

SMOKING AND THE ENVIRONMENT: ACTIONS AND ATTITUDES

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This document does not represent the point of view of the European Commission.
The interpretations and opinions contained in it are solely those of the authors.

This public opinion survey was carried out at the request of the Directorate-General for Health and Consumer Protection and was managed and organised by the Public Opinion Analysis Unit of the Press and Communication Service.

It was conducted in all the Member States of the European Union between October 28 and December 8, 2002, under the general coordination of the European Opinion Research Group EEIG in Brussels.

The technical specifications, the names of the institutes involved in the research and the questionnaire are annexed.

The European Commission accepts no liability of any kind arising from this report.

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SUMMARY

- Nearly forty per cent (39.4%) of Europeans smoke, while far more (41.6%) have never smoked than have stopped smoking (18.5%). In 1995, 33.9% of Europeans smoked. Regionally-based variations cannot be said to exist, as both northern and southern EU countries have countries with more (United Kingdom, France, Denmark, Greece) and with fewer (Ireland, Luxembourg, Sweden, Portugal) smokers.
- Greece, the EU country with the fourth-largest group of smokers, is by far the country with the heaviest smokers, measured in cigarettes per day (23.28).
- Denmark has a much higher level of cigar and pipe smoking (4.5%) than the EU average (1.2%), while Sweden has a surprisingly high level of snuff use (9.1%) compared to the EU average of 0.3%.
- The plurality of respondents (33.3%) do not read information on tar and nicotine placed on cigarette packages but, if they do, are not influenced by them (22.8%).
- More than two-thirds of all respondents (67.6%) do not think that health warnings placed on cigarette packages will cause people to smoke less or to stop smoking.
- There is some regionally-based variation as to whether non-smoking laws are respected or not, with countries of southern Europe (in particular Italy with 72.1% and Greece with 68.2%) generally not respecting the regulations.
- More than two-thirds (71.8%) of all respondents believe that second-hand smoke can cause either such problems as respiratory ailments (35.6 %) or can even cause long-term illness, such as cancer (36.2%).
- Radioactivity, chemicals and the quality of food products are the top three environmental aspects which Europeans (95.3, 93.3 and 88.6 per cent, respectively) believe have an impact on health. Quality of air outdoors, noise and quality of air indoors are, however, believed to be the top three environmental causes of their own or family members' health problems at 8.7, 7.6 and 5.3%, respectively.

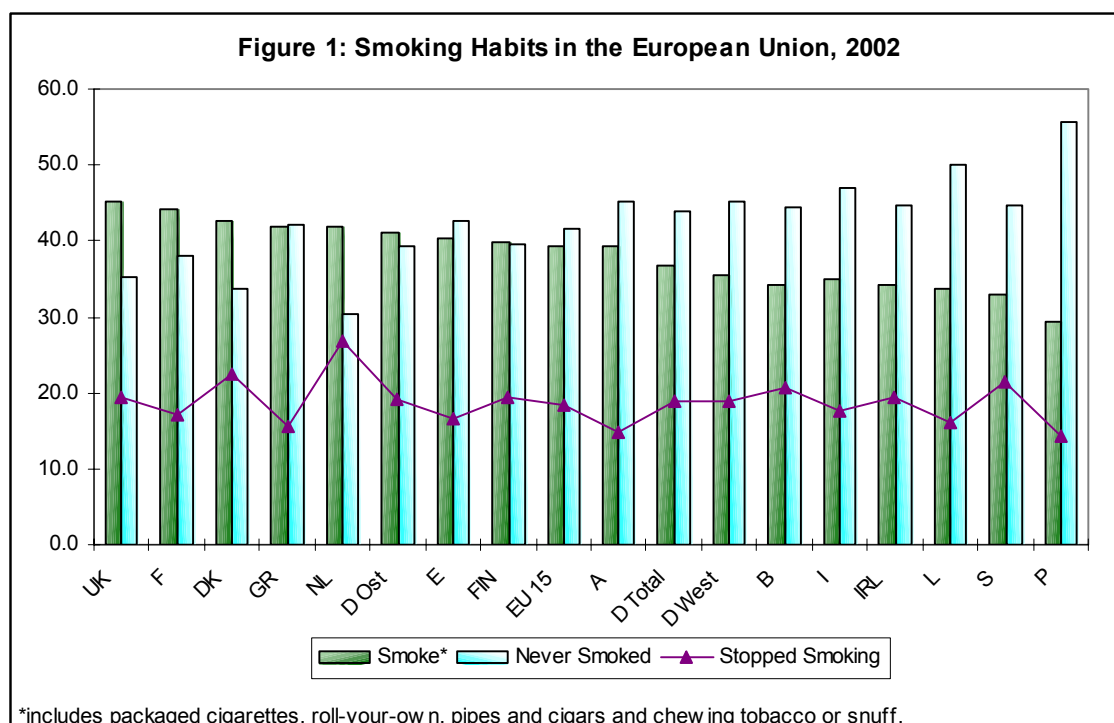
- The top three environmental actions undertaken by Europeans are avoiding littering (85.7 per cent), sorting household waste (66.7 per cent) and trying to not make too much noise (65.9 per cent.) There are strong national variations on these three elements, with a high of 92.4% of Luxembourgers and a low of 67.8% of Austrians avoiding littering, and a high of 90.1% of Luxembourgers and a low of 15.4% of Greeks sorting household waste.
- Overall, the Greeks, Italians and the Swedish are the most concerned that various environmental aspects affect health. The Dutch, the Germans and the Belgians are the least concerned. In socio-demographic terms, those with the most education and highest-level occupations (education past the age of 20 years, managers and other white collar workers) are the most concerned about the impact of the environment on health.
- Europeans largely agree that the two most important health risks associated with excessive noise are hearing problems (61.9%) and nervous problems (35.3%). "Sleeping problems" (33.6%) would have been ranked second were it not for the very high percentage of Greeks (60.8%) selecting "nervous problems" as one of the two most important effects associated with excessive noise.
- Nearly sixty per cent (56.9%) of Europeans believe that public bodies do not act effectively to protect them from environment-linked health risks. Southern Europeans believe more strongly that public bodies do not act effectively, as do those who are self-employed or who are educated beyond the age of 20 years.
- Europeans think that protection from health risks should come mainly from the local level (35.9 per cent) or be at the world-wide level (29.4%). Just 16.4 % of Europeans believe it should come at the European level.
- Of the 43.8 per cent of Europeans who are "not very satisfied" or "not at all satisfied" with the information on environment-linked health risks, 64 per cent believe the information is insufficient. Northern Europeans tend to be more satisfied than do Southern Europeans.
- When asked as to their main source of information on environment-linked health risks, slightly over one-third (33.9%) of Europeans mention television, with 27.3% mentioning a doctor. Just 3.6% mentioned the Internet as an information source.

- The World Health Organisation (22.2%) was selected by Europeans as the most trusted source for information on health, followed by consumer organisations with 22.0 per cent.
- Nearly seventy per cent (67.8%) of Europeans say their health in general is either "good" or "very good" (23.5%), with only 0.7% of Europeans saying their health is "very bad". The plurality (44.3%) of Europeans say their health is "good".
- In 2002, 85.7% of Europeans had avoided littering and 66.7% had sorted household waste. Southern Europeans were below the EU average on both points. Some 55.2% had saved energy by turning down the heat or air conditioning or using less hot water.
- Environmental action by Europeans has decreased since 1995, when 89.6% of Europeans had avoided littering and 67.2% had saved energy. There was a slight increase in sorting household waste from the 66.5% who did so in 1995.

1. Smoking in the European Union

1.1. Smoking Habits

Nearly forty per cent (39.4%) of Europeans¹ smoke,² with nearly sixteen per cent variation between the country with the most smokers (United Kingdom with 45.2%) and with the fewest smokers (Portugal with 29.3%). Considerably fewer have stopped smoking than have never smoked, with an average 41.6% who have never smoked (with a range from 30.5% for the Netherlands to 55.6% in Portugal) and an average 18.5% who have stopped smoking (ranging from 14.3% in Portugal to 26.9% in the Netherlands). There does not seem to be much regional variation along the lines of smoking; the United Kingdom (45.2%) and France (44.1%) are the two countries with the highest percentage of smokers, followed by Denmark (42.6%) and Greece (42.0%). Portugal (29.3%) has the fewest smokers, with Sweden (33.0%) and Luxembourg (33.8%) just above. Perhaps one of the most interesting points is the fairly large difference between the former East Germany, with 41.0% smokers, and the former West Germany with 35.5% smokers. There may, however, be other differences in smoking habits within countries which are not reflected in this data.

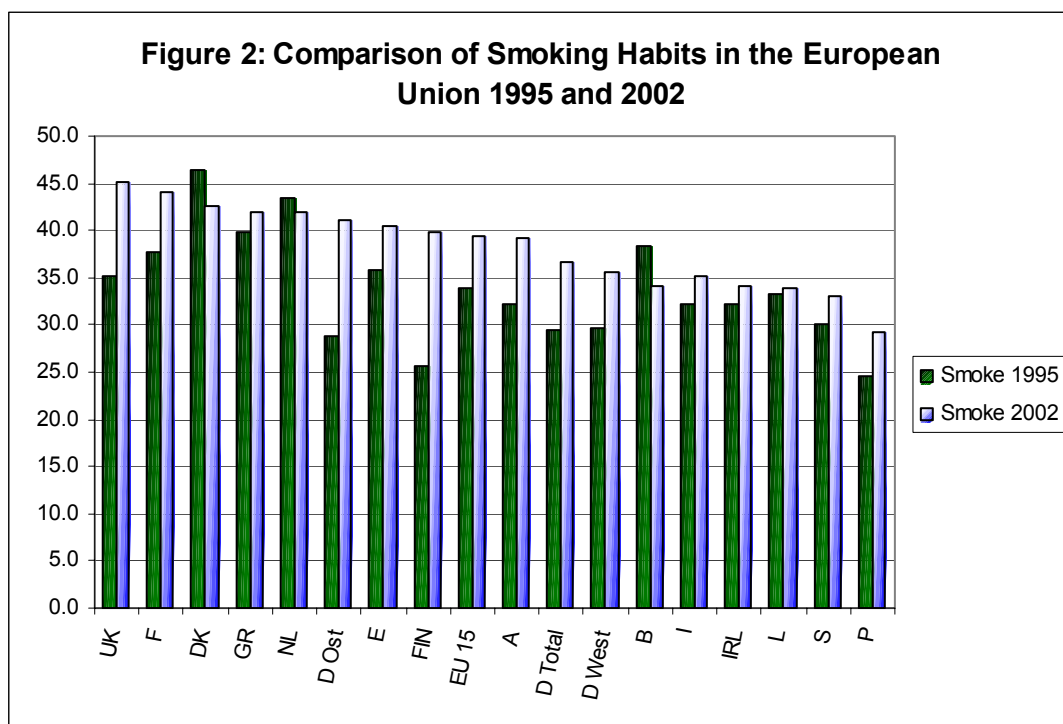


¹ The data used in this report include three figures for Germany: a figure for all of Germany (D Total), for the former East Germany (D Ost) and for the former West Germany (D West). The figures are maintained in this manner to clarify any differences between the two former German states. Other abbreviations are: B=Belgium, DK=Denmark, GR=Greece, E=Spain, F=France, IRL=Ireland, I=Italy, L=Luxembourg, NL=the Netherlands, A=Austria, P=Portugal, FIN=Finland, S=Sweden, UK=United Kingdom and EU 15= EU mean.

² This figure includes all those who smoke – those who smoke packaged cigarettes, roll-your-own cigarettes, cigars or pipes – as well as those who chew tobacco or take snuff.

Smoking Habits: Comparison with 1995

Seen in comparison with data from Eurobarometer 43.0, carried out in Spring 1995, smoking has increased overall in the European Union from 33.9% to 39.4 per cent. It has decreased in just three EU countries, namely Denmark, the Netherlands and Belgium. These were three of the four heaviest smoking countries in the EU in 1995 (46.4%, 43.4%, 39.9% (Greece) and 38.3%, respectively), as can be seen in Figure 2, so that a decrease in their percentage of smokers has brought these countries into closer step with the rest of the European Union. Of the countries which were the top four in 1995, only in Greece has smoking increased. Smoking has increased in all other EU countries, in some by only a slim margin and in others quite substantially, as can be seen in Figure 2. The overall EU average increase is 4.8 per cent. The rank order of countries, arranged in decreasing percentages of smokers, show a shift since 1995. While in 2002, the UK, France, Denmark, Greece and the Netherlands were the top five countries, in 1995, Denmark, the Netherlands, Greece, Belgium and France were the five countries with the highest percentage of smokers.



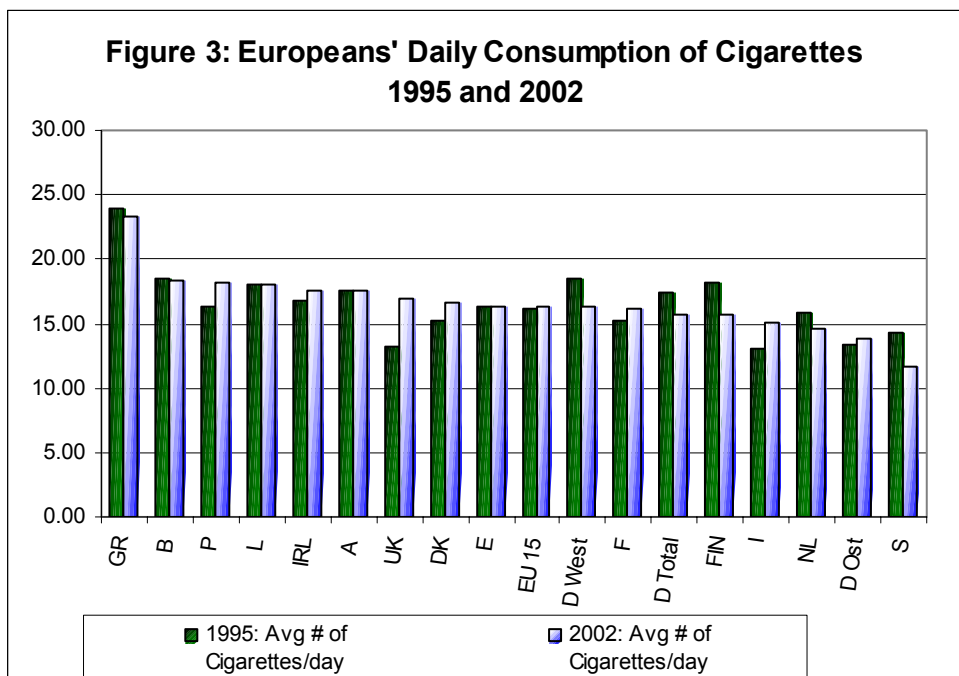
In terms of the type of tobacco smoked, there is some regional variation. Nearly all non-packaged cigarette smoking is in Northern Europe. While rates of cigar and pipe smoking are in general very low (1.2% EU-wide), Denmark (4.5%) and the Netherlands (2.7%) are considerably above the average. For roll-your-own cigarettes, there are likewise some countries much higher rates than the average (5.0%): the Netherlands (16.1%), Denmark (9.7%), Finland (8.1%) and France (6.7%) are the highest. Finally, there is very little variation in the use of chewing tobacco or of snuff, with the EU average 0.3 per cent. However, the 9.1% of Sweden and even the 1.2% of Finland are quite remarkable. Even more remarkable, and worrying, is the increase in snuff use in Sweden from 5.0 per cent in 1995 to the current 9.1 per cent in 2002.

Socio-demographic profiles

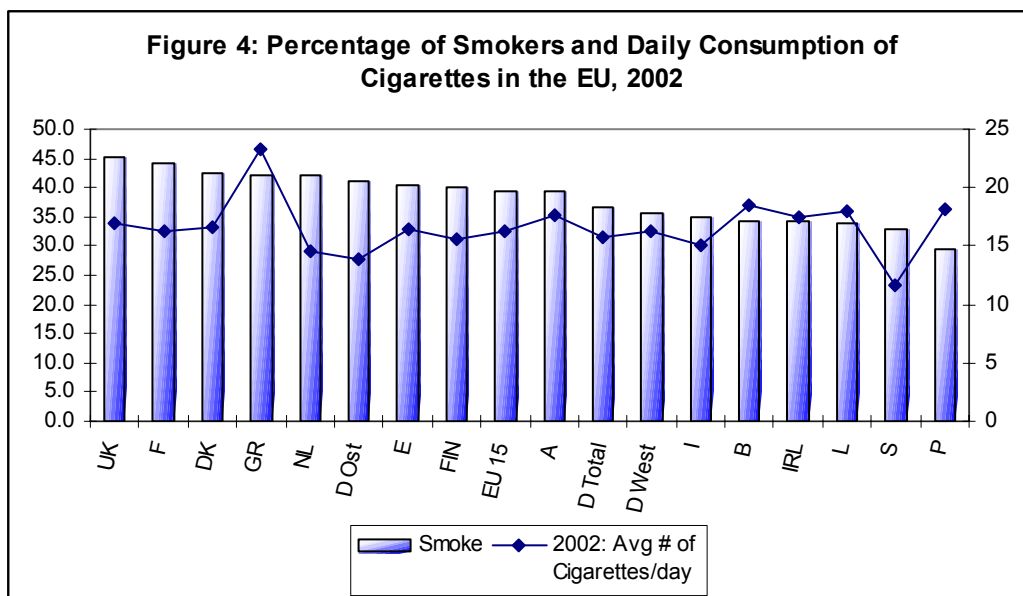
In general, socio-demographic profiles show that, overall, men smoke more than women (36.2% to 31.4% for packaged cigarettes; for all smoking, men smoke 44.8% to women's 34.3 per cent) and that younger people smoke more than do older. Overall, those with less education smoke more than those with more education, with the exception of the schooling to the age of 15: just 31.1% of those individuals smoke, but 46.2% of those with schooling to the age of 16-19 smoke, in comparison with 38.4% of those in school past the age of 20 and 36.7% of those still studying. The overlap between those with less education and the younger must be noted. Some 42.5% of 15-24 year-olds smoke packaged cigarettes (overall rate: 48.0 per cent), as do 43.7% of 25-39 year-olds (overall: 49.8 per cent). The unemployed, with 53.8% smokers, is by far the socio-demographic group with the most smokers. With regard to specific smoking habits, not surprisingly, far more men smoke pipes or cigars than do women (2.2% to 0.2%), as do somewhat older individuals (1.9% of 40-54 year-olds smoke cigars or a pipe). Smoking a cigar also seems to be linked with managerial positions: of those who smoke, 2.4% of managers smoke cigars or a pipe. The unemployed overwhelmingly smoke more roll-your-own cigarettes than the average (12.3% to the EU average of 5.9%), perhaps as a function of cost, while many more men (7.2%) do so than women (3.2%). Students are also above the EU average of 5.0%, with 6.1% smoking roll-your-own cigarettes. The highest rate of never having smoked is found among those still studying, with 53.8 per cent.

1.2. Frequency of Smoking: Number of Cigarettes/Day

With respect to frequency of smoking, there is little variance from the EU average of 87.9% smoking regularly, and 12.1 per cent occasionally: the Netherlands has a low of 82.2% smoking regularly, while Ireland has a high of 91.4%, followed by France with 91.1% and Greece with 90.6%. Nor is there, on the socio-demographic level, much variation: students have a low of 78.4% smoking regularly and, at the other end of the scale, 90.7% of those with education up to the age of 15 smoke regularly. A more precise measure of the amount of smoking is the number of cigarettes smoked on any given day. Greece is by far the EU country where smoking is the heaviest. It was, as of 2002, the country with the third-largest number of smokers. The average number of cigarettes smoked per day per smoker is over 23, far outstripping Belgium, where 18.41 cigarettes per day is the average. Since 1995, smoking habits have strengthened somewhat in the European Union. Not only has the percentage of smokers increased (from 33.9% to 39.4%), but average consumption has also slightly increased, from an EU average 16.11 cigarettes/day to 16.35. While Denmark, the Netherlands, Greece, Belgium and France were the top five countries in terms of percentage of smokers in 1995, in 2002, the United Kingdom, France, Denmark, Greece and the Netherlands are the top five. Four of the top five have remained the same, although placement has shifted.



Interestingly, with the exception of Greece, none of the countries where smokers consume more than the EU average of 16.35 cigarettes per day is in the top five countries in terms of percentage of smokers (cf. Figures 2 and 3). In fact, the opposite seems to be true: Of those countries where there is a large percentage of smokers, the majority have a low average cigarette consumption per day: the top five countries in percentages of smokers: the UK, France, Denmark, Greece and the Netherlands are, by cigarette consumption, rank 7, 10,³ 8, 1 and 14, respectively. Greece is the only country where high percentage of smokers (42.0%) and high cigarette consumption (23.28 cigarettes/day) overlap. Figure 4 above shows that cigarette consumption is consistently higher for countries where there are fewer smokers. As noted above, in those countries in which, in 2002, there are more smokers, average consumption tends to be less. Put another way, in those countries, such as Belgium or Portugal, there is a relatively small group of smokers (34.2% in Belgium, 29.3% in Portugal), but they are fairly heavy smokers (18.41 and 18.22 cigarettes/day, respectively, ranking second and third after Greece).

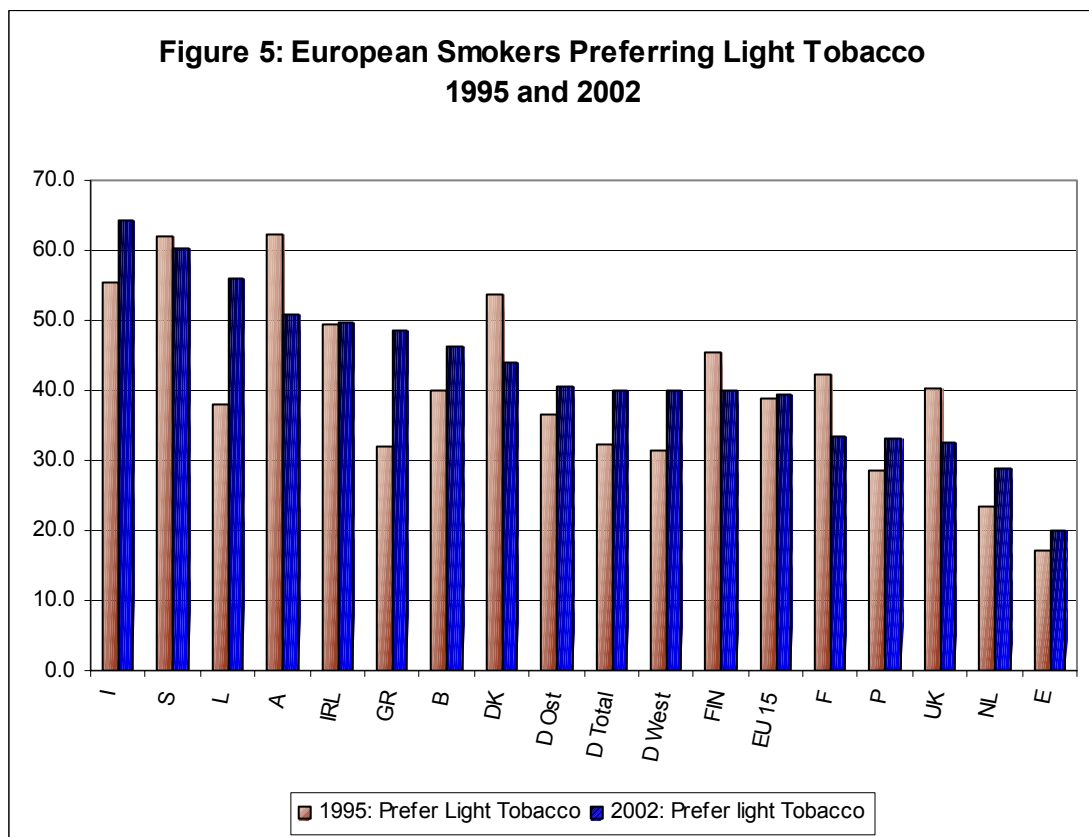


³ (East) and (West) Germany are not counted as separate countries for the purposes of ranking, but are maintained in the figures for the purpose of indicating the difference between the two.

This observation holds steady with respect to socio-demographic variables: for the most part, those socio-demographic groups which have the highest percentage of smokers are not those which smoke with the highest frequency. The top five groups in terms of smoking in 2002 are the unemployed (53.8%), manual workers (51.5%), 25-39 year-olds (49.8%), 15-24 year-olds (48.0%), and those who were educated to the age of 16-19 years (46.2%). Again, there is likely an overlap between those who were educated only to a certain point and a younger age category. The EU average is 39.4 per cent. However, the heaviest smokers are the self-employed with 18.42 cigarettes/day (the self-employed rank 7th in terms of smoking), the unemployed with 18.05 (1), those aged 40-54 years with 17.75 (8), those with education up the age of 15 years with 17.70 (16) and men with 17.58 (6) (women are ranked 15th and smoke 14.94 cigarettes/day). The EU average is 16.35 cigarettes/day. With the notable exception of the unemployed, who rank top in both categories, there is no overlap in the top five heaviest/most frequent smokers.

1.3. "Light" Cigarettes

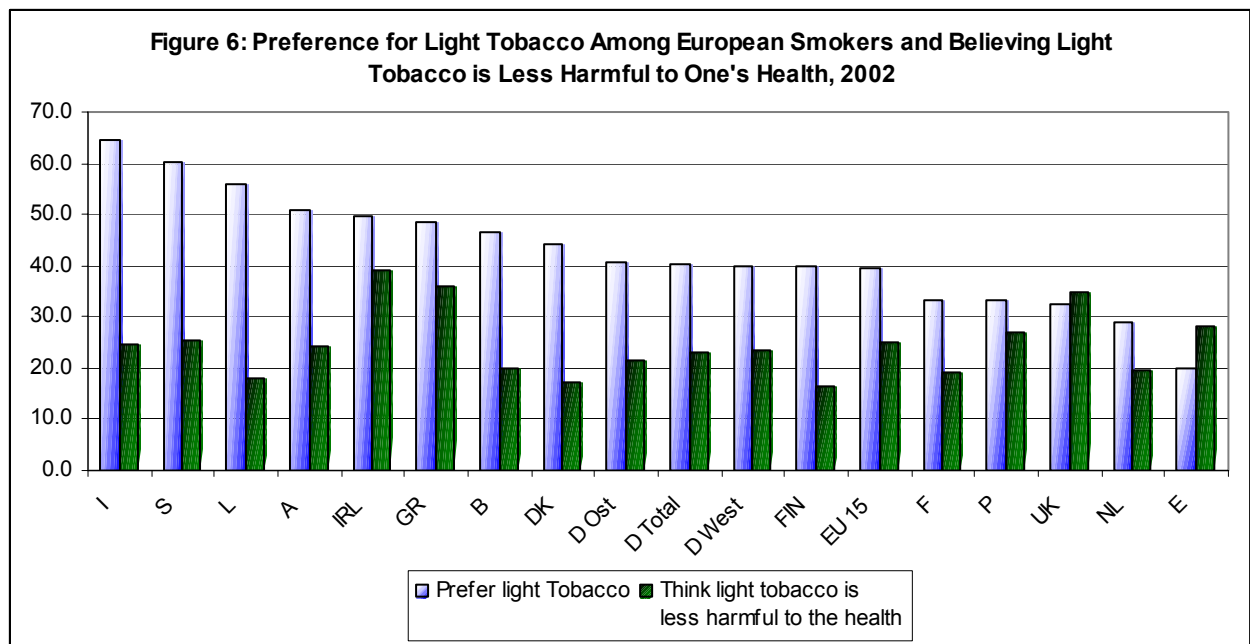
Just over one-third (38.6%) of smokers prefer to smoke "light" cigarettes or tobacco, which have lower tar and nicotine levels, as indicated on the pack. When asked whether they had once smoked stronger cigarettes/tobacco, or had started smoking with "light" cigarettes, nearly two-thirds (61.7%) responded that they had once smoked stronger cigarettes/tobacco. There are some interesting variations within Europe: while just 35.9% of Austrian smokers had once smoked stronger tobacco, 75.1% of the Dutch had done so. Since 1995, the overall percentages have not changed greatly, with 38.1% preferring "light" tobacco in 1995. However, as seen in Figure 5, there have been some significant shifts in certain countries with respect to "light" tobacco; while in 1995 in the United Kingdom, 39.5% of smokers smoked "light" tobacco, in 2002, just 31.1% did so. In Austria, a significant shift took place as well, with 50.1% of smokers preferring "light" tobacco in 2002, a drop from 60.2 % in 1995. In Spain, rates are the lowest in the EU for both 2002 and 1995, with 19.8% and 16.2%, respectively.



Following the socio-demographic profiles, not surprisingly, more women prefer to smoke “light” cigarettes than do men (49.6% to 28.9%). Preference also increases with age, but not with education. The self-employed (48.0%) and those with education past the age of 20 (49.3%) strongly prefer “light” cigarettes, well over the EU average of 38.6 per cent. Of those who prefer “light”, some 61.7% used to smoke stronger tobacco. This compares with 69.2% in 1995 who used to smoke stronger tobacco. This phenomenon is particularly pronounced in some countries, in particular, in France (74.2% in 2002, 79.0% in 1995), Italy (70.8%, 74.6% in 1995), the Netherlands (75.1%, 84.8% in 1995) and the UK (66.9%, 68.9% in 1995).

Overall, as noted, fewer smokers in 2002 used to smoke stronger tobacco than in 1995, suggesting that more smokers are starting with “light” tobacco rather than starting with strong tobacco and switching. On the basis of socio-demographics, men have switched more often than women (67.4% to 57.9%) as well as those aged 24-29 and 40-54. The percentage of those who have switched also increases with more education: while 60.9% of those with education to 15 years had switched, 62.8 of those with education to 16-19 had switched and 64.6% of those educated past age 20 had switched. Among occupations, the self-employed are prominently those who have switched the most, with 66.9% having once smoked stronger tobacco.

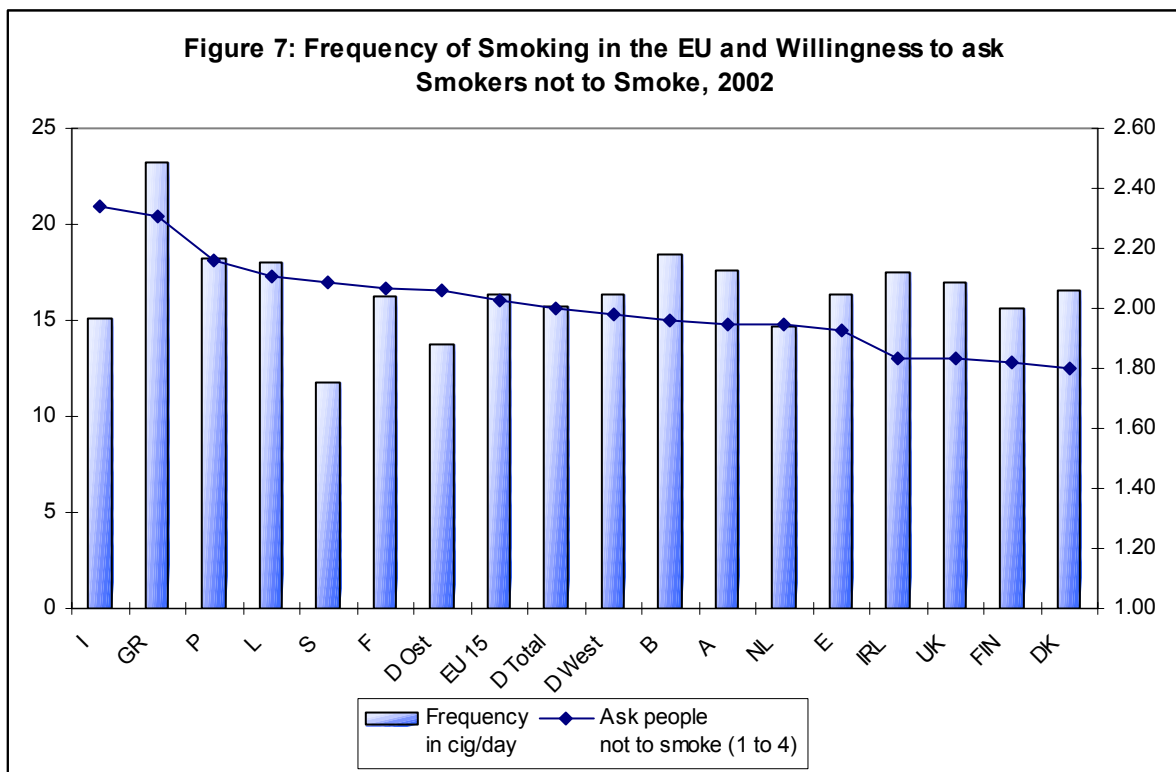
The EU average of 38.6% preferring to smoke “light” tobacco is somewhat at odds with the 22.5% of all respondents who believe that smoking “light” tobacco is less harmful to one’s health. The 12.5% who do not know whether “light” is less harmful may account for others who smoke “light” tobacco. It is also possible that smokers prefer “light” for other reasons, such as taste. There does not appear to be a link between those who prefer “light” tobacco and their feelings as to whether “light” tobacco is less harmful to the health (see Figure 6).



1.4. Smoking in Public Places

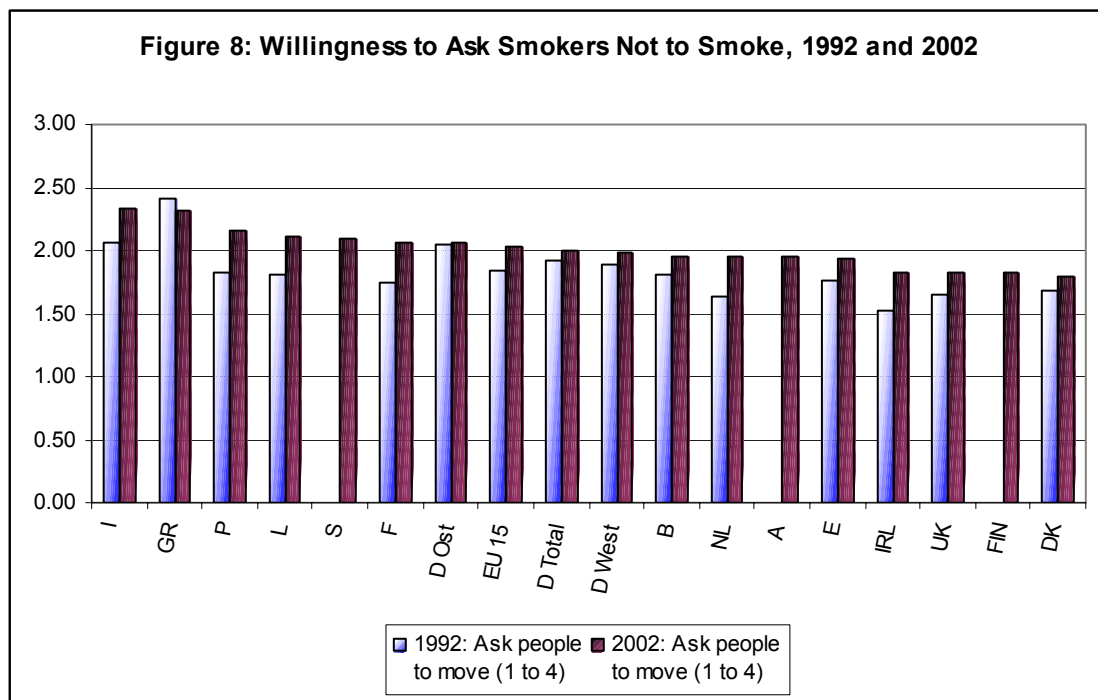
Asking Smokers not to Smoke

On a ranked scale of 1 to 4, with 1 representing "never", 2 "rarely", 3 "from time to time" and 4 "often", the EU average for asking smokers not to smoke because it bothers one is 2.03. That is to say, on average, in the EU, people ask smokers not to smoke just slightly more often than "rarely". Overall, just 13.1% of respondents "often" ask a smoker not to smoke near one. This is an increase from 1992, when just 9.0% would "often" ask a smoker not to smoke, suggesting that the anti-smoking sentiment in the EU has risen, despite – or perhaps because of – the rise in both smoking and in daily consumption of cigarettes. As can be seen in Figure 7, there is some variation according to country with Southern European countries topping the list with Italy at 2.34, Greece at 2.31 and Portugal at 2.16. Spain is well down on the list. Greece and Portugal are rank 1 and 3 respectively for frequency of smoking, with 23.28 and 18.22 cigarettes/day, which may explain the relative willingness of others to ask smokers not to smoke in these two countries.



The willingness to ask a smoker not to smoke has changed slightly over time, with the EU average at 2.03 in 2002, up from 1.84⁴ (just below "rarely") in 1992. There is, overall, however, both in 1992 and in 2002, little variation, with the range reaching from 2.34 to 1.80 in 2002 and from 2.41 to 1.53 in 1992. In both cases, Greece is ranked first. Greece is also the only EU country where the willingness to ask smokers not to smoke has decreased, which may be related to slight decreases in smoking in Greece. Smoking has dropped in Greece from 42.0% in 1995 to 39.9% in 2002 and daily cigarette consumption has decreased from 23.93 in 1995 to 23.28 in 2002. There is even less variation in socio-demographic groups than there is on a national basis: the numbers range from 1.90, for the unemployed, to 2.13, for those educated beyond the age of 20.

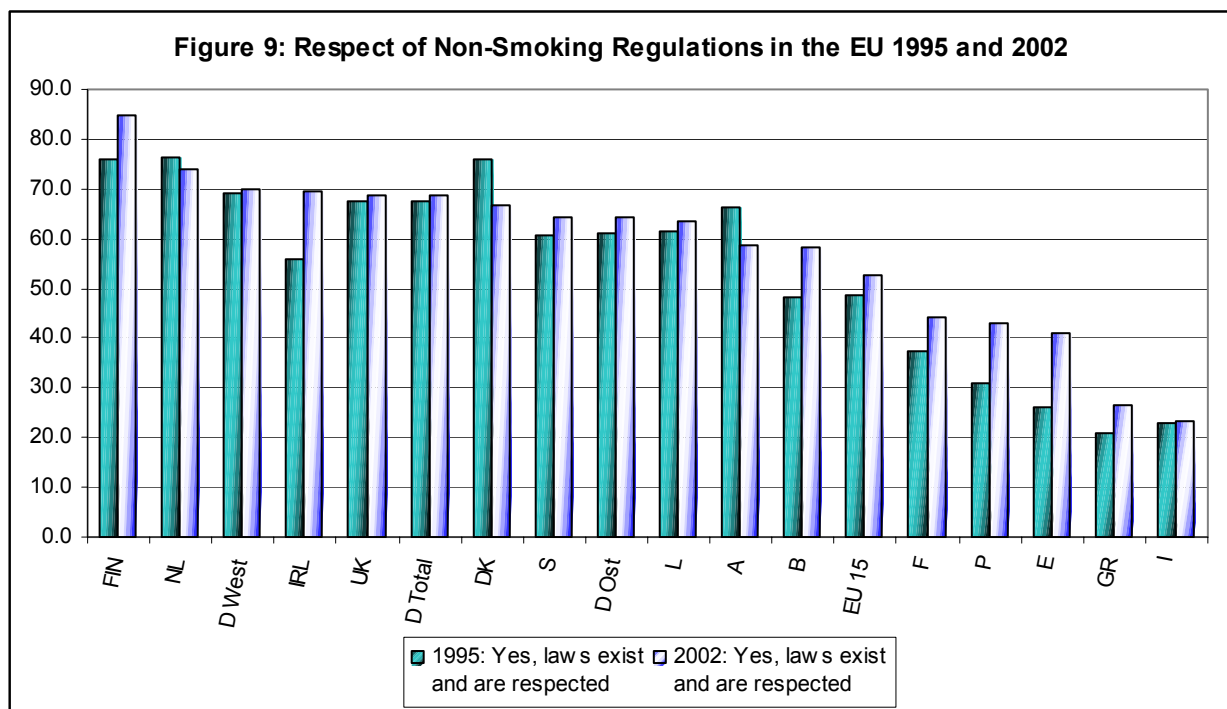
⁴ At the time, these data encompassed the EU 12.



The widespread low willingness to ask other people to stop smoking is interesting, given the relatively strong beliefs that second-hand smoke does indeed cause either discomfort or even serious illnesses in the long term. Overall, in the EU, just 2.4% of respondents believe that second-hand smoke is harmless. Some 23.4% think that it can cause discomfort, while 35.6% believe it can cause such health problems as respiratory problems and 36.2% believe it can cause illnesses in the long-term, such as cancer. Eurobarometer 38.0 asked a similar question in 1992, in which 5.2% responded that cigarette smoke was harmless, indicating an increase in knowledge about the danger of second-hand smoke in the last ten years. The range of responses in 1992 varied from 13.7% of respondents in Ireland believing cigarette smoke to be harmless to 2.5% in Greece who believed so. In 2002, Ireland still remains above the EU average, at 5.7 per cent. The highest percentage is, however, now in Austria, where 6.5% believe second-hand smoke is harmless. Greece is no longer at the bottom at 1.7 per cent, with Italy (0.7%), the former East Germany (0.9%) and Sweden (0.8%) believing the least that second-hand smoke is harmless. On the socio-demographic level, variation is quite limited and no age, education or occupation trends can be identified.

Respecting Smoking Regulations

With respect to the question of whether smokers respect non-smoking regulations,⁵ there are some strong regional variations. Southern Europeans tend not to respect non-smoking regulations (just 23.4% of Italians believe regulations are respected, 26.4% of Greeks do so, as do 41.1% of Spaniards, 42.9% Portuguese and 44.1% of the French), while Northern Europeans are more likely to do so (ranging from a high in Finland of 84.6% to a low in Belgium of 58.3%). In comparison to 1995, for the most part, laws are now more respected, yet there are some exceptions, notably Denmark, Austria and the Netherlands, where respondents note that the percentage of those respecting non-smoking regulations has decreased. No such contrasts appear in socio-demographic profiles.



⁵ According to the World Health Organization, such regulations are in place in every EU country except the UK, where there is only a partial restriction on public transport

1.5. Warnings about Impact of Smoking on Health

An average 11.2% of Europeans are not aware that tar and nicotine levels are printed on cigarette packages, and a further 33.3% are aware of the notices but never read them. EU-wide, 22.8% read the notices but are not influenced by the notices. Just 7.1% read the notices and are influenced by them in their choice of cigarettes. Greece and Italy are the most influenced, at 12.6% and 11.2%, respectively. This finding corresponds with the finding that Greece and Italy are both well above the EU average (38.6%) in terms of smoking "light" cigarettes. Some 48.2% of Greek smokers prefer "light" cigarettes, as do 62.9% of Italian smokers. A similar correspondence does not appear with respect to socio-demographic categories. Managers (9.8%) and those aged 25-39 years (91.%) are the most influenced groups. Those aged 25-39 are below the EU average for preferring "light" cigarettes (37.4% compared to 39.5% EU average) while managers (40.7%) are just above the EU average.

The same holds true for the question regarding health warnings on cigarette packages. Some two-thirds of respondents do not believe that such warnings persuade people to smoke less or to give up smoking. Just 15.3% of respondents do believe that warnings influence people to smoke less or to stop smoking, with some significant variation from country to country: in Ireland, 27.8% believe that the health warnings make a difference, as do 24.0% in Sweden. At the other end of the scale, just 8.6% of Italians believe such warnings make a difference, along with 9.5% of Danes. With respect to socio-demographic profiles, there are no great variations from the EU average.

Somewhat more, but by no means the majority, believe that the addition of colour photographs to cigarette packages, showing the results of lung cancer, etc. would make a difference. Some 37.6% believe that such photographs would be useful in persuading people either not to smoke, to smoke less or to stop smoking. Again, Ireland is the top in believing that colour photographs will make a difference, at 57.7 per cent, followed by Sweden with 54.5 per cent. Belgium is the most sceptical, with just 23.0% thinking that colour photographs will influence people, followed by the former East Germany with 26.9 per cent. Taking the results from these two questions together, it is clear that there is a significant amount of scepticism among both smoking and non-smoking Europeans toward the success of such anti-smoking advertising.

Related to health warnings is, of course, tobacco advertising. Using a 4-point scale, respondents were asked how they felt about banning any direct or indirect advertising for tobacco products. With "for – very much" represented by 4, "for – to some extent" by 3, "against – to some extent" by 2 and "against – very much" by 1, the EU average was 2.96, just below "for – to some extent", indicating that Europeans, on the whole, are just slightly in favour of banning tobacco advertising. Overall, 39.9% of respondents are very much for banning advertising. There are also national variations, with Italy the country most in favour (3.17) of banning advertising (47.7% responded that they were very much for banning advertising) and Ireland the country second-most in favour (3.11), with 47.3% very much in favour. Sweden, with 2.33 and 36.3% very much against banning advertising, is the most against banning advertising, followed by Portugal with 2.63 and 31.0% very much against banning advertising.

Women are more in favour of banning advertising than men, while being in favour of banning such advertising increases with age. Overall, the group most in favour of banning such advertising is the group of those aged over 55, with 46.2% very much in favour of banning advertising, and an average of 3.04.

In response to a question about the possible banning of subsidies to the agricultural production of tobacco, the overall response is one somewhat negative to the continuation of such subsidies. Just 25.4% of respondents are in favour of maintaining subsidies, another 44.2% believe they should be gradually phased out and 30.4% believe they should be immediately stopped. Two interesting points appear, however: 66.2% of Greek respondents believe subsidies should continue, as do 32.6% of Belgian respondents – the two top responses. According to the CIA World Factbook, tobacco is the 8th most important agricultural product in Greece and the 6th most important in Belgium, but is not a significant product in other EU countries. It appears likely that the responses more strongly in favour of continuing subsidies are related to the strength of tobacco production in these two countries. Among socio-demographic groups, the unemployed are the most in favour of continuing subsidies, with 35.3% saying so. Just 17.7% of retired persons and 18.0% of those over 55 years old, likely categories with strong overlap, are in favour of continuing subsidies.

2. Attitudes Toward the Environment and Health in the European Union

2.1. Environmental Factors and Impact Upon Health

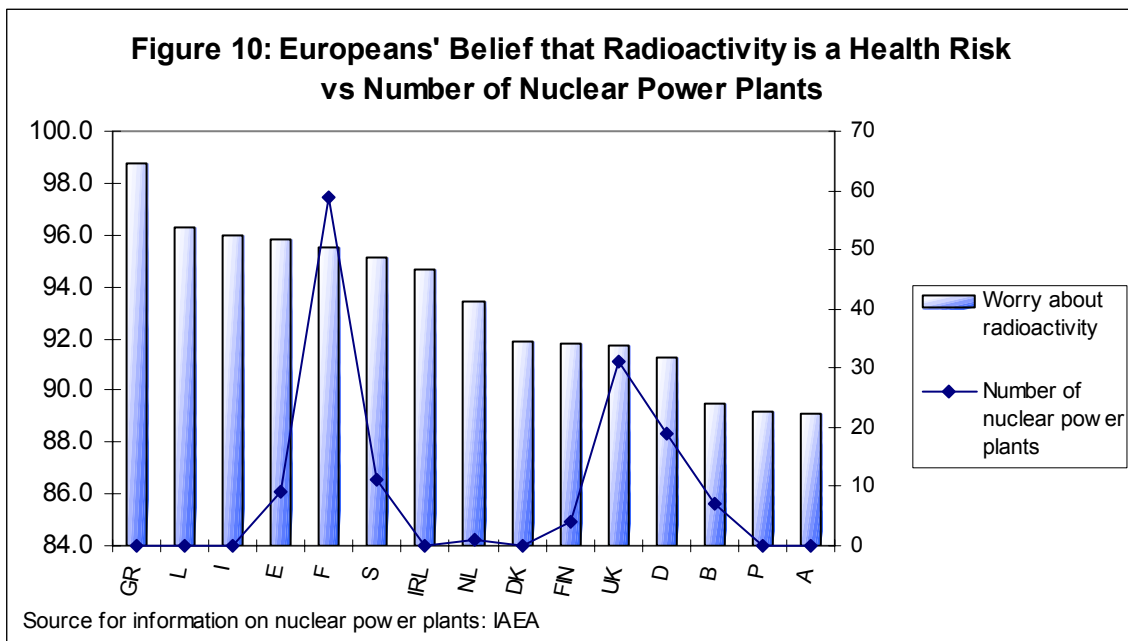
A series of questions about beliefs of which aspects of the environment cause health problems, about environmentally friendly action, and about information sources on the environment and health reveals considerable national variation, but less variation along socio-demographic lines. Radioactivity, chemicals and the quality of food products are listed by Europeans as the top three environmental issues which (negatively) affect health, with 93.5%, 93.3% and 88.6% of Europeans mentioning these three issues, respectively. There is considerable national variation. Belgians are the least concerned about the impact on health of these many different factors. However, the impact of several highly-publicised scandals involving dioxin in Coca-Cola, chicken and pork can be seen in that Belgians were the third-least concerned about the quality of food products, but least concerned overall about environmental impacts upon health. Regional variation is clear, with Southern Europeans – Greeks, Italians, (Swedish), Portuguese, (Luxembourgers) and Spanish – the most worried about the affect of environmental factors on health, and the British, Dutch, Germans and Belgians the least worried. Despite the mad cow concerns in Britain over the past years, the British are least worried (81.6%) in all of Europe about the quality of food products in 2002. The British are, however, the third-most concerned about the dumping of waste, with 90.9 per cent (see Table 1).

Other remarkable points are the very low concern of the Finns (20.9%), but the relatively high concern of the Italians (74.7%) with the impact on health of mobile telephones. Both countries have very high usage of mobile telephones. Some seemingly anomalous points may be explained by the climate: both the Swedes and the Finns, in the European Union's two northern-most countries, are very concerned about the quality of air indoors (95.3% and 97.3%, respectively). The Finns are, however, in general concerned with air and water, having higher than average concern about the quality of air indoors and outdoors as well as of drinking water and of water in rivers and streams. Other notable points are the relatively low worry of the Swedes, the Luxembourgers and Germans for dumping of waste, but the relatively high worry of the Spanish, Irish and British on the same topic. Socio-demographically, certain occupations tend toward higher worry, with managers, other white collar workers, the self-employed and those with education beyond the age of 20 the most worried.

Table 1: Answers "yes" to "Do you think this factor affects health?"

	GR	I	S	P	L	IRL	E	EU 15	F	DK	FIN	A	UK	D West	NL	D Total	D Ost	B
Radioactivity	98.8	96.0	95.1	89.2	96.3	94.7	95.8	93.5	95.5	91.9	91.8	89.1	91.7	91.0	93.4	91.3	92.4	89.5
Chemicals	99.0	95.3	97.0	94.0	95.1	95.7	95.2	93.3	95.4	94.7	95.3	90.0	93.0	89.5	90.0	89.6	90.0	89.6
Quality of Food Products	98.6	92.6	94.2	90.6	90.6	89.5	91.0	88.6	90.4	92.1	94.7	87.5	81.6	86.7	87.6	86.0	83.3	84.7
Exposure to Sun	95.6	81.5	91.6	86.3	91.4	87.2	87.8	84.6	88.4	82.4	87.4	73.2	87.9	78.9	88.5	79.2	80.3	79.1
Quality of air outdoors	88.6	95.9	93.3	89.3	91.5	76.4	81.8	83.4	88.8	87.3	93.3	72.8	79.5	70.3	89.6	71.2	74.7	83.5
Dumping of Waste	97.6	87.0	79.7	90.0	77.8	92.7	93.6	83.1	79.5	84.5	73.6	75.4	90.9	69.9	86.4	70.3	71.9	84.4
Noise	90.2	86.8	90.3	90.1	85.4	71.6	86.4	81.1	83.5	82.1	86.2	81.5	65.3	84.0	70.3	84.0	84.0	68.1
Quality of Drinking Water	95.3	85.8	89.1	86.8	83.2	82.5	83.0	80.4	84.8	85.3	92.5	76.1	72.7	73.2	81.3	74.2	77.9	71.6
Quality of air indoors	90.8	72.4	95.3	83.9	80.7	77.0	69.6	77.5	77.0	92.1	97.3	82.4	73.6	80.9	85.9	80.4	78.7	71.9
Quality of Water in Rivers and Lakes	89.5	85.2	85.0	88.5	80.4	77.6	84.0	77.0	80.3	67.1	81.4	65.0	69.1	68.7	78.7	68.9	69.8	74.3
Housing Conditions	86.8	77.0	87.2	77.4	76.0	78.1	68.3	73.2	75.2	87.1	83.6	70.3	79.2	63.3	78.5	62.7	60.4	62.9
High Tension Powerlines	87.6	75.4	80.2	72.4	67.8	75.2	79.0	63.9	63.5	60.8	51.4	65.4	57.3	54.8	43.9	53.0	46.2	64.1
Mobile Phone Masts	82.9	81.0	55.4	71.2	62.8	73.0	62.8	57.9	50.4	31.3	19.9	59.6	48.9	56.9	32.7	55.4	49.8	42.4
Mobile Phones	83.4	74.7	60.8	68.1	61.9	61.9	53.4	54.8	51.2	39.4	20.9	49.7	48.1	53.3	32.8	51.5	44.7	39.2
Computers	76.5	60.7	65.1	57.8	54.3	48.2	47.6	46.9	40.9	44.3	36.3	48.8	39.5	44.3	36.7	43.2	39.0	31.6
Household Electrical Equipment	46.5	45.4	33.4	49.4	40.1	42.9	44.5	34.3	28.5	26.1	22.7	39.3	28.2	32.0	20.8	30.8	26.1	21.6
Average	88.0	80.8	80.8	80.3	77.2	76.5	76.5	73.3	73.3	71.8	70.5	70.4	69.2	68.6	68.6	68.2	66.8	66.2

Interestingly, there appears to be little or no connection between countries where belief that radioactivity is a health risk and countries with the highest number of nuclear power plants, although it must be noted that the variation of concern – ranging from 98.8% to 89.5%, covers only 9.3 per cent. France, with 59 nuclear power plants, the most in Europe, is the fifth most worried about the impact of radioactivity on health, yet the large number of EU countries who do not have nuclear power plants range from the most worried to the least worried. Other factors likely play a role, such as management of nuclear waste, a topic of recent concern and of considerable protests in Germany. However, Germany is, overall, one of the least concerned nationalities about radioactivity. Nor, surprisingly, is there much variation along socio-demographic lines: the group with the highest concern is other white collar workers, with 95.8%, and the lowest 90.7%, for the unemployed. The youth (15-24-year-olds: 93.8%; 25-39-year-olds 94.3%) and students (94.4%) are not significantly above the EU average of 93.5 per cent.



There is some correspondence between the factors which Europeans agree have an adverse effect upon health and the factors which have, according to Europeans, had an influence upon themselves or their families. However, this does not apply to the top three in each case. While the top three for those which have an adverse impact upon health are radioactivity, chemicals and quality of food products, the top three offenders which have had an impact on health are the quality of air outdoors, noise and the quality of air indoors. Radioactivity ranks tenth, while chemicals rank sixth and quality of food products ranks fifth. The Danish, Swedish, Finnish and the Dutch are the countries apparently most affected by environmentally-linked health problems while Spain, Ireland, Greece and Portugal, among the most concerned about possible health impacts, rank last in terms of actual health impact.

Finland (19.7%), Denmark (19.0%) and Sweden (12.7%) again are far above the EU average (5.3%) in believing that the quality of air indoors is responsible for their own health problem or for that of a family member. The Dutch are more than twice (10.5%) as concerned as the average EU respondent (EU average of 5.1%) about the exposure to sun, while the UK and Belgium, both relatively unconcerned countries overall, have a comparatively much stronger belief about the impact of the quality of air outdoors on the health of themselves or of a family member. Denmark, otherwise the most concerned EU country overall, is the least concerned, together with Greece, at 0.3%, about the impact of mobile phone masts on health (EU average 1.5%). Denmark has a relatively high worry about the quality of food products (12.5% compared to the EU average of 4.6%) and about housing conditions (7.0% compared to the EU average of 2.5%).

Table 2: Answers "yes" to "Do you believe you or someone in your close family suffers from a health problem because of this factor?"

	DK	S	FIN	NL	F	D West	D Total	EU 15	A	UK	D Ost	I	B	L	E	IRL	GR	P
Quality of air outdoors	11.6	10.1	10.2	12.2	14.2	5.4	5.7	8.7	4.8	11.4	6.8	9.0	10.4	6.7	3.6	3.8	5.1	3.1
Noise	11.2	16.9	10.0	6.3	12.2	9.9	9.8	7.6	6.4	5.1	9.3	4.9	4.7	5.1	5.7	2.4	3.0	2.5
Quality of air indoors	19.0	12.7	19.7	9.6	6.2	5.7	5.8	5.3	4.1	5.6	6.0	3.2	3.4	4.8	1.4	2.6	2.7	1.3
Exposure to Sun	7.4	7.7	9.1	10.5	7.6	5.2	5.3	5.1	4.2	4.3	5.9	3.7	4.0	3.7	2.8	2.4	2.3	1.2
Quality of Food Products	12.5	6.4	7.3	7.2	4.9	6.4	6.0	4.6	5.2	3.5	4.7	4.7	3.7	4.7	1.1	2.2	2.6	0.8
Chemicals	9.3	9.5	9.8	6.5	5.0	5.1	4.8	4.3	5.2	3.2	3.7	4.1	3.6	3.9	1.7	3.1	2.5	0.9
Quality of Drinking Water	3.7	3.4	2.8	2.5	4.6	2.5	2.5	2.6	1.9	3.0	2.6	1.6	1.1	1.3	1.7	2.6	2.2	1.0
Computers	3.2	5.2	2.2	4.9	2.4	3.4	3.1	2.6	2.2	3.4	1.9	2.0	1.2	2.1	1.4	0.7	1.1	1.0
Housing Conditions	7.0	3.1	5.8	6.6	3.1	2.4	2.4	2.5	3.6	3.5	2.4	1.2	2.3	1.2	0.7	1.7	0.7	0.1
Radioactivity	2.4	1.9	1.7	2.9	2.3	3.5	3.1	2.1	2.5	1.4	1.5	2.1	1.4	0.8	0.9	1.0	2.4	0.3
Mobile Phones	1.2	2.3	1.0	1.1	1.4	3.0	2.6	1.6	1.6	1.2	0.9	1.4	0.4	1.3	1.1	1.3	0.6	1.3
Dumping of Waste	1.7	1.9	0.8	2.8	1.8	1.5	1.4	1.5	3.5	1.9	1.2	1.0	1.8	0.5	1.2	1.2	0.7	0.4
Mobile Phone Masts	0.3	0.6	0.6	1.6	1.3	3.6	3.1	1.5	3.0	0.7	1.2	0.9	0.6	0.8	1.7	1.1	0.3	0.4
High Tension Powerlines	1.4	2.0	1.5	2.0	1.5	2.0	1.7	1.4	2.6	1.0	0.8	1.0	1.3	1.6	1.4	0.2	0.5	0.2
Quality of Water in Rivers and Lakes	1.4	2.0	1.7	2.6	1.8	2.2	1.9	1.3	1.1	1.0	1.0	0.4	0.6	0.1	0.7	0.9	0.2	0.3
Household Electrical Equipment	1.0	0.3	0.9	1.2	0.3	1.8	1.6	0.7	0.7	0.6	0.8	0.4	0.3	1.3	0.5	0.2	0.4	0.1
Average	5.9	5.4	5.3	5.0	4.4	4.0	3.8	3.3	3.3	3.2	3.2	2.6	2.6	2.5	1.7	1.7	1.7	0.9

Impact of Noise Upon Health

Europeans judge noise to be the seventh of sixteen potential environmental impacts upon health, with 81.1 per cent of Europeans believing it (negatively) affects health, while it is ranked second in terms of actual impact of health on themselves or family members, with 7.6 per cent of Europeans mentioning noise as a factor (after 8.7% mentioning the quality of air outdoors). The health effects of noise were pursued more closely in the survey, with questions asked about the most important effect of noise on health, the second-most important and the two most important. When asked about the most important effect of noise, nearly half (48.9 per cent) mention hearing problems, followed by 13.8% noting nervous problems and another 13.5% sleeping problems. There is, again, considerable national variation in the results, with 61.5% of Irish respondents and 72.2% of Finnish respondents mentioning hearing problems, but just 4.5% and 5.1%, respectively, nervous problems.

Headaches, which are mentioned just fourth as the most important effect of excessive noise on health, rank first as the second-most important effect, with 22.2% of Europeans mentioning headaches, 21.5% nervous problems and 20.1% sleeping problems. Hearing problems drop to fourth rank, with 13.0 per cent. Again, there is considerable national variation, with 34.9% of Danes mentioning headaches, but just 8.0 per cent nervous problems, while Southern Europeans seem to be more affected by nervous problems (28.3% of Greeks, 25.5% of Spaniards, 28.7% of Italians and 20.4% of Portuguese).

Table 3: Europeans' Attitudes Toward the Effects of Excessive Noise on Health

most important effect	second-most important	two most important
hearing problems (48.9%)	headaches (22.2%)	hearing problems (61.9%)
nervous problems (13.8%)	nervous problems (21.5%)	nervous problems (35.3%)
sleeping problems (13.5%)	sleeping problems (20.1%)	sleeping problems (33.6%)
headaches (11.3%)	hearing problems (13.0%)	headaches (33.5%)
high blood pressure (5.4%)	concentration and memory problems (11.4%)	concentration and memory problems (15.2%)
concentration and memory problems (3.8%)	high blood pressure (4.6%)	high blood pressure (10.0%)
infections (0.7%)	infections (0.8%)	infections (1.5%)
musculo-skeletal problems (0.4%)	musculo-skeletal problems (0.8%)	musculo-skeletal problems (1.2%)

When Europeans are asked to list the two most important effects, hearing problems (61.9%) and nervous problems (35.3%) top the list. A very high percentage (60.8%) of Greeks selected nervous problems as one of the two most important effects, thereby moving "sleeping problems" to third place. Both with respect to the most important effect of noise on health and to the two most important effects of noise on health, there is a considerable gap between hearing problems and nervous problems. There is clearly less agreement as to the second-most important effect of excessive noise. The result of all three questions is, however, quite clear, as delineated in Table 3: in each case, the top four are hearing problems, headaches, nervous problems and sleeping problems.

2.2. Overall Health

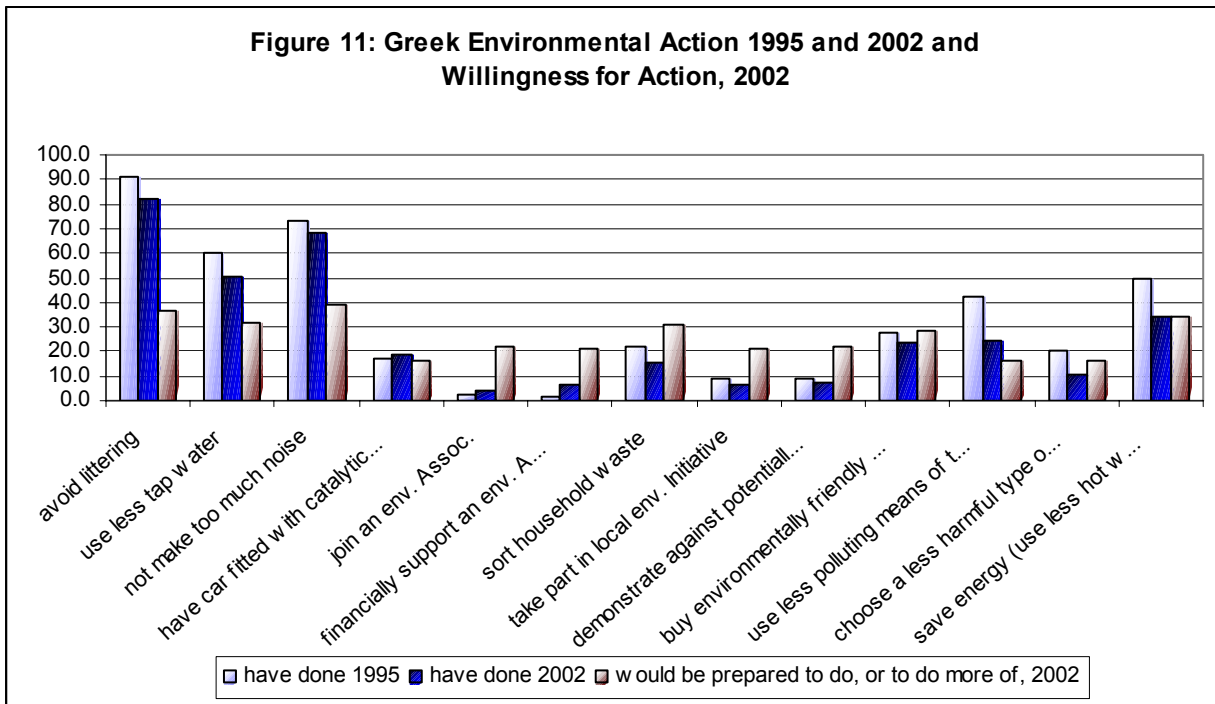
When asked as to the state of their health in general, on a ranked 1-5 scale (very good=5.0; good=4.0; fair=3.0; bad=2.0; very bad=1.0), Europeans, on average, respond that their health is just below "good", or 3.85. Table 4 below shows health in general, ranked from worst to best. As noted above, overall, Southern Europeans are the most worried about the potential health impact of environmental factors, although they are least likely to believe that they or their family members actually suffer ill health because of such factors. Here, Portugal and Italy both feel less healthy than the EU average, while Spaniards and Greeks believe they enjoy some of the best health in the European Union; in other words, there does not appear to be a correspondence between self-evaluated health and belief that environmental factors have had a negative influence upon health. Another notable point is that the former East Germans judge themselves to be slightly less healthy than the EU average, and slightly less healthy than Western Germans.

Portugal	3.47
former East Germany	3.70
Italy	3.72
Germany	3.73
(West) Germany	3.74
Finland	3.74
EU 15	3.85
France	3.86
UK	3.89
Sweden	3.93
Luxembourg	3.94
Belgium	3.95
Netherlands	4.00
Spain	4.01
Austria	4.13
Denmark	4.14
Greece	4.17
Ireland	4.31

2.3. Environmental Action

The quite high concern of Europeans about the effects of excessive noise (81.1%) does seem to translate into action; when asked if they have ever tried not to make too much noise, 65.9% respond affirmatively; indeed trying not to make too much noise is the third most popular environmental action. Twenty-eight point two per cent state that they would be willing either to make more of an effort, or to make an effort to not make too much noise. A similar finding is seen with respect to health concerns about the dumping of waste, which ranks sixth overall, with 83.1% of Europeans mentioning this factor as a potential health risk. Some 85.7% of Europeans have avoided littering and 66.7% have sorted household waste (see Figure 12), indeed, these two are the most common environmental actions undertaken by Europeans. It must be noted that these are the two actions which are most reliant upon governmental policy – there is little point to sorting household waste if there are no containers in which to place the sorted waste. Likewise, buying environmentally friendly products can be difficult if availability is low, while certain climatic and geographical factors influence such actions as turning down the heat/AC to save energy and using another form of transport than a car.

The background behind the low 15.4% of Greeks who have sorted household waste becomes clear once one is aware that Greece only introduced recycling in 2001 (bill 2939/01) and that a national campaign is currently underway to make Greece "environmentally friendly" by the 2004 Olympic Games, to be held in Athens. The will to sort waste is there – more than double the Greeks who currently sort waste are willing to do more, or to start sorting waste if they are not doing so already. The figures for being prepared to avoid littering, if one does not already do so, or to do so more often, are somewhat different – over 80 per cent already avoid littering, and 36.3% are willing to do more, however, the percentage of those who have avoided littering has sunk since 1995 by ca. 10 per cent. Several other environmental actions have dropped significantly since 1995, most notably taking part in a local environmental initiative, financially supporting an environmental association and joining an environmental association. In other words, Greeks, like most Europeans, are willing to take part in environmental actions which can be completed from home, without requiring a more involved sacrifice of time, personal energy or financial resources.



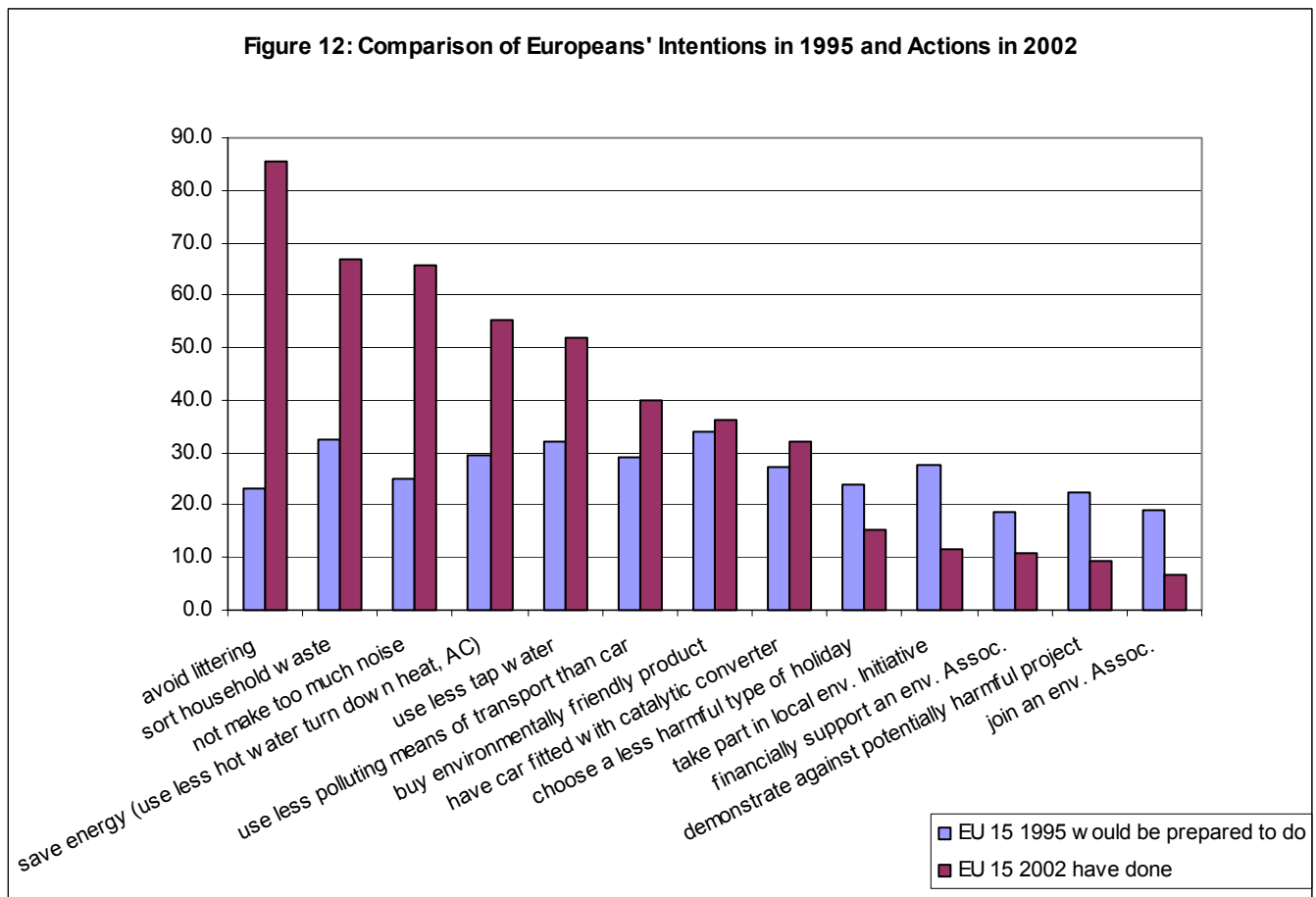
Overall in Europe, the Northern Europeans are more environmentally active, with Luxembourg, Sweden and Germany leading the list, while the Southern Europeans are somewhat less active (see Table 4), with Spain, Portugal and Greece the bottom three.

Table 5: Which, if any, of the following have you ever done, 2002?

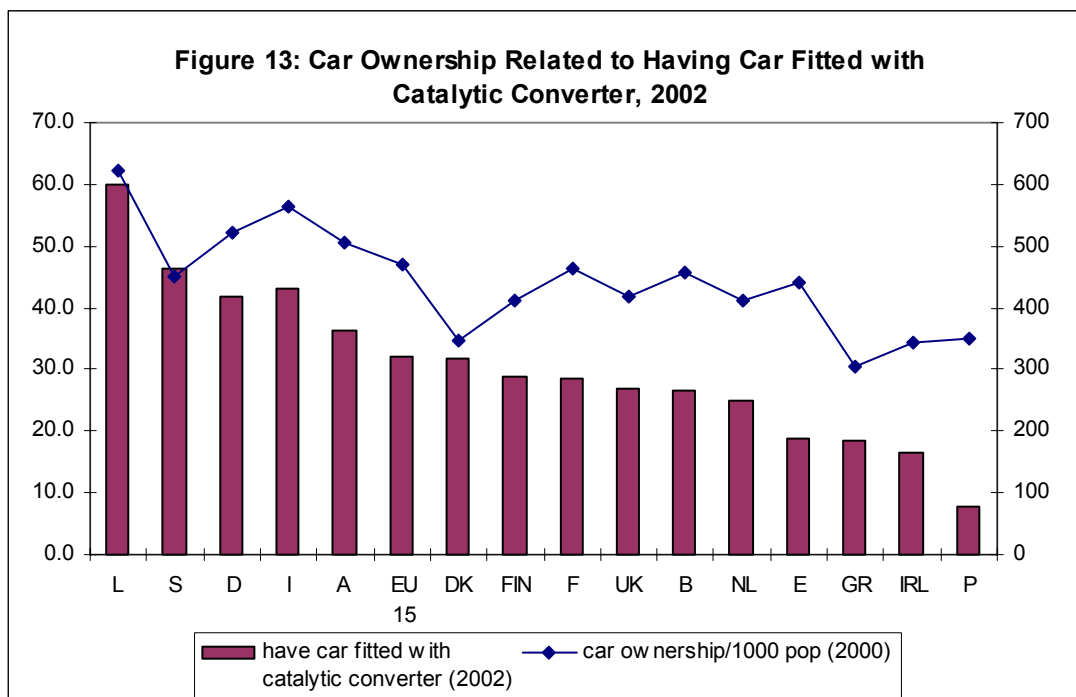
	L	S	D West	D Total	DK	FIN	F	D Ost	EU 15	B	NL	A	I	UK	IRL	E	P	GR
avoid littering	92.4	88.0	83.1	82.3	85.6	89.5	90.7	79.0	85.7	91.5	67.8	78.4	88.8	85.1	87.4	88.0	88.4	82.2
sort household waste	90.1	82.6	83.8	83.1	75.6	83.8	69.6	80.3	66.7	85.7	81.4	66.7	63.6	55.8	61.2	49.5	43.7	15.4
not make too much noise	81.1	71.6	65.0	64.9	59.8	65.7	77.5	64.8	65.9	62.2	57.0	51.6	60.8	64.4	55.2	67.6	69.3	68.3
save energy (use less hot water turn down heat, AC)	66.3	53.9	68.8	69.3	67.2	46.1	58.4	71.0	55.2	56.1	53.6	50.5	39.9	55.0	53.0	51.4	52.7	34.5
use less tap water	65.5	42.7	50.7	51.3	71.5	40.4	65.6	53.8	52.0	52.7	42.5	34.6	40.0	39.9	43.6	65.7	65.3	50.4
use less polluting means of transport than car	55.7	57.8	55.5	53.4	45.5	57.1	40.3	45.6	39.9	32.1	39.0	32.3	38.9	34.2	25.5	25.9	25.2	24.2
buy environmentally friendly product	61.9	61.2	48.2	44.9	52.2	46.4	36.1	32.1	36.3	26.6	35.2	35.1	32.1	36.6	35.4	25.4	20.0	23.6
have car fitted with catalytic converter	59.8	46.2	44.9	41.9	31.9	28.8	28.5	30.4	32.2	26.5	25.1	36.4	43.1	27.0	16.6	18.9	7.9	18.6
choose a less harmful type of holiday	25.1	19.9	25.5	24.1	9.8	17.9	19.7	18.4	15.3	10.5	7.2	12.6	14.8	8.9	8.9	7.6	9.7	10.6
take part in local env. Initiative	24.4	33.2	16.5	16.3	9.6	31.5	10.0	15.6	11.6	7.8	7.9	16.6	9.4	9.7	16.3	6.6	6.3	6.9
financially support an env. Assoc.	24.8	24.1	18.5	16.4	24.9	12.6	5.8	8.6	10.9	9.6	23.4	20.5	6.7	12.2	13.1	1.8	4.5	6.4
demonstrate against potentially harmful project	14.9	10.2	13.3	12.3	6.5	2.2	10.0	8.3	9.5	6.1	3.6	11.5	8.7	6.1	10.6	13.7	5.8	7.5
join an env. Assoc.	18.8	15.2	7.8	7.0	13.1	5.6	4.2	3.9	6.7	6.0	17.5	9.9	6.2	7.9	7.4	2.6	1.5	4.1
avg	52.4	46.7	44.7	43.6	42.6	40.6	39.7	39.4	37.5	36.4	35.5	35.1	34.8	34.1	33.4	32.7	30.8	27.1

Willingness to Carry Out Environmentally Friendly Actions

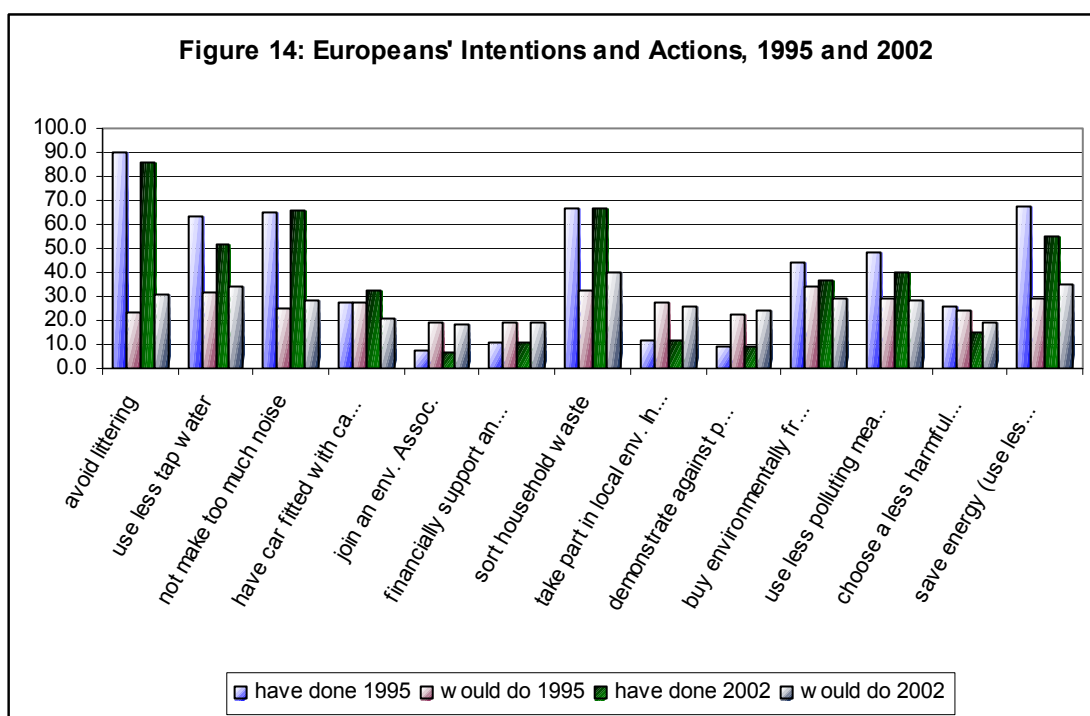
While the will to action is also quite strong, intentions do not always translate into reality. The percentages of Europeans who were prepared in 1995 to do more for the environment have not consistently been reflected in action in 2002. While action in 2002 in such areas as using less tap water and saving energy by turning down the air conditioning or the heating has outstripped intention in 1995, other actions, particularly those which require a sacrifice of some sort, or more than a simple action, have not reached potential. Intentions are relatively stable across all actions, yet actions themselves do not follow. Joining an environmental association is the clearest example of this phenomenon; while nearly twenty per cent of Europeans said in 1995 that they would be prepared to join an environmental association, in 2002 only 6.7 % of Europeans had ever done so, interestingly, a slight drop from 1995, when 7.4% of Europeans said they had ever joined such an association. On the national level, there does not appear to be any correspondence between countries with high percentages of involvement and higher percentages of intention.



Indeed, overall, environmental action has sunk since 1995, with increases in only four categories, namely fitting one's car with a catalytic converter (by 4.7%), sorting waste (by 0.2%), trying to make less noise (by 0.7%) and by demonstrating against a potentially environmentally harmful project (by 0.7%). Legislation requiring the fitting of catalytic converters by 2000, however, came into force across all of Europe, thereby essentially forcing all car owners to do so. Indeed, the European Commission's DG for Transport and Energy estimates that EU car ownership was ca. 469 per per 1000 inhabitants in 2000, in other words, somewhat above the 32.2% of Europeans who have had their cars fitted with catalytic converters. It must be noted, however, that cars are now fitted with catalytic converters at their production. Again, national variation is quite strong, with 59.8% of Luxembourgers having done so, and 7.9% of Portuguese. Southern Europe is, however, not uniformly weak in this area: 43.1% of Italians have done so, well above the EU average of 32.2 per cent. Part of this variation may be explained by car ownership rates: there is, not surprisingly, somewhat of a correspondence between numbers of car owners and the willingness to fit a car with a catalytic converter (see Figure 13).



Although Europeans' actions in the environment have dropped slightly since 1995, their intentions to take action – or to take more action – are stronger than they were in 1995. There are clear increases in the willingness to sort household waste, save energy, use less tap water, to avoid littering, not make too much noise and to demonstrate against a potentially harmful environmental project. Other categories, specifically those requiring a dedication of time (joining an environmental association) or causing inconvenience (choosing a more environmentally friendly holiday), have not only been acted upon less, but are also selected less often by Europeans willing to undertake such actions. Indeed, it appears that Europeans have become more realistic as to their future actions.



Socio-demographically speaking, the younger age groups tend to be more willing to take actions in the future, while the older have, likely for the simple reason of having had more time in which to do so, higher participatory rates. More years of education is a predictor both for more activity as well as for more willingness to be active. Occupational variation does not appear to play a role.

2.4. Health Risks Linked to the Environment

Europeans, in general, believe that health risks linked to the environment have increased in the last ten years, with some 31.3% stating that they think the risks have increased a lot, and another 28.4% stating they have increased a little. Figure 15 takes "increased a lot" and "increased a little" together and "decreased a lot" and "decreased a little" and is sorted by "increased". Southern Europeans are, in general, the most concerned of Europeans, with Greeks, Italians, Portuguese the three most concerned groups of Europeans, with a high of 70.2% of Greeks saying that health risks linked to the environment have increased a lot in the last ten years. Denmark, with 13.8%, the former East Germany with 20.7% and the Netherlands with 22.1% are the three (regions or) countries who are least concerned that health risks have "increased a lot". Luxembourg, Belgium and Denmark are the three least concerned countries overall.

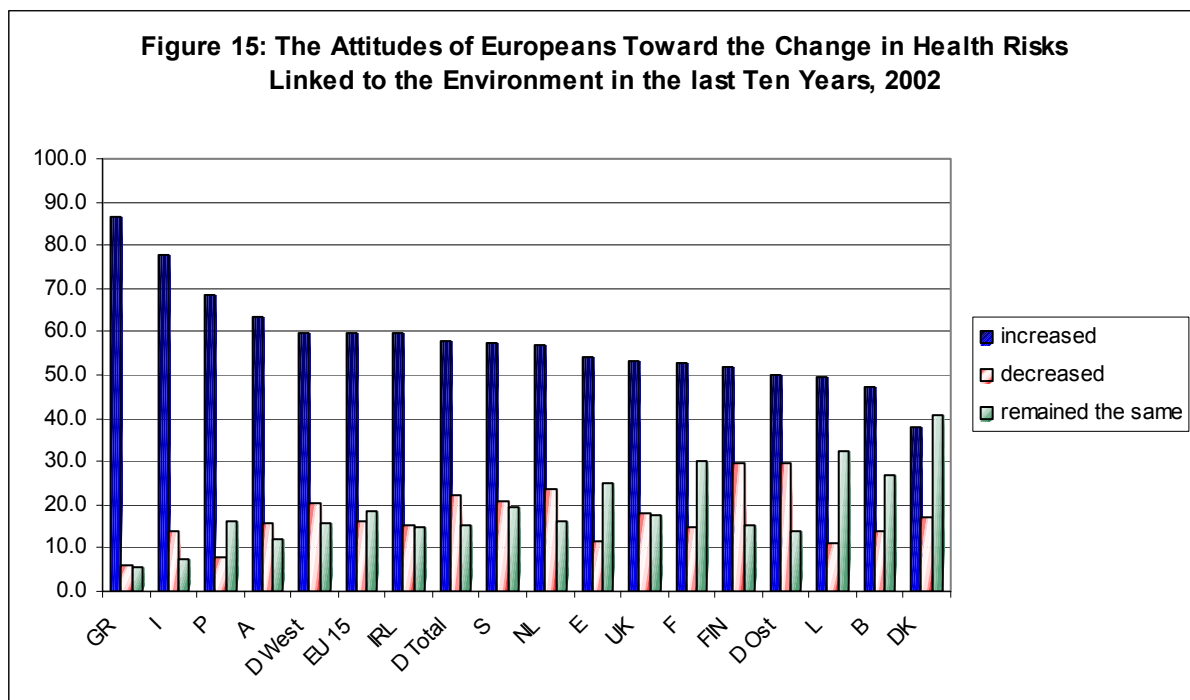
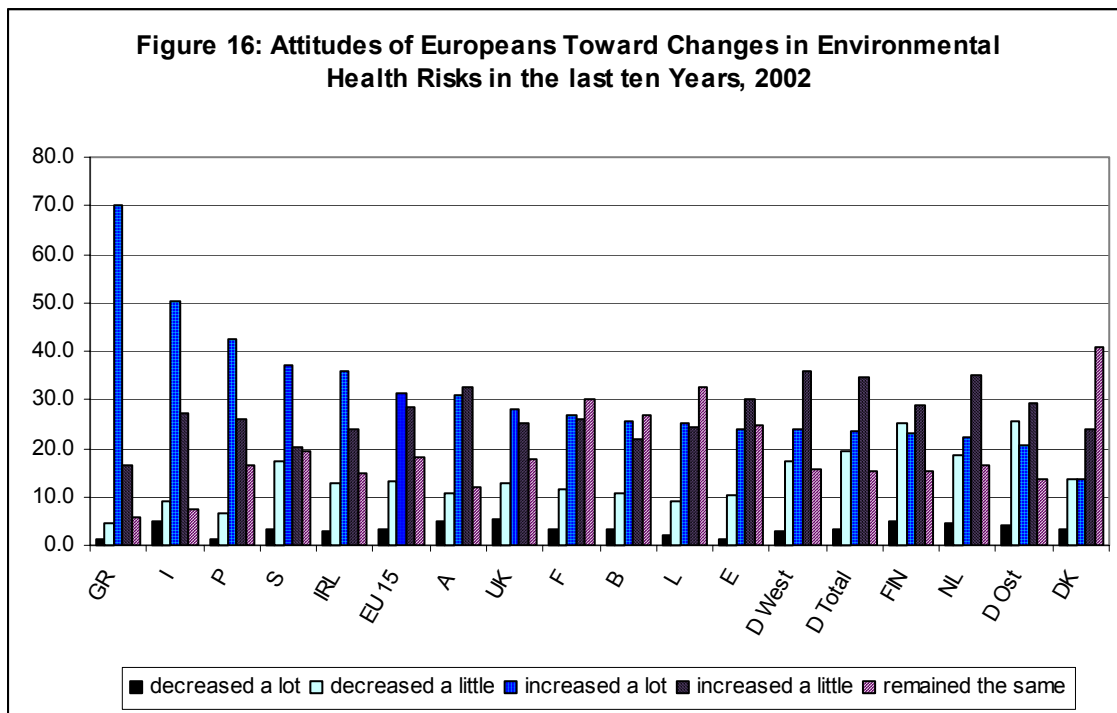


Figure 16 provides the more differentiated data as to the feelings of Europeans, sorted by "increased a lot". Southern Europeans remain the most worried of Europeans. the UK has the highest percentage of respondents who say that health risks have decreased a lot, with 5.2 per cent.



Interestingly, former East Germans feel much more strongly (4.2%) than West Germans (2.8%) that health risks have decreased a lot in the last ten years, a phenomenon most likely related to the improvement of the environment in the former East Germany after unification with West Germany in 1990. There is little variation among socio-demographic groups, with the only notable point that 35.5% of the self-employed say that health risks have increased a lot, well over the EU average of 31.3 per cent.

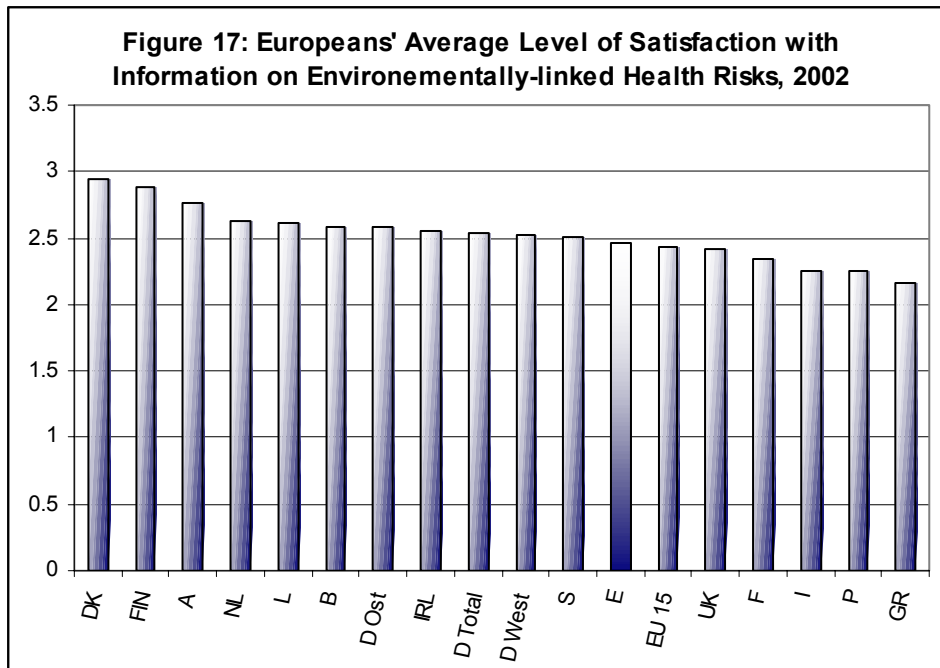
2.5. Public Bodies and Protection from Health Risks

The majority of Europeans (56.9%) believe that public bodies do not protect them effectively from environmentally-linked health risks, while approximately equal percentages either believe that they are protected effectively (22.6%) or do not know (20.6%). Southern Europeans, by and large, believe most strongly that public bodies do not protect them effectively, with 79.0% of Greeks, 71.8% of Italians, 67.5% of Portuguese and 57.1% of Spaniards agreeing. The French (64.3%) and the Swedish (57.5%) are also above the EU mean. Northern Europeans largely agree that they are protected effectively, with 40.1% of Danes, 38.9% of the Dutch, 38.7% of Luxembourgers, 35.5% of the Finns and 35.1% of Austrians agreeing. From a socio-demographic perspective, there is less variation from the EU mean; however, the self-employed (63.6%) and those with education past the age of 20 (61.9%) stand out as believing public bodies are not effective.

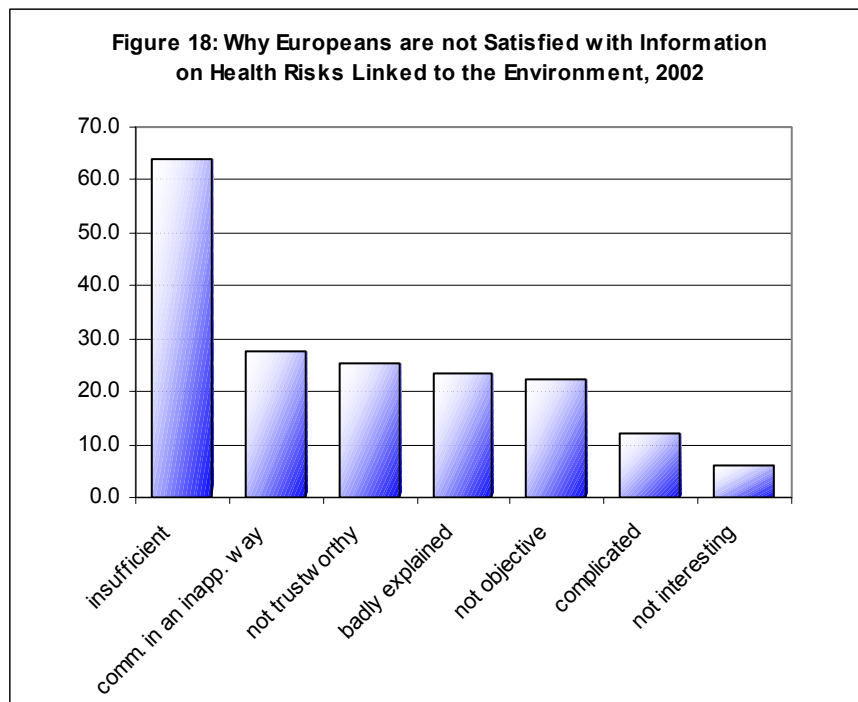
When asked at which level such protection should be undertaken, Europeans are fairly evenly divided between the local level (35.8%) and the world-wide level (29.4%), in other words, at both the micro and the macro level. Action at the national (26.5%) level, the encouragement of individual initiatives (18.2%), action at the regional level (17.5%) and at the European (16.4%) level are all less favoured. There is, once again, considerable variation nationally, ranging from 32.1% of the Dutch to 7.3% of the Finnish believing that the action should be undertaken at the European level. Proponents of action at the local level range from the 56.2% of the Irish and the 56.1% of the Swedes to the 20.6% of Luxembourgers and 25.1% of the Dutch. Support for world-wide action similarly ranges from 40.2% for Luxembourg and 39.3% for the Netherlands to 12.3% for Ireland and 21.4% for the United Kingdom, with the Austrians (29.7%), the Dutch (39.3%), the Luxembourgers (40.2%) and the French (31.7%) supporting action at the world level. The Austrians and the French are the strongest supporters for action at a regional level, with 22.9% and 21.4%, respectively. Socio-demographically, fully one-third of those with education past the age of 20, as well as those still studying, believe that action should be taken at the world-wide level. There is little variation elsewhere, yet there is some difference when Europeans are asked about individual initiatives: those with education to the age of 15 are least enthusiastic, with just 13.5% supporting this option, while those who have more education and higher-level white collar jobs are more supportive (between 20 and 23%).

2.6. Information on Environmentally-Linked Health Risks

Nearly half of all Europeans are not satisfied with the information they receive on health risks related to the environment – some 31.2% are "not very satisfied", and a further 12.6% are "not at all satisfied". Just 5.1% of Europeans are "very satisfied" with the information they receive on health risks linked to the environment. With a weight assigned to each response – 4.0="very satisfied", 3.0="fairly satisfied", 2.0="not very satisfied" and 1.0="not at all satisfied", the mean score for Europe is 2.44, with a range from Greece, with 2.17 (just above "not very satisfied") to Denmark, with 2.95 (just barely below "fairly satisfied"). In general, Northern Europeans are more satisfied with the information they receive than are Southern Europeans – Italy, Portugal and Greece are the three most unsatisfied countries, while Spain is, at 2.46, just slightly above the EU mean of 2.44. Denmark, Finland, Austria and the Netherlands are the four most satisfied countries. Level of satisfaction does not appear to be affected by membership in any particular socio-demographic group; satisfaction rates grouped by socio-demographics range from 2.36 to 2.52.



Of the 43.8% of Europeans who state that they are either "not at all satisfied" or "not very satisfied" with the information they receive, the reason most (64.0%) name is that the information they do receive is insufficient. Far fewer mention such factors as the information not being trustworthy (25.4%), although 34.8% of Germans and 29.6% of Danes do believe the information is untrustworthy, in contrast to just 16.2% of Belgians and 9.9% of Portuguese who believe so. The second most-mentioned factor is that the information was communicated in an inappropriate way. Some 27.7% of Europeans mentioned this factor, with a high of 48.9% Austrians and 46.8% Finns agreeing and a low of 19.0% Spaniards and 19.1% Greeks (Greeks and Spaniards largely thought the information was insufficient, with 65.3% and 74.1%, respectively, mentioning this option). There is, again, little variation according to socio-demographic groups, with a low of 59.5% over-55s and a high of 66.8% manual workers and 69.0% students believing the information is insufficient. A low of 24.5% manual workers and a high of 34.9% of those with education beyond 20 years believe the information is communicated in an inappropriate way.



Given the two most common complaints, namely, first, that information is insufficient and, second, that it is communicated in an inappropriate way, two means of redressing the factors mentioned by Europeans might be to use different methods of information dissemination or to increase dissemination via methods already in common use. When asked about the two most useful ways to get health information, Europeans overwhelmingly selected television (76.7%), followed by newspapers and magazines (45.7%) and radio (16.4%). The selection of television is consistently high, ranging from the Portuguese high of 86.8% to the Austrian low of 61.5 per cent. In general, Southern Europeans select television more often (Greece 82.5%; Italy 81.2%, Spain 81.1%) than do Northern Europeans, although Belgium and France are also quite high, each with 77.4 per cent. Newspapers and magazines are, in general, with the notable exception of Belgium, selected more often by Northern Europeans (high of 70.3% for Finland 67.0% for Sweden and low of 13.7% for Belgium and 28.1% for Greece).

The Internet is sixth of twelve possibilities, with 5.7% of Europeans mentioning the Internet is one of two most useful ways to get health information. Some 10.6% of Luxembourgers think the Internet is a useful source of information, while Southern Europeans are uniformly less enthusiastic, with Portugal (3.2%), Italy (4.6%), Greece (4.7%) and Spain (4.7%) all below the EU average. Interestingly, Belgium (4.0%) and France (3.9%) are also quite low, in contrast to the Netherlands (6.9%) and Germany (7.8%).

From a socio-demographic perspective, there is more variation on this point than on many others; television is seen as one of the most useful ways to get information by 82.7% of those with education up to the age of 15 years, by 82.3% of house persons, as well as by a low of 68.2% of managers and 68.7% of those with education beyond 20 years. For the Internet, there are quite striking differences, with 14.1% of those still studying selecting the Internet, along with 12.4% of those aged 15-24. Slightly above seven per cent of white collar workers, managers and the self-employed all use the Internet, while a low is seen with those aged over 55 (1.3%) and those with education up to the age of 15 years (1.8 per cent).

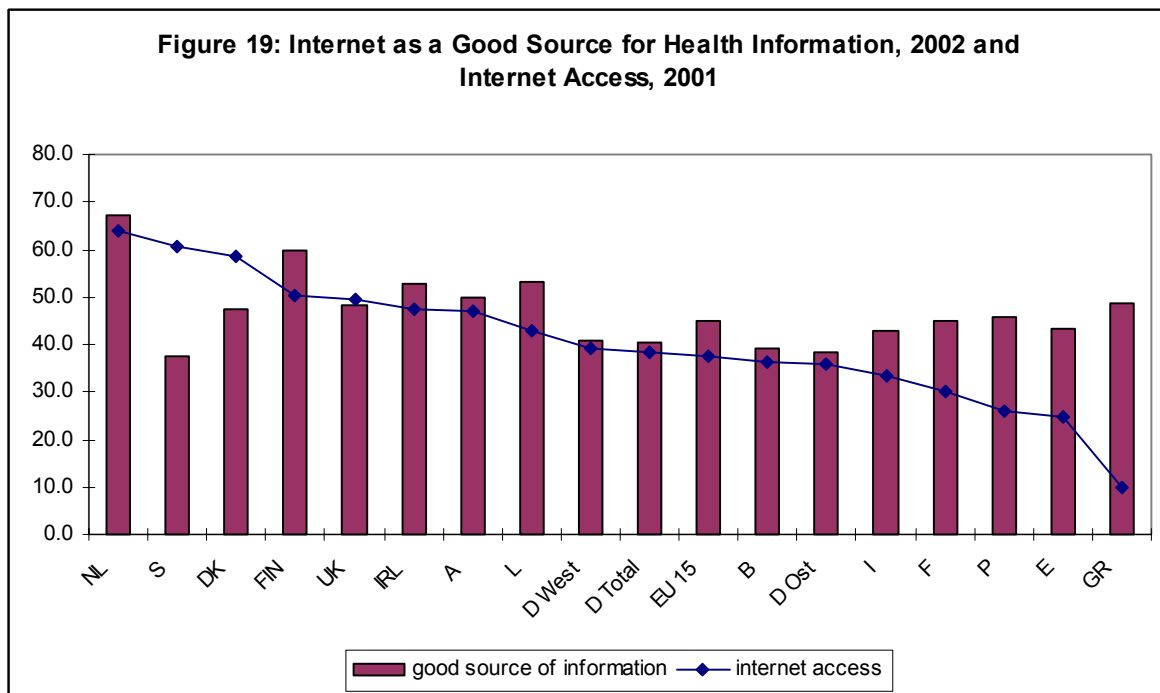
When asked in various questions which are the sources they currently use to receive health information related to the environment, Europeans respond similarly, with television topping the list, and newspapers in third place. However, doctors, an option not available in the question about which sources are most useful, remain the second-most important source of environmentally-related health information. Television is also mentioned, as a main source of information, considerably less often than it is mentioned as a useful source: 33.9% compared to 76.7 per cent, suggesting that more such information could be transmitted via television. Europeans appear to want more in-depth information, made available through television as well as through their doctors.

Sources of information about health	Main source of information about health	Other sources of information about health
television (68.7%)	television (33.9%)	television (34.8%)
doctor (56.8%)	doctor (27.3%)	doctor (29.5%)
newspapers (42.1%)	newspapers (13.2%)	newspapers (28.9%)
health or medical magazines (28.1%)	health or medical magazines (10.1%)	chemist (22.1%)

When asked, generally, as to their sources of information about health, Europeans mention television and doctors most often. The somewhat higher reliance upon television noted above does not appear to hold true here; only Germany (76.7%), Italy (74.5%), France (74.2%) and Greece (70.9%) are above the EU average of 68.7 per cent. There is also variation on the selection of doctors, with 75.6% of Greeks noting that doctors are a source of information about health (above the 70.9% given for television) and Austrians' 71.6% likewise well above their 36.6% mentioned for television. Swedes mention doctors the least, with 42.8% mentioning doctors. The Internet is nearly last, with just 11.5% of Europeans mentioning this source. It is worth noting that Internet access varies widely across the European Union, ranging from 9.9% in Greece and 24.7% in Spain to 60.7% in Sweden and 63.8% in the Netherlands (see Figure 19).⁶ It appears that there is, not surprisingly, some correspondence between Internet access and use of Internet.

⁶ Flash Eurobarometer 112 "Internet and the Public at Large".

Southern Europeans again are above the EU average for the use of television as the main source of information, but at lower percentages and with more variation – percentages range from 12.1% and 12.8% for Austria and Finland to 39.3% for France, 41.6% for Portugal and 43.6% for Italy. Socio-demographic groups select television with a range of 24.1% (for managers) to 40.0% for the unemployed. There are no identifiable trends along the lines of age, education or occupation. Doctors are the second selection overall by Europeans as their main source of information, although in some countries, doctors are clearly the first choice – with a high of 50.9% Greeks and 48.3% Austrians compared to a low of 15.7% Swedes and 18.9% former East Germans. Those with education up to the age of 15 years use a doctor the most, with 34.0% noting this option. Managers, with 20.3%, select this option the least. The Internet is the fifth most mentioned main source of information, with 3.6% of Europeans selecting it as a main source. West Germans, with 6.1%, use the Internet the most, while Southern Europeans use it the least (Italy 2.4%, Portugal 1.6%, Greece 1.3%, Spain 1.2%) (see Figure 19). Eight per cent of those still studying select the Internet, while 7.4% of managers do so as well. Overall, higher education and younger age predict a stronger use of the Internet.



"Other sources" of information again places television and doctors at the top of the list, but chemists, or pharmacists, emerge as an important source as well with Spain selecting it as second, Austria as first and Portugal as third. Two countries, Belgium and Spain, also mention the radio as the third source (25.6% and 21.2%, respectively). The Internet is again nearly last, with only "courses and lectures" below. Some 7.9% of Europeans mention the Internet, ranging from 11.3% for West Germans to 2.9% for Portugal. Southern Europeans again use the Internet less than do Northern Europeans.

When asked directly whether the Internet is a good source of health information, 45.1% respond with yes, 24.0% with no, and 30.9% of Europeans do not know. The Dutch (67.2%) and the Finnish (59.7%) overwhelmingly believe the Internet is a good source of health information, although just 6.9% and 8.0%, respectively, selected the Internet as a useful way to get health information in a previous question, both preferring television (75.8% and 73.7%, respectively). This finding indicates that the Internet has significant potential, but that many Europeans simply are not aware of this potential, as evidenced by the nearly one-third of Europeans who do not have an opinion on the Internet – Germans, Spaniards, Irish and Portuguese are the only countries above the EU average for "don't know". Nearly the most popular response when Europeans were asked how often they use the Internet was a spontaneous response of "I don't use the Internet" with 35.2%, exceeded only by the 36.6% of Europeans who responded that they never use the Internet to get health information. Some 13.3% responded that they use the Internet less than once a month, while just 6.2% use the Internet once a month, 5.5% several times a week and 1.8% once a day.

There is a clear age and education link to the use of the Internet: 69.5% of those who are still studying agree the Internet is a good means of getting health information, as do 65.2% of 15-24-year-olds (probably significant overlap between these two groups) and 26.7% of each the 55+ age group and those with education up to the age of 15 years. There is little variation from the EU mean along occupational lines. Among those who strongly agree that the Internet is a good source of information, Internet use is indeed higher: 40.6% of those aged 15-24 and 24.3% of those still studying use the Internet once a month or more often, as compared to the 13.5% of Europeans who use the Internet at least once a month.

2.7. Trust of Sources

Regardless of how information is conveyed to Europeans, Europeans trust the World Health Organisation (WHO), consumer organisations and environmental protection organisations most.

Sources that are most trusted	Source that is most trusted	Other sources that are trusted
WHO (46.6%)	WHO (22.2%)	WHO (24.4%)
consumer orgs (42.4%)	consumer orgs (22.0%)	NGOs or other health info groups (23.3%)
env. protection orgs (35.3%)	env. protection orgs (12.1%)	env. protection orgs (23.2%)

Again, there are three questions, one asking about broad trust, another for the one source that is most trusted and another for other sources that are trusted. When asked about sources that are the most trusted, Europeans indicate that they trust WHO the most. WHO appears to be, in general, more trusted by Southern Europeans (Greece 57.8%, Spain 53.7%, Italy 49.5%; Portugal 41.7%) and Sweden and Finland (48.8% and 65.2%, respectively). Consumer protection organisations are given the top place by Denmark, Germany, France, the Netherlands and Austria, while environmental protection organisations are given top ranking by Luxembourgers and second by Belgians, Danes, Germans, the Irish and the Austrians. Some exceptions do remain – the Greeks selected as their second and third place sources NGOs and schools and universities, while NGOs were in second place for the Spanish, French, Luxembourgers, Dutch, Austrians, Portuguese, Finns and British. The European Union is ranked eighth of twelve, with 7.9% of Europeans mentioning the EU as a source they trust the most. The percentages of trust range from the Netherlands' 12.2% and Greece's 10.9% to the UK's 3.7% and Austria's 5.3 per cent. Local or national governmental institutions are ranked sixth, with an overall percentage of 15.6 per cent, ranging from Sweden's 31.5% and the Netherlands' 28.2% to Greece's 7.7% and Italy's 9.8 per cent. Those with higher education and with white collar positions tend to have stronger trust in consumer organisations (50.8% of those with 20+ years education; 54.1% managers) as well as to trust the European Union (11.1% of those aged 15-24; 12.9% of those still studying).

A similar pattern holds for the question as to which one source Europeans trust the most. Some 22.2% select WHO, with Southern Europeans again indicating more trust overall than Northern Europeans. Consumer organisations rank second overall, but are ranked first by Denmark, Germany, France and the Netherlands. Just Denmark and the Netherlands select local or national governmental institutions third (with 10.8% and 10.1%, respectively; the EU average is 5.6%). NGOs and other health information groups rank fourth overall, but are third or higher for Belgium, Greece, Spain, France, Ireland (second), Italy, Luxembourg, Austria (first), Portugal (second), Finland and the UK. The EU is mentioned by just 1.6% as the one source they trust the most, ranging from Portugal's 3.8% and Greece's 2.5% to the UK's 0.5% and Sweden's 0.6 per cent, and ranking eighth overall. Local or national government ranks sixth, with 5.6% of Europeans mentioning this option. This option is even the third highest selection for Danes and the Dutch, with 10.8% and 10.1%, respectively. The Italians, with 2.8%, and Luxembourgers with 4.3% are less convinced. There is little socio-demographic variation for support for the WHO, but for consumer organisations, percentages range from 13.1% for students to 27.8% of managers. It is difficult to ascertain any particular socio-demographic pattern in terms of selecting consumer organisations. Support for environmental protection organisations appears to decrease with increasing age and increase with increasing education.

For other sources that are trusted, Europeans have, overall, placed environmental protection agencies higher than consumer organisations, although these remain in third or higher place for Denmark, Germany, France, Ireland, the Netherlands and Austria (second). For Finland, schools and universities rank third, with 21.2% of Finns selecting this option. Local and national governments and the European Union rank seventh and eighth, respectively, with 10.0% and 6.3% of Europeans selecting these options. Some 18.6% of Danes trust local or national government, along with 21.7% of Swedes and a low of 3.5% Greeks and 6.5% British. Trust in the EU ranges from 10.8% Dutch and 8.6% West Germans to 3.2% for the United Kingdom and 4.1% for Luxembourg. Those who are younger (15-24: 8.4%) and who are still studying (10.7%) support the EU more strongly than other socio-demographic groups.

APPENDICES

ENGLISH QUESTIONNAIRE

- Q.2. Which of the following applies to you?
(SHOW CARD - READ OUT - MULTIPLE ANSWERS POSSIBLE FOR CODE 1, 2, 3 AND 4)
- | | |
|--|----------------|
| You smoke packeted cigarettes | 1, (94 – 101) |
| You smoke roll-your-own cigarettes | 2, |
| You smoke cigars or a pipe | 3, |
| You chew tobacco or take snuff (M) | 4, Go to Q. 6. |
| You used to smoke but you have stopped | 5 Go to Q. 6. |
| You have never smoked | 6 Go to Q. 6. |
| Other (SPONTANEOUS)..... | 7 Go to Q. 6. |
| DK | 8 Go to Q. 6. |

EB43.0 - Q. 12. - TREND MODIFIED

ASK "SMOKERS", CODE 1, 2 OR 3 IN Q. 2.

- Q. 3. Do you smoke regularly, or occasionally?
- | | |
|-------------------|---------|
| Regularly..... | 1 (102) |
| Occasionally..... | 2 |

EB58.2 - NEW

**ASK CIGARETTE SMOKERS, INCLUDING ROLL-YOUR-OWN,
CODE 1 OR 2 IN Q. 2.**

- Q. 4. Do you smoke every day? (IF YES) How many cigarettes a day do you smoke? (READ OUT)
- | | |
|----------------------------------|-------------|
| Yes, less than 5 cigarettes..... | 1 (103-104) |
| Yes, 5 to 9..... | 2 |
| Yes, 10 to 14..... | 3 |
| Yes, 15 to 19..... | 4 |
| Yes, 20 to 24..... | 5 |
| Yes, 25 to 29..... | 6 |
| Yes, 30 to 34..... | 7 |
| Yes, 35 to 39..... | 8 |
| Yes, 40 or more..... | 9 |
| No, do not smoke every day..... | 10 |
| DK..... | 11 |

EB43.0 - Q. 13. - TREND MODIFIED

**ASK CIGARETTE SMOKERS, INCLUDING ROLL-YOUR-OWN,
CODE 1 OR 2 IN Q. 2.**

- Q. 5. a) Do you prefer to smoke "light" cigarettes or tobacco, which have low tar and nicotine levels indicated on the packet?
- | | | |
|----------|---------|----------------|
| Yes..... | 1 (105) | Go to Q. 5. b. |
| No..... | 2 | Go to Q. 6. |
| DK..... | 3 | Go to Q. 6. |

EB43.0 - Q. 14. a. - TREND

IF "YES", CODE 1 IN Q. 5. a.

- b) Did you smoke stronger cigarettes or tobacco before?
- | | |
|----------|---------|
| Yes..... | 1 (106) |
| No..... | 2 |
| DK..... | 3 |

EB43.0 - Q. 14. b. - TREND MODIFIED

ASK ALL (NOT ONLY SMOKERS)

- Q. 6. Do you believe that "light" or "mild" cigarettes are less harmful to health than others cigarettes?
- | | |
|----------|---------|
| Yes..... | 1 (107) |
| No..... | 2 |
| DK..... | 3 |

EB58.2. - NEW

- Q. 7. Do you ever ask a smoker not to smoke near you because it bothers you?
Do you do this...? (READ OUT)
- | | |
|-------------------------|---------|
| often..... | 1 (108) |
| from time to time | 2 |
| rarely | 3 |
| never | 4 |
| DK | 5 |

EB38.0 - Q. 91. - TREND

- Q. 8. Are you aware or not that the tar and nicotine contents are printed on the cigarette packet?
(SHOW CARD - READ OUT - ONE ANSWER ONLY)
- No, I am not aware of that 1 (109)
- Yes, I know but I never read them 2
- Yes, I read them but it does not influence my decision to choose
a particular brand or type of cigarettes 3
- Yes, I read them and it influences my decision to choose
a particular brand or type of cigarettes 4
- I don't smoke (SPONTANEOUS)..... 5

EB58.2 - NEW

- Q. 9. Do you think that the health warnings printed on the packets are effective in persuading people
to smoke less or to give up smoking? (some examples of warnings are "smokers die younger"
or "smoking causes fatal lung cancer")
- Yes..... 1 (110)
- No 2
- It depends (SPONTANEOUS) 3
- Not interested (SPONTANEOUS)..... 4
- DK..... 5

EB58.2 - NEW

- Q. 10. Do you think that putting colour photographs like these on cigarettes packets could be
useful in persuading people not to smoke, smoke less or give up smoking? (SHOW CARD
WITH WARNINGS WITH COLOUR PHOTOGRAPHS)
- Yes..... 1 (111)
- No 2
- It depends (SPONTANEOUS) 3
- Not interested (SPONTANEOUS)..... 4
- DK..... 5

EB58.2 - NEW

- Q. 11. Do you think that, for the non-smoker, other people's smoke...?
(SHOW CARD - READ OUT - ONE ANSWER ONLY)
- is harmless 1 (112)
- can cause discomfort 2
- can cause some health problems such as respiratory problems (N) 3
- can even, in the long term, cause serious illnesses such as cancer 4
- It depends (SPONTANEOUS)..... 5
- DK..... 6

EB38.0 - Q. 95. - TREND MODIFIED

- Q. 12. As far as you know, do regulations prohibiting smoking in public places, such as public transports, hospitals or schools exist in (OUR COUNTRY)?
(IF YES) Do you think smokers generally respect these regulations or not?
- | | |
|---|---------|
| Yes, regulations exist and they are respected | 1 (113) |
| Yes, regulations exist but they are not respected | 2 |
| No, regulations do not exist | 3 |
| DK | 4 |

EB43.0 - Q. 28. & 29. & 30. - TREND MODIFIED

- Q. 13. Are you personally for or against the banning of any form of direct or indirect advertising for cigarettes or tobacco? Are you...? (READ OUT)
- | | |
|--------------------------------|---------|
| for – very much | 1 (114) |
| for – to some extent | 2 |
| against – to some extent | 3 |
| against – very much | 4 |
| DK..... | 5 |

EB43.0 - Q. 26. - TREND MODIFIED

- Q. 14. The European Union subsidises agricultural production including tobacco growing.
 Do you think that these subsidies for tobacco growing should be continued or not?
(IF NO) Should the subsidies be gradually phased out or stopped immediately?
- | | |
|--|---------|
| Yes, should be continued | 1 (115) |
| No, should be gradually phased out | 2 |
| No, should be immediately stopped | 3 |
| DK | 4 |

EB58.2 - NEW

Q. 15. For each of the following factors, please tell me if you think that it affects health or not?
(SHOW CARD)

	READ OUT	YES	NO	DK
1	The quality of air outdoors	1	2	3 (116)
2	The quality of air indoors	1	2	3 (117)
3	The quality of drinking water	1	2	3 (118)
4	The quality of water in rivers and lakes	1	2	3 (119)
5	Noise	1	2	3 (120)
6	Dumping of waste	1	2	3 (121)
7	The quality of food products	1	2	3 (122)
8	Chemicals	1	2	3 (123)
9	Exposure to sun	1	2	3 (124)
10	Radioactivity	1	2	3 (125)
11	Housing conditions	1	2	3 (126)
12	Mobile phone handsets	1	2	3 (127)
13	Mobile phone masts	1	2	3 (128)
14	Household electrical equipment	1	2	3 (129)
15	Computers	1	2	3 (130)
16	High tension powerlines	1	2	3 (131)

EB58.2 - NEW

Q. 16. Do you believe that you or someone in your close family is suffering from any health problem due to any of the following? **(IF YES)** Which one(s)?
 (SHOW SAME CARD AS IN Q.15 - READ OUT - MULTIPLE ANSWERS POSSIBLE)

Yes, the quality of air outdoors	1, (132 – 149)
Yes, the quality of air indoors	2,
Yes, the quality of drinking water	3,
Yes, the quality of water in rivers and lakes	4,
Yes, noise	5,
Yes, dumping of waste	6,
Yes, the quality of food products	7,
Yes, chemicals	8,
Yes, exposure to sun	9,
Yes, radioactivity	10,
Yes, housing conditions	11,
Yes, mobile phone handsets.....	12,
Yes, mobile phone masts.....	13,
Yes, household electrical equipment	14,
Yes, computers.....	15,
Yes, high tension powerlines.....	16,
No, I don't believe me or someone else in my close family is suffering from any health problem due to any of the above.....	17,
DK.....	18,

EB58.2 - NEW

Q. 17. a) Which, if any, of these things have you ever done? (SHOW CARD - MULTIPLE ANSWERS POSSIBLE)

b) And which of these things would you be prepared to do more often or to do at all if you have never done them? (SHOW SAME CARD - MULTIPLE ANSWERS POSSIBLE)

	READ OUT	Q. 17. a.	Q. 17. b.
		EVER DONE (150 – 164)	PREPARED TO DO MORE OFTEN (165 – 179)
1	Avoid dropping litter or other waste on the ground (M)	1,	1,
2	Use less tap water (M)	2,	2,
3	Not make too much noise	3,	3,
4	Have your car fitted with equipment to limit pollution such as, for example, a catalytic converter	4,	4,
5	Be a member of an association for the protection of the environment	5,	5,
6	Financially support an association for the protection of the environment	6,	6,
7	Sort household waste (glass, papers, motor oil, batteries, etc.) for recycling (M)	7,	7,
8	Take part in a local environmental initiative, for example, cleaning a beach or a park	8,	8,
9	Demonstrate against a project that could harm the environment	9,	9,
10	Buy an environmentally friendly product even if it is more expensive	10,	10,
11	Use less polluting means of transport (walking, bicycle, public transport) than your car, whenever possible	11,	11,
12	Choose a type of holiday that is less harmful to the environment (M)	12,	12,
13	Save energy, for example, by using less hot water or by turning down heating or air conditioning (M)	13,	13,
14	None of these (SPONTANEOUS)	14,	14,
15	DK	15,	15,

EB43.1 bis - Q. 23. a. & b. - TREND MODIFIED

Q. 18. a) Here is a list of health problems. Please tell me which of the following do you think could be the most important effect of excessive exposure to noise? (SHOW CARD - ONE ANSWER ONLY)

b) And the second one? (SHOW SAME CARD - ONE ANSWER ONLY)

		Q. 18. a.	Q. 18. b.
	READ OUT	THE MOST IMPORTANT EFFECT OF NOISE (180 – 181)	THE SECOND IMPORTANT EFFECT OF NOISE (182 – 183)
1	High blood pressure	1	1
2	Hearing problems	2	2
3	Infections	3	3
4	Sleeping problems	4	4
5	Musculo-skeletal problems	5	5
6	Nervous problems	6	6
7	Concentration and memory difficulties	7	7
8	Headaches	8	8
9	Other (SPONTANEOUS)	9	9
10	DK	10	10

EB58.2 - NEW

Q. 19. Do you think that the health risks linked to your environment have decreased, increased or have remained the same during the last 10 years?
(SHOW CARD - READ OUT - ONE ANSWER ONLY)

They have decreased a lot	1 (184)
They have decreased a little	2
They have increased a lot	3
They have increased a little	4
They have remained the same	5
DK.....	6

EB58.2 - NEW

Q. 20. a) In your opinion, do public bodies act effectively or not to protect you from health risks linked to your environment?

Yes, effectively	1 (185)
No, not effectively	2
DK	3

EB58.2 - NEW

Q. 20. b) And, in your opinion, at which level should public authorities be mainly involved in protecting you from health risks linked to your environment?
(SHOW CARD - READ OUT - MAX. 2 ANSWERS POSSIBLE)

By encouraging individual initiatives	1, (186 – 193)
At a local level	2,
At a regional level	3,
At a national level	4,
At a European level	5,
At a world-wide level	6,
Public authorities should not be involved.....	7,
DK.....	8,

EB58.2 - NEW

Q. 21. Generally speaking, are you very satisfied, fairly satisfied, not very satisfied, or not at all satisfied with the information you receive about health risks linked to your environment?

Very satisfied	1 (194)	Go to Q. 23.
Fairly satisfied	2	Go to Q. 23.
Not very satisfied	3	
Not at all satisfied	4	
DK.....	5	Go to Q. 23

EB58.2 - NEW

**IF "NOT VERY SATISFIED" OR "NOT AT ALL SATISFIED",
CODE 3 OR 4 IN Q. 21.**

Q. 22. Which of the following reasons best explain why you are not satisfied with the information you get about the health risks linked to your environment?
(SHOW CARD - READ OUT - MULTIPLE ANSWERS POSSIBLE)

The information is not trustworthy	1, (195 – 203)
The information is insufficient	2,
The information is not objective	3,
The information is complicated	4,
The information is badly explained	5,
The information is not interesting	6,
The information is not communicated in an appropriate way	7,
Other (SPONTANEOUS).....	8,
DK.....	9,

EB58.2 - NEW

ASK ALL

Q. 23. From the following list, which do you think are the two most useful ways for you to receive information about health risks linked to your environment?
(SHOW CARD - READ OUT - MAX. 2 ANSWERS POSSIBLE)

Newspapers and magazines	1, (204 – 217)
Specialist publications	2,
Official publications	3,
Books	4,
Television	5,
Radio	6,
Personalised correspondence	7,
Personalised e-mail	8,
The Internet	9,
Exhibitions	10,
Information at your workplace	11,
Specific courses/seminars.....	12,
Other (SPONTANEOUS).....	13,
DK.....	14,

EB58.2 - NEW

STANDARD EUROBAROMETER 58.2 TECHNICAL SPECIFICATIONS

Between 28th October 2002 and 8th December 2002, the European Opinion Research Group, a consortium of Market and Public Opinion Research agencies, made out of INRA in Belgium – I.C.O. and GfK Worldwide, carried out wave 58.2 of the standard Eurobarometer, on request of the EUROPEAN COMMISSION, Directorate-General Press and Communication, Opinion Polls.

The Standard EUROBAROMETER 58.2 covers the population of the respective nationalities of the European Union Member States, aged 15 years and over, resident in each of the Member States. The basic sample design applied in all Member States is a multi-stage, random (probability) one. In each EU country, a number of sampling points was drawn with probability proportional to population size (for a total coverage of the country) and to population density.

For doing so, the points were drawn systematically from each of the "administrative regional units", after stratification by individual unit and type of area. They thus represent the whole territory of the Member States according to the EUROSTAT NUTS 2 (or equivalent) and according to the distribution of the resident population of the respective EU-nationalities in terms of metropolitan, urban and rural areas. In each of the selected sampling points, a starting address was drawn, at random. Further addresses were selected as every Nth address by standard random route procedures, from the initial address. In each household, the respondent was drawn, at random. All interviews were face-to-face in people's home and in the appropriate national language.

<u>COUNTRIES</u>	<u>INSTITUTES</u>	<u>N° INTERVIEWS</u>	<u>FIELDWORK DATES</u>	<u>POPULATION 15+ (x 000)</u>
Belgium	INRA BELGIUM	1,110	4/11 – 28/11	8,326
Denmark	GfK DENMARK	1,000	6/11 – 6/12	4,338
Germany (East)	INRA DEUTSCHLAND	1,020	1/11 – 19/11	13,028
Germany (West)	INRA DEUTSCHLAND	1,022	1/11 – 20/11	55,782
Greece	MARKET ANALYSIS	1,003	31/10 – 30/11	8,793
Spain	INRA ESPAÑA	1,000	5/11 – 28/11	33,024
France	CSA-TMO	1,037	28/10 – 29/11	46,945
Ireland	LANSDOWNE Market Research	1,013	3/11 – 29/11	2,980
Italy	INRA Demoskopea	1,027	6/11 – 30/11	49,017
Luxembourg	ILRes	602	28/10 – 3/12	364
The Netherlands	INTOMART	1,035	1/11 – 2/12	12,705
Austria	SPECTRA	1,023	31/10 – 20/11	6,668
Portugal	METRIS	1,002	1/11 – 26/11	8,217
Finland	MDC MARKETING RESEARCH	1,024	6/11 – 8/12	4,165
Sweden	GfK SVERIGE	1,000	1/11 – 3/12	7,183
Great Britain	MARTIN HAMBLIN LTD	1,010	28/10 – 30/11	46,077
Northern Ireland	ULSTER MARKETING SURVEYS	302	30/10 – 29/11	1,273
	TOTAL NUMBER OF INTERVIEWS	16,230		

For each country a comparison between the sample and the universe was carried out. The Universe description was derived from Eurostat population data or from national statistics. For all EU member-countries a national weighting procedure, using marginal and intercellular weighting, was carried out based on this Universe description. As such in all countries, minimum gender, age, region NUTS 2 were introduced in the iteration procedure. For international weighting (i.e. EU averages), INRA (EUROPE) applies the official population figures as provided by EUROSTAT in the Regional Statistics Yearbook (data for 1997). The total population figures for input in this post-weighting procedure are listed above.

The results of the Eurobarometer studies are reported in the form of tables, datafiles and analyses. Per question a table of results is given with the full question text in English, French and German. The results are expressed as a percentage of the total. The results of the Eurobarometer surveys are analysed and made available through the Directorate-General Press and Communication, Opinion Polls of the European Commission, rue de la Loi 200, B-1049 Brussels. The results are published on the Internet server of the European Commission: <http://europa.eu.int/comm/dg10/epo>. All Eurobarometer datafiles are stored at the Zentral Archiv (Universität Köln, Bachemer Strasse, 40, D-50869 Köln-Lindenthal), available through the CESSDA Database <http://www.nsd.uib.no/cessda/europe.html>. 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 of all those interested in social science research.

Readers are reminded that survey results are estimations, the accuracy of which, everything being equal, rests upon the sample size and upon the observed percentage. With samples of about 1,000 interviews, the real percentages vary within the following confidence limits:

Observed percentages	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
Confidence limits	± 1.9%	± 2.5%	± 2.7%	± 3.0%	± 3.1%

**STANDARD EUROBAROMETER 58.2
CO-OPERATING AGENCIES AND RESEARCH EXECUTIVES**

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