THE USE OF TOBACCO AND ALCOHOL IN THE CZECH REPUBLIC 2012

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A) INTRODUCTION

Consumption of tobacco and alcohol is one of the key risk factors causing serious illness and early deaths; yet one that can be prevented effectively.

As the number of smokers and other consumers of tobacco rises steadily, we can refer to this situation as a worldwide epidemic. The World Health Organization (WHO) has, in an attempt to avert this grave health threat, compiled guidelines for fighting this epidemic.

The recommendations intended to limit tobacco consumption were summarized in the MPOWER Package containing six key priorities of efficient strategies (WHO, 2008):

1. Monitoring the use of tobacco and prevention policies
2. Protecting people against tobacco smoke
3. Offering assistance with weaning from smoking
4. Warning against the hazards of tobacco use
5. Asserting bans on tobacco advertising, its promotion and sponsorship
6. Increasing taxation on tobacco

The first strategy, Monitoring the use of tobacco and prevention policies, is the basis for the following strategies.

In order to carry out the monitoring in a uniform and commensurable way globally, the WHO and the Centers for Disease Control and Prevention (CDC) have created the Global Tobacco Surveillance System (GTSS). This system helps commission studies targeted at various age groups such as school children aged 13-15 and their teachers, future healthcare professionals – students of medicine, pharmacy and nursing, and the adult population over 15 (Warren, Asma et al., 2009).

In order to meet the needs of the countries performing the surveillance, the WHO and CDC have produced unified questionnaire forms consisting of key questions including instructions for use and assessment; these questionnaires should always be used for the surveillance of tobacco consumption (Global Adult Tobacco Survey Collaborative Group 2011).

The individual queries about the respondents' alcohol related habits were based on the international SMART study: Standardising Measurement on Alcohol Related Troubles (Moskalewicz, Sieroslawski, 2010), where the Státní zdravotní ústav (National Institute of Health) represented the Czech Republic.

The aim of the study was to consider the usability of various methods for estimating the volumes of alcohol consumption within a population. The study tested several approaches (beverage-specific quantity-frequency method [BSQF], graduated frequency method and estimated consumption on the basis of data from the last week) and selected the BSQF as the most suitable method. This is why the BSQF method is also applied in our study.

In the Czech Republic, these tools were first used for the adult population in the selection population study commissioned within the Two-year Treaty on Cooperation between the Ministry of Health of the Czech Republic and the WHO-EURO for 2012-2013 enjoying massive support and financial assistance from WHO and CDC. The result of this study is this final report.

Research goals and benefits of new facts

The main goal of the research was to acquire valid and robust knowledge on smoking and alcohol consumption in the Czech Republic's adult population. The data amassed in the population survey complements the available statistical data of the recorded consumption and brings a unique insight that cannot be gained in any other way. These primarily include the identification of the portion of health-risk and hazardous habits, as well as the demographic and social features of the endangered population. The knowledge of the size and the social and demographic characteristics of the risk groups is essential for the planning

of regulatory measures targeted at health protection as well as prevention and treatment interventions.
The data on the Czech population's smoking from 2012 can be linked to the data collected annually since 1997. The Czech Republic's adult population smoker development trend has been relatively stable over the last several years. It ranges between 28 and 32% (Sovinova et al., 2012). The analyses of trends makes it possible to assess the efficiency of the national tobacco policy, which is an added value and hence also the reason why these studies are worth repeating periodically.

As we lack similarly periodical information about the consumption of alcohol, the 2012 alcohol related data is the more valuable.

The smoking of tobacco and excessive consumption of alcohol exert a significant impact upon the population's health condition. Epidemiological research shows that, in the Czech Republic, 17-19% of the total annual mortality can be ascribed to smoking (Peto et al., 2003; Sovinová et al., 2008) and 4% to alcohol (Kohoutová, 2013). The effort to curb the health and related economic damage caused by smoking and alcohol is logically the priority of the public healthcare system.

However, the results of the population surveys are also highly significant for the international scientific community. The data we obtain about smoking and alcohol consumption are forwarded to WHO's databases (HFA, GISAH) and are used as sources for international comparative studies as well as for national and international public healthcare policies.

Research methodology

The monitoring of the consumption of tobacco products relied on a set of key questions from the Global Adult Tobacco Study (GATS), whereas the alcohol related queries stemmed from the EU SMART study. These specific parts of the survey further included demographic characteristics of the respondent group.

Respondent group selection and characteristics

The information was obtained from a group of 1,802 persons selected randomly on the basis of quotas.

Demographic characteristics of the sample

	N (%)
Overall	1802 (100)
Gender	
Male	879 (48,8)
Female	923 (51,2)
Age group	
15-24	244 (13,5)
25-44	651 (36,1)
45-64	571 (31,7)
65+	336 (18,6)
Place of residence	
Urban	1395 (77,4)
Rural	407 (22,6)
*Level of education**	
Basic and apprenticeship	662 (42,5)
Secondary with graduation	614 (39,4)
University	282 (18,1)

* Education level is reported only among respondents 25+ years old.

The group is a comprehensive sample of the Czech Republic's population over 15 years of age. The composition of the sample and its basic demographic characteristics reflects the structure of the Czech 15+ population with respect to age and gender (Věkové složení obyvatelstva České republiky v roce 2011, ČSÚ 2012 [Age Composition of the Czech Republic's Population in 2011, Czech Statistical Office, 2012]). The respondent group also reflects the differences along the regional lines. When compared to the layout of the basic group, the maximum deviation in individual regions does not exceed 0.1 per cent.

Tobacco questionnaire description

This part of the questionnaire form focused on tobacco consumption and comprised the total of 22 questions covering all of the six MPOWER priorities.

Priority One – Monitoring

The opening three questions are crucial in that they identify the prevalence of smoking cigarettes. Questions four through to seven provide additional information in that they monitor the use of smokeless tobacco.

Priority Two – Protection of people against tobacco smoke

Questions eight to eleven sought to obtain answers about the exposition to tobacco smoke at home and at the workplace.

Priority Three – Offering assistance with weaning from smoking

This topic is dealt with by queries 12 to 14 which inquire into the respondents' attempts to quit smoking and whether they have received recommendations to give up smoking from healthcare professionals.

Priority Four – Warning against the hazards of tobacco consumption

Questions 15 to 18 seek to identify the people's awareness of health hazard warnings in the press, on television and on cigarette packs and their influence upon smokers' intentions to quit smoking.

Priority Five – Enforcing ban on advertising cigarettes, their promotion and sponsorship

Questions 19 and 20 identify the scope of effectiveness of cigarette advertising at points of sale and the scope of various methods of their promotion.

Priority Six – Increasing taxation on tobacco

The last two questions deal with economics, identify the volumes of the last purchase of cigarettes and their price.

Alcohol questionnaire description

The estimate of the total consumption of alcohol used the Beverage-Specific Frequency-Quantity Method taken over from the aforementioned EU SMART project.

The questionnaire form also included items seeking to identify drinking excessive doses of alcohol at a single consumption event (defined as the intake of 60 or more grams of alcohol). The form also involved questions attempting to describe the respondents' opinion of their own drinking and whether their physicians ever show any interest in them consuming alcohol and recommend limiting the consumption.

These items together with socio-demographic variables enabled compiling a comprehensive description of the adult population's consumption patterns.

RESULTS

B) Tobacco

Table 1. Detailed Smoking Status by Gender

Smoking Status	Overall	Male	Female
	Percentage (95% CI)		
Current tobacco smoker	31.3 (29.2;33.5)	36.5 (33.4;39.8)	26.3 (23.5;29.3)
Daily smoker	23.1 (21.2;25.1)	26.7 (23.9;29.8)	19.6 (17.1;22.4)
Occasional smoker	8.2 (7.0;9.6)	9.8 (7.9;12.0)	6.7 (5.2;8.6)
Occasional smoker, formerly daily	3.9 (3.1;5.0)	5.0 (3.7;6.7)	2.9 (2.0;4.3)
Occasional smoker, never daily	4.3 (3.4;5.3)	4.8 (3.5;6.5)	3.8 (2.7;5.3)
Current non-smoker	68.7 (66.5;70.8)	63.5 (60.2;66.7)	73.7 (70.7;76.5)
Former smoker	13.1 (11.6;14.8)	14.6 (12.3;17.1)	11.7 (9.7;14.0)
Former daily smoker	6.4 (5.4;7.7)	8.1 (6.4;10.1)	4.9 (3.6;6.5)
Former occasional smoker	6.7 (5.6;7.9)	6.5 (5.0;8.4)	6.8 (5.3;8.7)
Never smoker	55.6 (53.3;57.9)	48.9 (45.6;52.3)	62.0 (58.7;65.1)

The results of the study suggest that the portion of current smokers reached 31.3% in the Czech Republic in 2012. Nearly three quarters of them (23.1%) were smokers who smoked at least one cigarette a day.

Statistically, there is a significant difference between the two sexes. Similarly, there are considerable fewer female smokers than male ones in the group of daily smokers. Another statistically significant difference can be found in the group of non-smokers: there are many more lifelong non-smokers among women.

Table 2. Current Smokers of Various Smoked Tobacco Products, by Selected Demographic Characteristics

Demographic Characteristics	Any smoked tobacco product	Any cigarette[1]	Type of Cigarette		Other smoked tobacco [2]
			Manufactured	Hand-rolled	
	Percentage (95% CI)				
Overall	31.3 (29.2;33.5)	30.9 (28.7;33.1)	28.8 (26.7;31.0)	4.0 (3.2;5.0)	3.7 (2.9;4.7)
Gender					
Male	36.5 (33.4;39.8)	35.6 (32.5;38.9)	32.5 (29.5;35.8)	5.9 (4.5;7.4)	5.9 (4.5;7.7)
Female	26.3 (23.5;29.3)	26.3 (23.5;29.3)	25.2 (22.5;28.2)	2.2 (1.4;3.4)	1.6 (1.0;2.7)
Age (years)					
15-24	44.7 (38.3;51.1)	43.4 (37.1;49.9)	42.2 (35.9;48.7)	4.9 (2.6;8.4)	8.6 (5.4;12.9)
25-44	33.8 (30.2;37.6)	33.3 (29.7;37.1)	31.5 (28.0;35.2)	4.0 (2.7;5.9)	3.4 (2.2;5.2)
45-64	28.9 (25.3;32.8)	28.7 (25.1;32.7)	25.9 (22.4;29.8)	4.4 (2.9;6.5)	2.6 (1.5;4.4)
65+	20.8 (16.7;25.6)	20.5 (16.4;25.3)	18.8 (14.8;23.4)	2.7 (1.3;5.2)	2.7 (1.3;5.2)
Residence					
Urban	31.4 (30.0;33.9)	30.9 (28.5;33.4)	28.9 (26.5;31.4)	4.1 (3.1;5.3)	4.0 (3.1;5.2)
Rural	31.0 (26.6;35.7)	30.7 (26.3;35.5)	28.5 (24.2;33.2)	3.7 (2.2;6.1)	2.7 (1.4;4.9)
Education Level[3]					
Basic and apprenticeship	30.2 (26.8;33.9)	30.1 (26.6;33.7)	26.3 (23.0;29.9)	5.6 (4.0;7.7)	3.5 (2.3;5.3)
Secondary with graduation	30.1 (26.6;34.0)	29.5 (25.9;33.3)	28.5 (25.0;32.3)	2.9 (1.8;4.7)	2.6 (1.6;4.3)
University	24.8 (19.9;30.3)	24.8 (19.9;30.3)	23.8 (18.9;29.2)	1.8 (0.6;4.1)	2.5 (1.0;5.1)

Note: Current use includes both daily and occasional (less than daily) use.
[1] Includes manufactured cigarettes and hand rolled cigarettes.
[2] Includes cigars, pipes, water pipes, and e-cigarettes.
[3] Education level is reported only among respondents 25+ years old.

Table 2 clearly shows that the vast majority of the Czech population smokes cigarettes. The shares of other tobacco products intended for smoking are negligible. These products were stated by 3.7% of the respondents and men prevailed again (5.9% vs. 1.6%). A limited number of smokers prefer to roll their own cigarettes as a majority favors manufactured ones.

Regarding age groups, the highest prevalence of smoking tobacco products was recorded in the group aged 15-24 (44.7%), dropping to 33.8% with people aged 25-44, and continuing this downward trend to 28.9% with people aged 45-64 and to 20.8% with those aged 65 and more.

From the perspective of completed education, university graduates smoke less than people who have completed secondary or primary education.

The category of **other tobacco products** includes pipes, cigars, hookahs as well as electronic cigarettes. 0.7% currently smokes pipes, 1.8% cigars, 1.8% hookahs and 1.7% smoke e-cigarettes. Statistically, the highest percentage of smokers of these products can be found in the youngest group of people aged from 15-24 (8.6%).

Table 3. Cigarettes Smoked per Day Among Daily Cigarette Smokers, by Selected Demographic Characteristics

Demographic Characteristics	Number of cigarettes smoked on average per day[1]					Total
	<5	5-9	10-14	15-24	≥25	
	Percentage (95% CI)					
Overall	8.9(6.4;12.2)	19.7(16.1;23.9)	28.9(24.6;33.5)	32.2(27.8;37.0)	10.3(7.7;13.8)	100.0
Gender						
Male	6.4(3.6;10.4)	15.8(11.4;21.1)	28.2(22.5;34.4)	35.9(29.8;42.4)	13.7(9.6;18.8)	100.0
Female	12.1(7.7;17.7)	24.7(18.6;31.7)	29.7(23.1;36.9)	27.5(21.1;34.6)	6.0(3.1;10.6)	100.0
Age (years)						
15-24	8.8(3.6;17.2)	25.0(16.0;35.9)	32.5(22.5;43.9)	28.8(19.2;40.0)	5.0(1.4;12.3)	100.0
25-44	8.1(4.4;13.4)	24.2(17.8;31.6)	27.3(20.6;34.9)	31.7(24.6;39.5)	8.7(4.8;14.2)	100.0
45-64	9.0(4.6;15.6)	12.3(7.1;19.5)	29.5(21.6;38.4)	34.4(26.1;43.6)	14.8(9.0;22.3)	100.0
65+	11.3(4.3;23.0)	15.1(6.8;27.6)	26.4(15.3;40.3)	33.9(21.5;48.3)	13.2(5.5;25.3)	100.0
Residence						
Urban	9.7(6.8;13.6)	20.4(16.2;25.3)	28.2(23.4;33.6)	31.4(26.4;36.8)	10.3(7.3;14.4)	100.0
Rural	6.2(2.3;13.0)	17.5(10.6;26.6)	30.9(21.9;41.1)	35.1(25.6;45.4)	10.3(5.1;18.1)	100.0
Education Level[2]						
Basic and apprenticeship	3.7(1.4;7.8)	18.9(13.2;25.7)	23.8(17.5;31.0)	37.2(29.8;45.1)	16.5(11.1;23.0)	100.0
Secondary with graduation	12.1(7.1;18.9)	18.2(12.0;25.8)	33.3(25.4;42.1)	28.8(21.2;37.3)	7.6(3.7;13.5)	100.0
University	20.0(9.1;35.7)	17.5(7.3;32.8)	27.5(14.6;43.9)	30.0(16.6;46.5)	5.0(0.6;16.9)	100.0

[1] Among daily cigarette smokers. Cigarettes include manufactured, and hand-rolled.
[2] Education level is reported only among respondents 25+ years old.

Men smoke 15-25 cigarettes a day most frequently (35.9%), as opposed to 10-14 cigarettes a day with women (29.7%). As many as one third of smokers aged 15-24 stated that they smoked 10-14 cigarettes a day. The Global Youth Tobacco Survey WHO/CDC focusing on school children's smoking habits (young people aged 13-15) shows that more boys smoke at this age than girls (Sovinová, 2012).

The daily consumption of cigarettes falls as the level of completed education rises. The higher the education, the fewer cigarettes are smoked.

Table 4. Detailed Smokeless Tobacco Use Status by Gender

Smoking Status	Overall	Male	Female
	Percentage (95% CI)		
Current smokeless tobacco user	2.1 (1.5;2.9)	2.8 (1.9;4.2)	1.3 (0.7;2.3)
Daily user	0.1 (0.0;0.5)	0.1 (0.0;0.7)	0.1 (0.0;0.7)
Occasional user	1.9 (1.4;2.7)	2.7 (1.8;4.1)	1.2 (0.6;2.2)
Occasional user, formerly daily	0.3 (0.1;0.8)	0.5 (0.2;1.2)	0.2 (0.0;0.9)
Occasional user, never daily	1.6 (1.1;2.3)	2.3 (1.4;3.6)	1.0 (0.5;1.9)
Current non-user of smokeless tobacco	97.9 (97.2;98.5)	97.2 (95.8;98.1)	98.7 (97.7;99.3)
Former user	4.9 (4.0;6.1)	6.3 (4.8;8.1)	3.7 (2.6;5.2)
Former daily user	0.4 (0.2;0.8)	0.6 (0.2;1.4)	0.2 (0.0;0.9)
Former occasional user	4.6 (3.7;5.6)	5.7 (4.3;7.5)	3.5 (2.4;4.9)
Never smokeless user	93.0 (91.7;94.1)	90.9 (88.8;92.7)	95.0 (93.4;96.3)

The consumption of smokeless tobacco products (intended to be snuffed, chewed or sucked) occurs in a very limited scope in the respondent group. The current users represent 2.1%, but mere 0.1% of them consume these products daily.

Although men tend to consume these products more frequently than women, the difference is not statistically significant.

Table 5. Exposure to Tobacco Smoke at Home, by Smoking Status and Selected Demographic Characteristics

Demographic Characteristics	Respondents exposed to tobacco smoke at home[1]	
	Overall	Non-smokers
	Percentage (95% CI)	
Overall	24.5 (22.5;26.5)	12.9 (11.1;15.0)
Gender		
Male	24.8 (22.0;27.8)	11.7 (9.2;14.7)
Female	24.2 (21.5;27.1)	14.0 (11.5;16.9)
Age (years)		
15-24	29.9 (24.2;36.1)	18.5 (12.4;26.1)
25-44	24.4 (21.2;28.0)	14.4 (11.3;18.1)
45-59	24.5 (21.1;28.3)	10.3 (7.6;13.8)
65+	20.5 (16.4;25.3)	11.7 (8.1;16.1)
Residence		
Urban	25.7 (23.5;28.1)	13.9 (11.8;16.3)
Rural	20.2 (16.4;24.5)	9.6 (6.4;13.7)
Education Level[2]		
Basic and apprenticeship	25.5 (22.3;29.1)	12.1 (9.4;15.5)
Secondary with graduation	23.0 (19.7;26.5)	13.1 (10.1;16.7)
University	20.6 (16.0;25.8)	10.9 (7.0;15.8)

[1] Respondents who reported that smoking inside the home occurs daily, weekly, or monthly.
[2] Education level is reported only among respondents 25+ years old.

Almost a quarter of the respondents are exposed to tobacco smoke at home, and roughly a half of these are non-smokers. Intriguingly, the highest share of these figures is represented by the youngest age group (15 - 24), where youth aged 15 - 18 also belong, 29.9 % of whom are exposed to tobacco smoke at home while 18.5 % of these are non-smokers.

There is no statistically significant difference between places of residence or levels of completed education.

Table 6. Exposure to Tobacco Smoke at Indoor Work Areas, by Smoking Status and Selected Demographic Characteristics

Demographic Characteristics	Respondents exposed to tobacco smoke at work[1]	
	Overall	Non-smokers
	Percentage (95% CI)	
Overall	26.6 (23.8;29.7)	19.6 (16.5;23.1)
Gender		
Male	32.6 (28.3;37.2)	23.3 (18.5;28.7)
Female	20.5 (16.8;24.6)	16.3 (12.4;21.0)
Age (years)		
15-24	31.1 (22.3;40.9)	18.6 (8.4;33.4)
25-44	27.6 (23.5;32.0)	22.9 (18.4;28.1)
45-59	24.1 (19.5;29.4)	14.6 (10.2;20.1)
65+	22.9 (10.4;40.1)	23.8 (8.2;47.2)
Residence		
Urban	26.8 (23.6;30.3)	19.8 (16.4;23.8)
Rural	25.7 (19.4;32.9)	18.8 (12.2;27.1)
Education Level[2]		
Basic and apprenticeship	27.9 (22.3;34.1)	20.0 (14.0;27.2)
Secondary with graduation	26.8 (22.4;31.8)	19.5 (14.7;25.1)
University	22.2 (16.5;28.7)	19.7 (13.6;27.1)

[1] In the past 30 days. Among those respondents who work outside of the home who usually work indoors or both indoors and outdoors.
[2] Education level is reported only among respondents 25+ years old.

It will be necessary to explain the high percentage of non-smokers being exposed to tobacco smoke in closed areas at the workplace. This is in a contradiction to the valid legislation.

Men are affected more often; permanent residence or educations are not factors here.

Table 7. Current Smokers who Made a Quit Attempt and Received Health Care Provider Assistance in the Past 12 Months, by Selected Demographic Characteristics

Demographic Characteristics	Smoking cessation and health care seeking behavior		
	Made quit attempt[1]	Visited a HCP[1,2]	Advised to quit by HCP[2,3]
	Percentage (95% CI)		
Overall	31.2 (27.4;35.2)	53.2 (49.0;57.4)	31.0 (28.8;36.6)
Gender			
Male	29.6 (24.7;35.0)	46.7 (41.2;52.4)	31.3 (24.0;39.4)
Female	33.3 (27.4;36.4)	61.7 (55.3;67.9)	30.7 (23.4;38.7)
Age (years)			
15-24	40.4 (31.1;50.2)	47.7 (38.1;57.5)	23.1 (12.5;36.8)
25-44	34.1 (27.9;40.8)	50.0 (43.2;56.8)	23.6 (16.1;32.7)
45-59	26.1 (19.6;33.5)	57.0 (49.0;64.6)	39.4 (29.4;50.0)
65+	20.0 (11.4;31.3)	62.9 (50.5;74.1)	40.9 (26.3;56.8)
Residence			
Urban	30.8 (26.6;35.4)	52.1 (47.3;56.8)	31.1 (25.2;37.6)
Rural	32.5 (24.5;41.5)	57.1 (48.0;65.9)	30.6 (20.2;42.5)
Education Level[4]			
Basic and apprenticeship	28.5 (22.4;35.3)	52.5 (45.3;59.6)	42.9 (33.2;52.9)
Secondary with graduation	31.9 (25.3;39.1)	57.3 (49.8;64.5)	24.5 (16.7;33.8)
University	22.9 (13.7;34.5)	52.9 (40.6;64.9)	27.0 (13.8;44.1)

[1] Among current smokers.
[2] HCP = health care provider.
[3] Among current smokers who visited a HCP during the past 12 months.
[4] Education level is reported only among respondents 25+ years old.

Approximately 30% of the current smokers tried to quit smoking in the course of the preceding twelve months (29.6% of men and 33.3% of women). Most of these were recruited from the youngest age group (15-24). These efforts wane as the age grows.

The level of completed education exerts no influence upon attempts to quit smoking. However, it does play a role in the case of physicians recommending patients to give up smoking, where nearly every second person with a completed primary or secondary vocational school education (42.9%) is given this advice.

Table 8. Noticing Anti-Cigarette Smoking Information During the Last 30 Days in Newspapers or Magazines and Television, by Smoking Status and Selected Demographic Characteristics

Places	*Overall*	*Gender*		*Age (years)*		*Residence*	
		Male	*Female*	*15-24*	*≥ 25*	*Urban*	*Rural*
	Percentage (95% CI)						
Overall							
In newspapers or in magazines	48.1 (45.7;50.4)	46.3 (43.0;49.7)	49.7 (46.5;53.0)	45.1 (38.7;51.6)	48.5 (46.0;51.0)	48.8 (46.2;51.5)	45.5 (40.6;50.4)
On television	38.8 (36.5;41.1)	39.6 (36.4;42.9)	38.0 (34.9;41.3)	39.8 (33.6;46.2)	38.6 (36.2;41.1)	39.7 (37.1;42.3)	35.6 (31.0;40.5)
Current smokers[1]							
In newspapers or in magazines	57.5 (53.2;61.6)	54.2 (48.6;59.7)	61.7 (55.3;67.9)	53.2 (43.4;62.8)	58.5 (53.8;63.0)	56.2 (51.4;60.9)	61.9 (52.8;70.4)
On television	45.7 (41.6;50.0)	44.2 (38.8;49.9)	47.7 (41.3;54.2)	44.0 (34.5;53.9)	46.2 (41.5;50.9)	48.0 (43.2;52.7)	38.1 (29.6;47.2)
Non-smokers[2]							
In newspapers or in magazines	43.8 (41.0;46.6)	41.8 (37.7;46.0)	45.4 (41.7;49.3)	38.5 (30.3;47.3)	44.4 (41.5;47.4)	45.5 (42.3;48.7)	38.1 (32.4;44.0)
On television	35.6 (33.0;38.4)	36.9 (32.9;41.1)	34.6 (31.0;38.3)	36.3 (28.2;45.0)	35.5 (32.7;38.5)	36.0 (32.9;39.1)	34.5 (29.0;40.4)

[1] Includes daily and occasional (less than daily) smokers.
[2] Includes former and never smokers.

Almost a half of the respondents noticed some information warning against smoking in the newspapers or on television over the past 30 days. The differences between the individual media are statistically significant since this information was observed in the press more frequently.

However, there were no differences between men and women, age groups or regions.

Table 9. Current Smokers who Noticed Health Warnings on Cigarette Packages and Considered Quitting Because of the Warnings During the Last 30 Days, by Selected Demographic Characteristics

Demographic Characteristics	Current smokers[1] who…	
	Noticed health warnings on cigarette package[2]	Thought about quitting because of warning label[2]
	Percentage (95% CI)	
Overall	87.9 (84.9;90.5)	16.1 (13.1;19.7)
Gender		
Male	87.5 (83.3;90.9)	16.4 (12.2;21.2)
Female	88.5 (83.8;92.2)	15.8 (11.2;21.4)
Age (years)		
15-24	89.9 (82.7;94.9)	12.2 (6.5;20.4)
25-44	87.7 (82.7;91.8)	19.7 (14.3;26.0)
45-59	84.9 (78.5;90.0)	15.0 (9.5;22.0)
65+	92.9 (84.1;97.6)	13.9 (6.5;24.7)
Residence		
Urban	88.8 (85.4;91.5)	15.7 (12.3;19.8)
Rural	84.9 (77.5;90.7)	17.8 (11.0;26.3)
Education Level[3]		
Basic and apprenticeship	89.0 (83.8;93.0)	16.3 (11.2;22.6)
Secondary with graduation	84.3 (78.3;89.2)	18.0 (12.3;24.9)
University	91.4 (82.3;96,8)	17.2 (8.9;28.7)

[1] Includes daily and occasional (less than daily) smokers.
[2] During the last 30 days.
[3] Education level is reported only among respondents 25+ years old.

Nearly 90% of current smokers have noticed the health warnings on cigarette packs. Nonetheless a mere 16% of them consequently considered giving up smoking. Gender, age group, permanent residence or the level of completed education did not show any statistically significant differences.

Table 10. Noticing Cigarette Advertising During the Last 30 Days in Various Places, by Selected Demographic Characteristics

Places	Overall	Gender		Age (years)		Residence	
		Male	Female	15-24	≥ 25	Urban	Rural
	Percentage (95% CI)						
Noticed advertisements in stores	50.44 (48.1;52.8)	53.1 (49.8;56.5)	47.9 (44.6;51.2)	63.9 (57.6;70.0)	48.3 (45.2;50.9	50.8 (48.1;53.4)	49.4 (44.4;54.4)
Noticed cigarette promotions							
Free samples	4.0 (3.2;5.0)	4.7 (3.4;6.3)	3.4 (2.3;4.8)	5.7 (3.2;9.4)	3.7 (2.9;4.8)	4.2 (3.2;5.4)	3.4 (2.0;5.8)
Sale prices	8.1 (6.9;9.5)	8.0 (6.3;10.0)	8.2 (6.6;10.2)	10.3 (6.7;14.8)	7.8 (6.5;9.2)	8.3 (7.0;9.9)	7.4 (5.1;10.5)
Coupons	2.7 (2.0;3.6)	2.2 (1.3;3.4)	3.3 (2.2;4.7)	2.5 (0.9;5.3)	2.8 (2.0;3.7)	2.8 (2.0;3.8)	2.5 (1.3;4.6)
Free gifts/discounts on other products	17.7 (16.0;19.6)	19.3 (16.8;22.1)	16.1 (13.9;18.7)	25.4 (20.1;31.4)	16.5 (14.7;18.5)	19.2 (17.2;21.4)	12.5 (9.6;16.2)
Clothing/item with brand name or logo	23.9 (22.0;26.0)	25.3 (22.4;28.3)	22.6 (20.0;25.5)	31.6 (25.8;37.8)	22.7 (20.7;24.9)	24.7 (22.4;27.0)	21.4 (17.6;25.8)
Mail promoting cigarettes	3.7 (2.9;4.7)	2.8 (1.9;4.2)	4.4 (3.2;6.0)	6.6 (3.8;10.4)	3.2 (2.4;4.2)	3.8 (2.9;5.0)	3.2 (1.8;5.5)

Half of the respondents, slightly more men than women (53.1% vs. 47.9%), noticed advertisements for cigarettes at points of sale. We recorded a statistically significant difference between the age groups, where those under 25 noticed the advertisements more frequently (63.9%). Older respondents represent 48.3%. The place of residence does not play any role in the respondents' perception of advertisements.

However, the situation is different in the case of perceiving promotional events and activities. It is necessary to note that promotion of tobacco products is prohibited in the Czech Republic. In spite of this a certain percentage of the respondents said yes when asked whether they had noticed any promotion of cigarettes, mainly in the form of gifts or discount on other products or cigarette brand logos on clothes or other products.

The differences in the frequencies of the perception of promotion in the form of gifts or discounts on other products are statistically significant with persons younger than 25 (25.4% vs. 16.5%) and with the urban population (19.2% vs. 12.5%).

Table 11. Average Amount Spent on a Pack of Cigarettes and Cost of 100 Packs of Cigarettes as a Percentage of Gross Domestic Product (GDP) per Capita

	Local Currency
Average amount spent on 20 manufactured cigarettes	64,6 CZK
	Overall (%)
Cost of 100 packs of manufactured cigarettes as a percentage of per capita Gross Domestic Product (GDP)	1.818 %

The table uses the respondents' answers to calculate the average cost per one pack of industrially produced cigarettes. In fact it reflects the prices of the cheapest cigarette brands sold in this country.

The second item of the chart illustrates the price accessibility of cigarettes. The price of 100 cigarette packs represents 1.8% of GDP per capita (GDP as announced by the Czech Statistical Office for 2012).

C) Alcohol

Table 1. Frequency of Alcohol Consumption by Gender

Frequency Category	Overall	Male	Female
	Percentage (95% CI)		
1- daily or almost daily	6.60 (5.52; 7.88)	10.24 (8.35; 12.48)	3.14 (2.15; 4.54)
2 - 3-4 times/week	8.55 (7.32; 9.96)	12.51 (10.44; 14.93)	4.77 (3.52; 6.40)
3 – 1-2 times/week	23.97 (22.03; 26.03)	29.81 (26.82; 32.97)	18.42 (16.00; 21.10)
4 – 2-3 times/month	18.65 (16.89; 20.54)	18.20 (15.74; 20.95)	19.07 (16.61; 21.79)
5 – Once/month	12.04 (10.59; 13.66)	8.30 (6.61; 10.38)	15.60 (13.35; 18.14)
6 – 6-11 times/year	4.77 (3.86; 5.89)	2.73 (1.80; 4.10)	6.72 (5.23; 8.58)
7 – 2-5 times/year	7.49 (6.34; 8.83)	4.32 (3.12; 5.94)	10.51 (8.64; 12.71)
8 – Once/year	4.44 (3.56; 5.52)	3.07 (2.07; 4.50)	5.74 (4.37; 7.50)
9 – Never during last year	10.93 (9.55; 12.49)	8.30 (6.61; 10.38)	13.43 (11.34; 15.84)
10 – Never in life	2.55 (1.90; 3.42)	2.50 (1.61; 3.83)	2.60 (1.71; 3.90)

Drinking alcoholic beverages is widespread in the Czech Republic. This fact has been confirmed by all surveys conducted over the past 15 years and the latest survey of 2012 is no exception.

15% of the adult population state that they drink regularly and frequently, i.e. daily or every other day. 23% of men drink frequently as opposed to 8% of women. More than a half of men and over a quarter of women stated drinking alcoholic beverages at least once a week.

We also asked about abstinence: lifelong abstinence and abstinence in the last year. There was no difference between sexes in the case of lifelong abstinence. This answer was given by 2.5% of men and 2.6% of women. The occurrence of permanent abstinence is lower in the Czech population than in other European countries. 11% of the respondent group claimed to have abstained from alcohol in the last year, and the differences between men and women are significant in this respect (8.3% as opposed to 13.4%).

Table 2 Average Yearly Alcohol Consumption in Liters of Pure Alcohol

Demographic Characteristics	Total sample (abstainers included)	Total sample (abstainers excluded)
Overall	7.43 (6.75; 8.12)	8.59 (7.81; 9.37)
Gender		
Male	10.97 (9.78; 12.15)	12.29 (10.99; 13.60)
Female	4.07 (3.43; 4.71)	4.85 (4.10; 5.60)
Age (years)		
15-24	8.86 (6.53; 11.18)	9.69 (7.18; 12.21)
25-44	7.66 (6.74; 8.58)	8.37 (7.39; 9.35)
45-64	7.94 (6.50; 9.37)	9.40 (7.74; 11.06)
65+	5.10 (3.88; 6.32)	6.64 (5.10; 8.18)
Residence		
Urban	7.55 (6.75; 8.36)	8.73 (6.82; 9.64)
Rural	7.02 (5.76; 8.28)	8.12 (6.70; 9.54)
Education level[1]		
Basic and apprenticeship	7.75 (6.61; 8.88)	9.43 (8.09; 10.77)
Secondary with graduation	7.21 (6.16; 8.26)	8.25 (7.07; 9.42)
University	5.94 (4.29; 7.59)	6.57 (4.76; 8.37)

[1] Education level is reported only among respondents 25+ years old.

The average annual consumption of alcohol per capita (in liters of pure alcohol) is an important indicator of the total consumption in the society. It enables comparing the consumption with the demographic characteristics of the population, relations to the statistically recorded consumption and international comparisons. The value of the indicator was calculated on the grounds of the frequency of drinking and usually consumed quantity of beverage (beverage-specific quantity-frequency method).

The calculations included the entire respondents group including abstainers, as well as only the part of the group that consumed alcohol in the last year. The total consumption was 7.43 liters for the entire respondent group and 8.59 liters for those who consume alcohol. Men's average annual consumption is far higher than women's (11 liters as opposed to 4 liters). If we exclude abstainers, the difference is far more marked, which is caused by the lower level of abstinence of men. The highest average consumption of alcohol was recorded with the youngest age group under 25 (8.86 l) and the lowest with the oldest category over 65 (5.1 l). The urban – rural area divide has relatively little influence on the total consumption volume (7.6 l as opposed to 7.0 l). Education, however, plays a prominent role here. There is an indirect relation between the level of completed education and alcohol consumption. People with completed university education consume less alcohol than people with completed secondary general or vocational school.

Table 3 Average Daily Alcohol Consumption in Grams

Demographic Characteristics	Total sample (abstainers included)	Total sample (abstainers excluded)
Overall	16.07 (14.59; 17.55)	18.57 (16.89; 20.25)
Gender		
Male	23.70 (21.13; 26.27)	26.57 (23.76; 29.39)
Female	8.79 (7.41; 10.18)	10.47 (8.85; 12.09)
Age (years)		
15-24	19.15 (14.13; 24.17)	20.95 (15.52; 26.38)
25-44	16.56 (14.58; 18.55)	18.09 (15.97; 20.22)
45-64	17.15 (14.06; 20.25)	20.32 (16.73; 23.92)
65+	11.02 (8.38; 13.65)	14.35 (11.02; 17.68)
Residence		
Urban	16.32 (14.58; 18.07)	18.87 (16.89; 20.84)
Rural	15.18 (12.46; 17.90)	17.55 (14.48; 20.62)
Education level[1]		
Basic and apprenticeship	16.75 (14.30; 19.20)	20.38 (17.48; 23.28)
Secondary with graduation	15.59 (13.32; 17.86)	17.83 (15.28; 20.37)
University	12.83 (9.26; 16.40)	14.19 (10.28; 18.10)

[1] Education level is reported only among respondents 25+ years old.

The consumption expressed in grams of alcohol per day is another way of expressing the total annual consumption contained in the previous chart.

We include this conversion because the professional literature often contains daily consumption in grams, as do the recommendations of consumption in relation to health hazards. However, safe consumption limits are not uniform.

The most frequent acceptable daily dose is 20 grams for women and 40 g for men (WHO). Several professional medical bodies champion stricter limits (16 g for women and 24 g for men). If we applied the stricter limits, the male part of the Czech population would suddenly find themselves on the brink of potential health risks. The relations mentioned as comments on Table 2 also apply to Table 3.

Table 4 Drinking Categories

Demographic Characteristics	Abstainers (Lifetime and last Year)	Moderate drinkers	Hazardous Drinkers	Harmful Drinkers	
	Percentage (95% CI)				
Overall	13.49 (11.96; 15.17)	72.53 (70.39; 74.57)	6.94 (5.83; 8.23)	7.05 (5.93; 8.35)	100.0
Gender					
Male	10.81 (8.87; 13.09)	72.13 (69.01; 75.05)	7.71 (5.59; 9.13)	9.90 (8.04; 12.11)	100.0
Female	16.03 (13.76; 18.60)	72.91 (69.90; 75.73)	6.72 (5.23; 8.58)	4.33 (3.15; 5.91)	100.0
Age (years)					
15-24	8.61 (15.41; 12.80)	75.00 (69.08; 80.30)	7.79 (4.75; 11.89)	8.61 (5.41; 12.86)	100.0
25-44	8.45 (6.48; 10.92)	77.42 (73.97; 80.54)	7.53 (5.67; 9.90)	6.61 (4.87; 8.87)	100.0
45-64	15.59 (12.67; 18.88)	69.18 (65.18; 72.91)	6.65 (4.81; 9.10)	8.58 (6.48; 11.26)	100.0
65+	23.21 (18.88; 28.17)	66.96 (61.62; 71.92)	5.65 (3.53; 8.84)	4.17 (2.39; 7.05)	100.0
Residence					
Urban	13.48 (11.75; 15.41)	72.04 (69.59; 74.37)	6.95 (5.70; 8.45)	7.53 (6.22; 9.07)	100.0
Rural	13.51 (10.42; 17.31)	74.20 (69.61; 78.33)	6.88 (4.70; 9.90)	5.41 (3.50; 8.19)	100.0
Education level[1]					
Basic and apprenticeship	17.82 (15.03; 21.00)	66.62 (62.86; 70.18)	6.65 (4.92; 8.89)	8.91 (6.91; 11.41)	100.0
Secondary with graduation	12.54 (10.08; 15.48)	74.10 (70.41; 77.49)	7.82 (5.88; 10.30)	5.54 (3.92; 7.73)	100.0
University	9.57 (6.40; 13.62)	80.85 (75.77; 85.27)	4.96 (2.74; 8.19)	4.61 (2.48; 7.75)	100.0

[1] Education level is reported only among respondents 25+ years old.

Table 4 summarizes the information about various forms of drinking across the respondent group. The definitions of drinking categories are taken from the OECD. The term moderate drinking is defined as the average daily intake of up to 40 g for men and 20 g for women. The daily intake of 40-60 g for men and 20-40 g for women is defined as risk drinking; and average daily consumption of more than 60 g for men and 40 g for women is defined as harmful drinking.

Applying these definitions to our respondent group we recorded that the moderate consumption of alcohol was prevalent (73%). 7% of the respondents met the criteria of risk consumption and another 7% indulged themselves in harmful drinking. The differences between men and women were negligible in the case of moderate and risk drinking, but the occurrence of harmful drinking with men is twice as frequent as it is with women.
Regarding the age groups, the oldest category includes the most people abstaining from alcohol and the fewest people who consume harmful volumes of alcohol. The differences between urban and rural areas are insignificant. However, the level of completed education exerts a strong influence upon the consumption volumes. The occurrence of risky forms of alcohol consumption decreases as the level of completed education rises; intriguingly, the occurrence of abstinence is the lowest with university graduates.

Table 5 Frequency of Heavy Episodic Drinking (Consumption of 60g or More of Pure Alcohol per Drinking Episode)

Demographic Characteristics	Weekly or more often	1 to 3 times per month	1 to 11 times per year	Never	
	Percentage (95% CI)				
Overall	18.28 (16.41; 20.31)	31.56 (29.27; 33.94)	30.02 (27.26; 32.37)	20.14 (18.19; 22.24)	100.0
Gender					
Male	27.81 (24.72; 31.11)	34.06 30.76; 37.51)	24.62 (21.67; 27.82)	13.52 (11.25; 16.16)	100.0
Female	8.65 (6.81; 10.90)	29.03 (25.88; 32.39)	35.48 (32.13; 38.98)	26.84 (23.78; 30.13)	100.0
Age (years)					
15-24	22.42 (17.12; 28.47)	34.98 (28.73; 41.63)	30.94 (24.94; 37.46)	11.66 (7.76; 16.62)	100.0
25-44	20.13 (17.03; 23.63)	34.90 (31.10; 38.90)	30.20 (26.57; 34.09)	14.77 (12.07; 17.93)	100.0
45-64	18.26 (14.97; 22.06)	28.42 (24.48; 32.72)	28.84 (24.88; 33.14)	24.48 (20.76; 28.62)	100.0
65+	10.74 (7.01; 14.86)	26.74 (21.44; 32.59)	31.01 25.42; 37.04)	31.78 (26.15; 37.84)	100.0
Residence					
Urban	17.40 (15.32; 19.68)	31.90 (29.29; 34.62)	29.41 26.87; 32.09)	21.29 (19.04; 23.73)	100.0
Rural	21.31 (17.22; 26.03)	30.40 (25.69; 35.54)	32.10 27.31; 37.30)	16.19 (12.59; 20.56)	100.0
Education level[1]					
Basic and apprenticeship	17.65 (14.59; 21.17)	28.86 (25.12; 32.90)	31.43 27.59; 35.55)	22.06 (18.69; 25.83)	100.0
Secondary with graduation	19.18 (15.99; 22.82)	31.28 (27.42; 35.42)	29.80 (25.99; 33.89)	19.74 (16.51; 23.41)	100.0
University	14.12 (10.09; 19.01)	34.90 (29.06; 41.10)	26.67 (21.34; 32.54)	24.31 (19.18; 30.06)	100.0

[1] Education level is reported only among respondents 25+ years old.

Frequent consumption of excessive doses of alcohol is an indicator that the professional literature considers a predictor of problems with alcohol. Consuming excessive doses of alcohol weekly and more frequently is especially risky as it may be associated with a number of issues (e.g. injuries, road accidents, violent behavior, etc.).

18% of the respondents state frequent consumption of excessive doses, and men do so more often than women (28% as opposed to 8.7%). The occurrence of frequent consumption of excessive doses drops as the age grows and is more frequent in respondents with residence in rural areas. The differences between the levels of completed education are statistically significant as university graduates state frequent consumption of excessive doses less often than people with secondary general, vocational or primary education.

Table 6 Thinking about Professional Help Because of Drinking Problems and Looking for Help (Drinkers Only)

Demographic Characteristics	He/she thought about seeking professional help	He/she sought professional help
	N (%)	
Overall	**22 (1.2 %)**	**8 (0.4 %)**
Gender		
Male	14 (1.8 %)	6 (0.8 %)
Female	8 (1.0 %)	2 (0.25 %)

The survey also inquired into whether the respondents considered seeking professional assistance in order to deal with drinking problems, and whether they actually sought the assistance. Out of the entire respondent group only 22 persons (1.2%) considered seeking professional assistance, and a mere 8 persons actually did so.

These data prove how poorly people are aware of the risks associated with excessive consumption of alcohol and how unwilling they are to seek professional assistance. Clinicians' experience confirm that most patients do not start receiving treatment until their problems have become chronic.

Table 7 Physician Asked About Drinking and Recommended Reduce or Stop Drinking

Demographic Characteristics	Physician asked about drinking	Physician recommended reduce or stop drinking
	Percentage (95% CI)	
Overall	33.61 (31.28; 36.03)	8.60 (7.27; 10.12)
Gender		
Male	36.48 (33.12; 39.97)	10.84 (8.80; 13.28)
Female	30.71 (27.50; 34.11)	6.32 (4.76; 8.33)
Age (years)		
15-24	21.52 (16.32; 27.51)	4.04 (1.86; 7.52)
25-44	29.19 (25.61; 33.06)	5.70 (4.04; 7.96)
45-64	41.49 (37.08; 46.05)	12.24 (9.52; 15.58)
65+	39.53 (33.53; 45.79)	12.40 (8.64; 17.06)
Residence		
Urban	34.30 (31.63; 37.07)	7.87 (6.44; 9.57)
Rural	31.25 (26.50; 36.42)	11.08 (8.09; 14.95)
Education level[1]		
Basic and apprenticeship	37.32 (33.26; 41.55)	13.05 (10.39; 16.24)
Secondary with graduation	34.26 (30.28; 38.47)	8.01 (5.92; 10.72)
University	34.90 (29.06; 41.10)	4.31 (2.17; 7.59)

[1] Education level is reported only among respondents 25+ years old.

Regarding attempts to reduce the health hazards associated with excessive consumption of alcohol, it is important to note whether physicians and GPs ask about alcohol consumption habits and whether they recommend reducing the consumption of alcohol.

The results of the study brought a relatively surprising outcome: GPs or physicians inquired about the consumption of alcohol with a third of the respondents and recommended 8% of the respondents to limit the consumption of alcohol or quit drinking altogether.

Physicians' questions about the consumption of alcohol were more frequently targeted at men and persons over 45 years of age. Similarly, recommendations to limit or quit drinking were more frequently given to men and older persons. The frequency of mentioning the physician's recommendation to limit drinking was higher with people living in rural areas and with lower levels of completed education.

Table 8 Physician Asked About Drinking and Recommended Reduce or Stop Drinking by Drinking Category

Demographic Characteristics	Physician asked about drinking	Physician recommended reduce or stop drinking
	Percentage (95% CI)	
Overall	33.61 (31.28; 36.03)	8.60 (7.27; 10.12)
Drinking category		
Moderate drinkers	32.67 (30.14; 35.30)	6.20 (4.98; 7.68)
Hazardous drinkers	34.40 (26.14; 43.42)	12.80 (7.50; 19.95)
Harmful drinkers	42.52 (33.80; 51.60)	29.13 (21.41; 37.85)

The physician's interest in the respondents' drinking habits is related to the consumption category where the respondents belong. If a person meets the criteria for harmful alcohol consumption, they will be asked about their drinking habits by physicians more often; the same applies to the recommendation to limit the consumption of alcohol.

Knowledge of the physicians' behavior, even though it only reflects the respondents' experience, unambiguously prove that physicians are aware of the risks associated with excessive alcohol consumption and their threats to their patients' health condition. It is evident that the physicians could have more impact if they were better trained in screening methods and short-term interventions targeted at reducing damage caused by alcohol.

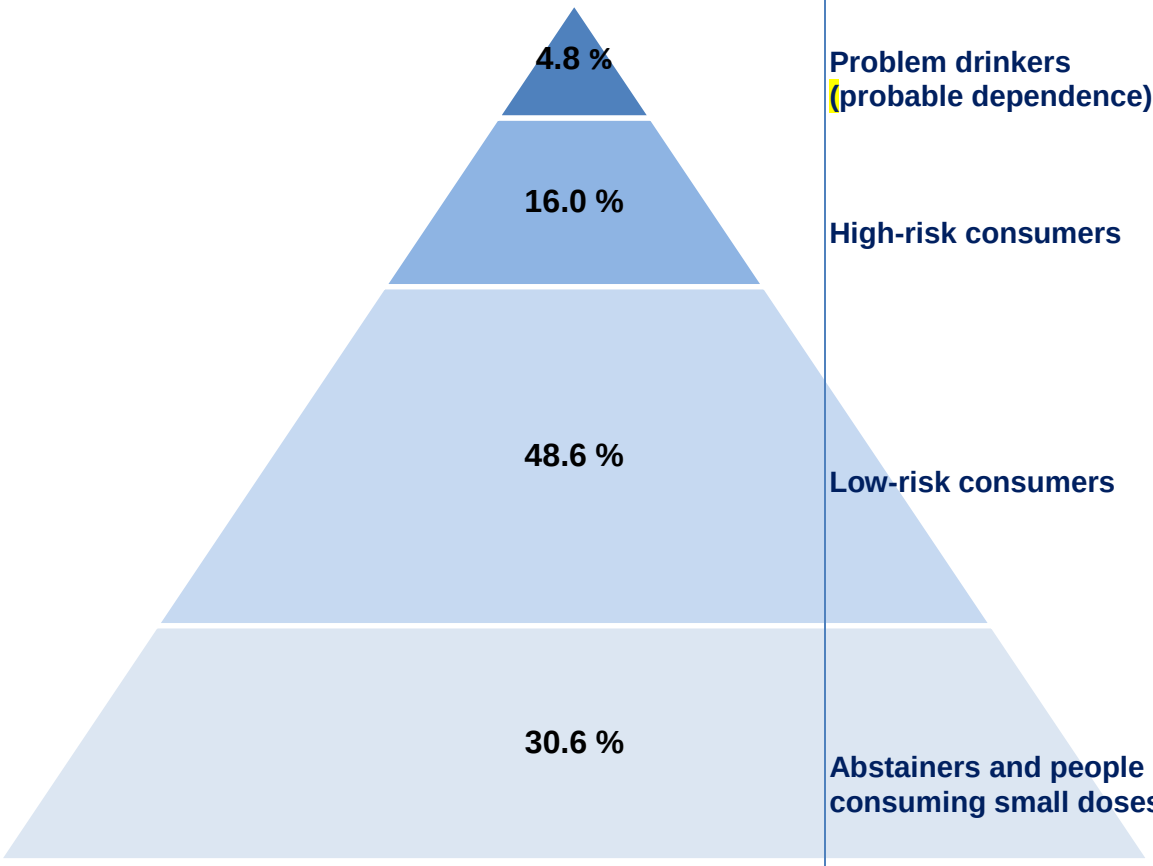
Table 9 Pyramid of Alcohol Consumers

Demografic charakteristics	Abstainers and people rarely consuming small doses	Low-risk consumers	High-risk consumers	Problem drinkers (probable dependence)
	Percentage (95% CI)			
Overall	30.6 (28.4; 32.7)	48.7 (46.3; 51.0)	16.0 (14.3; 17.7)	4.8 (3.8; 5.8)
Gender				
Male	22.5 (19.6; 25.3)	47.3 (44.0; 50.7)	23.0 (20.1; 25.8)	7.2 (5.4; 9.0)
Female	38.3 (35.1; 41.6)	49.9 (46.6; 53.2)	9.3 (7.4; 11.2)	2.4 (1.4; 3.5)

The categories of the "consumer pyramid", unlike consumption categories (Table 4), are derived not only from the average daily consumption of alcohol calculated using the BSQF index, but also include the frequency of episodic consumption of excessive doses of alcohol. The alcohol consumer pyramid categories clearly illustrate the level of risk and problems related to the consumption of alcohol within society.

The alcohol consumer categories represent a different classification than that only based on the average daily consumption of alcohol. The consumer pyramid is based on several indicators and enables better estimates of high risk drinking (alcohol abuse) and problem drinking, which also includes persons addicted to alcohol.

Pyramid of alcohol consumers (in %), CR 2012



Problem drinkers (probable dependence)

High-risk consumers

Low-risk consumers

Abstainers and people rarely consuming small doses

D) Relations between Concurrent Smoking of Tobacco and Consumption of Alcohol

Table 10 Tobacco Smoking By Drinking Categories

Demographic Characteristics	Abstainers (Lifetime and last Year)	Moderate drinkers	Hazardous Drinkers	Harmful Drinkers
	Percentage (95% CI)			
Overall	18.52 (13.84; 23.98)	29.53 (27.09; 32.10)	46.40 (37.44; 55.54)	59.06 (49.98; 67.70)
Gender				
Male	22.11 (14.23; 31.78)	34.70 (31.02; 38.57)	46.03 (33.39; 59.06)	58.62 (47.55; 69.08)
Female	16.22 (10.67; 23.16)	24.67 (21.49; 28.14)	46.77 (33.39; 59.06)	60.00 (43.33; 75.14)
Age (years)				
15-24	19.05 (5.45; 41.91)	39.89 (32.74; 47.38)	73.68 (48.80; 90.85)	85.71 (63.66; 96.95)
25-44	27.27 (16.14; 40.96)	31.94 (27.93; 36.24)	40.82 (27.00; 55.79)	55.81 (39.88; 70.92)
45-64	20.22 (12.45; 30.07)	26.84 (22.59; 31.54)	39.47 (24.04; 56.61)	53.06 (38.27; 67.47)
65+	10.26 (4.53; 19.21)	20.44 (15.37; 26.31)	47.37 (24.45; 71.14)	50.00 (23.04; 76.96)
Residence				
Urban	19.15 (7.77; 28.80)	29.15 (26.38; 32.09)	46.39 (36.20; 56.81)	60.95 (50.94; 70.33)
Rural	16.36 (7.77; 28.80)	30.79 (25.70; 36.39)	46.43 (27.51; 66.13)	50.00 (28.22; 71.78)
Education Level[1]				
Basic and apprenticeship	14.41 (8.62; 22.06)	28.80 (24.66; 33.31)	43.18 (28.35; 58.97)	62.71 (49.15; 74.96)
Secondary with graduation	23.38 (14.48; 34.41)	28.79 (24.72; 33.23)	43.75 (29.48; 58.82)	44.12 (27.19; 62.11)
University	22.22 (8.62; 42.26)	24.12 (18.72; 30.21)	28.57 (8.39; 58.10)	38.46 (13.86; 68.42)

[1] Education level is reported only among respondents 25+ years old.

The relation between the consumption of alcohol and smoking has been proven repeatedly. Our survey enabled us to quantify this relation. The results are unique in that as the consumption of alcohol grows so does the prevalence of smokers. The occurrence of smokers in the groups of risk and harmful drinkers is the same with men and women.

Alarmingly, the strongest bond between smoking and alcohol consumption was found in the youngest respondent group, where the concurrence is 74% among risk drinkers and even 86% among harmful drinkers. The concurrence of smoking and drinking is also higher among people with lower levels of completed education.

It is essential that we point out these facts since health hazards are significantly higher with people who consume excessive volumes of alcohol and smoke simultaneously.

E) Summary and implications for public health policies

Summary of results – tobacco

31.3% of the adult population in the Czech Republic in 2012 were smokers. Nearly three quarters of them (23.1%) were smokers who smoked at least one cigarette a day. Regarding the long-term perspective, we have not observed a trend signalling a decrease of the prevalence of smoking across the adult population.

A vast majority of the Czech population smoke cigarettes. The shares of other tobacco products intended for smoking are negligible.

Men smoke 15-24 cigarettes a day most frequently (35.9%), as opposed to 10-14 cigarettes a day with women (29.7%).

Almost a quarter of the respondents are exposed to tobacco smoke at home. The highest share of these numbers was recorded with the youngest group of people aged 15-24.

A high percentage of non-smokers are also exposed to tobacco smoke at the workplace. This is true of 19.8% of employees with a prevalence of men (23.3%).

Approximately 30% of the current smokers tried to quit smoking in the course of the preceding year. Approximately a half of the respondents had an appointment with their GPs in the course of the last year. Thirty per cent of the respondents stated that their GPs had recommended them to quit smoking.

50% of the respondents noticed advertisements for cigarettes at the point of sale in the last month and 24% of the respondents, mainly young men, observed cigarette promotion even though it is statutorily prohibited.

Summary of results – alcohol

15% of the adult Czech population consume alcohol regularly and very often (drinking daily or every other day).

Only 2.5% of the adult population abstain from consuming alcohol permanently (all their life).

The average annual consumption of alcohol per capita is 7.4 l of pure alcohol, or 8.6 l if we exclude abstainers from the group.

Frequent drinking of excessive doses of alcohol (binge drinking), i.e. drinking weekly or more frequently, was recorded with 18% of the respondents (28% of men and 8.6% of women).

16% of the respondents may be considered to be consumers with a high risk and 4.8% to be problem drinkers.

However, only 1.2% admit having problems with alcohol and mere 0.4% sought professional assistance.

Physicians inquired into alcohol consumption habits in the case of one third of the respondents and recommended 8% of them limit their drinking.

Drinking alcohol is strongly tied to smoking tobacco. In this way, health hazards cumulate.

Recommendations

In order to prevent damage caused by tobacco and alcohol the Czech Republic should act on the recommendations articulated by the World Health Organization in its WHO Global Tobacco Epidemics Report, 2008: MPOWER (WHO 2008) and Global Alcohol Strategy (WHO, 2011). These documents recommend strategies whose efficiency has been verified scientifically.

They primarily include the implementation of the following measures:

- Regulating the marketing of tobacco products and alcoholic beverages, especially in relation to youth;
- Regulating and limiting the accessibility of tobacco products and alcoholic beverages;
- Enforcing efficient measures to prevent drivers from consuming alcohol;
- Cutting down on the demand through taxation and price mechanisms;
- Raising awareness of and promoting goals of national alcohol policies and tobacco consumption policies;
- Providing accessible and efficient treatment to people addicted to tobacco and alcohol;
- Implementing screening and short-term intervention programs for risk and harmful consumption of tobacco and alcohol (mainly in primary care settings).

Some of these recommendations are being realized in the Czech Republic; however, a comprehensive national alcohol policy and tobacco consumption limitation policy which deal with the adverse health and social impacts of tobacco and alcohol consumption are still non-existent.

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