



EUROPE AGAINST CANCER

COMMISSION
OF THE EUROPEAN
COMMUNITIES

EUROPEANS AND CANCER PREVENTION

Behaviour linked with cancer
Attention paid to the cancer risk
Awareness of the European Programme
and Code against cancer

(March - April 1989)

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rue de la Loi, 200

B - 1049 Brussels

CONTENTS

| | Page |
|--|-----------|
| GENERAL OVERVIEW | 3 |
| 1. BEHAVIOUR LINKED WITH CANCER | 8 |
| 1.1 Alcohol consumption | 9 |
| 1.2 Diet | 18 |
| 1.3 Nicotinism | 28 |
| 1.3.1 Smokers and non-smokers | 28 |
| 1.3.2 The universe of smokers | 33 |
| 1.3.3 The desire to give up smoking | 34 |
| 1.3.4 Attempts made to give up smoking | 36 |
| 1.3.5 Success in giving up smoking | 39 |
| 2. ATTENTION PAID TO THE CANCER RISK | 48 |
| 2.1 Fear of cancer | 49 |
| 2.2 The importance attached to the recommendations in the European Code | 51 |
| 2.2.1 The general recommendations | 52 |
| 2.2.2 The recommendations concerning women | 54 |
| 3. AWARENESS OF THE EUROPEAN PROGRAMME AND CODE AGAINST CANCER | 58 |
| 3.1 Public awareness of the Programme and the Code | 59 |
| 3.2 Evaluation of the level of awareness | 62 |
| ANNEXES | 72 |
| List of institutes involved in the survey | 73 |
| Samples | 74 |
| The questions asked | 76 |

This study was carried out in the twelve countries of the Community, at the request of the Commission of the European Communities, as part of the "Europe against Cancer" programme.

An identical questionnaire comprising around 20 questions, supplementing Eurobarometer No 31 was put to a representative sample of the population of each Member State in March/April 1989. In all, 11 678 persons were interviewed personally at home by professional interviewers.

The survey was carried out by 12 specialist member institutes of the European Omnibus Survey, coordinated by H el ene Riffault and Jean-Fran ois Tchernia of Faits et Opinions, Paris. The institutes involved are listed in the annex along with all other relevant facts and figures.

This report was drawn up by Faits et Opinions under the guidance of Jacques-Ren e Rabier. As with all research of this nature, the European Commission accepts no responsibility for the formulation of the questions, the results or the conclusions contained therein.

GENERAL OVERVIEW

The "Europe against Cancer" programme was launched in 1986 to comply with a decision taken by the heads of state or government of the twelve countries of the Community. The programme was conceived as an aid to public information and education, comprising a systematic on-going study of public attitudes and behaviour in respect of the aspects of prevention covered by the "European Code against Cancer".

At the request of the Commission of the European Communities, four opinion polls were carried out among adults in Europe in spring 1987, spring 1988, autumn 1988 and spring 1989 under the Eurobarometer programme. The survey conditions were strictly controlled to ensure parity between surveys, although different people were involved in each. Each involved around twelve thousand people divided into around a thousand per country, (except Luxembourg: three hundred; and the United Kingdom: one thousand three hundred, including Northern Ireland).

In each of the four surveys(1), a small number of questions were used to elicit information on behaviour linked with cancer and assess how well-informed the public were. Certain key questions were repeated in different surveys to assess, where appropriate, any progress made.

(1) The reports already published by the Commission of the European Communities all bear the general title "Europeans and the Prevention of Cancer", with the following subtitles:

- . A study of attitudes and behaviour of the public (June 1988);
- . Food consumption habits, smoking and cancer screening for women (December 1988);
- . Degree of awareness of the Programme and the European Code against cancer : attitudes and behaviour with regard to the rules in the Code - Opinion on the Community action.

The survey covered by this report dealt with three major themes:

- . behaviour linked with the risk of cancer (alcohol consumption, eating fruit and vegetables, smoking);
- . attention paid to the cancer risk and the recommendations of the European Code against Cancer;
- . awareness of the European Programme and Code against cancer.

The main content of the report is summarized in the paragraphs below:

. In Europe, consumption of some form of alcohol is extremely common: only 13% of the population is teetotal.

. Vitamin deficiency in the daily diet is extremely rare. Almost all Europeans (94%) consume fresh fruit and/or fresh fruit juice and/or fresh vegetables at least three or four days per week and almost three quarters consume them every day. These figures show a slight increase over the previous year. There is little variation between countries, only Germany standing out with relatively few people eating fresh fruit and vegetables daily; this trend had been observed before, but is on the decline.

. Smoking is extremely common, with an estimated 90 million smokers in the European Community (around 35% of the population aged 15 or over). Over the past two years, however, there seems to have been a very slight drop in these figures. A major feature of the replies is that over half the smokers interviewed wanted to reduce their tobacco consumption or even give up smoking altogether. Many had, in fact, already tried - but without success. The main reason given for this failure was nervous tension ("I became tense"), the second most common was the problem of being surrounded by other smokers, and the third, missing a genuine pleasure.

- These results clearly demonstrate that a considerable number of smokers find themselves in the dilemma of wanting to give up smoking but being unable to.

The advice on prevention drawn up by the Commission of the European Communities Committee of Cancer Experts is accepted as important or even very important by the general public. The recommendations, which have now been incorporated into the "European Code against Cancer" can be divided into three categories: six are concerned with lifestyle (tobacco, alcohol, fruit and vegetables, dietary fibre, overweight, sun); two are on consulting the doctor in case of abnormality or persistent problems, and two are specifically concerned with early detection of cancers affecting women. The replies revealed that eight out of ten Europeans think it is very important to see a doctor in case of abnormality (mole, lump, abnormal bleeding) or persistent problems (hoarseness, change in bowel habits, unexplained weight loss). Public awareness of these points is therefore high, at least in theory. Whether in practice people will know how to recognize or will want to recognize such abnormalities or persistent problems when they occur remains to be seen.

Of the recommendations concerned with lifestyle, not smoking is the one considered very important by the largest number of people (76%). This view is shared by smokers and non-smokers alike, but smokers unfortunately seem to find it extremely difficult to break the habit; nevertheless, 19% of the European adult population are ex-smokers, about half the number of current smokers (35%).

Moderation of alcohol consumption is less generally seen as very important in cutting down the cancer risk (57% on average), but attitudes vary considerably between countries.

Regular consumption of food containing vitamins, whether high in fibre or not, is considered very important by six Europeans out of ten. Actual practice is way ahead of theory on this point, as practically all Europeans regularly eat at least one of these products three or four days a week or more.

Avoiding being overweight and avoiding excessive exposure to the sun are accepted as very important by slightly less than one European in two; there was no relationship between the replies to the second of these and the amount of sunshine in a given country.

Finally, the recommendations concerning women (regular breast checks and cervical smears) are seen as highly important in reducing the risk of cancer by three out of four Europeans. Actual observance of these measures is, however, well behind belief in their importance, as already highlighted in the autumn 1988 survey, which reported that Europeans generally recognize the importance of the recommendation (cervical smear) (71%), but only four out of ten women (38%) actually observe it. However, it is also worth noting that awareness among women varied considerably according to country and according to age.

To complete this introduction we shall look at how far the information campaigns on the European Code and Programme against cancer have penetrated among the general public. 1989 is, after all, European Cancer Information Year, and the results shown here are those of the spring 1989 survey⁽¹⁾.

(1) We plan to repeat these questions early in 1990 to assess the effectiveness of the campaign.

Generally speaking, awareness of the "Europe against Cancer" programme, assessed on the basis of recently having heard or read something about it, was more widespread than that of the European Code. However, those countries where the public was most aware of the programme, top of the list being Portugal (72%), were also those in which people were beginning to have heard of the Code (49% in Portugal).

Awareness of the European Programme had increased since early 1987 in seven of the twelve countries, particularly in Ireland. Awareness of the Code, which has only been measured since autumn 1988, is taking longer to break through, except in Ireland and Portugal.

It is safe to say that in spring 1989, 13% of Europeans were already well aware of the elements of the cancer information campaign; they had recently heard of the European Programme and Code, knew the document containing the ten recommendations and were able to say how they had heard about it.

*

* *

These were the survey results in broad outline. The remainder of the document concentrates on the similarities and differences between the twelve Community countries.

**PART ONE
BEHAVIOUR LINKED WITH CANCER**

1. BEHAVIOUR LINKED WITH CANCER

This section covers the consumption habits of Europeans in three areas: alcohol, fruit and vegetables and tobacco.

Earlier surveys carried out since 1987 have already yielded information on these three points. In 1989, we tried either to repeat the same questions to gain an idea of any progress made in terms of behaviour (in respect of smoking, for example), or to approach the question from a new or different angle, in order to broaden the scope of the data available.

1.1 Alcohol consumption

In an earlier European survey (1988)¹ we established that 42% of Europeans were teetotal or occasional drinkers of alcohol in any form; 26% were regular drinkers (consuming either wine or beer every day, or spirits or an apéritif three or four days per week, or both); 32% falling into the middle category. The proportions varied greatly between countries.

In this survey the theme was taken up again with a view to classifying the population into two groups: drinkers (of whatever category) and teetotalers.

Question: For each of the following types of drink, could you tell me if you ever happen to drink it, or if you really never drink it at all?

| | Wine | Beer | Apéritifs | Spirits | Any of these four types |
|-------------------|------|------|-----------|---------|-------------------------|
| | % | % | % | % | % |
| . Sometimes | 74 | 61 | 48 | 48 | 87 |
| . Never | 24 | 38 | 51 | 51 | 13 |
| . No reply | 2 | 1 | 1 | 1 | - |
| Total | 100 | 100 | 100 | 100 | 100 |

1. See "Europeans and the prevention of cancer: food consumption habits, smoking, cancer screening for women. Commission of the European Communities - The European Omnibus Survey - December 1988.

This shows that, in the adult population of Europe as a whole (aged 15 or over) the proportion abstaining completely from alcohol in any form is 13%. This varied between countries, from only 4% in Denmark to 25% in Ireland and 24% in Portugal.

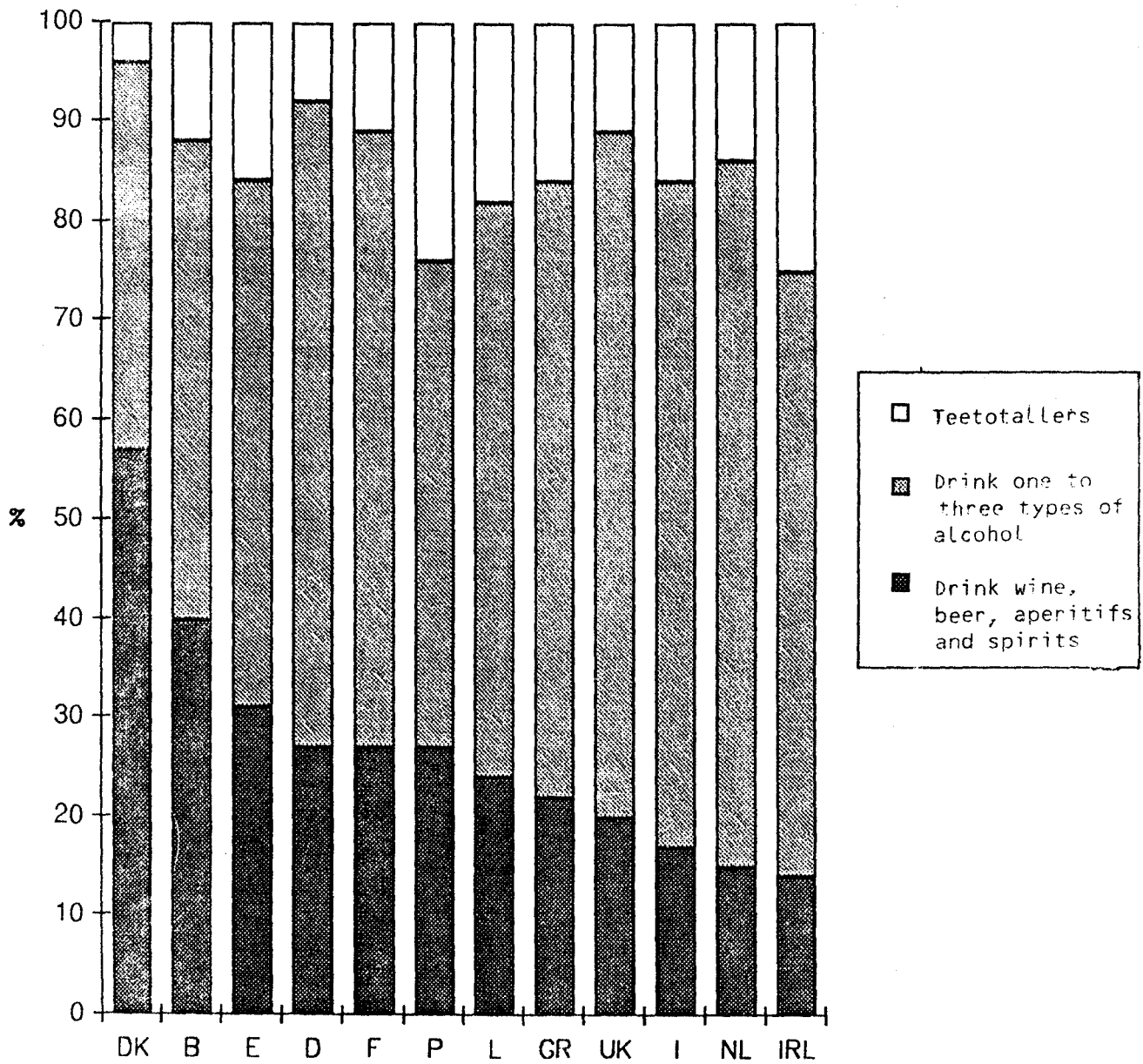
At the other end of the scale, some people drank all four types of alcohol mentioned (wine, beer, apéritifs and spirits). They accounted for 25% of the European adult population, with national differences ranging from 57% in Denmark to only 14% in Ireland. It should be remembered that this is not an indication of the quantity, but only the range of alcoholic drinks consumed (see Fig. 1).

Moving back from these very general figures to the drinker/non-drinker distinction, this particular question in the survey was aimed primarily at pinpointing those respondents who never drink certain types of alcohol from the list of wine, beer, apéritifs and spirits, and those who never drink any of them i.e. the teetotallers.

We know that habits differ according to country and according to sex. Table 1 gives all the drinker/teetotaller figures for each Community country for the population as a whole, and then separately for men and women.

The replies from men and women by country are compared in Fig. 2.

FIG. 1
ALCOHOLIC DRINKS : CONSUMPTION VS ABSTINENCE
SHOWN BY COUNTRY (1)



(1) The countries are shown in decreasing order of the number of adults drinking all four types of alcohol.

Never drink wine (24% on average)

In five countries, the habits of men and women were identical: Denmark, Germany, the United Kingdom, the Netherlands and Ireland. However, in the five southern European countries, France, Italy, Greece, Spain and Portugal - all wine producers - far fewer women than men drank wine. (See Fig. 2a).

Never drink beer (38% on average)

In every country, far more women than men never drank beer. (See Fig. 2b).

Never drink apéritifs (51% on average)

For this category of drink, there was very little difference between men and women (except in Portugal, Italy and Luxembourg). (See Fig. 2c).

Never drink spirits (51% on average)

As was the case with beer, far more women than men throughout the Community never drank spirits (see Fig. 2d).

Teetotalers (13% on average)

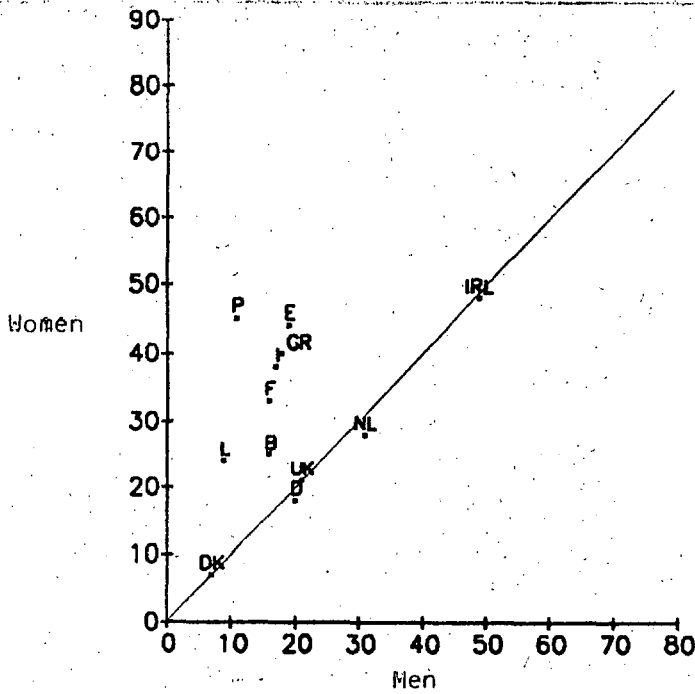
In five countries there was a very large gap between men and women: Portugal, Ireland, Greece, Italy and Spain. In Portugal, for example, 39% of women as against only 7% of men were teetotal. (See Fig. 3).

Factors other than country and sex can be analysed to assess how they affect drinking habits, two being age and level of education. In our analysis, a distinction has been made between teetotalers and those who consume one, some or all the drinks mentioned.

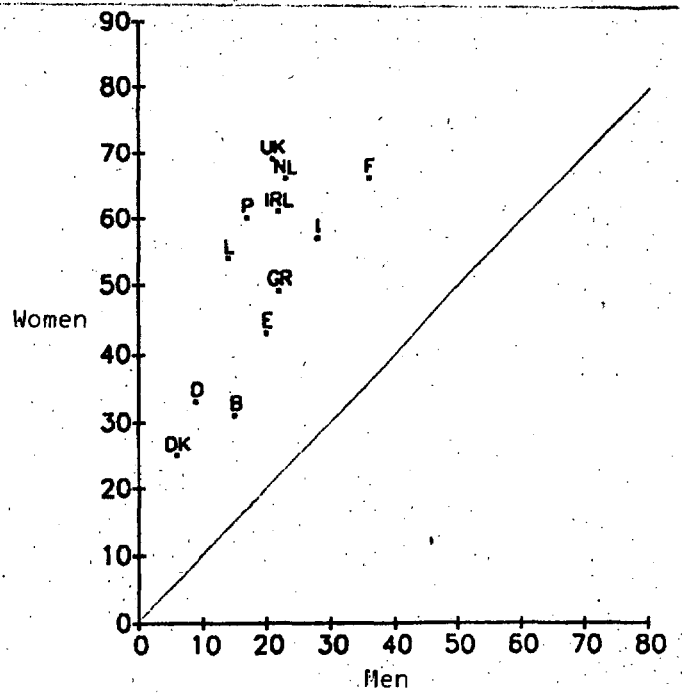
FIG. 2

PROPORTION OF NON-DRINKING : COMPARISON OF MEN AND WOMEN
ACCORDING TO COUNTRY AND TYPE OF DRINK

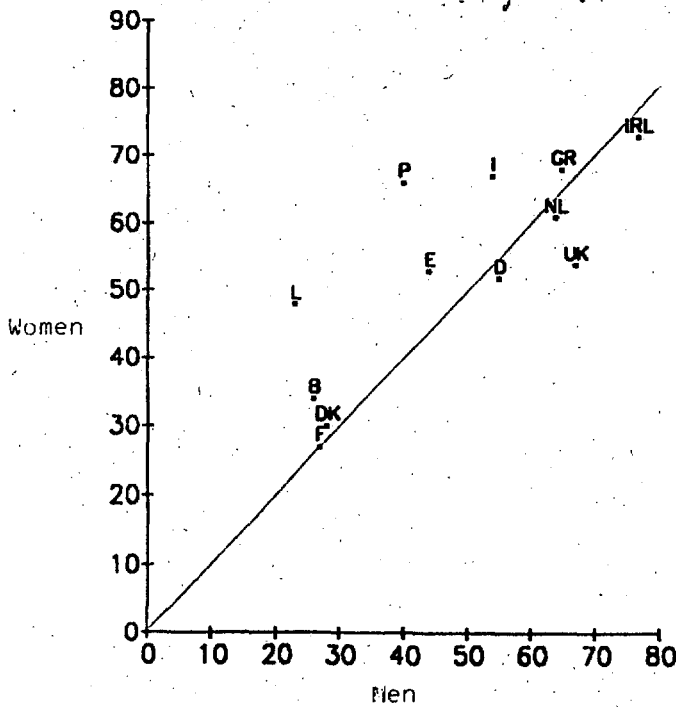
2 a) Non-drinkers of wine



2 b) Non-drinkers of beer



2.c. Non-drinkers of aperitifs



2.d. Non-drinkers of spirits

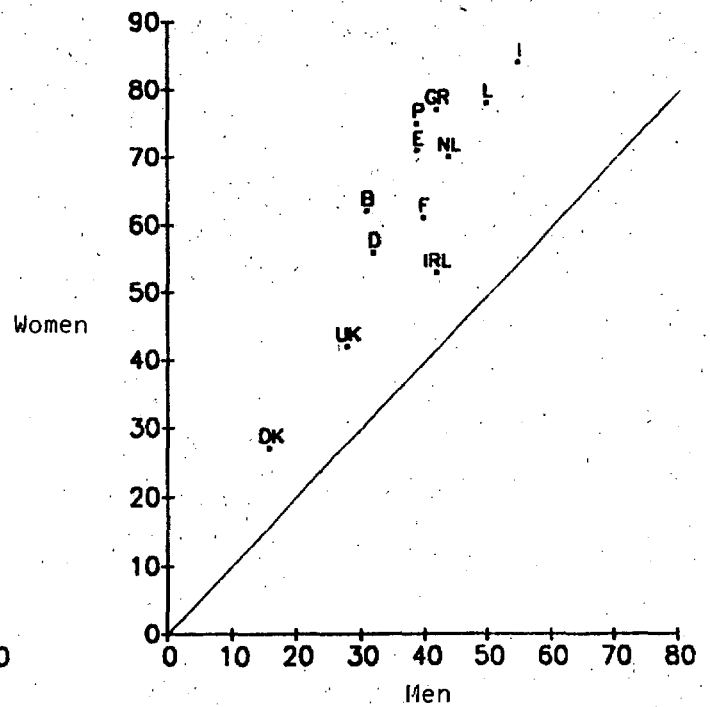
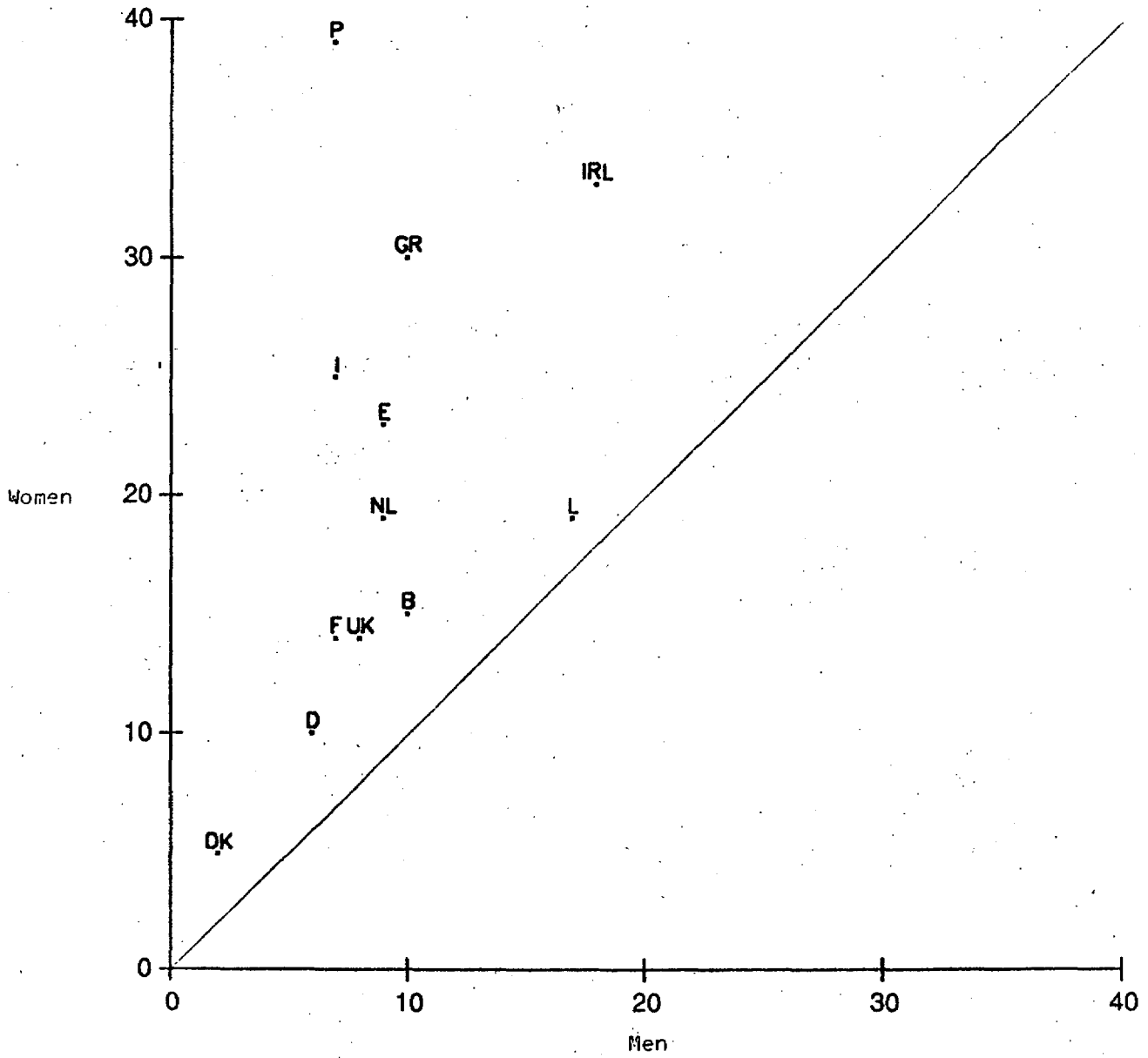


FIG. 3

PROPORTION OF TEETOTALLERS
Comparison of men and women by country



In the case of men, age and level of education had very little effect on the number of teetotalers (which did not even reach one in ten except among the 15 to 24 age group). By contrast, consumption of all four types of drink was much more common among the 25 to 39 age group and those with a high level of education.

In the case of women, the age and education factors, which are in any case interlinked, had a significant impact, one in four being completely teetotal in the 55 and over age group and those with a low level of education, and one in ten among the 25 to 39 age group and those with a higher level of education.

There was still a considerable difference between men and women in the youngest age group (under 25), with 19% of women claiming to be teetotal as against 11% of men. (See Table 2).

TABLE 1
CONSUMPTION OF ALCOHOLIC DRINKS SHOWN BY COUNTRY AND BY SEX

Y = YES

N = NO

| | MEN/WOMEN COMBINED | | | | | | | | MEN | | | | WOMEN | | | | | | | | | | | | | | | | | |
|-------------------|--------------------|----|------|----|-----------|----|---------|----|--------------|----|------|----|-------|----|-----------|----|---------|----|--------------|----|------|----|------|----|-----------|----|---------|----|--------------|----|
| | Wine | | Beer | | Apéritifs | | Spirits | | Any of these | | Wine | | Beer | | Apéritifs | | Spirits | | Any of these | | Wine | | Beer | | Apéritifs | | Spirits | | Any of these | |
| | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N |
| Belgique | 77 | 21 | 74 | 23 | 67 | 30 | 49 | 47 | 88 | 12 | 80 | 16 | 82 | 15 | 70 | 26 | 65 | 31 | 90 | 10 | 74 | 25 | 67 | 31 | 63 | 34 | 35 | 62 | 85 | 15 |
| Danmark | 93 | 7 | 84 | 16 | 70 | 29 | 78 | 21 | 96 | 4 | 92 | 7 | 93 | 6 | 71 | 28 | 83 | 16 | 98 | 2 | 93 | 7 | 74 | 25 | 69 | 30 | 73 | 27 | 95 | 5 |
| Deutschland | 78 | 19 | 74 | 22 | 42 | 54 | 52 | 45 | 92 | 8 | 79 | 20 | 88 | 9 | 41 | 55 | 65 | 32 | 94 | 6 | 78 | 18 | 62 | 33 | 43 | 52 | 40 | 56 | 89 | 11 |
| Ellas | 71 | 29 | 64 | 36 | 33 | 69 | 40 | 60 | 80 | 20 | 82 | 18 | 78 | 22 | 35 | 65 | 58 | 42 | 90 | 10 | 60 | 40 | 51 | 49 | 32 | 68 | 23 | 77 | 70 | 30 |
| Espana | 68 | 32 | 68 | 32 | 51 | 49 | 45 | 55 | 84 | 16 | 81 | 19 | 80 | 20 | 55 | 44 | 61 | 39 | 91 | 9 | 58 | 44 | 57 | 43 | 47 | 53 | 29 | 71 | 77 | 23 |
| France | 74 | 25 | 48 | 52 | 73 | 27 | 48 | 51 | 89 | 11 | 83 | 16 | 64 | 36 | 73 | 27 | 59 | 40 | 93 | 7 | 66 | 33 | 33 | 66 | 73 | 27 | 38 | 61 | 86 | 14 |
| Ireland | 50 | 48 | 57 | 41 | 21 | 75 | 51 | 48 | 75 | 25 | 49 | 49 | 77 | 22 | 19 | 77 | 56 | 42 | 82 | 18 | 51 | 48 | 37 | 61 | 23 | 73 | 45 | 53 | 67 | 33 |
| Italia | 72 | 28 | 57 | 43 | 39 | 61 | 30 | 70 | 84 | 16 | 83 | 17 | 72 | 28 | 46 | 54 | 45 | 55 | 93 | 7 | 61 | 38 | 43 | 57 | 32 | 67 | 15 | 84 | 75 | 25 |
| Luxembourg | 77 | 16 | 62 | 31 | 59 | 33 | 31 | 62 | 82 | 18 | 79 | 9 | 74 | 14 | 65 | 23 | 38 | 50 | 83 | 17 | 75 | 24 | 45 | 54 | 52 | 48 | 21 | 78 | 81 | 19 |
| Nederland | 70 | 29 | 55 | 45 | 37 | 62 | 42 | 58 | 86 | 14 | 69 | 31 | 77 | 23 | 36 | 64 | 56 | 44 | 91 | 9 | 72 | 28 | 33 | 66 | 39 | 61 | 29 | 70 | 81 | 19 |
| Portugal | 68 | 29 | 56 | 40 | 39 | 54 | 36 | 57 | 76 | 24 | 86 | 11 | 80 | 17 | 52 | 40 | 55 | 39 | 93 | 7 | 51 | 45 | 34 | 60 | 28 | 66 | 18 | 75 | 61 | 39 |
| United Kingdom | 78 | 21 | 54 | 46 | 39 | 60 | 64 | 36 | 89 | 11 | 78 | 21 | 79 | 21 | 31 | 67 | 71 | 28 | 92 | 8 | 79 | 21 | 31 | 69 | 45 | 54 | 58 | 42 | 86 | 14 |
| Com- munity(1) | 74 | 24 | 61 | 38 | 48 | 51 | 48 | 51 | 87 | 13 | 80 | 20 | 77 | 22 | 48 | 50 | 60 | 38 | 93 | 7 | 69 | 30 | 46 | 53 | 47 | 52 | 36 | 62 | 82 | 18 |

NB: Total Yes + No replies = 100%, except where certain individuals gave no reply to the question.

(1) Weighted average

TABLE 2

OVERALL CONSUMPTION OF ALCOHOLIC DRINKS
SHOWN BY SEX AND AGE
AND BY SEX AND LEVEL OF EDUCATION

| | Teetotalers | Number of types of drink consumed | | | | Total |
|---------------------------|-------------|-----------------------------------|-----|-------|----------|-------|
| | | one | two | three | all four | |
| Overall | 13 | 16 | 23 | 23 | 25 | 100 |
| Men | 7 | 11 | 22 | 27 | 33 | 100 |
| Age 15-24 | 11 | 14 | 25 | 24 | 28 | 100 |
| 25-39 | 6 | 7 | 18 | 27 | 42 | 100 |
| 40-54 | 5 | 9 | 21 | 28 | 37 | 100 |
| 55 or over | 8 | 15 | 24 | 28 | 25 | 100 |
| Level of education | | | | | | |
| Low | 8 | 13 | 26 | 26 | 27 | 100 |
| Average | 8 | 11 | 20 | 28 | 33 | 100 |
| High | 5 | 9 | 18 | 26 | 42 | 100 |
| Women | 18 | 21 | 24 | 20 | 17 | 100 |
| Age 15-24 | 18 | 22 | 22 | 21 | 17 | 100 |
| 25-39 | 11 | 19 | 24 | 23 | 23 | 100 |
| 40-54 | 15 | 19 | 24 | 25 | 17 | 100 |
| 55 or over | 25 | 24 | 26 | 14 | 11 | 100 |
| Level of education | | | | | | |
| Low | 24 | 25 | 24 | 15 | 12 | 100 |
| Average | 14 | 19 | 27 | 23 | 17 | 100 |
| High | 11 | 13 | 20 | 28 | 28 | 100 |

1.2 Diet

European eating habits were also covered in the spring 1988 survey.

The exercise was repeated in spring 1989 for foodstuffs containing vitamins (fruit, fresh fruit juice, fresh vegetables) and supplemented by two questions on eating tinned vegetables and potatoes. As in the previous survey, the respondents indicated how often they consumed each type of food. Tables 8 and 9 give details of the replies by country.

The following questions were posed:

Question: How often do you happen to eat or drink the following products, every day or almost every day, three or four days per week, one or two days per week, less often or never?

Fresh fruit juice (or frozen, but not canned or concentrated)

Potatoes (in any form: boiled, mashed, chips) or dried pulses and beans

Fresh vegetables (or frozen but not tinned) such as cabbage, peas, carrots, green beans, salad etc.

Tinned vegetables

Fresh fruit

These questions were mainly intended to elicit information on balance in the diet. As before, we shall first look at all food containing vitamins (fruit, fruit juice, fresh vegetables), then only the products of this category containing fibre (fruit and fresh vegetables), and finally, potatoes and tinned vegetables.

Food containing vitamins: fresh fruit juice, fresh fruit, fresh (or frozen) vegetables

The surveys for which results are available were carried out at about the same time in two consecutive years (March-April). Consumption of all these products, particularly fruit juice, showed an increase in 1989 over 1988 in almost every country. This time, 36% (as against 28% in 1988) claimed to drink fruit juice at least three or four days per week. (See Table 3).

For the three products taken together, this survey confirms the 1988 figures: practically all Europeans (more than nine out of ten), both men and women, consume one or another of these products at least three or four times per week. As shown in Table 4, the differences between the 1988 and 1989 figures are within the normal error margins for sample surveys covering one thousand respondents per country. Germany is the one exception; in 1988, Germany stood out by quite a long way as the country with the lowest consumption of products containing vitamins. In 1989, it is still at the bottom of the list, but has caught up considerably:

1988 : European average : 91%. Germany : 77%

1989 : European average : 94%. Germany : 87%

(See Table 4).

Products containing vitamins and fibre: fresh fruit and fresh and frozen vegetables

The results confirm those of 1988: almost three quarters of Europeans claimed to eat fresh fruit or vegetables, or both, every day or almost every day. Consumption was highest in the Netherlands (89%), Italy (87%) and Spain (83%). The figure was considerably lower in Germany, but the gap had closed since 1988, 54% as opposed to 45% now claiming to consume products containing vitamins and fibre every day. There had also been an increase in Denmark, but a decline in France and Portugal. (See Table 5).

Potatoes and dried pulses

Almost all Europeans (94%) ate potatoes or dried pulses at least one day per week. In some countries it was usual to eat these products more or less daily (Ireland 86%, Belgium 69%, Netherlands 67%, United Kingdom 60%, Denmark 55%).

France and Italy were the only countries where "one or two days per week" was the norm (for details see Table 9).

Table 6 summarizes the replies in three groups: frequent consumption (at least three or four times a week), moderate consumption (once or twice a week), infrequent consumption (less than one day per week or never), and gives the replies for men and women separately. These replies are, in general, very similar.

Tinned vegetables

Few of those interviewed said they ate tinned vegetables every day. On average, 16% of Europeans eat them three or four days per week or more; in Germany, this figure is as high as 27%. As already mentioned, consumption of fresh vegetables in Germany is significantly lower than average, although the situation has improved over the past year (see Table 7).

In general, then, for Europe as a whole, it can be seen that consumption of fresh vegetables and consumption of tinned vegetables are, as might be expected, inversely correlated.

| Those consuming at least one of the three fresh products: | Consume tinned vegetables:(¹) |
|---|--|
| every day or almost every day | 0.83 days per week |
| three or four days per week | 1.39 |
| one or two days per week | 1.54 |
| less often or never | 1.62 |

(¹) The following coefficients were used to determine this average: 6.5 for every day or almost every day; 3.5 for three or four days per week; 1.5 for one or two days per week; 0.5 for less often or never.

TABLE 3

FREQUENT CONSUMPTION OF PRODUCTS CONTAINING VITAMINS

1988-1989 Comparison

1. FRESH FRUIT JUICE, at least three or four days per week
2. FRESH FRUIT, at least three or four days per week
3. FRESH VEGETABLES at least three or four days per week

| | Fruit juice | | Fresh fruit | | Fresh vegetables | |
|-------------------------------|-------------|-----------|-------------|-----------|------------------|-----------|
| | 1988 % | 1989 % | 1988 % | 1989 % | 1988 % | 1989 % |
| Belgique | 24 | 35 | 71 | 78 | 89 | 86 |
| Danmark | 38 | 51 | 70 | 78 | 68 | 75 |
| Deutschland | 23 | 33 | 66 | 75 | 59 | 70 |
| Ellas | 38 | 56 | 83 | 89 | 81 | 80 |
| Espana | 30 | 44 | 84 | 89 | 73 | 76 |
| France | 28 | 27 | 79 | 81 | 85 | 74 |
| Irland | 33 | 42 | 55 | 71 | 92 | 94 |
| Italia | 15 | 27 | 92 | 92 | 77 | 81 |
| Luxembourg..... | 28 | 33 | 81 | 81 | 88 | 77 |
| Nederland..... | 35 | 41 | 83 | 85 | 93 | 94 |
| Portugal | 25 | 35 | 75 | 78 | 83 | 78 |
| United Kingdom..... | 42 | 45 | 69 | 69 | 87 | 90 |
| Community overall..... | 28 | 36 | 77 | 80 | 77 | 79 |

NB: Percentages based on 100 adults per country.

TABLE 4

VITAMINS

CONSUMPTION OF ONE OR MORE OF;
FRESH FRUIT JUICE, FRESH FRUIT, FRESH VEGETABLES

1988-1989 Comparison

F = Frequent consumption: at least one of the three products consumed every day or three or four days per week

M = Moderate consumption

I = Infrequent consumption: all three products consumed less than one day per week

| | MEN/WOMEN COMBINED | | | | | | MEN | | | | | | WOMEN | | | | | |
|----------------|--------------------|----|----|----|----|----|-----|----|----|----|----|----|-------|----|----|----|----|----|
| | F | | M | | I | | F | | M | | I | | F | | M | | I | |
| | 88 | 89 | 88 | 89 | 88 | 89 | 88 | 89 | 88 | 89 | 88 | 89 | 88 | 89 | 88 | 89 | 88 | 89 |
| Belgique | 94 | 95 | 5 | 5 | 1 | - | 93 | 93 | 5 | 7 | 2 | - | 95 | 97 | 4 | 3 | 1 | - |
| Danmark | 87 | 92 | 11 | 7 | 2 | 1 | 83 | 89 | 14 | 11 | 3 | - | 91 | 97 | 8 | 3 | 1 | - |
| Deutschland | 77 | 87 | 19 | 12 | 4 | 1 | 71 | 83 | 24 | 16 | 5 | 1 | 82 | 91 | 15 | 8 | 3 | 1 |
| Ellas | 93 | 95 | 5 | 5 | 2 | - | 91 | 94 | 6 | 6 | 3 | - | 95 | 97 | 4 | 2 | 1 | 1 |
| Espana | 95 | 96 | 3 | 4 | 2 | - | 92 | 93 | 5 | 6 | 3 | 1 | 97 | 98 | 2 | 2 | 1 | - |
| France | 95 | 93 | 5 | 6 | - | 1 | 94 | 90 | 5 | 9 | 1 | 1 | 96 | 96 | 4 | 4 | - | - |
| Ireland | 95 | 98 | 4 | 2 | 1 | - | 94 | 97 | 5 | 2 | 1 | 1 | 96 | 99 | 3 | 1 | 1 | - |
| Italia | 97 | 98 | 2 | 2 | 1 | - | 95 | 98 | 3 | 1 | 2 | 1 | 98 | 98 | 2 | 2 | - | - |
| Luxembourg | 96 | 92 | 3 | 8 | 1 | - | 94 | 87 | 5 | 11 | 1 | 2 | 99 | 99 | 1 | 1 | - | - |
| Nederland | 97 | 98 | 3 | 2 | - | - | 95 | 96 | 4 | 3 | 1 | 1 | 98 | 99 | 2 | 1 | - | - |
| Portugal | 92 | 91 | 6 | 8 | 2 | 1 | 89 | 88 | 8 | 11 | 3 | 1 | 93 | 93 | 5 | 6 | 2 | 1 |
| United Kingdom | 93 | 96 | 6 | 3 | 1 | 1 | 91 | 95 | 7 | 4 | 1 | 1 | 94 | 98 | 5 | 2 | 1 | - |
| Community | 91 | 94 | 7 | 5 | 2 | 1 | 89 | 92 | 9 | 7 | 2 | 1 | 93 | 96 | 6 | 4 | 1 | - |

NB: Group M (moderate consumption) represents the difference between the other two figures.

TABLE 5

CONSUMPTION OF FRESH FOOD CONTAINING FIBRE
(FRESH FRUIT AND/OR VEGETABLES)

1988-1989 Comparison

1. Frequent: either or both every day or almost every day
2. Moderate: either or both three or four times per week
3. Infrequent: either or both once or twice per week
4. Inadequate: either or both less than once a week or never

| | FREQUENT | | MODERATE | | INFREQUENT | | INADEQUATE | |
|--------------------|----------|----|----------|----|------------|----|------------|----|
| | 88 | 89 | 88 | 89 | 88 | 89 | 88 | 89 |
| Belgique | 78 | 75 | 15 | 19 | 5 | 5 | 2 | 1 |
| Danmark | 65 | 74 | 19 | 16 | 14 | 9 | 2 | 1 |
| Deutschland | 45 | 54 | 31 | 33 | 19 | 12 | 5 | 1 |
| Ellas | 71 | 69 | 21 | 26 | 5 | 4 | 3 | 1 |
| Espana | 84 | 83 | 10 | 12 | 4 | 4 | 2 | 1 |
| France | 78 | 69 | 16 | 24 | 5 | 7 | 1 | - |
| Ireland | 77 | 81 | 18 | 16 | 4 | 2 | 1 | 1 |
| Italia | 86 | 87 | 9 | 10 | 3 | 2 | 2 | 1 |
| Luxembourg | 77 | 72 | 18 | 19 | 4 | 8 | 1 | 1 |
| Nederland | 87 | 89 | 9 | 9 | 3 | 2 | 1 | - |
| Portugal | 69 | 58 | 21 | 31 | 7 | 9 | 3 | 2 |
| United Kingdom | 76 | 79 | 16 | 16 | 7 | 4 | 1 | 1 |
| Community overall: | 73 | 73 | 17 | 20 | 8 | 6 | 2 | 1 |

TABLE 6

CONSUMPTION OF POTATOES AND DRIED PULSES OR BEANS

F = Frequent consumption: every day or three or four days per week

M = Moderate consumption

I = Infrequent consumption: less than one day per week

| | MEN/WOMEN COMBINED | | | MEN | | | WOMEN | | |
|-------------------|--------------------|----|----|-----|----|----|-------|----|----|
| | F | M | I | F | M | I | F | M | I |
| Belgique | 90 | 6 | 4 | 93 | 5 | 2 | 87 | 7 | 6 |
| Danmark | 87 | 11 | 2 | 88 | 10 | 2 | 85 | 11 | 4 |
| Deutschland | 82 | 15 | 3 | 81 | 16 | 3 | 82 | 15 | 3 |
| Ellas | 70 | 26 | 4 | 67 | 28 | 5 | 71 | 25 | 4 |
| Espana | 79 | 18 | 3 | 83 | 15 | 2 | 75 | 21 | 4 |
| France | 53 | 40 | 7 | 58 | 35 | 7 | 48 | 44 | 8 |
| Ireland | 97 | 2 | 1 | 97 | 2 | 1 | 97 | 2 | 1 |
| Italia | 47 | 40 | 13 | 46 | 42 | 12 | 47 | 39 | 14 |
| Luxembourg | 80 | 12 | 8 | 78 | 13 | 9 | 84 | 11 | 5 |
| Nederland | 90 | 5 | 5 | 92 | 4 | 4 | 89 | 7 | 4 |
| Portugal | 87 | 10 | 3 | 88 | 9 | 3 | 87 | 10 | 3 |
| United Kingdom | 86 | 11 | 3 | 87 | 12 | 1 | 85 | 10 | 5 |
| Community overall | 71 | 23 | 6 | 73 | 22 | 5 | 70 | 23 | 7 |

NB: Group M (moderate consumption) represents the difference between the other two figures.

TABLE 7

CONSUMPTION OF TINNED VEGETABLES

F = Frequent consumption: every day or three or four days per week

M = Moderate consumption

I = Infrequent consumption: less than one day per week

| | MEN/WOMEN COMBINED | | | MEN | | | WOMEN | | |
|-------------------|--------------------|----|----|-----|----|----|-------|----|----|
| | F | M | I | F | M | I | F | M | I |
| Belgique | 16 | 29 | 55 | 19 | 29 | 52 | 14 | 28 | 58 |
| Danmark | 3 | 10 | 87 | 4 | 11 | 85 | 3 | 8 | 89 |
| Deutschland | 27 | 37 | 36 | 30 | 38 | 32 | 25 | 35 | 40 |
| Ellas | 5 | 9 | 86 | 5 | 9 | 86 | 5 | 9 | 86 |
| Espana | 10 | 10 | 80 | 9 | 11 | 80 | 11 | 10 | 79 |
| France | 18 | 34 | 48 | 18 | 35 | 47 | 19 | 33 | 48 |
| Ireland | 15 | 32 | 53 | 16 | 33 | 51 | 13 | 31 | 56 |
| Italia | 8 | 14 | 78 | 8 | 16 | 76 | 8 | 14 | 78 |
| Luxembourg | 13 | 23 | 64 | 13 | 25 | 62 | 14 | 20 | 66 |
| Nederland | 10 | 25 | 65 | 14 | 25 | 61 | 6 | 24 | 70 |
| Portugal | 8 | 11 | 81 | 8 | 12 | 80 | 7 | 10 | 83 |
| United Kingdom | 18 | 25 | 57 | 23 | 25 | 52 | 13 | 25 | 62 |
| Community overall | 16 | 24 | 60 | 17 | 25 | 58 | 15 | 24 | 61 |

NB: Group M (moderate consumption) represents the difference between the other two figures.

TABLE 8

CONSUMPTION OF FRESH FRUIT AND VEGETABLES SHOWN BY COUNTRY AND BY SEX

(Spring 1989)

(Detailed figures)

1. - Every day or almost every day 4. - Less often
 2. - Three or four days per week 5. - Never (or no reply)
 3. - One or two days per week

| | FRESH FRUIT JUICE | | | | | FRESH FRUIT | | | | | FRESH VEGETABLES | | | | |
|-------------------|-------------------|----|----|----|----|-------------|----|----|----|---|------------------|----|----|---|---|
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Belgique | 17 | 18 | 21 | 31 | 13 | 55 | 23 | 13 | 7 | 2 | 60 | 25 | 10 | 3 | 2 |
| Danmark | 35 | 17 | 19 | 20 | 9 | 67 | 11 | 13 | 7 | 2 | 40 | 35 | 20 | 4 | 1 |
| Deutschland | 14 | 19 | 23 | 36 | 8 | 42 | 33 | 18 | 6 | 1 | 32 | 38 | 25 | 4 | 1 |
| Ellas | 27 | 28 | 18 | 18 | 9 | 61 | 28 | 7 | 3 | 1 | 43 | 37 | 16 | 4 | - |
| Espana | 25 | 18 | 19 | 24 | 14 | 80 | 9 | 4 | 5 | 2 | 39 | 36 | 18 | 5 | 2 |
| France | 16 | 11 | 19 | 29 | 25 | 62 | 19 | 13 | 3 | 3 | 36 | 38 | 20 | 4 | 2 |
| Ireland | 27 | 14 | 17 | 25 | 17 | 48 | 23 | 16 | 10 | 3 | 73 | 21 | 4 | 1 | 1 |
| Italia | 13 | 14 | 19 | 26 | 28 | 81 | 10 | 4 | 2 | 3 | 51 | 30 | 14 | 3 | 2 |
| Luxembourg | 18 | 15 | 24 | 25 | 18 | 61 | 21 | 13 | 5 | - | 48 | 29 | 15 | 3 | 5 |
| Nederland | 29 | 12 | 19 | 27 | 13 | 74 | 11 | 10 | 3 | 2 | 73 | 21 | 4 | 1 | 1 |
| Portugal | 17 | 18 | 23 | 28 | 14 | 48 | 30 | 15 | 4 | 3 | 41 | 36 | 18 | 2 | 2 |
| United Kingdom | 30 | 15 | 19 | 20 | 16 | 52 | 17 | 18 | 10 | 3 | 66 | 24 | 7 | 1 | 2 |
| Community overall | 20 | 16 | 20 | 27 | 17 | 62 | 19 | 12 | 5 | 2 | 47 | 33 | 16 | 3 | 1 |

TABLE 9
CONSUMPTION OF POTATOES AND TINNED VEGETABLES

(Spring 1989)

(Detailed figures)

1. - Every day or almost every day 4. - Less often
2. - Three or four days per week 5. - Never (or no reply)
3. - One or two days per week

| | POTATOES AND DRIED PULSES AND BEANS | | | | | TINNED VEGETABLES | | | | |
|-------------------|-------------------------------------|----|----|----|---|-------------------|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Belgique | 69 | 21 | 6 | 3 | 1 | 4 | 12 | 29 | 40 | 15 |
| Danmark | 55 | 32 | 11 | 2 | - | 1 | 2 | 10 | 49 | 38 |
| Deutschland | 41 | 41 | 15 | 3 | - | 5 | 22 | 37 | 30 | 6 |
| Ellas | 21 | 49 | 26 | 3 | 1 | 2 | 3 | 9 | 24 | 62 |
| Espana | 39 | 40 | 18 | 2 | 1 | 2 | 8 | 10 | 37 | 43 |
| France | 19 | 34 | 40 | 6 | 1 | 3 | 15 | 34 | 40 | 8 |
| Ireland | 88 | 11 | 2 | 1 | - | 5 | 10 | 32 | 34 | 19 |
| Italia | 11 | 36 | 40 | 11 | 2 | 2 | 6 | 14 | 33 | 45 |
| Luxembourg | 46 | 34 | 12 | 3 | 5 | 2 | 11 | 23 | 37 | 27 |
| Nederland | 67 | 23 | 5 | 3 | 2 | 2 | 8 | 25 | 48 | 17 |
| Portugal | 48 | 39 | 10 | 1 | 2 | 3 | 5 | 11 | 30 | 51 |
| United Kingdom | 60 | 26 | 11 | 2 | 1 | 6 | 12 | 25 | 32 | 25 |
| Community overall | 37 | 34 | 23 | 5 | 1 | 4 | 12 | 24 | 35 | 25 |

1.3 Nicotinism

1.3.1 Smokers and non-smokers

The European survey of March/April 1987 established that the general public knows that smoking is one of the main causes of cancer (72% were of this opinion). This did not, however, prevent just over a third of Europeans aged 15 or over from describing themselves as smokers in spring 1989. The proportion varied from 47% in Denmark, 44% in Spain and 43% in Greece to 30% in Italy and 28% in Portugal.

Significantly, smoking affects - at some stage in their lives - over half of all Europeans, but one adult in five has given up smoking. Equally significantly, of those who currently smoke, over half want to cut down consumption or give up altogether.

The current situation among the adult European population is as follows:

| | Of 100 adults |
|---------------------------------|---------------|
| Smokers | 35% |
| of whom: want to stop smoking.. | 11% |
| want to cut down | 9% |
| do not wish to change | 15% |
| Ex-smokers | 19% |
| Have never smoked | 45% |
| No reply | 1% |
| Total | 100% |

(A country-by-country analysis is given in Table 10).

The desire to give up smoking and failed attempts of certain smokers to do so are covered again in more detail later in the report. First, however, we

have taken a more detailed look at the situation as it stands at the moment. Compared with the figures from earlier surveys, the average proportion of smokers in the European adult population has shown a slight downturn over the period spring 1987/spring 1989, mainly among the male population.

**Percentage of smokers shown by sex
(Community overall)**

| | Overall | Men | Women |
|---------------------------|---------|-----|-------|
| March/April 1987 | 37 | 46 | 29 |
| March/April 1988 | 36 | 44 | 28 |
| October/November 1988 ... | 35 | 43 | 28 |
| March/April 1989 | 35 | 43 | 28 |

In Europe as a whole, there is, then, quite a difference between men and women, but this difference varies greatly between countries, there being no difference at all in Denmark, while in Portugal smokers account for 46% of men and 12% of women. This is due to the fact that women smokers are a more recent phenomenon in some countries than in others.

| Country (in decreasing order of total proportion of smokers) | Proportion of smokers shown by sex | | |
|--|---------------------------------------|-----------|-----------|
| | Overall | Men | Women |
| Danemark | 47 | 47 | 47 |
| Espana | 44 | 57 | 31 |
| Ellas | 43 | 60 | 27 |
| Nederland | 38 | 42 | 33 |
| United Kingdom | 36 | 40 | 33 |
| Ireland | 35 | 39 | 30 |
| France | 34 | 41 | 28 |
| Belgique | 34 | 43 | 27 |
| Deutschland | 33 | 43 | 25 |
| Luxembourg | 32 | 38 | 27 |
| Italia | 30 | 36 | 24 |
| Portugal | 28 | 46 | 12 |
| Community overall | 35 | 43 | 28 |

It can be seen that the proportion of men who smoke is over 40% in nine of the twelve European countries, reaching 57% in Spain and 60% in Greece.

There is even more variation in the numbers of women smoking, the figure for Denmark being four times that of Portugal. With the exception of Denmark, the proportion of women smoking was never more than one in three.

The effect of age

To give a clearer idea of how age affects habits, the respective results for men and women were divided into seven age groups for analysis (see Table 11).

The highest number of male smokers was among the 30-39 age group (54%), but the proportion was still high (over 40%) between the ages of 20 and 60. Among women, however, there was a large gap separating the 20 to 39 age group (at least 40% smokers) and the 40 to 69 age group (maximum 24%).

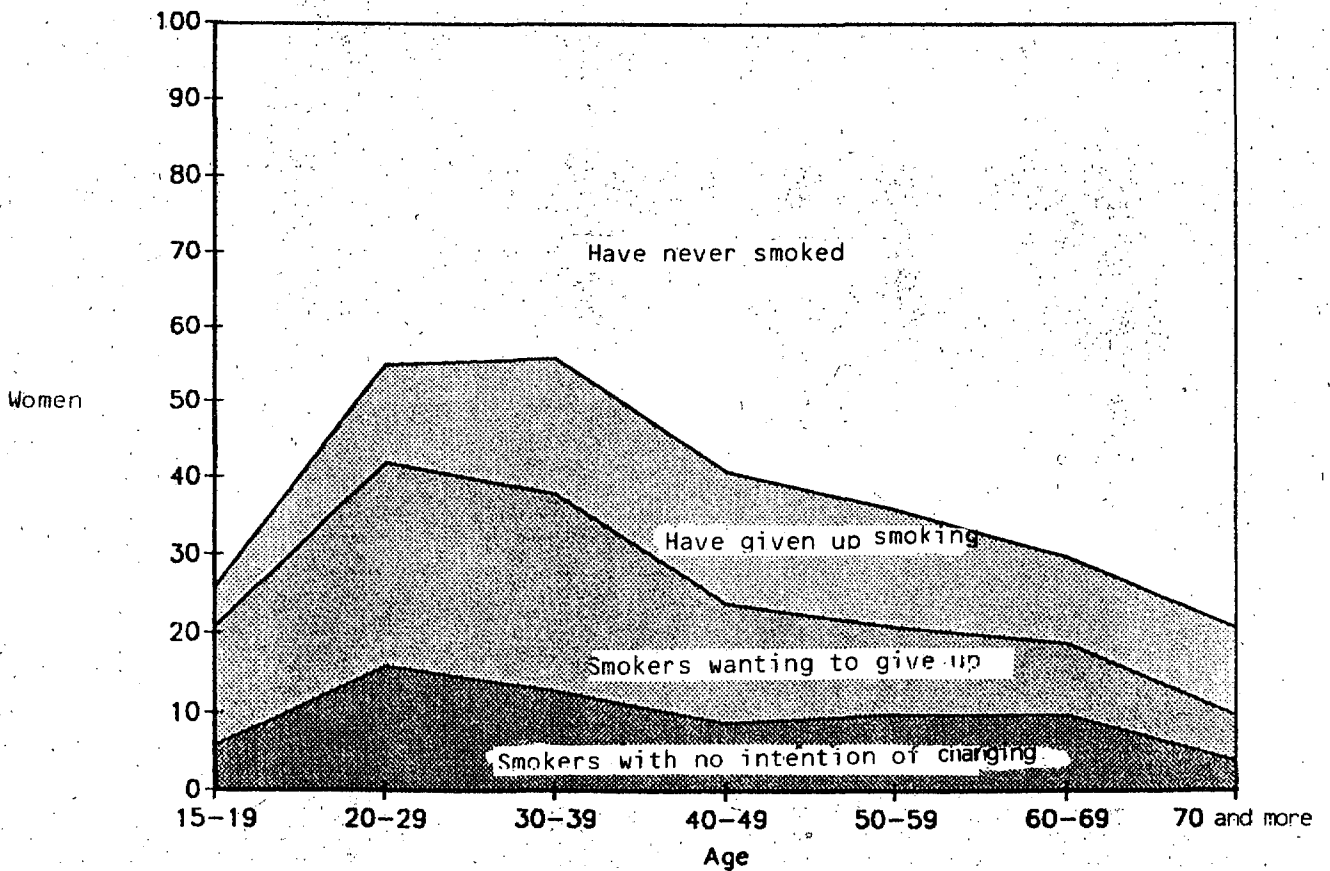
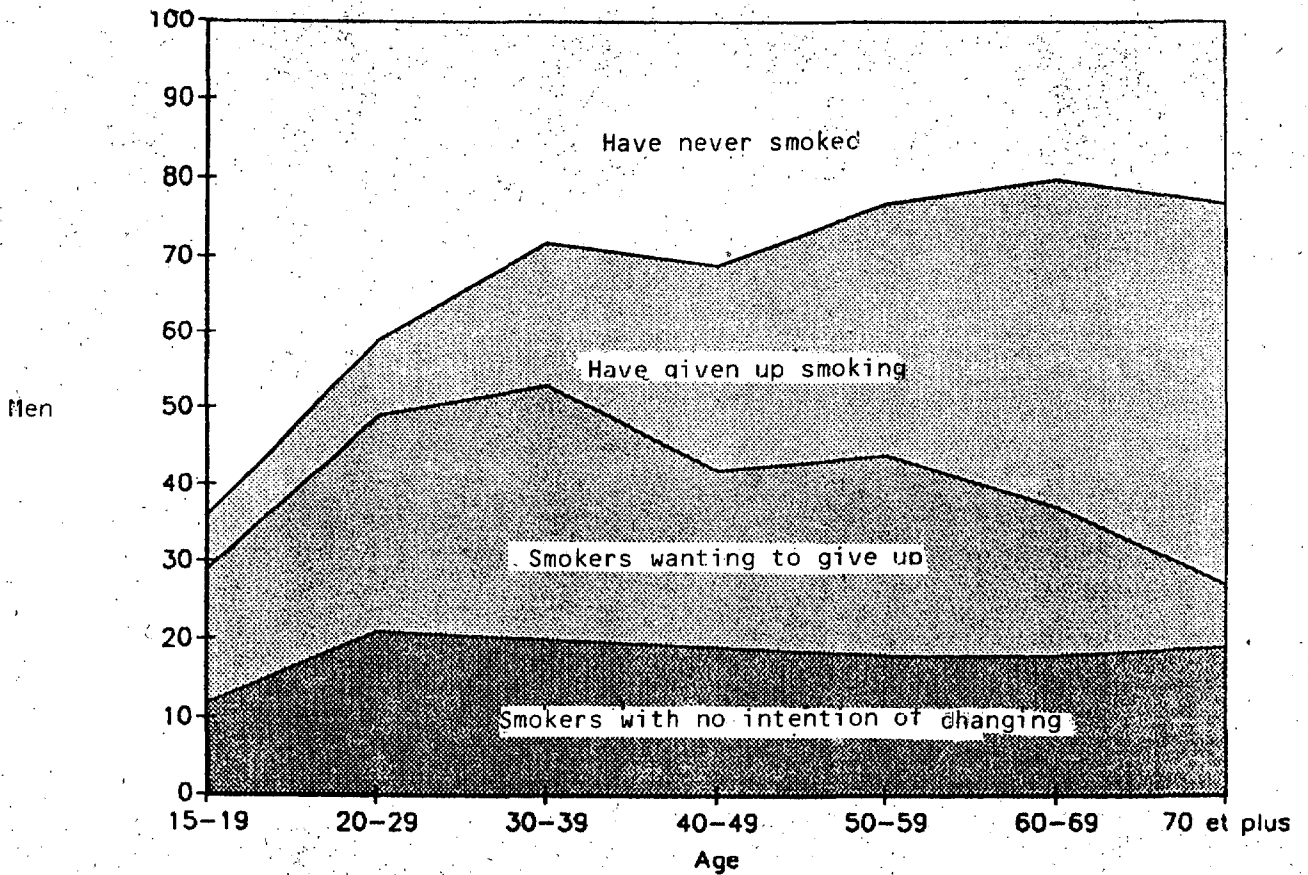
These results are illustrated in Fig. 4. For a hundred individuals in each age group, the graphs show the proportion of smokers (distinguishing those who wish to give up or cut down), the proportion of ex-smokers, and of those who have never smoked.

The effect of level of education

Four age groups were selected for this analysis, as there would otherwise have been confusion between the effects of the two variables, the average level of education being lower amongst the elderly - particularly women. The analysis is shown in Table 12: among men of any age group, the proportion of smokers declines as the level of education increases. The same is not true of women - in fact, in the younger age group, the proportion of smokers increases with level of education.

FIG. 4

SMOKING - THE SITUATION ACCORDING TO SEX AND AGE
(Community overall)



The effect of job or profession

While for the adult population as a whole, the proportion of smokers is 43% and 28% for men and women respectively, if the working population only is considered, the figures are higher (men: 48%, women: 36%). As the working population is younger, these results are not surprising.

The highest proportion of smokers are in manual jobs (among manual workers: 57% of men and 39% of women).

Whatever their employment, somewhat fewer women smoke than men (see table 13).

1.3.2 The universe of smokers

We shall now move on to a closer analysis of the universe of smokers, which comprises a little over a third of the European adult population, or around 90 million people.

Of the universe of smokers, those who do not smoke cigarettes, but only pipes and/or cigars are the exception (7% of smokers). Cigarette smokers themselves can be divided into three groups according to the usual number of cigarettes smoked per day:

| | Of 100 smokers | Of 100 cigarette smokers |
|---|-------------------|--------------------------------|
| | % | % |
| . Light smokers (less than 10 cigarettes per day) | 25 | 26 |
| . Moderate smokers (10 to 24 cigarettes per day) | 56 | 60 |
| . Heavy smokers (25 cigarettes per day or more) | 12 | 14 |
| Smokers of pipes or cigars only | 7 | - |
| Total smokers | 100 | 100 |

As already shown in previous studies, Greece, which has a very high number of smokers, is also the country in which most cigarettes are consumed. In Denmark, which also has a very high number of smokers, few people are heavy smokers of cigarettes, but many smoke pipes or cigars (see Table 14).

Closer analysis of cigarette smokers according to sex and the quantity consumed reveals a high proportion of heavy smokers among Greek men (40% of male cigarette smokers regularly smoking 25 or more per day). Greece therefore has both the highest proportion of male smokers (60%) and the highest average consumption among smokers.

Another country which stands out is Belgium, heavy smokers accounting for 26% of male smokers and 27% of female smokers. Elsewhere, heavy smokers account for no more than 20% of male smokers and 15% of female smokers (See Table 15).

1.3.3 The desire to give up smoking

As already stated at the beginning of this chapter, some smokers expressed a desire to give up smoking or at least cut down tobacco consumption (11% and 9% respectively of the general public, or 31% and 26% of smokers). In other words, over half the people who now smoke wish to change their habits.

As this question also formed part of the 1987 and 1988 surveys, we can compare the results over three years (the surveys were all carried out in spring).

Question: (To smokers). At the present time do you wish to stop smoking, cut down your consumption of tobacco or not to change your smoking habits?

| | Of 100 current smokers | | |
|---|------------------------|-----------|-----------|
| | 1987 % | 1988 % | 1989 % |
| Wish to stop smoking | 27 | 30 | 31 |
| Wish to cut down tobacco consumption .. | 26 | 26 | 26 |
| Do not wish to change | 45 | 41 | 41 |
| No reply | 2 | 3 | 2 |
| Total | 100 | 100 | 100 |

In Europe as a whole attitudes remained very stable over the short period observed. Looking at only the most committed response (stop smoking), intentions have scarcely changed in Denmark, Germany, Spain, France, Portugal or the United Kingdom. Elsewhere, however, particularly in Ireland and Italy, the percentages of smokers caught between conflicting attitudes and behaviour has shown a marked increase, in Ireland moving from 34% in spring 1987 to 40% in spring 1989, with even greater progress in Italy, moving from 36% to 50%. (see Table 16).

For men as for women, the desire to stop smoking went hand in hand with high tobacco consumption: of the heavy smokers (25 cigarettes per day or more), 41% said they would like to stop and 24% that they would like to cut down. (See table 17).

1.3.4 Attempts made to give up smoking

Of people who currently smoke, many have tried - unsuccessfully - to give it up.

Question: (To current smokers): Have you ever tried to give up smoking? If yes, have you tried once or several times?

| | Of 100 current smokers |
|----------------------------------|------------------------|
| | % |
| . Have tried several times | 35 |
| . Have tried once | 25 |
| . Have never tried | 40 |
| Total | 100 |

60

A clear majority of smokers (six out of ten) have, then, tried and failed to give up smoking. In some countries, this proportion is as high as seven out of ten or more: France, the Netherlands, Ireland (70-71%), the United Kingdom and Luxembourg (75%).

Combining these replies with those given to the previous question on wanting to give up smoking clarifies the situation further.

| | Proportion having already tried to give up smoking |
|---|--|
| Of those smokers who ... | % |
| ... wish to give up smoking | 81 |
| ... wish to cut down tobacco consumption .. | 71 |
| ... do not wish to change | 40 |

Replies to both questions are therefore closely linked and the very large majority of smokers claiming to want to give up smoking have, in fact, tried to put their resolve into practice, but without success.

Taking an overall view of the universe of smokers within the European Community the relationship between attitude and behaviour can be tabulated as follows:

| | Of 100 current smokers |
|---|------------------------|
| Wish to give up and have already tried ... | 25 |
| Wish to cut down consumption and have tried to stop smoking | 18 |
| Wish to stop or cut down, but have never tried | 13 |
| Do not wish to change, but have tried to give up smoking | 17 |
| Do not wish to change and have never tried | 27 |
| Total | 100 |

The desire among current smokers to break the habit is extremely widespread, given that only a quarter (27%) had no intention of changing their habits and had never tried, while all the others had already tried - unsuccessfully - or expressed a desire to give up smoking or cut down consumption.

What were the reasons given for failure to give up smoking?

It is well known that smoking is influenced by many factors, some social (cultural tradition, influence of home, school or work environment etc.), and some personal (psychological, addiction, etc).

In this survey a question was put to all current smokers who had tried to give up, aiming at establishing the reasons for their failure.

Six options were given: loss of pleasure, tension, fear of putting on weight, loss of a stimulant, being surrounded by other people smoking, lack of assistance.

The reason most often cited was nervous tension ("I became tense"), followed by the problem of being surrounded by other smokers and, in third place, genuine loss of pleasure.

*Question: (To smokers who had tried unsuccessfully to stop)
What do you believe really stopped you from being able to
give up smoking altogether?*

| | Overall | Men | Women |
|--|---------|-----|-------|
| . I became tense | 34 | 33 | 36 |
| . People around me were smoking | 29 | 27 | 31 |
| . I missed what for me was a genuine pleasure | 26 | 28 | 22 |
| . I began to put on weight | 14 | 11 | 17 |
| . I felt I was missing a stimulant | 14 | 15 | 12 |
| . Nobody and nothing could help me . | 8 | 8 | 7 |
| . Other reply or no reply | 17 | 16 | 18 |

NB: The total for each column is over 100, as some respondents gave several answers. All the percentages were based on 100 current smokers who had at some stage attempted to stop.

There were certain slight differences between the sexes, women showing a slighter greater fear of putting on weight, and mentioning loss of pleasure slightly less often.

Age also affected the results slightly, mainly in that the youngest age group (15 to 24) were more influenced than their elders by other people smoking around them (39%), which comes as no surprise but merely confirms the role imitation plays in turning young people into smokers.

1.3.5 Success in giving up smoking

According to our statistics, 19% of European adults fall within the category of ex-smokers, representing around 48 million people. These ex-smokers were asked:

Question: How long is it since you gave up smoking?

The replies are best analysed according to (present) age group

| | Ex-smokers overall | Currently aged: | | | |
|-----------------------------|--------------------|-----------------|------------|------------|------------|
| | | 15-24 | 25-39 | 40-54 | 55 or over |
| Gave up: | | | | | |
| Less than 5 years ago | 37 | 83 | 50 | 41 | 19 |
| 5 to 9 years ago | 20 | 13 | 24 | 21 | 17 |
| 10 to 14 years ago | 15 | - | 18 | 16 | 16 |
| 15 to 19 years ago | 9 | - | 5 | 9 | 11 |
| 20 years ago or more | 18 | - | 2 | 12 | 35 |
| Can't remember | 1 | 5 | 1 | 1 | 2 |
| Total | 100 | 100 | 100 | 100 | 100 |

Most people, then, gave up relatively recently. Of all those aged between 25 and 55, four to five out of ten had given up less than five years ago. There is no way of knowing whether they will relapse, but the decision not to smoke seems to have been taken within the past few years in most cases.

TABLE 10

SMOKING: SITUATION SHOWN BY COUNTRY

| | SMOKERS (1) | OF WHOM, WISH TO: STOP (2) | CUT DOWN (3) | CONTINUE AS BEFORE (4) | EX- SMOKERS (5) | NEVER SMOKED (6) |
|-------------------|----------------|----------------------------------|-----------------|------------------------------|-----------------------|------------------------|
| Belgique | 34 | 12 | 9 | 13 | 16 | 42 |
| Danmark | 47 | 14 | 11 | 22 | 17 | 35 |
| Deutschland | 33 | 4 | 11 | 18 | 18 | 47 |
| Ellas | 43 | 21 | 8 | 14 | 11 | 46 |
| Espana | 44 | 14 | 11 | 19 | 11 | 44 |
| France | 34 | 10 | 10 | 13 | 23 | 42 |
| Ireland | 35 | 14 | 10 | 11 | 20 | 45 |
| Italia | 30 | 15 | 6 | 9 | 17 | 52 |
| Luxembourg | 32 | 14 | 8 | 9 | 19 | 46 |
| Nederland | 38 | 11 | 8 | 19 | 24 | 38 |
| Portugal | 28 | 8 | 10 | 10 | 11 | 61 |
| United Kingdom | 36 | 13 | 9 | 14 | 26 | 38 |
| Community overall | 35 | 11 | 9 | 15 | 19 | 45 |

NB: For each line:
the total of columns (2)+(3)+(4) = Col (1)*
the total of columns (1)+(5)+(6) = 100%*

* May vary by 1 to 3% (8% in Belgium) due to missing data.

TABLE 11

SMOKING: SITUATION SHOWN BY SEX AND AGE
(Community overall)

| | SMOKERS | OF WHOM, WISH TO: | | CONTINUE | EX- | NEVER |
|--------------|-----------|-------------------|-----------|-----------|-----------|-----------|
| | (1) | STOP | CUT DOWN | AS BEFORE | SMOKERS | SMOKED |
| | (1) | (2) | (3) | (4) | (5) | (6) |
| MEN | 43 | 13 | 11 | 19 | 25 | 31 |
| Aged: 15-19 | 29 | 7 | 10 | 12 | 7 | 64 |
| 20-29 | 50 | 14 | 14 | 21 | 10 | 39 |
| 30-39 | 54 | 17 | 16 | 20 | 19 | 27 |
| 40-49 | 43 | 12 | 11 | 19 | 27 | 29 |
| 50-59 | 45 | 15 | 11 | 18 | 33 | 21 |
| 60-69 | 37 | 11 | 8 | 18 | 43 | 19 |
| 70 or over | 28 | 5 | 3 | 19 | 50 | 22 |
| WOMEN | 28 | 10 | 7 | 11 | 14 | 57 |
| Aged: 15-19 | 21 | 8 | 7 | 6 | 5 | 73 |
| 20-29 | 43 | 12 | 14 | 16 | 13 | 43 |
| 30-39 | 40 | 16 | 9 | 13 | 18 | 42 |
| 40-49 | 24 | 10 | 5 | 9 | 17 | 57 |
| 50-59 | 22 | 7 | 4 | 10 | 15 | 62 |
| 60-69 | 19 | 4 | 5 | 10 | 11 | 69 |
| 70 or over | 11 | 5 | 1 | 4 | 11 | 78 |

NB: For each line:
the total of columns (2)+(3)+(4) = Col (1)*
the total of columns (1)+(5)+(6) = 100%*

* May vary by 1 to 3% due to missing data.

TABLE 12

THE EFFECT OF EDUCATION, SHOWN BY SEX AND AGE GROUP

| | | N. | SMOKERS | EX-SMOKERS | NEVER SMOKED | NO REPLY | TOTAL |
|------------------------|---------|------|---------|------------|-----------------|-------------|-------|
| MEN | | | | | | | |
| Aged 15-24 | | | | | | | |
| Level | low | 223 | 45 | 5 | 50 | - | 100 |
| | average | 682 | 37 | 8 | 55 | - | 100 |
| | high | 261 | 31 | 7 | 60 | 2 | 100 |
| Aged 25-39 | | | | | | | |
| Level | low | 351 | 64 | 15 | 21 | - | 100 |
| | average | 678 | 54 | 16 | 28 | 2 | 100 |
| | high | 524 | 46 | 18 | 34 | 2 | 100 |
| Aged 40-54 | | | | | | | |
| Level | low | 555 | 49 | 26 | 24 | 1 | 100 |
| | average | 432 | 39 | 32 | 28 | 1 | 100 |
| | high | 271 | 41 | 29 | 29 | 1 | 100 |
| Aged 55 or over | | | | | | | |
| Level | low | 1039 | 39 | 39 | 21 | 1 | 100 |
| | average | 390 | 31 | 47 | 21 | 1 | 100 |
| | high | 220 | 30 | 53 | 16 | 1 | 100 |
| WOMEN | | | | | | | |
| Aged 15-24 | | | | | | | |
| Level | low | 190 | 23 | 5 | 70 | 2 | 100 |
| | average | 629 | 33 | 8 | 58 | 1 | 100 |
| | high | 251 | 35 | 15 | 50 | - | 100 |
| Aged 25-29 | | | | | | | |
| Level | low | 482 | 40 | 12 | 48 | - | 100 |
| | average | 804 | 42 | 18 | 39 | 1 | 100 |
| | high | 417 | 41 | 18 | 40 | 1 | 100 |
| Aged 40-54 | | | | | | | |
| Level | low | 786 | 24 | 10 | 65 | 1 | 100 |
| | average | 493 | 23 | 22 | 53 | 2 | 100 |
| | high | 211 | 24 | 30 | 44 | 2 | 100 |
| Aged 55 or over | | | | | | | |
| Level | low | 1244 | 14 | 10 | 76 | - | 100 |
| | average | 431 | 24 | 15 | 61 | - | 100 |
| | high | 115 | 20 | 17 | 63 | - | 100 |

TABLE 13

EFFECT OF OCCUPATION, SHOWN BY SEX

| | N. | SMOKERS | EX-SMOKERS | NEVER SMOKED | NO REPLY | TOTAL |
|---|------|---------|------------|--------------|----------|-------|
| MANUAL WORKERS | | | | | | |
| Men | 1195 | 57 | 20 | 23 | - | 100 |
| Women | 459 | 39 | 14 | 45 | 2 | 100 |
| NON-MANUAL WORKERS | | | | | | |
| Men | 1120 | 43 | 27 | 29 | 1 | 100 |
| Women | 1116 | 36 | 20 | 44 | - | 100 |
| PROFESSIONS, TRADES, INDUSTRY AND MANAGEMENT | | | | | | |
| Men | 946 | 42 | 25 | 33 | - | 100 |
| Women | 397 | 33 | 18 | 47 | 2 | 100 |
| STUDENTS | | | | | | |
| Men | 701 | 28 | 7 | 64 | 1 | 100 |
| Women | 560 | 21 | 7 | 71 | 1 | 100 |
| HOUSEWIVES | | | | | | |
| Women | 2300 | 24 | 14 | 61 | 1 | 100 |
| Men in employment | 3411 | 48 | 23 | 28 | 1 | 100 |
| Women in employment | 2043 | 36 | 18 | 46 | - | 100 |

TABLE 14

**COUNTRY-BY-COUNTRY ANALYSIS OF THE UNIVERSE OF SMOKERS
(Percentages based on 100 smokers per country)**

CIGARETTE SMOKERS

| | LIGHT SMOKERS | MODERATE SMOKERS | HEAVY SMOKERS | CIGAR/PIPE SMOKERS |
|---------------------------|--------------------------|-----------------------------|--------------------------|-------------------------------|
| Belgique | 22 | 45 | 25 | 8 |
| Danmark | 22 | 59 | 4 | 20 |
| Deutschland | 17 | 65 | 11 | 8 |
| Ellas | 20 | 48 | 31 | 2 |
| Espana | 29 | 50 | 13 | 11 |
| France | 27 | 51 | 13 | 9 |
| Ireland | 18 | 64 | 9 | 8 |
| Italia | 35 | 52 | 11 | 1 |
| Luxembourg | 21 | 47 | 25 | 6 |
| Nederland | 21 | 58 | 13 | 11 |
| Portugal | 19 | 64 | 13 | 1 |
| United Kingdom ... | 21 | 61 | 11 | 9 |
| Community overall. | 25 | 56 | 12 | 7 |

NB: The percentages are based on 100 smokers. The total per line may be over 100, as some pipe or cigar smokers also smoked cigarettes.

TABLE 15

LIGHT, MODERATE AND HEAVY SMOKERS, SHOWN BY COUNTRY AND BY SEX
(% based on cigarette smokers)

| | MEN/WOMEN COMBINED | | | MEN | | | WOMEN | | |
|----------------------------|-----------------------|-----------------|--------------|--------------|-----------------|--------------|--------------------|-----------------|--------------|
| | Light (1) | Moderate (2) | Heavy (3) | Light (4) | Moderate (5) | Heavy (6) | Light (7) | Moderate (8) | Heavy (9) |
| Belgique | 24 | 49 | 27 | 21 | 53 | 26 | 28 | 45 | 27 |
| Danmark | 26 | 69 | 5 | 23 | 71 | 6 | 28 | 68 | 4 |
| Deutschland ... | 18 | 70 | 12 | 16 | 71 | 13 | 22 | 67 | 11 |
| Ellas | 20 | 48 | 32 | 12 | 48 | 40 | 38 | 47 | 15 |
| Espana | 31 | 54 | 15 | 25 | 58 | 17 | 43 | 48 | 9 |
| France | 30 | 56 | 14 | 24 | 56 | 20 | 37 | 57 | 6 |
| Ireland | 20 | 70 | 10 | 18 | 72 | 10 | 22 | 68 | 10 |
| Italia | 36 | 53 | 11 | 26 | 58 | 16 | 50 | 46 | 4 |
| Luxembourg | 23 | 50 | 27 | | | | (Sample too small) | | |
| Nederland | 23 | 63 | 14 | 20 | 64 | 16 | 26 | 62 | 12 |
| Portugal | 20 | 66 | 14 | 16 | 68 | 16 | 34 | 59 | 7 |
| United Kingdom | 23 | 66 | 11 | 24 | 58 | 18 | 22 | 73 | 5 |
| Community overall | 26 | 60 | 14 | 22 | 60 | 18 | 32 | 60 | 8 |

NB: For each line, columns (1)+(2)+(3) = 100
(4)+(5)+(6) = 100
(7)+(8)+(9) = 100

TABLE 16

SMOKERS WISHING TO STOP SMOKING
(Based on 100 smokers)

| | March-April 1987 % | March-April 1988 % | March-April 1989 % |
|---------------------|--------------------------|--------------------------|--------------------------|
| Belgique | 22 | 32 | 33 |
| Danmark | 26 | 27 | 29 |
| Deutschland | 9 | 10 | 9 |
| Ellas | 31 | 47 | 48 |
| Espana | 30 | 31 | 31 |
| France | 31 | 31 | 30 |
| Ireland | 34 | 35 | 40 |
| Italia | 36 | 44 | 50 |
| Luxembourg | 25 | 34 | 44 |
| Nederland | 21 | 31 | 29 |
| Portugal | 30 | 30 | 28 |
| United Kingdom ... | 38 | 37 | 37 |
| Community overall . | 27 | 30 | 31 |

TABLE 17

THE DESIRE TO GIVE UP SMOKING ACCORDING TO
NUMBER OF CIGARETTES SMOKED

| | N. | WISH TO: | | | | TOTAL |
|---------------------|------|----------|----------|-----------------------|-------------|-------|
| | | GIVE UP | CUT DOWN | CONTINUE AS BEFORE | NO REPLY | |
| OVERALL | | | | | | |
| Light smokers | 1007 | 29 | 17 | 53 | 1 | 100 |
| Moderate smokers .. | 2311 | 31 | 31 | 36 | 2 | 100 |
| Heavy smokers | 516 | 41 | 24 | 33 | 2 | 100 |
| MEN | | | | | | |
| Light smokers | 475 | 25 | 18 | 56 | 1 | 100 |
| Moderate smokers .. | 1318 | 29 | 30 | 40 | 1 | 100 |
| Heavy smokers | 387 | 41 | 24 | 33 | 2 | 100 |
| WOMEN | | | | | | |
| Light smokers | 532 | 33 | 15 | 51 | 1 | 100 |
| Moderate smokers .. | 992 | 34 | 31 | 32 | 3 | 100 |
| Heavy smokers | 129 | 41 | 24 | 34 | 1 | 100 |

**PART TWO
ATTENTION PAID TO THE CANCER RISK**

2. ATTENTION PAID TO THE CANCER RISK

2.1 Fear of cancer

The spring 1989 survey, like the autumn 1988 survey, contained a question intended to assess the extent to which the general public feels personally at risk from cancer.

Question: Have you ever thought that you might be suffering from cancer or that you might be at risk in the future?

| | Autumn 1988 | Spring 1989 |
|----------------|----------------|----------------|
| Yes | 68 | 57 |
| No | 29 | 40 |
| No reply | 3 | 3 |
| Total | 100 | 100 |

Two striking facts emerge; firstly, the very high proportion of Europeans who feel personally at risk, and secondly, the difference between the replies obtained in the two surveys, less anxiety being expressed in spring 1989 than in autumn 1988. The same tendency was found in every country without exception and in all population categories, which led us to conclude that there may be a seasonal effect, with a greater tendency towards pessimism or anxiety at the beginning of winter than at the beginning of spring.

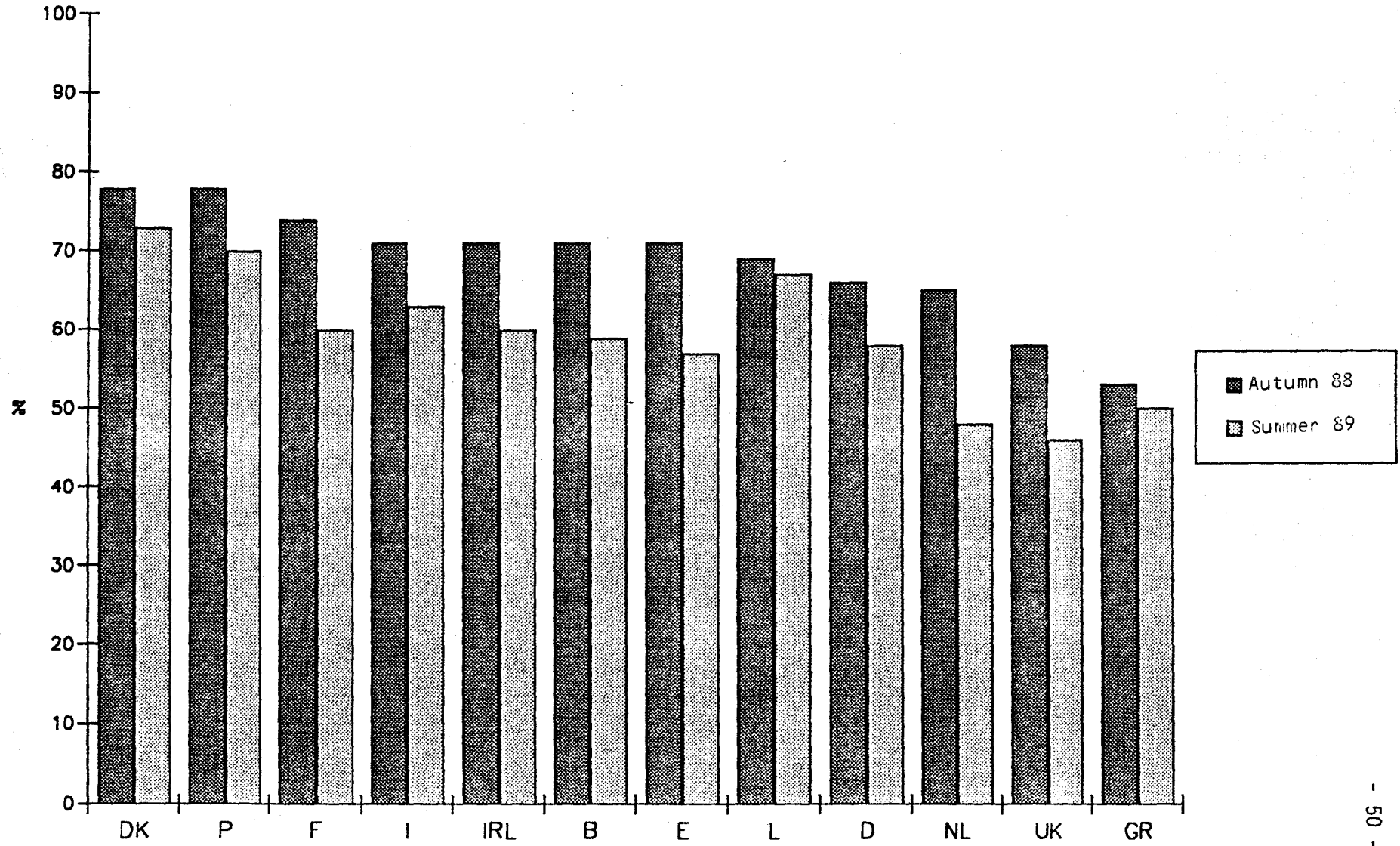
This hypothesis will have to be verified by further experiments in the future.

Fig. 5 gives the results per country. Anxiety was most widespread in Denmark and Portugal (more than seven out of ten), and lowest in the United Kingdom, Greece and the Netherlands (just under five out of ten).

As in the autumn 1988 survey, the sectors of the public showing most anxiety were women, the middle-aged and those with the highest level of education. In all strata of European society, however, anxiety was felt by at least one person in two.

FIG. 5

FEAR OF CANCER, SHOWN BY COUNTRY
(Have at some time thought they might have cancer or might be at risk)



Paradoxically, this anxiety is barely reflected in behaviour, particularly as regards smoking.

| | Fear of contracting cancer |
|--|-----------------------------------|
| Among Europeans overall | 57 |
| Among cigarette smokers overall | 58 |
| According to the number of cigarettes smoked | |
| Heavy smokers | 62 |
| Moderate smokers | 58 |
| Light smokers | 56 |
| Among pipe smokers | 51 |
| Among ex-smokers | 59 |
| Among those who have never smoked ... | 56 |

2.2 The importance attached to the recommendations in the European Code Against Cancer

Over the past three years, the European Committee of Cancer Experts has drawn up a "European Code Against Cancer" containing a few simple recommendations, observance of which could significantly cut down the risk of cancer. A copy of the code as presented to the public through various information channels is shown on page 61.

Part three of this report contains an assessment of the impression the "Europe Against Cancer" information campaign has made on the public at large. Below we have analysed the importance the public attaches to the recommendations in the Code. Eight of the recommendations concern everybody, while two apply only to women and have been covered separately.

2.2.1 The general recommendations

Question: Could you tell me for each of the recommendations I am going to mention, if it is very important, fairly important or not important in reducing the risk of cancer?

| | Very important | Fairly important | Not important | No reply | Total |
|--|-------------------|---------------------|------------------|-------------|-------|
| . Do not smoke | 76 | 19 | 4 | 1 | 100 |
| . Moderate your consumption of alcoholic drinks | 57 | 33 | 8 | 2 | 100 |
| . Avoid excessive exposure to the sun | 46 | 37 | 12 | 5 | 100 |
| . Eat plenty of fresh fruit and vegetables .. | 57 | 30 | 9 | 4 | 100 |
| . Eat plenty of cereals with a high fibre content (wholemeal bread, bran, whole rice) | 42 | 37 | 14 | 7 | 100 |
| . See a doctor if you notice a lump, change in a mole or abnormal bleeding .. | 80 | 16 | 2 | 2 | 100 |
| . Avoid being over- weight | 46 | 36 | 13 | 5 | 100 |
| . See a doctor if you have persistent problems, such as a persistent cough, a persistent hoarseness, a change in bowel habits or an unexplained weight loss | 78 | 18 | 3 | 1 | 100 |

The first five recommendations were included in an identical question in the October–November 1988 survey. For Europe as a whole, the results of both surveys were the same.

Analysed by country, the 1989 replies were, on the whole, similar to those of 1988 (for the five recommendations included in both surveys), but in some countries the numbers considering a particular recommendation important showed a statistically significant increase (8% or more).

| | 1988 | 1989 |
|--|------|------|
| Recommendations seen as very important: | | |
| Tobacco | | |
| Nederland | 65 | 75 |
| Alcohol | | |
| Danmark | 30 | 43 |
| Sun | | |
| Danmark | 39 | 48 |
| Ireland | 58 | 66 |
| Nederland | 37 | 49 |
| Fresh fruit and vegetables | | |
| Danmark | 59 | 69 |
| Italia | 52 | 62 |
| Weight | | |
| Danmark | 45 | 55 |

These results suggest an increase in public awareness in Denmark on four of the five points and in the Netherlands on two.

Coming back to the 1989 replies for Europe overall on the eight general recommendations, three are seen as very important by three in four Europeans or more: seeing a doctor in case of a lump, change in a mole or abnormal bleeding, seeing a doctor in the event of persistent problems and not smoking. Two countries, Germany and Spain, took them slightly less seriously (see Table 18).

We then looked at how opinions on the importance of the recommendations were linked with behaviour. The survey enabled such analysis to be carried out on tobacco, alcohol and eating fresh fruit and vegetables.

In all three cases, it comes as no surprise that the more important the recommendation was considered to be, the more likely it was to be observed. Many contradictions remain, however. Six out of ten heavy smokers, for example, considered the recommendation not to smoke to be very important, yet continued to smoke heavily. By the same token, 50% of those drinking all the types of alcohol mentioned (wine, beer, apéritifs, spirits) said the recommendation on cutting down alcohol consumption was very important. Furthermore, over a third of those who rarely ate fresh fruit and vegetables nevertheless thought it was very important to do so (see Table 19).

There is still, then, a considerable gulf between "theoretical" attitudes towards the recommendations of the European Code, which are generally very positive, and actual behaviour.

2.2.2 The recommendations concerning women

Question: (Put to women only). Here are two pieces of advice for women. For each of them please tell me if it very important, fairly important or not important at all in lessening the risk of cancer?

| | Very Important | Fairly important | Not important | No reply | Total |
|--|-------------------|---------------------|------------------|-------------|-------|
| Have a cervical smear regularly | 74 | 18 | 3 | 5 | 100 |
| Check your breasts regularly | 76 | 17 | 3 | 4 | 100 |

Both these questions, in the same form, were included in the autumn 1988 survey. Since then, awareness among women has increased slightly. (Cervical smear "very important": 1988: 71%, 1989: 74%. Checking breasts "very important": 1988: 71%, 1989: 76%).

This trend was observed in all countries except Belgium, Spain and Portugal (cervical smear only). (See Table 20).

TABLE 18

PERCENTAGE CONSIDERING EACH RECOMMENDATION 'VERY IMPORTANT', SHOWN BY COUNTRY
(Recommendations shown in decreasing order of the average number of times the reply was received)

| | Moles, lumps | Persistent problems | Tobacco | Alcohol | Fruit and vegetables | Sun | Weight | Fibre |
|-------------------|--------------|---------------------|---------|---------|----------------------|-----|--------|-------|
| Belgique | 78 | 69 | 73 | 57 | 57 | 54 | 51 | 53 |
| Danmark | 92 | 90 | 73 | 43 | 69 | 48 | 55 | 59 |
| Deutschland | 70 | 69 | 64 | 46 | 58 | 38 | 44 | 35 |
| Ellas | 82 | 83 | 85 | 73 | 69 | 65 | 60 | 53 |
| Espana | 64 | 67 | 73 | 65 | 53 | 47 | 44 | 39 |
| France | 83 | 81 | 77 | 68 | 48 | 47 | 35 | 35 |
| Ireland | 94 | 91 | 82 | 50 | 62 | 66 | 52 | 60 |
| Italia | 84 | 80 | 85 | 69 | 62 | 40 | 49 | 48 |
| Luxembourg | 73 | 71 | 79 | 63 | 64 | 42 | 46 | 50 |
| Nederland | 88 | 78 | 75 | 57 | 66 | 49 | 56 | 56 |
| Portugal | 80 | 80 | 85 | 80 | 60 | 67 | 54 | 53 |
| United Kingdom .. | 93 | 88 | 77 | 38 | 57 | 49 | 51 | 43 |
| Community overall | 80 | 77 | 76 | 57 | 57 | 46 | 46 | 42 |

NB: The column headings have been simplified : for the full text see p. 52.

TABLE 19
RELATIONSHIP BETWEEN OPINIONS AND BEHAVIOUR

| | |
|---|--|
| | Not smoking is "very important" |
| For the European public as a whole | 76 |
| For all current smokers | 60 |
| According to the quantity smoked | |
| . Heavy smokers | 59 |
| . Moderate smokers | 57 |
| . Light smokers | 65 |
| According to intentions | |
| . Do not intend to change | 47 |
| . Wish to cut down | 58 |
| . Wish to give up | 77 |
| For ex-smokers | 85 |
| For those who have never smoked | 85 |
| | Moderating alcohol consumption is "very important" |
| For the European public as a whole | 57 |
| For those who consume | |
| . All types of alcoholic drinks (wine, beer, apéritifs and spirits) | 50 |
| . Two or three types of alcoholic drink | 55 |
| . One type of alcoholic drink only | 65 |
| For teetotallers | 69 |
| | Eating plenty of fresh fruit and vegetables is "very important" |
| For the European public as a whole | 57 |
| For those eating fresh fruit and/or vegetables: | |
| . One or two days per week or less | 37 |
| . Three or four days per week | 49 |
| . Every day or almost every day | 61 |

TABLE 20
IMPORTANCE OF THE RECOMMENDATIONS CONCERNING WOMEN, SHOWN BY COUNTRY
Autumn 1988 - Spring 1989 comparison

| | CERVICAL SMEAR "VERY IMPORTANT" | | BREAST CHECKS "VERY IMPORTANT" | |
|-------------------------|------------------------------------|------|-----------------------------------|------|
| | 1988 | 1989 | 1988 | 1989 |
| Belgique | 64 | 62 | 68 | 67 |
| Danmark | 73 | 85 | 72 | 82 |
| Deutschland | 55 | 61 | 60 | 66 |
| Ellas | 66 | 68 | 67 | 71 |
| Espana | 63 | 57 | 64 | 60 |
| France | 74 | 79 | 76 | 79 |
| Ireland | 76 | 87 | 77 | 87 |
| Italia | 78 | 80 | 80 | 82 |
| Luxembourg | 77 | 79 | 80 | 80 |
| Nederland | 70 | 77 | 68 | 75 |
| Portugal | 49 | 47 | 53 | 56 |
| United Kingdom | 90 | 94 | 83 | 94 |
| Community Overall | 71 | 74 | 71 | 77 |

**PART THREE
AWARENESS OF THE EUROPEAN PROGRAMME
AND CODE AGAINST CANCER**

3. AWARENESS OF THE EUROPEAN PROGRAMME AND CODE AGAINST CANCER

3.1 Public awareness of the programme and the code

As already mentioned, this survey was carried out at the beginning of European Cancer Information Year. It enables the degree of public awareness of the European Programme Against Cancer to be assessed by means of four questions, the first of which had been asked three times before in earlier questionnaires, and the three others once before.

Question: Have you recently read or heard anything about a European programme against cancer?

| | Autumn 1987 | Spring 1988 | Autumn 1988 | Spring 1989 |
|----------------|----------------|----------------|----------------|----------------|
| Yes | 37 | 38 | 38 | 38 |
| No | 59 | 58 | 59 | 59 |
| No reply | 4 | 4 | 3 | 3 |
| Total | 100 | 100 | 100 | 100 |

Question: Have you heard anything about a "European Code Against Cancer"?

| | Autumn 1988 | Spring 1989 |
|----------------|----------------|----------------|
| Yes | 16 | 19 |
| No | 81 | 77 |
| No reply | 3 | 4 |
| Total | 100 | 100 |

Question: *Here is the "European Code Against Cancer", consisting of ten elementary rules for the possible prevention of cancer, which have been drawn up by a European Committee of Cancer Experts. This Committee includes cancer specialists from all member countries of the Community, including ours (the researcher shows the code given on the following page). Now, do you remember having read or heard anything about this European Code Against Cancer?*

| | Autumn 1988 | Spring 1989 |
|-------------------|----------------|----------------|
| . Yes | 37 | 37 |
| . No | 53 | 55 |
| . Hesitated | 7 | 6 |
| . No reply | 3 | 2 |
| . Total | 100 | 100 |

(If yes), have you seen it:

| | Autumn 1988 | Spring 1989 |
|------------------------------------|----------------|----------------|
| . On television | 22 | 21 |
| . At the chemist's | 8 | 8 |
| . In a doctor's surgery | 16 | 15 |
| . In a newspaper or magazine | 21 | 19 |
| . Elsewhere | 8 | 9 |
| | (1) | (1) |

(1) Total over 37% due to multiple replies.

The first obvious point to emerge is that, taking Europe as a whole, the results were stable from one survey to the next.

Generally speaking, awareness of the "Europe Against Cancer" programme, or the fact of having recently read or heard something on the subject, was greater than that of the European Code. However, once their memory had been jogged by being shown a copy of the Code, as many of those interviewed recognized the document as had heard of the programme.

EUROPEAN CODE AGAINST CANCER

CERTAIN CANCERS MAY BE AVOIDED:

1. Do not smoke.
Smokers, stop as quickly as possible and do not smoke in the presence of others.
2. Moderate your consumption of alcoholic drinks, beers, wines or spirits.
3. Avoid excessive exposure to the sun.
4. Follow health and safety instructions at work, concerning production, handling or use of any substance which may cause cancer.

Your general health will benefit from the following two commandments which may also reduce the risks of some cancers :

5. Eat frequently fresh fruits and vegetables and cereals with a high fibre content.
6. Avoid becoming overweight and limit your intake of fatty foods.

MORE CANCERS WILL BE CURED IF DETECTED EARLY:

7. See a doctor if you notice an unexplained change: appearance of a lump, change in a mole, abnormal bleeding
8. See a doctor if you have persistent problems, such as a persistent cough, a persistent hoarseness, a change in bowel habits or an unexplained weight loss.

For women:

9. Have a cervical smear regularly.
10. Check your breasts regularly.
and, if possible, undergo mammography at regular intervals above the age of 50.

Whatever the question under consideration, Portugal tended to head the list (72% had heard of the programme, 49% claimed to have heard of the Code and 55% recognized the Code when it was shown to them), while the public was least well-informed in Germany, the Netherlands and the United Kingdom.

Four survey points since 1987 enable any variation in awareness of the programme over the period to be analysed for each country. Awareness has increased in six of the twelve countries: Ireland, Portugal, Spain, Greece, Belgium and Denmark, but shows a regular tendency downwards in France and Italy. Initially, the same tendency was observed in Luxembourg and the United Kingdom, but the situation has improved latterly. In the Netherlands and Germany, awareness was initially stable but has recently begun to decline. (See Fig. 6).

Table 21 shows how replies to the three key questions changed between 1988 and 1989 in each country.

In Europe as a whole, television and the press carried much the same weight as vehicles of information, but their relative importance varied between countries. Television was clearly ahead in Portugal and Spain. Throughout Europe, the Code was noticed more at the doctor's than at the chemist's. (See Table 22).

3.2 Evaluation of the level of awareness in Europe

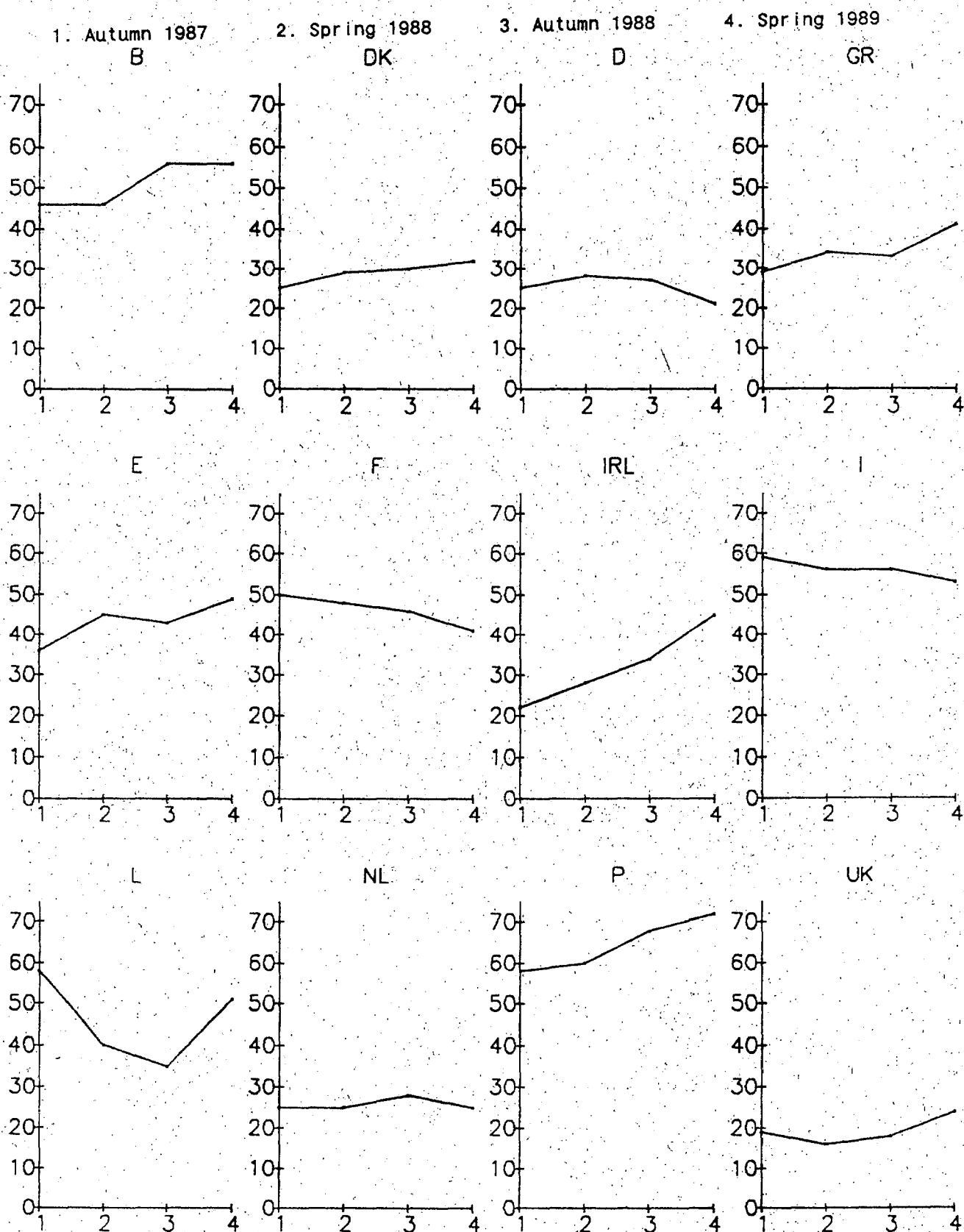
In the same way as for the 1988 survey, the replies to the four questions given above were analysed together to gain a general impression of the level of awareness. Four groups emerged from the analysis.

Type one: Those who had heard of the Programme and the Code and who knew the document containing the ten recommendations and how they had heard about it. In other words, they replied positively to all four questions. This represents the highest awareness level (Level ++).

FIGURE 6

AWARENESS OF THE EUROPEAN PROGRAMME AGAINST CANCER
(Claimed to have recently read or heard something about it)

TRENDS SINCE 1987, SHOWN BY COUNTRY



This group represented 10% of Europeans in the autumn 1988 survey and now accounts for 13%. There was some kind of progress in most countries. The proportion belonging to the best-informed group, however, varied considerably between countries, accounting for four in ten in Portugal, around two in ten in Spain, Greece, Belgium, Luxembourg, Ireland and Italy, around one in ten in Denmark, Germany and France and less than one in ten in the United Kingdom and the Netherlands.

Type two: Those who remembered having seen the Code when it was shown to them and could say how they got to hear about it. Some were also aware of the existence of the programme. This group represents the second level of awareness (level +) and accounts for 22% of Europeans (no significant change since the preceding survey).

Type three: Those who gave only one or two positive replies to the four reference criteria. Most said they had heard of a European programme against cancer, but knew little more about it. This represents the third level of awareness (level -), and accounts for 18% of Europeans (decreasing slightly).

Type four: Those who replied to all the questions in the negative, i.e. those who were totally unaware of the programme and the Code (level --). They accounted on average for 47% of Europeans (showing no significant change compared to the previous survey). There were considerable differences between countries, only 22% of the Portuguese and 66% of Germans falling into this category (see table 23).

We shall now go on to explore the correlation between this level of awareness and opinions and attitudes on other aspects of the survey: the fear of cancer and the importance attached to each of the recommendations in the European Code.

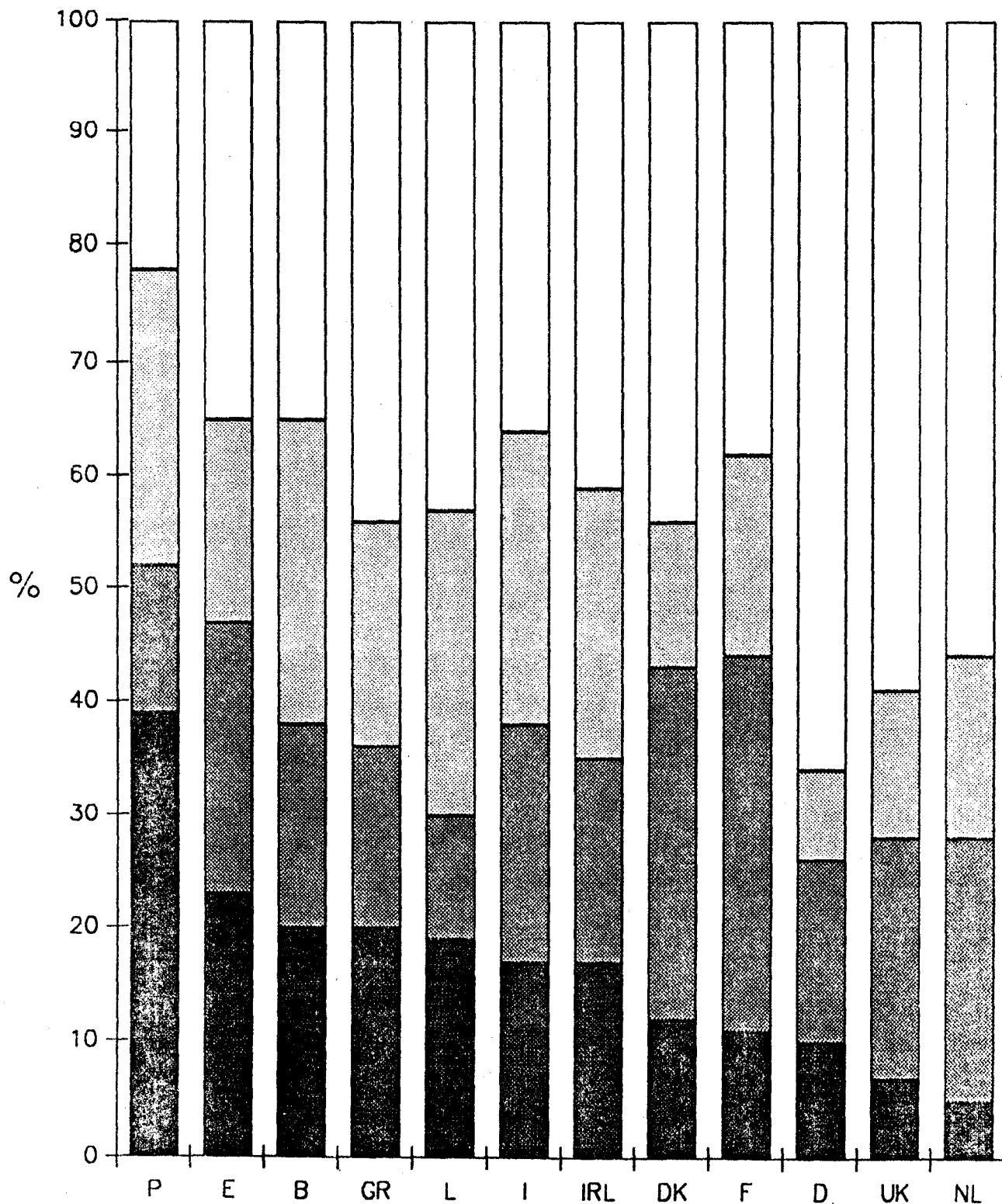
The more those interviewed knew about the programme and the Code, the more likely they were to have thought they were suffering from cancer or might be at risk in the future. In other words, a latent fear of cancer tends to increase receptivity to any form of information on prevention.

Moreover, the higher the level of awareness, the more likely the individuals are to consider the recommendations in the Code "very important". This, of course, comes as no surprise, but the differences are very slight for the best known recommendations (smoking and problems for which medical advice should be sought), and slightly greater for the recommendations with which people were least familiar (particularly high-fibre food). (See table 24).

FIG. 7

AWARENESS OF THE PROGRAMME AND THE CODE, SHOWN BY COUNTRY
(Spring 1989)

□ None ▨ - ▩ + ■ High
-- - + ++



While, for Europe as a whole, there was little change in the level of awareness between autumn 1988 and spring 1989, differences were quite marked in certain countries.

Countries in which awareness had increased: Portugal, Spain, Greece, Ireland, Luxembourg. Progress was generally reflected in the shift of part of the population from the moderately well-informed (+) to the well-informed (++) category. There was also a slight improvement in the United Kingdom, although awareness was still poor.

Countries in which awareness had declined: the Netherlands and Germany. In these two countries, over 50% of adults could remember nothing at all about the European programme or Code. (Zero awareness level (---): in autumn 1988: Netherlands 47%, Germany 59%; in spring 1989: Netherlands 56%, Germany 66%). In the remaining countries, there was little difference between the two surveys. The table below shows the figures for those countries showing some change.

| | | ++ | + | - | --- | Total |
|----------------|------|----|----|----|-----|-------|
| Portugal | 1988 | 22 | 20 | 28 | 21 | 100 |
| | 1989 | 39 | 13 | 26 | 22 | 100 |
| Espana | 1988 | 15 | 30 | 21 | 34 | 100 |
| | 1989 | 23 | 24 | 18 | 35 | 100 |
| Ellas | 1988 | 14 | 20 | 18 | 48 | 100 |
| | 1989 | 20 | 17 | 20 | 44 | 100 |
| Ireland | 1988 | 10 | 18 | 20 | 52 | 100 |
| | 1989 | 17 | 18 | 24 | 41 | 100 |
| Luxembourg | 1988 | 6 | 13 | 28 | 53 | 100 |
| | 1989 | 19 | 11 | 27 | 43 | 100 |
| United Kingdom | 1988 | 2 | 16 | 14 | 67 | 100 |
| | 1989 | 7 | 21 | 13 | 59 | 100 |
| Nederland | 1988 | 5 | 30 | 18 | 47 | 100 |
| | 1989 | 5 | 23 | 16 | 56 | 100 |
| Deutschland | 1988 | 11 | 17 | 13 | 59 | 100 |
| | 1989 | 10 | 16 | 8 | 66 | 100 |

TABLE 21

AWARENESS OF THE EUROPEAN PROGRAMME AND CODE, SHOWN BY COUNTRY

(Autumn 1988/December 1989)

1. Had recently heard of the European programme
2. Had heard of a European Code (spontaneous)
3. Had heard of the Code (prompted)

| | 1 | | 2 | | 3 | |
|----------------------|------|------|------|------|------|------|
| | 1988 | 1989 | 1988 | 1989 | 1988 | 1989 |
| Portugal | 68 | 72 | 29 | 49 | 59 | 55 |
| Belgique | 58 | 56 | 28 | 27 | 44 | 41 |
| Italia | 58 | 53 | 20 | 24 | 43 | 39 |
| Luxembourg | 35 | 51 | 10 | 24 | 43 | 39 |
| Espana | 43 | 49 | 25 | 30 | 49 | 49 |
| Ireland | 34 | 45 | 15 | 26 | 31 | 39 |
| France | 48 | 41 | 15 | 15 | 43 | 44 |
| Ellas | 33 | 41 | 22 | 30 | 36 | 37 |
| Danmark..... | 30 | 32 | 15 | 17 | 41 | 46 |
| Nederland | 28 | 25 | 9 | 9 | 40 | 31 |
| United Kingdom | 18 | 24 | 7 | 11 | 23 | 30 |
| Deutschland | 27 | 21 | 15 | 14 | 29 | 26 |
| Community overall .. | 38 | 38 | 16 | 19 | 37 | 37 |

NB.: The countries are shown in decreasing order of awareness of the programme in spring 1989

TABLE 22

SOURCE OF INFORMATION ABOUT THE EUROPEAN CODE,
SHOWN BY COUNTRY

| | Had seen the Code (Total) | On television | In the press | At the doctors | At the chemists |
|-------------------------------|---------------------------------|------------------|-----------------|-------------------|--------------------|
| COUNTRIES¹. | | | | | |
| Portugal | 55 | 38 | 20 | 24 | 21 |
| Espana | 49 | 33 | 21 | 18 | 12 |
| Danmark | 46 | 21 | 22 | 16 | 11 |
| France | 44 | 18 | 20 | 17 | 9 |
| Belgique | 41 | 23 | 21 | 16 | 8 |
| Ireland | 39 | 18 | 17 | 12 | 3 |
| Italia | 39 | 23 | 19 | 10 | 5 |
| Ellas | 37 | 23 | 18 | 7 | 3 |
| Luxembourg | 36 | 16 | 16 | 8 | 2 |
| Nederland | 31 | 16 | 16 | 13 | 8 |
| United Kingdom | 30 | 16 | 16 | 11 | 4 |
| Deutschland | 26 | 13 | 16 | 14 | 6 |
| Community overall . | 37 | 21 | 19 | 15 | 8 |

1. The countries are shown in decreasing order of the number of persons who had seen the code.

TABLE 23

AWARENESS OF THE EUROPEAN PROGRAMME AND CODE SHOWN BY COUNTRY

| | Very well-informed | | | Completely unaware of the Code and programme | Total |
|-----------------------|--------------------|----|----|--|-------|
| | ++ | + | - | — | |
| Portugal | 39 | 13 | 26 | 22 | 100 |
| Espana | 23 | 24 | 18 | 35 | 100 |
| Belgique | 20 | 18 | 27 | 35 | 100 |
| Ellas | 20 | 16 | 20 | 44 | 100 |
| Luxembourg | 19 | 11 | 27 | 43 | 100 |
| Italia | 17 | 21 | 26 | 36 | 100 |
| Ireland | 17 | 18 | 24 | 41 | 100 |
| Danmark | 12 | 31 | 13 | 44 | 100 |
| France | 11 | 33 | 18 | 38 | 100 |
| Deutschland | 10 | 16 | 8 | 66 | 100 |
| United Kingdom | 7 | 21 | 13 | 59 | 100 |
| Nederland | 5 | 23 | 16 | 56 | 100 |
| Community overall ... | 13 | 22 | 18 | 47 | 100 |

NB: The countries are shown in decreasing order of the number of persons in the very well-informed category.

The levels of awareness are defined on page 54 ff.

TABLE 24

VARIATIONS IN OPINION
IN RELATION TO AWARENESS OF THE EUROPEAN
PROGRAMME AND CODE AGAINST CANCER

| | High | | - | None |
|--|------|----|----|------|
| | ++ | + | | |
| . Were afraid of cancer | 67 | 64 | 61 | 49 |
| . Considered as "very important" the recommendation | | | | |
| . Do not smoke | 79 | 78 | 79 | 72 |
| . Moderate alcohol consumption | 67 | 62 | 62 | 50 |
| . Avoid excessive exposure to the sun..... | 55 | 50 | 47 | 41 |
| . Eat plenty of fresh fruit and vegetables | 64 | 62 | 59 | 53 |
| . Avoid being overweight | 53 | 51 | 49 | 41 |
| . Eat high-fibre cereals | 51 | 47 | 44 | 37 |
| . See a doctor if there is a change in a mole | 84 | 85 | 83 | 77 |
| . See a doctor in case of persistent problems | 81 | 81 | 79 | 74 |

NB: The percentages are based on 100 persons in the well-informed category (first column), 100 in the moderately well-informed category (second column) etc.

ANNEXES

INSTITUTS CHARGES DU SONDAJE ET SPECIALISTES RESPONSABLES

INSTITUTES WHICH CARRIED OUT THE SURVEY AND EXPERTS IN CHARGE

| | | | |
|-----------------|---|--|---|
| BELGIQUE/BELGIE | DIMARSO N.V. 78 Boulevard Lambert B-1030 BRUXELLES | Luc SCHULPEN | Tél. 322.215.19.30 Télex 046.64577 Telefax 322.218.00.99 |
| DANMARK | GALLUP MARKEDSANALYSE A.S. Gammel Vartovvej 6, DK-2900 HELLERUP, COPENHAGEN | Rolf RANDRUP | Tél. 451.29.88.00 Telefax 451.18.24.66 |
| DEUTSCHLAND | EMNID-INSTITUT GmbH Bodelschwingerstrasse 23-25a D-4800 BIELEFELD 1 | Walter TACKE Klaus-Peter SCHOEPPNER Franz KILZER | Tél. 49.521.260.010 Télex 041.932833 Telefax 49.521.260.01.55 |
| ELLAS | ICAP HELLAS S.A. 64 Queen Sophia Avenue GR-115 28 ATHENS | Anthony LYKIARDOPOULOS Tilemachos DIB | Tél. 301.722.56.51 Télex 0601.215736 Telefax 301.722.02.55 |
| ESPANA | INTERGALLUP p° de la Castellana, 72-1° E-28046 MADRID | Jaime MIGUEL ADRADA Luis PAMBLANCO | Tél. 341.563.00.85/563.75.83 Telefax 341.563.22.26 |
| FRANCE | INSTITUT DE SONDAGES LAVIALLE 6-8 Rue du 4 Septembre F-92130 ISSY-LES-MOULINEAUX | Albert LAVIALLE | Tél. 331.45.54.97.11 Télex 205165 Telefax 331.45.54.74.47 |
| IRELAND | IRISH MARKETING SURVEYS Ltd 20-21 Upper Pembroke Street IRL-DUBLIN 2 | Charles COYLE Mary BOYCE | Tél. 353.176.11.96 Telefax 353.176.08.77 |
| ITALIA | ISTITUTO PER LE RICERCHE STATISTICHE E L'ANALISI DELL'OPINIONE PUBBLICA (DOXA) Via Panizza 7 I-20144 MILANO | Ennio SALAMON Alfonso del RE | Tél. 392.48.19.33.20 Télex 321.101 Telefax 392.48.19.32.86 |
| LUXEMBOURG | INSTITUT LUXEMBOURGEOIS DE RECHERCHES SOCIALES (ILRES) 6, rue du Marché-aux-Herbes GD-1728 LUXEMBOURG | Louis MEVIS Charles MARGUE | Tél. 352.47.50.21 Telefax 352.46.26.20 |
| NETHERLAND | NEDERLANDS INSTITUUT VOOR DE PUBLIEKE OPINIE (NIPO) B.V. Westerdokhuis, Barentzplein 7 NL-1013 NJ AMSTERDAM | Arnold WEIJTLANDT Martin JONKER | Tél. 31.20.24.88.44 Télex 044.14614 Telefax 31.20.26.43.75 |
| PORTUGAL | NORMA - Sociedade de Estudos para o Desenvolvimento de Empresas, S.A.R.L. Rua Marqués de Fronteira, 76 P-1000 LISBOA | Henrique SANTA CLARA GOMES | Tél. 351.1.76.76.04 Télex 0404.62550 Telefax 351.1.773.948 |
| UNITED KINGDOM | SOCIAL SURVEYS (GALLUP POLL) 202 Finchley Road UK-LONDON NW3 6BL | Norman WEBB Robert WYBROW | Tél. 441.794.04.61 Télex 051.261712 Telefax 441.431.02.52 |

Coordination internationale/International coordination :
Hélène RIFFAULT - Jean-François TCHERNIA
FAITS ET OPINIONS
25, rue Cambon, F-75001 PARIS
Tél. 331.42.96.41.65 - Télex 214789 - Telefax 331.42.60.40.5

Toutes les données relatives aux Euro-Baromètres sont déposées aux "Belgian Archives for the Social Sciences", (1, place Montesquieu, B-1348 Louvain-la-Neuve). Elles sont tenues à la disposition des organismes membres du European Consortium for Political Research (Essex), du Inter-University Consortium for Political and Social Research (Michigan) et des chercheurs justifiant d'un intérêt de recherche.

Pour tous renseignements sur les études d'opinion publique faites à l'initiative de la Commission des Communautés européennes, écrire à Karlheinz REIF, "Sondages, recherches, analyses, 200, rue de la Loi, B-1049 Bruxelles.

(*) Les douze instituts chargés de ces sondages sont représentés par la société THE EUROPEAN OMNIBUS SURVEYS s.c., dont le comité de direction comprend : Jan Stapel (NIPO, Amsterdam), Norman Webb (GALLUP INTERNATIONAL, Londres), Hélène Riffault et Jean-François Ichernia (FAITS & OPINIONS, Paris) et Nicole Jamar (THE EUROPEAN OMNIBUS SURVEYS, Bruxelles).

(**) Le sondage en Northern Ireland est fait en collaboration par Irish Marketing Surveys et Social Surveys (Gallup Poll).

All Euro-Barometer data are stored at the Belgian Archives for the Social Sciences (1, Place Montesquieu, B-1348 Louvain-La-Neuve). They are at the disposal of all institutes members of the European Consortium for Political Research (Essex), of the Inter-University Consortium for Political and Social Research (Michigan) and all those interested in social science research.

For all information regarding opinion surveys carried out for the Commission of the European Communities, please write to Karlheinz REIF. "Surveys, Researches, Analyses", 200 rue de la Loi, B-1049 Brussels.

The twelve institutes which carried out these surveys are represented by THE EUROPEAN OMNIBUS SURVEYS s.c., of which the board members are : Jan Stapel (NIPO, Amsterdam), Norman Webb (GALLUP INTERNATIONAL, London), Hélène Riffault and Jean-François Ichernia (FAITS ET OPINIONS, Paris) and Nicole Jamar (THE EUROPEAN OMNIBUS SURVEYS, Brussels).

The Northern Ireland survey is conducted jointly by Irish Marketing Surveys and Social Surveys (Gallup Poll).

ECHANTILLONNAGE/SAMPLING

L'objectif de la méthode d'échantillonnage est de couvrir de façon représentative la totalité de la population âgée de 15 ans et plus, des douze pays de la Communauté élargie. L'échantillonnage de chaque pays est constitué à deux niveaux :

1°) Régions et localités d'enquête

L'enquête a lieu sur l'ensemble du territoire des douze pays, soit 138 régions. (Voir liste ci-jointe)

Chaque pays a constitué aléatoirement un échantillon-maître de localités d'enquête, de telle sorte que toutes les catégories d'habitat soient représentées proportionnellement à leurs populations respectives.

Au total, les interviews ont lieu dans environ 1.350 points d'enquête.

The sample has been designed to be representative of the total population aged 15 years and over of the twelve countries of the enlarged Community. In each country a two stage sampling method is used :

1°) Geographical distribution

The survey covers the whole territory of the twelve countries i.e. 138 regions. (See attached list)

In each country a random selection of sampling points is made in such a way that all types of area (urban, rural, etc..) are represented in proportion to their populations.

The interviews are distributed in more or less 1.350 sampling points.

2°) Choix des personnes interrogées

Les personnes interrogées sont toujours différentes d'une enquête à l'autre. L'échantillon-maître aléatoire évoqué ci-dessus indique le nombre de personnes à interroger à chaque point d'enquête. Au stade suivant, les personnes à interroger sont désignées :

- soit par un tirage au sort sur liste dans les pays où on peut avoir accès à des listes exhaustives d'individus ou de foyers : Danemark, Luxembourg, Pays-Bas ;
- soit par échantillonnage stratifié sur la base des statistiques de recensement, l'échantillon étant construit à partir des critères de sexe, âge et profession : Belgique, France, Italie, Royaume-Uni, Irlande ;
- soit par une méthode combinant les deux précédentes (cheminement systématique) : Allemagne, Grèce, Espagne, Portugal.

2°) Choice of respondents

For each survey different individuals are interviewed in the master sample of sampling point described above. Within these sampling points the individuals to be interviewed are chosen :

- either at random from the population or electoral lists in those countries where access to suitable lists of individuals or households is possible : Denmark, Luxembourg, Netherlands ;
- or by quota sampling. In these cases the quotas are established by sex, age and occupation on the basis of census data : this system is used in Belgium, France, Italy, United-Kingdom, Ireland ;
- or by a method combining the two precedent ones ("random route") : Germany, Greece, Spain, Portugal.

| | Population (1) | | | Echantillons/ Samples (2) (Euro-Baromètre n° 31) | Dates (Euro-Baromètre n° 31) |
|----------|-----------------------------|------------------|------------------|--|---------------------------------|
| | Milliers /Thou- sands | % CE/EC 10 | % CE/EC 12 | | |
| B | 7.924 | 3.64 | 3.12 | 1.002 | 20/03 au 31/03/1989 |
| DK | 4.133 | 1.90 | 1.62 | 1.014 | 17/03 au 30/03/1989 |
| D | 51.466 | 23.62 | 20.26 | 1.024 | 17/03 au 05/04/1989 |
| GR | 7.715 | 3.54 | 3.04 | 1.000 | 17/03 au 05/04/1989 |
| F | 42.851 | 19.67 | 16.87 | 1.005 | 13/03 au 10/04/1989 |
| IRL | 2.455 | 1.13 | .97 | 1.006 | 16/03 au 05/04/1989 |
| I | 44.438 | 20.39 | 17.49 | 1.022 | 20/03 au 08/04/1989 |
| L | 300 | .14 | .12 | 303 | 21/03 au 17/04/1989 |
| NL | 11.400 | 5.23 | 4.49 | 1.025 | 18/03 au 29/03/1989 |
| UK | 45.207 | 20.75 | 17.79 | 1.276 | 21/03 au 19/04/1989 |
| CE/EC 10 | 217.889 | 100.00 | 85.77 | 9.677 | 13/03 au 19/04/1989 |
| E | 28.854 | - | 11.36 | 1.001 | 17/03 au 05/04/1989 |
| P | 7.314 | - | 2.88 | 1.000 | 17/03 au 05/04/1989 |
| CE/EC 12 | 254.057 | - | 100.00 | 11.678 | 13/03 au 19/04/1989 |

Il est rappelé que les résultats obtenus par sondage sont des estimations dont le degré de certitude et de précision dépend, toutes choses égales d'ailleurs, du nombre des individus constituant l'échantillon. Avec des échantillons de l'ordre de 1.000, on admet généralement qu'une différence inférieure à cinq pour cent entre deux pourcentages est au-dessous du niveau acceptable de confiance.

Readers are reminded that sample survey results are estimations, the degree of certainty and precision of which, everything being kept equal rests upon the number of cases. With samples of about 1.000, it is generally admitted that a percentage difference of less than five per cent is below the acceptable level of confidence.

(1) 15 ans et plus. / 15 years and over.

(2) Nombre d'interviews. / Number of interviews.

QUESTIONS

159. Avez-vous entendu parler d'un "Code européen contre le cancer" ?

- 1. Oui
- 2. Non
- 0. ?

TREND EURO 30 - Q. 134

160. Voici le "Code européen contre le cancer", c'est-à-dire dix règles élémentaires sur la prévention possible du cancer, qui ont été élaborées par le Comité européen des experts oncologues. Ce Comité d'experts comprend des oncologues de tous les pays membres de la Communauté, y compris (notre pays). (MONTRER LE CODE).

Vous souvenez-vous maintenant avoir lu ou entendu quelque chose au sujet de ce Code européen contre le cancer ?

- 1. Oui) PASSER A LA QUESTION 161/163
- 2. Non)
- 3. Hésite à répondre) PASSER A LA QUESTION 164/171
- 0. ?)

TREND EURO 30 - Q. 135

159. Have you heard anything about a "European Code Against Cancer" ?

- 1. Yes
- 2. No
- 0. ?

TREND EURO 30 - Q. 134

160. Here is the "European Code Against Cancer" (SHOW CARD WITH CODE), consisting of ten elementary rules for the possible prevention of cancer, which have been developed by a European Committee of cancer experts. This expert committee includes cancer specialists from all member countries of the Community, including (your country).

Now, do you remember having read or heard anything about this European Code Against Cancer ?

- 1. Yes) GO TO QUESTION 161/163
- 2. No)
- 3. Hesitates in replying) GO TO QUESTION 164/171
- 0. ?)

TREND EURO 30 - Q. 135

EURO-BAROMETRE N° 31

SI CODE 1 A LA QUESTION 160

161/ Et ce document, (MONTRER LE CODE) l'avez-vous vu par
163. exemple

| | 161 Oui | 162 Non | 163 ? |
|------------------------------------|------------|------------|----------|
| à la télévision | 1 | 1 | 1 |
| chez un pharmacien | 2 | 2 | 2 |
| chez un médecin | 3 | 3 | 3 |
| dans un journal ou un magazine ... | 4 | 4 | 4 |
| ailleurs | 5 | 5 | 5 |
| ? | 0 | 0 | 0 |

EURO-BAROMETER N° 31

IF CODE 1 TO QUESTION 160

161/ This document, (SHOW THE CARD WITH CODE) have you seen
163. it for example

| | 161 Yes | 162 No | 163 ? |
|----------------------------------|------------|-----------|----------|
| on television | 1 | 1 | 1 |
| in the chemists | 2 | 2 | 2 |
| in a doctor's surgery | 3 | 3 | 3 |
| in a newspaper or magazine | 4 | 4 | 4 |
| elsewhere | 5 | 5 | 5 |
| ? | 0 | 0 | 0 |

A TOUS

164/ Pouvez-vous me dire, pour chacune des recommandations que je
171. vais vous citer, si elle vous paraît très importante, assez
importante ou pas importante pour diminuer les risques de
cancer ?

| | Très importante | Assez importante | Pas importante ? |
|--|--------------------|---------------------|---------------------|
| 164. Ne fumez pas | 1 | 2 | 3 |
| 165. Modérez votre consommation de boissons alcoolisées | 1 | 2 | 3 |
| 166. Evitez les expositions exces- sives au soleil | 1 | 2 | 3 |
| 167. Consommez fréquemment des fruits et des légumes frais . | 1 | 2 | 3 |
| 168. Evitez l'excès de poids | 1 | 2 | 3 |
| 169. Consommez fréquemment des ali- ments riches en fibres (pain complet, son, riz complet)... | 1 | 2 | 3 |
| 170. Consultez un médecin en cas d'évolution d'aspect d'un grain de beauté, apparition d'une grosseur, saignement a- normal) | 1 | 2 | 3 |
| 171. Consultez un médecin en cas de troubles persistants tels que toux ou enrrouement, cons- tipation ou diarrhée, perte inexpliquée de poids, etc.... | 1 | 2 | 3 |

TO ALL

164/ Could you tell me for each of the recommendations, I am
171. going to mention if it is very important, fairly important,
or not important in reducing the risks of cancer ?

| | Very important | Fairly important | Not important | ? |
|---|-------------------|---------------------|------------------|---|
| 164. Do not smoke | 1 | 2 | 3 | 0 |
| 165. Moderate your consumption of alcoholic drinks | 1 | 2 | 3 | 0 |
| 166. Avoid excessive exposure to the sun | 1 | 2 | 3 | 0 |
| 167. Eat frequently fresh fruits and vegetables | 1 | 2 | 3 | 0 |
| 168. Avoid being overweight .. | 1 | 2 | 3 | 0 |
| 169. Eat frequently cereals with high fibre content (whole bread, bran, whole rice) | 1 | 2 | 3 | 0 |
| 170. See a doctor in case of a lump, change in a mole or abnormal bleeding | 1 | 2 | 3 | 0 |
| 171. See a doctor in case of persistent problems, such as a persistent cough, a persistent hoarseness, a change in bowel habits or an unexplained weight loss | 1 | 2 | 3 | 0 |

QUESTIONS 172/173 POUR LES FEMMES SEULEMENT

172/ Voici maintenant deux recommandations pour les femmes. Pour
173. chacune d'elles, dites-moi si elle vous paraît très impor-
tante, assez importante ou pas importante pour diminuer les
risques de cancer ?

| | Très importante | Assez importante | Pas importante ? |
|---|--------------------|---------------------|---------------------|
| 172. Faites pratiquer réguliè- rement un frottis vaginal | 1 | 2 | 3 |
| 173. Surveillez vos seins réguliè- rement | 1 | 2 | 3 |

QUESTIONS 172/173 ONLY FOR WOMEN

172/ Here are two pieces of advice for women. For each of them
173. please tell me if it is very important, fairly important, or
not important at all in lessening the risks of cancer ?

| | Very important | Fairly important | Not important | ? |
|---|-------------------|---------------------|------------------|---|
| 172. Have a cervical smear regularly | 1 | 2 | 3 | 0 |
| 173. Check your breasts regul- larly | 1 | 2 | 3 | 0 |

A TOUS

174/ Pour chacune des boissons suivantes pouvez-vous me dire s'il
176. vous arrive d'en consommer ou si vous n'en consommez
vraiment jamais ? (UNE REPONSE PAR LIGNE).

| | 174 Cela arrive | 175 Ne consomme jamais | 176 ? |
|--|--------------------|------------------------------|----------|
| Vin | 1 | 1 | 1 |
| Bière | 2 | 2 | 2 |
| Apéritif (par exemple vermouth, vin doux, etc.) | 3 | 3 | 3 |
| Alcool (par exemple whisky, gin, cognac, liqueur, etc.) | 4 | 4 | 4 |

ALL RESPONDENTS

174/ For each of the following types of drinks, could you tell me
176. if you ever happen to drink it, or if you really never drink
it at all ? (ONE ANSWER PER LINE).

| | 174 Happen to drink | 175 Never drink at all | 176 ? |
|--|---------------------------|---------------------------------|----------|
| Wine | 1 | 1 | 1 |
| Beer | 2 | 2 | 2 |
| Aperitives (for instance, vermouth, fortified wine, etc.) | 3 | 3 | 3 |
| Spirits (for instance whisky, gin, cognac, liqueur, etc.) | 4 | 4 | 4 |

EURO-BAROMETRE N° 31

177/ Tous les combien vous arrive-t-il de consommer les produits 180. suivants ? Tous les jours ou presque, trois ou quatre jours par semaine un ou deux jours par semaine moins souvent ou jamais ?

1. Tous les jours ou presque
2. Trois ou quatre jours par semaine
3. Un ou deux jours par semaine
4. Moins souvent
5. Jamais
0. ?

177. Jus de fruits frais (ou surgelé mais pas en conserve ni concentré) 1 2 3 4 5 0

178. Pommes de terre (sous quelque forme que ce soit : nature, en purée, frites etc.) ou légumes secs 1 2 3 4 5 0

179. Légumes frais (ou surgelés mais pas en conserve) par exemple choux, petits pois, carottes, haricots verts, salade, etc.) 1 2 3 4 5 0

180. Légumes en conserve 1 2 3 4 5 0

181. Fruits frais 1 2 3 4 5 0

214. Parmi les situations suivantes, quelle est celle qui correspond à votre cas ? (REPONSES MULTIPLES POSSIBLES ENTRE 1 ET 2).

1. Vous fumez des cigarettes (y compris cigarettas roulées à la main) **PASSER AUX QUESTIONS 215 ET 216**
2. Vous fumez le cigare, la pipe **PASSER A LA QUESTION 216**
3. Vous avez arrêté de fumer **PASSER A LA QUESTION 219**
4. Vous n'avez jamais fumé **PASSER A LA QUESTION 220**
0. ?

AUX FUMEURS DE CIGARETTES, Y COMPRIS CIGARETTES ROULEES A LA MAIN. (CODE 1 A LA QUESTION 214).

215. Combien de cigarettes fumez-vous par jour ?

1. Moins de 5
2. de 5 à 9
3. de 10 à 14
4. de 15 à 19
5. de 20 à 24
6. de 25 à 29
7. de 30 à 34
8. de 35 à 39
9. 40 et plus
0. ?

A TOUS LES FUMEURS ACTUELS (CODES 1 et 2 A LA QUESTION 214)

216. Actuellement, avez-vous envie de vous arrêter de fumer, de diminuer votre consommation de tabac ou de ne rien changer à vos habitudes ?

1. Envie de vous arrêter de fumer
2. Envie de diminuer votre consommation de tabac
3. Envie de ne rien changer à vos habitudes
0. ?

EURO-BAROMETER N° 31

177/ How often do you happen to eat or drink the following 180. products, every day or almost every day, three or four days in a week, one or two days in a week, less often or never ?

1. Every day or almost every day
2. Three or four days in a week
3. One or two days in a week,
4. Less often
5. never
0. ?

177. Fresh fruits juice (or frozen, but neither canned nor concentrated) 1 2 3 4 5 0

178. Potatoes (in any form : boiled, mashed, chips) or dried pulses and beans 1 2 3 4 5 0

179. Fresh vegetables (or frozen, but not tinned), such as cabbage, peas, carrots, green beans, salad, etc 1 2 3 4 5 0

180. Tinned vegetables 1 2 3 4 5 0

181. Fresh fruits 1 2 3 4 5 0

214. Which of the following things applies to yourself ? (MULTIPLE ANSWERS POSSIBLE 1 AND 2)

1. You smoke cigarettes (including Roll-your-own) **GO TO QUESTIONS 215 AND 216**
2. You smoke cigars or a pipe **GO TO QUESTION 216**
3. You used to smoke but you have stopped **GO TO QUESTION 219**
4. You have never smoked **GO TO QUESTION 220**
0. ?

TO CIGARETTE SMOKERS INCLUDING ROLL-YOUR-OWN. (CODE 1 TO QUESTION 214).

215. How many cigarettes do you smoke a day ?

1. Less than 5
2. 5 to 9
3. 10 to 14
4. 15 to 19
5. 20 to 24
6. 25 to 29
7. 30 to 34
8. 35 to 39
9. 40 or more
0. ?

TO SMOKERS ONLY (CODES 1 AND 2 TO QUESTION 214)

216. At the present time do you wish to stop smoking, cut down your consumption of tobacco or not to change your smoking habits ?

1. Wish to stop smoking
2. Wish to cut down tobacco consumption
3. Do not wish to change
0. ?

EURO-BAROMETRE N° 31

217. Avez-vous déjà essayé de vous arrêter de fumer et SI OUI avez-vous essayé une fois ou plusieurs fois ?

1. A déjà essayé une fois de s'arrêter de fumer
2. A essayé plusieurs fois
3. N'a pas essayé
0. ?

A CEUX QUI ONT ESSAYE DE S'ARRETER DE FUMER (Codes 1 ET 2 A Q. 217).

218. Qu'est-ce qui vous a vraiment empêché de vous arrêter tout à fait de fumer ? (MONTRER LA CARTE, PLUSIEURS REPONSES POSSIBLES).

1. Il me manquait un réel plaisir
2. J'étais devenu nerveux
3. J'avais commencé à grossir
4. J'avais l'impression de manquer de stimulant
5. On fumait dans mon entourage
6. Rien ni personne n'a pu m'aider
7. Autre réponses (NOTER _____)
0. ?

A CEUX QUI SE SONT ARRETE DE FUMER (CODE 3 A Q. 214).

219. Depuis combien de temps avez-vous cessé de fumer

1. Depuis moins de 5 ans
2. Depuis 5 à 9 ans
3. Depuis 10 à 14 ans
4. Depuis 15 à 19 ans
5. Depuis 20 ans ou plus
0. ?

A TOUS

220. Y a-t-il des fumeurs réguliers dans votre entourage immédiat ? SI OUI, est-ce chez vous, à votre travail ou ailleurs ? (REPONSES MULTIPLES POSSIBLES POUR 1, 2 ET 3).

1. Chez vous
2. A votre travail
3. Ailleurs
4. Pas de fumeurs dans l'entourage immédiat

221. Vous personnellement, avez-vous déjà pensé que vous aviez peut être un cancer ou que vous risquiez d'avoir un jour un cancer ?

1. Oui
2. Non
0. ?

EURO-BAROMETER N° 31

217. Have you ever tried to give up smoking ? IF YES, have you tried once or several times ?

1. Have tried once to give up smoking
2. Have tried several times to give up smoking
3. Have not tried to give up smoking
0. ?

ASK ALL WHO HAVE TRIED TO GIVE UP SMOKING (CODES 1 AND 2 AT Q. 217).

218. What do you believe really stopped you from being able to give up smoking altogether ? (SHOW CARD, SEVERAL ANSWERS POSSIBLE)

1. I missed what for me was a genuine pleasure
2. I became tense
3. I began to put on weight
4. I felt I was missing a stimulant
5. People around me were smoking
6. Neither anybody nor anything could help me (in trying to give up)
7. Other answer (NOTE _____)
0. ?

ASK ALL THOSE WHO HAVE GIVEN UP SMOKING (CODE 3 AT Q. 214)

219. How long is it since you gave up smoking ?

1. Less than five years
2. 5-9 years
3. 10-14 years
4. 15-19 years
5. 20 years or more
0. ?

ALL RESPONDENTS

220. Are there regular smokers among the people you usually find yourself in the company of ? IF SO, does this happen at home, where you work, or elsewhere ? (MULTIPLE ANSWERS POSSIBLE FOR 1, 2 AND 3).

1. At home
2. At work
3. Elsewhere
4. Do not find oneself among regular smokers
0. ?

221. Have you ever thought that you might be suffering from cancer or that you might be at risk in the future to get cancer ?

1. Yes
2. No
0. ?