly, the understanding of what good tobacco control policy should theoretically include existed in communist Poland, especially among its internationally oriented public health cadres. And yet, the resulting law remained largely unenforced. The authorities, faced with a debilitating economic crisis from the late 1970s onwards, simply ignored the legislation, as they did with the proposals for new laws emerging in the 1980s. This was not a sign of an authoritarian state, but rather of a fragile one, paranoid about tinkering with market regulations that could further destabilise the brittle economy. Most importantly, the authorities knew that they would face limited scrutiny from the poorly organised anti-tobacco advocacy groups.

In fact, it is hard to argue that the weakness of communist Poland’s tobacco control policy was a result of a system in which the third sector was marginalised from policy debates. After all, it was the Solidarity trade union, possibly the epitome of ‘independent’ civil society in
PRL, which constituted the most formidable opponent to any state attempts at limiting cigarette availability. Perversely, the decision of the Communist authorities not to engage in tobacco control could be therefore interpreted as a manifestation of the strength of civil society in the form of Solidarity in the 1980s, rather than its weakness. One of the ways in which this thesis challenges the existing scholarly consensus is therefore by demonstrating that the reasons for the failure of certain public health movements under communism should not only be sought in the level of autonomy they were given, but also in the particular strategies and policies they adopted in pursuit of their particular goals.

Chapter 7 is also important in showing that the evolution of civil society groups in CEE countries in the second half of the 20th century was a gradual affair. The transition that took the Polish anti-tobacco movement from a position of irrelevance to prominence did not occur at the snap of a finger; neither did it start only after the events of 1989. The first efforts of health advocates to modernise their approach emerged in the late 1970s and 1980s. The takeover of the movement by well-connected medical professionals trained in the West, such as Kożusznik, and its greater emphasis on the use of means of mass communication such as television and radio. These attempts came too late to strengthen tobacco control before the collapse of the communist regime, but they presaged the professionalisation of anti-tobacco advocacy groups and their mass campaigns of the 1990s. The Polish Anti-tobacco Society then ceased to be viewed as a temperance organisation and began to be perceived as a branch of Poland’s scientific community. Documentary sources and interviews repeatedly stated that despite the crisis situation in the country, in the 1980s the Polish advocates were actively laying the groundwork for their later achievements. This became a sort of ‘gestation period’ for tobacco control in Poland, focused on coalition building that allowed for a much broader and western-facing anti-tobacco movement to emerge very quickly after the political turbulence of 1989. This can be an important lesson for the international public health community – building capacity in countries where advocates face structural obstacles, even if seemingly having little effect in the short-term, can still be very beneficial in the long-term.

11.3.3 Chapter 8: impact of tobacco industry privatisation on public health can be mitigated

While a rich literature exists on the lobbying and marketing of the tobacco industry globally, including in the post-Soviet countries, former communist countries that are now member states of the European Union remain relatively under researched, with only a handful of
publications on TTC activity in the region.\textsuperscript{10} Chapter 8 of this thesis is only the second attempt to use tobacco industry documents systematically to account for the activity of TTCs in post-communist Poland (with the previous research on this topic focused solely to their influence on tax policy).\textsuperscript{11}

The chapter demonstrates that the TTCs pursued some of the familiar and commonplace marketing and lobbying tactics described elsewhere. However, Poland offered some idiosyncrasies when it came to the opposition faced by the TTCs, which might help to partly account for their inability to effectively oppose tobacco control legislation. One important factor for this seems to have been the delay of the privatisation of the tobacco industry in Poland, which meant that the TTCs were hesitant about committing fully to establishing their presence in the country, unlike in the other states of the region where privatisation proceeded apace.\textsuperscript{12} Another was the apprehension with which the Polish farmers’ lobby approached the TTCs. The farmers’ concern that the takeover of the Polish market by international companies will make it more difficult to sell their crop meant that, unlike in other countries of the region such as Hungary, the TTCs did not enjoy the support of this powerful group in their policy lobbying efforts.\textsuperscript{13} This finding goes against the common knowledge in much of the existing literature, providing a potentially useful precedent for the containment of TTC influence in other country contexts.

The traditional narratives of tobacco control are often those of a struggle between poorly resourced grassroots activists, occasionally allied with progressive political actors, and enormously wealthy industrial actors, whose operational and lobbying capacity appear almost unlimited.\textsuperscript{14} According to this account TTCs acted quickly and ruthlessly, and were committed to dominate the Polish market at all cost, just as they did in other CEE states. The privatisation of the backward and inefficient state-owned tobacco industry was a rapid affair,


\textsuperscript{11} Clifford et al., "Tobacco industry influence over tobacco tax policy during privatisation and European Union accession in Poland."


\textsuperscript{13} Szilagyi and Chapman, "Hungry for Hungary: examples of tobacco industry's expansionism."

\textsuperscript{14} Open Society Institute, "Taking on Goliath: Civil Society’s Leadership Role in Tobacco Control."
and international brands such as Marlboro, spurred by unprecedented, cutting-edge marketing campaigns, took over the market in a matter of a few years since the liberalisation of the economy.\footnote{Frank J. Chaloupka and Rima Nair, "International issues in the supply of tobacco: recent changes and implications for alcohol," \textit{Addiction} 95, no. 12 (2000); W. Zatoński, "Democracy and Health: Tobacco Control in Poland," in \textit{Tobacco Control Policy: Strategies, successes and setbacks. Six country case studies}, ed. J. De Beyer and L. Waverley Brigden(Washington DC: World Bank, 2003); "Tobacco Smoking in Central European Countries: Poland."}

However, economic, industry, and governmental sources I interrogated in this research showed that the Polish case was a much more gradual and complex affair than the early interviews suggested. In fact, the TTCs’ usual opponents – the public health community – in an unlikely alliance with the well-established tobacco farmers’ lobby, were successful in stalling the expansion of the TTCs in Poland. Through their influence in the Polish People’s Party, farmers became central to the tobacco industry privatisation debate in the 1990s. While the TTCs attempted to ingratiate themselves with the farmers, they were unable to convince the entire farming lobby of the benefits of privatisation. The farmers were supported by the increasingly resentful nationalists, worried that the political domination from the east had been replaced by economic domination from the west, and the flooding of the Polish market with foreign goods. Their combined pressure on policymakers helped delay the privatisation of the state tobacco monopoly until the mid-1990s, making Poland one of the last countries in the region to privatise its tobacco industry.

Faced with the growing uncertainty as to whether privatisation would eventually go forward, the TTCs became more cautious about investing money in upgrading Polish cigarette plants, and began to reconsider their presence in the country. Instead, they relocated some of their employees elsewhere, limiting their operational strength in Poland. This period of uncertainty and unwillingness to fully commit in the Polish market was combined with the traditional rivalry between the TTCs which made lobbying co-ordination difficult. As a result, by the mid-1990s, during the crucial stages of the formulation of the 1995 Polish Anti-tobacco Law, the TTCs lost some bargaining power. Given breathing space by the industry, the anti-tobacco advocates managed to push through a progressive piece of public health legislation.

Passing tobacco control legislation in Poland was undoubtedly a monumental success, but it was not achieved in the face of full-blown opposition from the tobacco industry – rather, it was possible precisely because the TTCs took a wait-and-see strategy in the mid-1990s, opening a policy window for the anti-smoking lobby. By the time the privatisation of the tobacco industry was completed in 1996, it was too late to reverse the regulatory decisions, despite several industry-supported efforts at weakening the Polish Anti-tobacco Law in the
late 1990s. Attempts at subverting the enforcement of the law were also unsuccessful, as the anti-tobacco advocates continued to monitor the situation and expose any sign of non-compliance. The publicity surrounding mass anti-tobacco actions, including the Great Polish Smokeout, helped keep the issue alive in the media.

It must of course be remembered that even though their attempts at derailing the Polish legislation were ultimately unsuccessful, the TTCs were not far from achieving their goal. When Polish President Wałęsa signed the veto on the Anti-tobacco Law in late 1995, it seemed that the industry, by targeting a key gatekeeper in the Polish legislative system, would repeat its successful blocking of a similar law in the Czech Republic earlier that year, by obtaining President Havel’s veto. This time it was luck, but also their quick reaction, that helped the health advocates. Wałęsa unexpectedly lost the Presidential election and his successor, Aleksander Kwaśniewski, was promptly approached by the public health community and rescinded Wałęsa’s veto. The tobacco industry proved powerful – but not all-powerful. This re-confirms the usefulness of fostering vibrant and culturally-attuned anti-tobacco advocacy in countries which are becoming key expansion targets for the TTCs (as is the case in many sub-Saharan African countries at present), regardless the apparent disproportion in means.

Chapter 8 therefore challenges the consensus in existing public health literature, which stresses that the transition following the collapse of Communist rule in the CEE was accompanied by a weakening of public health outcomes caused by unchecked market liberalisation and privatisation. This chapter offers a dissenting case study – one in which the privatisation of the tobacco industry was delayed, and eventually accompanied by the introduction of progressive and well-enforced tobacco control laws which helped to minimise the negative public health impact observed in other countries of the CEE region. Along with the two subsequent chapters, it suggests that the public health impact of economic liberalisation and the privatisation of the unhealthy commodities industry can be managed with appropriate political and societal action.

11.3.4 Chapter 9: some civil society movements thrived under post-communism

The case of Polish civil society involvement in anti-tobacco advocacy after the collapse of communism has been used as an example of good practice in tobacco control in reports of international NGOs and in health promotion textbooks. However, chapter 9 of this thesis is the first in-depth analysis of the actual role played by the Polish anti-tobacco movement

using interviews with the key actors involved as well as internal archives of the organisations which led this effort.

Section 4.3 of the literature review laid out the developments in literature on the political and economic transition away from communism in 1990s CEE. Originally, transitology, posited that with the development of strong civil society movements would inevitably lead the post-communist CEE countries economically and politically closer with Western Europe. However, it has been increasingly criticised by scholars arguing that while economic and political convergence did eventually take place, the transition years saw a weakening rather than strengthening of civic engagement and participation. The findings of the chapter are important in that they provide a counter-example to this currently dominant scholarly argument emphasising the weakness of civil society groups in the transition countries of CEE.17

Chapter 9 highlights some of the dynamics that previous research on the CEE has not yet tackled – the success of public health coalition-building across the political rupture and the fall of the Iron Curtain, the importance of transnational networks and support for Polish advocates from the global tobacco control community, as well as the powerful synergy between policy lobbying and a context-tailored push for cultural change in popular attitudes towards public health. The anti-tobacco civil society organisations exploited the lobbying opportunities, political fissures, and more transparent nature of legislative debate that took root in the 1990s to effectively pursue their regulatory agenda. The advent of a free press meant that they faced less constraints in communicating their pro-health messaging and propaganda to the wider public, while exerting pressure on politicians. The appearance of wealthy entrepreneurs and industrialists allowed public health civil society groups to access funding from private donors giving the anti-tobacco organisations a measure of financial security they did not have in the communist period. Finally, the collapse of the Iron Curtain facilitated the acquisition of lobbying techniques, social marketing know-how,

epidemiological data, and financial support from the well-developed Western tobacco control organisations.

However, as mentioned earlier, treating 1989 as a clear-cut fault line would belie the significant continuity that accompanied tobacco control in Poland across the collapse of the Iron Curtain. The three theoretical models I employed initially, with their focus on turning points, proved inadequate to account for the more gradual development which bore fruit in the 1990s. Sabatier’s Advocacy Coalition Framework (ACF) was identified as the most appropriate in filling this theoretical gap. The ACF was designed for the study of policy subsystems spanning over a decade; and makes it possible to explain both stability and change in policies; it is useful in accounting for the formation of broad coalitions involving partners ranging from interest groups, through researchers, to policymakers (but also for pro-tobacco coalitions led by the industry).\(^\text{18}\) Elements of the ACF, and in particular the notion of ‘policy networks’ which develop gradually across time, were helpful in developing a fuller analysis of the anti-tobacco movement for what it really was in the second half of the 20\(^{th}\) century. They helped avoid the deterministic lens of transitology without ignoring the changing systemic context.

The Polish case shows that contrary to the transitological approach, progress in tobacco control in the 1990s could be seen as a continuation of a process that started before 1989. The creation of a strong anti-tobacco coalition in Poland took decades of trial and error. The movement started as Jaroszewicz’s personal fiefdom in 1960, establishing an alliance with temperance groups such as the Seventh-day Adventists, but remaining fraught by internal division, underfunded, using haphazard strategies, and not treated seriously by the authorities. It was closely affiliated with the communist state, but as time went on it began to develop generic features of a Western NGO. In the period of professionalization, under the leadership of Kożusznik and later Zatoński, the movement began to experiment with techniques such as social marketing and political lobbying, and began to strengthen its leverage by establishing connections with the media, medical associations, and the Western public health community.

Nonetheless, the events of 1989 allowed the movement to transcend its structural limits, seek new sources of funding (also abroad), and establish new links with the powerful Catholic Church and the business community, which with the advent of democracy and capitalism

were no longer political pariahs. Following the roadmap developed during the Kazimierz conference in 1990 with the assistance of western tobacco control leaders, the Polish anti-tobacco movement emerged as a professional public health coalition, well connected in Poland and abroad, and passed onto its successful policy offensive. The professionalised anti-tobacco advocacy lobby, supported by the powerful Catholic Church, gained the upper hand over the economic interest groups. The anti-tobacco coalition broadened to involve not just medical associations, but also the Catholic Church, the business community, the world of arts and culture; along with the increased engagement with mass media and the international public health community (most prominently in the Kazimierz conference). This allowed the advocates to begin exerting meaningful pressure on policymakers, culminating in the 1995 Anti-tobacco Law.

Tobacco control in the 1990s found itself couched in a very particular cultural moment in Polish history. The collapse of the Soviet bloc and Poland’s journey towards joining the political framework of the European Union were not purely geopolitical events. For Polish society the symbolic aspect of this transition was equally important. Polish narratives traditionally emphasised the ‘westernness’ and democratic tradition of Poland, as opposed to the oriental and despotic nature of Russia.\(^\text{19}\) The political developments after 1989 were seen as Poland’s long-awaited return to ‘western civilisation’, interrupted by a half-century of a Soviet-imposed, eastward facing regime. This translated in the 1990s into the desirability of adopting ‘western’ lifestyles – whether in the way a person dressed, what they ate, what car they drove, etc.\(^\text{20}\)

This new approach also had an effect on health-related behaviours. This was quickly grasped by both the TTCs and by the public health advocates. American and Western European tobacco companies, not unlike other businesses in Poland, sought to enforce in the minds of Poles the link between their products and western lifestyles. Sometimes this was done with reference to modernity or sexuality, but the dominant tropes in cigarette marketing referred to freedom, pleasure, and individuality associated with the west, encapsulated by cliché cultural icons such as the Marlboro Man. The anti-tobacco activists responded with campaigns that equated smoking with the communist past and attempted to convince the Poles that in the ‘civilised world’ smoking was long out of fashion, and that healthy lifestyles were now in vogue. The TTCs enjoyed early successes in pushing their frame, but as the 1990s progressed the tide began to turn. Poles became more likely to travel abroad and witness


\(^{20\text{ }}\text{P.M. Lewicki, EU-Space and the Euroclass(Bielefeld: transcript Verlag, 2017). Pp. 10-11.}\)
how far the denormalisation of tobacco use has progressed in western countries. With campaigns such as the Great Polish Smokeout, health was increasingly replacing smoking as the aspirational mode of behaviour in the eyes of the Polish public.

The Polish anti-tobacco advocates also capitalised on the revival of patriotic tropes in the 1990s, and the esteem enjoyed by the Catholic Church, more successfully than the TTCs. Patriotic and religious imagery began to be used in anti-tobacco advertising throughout the 1990s. Most importantly, basing the flagship action of the tobacco control movement, the Great Polish Smokeout, around the collaboration with the Church, helped transform it from a marginal event into a nationwide phenomenon which resounded with the Polish people. Pope John Paul II was one of the few almost universally respected figures in the country and was seen as a symbol of Polish resistance to authoritarianism, and as a role model for the nation. The opportunity for the participants of the Smokeout to be received by him at a private audience helped it become the largest public health campaign in 1990s Poland, and the anti-tobacco movement to attract huge media attention and private sponsors.\footnote{Blanke and Costa e Silva, "Tools for advancing tobacco control in the 21st century. Tobacco control legislation: an introductory guide." P. 184.}

This shift towards attributing greater value to healthy lifestyles, and the alliance of the anti-tobacco cause with the Church, created a perfect storm for a cultural discourse which by the mid-1990s favoured tobacco control efforts. While the key forces affecting legislation were political, they were closely bound up with this cultural change. These cultural developments both preceded and followed the introduction of the Polish Anti-tobacco Law of 1995, operating in synchrony with legislative change. This meant that by the time the implementation of the new tobacco control rules began in the second half of the 1990s Polish society was ready to accept the new rules. In fact, a survey conducted by the Cancer Commission of the EU in 1998 in all European Union states and Poland showed that Poland was the country with the most developed anti-smoking climate, and the highest social expectation for the government to develop further anti-smoking legislation.\footnote{Fagerström et al., "The anti-smoking climate in EU countries and Poland."}

In 1990s Poland, the TTCs seem to have lost the culture war.

Chapter 9 therefore chimes closely with the emerging literature rejecting the argument about civil society weakness in the CEE region after the collapse of the communist system.\footnote{W. Sadurski, "Accession's Democracy Dividend: The Impact of the EU Enlargement upon Democracy in the New Member States of Central and Eastern Europe," European Law Journal 10, no. 4 (2004); Ekiert and Foa, "The Weakness of Post-Communist Civil Society Reassessed."; Piątkowski, Europe's Growth Champion: Insights from the Economic Rise of Poland} Its consideration of cultural factors and the importance of tailoring of public health messaging to
the national sensitivities also resonates with the needs of tobacco control in LMICs targeted by the TTCs today. The success of the Polish advocates in employing such tactics could be emulated, for instance in sub-Saharan African countries, through the use of arguments exposing post-colonial economic exploitation by western multinationals, and through the involvement of local faith and community leaders in tobacco control, in the same way the Catholic Church was involved in Poland.

11.3.5 Chapter 10: Poland emerged from communism with high quality political elites

Just as in the case of anti-tobacco advocacy, also in the realm of tobacco control policymaking the Polish Anti-tobacco Law of 1995 has been used by western think tanks, philanthropic organisations, and international organisations such as the WHO, as an example of good practice and a potential example for other countries.\textsuperscript{24} Chapter 10 of this thesis provides the first detailed analysis of the policymaking process and political debate that preceded the introduction of the legislation in Poland. My research demonstrated that a great deal of continuity existed between the communist and post-communist periods, both in the realms of health advocacy and the understanding of tobacco control policy. It did not negate, however, the status of 1989 as a major political, economic, and social fault line. The sudden end of one-party rule and democratisation of the political process, the freeing of civil society groups from direct state interference, and the opening of the market to western companies, were all epochal events that shaped Polish politics for years to come.

The chapter shows that while civil society was central in shaping Poland’s tobacco control efforts, its role should be treated as one element of a broader, structural explanation. Many of the developments fundamental to the successful introduction of anti-tobacco legislation in Poland happened largely independently of the efforts of the health advocates. The restructuring of the political system, which yielded new, more open-minded policymakers in the Polish Parliament; the relative stabilisation of the economy in the 1990s which allowed them to focus their efforts on issues such as tobacco control; the willingness to take advice from Western experts on public health; the social consensus around leading Poland into the European Union and adapting its social policy legislation accordingly; and finally a broader cultural change occurring in the Polish population, making it more receptive to health-oriented messaging underpinned stronger tobacco control. The true success of civil society after 1989 wasn’t so much because its nature dramatically changed, but rather because the

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political context in which it operated was more open to new policy initiatives – the crisis of the 1980s was over and the country was ready to rebuild itself on new foundations, also in public health. When this fortunate political-institutional conjecture of elements for anti-tobacco policy arose, the tobacco control community was prepared to seize it.

The Anti-tobacco Law of 1995 was part of a wave of broad, reform-minded thinking that characterised the political elites in Poland in this period. It was one element of a wave of reforms that reshaped both public health and the healthcare system in Poland. It was, therefore, a sign of the times – another indication that Polish politics moved on from the 1980s, when the communist state was on the verge of collapse, and politicians were wary of engaging with delicate and potentially disruptive regulation. The reforming spirit of the early 1990s, also seen in public health and tobacco control, was driven by three main factors – in addition to the pressures of civil society, described above, these were the promise of EU membership, and the quality of Poland’s elites.

The driver of legislation most prominent in the literature, was the influence of the prospect of European Union membership on shaping the regulatory debate in Poland.25 The political scientist Aleks Szczepanik called the ‘notion of returning to Europe […] one of the leitmotifs of Polish politics since the collapse of communism in 1989.’26 Differences between political parties notwithstanding, a broad agreement existed about the desirability of Poland joining the EU, and about the legislative convergence with Western European countries needed to achieve this. This also applied to tobacco control policy, in which Poland in the early 1990s lagged far behind the EU.

However, the 1995 Polish Anti-tobacco Law not only met the EU criteria, but surpassed them in several respects. This was partly due to the less explored driver of progressive legislation in this period – and one that is only starting to be explored by political scientists and historians – the fact that the Polish state emerged from decades of Communist rule with high quality policy-making elites. As a result, in the early 1990s the ‘crisis management’ that characterised the previous decade was replaced by what could be described as ‘politics of transcendence’ – the willingness of the political class to push legislative frontiers, not only by adopting gold standards from the west, but also by setting an example for other countries to follow. The strong anti-tobacco legislation of the 1990s was a manifestation of this.


26 Szczepanik, The political context of EU accession in Poland. P. 1.
11.4 Limitations and directions for future research

An early limitation was that the scoping research which provided the preliminary data for this thesis was conducted using a narrow pool of respondents and sources – predominantly interviewees from the Polish public health community. This meant that the views of a specific group of people were dominant in shaping my initial ideas, and in informing the preliminary conceptual framework and research hypothesis. This led to several assumptions being formulated at an early stage of my research. The two most significant were:

a) the understanding that the political and economic overhaul of 1989 also constituted a rupture for public health developments. The importance attributed to the events of 1989 as a transformative moment by the original hypothesis was reflected in the theoretical models that I selected as heuristic aids for this project. Hall, with the high/low politics duality, helped to hinge the research hypothesis around the notion that pre-1989 tobacco control policy was decided within an elitist framework, while post-1989 was along pluralist lines, with active involvement of civil society actors. Leichter, who attached much weight to structural factors such as change of regime type, further strengthened the notion that the collapse of communist authoritarian rule was the turning point for tobacco control in Poland. Kingdon’s emphasis on the importance of identifying the specific moment in which the process streams meet and trigger favourable conditions for policy change was also conducive to picking out 1989 as the moment in which a ‘window of opportunity’ opened for anti-tobacco legislation.

b) the importance attached to civil society actors as key stakeholders in shaping tobacco control policy. The importance of the changing nature of civil society engagement before and after 1989 was repeatedly emphasised in my scoping interviews and archival sources from health advocacy groups. It therefore found its way into hypothesis of this thesis as the key explanatory variable for the developments in tobacco regulation in Poland.

Throughout the work on my thesis I attempted to mitigate the risk that these early influences (as well as my personal and family background, explored in the Reflexivity section 5.6) might pre-determine my findings. I was careful to treat the conceptual framework as a heuristic aid, rather than a rigid guide for my thinking, so that it would easily allow for the insertion of unexpected findings emerging from the data, as well as new theories that could be helpful in understanding them (these additions are listed in section 11.2). Nonetheless, it is likely that the early, scoping findings had an overproportionate impact on the thesis regardless of the due diligence. Most importantly, the influence of the importance attached to the events of
1989 remains, reflected in the narrative structure of the thesis, which is divided into the periods before and after 1989.

Another limitation of this thesis lies in the fact that some of the findings, especially those not immediately related to policymaking processes and the role of national civil society groups, were only analysed relatively superficially due to the fact that they lay outside the scope of the research questions. These were:

a) the role of cultural factors in shaping tobacco control in Poland. At the outset of this research I did not plan to investigate the connection between smoking and cultural developments in Polish society. The thesis, in focusing on mechanisms of policy formation, the make-up of the political landscape, and the role of public health and industry lobbying, was intended as an analysis of actions undertaken by policy actors in shaping tobacco control regulation in Poland. However, as the data collection progressed, it became clear that any attempt at painting a historical picture of tobacco control in Poland in the second half of the twentieth century would be severely incomplete without at least acknowledging the role culture played in the process.

As a result, in collecting data from the media archives attention was paid to identify stories that could shed light on how social attitudes towards smoking and health were changing. Interviewees were asked about how they perceived the evolution of the Poles' view on tobacco. Finally, the decision was made to include both public health images, and cigarette adverts, as sources underpinning this research. However, no special analytical framework was developed to account for the specificity of visual sources. A full decoding of the images was not undertaken, and little engagement was made with literature on research using such images. Given that cultural change emerged as one of the important explanatory variables for the development of tobacco control in Poland, this can be viewed as a limitation of this project. A more detailed study of anti-tobacco imaging in 20th century Poland would certainly be a worthwhile project that could help better understand the changing relation between Poles and smoking.

b) the role of transnational advocacy networks in shaping tobacco control in Poland. While the research hypothesis for this thesis has acknowledged the potential importance of international collaboration in strengthening public health outcomes on a national level, this thesis has nonetheless focused primarily on the national level politics. The involvement of western advocates was framed narrowly, and included immediate financial and organisational assistance, as well as the clout of prestige it
conferred upon the Polish anti-tobacco movement in its contacts with Polish policymakers. However, no detailed analysis was conducted to explore the emergence of a transnational epistemic community around the issue of tobacco control in the second half of the 20th century and the way in which they helped shape the regulatory landscape both within, and between countries. Future research should engage more explicitly with concepts such as policy transfer and investigate in-depth how the supra-national level of politics affected tobacco control in Central and Eastern Europe, in particular the emergence of global philanthropies operating in this area, the role of the WHO, and the importance of broader European supranational politics.

While this thesis provides an in-depth analysis of the history of tobacco control in Poland in the late 20th century, it has certainly not exhausted the topic. Further research which would consciously turn away from the 1989 political caesura and focus more closely on the overarching themes and continuities that persisted across the entire period, the role of transnational dynamics, and the importance of cultural rather than political factors, could yield important new insights.
11.5 Suggested implications for policy and advocacy

Drawing lessons from history is a fraught exercise and always carries the risk of reductionist thinking. This attitude has been prevalent among the historical profession for decades, with the education researcher Ronald Evans already in 1988 pointing out that ‘historians as a group reject attempts to attach any overall meaning, direction, or coherence to history and are reluctant to address explicitly the lessons of the past.’27 James Sheehan, the president of the American Historical Association, in 2005 reaffirmed these doubts, writing that ‘facts of the past are as discrete and quickly recognizable as grains of gold glittering in the sand; nor are we sure that the truth of past experience can so easily be deployed as an instrument for action.’28

Such caution is particularly advisable in identifying policy and advocacy implications from the history of post-communist Central and Eastern Europe. The CEE countries emerged in the 1990s from a half century-long political and economic experiment imposed on them by a neighbouring power and differed markedly from both the capitalist West and from the post-colonial South. In addition, the findings I present in this thesis are based on data collected in just one country, and one which was unusual even for the standards of the atypical CEE region (see Chapter 2.1). Trying to develop a set of general policy implications based on such an idiosyncratic case study must factor in the decisive importance of context and local circumstance.

However, Poland is not unique in undergoing a transition from a command to a market economy, with privatisation of the tobacco industry, and the increasing encroachment of TTCs, complete with vigorous marketing and lobbying efforts to oppose anti-tobacco regulation. Currently many low and middle-income countries, in particular in the Middle East and Africa, which are experiencing similar transitions, have become the ‘prime targets’ of TTC expansion.29 Recently, the TTC Japan Tobacco International acquired a 40% share of the Ethiopian state tobacco enterprise.30

Therefore, while keeping in mind all the caveats, it is still worth exploring the question what general implications can be derived from the Polish case, and whether they can be helpful in strengthening public health today, not only in other countries of the CEE region, but also in other world regions undergoing market liberalisation resonant of that which Poland went

30 Japan Tobacco Inc, "JT acquires 40% of Ethiopia's NTE. Company continues expansion into Africa."
through after 1989. Finally, the experiences from Poland’s past can be perhaps most applicable, and easiest to translate into policy, in the Poland of the present.

11.5.1 Liberalisation can be managed

Research from other post-communist CEE countries continues to stress the negative public health effects of liberalisation and rapid mass privatisation, not just in leading to weaker tobacco control policies and higher smoking rates, but also in a broader range of health-related outcomes. This is especially concerning in view of the fact that several Middle Eastern and sub-Saharan countries, which have been singled out by TTCs as key targets for future expansion, are currently undergoing similar processes of economic liberalisation.

The Polish case study provides an example of a country which chose the path of liberalisation and convergence with the West, but, unlike in the case of other former Soviet bloc countries, achieved this in a more gradual and managed way. Poland’s privatisation was delayed to the mid-1990s due to political opposition driven by tobacco growers, and social opposition fostered by anti-tobacco campaigns. By the time the takeover of the market by the TTCs was completed, the country had already experienced the development of independent media and civil society groups powerful enough to ensure appropriate public health legislation.

Any implications drawn the Polish case must take these factors into account. In order to ensure that the opening of previously closed markets does not lead to an increase in smoking rates, the privatisation of the tobacco industry should be delayed until appropriate civil society and regulatory safeguards are in place. If liberalisation is preceded, or followed very shortly, by comprehensive tobacco control legislation, including measures targeting availability, pricing, marketing, and smoking in public places, the negative impact of TTC expansion on population health can be limited.

Gilmore et al, 2011, have captured this dynamic in their research on the effects of tobacco industry privatisation in Central and Eastern Europe:

*The key variable explaining improved tobacco control post-privatisation in Poland does not, therefore, seem to be the change in ownership but that public health*


32 Japan Tobacco Inc, "JT acquires 40% of Ethiopia’s NTE. Company continues expansion into Africa."; Vellios, Ross, and Perucic, "Trends in cigarette demand and supply in Africa."
professionals were sufficiently organised and knowledgeable about tobacco control in advance of TTC entry and could, as a result of meaningful democratisation, influence policy makers.\footnote{Gilmore, Fooks, and McKee, "A review of the impacts of tobacco industry privatisation: Implications for policy." P. 636.}

These findings are contrary to the established literature on Poland’s rapid privatisation and ‘shock therapy’ liberalisation.\footnote{Sachs, \textit{Poland’s Jump to the Market Economy}; Sachs, "Shock Therapy in Poland: Perspectives of Five Years."} They chime closely with the more recent scholarship suggesting that, on the contrary, Poland’s success was rooted in its ability to ‘manage’ the transition more gradually than other CEE countries.\footnote{Murrell, "What is Shock Therapy? What did it do in Poland and Russia?."; King and Sznajder, "The State-Led Transition to Liberal Capitalism: Neoliberal, Organizational, World-Systems, and Social Structural Explanations of Poland’s Economic Success."; Stiglitz, \textit{Making Globalization Work} ; Piątkowski, \textit{Europe’s Growth Champion: Insights from the Economic Rise of Poland} } In Poland, a well-developed anti-tobacco advocacy movement was crucial in opposing TTC influence and exploiting the ‘window of opportunity’ opened by such managed liberalisation.

A key difference between Poland and several other countries of the Soviet bloc was the network of contacts developed by Polish health advocates with the West already in the 1980s. Poland, as the most open country of the bloc, allowed its elites to study and work abroad, and many brought their expertise back to the country in the 1990s.\footnote{Przewoźniak, "Interview."; Piątkowski, \textit{Europe’s Growth Champion: Insights from the Economic Rise of Poland} } This meant that the Polish anti-tobacco movement in the immediate wake of the collapse of the Iron Curtain was able to organise high-profile international tobacco control conferences and exploit the experience of western colleagues in preparing for the entry of the TTCs on the market.

Following this example, international tobacco experts should continue playing an active, and proactive, role in building anti-tobacco capacity in countries facing market liberalisation today. Local advocates should be equipped with best practice examples and data, offered training opportunities and, most importantly, financially supported. Fortunately, in contrast to the 1990s, tobacco control advocates now have access to global health governance tools such as the Framework Conventions on Tobacco Control, which facilitate the development of internationally coordinated strategies for reducing the demand and supply of cigarettes, as well as the tobacco industry’s status as a corporate pariah thanks to Article 5.3, setting the rules of interaction with tobacco industry representatives.\footnote{Collin, Lee, and Bissell, "The framework convention on tobacco control: The politics of global health governance."} The pool of experience is also deeper than it was in the 1990s. Western health experts are no longer the only professionals
to whom global tobacco control needs to look. The expertise of Latin American, South-east Asian, or Central and Eastern European anti-tobacco advocates can now also be tapped into and may often be more relevant to tobacco control efforts in lower and middle-income countries.

11.5.2 Health advocacy needs to be tailored to local specificities

In facing the powerful and well-resourced TTCs, the trump card of the Polish activists was their success in tailoring their activity to local political and cultural specificities. On the first point, they had a good grasp of the Polish political system. They successfully targeted policymakers to initiate legislation and prevented the industry from exploiting veto points in order to block the Anti-tobacco Law – something the anti-tobacco movement in neighbouring countries was not able to do. On the second point – the decline of smoking rates in Poland in the 1990s could not be explained by regulation alone, as evidenced by the failure of communist-era tobacco control legislation. After all, the TTCs continued to invest extensively in modern tobacco advertising in the country, and yet the Polish anti-tobacco movement managed to counteract their messaging. In their Great Polish Smokeout, Polish advocates managed to combine conceptions of modernity with Polish nationalism and religion in the support of public health and convincing Poles to turn away from smoking.

This unique cultural push, wrapping Polish aspirations to ‘re-join Europe’ (quitting smoking as a marker of ‘westernness’) with patriotism and religion (the involvement of the Catholic Church and Pope John Paul II), was able to attract the interest of media, sponsors, politicians, and the public at large, to the cause of tobacco control. This way the GPS created a particular Polish tradition of anti-tobacco advocacy, inspired by western campaigns that came before, but also idiosyncratic and attuned to local sensitivities. This was exemplified, for example, by the way traditions of Polish graphic art were combined with imagery evoking modernity in Pągowski’s controversial anti-smoking poster.

The implication can be drawn from the Polish case for tobacco control elsewhere is that health advocates must be careful, in addition to becoming more professionalized and gaining western support, to ensure that their efforts resound with the local cultural context. In Poland, the support of the Catholic Church was crucial – involvement of religious organisations could be similarly important in many low and middle-income countries facing liberalization, where religion plays a significant role in society. Packaging healthy lifestyles as markers of modernity and westernization can also be effective – although such approaches need to be used carefully, especially in post-colonial contexts where ‘westernness’ might not necessarily constitute a social aspiration. Finally, tapping into feelings of patriotism and
national identity might be especially effective in a context in which transnational companies are aggressively taking over domestic markets and making local farmers increasingly dependent.

In Poland itself, replicating the success of the 1990s Great Polish Smokeout would probably be impossible today. Nonetheless, a cultural opportunity for strengthening anti-tobacco efforts in Poland, as in other CEE countries, still very much exists. Healthy lifestyles are currently at a peak of popularity. In the highly consumerist CEE societies of today this influences how people spend their money. Euromonitor reported that the demand for health and wellness products in Poland registered its highest increase in value of sales ever in 2017.\textsuperscript{38} While many of the health promotion efforts are now focusing on other fields, such as physical activity, healthy eating, or air pollution, that are perceived as more urgent and fashionable, it must be remembered that over 60% of smokers still declare their willingness to break with the habit.\textsuperscript{39} The sales of smoking cessation drugs have exploded in the last years, largely thanks to aggressive marketing efforts.\textsuperscript{40} The tobacco control movement must find a way to capitalise on this. A new cultural push, that would straddle universalist ambitions for modernity and local circumstance, is needed.

11.5.3 Public health allies can be found in unlikely places

Finally, the story of tobacco control in Poland shows that the most powerful allies of the anti-tobacco movement can sometimes come from outside the traditional backgrounds – the medical community, scientific circles, or temperance associations. In the Polish case such partners were wealthy entrepreneurs supporting the Great Polish Smokeout, the Catholic Church, and the tobacco farmers. The last group, in particular, can be particularly perplexing as a public health ally. In other countries of the region, in particular Hungary, the ability of the TTCs to capture the support of the farming lobby allowed them to ensure the political backing of the powerful agricultural ministries and exert strong influence on policymaking. In Poland, on the contrary, the farmers opposed the TTCs and did not oppose tobacco control regulation, hoping it would put the transnationals off entering the Polish market. Only after satisfying the expectations (allaying the fears) of the farmers could the TTCs take over the market, and, arguably, this coalition between Polish farmers and TTCs is what has made

\begin{itemize}
\item \textsuperscript{39} PAP, "Każejgo dnia palenie jest przyczyną przedwczesnej śmierci 1096 palaczy w Polsce [Every year smoking is the reason of premature death of 1096 smokers in Poland]," Dziennik, 15 November 2017.
\item \textsuperscript{40} W. Zatonski and M. Zatonski, "Cytisine versus nicotine for smoking cessation," N Engl J Med 372, no. 11 (2015).
\end{itemize}
Poland into a stumbling block against international tobacco control legislation efforts in recent years.

TTCs presented the privatisation of tobacco industry in post-communist Europe as an opportunity for tobacco farmers to obtain new, powerful customers. The transnationals continue using the same arguments in trying to obtain access to many low and middle-income countries, in particular in sub-Saharan Africa, where tobacco cultivation is a significant economic activity. The anti-tobacco movement cannot allow for such a powerful lobbying group to fall in line with the transnationals in opposing public health legislation. Health advocates should exploit the fact that privatisation might bring uncertainty, and that studies show that dependence on TTCs condemn many farmers to a cycle of indebtedness, exposing them to occupational hazards ranging from pesticide exposure to nicotine poisoning.\textsuperscript{41} They also need to be able to propose alternative, profitable, and less labour-intensive crops to which the farmers could switch. Projects to this end are being piloted for example in China, Kenya and Malaysia, where crops such as bamboo are proposed as a viable alternative livelihood strategy for smallholder farmers.\textsuperscript{42} More generally, the Polish case also teaches that tobacco control advocates need to keep a broad approach to building the anti-smoking movement, asking whether religious groups, the business community, or other industrial actors involved in the tobacco economy whose differences with TTCs can be leveraged could be treated as potential partners in promoting tobacco control legislation.


11.6 Closing reflections on tobacco control in Poland

Apart from contributing to existing scholarship on questions of public health, policymaking, and civil society, I hope my research can also be useful in reminding the Polish public health advocates and policymakers of the impressive progress the country has made in tobacco control in the second half of the 20th century. This is especially important, as despite these successes, today one in four Poles is still a smoker, and among the older, less educated cohorts of Polish women no decline in smoking has been observed since the 1990s. A new legislative, advocacy, and educational push is needed to resume a more dynamic decline in tobacco consumption in Poland.

- **New, stronger tobacco control regulation is needed**

The anti-tobacco advocates have not been able to capitalise fully on the positive anti-smoking climate that has developed in Poland in the 1990s. Since the 1995 Anti-tobacco Law positioned Poland as a public health leader in the post-communist CEE region, stagnation has beset tobacco control efforts. While the regulation introduced in the 1990s in many respects exceeded the European Union gold standards, today tobacco control policy in Poland is average – not any more or less progressive than in other EU countries.

Three legislative decisions in particular are overdue. The first is the introduction of a complete ban on smoking in public places. While a partial ban has been introduced in 2010, it still exempts smoking rooms in restaurants and bars, as well as workplaces, government facilities, and universities. The second is the enforcement of the existing total ban on advertising tobacco products at points of sale. The ban has thus far been overcome by traders by exhibiting advertising images under the guise of ‘information on tobacco products’. The third is the introduction of plain tobacco packaging. Large pictorial warnings on cigarette packs, mandated by the EU Tobacco Products Directive, have been introduced in Poland in 2016, but the packaging still includes branding. With an increasing number of countries, including CEE countries such as Hungary, adopting plain packaging, Poland risks falling behind on measures aiming at reducing the appeal of cigarettes. Stronger smoke-free laws should be the priority of Polish public health advocates and policymakers, as well as European Union regulators.

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43 W.A. Zatoński et al., "Hundred years of cigarette smoking in Poland: three phases of the tobacco epidemic," *Journal of Health Inequalities* 3, no. 2 (2017).
• **Tobacco excise tax should support anti-tobacco activity**

The 1999 amendment to the Polish Anti-tobacco Law introduced a provision for the financing of the ‘programme for health, economic, and social policy, leading to the reduction of the use of tobacco products’ with the equivalent of 0.5% of the tobacco products’ excise tax (see Appendix J, § 4). This fund, earmarked for tobacco control efforts, has only been devoted directly to anti-tobacco efforts during the first two years after the amendment was introduced.\(^{46}\) In the late 1990s and early 2000s the health advocates were able to overcome this lack of state funding by attracting CSR donations from partners in the private sector, as well as financial support from international organisations. However, since the death of Pope John Paul II in 2005, and the subsequent decline in popularity of the Great Polish Smokeout, the interest of the private sector in tobacco control has waned. Similarly, international organisations and global philanthropies have in the recent years shifted their interest to low income settings, especially in sub-Saharan Africa. In addition, in 2010 Poland moved to the high-income economy bracket in the World Bank classification, which means that tobacco control researchers can no longer apply for grants intended for developing countries. As a result, anti-tobacco efforts in Poland have faced chronic underfunding in the last decade. The Polish state should resume its obligation to fund tobacco control research and implementation if it is serious about strengthening public health in the country and reduce premature mortality.

In addition, tobacco control advocates should look for other private sector partners to fund their work. While it might be harder to get funding from yogurt producers, furniture makers, or bus companies than in the 1990s, there are more natural allies. Poland has become a major market for pharmaceutical industry and some of the best-selling pharmaceutical products in the last years have been smoking cessation drugs such as cytisine. These firms should be pressured more intensively to sponsor anti-tobacco advocacy efforts.

• **Stronger monitoring of the tobacco industry in Poland is needed**

By the late 1990s it became clear to the TTCs that sustaining the high levels of smoking in Poland would be impossible. Nonetheless, they have managed to continue their expansion into the country. The investments they made into modernising cigarette manufacture have been a success in turning Poland into a production hub for the region. This way the TTCs

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\(^{46}\) M. Zatoński, "Report from the witness seminar on tobacco control policy in Poland, Chief Sanitary Inspectorate, Warsaw, Poland, 31 May 2016," *Journal of Health Inequalities* 2, no. 2 (2016).
capitalised on the low labour costs and access to the European market that Poland has enjoyed since joining the European Union in 2004. In the 2000s Gallaher Tobacco, Imperial Tobacco, and BAT have moved their production from Western Europe to Poland, while Japan Tobacco International opened a major new factory in the country.\textsuperscript{47} In result, a paradoxical situation has arisen in which smoking rates in Poland have been declining in the last decades, while the production of cigarettes has seen a rapid expansion (Figure 21). In 2017 Poland was the country with one of the highest shares (12\%) in the global export of tobacco products in the world, second only to Germany (14\%).\textsuperscript{48}

**Figure 21. Production and consumption of cigarettes in Poland, 1930-2017**

![Production and consumption of cigarettes in Poland, 1930-2017](image)

*Source: Data derived from calculations by Polish Central Statistical Office*

The TTCs, having learnt from the case of the opposition of a large section of the Polish farming community to industry privatisation in the 1990s, have also made an effort to ingratiate themselves with the tobacco growers. They have continued to buy tobacco from Polish farmers despite its poor quality, primarily using it as a filler for their flavoured

\textsuperscript{47} Clifford et al., "Tobacco industry influence over tobacco tax policy during privatisation and European Union accession in Poland." P. 14.

\textsuperscript{48} A. Ptak-Iglewska, "Karmimy Niemców i dajemy im popalić [We feed the Germans and we smoke them out]," *Rzeczpospolita*, 22 August 2018.
products, where the taste of tobacco was of less consequence. In consequence, from being one of the lobbying groups most strongly opposing the transnationals, the tobacco farmers have become one of their most avid supporters, willing to block tobacco control regulation both domestically and internationally.49

In effect, the TTCs have managed to turn Poland into a political ‘Trojan horse’, which since its accession to the EU in 2004 has opposed supranational efforts at strengthening tobacco control. This was most evident in the political debate over the Revision to the EU Tobacco Products Directive in the European Parliament in 2013, where Polish Members of European Parliament were the only ones, regardless of their political affiliation, to consistently vote for smaller sizes of pictorial warnings, less regulation of tobacco sales, and opposed the ban on ‘slim’ or menthol cigarettes. The argument they used was that Poland, as the largest producer of tobacco for flavoured and menthol cigarettes in the EU, had the most to lose.50

After playing a key role in supporting, and attributing prestige to, the efforts of Polish anti-tobacco advocates in the 1990s, the international community has in recent years become less active in monitoring and promoting the progress of tobacco control legislation in Poland. This is partly understandable. Poland is now a high-income country and the TTCs’ offensive has shifted, focusing instead on establishing a foothold in promising markets in developing countries. However, it increasingly apparent that in recent years Poland has become a bastion from which the TTCs have been trying to stall progress of tobacco control legislation across Europe. The international community has an important role in renewing Poland’s anti-tobacco advocacy coalition, and pressuring Polish policymakers to cut their ties with TTCs.


50 Ibid.
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Appendices

Appendix A: Interview schedule

Schedules of questions will be adapted for each interviewee to account for their distinct role in the policy process. Below I outline the broad research questions which will be pursued in the interviews. The discussions will proceed chronologically to allow for sequential factors of change to be identified and recorded.

- **What were the realities of conducting anti-tobacco advocacy in the 1970s and 1980s?**
  
  What range of anti-tobacco initiatives existed in the Communist period? Were any awareness-raising campaigns conducted? What was the availability of smoking prevalence and tobacco-related disease data? Was cooperation with foreign tobacco control experts possible? Were the authorities willing to co-operate in anti-smoking initiatives?

- **Who were the key actors in policy debates about smoking in the 1970s and 1980s?**
  
  Were there any politicians who were particularly supportive or unhelpful? Were there differences in attitude of the different ministries? Did major NGOs such as Solidarity or religious organisations get involved in anti-tobacco efforts? How strong was the state-owned tobacco industry in affecting legislation? Was the academic community involved?

- **How strong was tobacco control legislation in the 1970s and 1980s?**
  
  What was the 1974 tobacco control legislation? Were any attempts made to change smoking legislation in the late Communist period? Were the anti-tobacco laws enforced? Did any discussion over the legislation take place in the Parliament or the media?

- **Attitudes of Poles towards smoking in the 1970s and 1980s? Did they change in 1990s?**
  
  How well developed was the awareness of smoking harm in Poland? Did it grow in the late Communist period or during the 1990s? Did the media tackle smoking harm? Was the sale of cigarettes considered an important branch of the economy? How were the attitudes to alcohol and smoking different or similar? Was tobacco smuggling considered a serious issue?
• Did the collapse of Communism change the way anti-tobacco advocacy could be conducted in Poland?

How did anti-tobacco advocacy change? Why from one day to the next huge nationwide anti-smoking campaigns began to be organised? How easily was money and sponsorship available? Did the levels of engagement with foreign tobacco control experts change? Who were the main supporters and opponents of tobacco control? How did the privatisation of the tobacco industry and the entrance of TTCs change the picture?

• Who were the key actors in policy debates about smoking in the 1990s?

Did the engagement with politicians change? Who were the ones most engaged? How receptive to public health ideas were the MPs in the first Polish democratic parliaments? How has the role of religious organisations and NGOs changed? What role did the tobacco industry play (both the remnants of the state-owned industry and the TTCs)? What were the relations between TTCs and the government? Was the academic community involved?

• What course did the tobacco control policy process take in the 1990s?

How quickly after the first democratic election did tobacco legislation enter the policymaking process? Was it a continuation of a process started pre-1989? How was the commission drafting the legislation formed? Was there much controversy over what legislation should be introduced? What were the major obstacles the legislation faced? Was there consensus on the 1995 tobacco control law and on its 1999 amendment? How much lobbying was present during the policymaking process (both from the public health community and the tobacco industry)?
Appendix B: List of interviewees, and witness seminar and conference contributors

**Scoping interviews conducted between December 2014 and May 2015:**

**Stanisław Dąbrowski** – Minister in the Seventh Day Adventist Church (SDA), former President of the SDA council in Poland (1965-1988), a pioneer of tobacco cessation programmes in Poland, member of the Polish Anti-tobacco Society in the 1970s and 1980s.

**Marek Jaworski** – Organiser of the Great Polish Smoke-Out campaign, Poland’s largest health promotion campaign in the 1990s.

**Krzysztof Przewoźniak** – Sociologist, Research Director of the Polish Health Promotion Foundation, former anti-communist activist, employee of the Polish Anti-tobacco Society between 1983-1984, from 1984 associated with the Warsaw Cancer Centre, and from 1992 with the Health Promotion Foundation.

**Michael Pertschuk** – Former Chairman of the US Federal Trade Commission (1977-1981), founder of the Smoking Control Advocacy Resource Center, in the early 1990s involved in advocacy training for anti-tobacco activists in CEE.

**Witold Zatoński** – Medical Doctor, Chairman of the Polish Health Promotion Foundation, former vice-chairman of the Polish Anti-tobacco Society in the 1980s, actively involved in anti-tobacco advocacy throughout the 1990s.

**Main round of interviews conducted between July 2015 and February 2017:**

**Richard Cooper** – Medical Doctor, chairman of the Department of Public Health Sciences at Loyola University Stritch School of Medicine, in the 1980s author of early English-language publications on the health impact of smoking in CEE which became influential among Polish health advocates.

**Jan Kopczyk** – Medical Doctor, agrarian politician (PSL), Member of Parliament and chairman of the Sejm Health Committee between 1993-1997.


the Warsaw voivodship sanitary-epidemiological station, from 2000 director of the Public Health and Promotion department of the Chief Sanitary Inspectorate.


**Scott Thompson** – American health advocate who spent the 1990s campaigning against TTC influence and marketing in Poland.


**Two interviewees associated with the tobacco industry asked not to be identified.**

*Participants of the Conference on Smoke-free Poland conducted in the Ministry of Health, Warsaw, on 18 May 2016, who delivered oral presentation or contributed written witness testimonies*

**Leif Aarø** – Adjunct Professor at the Department of Health Promotion and Development of the University of Bergen, from 1983 a collaborator of the Ministry of Health of Poland on surveys regarding smoking among children.

**Urszula Dudziak** – Theologian and psychologist, advocate of the introduction of anti-tobacco topics into premarital courses for Catholic couples.

**Krzysztof Gottesman** – Journalist, in the 1980s reporter for the anti-communist *Solidarity Weekly*, employee of the Polish Anti-tobacco Society and the Warsaw Cancer Centre, after 1990 director of the political department of *Rzeczpospolita* daily newspaper.

**Piotr Kler** – Businessman and entrepreneur, in the 1990s an active supporter of anti-tobacco advocacy groups and pioneer of smoke-free workplace regulation.

**Artur Mierzecki** – Medical Doctor, from 1995 board member of the College of Family Physicians in Poland, from 1996 as an editor of the *Family Doctor* magazine he devoted many articles to the role of family doctors in smoking prevention and treatment.

**Cardinal Kazimierz Nyicz** – Archbishop of Warsaw, a continuator of Primate Józef’s Glemp policy of engagement of the Polish Catholic Church with anti-tobacco advocacy efforts.
Andrzej Pągowski – Graphic designer, acclaimed for his poster art, author of one of the most popular and controversial anti-tobacco posters of the 1990s.


Władysław Polok – Pastor of the Seventh-Day Adventist Church, President of the SDA in Poland between 1988-2003, organiser of the stop-smoking programmes organised by the SDA in Poland in the 1990s.

Konstanty Radziwiłł – Medical Doctor, Minister of Health of Poland, from 1992 active in the Polish Chamber of Physicians and Dentists, of which he became President in 2001.

Iwona Schymalla – Journalist, in the 1990s a presenter of the Polish state TV, often in charge of health-related topics, on several occasions as a reporter accompanied the winners of the Great Polish Smokeout on their visits to Rome.

Andrzej Wojtyła – See section ‘main round of interviews conducted between July 2015 and February 2017’.

Witold Zatoński – See section ‘scoping interviews conducted between December 2014 and May 2015’.

Tomasz Zdrojewski – Medical Doctor, in the 1990s coordinator of pioneering research in Poland on the prevalence and control of myocardial infarction and stroke.

Marek Ziętek – Medical Doctor, Rector of the Medical University in Wrocław, in the late 1990s one of the authors of the consensus regarding the introduction of anti-tobacco topics into the programmes of study of medical and stomatological education.

Participants of witness seminar conducted in the Chief Sanitary Inspectorate, Warsaw, on 31 May 2016

Jan Bondar (seminar chair) – Long-time media spokesman of the Ministry of Health of Poland.


Grzegorz Hudzik – Medical Doctor, Deputy Chief Sanitary Inspector.

Jan Kopczyk – See section ‘main round of interviews conducted between July 2015 and February 2017’.
Józef Kozioł – See section ‘main round of interviews conducted between July 2015 and February 2017’.


Elżbieta Łata – See section ‘main round of interviews conducted between July 2015 and February 2017’.

Aleksandra Lusawa – Director of the Department of Health Promotion, Biostatistics, and Analysis of the Chief Sanitary Inspectorate.

Marek Posobkiewicz – Medical Doctor, Chief Sanitary Inspector of Poland.

Krzysztof Przewoźniak – See section ‘scoping interviews conducted between December 2014 and May 2015’.

Andrzej Wojtyła – See section ‘main round of interviews conducted between July 2015 and February 2017’.

Witold Zatoński – See section ‘scoping interviews conducted between December 2014 and May 2015’.

Participants of roundtable on tobacco control organised in the Department of the History of Science, Harvard University, on 27-28 October 2016

Allan Brandt (roundtable chair) – Professor of History of Science at Harvard University, expert in the history of tobacco, author of The Cigarette Century.

Grieve Chelwa – Post-doctoral fellow at the Center for African Studies at Harvard University, conducted research on economics of tobacco control in South Africa, Uganda, and Zambia.

Gregory Connolly – Research Professor at the Bouvé College of Health Sciences at Northeastern University. Organiser of tobacco control programmes in Massachusetts, participant of the 1990 Kazimierz Conference, throughout the 1990s a mentor of the Polish anti-tobacco movement.

Rajmund Dąbrowski – Communication Director of the Rocky Mountain Conference of Seventh-Day Adventists, world Adventist communication director from 1994, before that the coordinator of corporate communication of the Adventist Church in Warsaw.
Richard Daynard – Professor of Law at the Northeastern University School of Law, key leader the movement to establish the legal responsibility of the tobacco industry for smoking-induced death and diseases.

Aleksandra Herbeć – Psychologist, conducted research on tobacco addiction treatment and the use of cessation medication in Poland.

Sara Kalkhoran – Medical Doctor, clinician investigator at Massachusetts General Hospital, conducted research on reducing health risks associated with the use of tobacco products.

Howard Koh – Medical Doctor, Professor of the Practice of Public Health Leadership at the Harvard T. H. Chan School of Public Health, in the late 1990s Commissioner of Public Health for the Commonwealth of Massachusetts, from 2000 member of the US National Cancer Advisory Board.

Gina Kruse – Medical Doctor, clinician investigator at Massachusetts General Hospital, conducted research on technology-based interventions to improve tobacco cessation treatment.

Naomi Oreskes – Professor of the History of Science, conducted research on scientific consensus and dissent, author of Merchants of Doubt.

Nancy Rigotti – Medical Doctor, Associate Chief of the Division of General Internal Medicine at Massachusetts General Hospital, leads research on interventions for smoking cessation in outpatient and inpatient settings.

Michał Stokłosa – Economist, based at the International Tobacco Control Research program at the American Cancer Society, conducted research on economics of tobacco control in Poland, including tax policy, illicit trade, and tobacco industry interference.

Other published witness testimonials


Tom Glynn, Poland’s journey to effective tobacco control – a brief memoir, J Health Inequal 2017; 3(2): 143-144.
Appendix C: Participant information sheet

Study title: Tobacco Harm in Poland – from a non-issue under Communist rule to a central focus of health advocacy in the post-Communist period

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and to talk to others about the study, if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

I, Mateusz Zatoński, request your participation in a research project that explores the history of tobacco control in Central and Eastern Europe during the late Communist and early post-Communist period. This project is conducted as part of my PhD at the London School of Hygiene and Tropical Medicine (LSHTM).

I would appreciate an opportunity to interview you as part of my study. The study is trying to understand how Poland, a country which in the 1980s had one of the highest levels of tobacco consumption in the world, in the 1990s experience a rapid decline in smoking and the passage of comprehensive tobacco control laws. I am also interested in the strategies used by transnational tobacco companies that entered the Polish market after the collapse of Communism, as well as the activities of the anti-tobacco groups. In order to do this I will analyse the role of government, the medical establishment, religious organisations, and NGOs in tackling tobacco harm in Poland between 1980 and 1999.

Please note that your participation in this study is voluntary and there is no reward for participating or penalty for not participating. Involvement in this study requires your participation in an interview that will last for approximately one hour. You will not be obliged to answer any questions with which you are uncomfortable and have the option to decline to respond to any questions asked. You also may choose for the interview not to be recorded. You will also have the option of terminating your participation at any stage that you choose.

All data collected through the interview will be treated with the strictest confidentiality. Interview recordings and transcripts will be assigned a study identification number, be password protected and stored securely on computers at LSHTM. Recording devices will be wiped clean after transcription, and paper transcripts will be stored in secured boxes at LSHTM. You will also have the option of remaining anonymous in which case all transcripts and reports will be appropriately coded to ensure that your request is fully respected. You will also be provided with transcripts and the research report if requested.

The results of the research will be utilised for completing a PhD thesis, to be submitted to the Department of Public Health and Policy at the London School of Hygiene and Tropical Medicine; data will also be used to inform presentations and academic articles.

If you have any concerns regarding the study or if you require any additional information please contact me to discuss these further.

Kind regards,

Mateusz Zatoński

e-mail: Mateusz.zatonski@lshtm.ac.uk
**Appendix D: Informed Consent Form**

**Full Title of Project:** Tobacco Harm in Poland – from a non-issue under Communist rule to a central focus of health advocacy in the post-Communist period

**Name of Principal Investigator:**
Mateusz Zatoński

<table>
<thead>
<tr>
<th>Statement</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>I confirm that I have read and understand the participant information sheet dated 25/11/2014 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered fully.</td>
<td></td>
</tr>
<tr>
<td>My questions concerning this study have been answered.</td>
<td></td>
</tr>
<tr>
<td>I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.</td>
<td></td>
</tr>
<tr>
<td>I understand that sections data collected during the study may be looked at by responsible individuals from the London School of Hygiene &amp; Tropical Medicine. I give permission for these individuals to access my records.</td>
<td></td>
</tr>
<tr>
<td>I agree to being recorded as part of this study, subject to data protection and confidentiality safeguards explained in the participant information sheet.</td>
<td></td>
</tr>
<tr>
<td>I do not wish to be recorded as part of this study.</td>
<td></td>
</tr>
<tr>
<td>I give permission for the use of my name with quotations from the interview.</td>
<td></td>
</tr>
<tr>
<td>Quotations are to be used anonymously and in such a way that I cannot be identified.</td>
<td></td>
</tr>
<tr>
<td>I do not want to be quoted at all, even anonymously.</td>
<td></td>
</tr>
<tr>
<td>I agree to take part in this study.</td>
<td></td>
</tr>
</tbody>
</table>

Name of Participant
(\textit{printed})

Principal Investigator

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Signature

Date
Appendix E: LSHTM Ethics approval

London School of Hygiene & Tropical Medicine
Keppel Street, London WC1E 7HT
United Kingdom
Switchboard: +44 (0)20 7636 8636
www.lshtm.ac.uk

Observational / Interventions Research Ethics Committee

Marek Zetninski
LSHTM

19 December 2014

Dear Mr Zetninski,

Study Title: Tobacco Harm in Poland - from a non-smoker under Communist rule to a central focus of health advocacy in the post-Communist period

LSHTM Ethics Ref: 68041

Thank you for responding to the Observational Committee’s request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Conditions of the favourable opinion:

Approval is dependent on local ethical approval having been received, where relevant.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

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<th>File Name</th>
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<th>Version</th>
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After ethical review

The Chief Investigator (CI) or delegate is responsible for informing the ethics committee of any subsequent changes to the application. These must be submitted to the Committee for review using an Amendment form. Amendments must not be initiated before receipt of written favourable opinion from the Committee.

The CI or delegate is also required to notify the ethics committee of any protocol violations and/or Suspected Unexpected Serious Adverse Reactions (SUSARs) which occur during the project by submitting a Serious Adverse Event form.

At the end of the study, the CI or delegate must notify the committee using an End of Study form.

All aforementioned forms are available on the ethics online applications website and can only be submitted to the Committee via the website at: http://ethics.lshtm.ac.uk.

Additional information is available at: www.lshtm.ac.uk/ethics

Yours sincerely,

Professor John DB Porter
Chair

ethics@lshtm.ac.uk
http://www.lshtm.ac.uk/ethics/
Appendix F: Timelines

Timeline 1: Political and economic history of the Polish People's Republic 1945-1989

- 1947: Polish United Workers' Party takes power after rigged election.
- 1952: New constitution introduces 'dictatorship of the proletariat' and establishes Polish People's Republic.
- 1956: Poznani protests against poor working conditions leave over 50 dead.
- 1968: Period of so-called 'little stabilisation'.
- 1970: Protests on Baltic coast against price increases leave almost 50 dead.
- 1976: Karol Wojtyla elected Pope John Paul II.
- 1978: Consumer boom.
- 1980: Nationwide strikes culminate in formation of Solidarity.
- 1983: First partially free legislative elections.

Key Events:
- 1956: Gomulka (nationalist) First Secretary
- 1959: Economic stagnation
- 1960-1970: Liberalisation of economy and heavy borrowing from western countries
- 1970-1980: Janowelski (strongman) First Secretary
- 1981-1989: Economic collapse

Timeline spanning from 1947 to 1989 with key dates and events.
Timeline 2: Political and economic history of the Third Polish Republic 1989-2000

- Solidarity wins all contested seats, but PZPR keeps majority in Sejm (1989)
- 'Shock Therapy' reforms introduce economic liberalisation and privatisation (1990)
- First free elections yield 29 parties in the Sejm, no party with majority (1991)
- Succession of short-lived post-Solidarity governments
- Lech Wałęsa unexpectedly loses presidential election to SLD's Aleksander Kwaśniewski (1995)
- Poland makes formal request for European Union membership (1994)
- Left-wing (SLD) – agrarian (PSL) coalition in power (1995)
- Elections won by centre-right AWS (1997)
- Right-wing (AWS) – liberal (UW) coalition in power (1998)
- Poland becomes a member of NATO (1999)
- Jaruzelski President (1989 - 1990)
- High inflation, rising unemployment, falling GDP, plummeting wages (1990 - 1992)
- Waleśa President (1990 - 1995)
- Poland experiences fastest GDP growth of all former communist economies (1990 - 1995)
- Kwaśniewski President (1995 - 2000)
- Aleksander Kwaśniewski wins second term as President (2000)
Timeline 4: Tobacco industry in Poland, 1989-2000

Re-establishment of state tobacco monopoly discussed in Parliament

PM involves Walesa in Bill of Rights campaign

6th World Tobacco Exhibition in Vienna explores opening of CEE markets

Morgan Grenfell study recommends tobacco industry privatisation

PM donates equipment to Polish Senate

TTC East European Working Group formed

Voluntary marketing code of conduct announced

RJR violates voluntary code airing TV Camel ad

RJR-built factory outside Warsaw becomes operational

Privatisation tenders announced for state tobacco factories

Advertising Against Censorship campaign launched

BAT acquires Augustów

Seita acquires Radom

PM acquires Kraków

Reemtsma acquires Poznań

New voluntary marketing code of conduct announced

Reemtsma violates voluntary code with new filter ads

Oct 1998

TTC Polish Industry Working Group formed

Tobacco advertising banned

1989 - 1992

Modernisation and restructuring of Polish tobacco factories

1993 - 1996

Output of Polish-produced cigarettes grows from 90 billion to 96 billion sticks

1996 - 1999

Output of Polish-produced cigarettes drops to under 90 billion sticks
Timeline 5: Anti-tobacco movement in Poland, 1945-1989

Warsaw Cancer Centre declares that lung cancer reached epidemic status in Poland 1962

SKZPT is refused higher utility status by the Council of Ministers 1964

Adventist Zbigniew Tyko becomes General Secretary of SKZPT 1968

First smoking cessation clinic opens 1967

Next Committee for Limiting Smoking (later SKZPT) is established 1960

MSW forces local branches to stop opposing central SKZPT authorities 1975

Warsaw Cancer Centre begins to monitor smoking prevalence in Poland 1980

Solidarity threatens nationwide strike over cigarette prices Oct 1981

Witold Zatorowski becomes General Secretary of PTP 1982

II Antismoking Symposium of Socialist Countries is held in Poland 1984

SKZPT becomes the Polish Anti-tobacco Society (PTP) 1979

Washington Post criticises Polish authorities over dismal tobacco control record Feb 1987

Polish Radio begins to air weekly anti-smoking show 1986

Alfred Jaroszewicz chairman of SKZPT

Boguslaw Kołuszniak chairman of SKZPT/PTP

1960 - 1971

1972 - 1989
Timeline 6: Anti-tobacco movement in Poland, 1989-2000

The Health Promotion Foundation is established by Witold Zatorski 1991
Great Polish Smokeout organised in collaboration with the Catholic Church 1992
Conference on 'A Tobacco Free New Europe' is held in Kazimierz 1990

1990 - 1991 Period of restructuring of anti-tobacco movement

1992 - 1995 Lobbying efforts focused on the broad Polish Anti-tobacco Law

1995

Intense lobbying of incoming President Kwaśniewski to overturn Wałęsa's veto of Anti-tobacco Law

1995

Report by Central Statistical Office indicates an upturn in life expectancy among males in Poland 1997
Survey indicates that Poland has the strongest support for tobacco control legislation in Europe 1998
Polls indicate that two million Poles attribute successful quitting attempts to the Great Polish Smokeout 1999
Record number of participants in the Great Polish Smokeout competition 2000

1996 - 1999 Lobbying efforts focused on complete ban on tobacco advertising
Timeline 7: Tobacco control legislation in Poland, 1945-1989

- Ministry of Communication refuses to introduce ban on smoking in trains, 1970
- Smoking banned on domestic flights, 1971
- Tobacco control decree proposed by MoH rejected by government, 1983
- Legal office of MSW disputes need to comply with Tobacco Control Decree, 1985
- Tobacco control bill proposed by MoH rejected by government, 1988

- MHV bans smoking in its commercial property, 1962
- Price of Sport cigarettes increased from 12 to 14 cents 'for health reasons', 1966
- MSW health experts complain about lack of enforcement of decree, 1976
- Small health warnings appear on cigarette packets, 1980

- MoH communicable disease specialist Jan Karol Kostrzewski, 1968 - 1972
- MoH cardiac surgeon Marian Śliwiński, 1972 - 1980
- MoH agrarian leader Tadeusz Szalachowski, 1980 - 1985
- MoH Mirosław Cybulko, 1985 - 1987
Timeline 8: Tobacco control legislation in Poland, 1989-2000

1991
- State Tobacco Monopoly bill introduced to Sejm

1992
- Anti-tobacco bill introduced to Senate
- Tobacco turnover tax replaced with four-tiered specific tax
- Sejm launches appeal to government to undertake more vigorous anti-tobacco measures
- State Tobacco Monopoly bill rejected by Sejm

1993
- Bill on creation of health tax on tobacco products rejected by Sejm
- Resolution regarding means to prevent and treat tobacco-related diseases passed by Sejm

1994
- Tobacco control bill passed by Parliament
- Polish Anti-Tobacco Law takes effect
- Lech Wałęsa vetoes tobacco control bill
- Aleksander Kwaśniewski overrules veto, tobacco control bill becomes Polish Anti-Tobacco Law
- Sejm rejects the proposal to decrease health warning size on cigarette packaging

1995
- EU votes for tobacco advertising ban to be introduced within 3 years by member states

1996
- Polish Anti-Tobacco Law amended to ban cigarette advertising

1997
- Large health warnings introduced on cigarette packaging

1998

1999

Indicates dates of parliamentary elections (interrupting legislative process)

Quick succession of short-term MoHs

1991 - 1992

1992 - 1993

1993 - 1997

1997 - 1999
Witness Seminar

Z okazji XX-lecia ustawy o ochronie zdrowia przed następstwami używania tytoniu (Dz. U. 1996 nr 10 poz. 55)

Wtorek, 31 maja 2016, 09:30-13:30

Główny Inspektorat Sanitarny, ul. Targowa 65, Warszawa

PROGRAM SEMINARIUM

09:30  Powitanie gości
09:45  Kontekst historyczny
10:00  Część 1  Demokracja jest Zdrowsza? a) Rola palenia w polskim społeczeństwie i kulturze w latach 80tych b) Naukowa geneza ustawy c) Polityczna geneza ustawy


11:20  Przerwa na herbatę
11:40  Część 3  Kolejny „świstek papieru”? a) Wdrażanie ustawy w Polsce b) Zmieniający się stosunek Polaków do palenia tytoniu c) Efekty zdrowotne

Część 4  Polska wolna od tytoniu? a) Rola ustawy 20 lat później b) Co dalej z paleniem w Polsce?

13:00  Podsumowanie dyskusji
**Witness seminar – co to jest?**

- *Witness seminar* to rodzaj grupowego wywiadu lub dyskusji, prowadzonej przez moderatora. Jego celem jest stworzenie zapisu historycznych wydarzeń z punktu widzenia ich kluczowych uczestników.

- Opis głównych tematów dyskusji zostanie wysłany uczestnikom *witness seminar* przed spotkaniem. Jednak należy pamiętać, że jest to tylko propozycja, a nie wyczerpująca lista wszystkich zagadnień. Zależy nam na otwartej dyskusji. Wartość *witness seminar* leży w interakcji między jej uczestnikami oraz spontanicznej wymianie poglądów i wspomnień.

- Przed rozpoczęciem dyskusji poprosimy uczestników o wyrażenie zgody na nagranie dyskusji oraz sporządzenie jej protokołu.

- Nie jest dozwolone nagrywanie dyskusji przez osoby postronne oraz członków publiczności.

- W celu sporządzenia dokładnego protokołu dyskusji prosimy jej uczestników o przedstawienie się przed zabraniem głosu po raz pierwszy.

- Po przygotowaniu protokołu zostanie on wysłany uczestnikom dyskusji do autoryzacji.

- Ostateczna wersja protokołu zostanie opublikowana na specjalnie przygotowanej stronie internetowej i będzie stanowiła podstawę przyszłych opracowań naukowych. Będzie ona również dostępna w formie papierowej na życzenie.
Zaproszeni goście

Jan Bondar: moderator dyskusji; wieloletni rzecznik prasowy Ministerstwa Zdrowia, obecnie rzecznik prasowy Głównego Inspektoratu Sanitarnego.


Urszula Dudziak: psycholog i teolog, profesor na wydziale teologii Katolickiego Uniwersytetu Lubelskiego. Inicjator włączenia organizacji katolickich do działań społecznych ograniczających palenie, współtwórca programów profilaktycznych adresowanych do palących kobiet w ciąży i młodych matek.


Aleksandra Lusawa: dyrektor Departamentu Promocji Zdrowia, Biostatystyki i Analiz Państwowej Inspekcji Sanitarnej.

Jarosław Pinkas: lekarz, ekspert z zakresu ochrony zdrowia, twórca ruchu lekarzy rodzinnych w Polsce, wieloletni pracownik i dyrektor Instytutu Kardiologii w Aninie, wiceminister zdrowia w latach 2005-2007, obecnie sekretarz stanu w Ministerstwie Zdrowia, inicjator programu eradykacji palenia w Polsce w latach 2016-2025.


Mateusz Zatoński: historyk zdrowia publicznego, doktorant London School of Hygiene and Tropical Medicine, wiceprezes Fundacji „Promocja Zdrowia”.

Ustawa o ochronie zdrowia przed następstwami używania tytoniu i wyrobów tytoniowych została uchwalona przez Sejm RP 9 listopada 1995 roku i wprowadzona w życie w maju 1996 roku. Wychodziła ona naprzeciw potrzebom społeczeństwa, w którym palenie papierosów doprowadziło do zapaści zdrowotnej. W latach 80. Polska stała się krajem o najwyższym spożyciu papierosów na świecie, a statystyczny Polak wypalał ponad 3500 papierosów rocznie. W raporcie z 1990 roku Światowa Organizacja Zdrowia ogłosiła Europę środkową i wschodnią regionem katastrofy zdrowotnej. W Polsce umieralność mężczyzn w wieku produkcyjnym była na jednym z najwyższych poziomów na świecie, a szansa 15-letniego chłopca na dożycie 60 roku życia była niższa niż w Indiach czy w Chinach (patrz str. 3). Poziom umieralności z powodu chorób kardiowaskułarnych i nowotworów, szczególnie raka pluca, stale rósł i osiągnął w Polsce jedną z najwyższych wartości kiedykolwiek notowanych w populacji ludzkiej (patrz str. 4). Od początku lat 60. długość życia przestała rosnąć, a w populacji młodych i w średnim wieku dorosłych mężczyzn, dramatycznie spadać (patrz str. 5).


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znaczące restrykcje wobec palenia w miejscach publicznych; pierwszy w Europie Środkowo-Wschodniej rządowy program ograniczenia palenia tytoniu; jeden z pierwszych na świecie zapisów o bezpłatnym leczeniu uzależnienia od tytoniu; a w 1999 roku został uchwalony jeden z pierwszych na świecie zakazów reklamy, promocji i sponsorowania tytoniu, w tym zakaz sponsorowania przez firmy tytoniowe mediów i partii politycznych.³ 

Działania Polski zostały dostrzeżone i docenione na świecie. Polskie ustawodawstwo antytютniovie zostało uznane przez Światową Organizację Zdrowia za „przykład dla reszty świata”.⁴ Polska została uznana za lidera działań ograniczających palenie tytoniu w Europie Środkowo-Wschodniej i należała do grupy państw inicjujących prace nad Ramową Konwencją WHO o Ograniczeniu Użycia Tytoniu.⁵ 

Co najważniejsze, zarówno działania ustawodawcze, jak i akcje społeczne promujące styl życia wolny od tytoniu, bezpośrednio przełożyły się na poprawę zdrowia Polaków (patrz str. 6). Sprzedaż papierosów spadła ze 104 miliardów sztuk na początku lat 90. do 42 miliardów dzisiaj. Przekłada się to na spadek liczby osób palących o połowę, z 16 milionów palaczy w roku 1990 do 8 milionów w roku 2015. Między rokiem 1990 a dniem dzisiejszym częstość zachorowań na raka płuc, schorzenia występującego prawie wyłącznie u palaczy papierosów, spadła u mężczyzn w średnim wieku (35-54 lat) o połowę. Zmniejszyła się też o prawie połowę zachorowalność na choroby serca. Dzięki pozytywnym zmianom w zachowaniach zdrowotnych w latach 90. udało się zahamować trwający od 30 lat wzrost przedwczesnej umieralności. W Polsce rozpoczął się trend poprawy jakości i długości życia u obu płci.⁶ Przyrost długości życia w Polsce między 1991 a 2002 rokiem był najszybszy na świecie (patrz str. 7). 

Przedwczesna umieralność dorosłych mężczyzn, 1990

Według szacunków Światowej Organizacji Zdrowia, w 1990 r. szansa 15-letniego Polaka (podobnie jak jego rówieśnika w większości byłych krajów socjalistycznych) na dożycie sześćdziesiątego roku była mniejsza niż ta, jaką miał nastolatek w Chinach, Ameryce Łacińskiej, a nawet w Indiach.

EME – Kraje rozwinięte
FSE – Kraje byłego Związku Radzieckiego
CHN - Chiny
LAC – Kraje Latyno-amerikalńskie i Karaiby
OAI – inne kraje azjatyckie
MEC – Kraje środkowo-wschodniej Azji
IND - Indie
SSA – Kraje południowej i środkowej Afryki

Umieralność mężczyzn w wieku 20-64 lat, przyczyny, Polska, 1963-1991

Oczekiwana długość życia w wieku 20 lat, Polska, mężczyźni

Od połowy XX-tego wieku nastąpił w Polsce dramatyczny wzrost sprzedaży papierosów i częstości palenia. Doprowadziło to do katastrofy zdrowotnej, co ilustruje wzrost zachorowań z powodu raka płuca (schorzenia występującego prawie wyłącznie u palących). W latach 90tych doszło do odwrócenia tego negatywnego trendu. Jedną z najważniejszych przyczyn poprawy zdrowia Polaków, a w szczególności zmniejszenia zachorowań z powodu palenia, były działania legislacyjne Parlamentu (ustawa antytytoniowa). Także w ostatnim dziesięcioleciu obserwuje się stały, znaczący spadek częstości palenia i częstości raka płuca w Polsce.
Oczekiwana długość życia w Polsce, 1965-2005
Niezwykły przyrost zdrowia w latach 90.

Mężczyźni

Kobiety

wz. CO 2005
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<tr>
<td>1974</td>
<td>Pierwsze badanie OBOP na temat postaw Polaków wobec palenia tytoniu. Wskazuje ono, że między 65% a 75% mężczyzn między 20 a 60 rokiem życia pali codziennie (wśród kobiet około 20%). Rozporządzenie Ministra Zdrowia i Opieki Społecznej z dnia 4 czerwca 1974 r. w sprawie ograniczenia palenia tytoniu ze względów zdrowotnych wprowadza zakaz palenia tytoniu w placówkach służby zdrowia.</td>
</tr>
<tr>
<td>1976</td>
<td>W <em>World Smoking and Health</em> ukazuje się artykuł Józefa Granatowicza na temat leczenia zespołu uzależnienia od tytoniu z pomocą cytryzyny.</td>
</tr>
<tr>
<td>1979</td>
<td>SKZPT zostaje przekształcony w Polskie Towarzystwo Przeciwtytoniowe (PTP).</td>
</tr>
<tr>
<td>1981</td>
<td>W związku z niedoborami na rynku wprowadzona zostaje regulamentacja papierosów, według której każdemu przysługiwało 8 papierosów dziennie. Doprowadza to do wzrostu palaczy o jeden milion w kolejnym roku.</td>
</tr>
<tr>
<td>1982</td>
<td>Aż 30% kobiet w Polsce pali papierosy – to najwyższy współczynnik palenia wśród Polek zarejestrowany w historii.</td>
</tr>
<tr>
<td>1983</td>
<td>Ministerstwo Zdrowia i Opieki Społecznej (MZiOS) opracowuje projekty uchwał w sprawie ograniczenia palenia tytoniu ze względów zdrowotnych. Przewidują one m.in. zakaz palenia w zakładach pracy oraz utworzenie funduszu przeciwtytoniowego o wysokości 2,5 mld zł. Zastrzeżenia zgłasza Ministerstwo Finansów. Uchwała nigdy nie zostaje przyjęta.</td>
</tr>
<tr>
<td>1984</td>
<td>W listopadzie odbywa się w Łodzi II Przeciwtytoniowe Sympozjum Krajów Socjalistycznych poświęcone ochronie dzieci i młodzieży przed paleniem, w którym również biorą udział eksperzy ze Skandynawii. Delegaci wzywają do wzmocnienia prawodawstwa antytytoniowego w Polsce.</td>
</tr>
<tr>
<td>1985</td>
<td>Badacze z USA (Cooper et al.) publikują serię artykułów o narastającej przedwczesnej umieralności dorosłych mężczyzn w Polsce oraz udzielają w tym zjawisku palenia papierosów.</td>
</tr>
<tr>
<td>1987</td>
<td>GUS informuje, że po kilkuletniej przerwie w Polsce ponownie zaobserwowano spadek oczekiwanej długości życia mężczyzn.</td>
</tr>
<tr>
<td>1988</td>
<td>Polska po raz pierwszy bierze udział w Światowym Dniu Bez Papierosa. Z inicjatywy PTP MZiOS opracowuje projekt ustawy o wychowaniu w abstynencji nikotynowej i przeciwdziałaniu palenia tytoniu. Ustawa zakłada m.in. zakaz palenia tytoniu w wielu miejscach publicznych, stworzenie Funduszu Przeciwtytoniowego pochodzącego z dopłat w wysokości 5% ceny paczki papierosów, ograniczenie zawartości substancji toksycznych w wyrobach tytoniowych, kształtowanie cen wyrobów tytoniowych w celu obniżenia ich spożycia, rozwinięcie antytytoniowych programów edukacyjnych. Ustawa nigdy nie zostaje uchwalona.</td>
</tr>
<tr>
<td>1989</td>
<td>Spożycie papierosów wśród dorosłych Polaków wynosi 3286 sztuk na osobę. Według statystyk WHO jest to jeden z najwyższych poziomów na świecie.</td>
</tr>
</tbody>
</table>
Lata 90.: Przemysł tytoniowy co roku wydaje $100 milionów na reklamę papierosów w Polsce. Przewiduje się, że do 2000 roku poziom palenia w Polsce wzrośnie o 10-20%. Wzrasta poziom akcyzy na papierosy. Jednak pod koniec lat 90tych wynosi on nadal tylko 47% ceny produktu (minimum UE to 57%).


Lipiec: Sejm odrzuca poselski projekt (jednym z proponentów jest poseł Zdzisław Czarnobilski) ustawy o ustanowieniu podatku od produkcji wyrobów tytoniowych jako dopłaty do budżetu MZiOS na leczenie chorób odtytoniowych i alkoholowych.


1993: Kwiecień: Sejm uchwala ustawę o zwalczaniu nieuczciwej konkurencji. Nie uwzględnia ona wniosku Andrzeja Łukomskiego (wspieranego przez Jerzego Matyjka) o wprowadzenie zakazu reklamy wyrobów tytoniowych w prasie (poprawka ta została odrzucona przez Senat).

Podczas IX Światowej Konferencji „Tytoń albo Zdrowie” w Paryżu przyjęto rezolucję zalecającą wprowadzenie strategii zwalczania tytoniu przez rządy środkowej i wschodniej Europy.
1995: Rozpoczyna się proces prywatyzacji państwowych zakładów tytoniowych przez międzynarodowe koncerny tytoniowe.
**Listopad:** Uchwalona przez Sejm zostaje ustawa o ochronie zdrowia przed następstwami używania tytoniu i wyrobów tytoniowych (pośei Seweryn Jurgielaniec, wspierany przez Jana Kopczyka). Wprowadza ona m.in. zakaz palenia w placówkach służby zdrowia i placówkach oświatowo-wychowawczych, pomieszczeniach w zakładach pracy, urzędach itd. Wprowadza ona napis o szkodliwości palenia zajmujący 30% paczki papierosów, oraz ostrzeżenie zajmujące 20% miejsca na reklamach. Odrzucona zostaje poprawka Senatu całkowicie zakazująca reklamowania papierosów (wniesiona przez senatora Mieczysława Wyględowskiego).

Grudzień: Ustawa zostaje zawetowana przez ustępującego prezydenta Lecha Wałęsę. Weto jest uzasadnione brakiem całkowitego zakazu reklamy papierosów w ustawie.

1996: **Styczeń:** Prezydent Aleksander Kwaśniewski wycofuje weto Wałęsy i podpisuje ustawę antytobutową.

**Listopad:** Odrzucony przez Sejm zostaje przedstawiony przez Komisję Transportu, Łączności, Handlu i Usług projekt ustawy o zmianie ustawy o ochronie zdrowia przed następstwami używania tytoniu i wyrobów tytoniowych. Projekt zakładał zmniejszenie ostrzeżenia zdrowotnego na paczkach papierosów z 30% do 4%.

1997: **Kwiecień:** Sejm odrzuca projekt Komisji Transportu w sprawie nowelizacji ustawy antytobutowej przewidujący zmniejszenie napisów ostrzegających o szkodliwości palenia zamieszczanych na pudełkach papierosów i reklamach.

Maj: Skierowany do Komisji zostaje poselski projekt poprawki do ustawy antytobutowej wprowadzający obowiązek umieszczania w punktach sprzedaży wyrobów tytoniowych informacji o zakazie sprzedaży tych wyrobów osobom poniżej 18 roku życia oraz ostrzeżeń o szkodliwości palenia tytoniu. Sprawa nie zostaje zamknięta podczas trwającej kadencji.

1998: Polska wprowadza największe ostrzeżenia zdrowotne na paczkach papierosów na świecie.

W opracowanym przez Komisję Europejską indeksie klimatu antytobutowego Polska zajmuje pierwsze miejsce w Europie, wyprzedzając m.in. Szwecję i Wielką Brytanię. Polacy uważają, że rząd powinien zrobić jeszcze więcej dla ograniczenia palenia.

Spożycie papierosów w Polsce spada o 10% od 1990 roku. Jest to pierwszy stabilny spadek spożycia papierosów w Polsce i w Europie wschodniej od czasu Drugiej Wojny Światowej.

1999: Międzynarodowe koncerny kontrolują ponad 90% polskiego rynku tytoniowego. Akcya na produkty tytoniowe wzrasta o 30%.

**Październik:** Uchwalony zostaje całkowity zakaz reklamy wyrobów tytoniowych w Polsce (pośei Andrzej Wojtyła). Wprowadza się też przepis decydujący o przeznaczeniu 0,5% tytoniowego podatku akcyzowego na finansowanie programów dla ograniczenia zdrowotnych następstw palenia tytoniu.

2000: **Grudzień:** Reklamy papierosów znikają ze wszystkich ulicznych tablic reklamowych w Polsce.

2001: **Grudzień:** Reklamy papierosów znikają z prasy.
GŁÓWNE OBSZARY Dyskusji


antytytoniowej? Jaka była rola wsparcia ekspertów z zachodu dla ruchu antytytoniowego?


4. **Polska wolna od tytoniu?** Dy dyskusję zakończymy rozmową o tym jak wygląda polityka antytytoniowa w Polsce dzisiaj i jak powinna wyglądać w przyszłości. Jakie efekty zdrowotne i społeczne przyniosła Polska ustawa antytytoniowa? Jak należy poprowadzić politykę zdrowotną w Polsce w następnym dziesięcioleciu? Z jakich krajów należy brać
przykład w tworzeniu efektywnej polityki antytytoniowej? Czy Polska może znów stać się liderem walki z tytoniem w Europie?
Appendix H: Briefing paper for participants of October 2016 witness seminar

Tobacco control – past, present and future

Dinner discussion
At 6:30pm on Thursday, October 27th at
the Harvard Faculty Club
Harvard Faculty Club
20 Quincy St.
Cambridge, MA 02138

Roundtable seminar
From 8am until 1pm on Friday, October 28th at the Department of the History of
Science
Seminar room 252
Science Center
1 Oxford Street
Cambridge, MA 02138

Main aims

- Identifying key learning opportunities emerging from historical research for global
tobacco control leaders and health advocates
- Appraising the current challenges to effective tobacco control efforts globally
- Initiating collaboration on a roadmap for the future of global tobacco control
We would like to make the most of the extensive range of regional and disciplinary expertise of our guests and encourage an informal discussion on global and regional agendas for tobacco control, past and present. We hope that the casual format of the dinner discussion will generate broad, strategic thinking, as well as future research and collaboration ideas. Below are some suggestions of topics that we would like to tackle in our dinner discussion, as well as during the roundtable seminar.

While transnational tobacco companies (TTCs) often use similar tactics in their operations around the globe, the saliency of different tobacco control issues varies according to the regional context. These include:

**Harm reduction approaches to tobacco control** – a historical antipathy towards harm reduction approaches exists within the US public health community. Are harm reduction approaches more favored by tobacco control advocates in other parts of the world? If so, why is this the case? What are the implications of culturally specific norms regarding risk and risk taking?

**The use of litigation and lawsuits** – legal strategies played an important historical role in the US, and were employed both by health advocates and by TTCs. Is their importance growing in other regional contexts? Are lawsuits such as Philip Morris v. Uruguay and the challenge to Australia’s plain-packaging laws a sign that we should expect more such cases in the future?

**Targeted promotion of tobacco products** – regulators have recently made attempts to obstruct the TTCs’ efforts to address tobacco products to particularly vulnerable groups, especially children. After overcoming the opposition of several member states, the European Union is introducing a Tobacco Products Directive that will ban slim and flavoured cigarettes. What strategies do tobacco control leaders in other regional contexts take on such issues?

**The utility of FCTC as a tool of tobacco control** – the FCTC continues to serve anti-tobacco advocates in signatory states to pressure their governments to introduce progressive tobacco control legislation. However, implementation of the treaty remains uneven and some countries, including the USA, have still not ratified it. How important has the FCTC been for global tobacco control efforts, and what should its role be in the future?

**Tobacco taxation** – increasing the price of cigarettes has been one of the most effective ways of reducing overall smoking prevalence. However, while smoking rates have generally declined in many high-income countries, they remain persistently high among the lowest socioeconomic groups. Have cigarette taxes become a disproportionate burden on the poor? What taxation strategies are optimal for lower income countries that continue to have high smoking prevalence levels?
**The Tobacco Free Generation** – this proposal advocates legislation that would phase out tobacco by precluding the sale of tobacco products to individuals born after a certain date. Why has the postulate not been implemented anywhere since its formulation in 2010? Should it deserve to be taken seriously by the public health community? What would be its implications for smoking cessation efforts and for reduced harm products such as e-cigarettes?

**Role of social and religious organizations** – social and religious activism has been one of the mainstays of tobacco control from the earliest years of anti-tobacco advocacy. Religious denominations such as the Catholic Church and the Seventh-day Adventist Church have provided a robust organizational platform for smoking cessation projects, and a powerful source of pressure on policymakers in many societies. How has the role played by these actors in the anti-tobacco effort evolved through time, and what should it be in the future?

**Farmer dependency on tobacco production** – the TTCs have been working towards augmenting the economic dependence of countries on tobacco farming in various global regions, including sub-Saharan Africa and Central and Eastern Europe. This has served several purposes, including gaining leverage over policymakers, and building consumer bases in countries with traditionally low smoking prevalence levels. How can such tactics be effectively opposed?

**Treatment of tobacco dependence** – Effective smoking cessation support remains the most direct way of controlling the health burden of tobacco. However, access to treatment varies widely across and within countries, as do the treatments themselves. Is it still useful to speak of a golden standard for cessation programs? How should resource constraints and problems of uptake be addressed on micro and macro levels?

**Electronic cigarettes** – one of the looming challenges for health advocacy today is the question of the appropriate regulation of e-cigarettes. The debate over these products reprises many of the themes that have recurred throughout the history of tobacco control – such as the tension between harm reduction approaches and the precautionary principle, or the challenges posed by disruptive innovation to the public health status quo as technological dissemination outstrips the knowledge context.

We would like to pose the following questions to our experts. What new pieces of information would allow the tobacco control community to form a more united front regarding e-cigarettes? It is likely that many decades will be needed to obtain a fuller understanding of their impact on the health of their users. If we want to avoid tackling the question of e-cigarettes on the basis of competing commercial and political interests, what are the questions that we need to answer in order to resolve it on the basis of research and evidence? Finally, is there an appropriate regulatory framework for dealing with products which are inherently dangerous, but the moderate use of which might be preferable to the alternative?
The roundtable seminar will be an opportunity to pick up the threads of the dinner discussion, as well as to take a closer look at the topics proposed by our presenters. We are hoping to continue in the vein of creative informality, but please find a broad outline of our meeting below:

**Roundtable agenda**

08:00 – 08:20 – Breakfast and arrival of participants

08:20 – 08:30 – Welcoming remarks (Allan Brandt)

08:30 – 10:00 – Tobacco control: recent history and where are we today?
   - Witold Zatoński – *Lessons from three decades of tobacco control in Poland*
   - Nancy Rigotti – *Importance of smoking cessation, past and present*

10:00 – 10:15 – Short break

10:15 – 12:30 – How can the past inform effective tobacco control tomorrow?
   - Michal Stoklosa – *The economics of harm reduction*
   - Gregory Connolly – *Next Generation Tobacco/Nicotine Products: Use of Internet Technologies to Reduce Harm but Control Addiction*
   - Action points for the future

12:30 – 13:00 – Closing remarks (Mateusz Zatonski and Allan Brandt) and lunch
Participants’ details

**Allan Brandt** is the Amalie Moses Kass Professor of the History of Medicine and Professor of the History of Science at Harvard University. His work focuses on social and ethical aspects of health, disease, medical practices, and global health in the twentieth century. Contact: brandt@fas.harvard.edu

**Grieve Chelwa** is a post-doctoral fellow at the Center for African Studies at Harvard University. His doctoral research focused on the economics of tobacco control in South Africa, Uganda and Zambia. Contact: grieve_chelwa@fas.harvard.edu

**Gregory Connolly** is a Research Professor at the Bouvé College of Health Sciences at Northeastern University. His research focuses on tobacco product design, reduced risk tobacco products, global tobacco issues, efficacy of tobacco control interventions and the structure and marketing practices of the tobacco industry. Contact: g.connolly@neu.edu

**Rajmund Dabrowski** is a Seventh-day Adventist pastor. He has served as the longtime Director of Communication for the General Conference of the Seventh-day Adventist Church. Contact: raydabrowski@me.com

**Richard Daynard** is a University Distinguished Professor of Law at the Northeastern University School of Law. He is a key leader of the movement to establish the legal responsibility of the tobacco industry for tobacco-induced death, disease and disability. Contact: r.daynard@neu.edu

**Aleksandra Herbeć** is a doctoral researcher at the University College London Health Behaviour Research Centre. Her research focuses on the development and mixed-methods evaluation of complex digital interventions for behaviour change and smoking cessation Contact: aleksandra.herbec.11@ucl.ac.uk

**Sara Kalkhoran** is an Instructor in Medicine at Harvard Medical School and a clinician investigator in the Division of General Internal Medicine at Massachusetts General Hospital. Her research interests are in reducing the health risks associated with the use of tobacco products, including emerging products such as electronic cigarettes. Contact: skalkhoran@mgh.harvard.edu
**Howard Koh** is the Harvey V. Fineberg Professor of the Practice of Public Health Leadership at the Harvard T. H. Chan School of Public Health and the Harvard Kennedy School. Most recently, between 2009 and 2014, he has served as the 14th Assistant Secretary for Health for the U.S. Department of Health and Human Services.

Contact: hkoh@hsph.harvard.edu

**Gina Kruse** is an Assistant Professor at Harvard Medical School and a clinician investigator in the Division of General Internal Medicine at Massachusetts General Hospital. Her research examines technology-based interventions to improve the delivery of tobacco cessation treatment for patients engaged in healthcare.

Contact: gkruse@mgh.harvard.edu

**Naomi Oreskes** is a Professor of the History of Science and Affiliated Professor of Earth and Planetary Sciences at Harvard University. Her research focuses on the earth and environmental sciences, with a particular interest in understanding scientific consensus and dissent.

Contact: oreskes@fas.harvard.edu

**Nancy Rigotti** is a Professor of Medicine at Harvard Medical School and Associate Chief of the Division of General Internal Medicine at Massachusetts General Hospital. She leads a multidisciplinary research group that develops, tests, and disseminates interventions for smoking cessation across outpatient and inpatient settings.

Contact: nrigotti@partners.org

**Michal Stokłosa** is a Senior Economist within the International Tobacco Control Research program at the American Cancer Society. His research focuses on the economics of tobacco control, including tax policy, global illicit cigarette trade, and tobacco industry interference in tobacco control efforts.

Contact: michal.stoklosa@cancer.org

**Mateusz Zatoński** is a doctoral researcher at the London School of Hygiene and Tropical Medicine. His research focuses on the history of anti-tobacco advocacy and tobacco policymaking in Central and Eastern Europe.

Contact: mateusz.zatonski@lshtm.ac.uk

**Witold Zatoński** is the Founder and President of the Health Promotion Foundation, based in Warsaw, Poland. He has launched numerous health campaigns in Central and Eastern Europe. His most recent research examines health inequalities between eastern and western parts of the European Union.

Contact: wazatonski@gmail.com
Appendix I: 1974 Decree Regarding the Limiting of Smoking Tobacco Due to Health Reasons

In order to continue the improving trend of the health and hygienic conditions in workplaces, educational institutions, in restaurants and other public utility venues, and with the intention of protecting the health of non-smokers and smokers, particularly preventing smoking-related diseases, based on the article 16, paragraph 4 of the legislation of 28 October 1948 regarding healthcare social facilities and the planned economy within the health service [Dz. U. Nr 55, poz. 434 with the later amendments], the following is decreed:

§1. 1. A ban on smoking tobacco is introduced in the organisational facilities of the Ministry of Health and Social Care:

   a. in meetings and conferences,
   b. in workplace, university, and school canteens and cafeterias,
   c. in waiting rooms of healthcare facilities, outside rooms allocated as smoking areas,
   d. in the cafeterias of social care homes, sanatoria, and other,
   e. in pharmacies,
   f. in all rooms used by patients and residents (hospital wards, rooms, doctors’ offices, operation rooms, corridors) apart from rooms designated as smoking areas.

2. Apart from the restrictions listed in §1 a ban on tobacco smoking applies also to the employees of the health service and social service during their contacts with patients.

3. In public halls and clubs containing more than one room it is necessary to allocate one of the rooms as a non-smoking area.

4. In special cases a bedridden person in a hospital can receive the permission of the head of the ward to smoke if it is possible taking under account the state of the other patients in the room.

§2. It is recommended to other ministers, heads of central agencies, voivodes, and presidents of cities to issue the following to their subordinate institutions:

1. A ban on smoking tobacco in canteens, workplace cafeterias, university cafeterias, and other such facilities,

2. A ban on smoking during meetings and conferences,
3. The commitment of heads of departments to allocate specific rooms as smoking areas for employees,

4. The introduction of a ban on smoking tobacco in eateries, canteens, and cafeterias by the individuals spending time in a training centres, holiday resorts, and hostels subordinate to a particular ministry or department,

5. Ensuring that non-smoking rooms exist in public halls and clubs with more than one room.

§3. Heads of workplaces will decide how to execute the bans and restriction described in §1 and §2 in agreement with the worker’s councils and trade unions.

§4. The measures described in §2 should in particular include:

1. In organisational facilities of the Ministry of Internal Trade and Services:
   a. special rooms for non-smokers should be made available in restaurants, cafes, and other facilities of collective nutrition made up of more than two rooms devoted to consumption, and in the remaining facilities make smoking rooms available if possible,
   b. a ban on smoking tobacco in fast food bars, milk bars, eateries, and in shops should be introduced.

2. In organisational facilities of the Ministry of Communication:
   a. a ban on smoking tobacco in suburban trains, in station buffets, in fast food bars, and in dining cars should be introduced,
   b. smoke-free waiting rooms in train and bus stations should be set aside, if possible,

3. In organisational facilities of the Ministry of Culture and Art: limit smoking tobacco in all cultural facilities, in particular in cultural centres, public halls and clubs, and setting aside smoking rooms in such facilities, if possible.

4. In organisational facilities of the Ministry of Science, Higher Education, and Technology: a ban on smoking in all lecture halls and seminar rooms in all higher education institutions, and setting aside smoking rooms,

5. In organisational facilities of the Ministry of Education and Training:
   a. a strict ban on smoking by children and youth should be enforced,
   b. teaching staff in educational institutions should be obliged to not smoke in the presence of children and youth,

6. In the organisational facilities of the Radio and Television Committee: limiting smoking in TV shows and broadening the offering of programmes on smoking harm in television and radio.
§5. It is recommended to the central authorities of cooperative unions and social organisations to introduce the rules described in the decree in organisational facilities subordinate to them.

§6. The decree comes to life on the day of 1 July 1974.

Signed: Minister of Health and Social Care: M. Śliwiński

In order to prevent addiction to tobacco and its products, and to protect public health from effects of their use, it is decreed as follows:

§ 1. State and territorial government institutions are required to undertake activities leading to the protection of public health from the effects of tobacco use. For this purpose, they may support the activities of professional medical governing bodies, civic organisations, foundations, workplaces and companies, and collaborate with churches and other organised religious groups.

§ 2. Terminology used in the Act:

1) ‘tobacco’ – cultivated Nicotiana tobacco plants,

2) ‘tobacco products’ – any products made of tobacco, such as cigarettes, cigars, cigarillos, pipe tobacco, mahorka, snuff, and other products containing tobacco or its components, excluding medicinal products containing nicotine,

3) ‘smokeless tobacco products’ – tobacco products for sniffing, sucking, chewing, or other ways of introducing tobacco into the organism, excluding medicinal products containing tobacco;

4) ‘tobacco accessories’ – products and devices intended for tobacco use, such as cigarette cases, cigar holders, rolling paper, cigarette rolling machines, pipes and their cleaning and packing tools, ashtrays, cigar cutters, etc. (excluding lighters and matches),

5)¹ ‘tobacco products advertisement’ – public dissemination of tobacco product brands or symbols related to them, as well as names and graphic symbols of companies manufacturing tobacco products, which are no different than the names and graphic symbols of tobacco products, and are used to popularise the brands of tobacco products; information used for commercial purposes exchanged between companies producing, distributing, and selling tobacco products is not considered marketing,

6)² ‘tobacco products information’ – information about brands of tobacco products and their harmful components, which does not contain messages encouraging to buy or use tobacco products, and is placed exclusively in locations where these products were sold,

¹ Amended by the Act of 5 November 1999 on changing the Act on Protection of Public Health against the Effects of Tobacco Use
² Ibid.
7) ‘promotion of tobacco products’ – public distribution of tobacco products or tobacco accessories, organising tasting events, offering tobacco products for promotional prices, organising contests based on the purchase of tobacco products or accessories, or other forms of public encouragement to purchase or use tobacco products,

8) ‘sponsorship’ – financial or material support for individuals or institutions conducting activities related to the exhibition of names of products and commercial companies and their graphic symbols.

§ 3. Protection of public health from the effects of tobacco use is carried out through the shaping health, economic, and social policy, which includes:

1) protection of the right of non-smokers to live in a smoke-free environment,

2) health promotion and the promotion of lifestyles free from cigarette smoking addiction and the use of tobacco products,

2a) educational and informational activities,

3) the creation of economic and legal conditions encouraging limiting tobacco use,

4) informing about tobacco smoking harm and the content of harmful substances on the packaging of tobacco products and in advertisement (information about tobacco products)\(^5\),

5) lowering the permissible levels of harmful substances contained in tobacco products,

6) treatment and rehabilitation of persons addicted to tobacco.

§ 4. 1. The Council of Ministers determines the programme for health, economic, and social policy, leading to the reduction of the use of tobacco products.

2. The Council of Ministers submits a report on the implementation of this programme to the Sejm by April 30 every year.

3. The programme is financed by the state government in the amount of 0.5% of the tobacco products’ excise tax.

§ 5. 1. It is forbidden to smoke tobacco products apart from clearly indicated locations (separated and especially adapted rooms):

1) in healthcare facilities,

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\(^3\) Ibid.
\(^4\) Ibid.
\(^5\) Ibid.
\(^6\) Ibid.
\(^7\) Ibid.
2) in schools and educational facilities,

3) in workplace premises and other public utility facilities, (and in small, one-room gastronomic venues only in clearly indicated spots)\(^8\).

1a.\(^9\) The owner or user of these facilities is responsible for implementing the ban on tobacco smoking.

2. In special cases a physician may permit a patient to smoke within a healthcare facility.

3. The Minister of National Defence, Minister of the Interior, and Minister of Justice will decide, by way of decrees, the rules governing smoking in facilities which are under their administration.

4. The gmina (local authority) council can decide, by way of a resolution, that other public utility places will be smoke-free.

§ 6. 1. It is forbidden to sell tobacco products to persons under 18 years of age.

2. It is forbidden to sell tobacco products on the premises of health centres, schools, and educational establishments, as well as sports and recreation facilities.

3. It is forbidden to sell tobacco products in vending machines.

4. It is forbidden to sell cigarettes in packaging containing less than twenty sticks, or selling single, unpackaged cigarettes.

§ 7. It is forbidden to produce and sell smokeless tobacco products, (with the exception of snuff)\(^10\).

§ 8. 1. It is forbidden to advertise and promote tobacco products, tobacco accessories, and products imitating tobacco products or accessories and symbols related to the use of tobacco:

1) in television, radio, cinema, in children and youth press, in health centres, in cultural and educational institutions, in higher education institutions and sports and recreation facilities (and other public places)\(^11\),

2)\(^12\) in press other than that listed in point 1),

3)\(^13\) on posters and billboards.

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\(^8\) Ibid.  
\(^9\) Ibid.  
\(^10\) Ibid.  
\(^11\) Ibid.  
\(^12\) Ibid.  
\(^13\) Ibid.
2. It is forbidden for tobacco companies to sponsor sports, cultural, educational, health, and socio-political activity.

§ 9. 1. Each individual cigarette packaging in circulation should carry visible, legible, and durable:

1) at least two differing information labels warning against tobacco use harm,

2) information regarding the tar and nicotine content of a single cigarette.

2. Point 1, 1) is also applicable to other tobacco products.

3. Information listed in point 1, 1) is placed on a surface area not smaller than 30% of each of the largest sides of cigarette packaging.

4. Tobacco advertisements Information regarding tobacco products must contain a visible and legible label warning against tobacco use harm, covering at least 20% of the surface of the advertisements.\textsuperscript{14}

§ 10. The Minister of Health and Social Care determines, through the use of a decree, the content, pattern, and method of placing the warning labels, as well as the maximum allowed content of harmful substances in tobacco products, and the way of determining their content.

§ 11. The treatment of tobacco addiction in public health centres is free of charge.

§ 12. Whoever:

1) produces or sells tobacco products with a content of harmful substances exceeding the legal norms,

2) produces or sells smokeless tobacco products (with the exception of snuff)\textsuperscript{15},

3) sells tobacco products without including on the packaging labels warning against tobacco use harm and the content of harmful substances,

4) advertises (promotes or sponsors)\textsuperscript{16} tobacco products in breach of § 8

Is risking imprisonment or a fine of up to 25 000 zł.

§ 13. 1. Whoever:

1) sells tobacco products in breach of the restrictions listed in § 6,

2) smokes tobacco products in places included in the restrictions listed in § 5,

\textsuperscript{14} Ibid.
\textsuperscript{15} Ibid.
\textsuperscript{16} Ibid.
allows for tobacco smoking on premises under their administration that are included in the restrictions outline in § 5.

Is risking a fine.

President of the Polish Republic: A. Kwaśniewski

\[17\] Ibid.
Appendix K: Conceptual framework at the outset of research

**Tobacco policy as high politics** – an economic priority of the state. Only economic and political elites have a say in its formulation (Hall et al. 1975).

**Event that affects all elements in Leichter’s (1979) classification of factors facilitating policy change – situational** (violent transition occurs), **structural** (change of regime type and organisation), **cultural** (nature of participation), **environmental** (opening to international pressure).

**Tobacco policy as low politics** – tobacco as one of many industries to privatise – field opens up for participation and civil society influence (Hall et al. 1975).

**Problem Stream**
- Evidence of high prevalence of smoking, but growing level of lung diseases blamed mainly on environmental pollution. Scale of tobacco-related diseases kept a secret by the authorities.
- Ban on smoking in hospitals of 1974 as potential focusing event for further legislation – but legislation weak and unenforced.
- Some personal involvement of leading politicians.

**Policy Stream**
- Low acceptability – most powerful groups do not engage with issue of tobacco (Catholic Church) or are against stringent laws (Solidarity). Focus on alcohol harm instead.
- Health not a key value in society with more urgent wants.
- Incrementalist approach of legislators means low feasibility of ground-breaking tobacco control laws.

**Politics Stream**
- Inside interest groups:
  - State tobacco monopoly keeps health off agenda.
  - Communist Party and government elites.
  - Economic elite reliant on tobacco income.
  - Health Ministry (weak?).
- Outside interest groups:
  - State-controlled anti-tobacco association (weak?).
  - Church and Solidarity (uninterested in tobacco).
- Weak media controlled by regime.

**Anti-smoking groups** controlled by authorities, limited to fringe activity and prevented from initiating public debates on tobacco policy.

**Evidence** of high prevalence of smoking and growing level of smoking-related diseases recognized by policymakers.

Kazimierz Declaration of 1989 as focusing event for further legislation – recommendations heeded by authorities.

Personal involvement of leading politicians (especially role of numerous physicians in Polish parliament).

Event that affects all elements in Leichter’s (1979) classification of factors facilitating policy change – situational (violent transition occurs), structural (change of regime type and organisation), cultural (nature of participation), environmental (opening to international pressure).

**Evidence** of high prevalence of smoking and growing level of smoking-related diseases recognized by policymakers.

Kazimierz Declaration of 1989 as focusing event for further legislation – recommendations heeded by authorities.

Personal involvement of leading politicians (especially role of numerous physicians in Polish parliament).

High acceptability – willingness to follow example of West. By mid-1990s v. high anti-smoking climate (Fagerstrom 2001).

Overhaul of policy agenda, health seen as important value in brief period of post-communist idealism in parliament.

Overhaul of legislative system and EU requirements means completely new tobacco law feasible.

**Anti-smoking groups** become independent of state, free to launch mass media campaigns, and initiate public debates on tobacco policy.

**Evidence** of high prevalence of smoking and growing level of smoking-related diseases recognized by policymakers.

Kazimierz Declaration of 1989 as focusing event for further legislation – recommendations heeded by authorities.

Personal involvement of leading politicians (especially role of numerous physicians in Polish parliament).

High acceptability – willingness to follow example of West. By mid-1990s v. high anti-smoking climate (Fagerstrom 2001).

Overhaul of policy agenda, health seen as important value in brief period of post-communist idealism in parliament.

Overhaul of legislative system and EU requirements means completely new tobacco law feasible.

**Inside interest groups:**
- Declining state tobacco losing insider status.
- Powerful Finance Ministry in charge of privatisation.
- Health Ministry (weak?).

**Outside interest groups**
- Multiple TTCs (powerful but Poland not main focus).
- Growing number of independent NGOs.
- International health community and EU pressure.
- Physicians one of few surviving elite groups.

**Free media** with strong commitment on reporting health stories.
Appendix L: Conceptual framework after data collection and analysis

Tobacco policy as **high politics** – one of economic priorities of the state. Its formulation largely in hands of economic and political elites (Hall et al. 1975).

Event that affects several elements in Leichter’s (1979) classification of factors facilitating policy change – **structural** (change of regime type from state socialism to liberal capitalism), **cultural** (nature of participation in tobacco control debate shifts as Poles become more interested in healthy lifestyles), **environmental** (policymakers opening to international pressure from the West).

Tobacco policy as **low politics** – tobacco as one of many industries to privatise. Field opens up for participation and civil society influence (Hall et al. 1975).

**Anti-smoking groups** underfunded, fraught by infighting, few links with medical, in 1980s new leadership focused on coalition building (Sabatier and Jenkins-Smith, 1993).

**Anti-smoking groups** supported by int’l health advocates, launch mass campaigns, work with private sector and Catholic Church (Sabatier and Jenkins-Smith, 1993).

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**Evidence** of high smoking prevalence and tobacco-related diseases available to medical community, but poor awareness among public. Some research on smoking in Poland suppressed by authorities. Quite stringent Tobacco Control Decree of 1974 as potential **focusing event** for further regulation – but legislation remains unenforced. Some **personal** involvement of leading politicians.

High **acceptability** – willingness to follow (and exceed) example of West, by late 1990s one of strongest anti-smoking climates in Europe. Overhaul of policy agenda, health seen as important **value** in the period of post-communist idealism in parliament. Overhaul of legislative system and EU requirements means completely new tobacco law **feasible**.

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**Evidence** of high smoking prevalence and rise of smoking-related diseases cause alarm among policymakers and public. Kazimierz Resolution (1990) as **focusing event** for further legislation – voices of int’l experts heeded by authorities. Significant **personal** involvement of leading politicians from across the political spectrum.

**Insider interest groups**:
- State tobacco monopoly keeps health off agenda.
- Communist Party and government elites worried about upsetting fragile economy of state and tobacco income.
- Weak Ministry of Health.

**Outsider interest groups**:
- Poorly organised and isolated anti-tobacco association.
- Catholic Church and Solidarity (uninterested in tobacco).

**Media** controlled by regime, growing interest in health stories.

**Free media** with strong commitment to reporting health stories.
### Appendix M: Characteristics of tobacco control developments in Central and Eastern Europe

<table>
<thead>
<tr>
<th></th>
<th>Poland</th>
<th>USSR/Russia</th>
<th>Czechoslovakia/ Czech Republic</th>
<th>Hungary</th>
<th>Bulgaria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Importance of tobacco for communist economy</strong></td>
<td>Moderate/high – in 1970s attempts to modernise tobacco industry.</td>
<td>High – in 1970s attempts to modernise tobacco industry.</td>
<td>No data</td>
<td>No data</td>
<td>Very high – second tobacco exporter globally⁰⁰</td>
</tr>
<tr>
<td><strong>Tobacco control under communism</strong></td>
<td>No consistent enforcement/ evaluation. No advertising.</td>
<td>No consistent enforcement. Advertising until ban introduced in 1980.¹</td>
<td>Mass anti-smoking campaign in 1980s.</td>
<td>No data</td>
<td>Small-scale anti-smoking campaigns ran by temperance activists.¹²</td>
</tr>
<tr>
<td><strong>Per capita cigarette consumption in 1990²⁰</strong></td>
<td>2,532</td>
<td>1,243 (1996)</td>
<td>1,687 (1993)</td>
<td>2,408</td>
<td>1,773</td>
</tr>
<tr>
<td><strong>Economic crisis in 1990s</strong></td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Anti-tobacco advocacy in 1990s</strong></td>
<td>Large scale</td>
<td>Marginal³iii</td>
<td>Marginal³iii</td>
<td>Marginal⁵</td>
<td>Marginal⁵</td>
</tr>
<tr>
<td><strong>Farming lobby position on tobacco privatisation in 1990s</strong></td>
<td>Oppose/mixed</td>
<td>No data</td>
<td>No data</td>
<td>Support⁶</td>
<td>Oppose⁶</td>
</tr>
<tr>
<td><strong>Privatisation of tobacco industry</strong></td>
<td>1996</td>
<td>1992⁸iii</td>
<td>1992²xiv</td>
<td>1991⁶v</td>
<td>2011⁶vi</td>
</tr>
<tr>
<td><strong>Per capita cigarette consumption in 2000²⁰</strong></td>
<td>1,954</td>
<td>2,411</td>
<td>1,491 (1998)</td>
<td>2,151</td>
<td>2,793</td>
</tr>
<tr>
<td><strong>% change in cigarette consumption, 1990 to 2000</strong></td>
<td>- 22.8%</td>
<td>+ 94%</td>
<td>- 11.6%</td>
<td>- 10.7%</td>
<td>+ 57.5%</td>
</tr>
<tr>
<td><strong>Other factors</strong></td>
<td>N/A</td>
<td>Shortages of tobacco in 1990 lead to protests and rationing.</td>
<td>Tobacco SOEs monopolised almost entirely by PMI.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>