Why Poles live shorter than a decade ago?

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INTRODUCTION

In an era marked by advancements in medicine and healthcare, the life expectancy of Poles has paradoxically stagnated, even declining in recent years. This alarming trend has sparked concern among health experts, prompting a deeper examination of the underlying causes. In a recent interview for Polityka[1] – the biggest Polish weekly magazine – we shed some light on this issue, revealing a complex interplay of factors contributing to the decline in life expectancy in Poland. The interview published here is slightly modified English version of the original text. In particular we have supplemented it with this introduction, updated information and added necessary references to the existing literature, including our own works on the subject.

One of the key factors identified in the interview is the affordability and accessibility of harmful substances such as alcohol and tobacco. Despite efforts to curb consumption through taxation and public health campaigns, the real prices of these substances have fallen over the past decade, making them more readily available to the population. This has led to an increase in alcohol-related diseases and deaths, particularly among young people, and a resurgence in smoking rates after years of decline.

We have also pointed to the dismantling of effective public health programs and policies as a significant contributor to the problem. The abolition of the national program to reduce the health consequences of smoking, for instance, has been linked to a rise in smoking-related deaths. Similarly, the weakening of anti-alcohol legislation and the lack of investment in preventive healthcare have further exacerbated the issue. In the interview we also highlight the impact of the COVID-19 pandemic on life expectancy, although we emphasize that the decline began before the pandemic and is likely to persist in the future.

In the above context, we stress the need for a comprehensive approach to address the multifaceted nature of the problem, including not only measures to control the consumption of harmful substances but also investments in preventive healthcare, public health education, and structural reforms in the healthcare system.

The interview underscores the urgency of the public health situation and the need for decisive action to reverse the decline in life expectancy in Poland. Our analysis suggests that a combination of policy interventions, public health initiatives, and individual behavior changes will be necessary to improve the health and well-being of the Polish population.

Joanna Cieśla (JC), Polityka: Are you happy that the prices of cigarettes and alcohol have gone up since January 2024?

Witold Zatoński (WA): We are interested in increasing life expectancy and improving the health of Poles. An increase in the prices of cigarettes and alcoholic beverages may be only a small step in this direction. The Minister of Finance increased the excise tax on alcohol and cigarettes by 5-10%,[2] but due to inflation and wage growth, real prices will continue to fall, as they have been doing for at least ten years.[3]

JC: Cheap alcohol and cigarettes are killing us? The average Pole dies younger today than in the recent past.

Kinga Janik-Koncewicz (KJK): That is true, the life expectancy of Poles has stopped increasing – we live as long today as we did approximately 10-12 years ago – women 80 years, men less than 72 years. But what is particularly disturbing is that on average it is five years shorter than in Western Europe. In this respect, we are back to the situation of the 1990s.

Łukasz Gruszczyński (ŁG): Of course, the COVID-19 pandemic is important in this regard. But coronavirus-related indicators are starting to improve, and COVID has also affected Western Europe. And the work of our team and statistical analyses show that something bad started happening to our health much earlier. Around 2014, men's life expectancy stopped increasing. Two years later, it also slowed down for women.[4]

JC: How long did it grow before?

WZ: Since the 1990s. Although at the beginning of the decade the health condition in our country was the worst in Europe. Compared to other societies, Poles most often suffered from lung cancer and very often died from heart attacks. This was mainly caused by cigarettes. When it comes to alcohol, contrary to the stereotype, from the mid-1960s to around 2000 we were at the bottom of the European ranking list in terms of consumption.

JC: But I guess we did not drink a little, did we?

KJK: No, but others drank more. In 1980, a French or Spanish person drank 18-20 litres of pure alcohol a year, a Pole – 11.5 and we were below the European average. Over time, the Act on Upbringing in Sobriety of 1982[5] began to produce quite good results, with the famous ban on selling alcohol before 1 p.m. After political and economic transformation, the fashion for a healthy life, popularized in countries such as the United Kingdom, Finland and the USA, began to take hold in Poland. Thus, in 2001, Poles over 15 years old drank the least since 1970 – 7.8 litres of spirit per head.

WZ: At the same time, Leszek Balcerowicz, as the Minister of Finance in subsequent governments, agreed to introduce regular increases in cigarette prices. It was a very good tobacco law.

JC: And the famous campaign you initiated with Andrzej Pągowski's poster "Papierosy są do d…" ["Cigarettes suck"].

WZ: We were also the first country in the world to have a complete ban on cigarette advertising on television and the largest in size health warnings, taking up 30 percent of the space on packages, a loud Soke-Out media campaign "Rzuć palenie razem z nami" ["Quit smoking together with us"]. There was a whole arsenal of these actions. Unfortunately, at the beginning of the 21st century, the authorities abandoned them and even changed their direction. In 2002, the government reduced vodka tax by 30 percent.[6]

JC: The government lowered the excise tax rate on spirits. Prime Minister Leszek Miller explained that he decided so because excise tax revenues were regularly falling. After the reduction, they started to increase, which was supposed to be related with the radical reduction of the grey zone.

KJK: And based on official, registered sources, Poles immediately started drinking much more alcohol. The very next year they bought one litter more per head.[7] And over 20 years – from 2001 to 2021, alcohol consumption increased by almost 50%.[8] In 1999, an average Pole could buy about 27 bottles of vodka for the minimum wage, and in 2021 – 107.

WZ: Poland is the only country in Europe where real prices of vodka have been decreasing for 20 years.

KJK: Therefore, in 2021, we were the fourth country in Europe in terms of the amount of spirit consumed, we returned to 11.0 litres per head. Only people in Latvia, Lithuania and the Czech Republic drink more. The French and Spanish already use twice less alcohol as they did 30 years ago – 8-10 litres, and so do Italians. In Mediterranean countries, thanks to limiting consumption, the epidemic of alcohol-related diseases and alcohol-related deaths, especially alcoholic liver cirrhosis, has been controlled. It is however gaining momentum here, especially among young people. Deaths among women due to alcoholic liver cirrhosis have increased 10 times since the early 2000s. From 170 a year, it has become almost 1,700!

JC: And why did we ultimately fail to quit smoking?

WZ: This was going well for us. The number of cigarettes smoked in Poland dropped from 100 billion a year in the 1990s to 41 billion in 2016.[3] And then the national program to reduce the health consequences of smoking, working well for years and praised by the WHO,[9] was abolished. Firstly, it provided for the allocation of a specific amount of funds – 0.5%. excise tax – to counteract addiction. It also obliged the government to conduct programs and report, which raised the importance of the topic.[10] This program saved tens of thousands of lives each year.

ŁG: Its liquidation was quite an unexpected result of Poland's implementation of the EU Tobacco Directive. One may get the impression that the government decided to cede the field to the EU in this area. By introducing the required European regulations, well-functioning mechanisms from old regulations were removed. We followed the absolute minimum, while other countries, such as Finland or the United Kingdom, which was still part of the EU then, treated the directive as a starting point and began to experiment with other solutions, e.g. introducing plain packaging for cigarettes.[11]

JC: And Poles still saw packages sparkling with colours and patterns on shelves in shops.

WZ: Do you know where in Europe cigarettes are the cheapest? In Poland and Bulgaria. In 2022, the package cost EUR 3.20. It is more expensive not only in Ireland or France (10-15 Euros), but also in Lithuania, Latvia, Hungary and the Czech Republic. Of course, while cigarette prices are also rising in Poland, they are actually becoming cheaper considering the change in the purchasing power of our wallets. But let's go back to domestic consumption. There was a kind of freeze for some time, after which the positive trend reversed and cigarette sales began to increase – to 50 billion pieces in 2022.[3] These 9 billion additional cigarettes will lead to 9,000. additional deaths annually due to tobacco-related diseases.

KJK: At the same time, the anti-alcohol law was still being dismantled. Subsequent changes have been introduced in such a way that sometimes even experts find it difficult to understand them. And the alcohol industry eagerly took advantage of them to introduce small bottles to the market.[12]

JC: Small vodka bottles – according to addiction therapists, evil incarnate.

KJK: This is truly a satanic marketing trick. At the same time, hugely important programs were liquidated – the excellent cardiology and oncology programs, which had a huge preventive part. Only two percent of the National Health Fund budget is spent on public health and education in Poland!

JC: Isn't it the case that too little is spent on all forms of health care in Poland?

WZ: That is one thing. But above all, our proportions are irrational. The so-called health triangle assumes that the most important element of health care is the so-called public health, i.e. prevention, educational campaigns, for which 20-30% of the expenditure should be allocated - and this is the case in most Western countries. Then the so-called service – i.e. outpatient treatment, doctor visits, and then hospitals. In Poland, most money is spent on hospitals, over 50%.[13]

ŁG: Coming back to tobacco – controlling this market requires constant activity, which we have been lacking here over recent years. Let me give you an example. Following the requirements of the directive, Poland introduced a ban on the sale of menthol cigarettes. The assumption is simple. This is usually the product from which addiction begins, because for most people who do not use tobacco, a taste of ordinary cigarette is very unpleasant. And what is the industry's response? Suddenly, menthol inserts appear on the market, which, when inserted into the pack, soak the cigarettes with menthol.[14] The ban on menthol cigarettes has not been followed by any monitoring or further actions – that is why the state is losing this fight.

KJK: After introducing pictorial warnings on packages, elegant silicone cases immediately appeared in shops. They can be used to cover drastic photos.

JC: Maybe the state is losing this fight because it does not want to win it? Revenues from excise duty on alcohol and cigarettes have recently amounted to approximately PLN 40 billion annually.

WZ: I also have this suspicion sometimes. It is hard not to notice that if a person buys 20% additional cigarettes and 11 litres of spirit instead of seven, the state will receive an additional PLN 8-10 billion.

ŁG: In the short term, and from a political point of view, such income may be attractive, but in the long term it is completely unprofitable, because ultimately the costs will be much higher (e.g. through increased healthcare spending).[15]

JC: How much does it cost to treat diseases caused by drinking and smoking?

ŁG: Two years ago, the State Agency for Solving Alcohol-related Problems (Polish: *Państwowa Agencja Rozwiązywania Problemów Alkoholowych*) estimated – on the basis of the external analysis prepared by researchers from the Warsaw School of Economics – the socio-economic costs of consuming alcohol alone in Poland at over PLN 93 billion.[16]

KJK: However, the exact, even strictly medical, effects are difficult to calculate. There is a group of a dozen or so diseases that are 100% attributable to alcohol, but there are hundreds more that are indirectly related to alcohol and tobacco, and additionally the so-called external causes of death related to drinking alcohol, such as accidents.

JC: How many years of our lives do we lose due to drinking and smoking?

WZ: In connection with tobacco – nine. This is the average difference in life expectancy between smokers and non-smokers.

KJK: Therefore, from an ethical point of view, it is difficult to accept a situation in which substances with a proven negative impact on health are treated as a source of state income.

JC: The excise tax is based on the pragmatic assumption that people will drink and smoke because they have always done so, and the state collects a percentage of it in order to amortize the damage. A systematic increase in excise tax was passed in 2021, justified by the concern for the health of Poles.

KJK: As we said, these increases are insufficient. Moreover, the state should care primarily about ensuring that a citizen does not get sick or become addicted, and not about getting sick and paying for it.

JC: Is that possible?

WZ: Of course. In Australia, New Zealand, and Canada, this is being done very well – sales of cigarettes and alcohol are consistently falling, and yet the nations are becoming richer and richer.

ŁG: No country in the world has adopted the assumption: "we will ban the sale of cigarettes from tomorrow" – this is not realistic. But many countries are experimenting with a "step-by-step" policy – introducing lim-

itations, restrictions, and increasing prices. Plain packaging of tobacco products works well, leaving only 20% on the package for the manufacturer to include information about the brand name, but in a standardized font on a precisely defined background. In the Netherlands, cigarettes and e-cigarettes have disappeared from sale in supermarkets and restaurants from 1 July 2024.[17] Some countries have designated a generational group of people, e.g. those born in 2009, who will never be able to buy cigarettes legally. This was announced, for example, by the former British Prime Minister Rishi Sunak (to be adopted by the new Labour-controlled parliament).[18] "Step-by-step" actions mean that we acknowledge the fact that some people smoke and we need to help them with other methods, but we set a boundary beyond which the next group will be free from temptation.

JC: Do these other methods include e-cigarettes, for example? Do they work?

WZ: We call them nicotine delivery devices because they are not "e-" in any way. They simply heat nicotine, which is later vaporized and delivered into the body.[19] In the case of adults, compared to tobacco smoke, which contains at least 4,000 carcinogens, they are definitively less harmful. However, they are extremely harmful when used by children whose brains are still developing. And Poland is the country where children between 11 and 17 years old use these devices the most often in the world (respectively 31% of boys and 21% of girls with more recent surveys showing even higher prevalence).[20] In many countries, the sale of these devices to children is prohibited. Especially since some of them then move on to other psychoactive substances more easily. So this may be a way of quitting addiction for adults, but talking about harm reduction is nonsense. While sale ban to minors also exists in Poland, its enforcement remains poor while the size of black market is significant.

KJK: Moreover, there is no need to resort to harm reduction methods if very good drugs have been created to combat smoking, including: cytisine, introduced in Poland by Professor Zatoński, which has virtually no side effects. It blocks nicotine receptors in the brain and makes you not want to smoke. A very good drug, but underrated and not recommended by doctors.[21]

JC: Will COVID no longer shorten our lives?

WZ: It is not that easy. The harm related to COVID-19 is not just 250,000 excess deaths. Unfortunately, today it has become a handy excuse for explaining various problems – both health-related and organizational – that started earlier and are still with us. But due to the lack of action by politicians during the pandemic, interest in vaccinations has dropped dramatically, including those against very common diseases, such as flu. Poland is one of the countries with the lowest level of vaccination against influenza. While in Western Europe approximately half of the population is vaccinated, in Japan – 70-80%, in Poland in recent years it is only 5%.[22]

JC: How many years will it take us?

WZ: It is easier to say it in another way: there will be 10 times more flu cases in Poland. The threat is exacerbated by air pollution – the substances released when burning toxic fuels are the same as those in cigarette smoke. COVID-19 is becoming a mass disease, but again: in Poland, 50% of residents are vaccinated, and in Great Britain 70%. The previous government forgot to buy another dose of the vaccine. And the most important thing is primary prevention – actions that prevent you from getting sick. At the same time, the problem with primary prevention is that its effects are not visible. A spectacular transplant that saves the life of one person arouses excitement around the world, and the work of prevention specialists, which reduces the number of cigarettes smoked by one billion and prevents a thousand people from developing cancer, goes unnoticed.

JC: You cannot see something that is not happening.

ŁG: Exactly. In the fight against the health crisis, we cannot focus on one element – the crisis consists of various elements that collectively produce an effect visible in the statistics. Increasing excise duty is a single-point measure which does not address other issues. And if we do not deal with them together, the effects will be small.

JC: You have to start from something.

WZ: In my opinion, we should also pay special attention to the health background, i.e. exercises, diet. And the next stage is protection against harmful substances (cigarettes, alcohol, air pollution). To achieve such goals, we should, as in Sweden and many other countries, establish a ministry of public health, separate from the ministry responsible for treatment. These are separate tasks and separate areas of knowledge.

JC: This is not likely to happen soon.

ŁG: Theoretically, the Ministry of Health should also be responsible for prevention and health education. The problem is that curative medicine and the entire administration of this system are so absorbing that there is little space, time and resources for public health activities. Without structural change, this may be difficult, especially since we are in a dangerous moment, because COVID-19 itself rarely leads to death anymore, which means that the statistics will improve a little.

WZ: And this may cloud the image and reduce vigilance.

ŁG: If nothing changes, we still won't live longer. At best, we will return to stagnation at a lower level.

References.

1. The original interview was published as "Więcej pijemy, krócej żyjemy. Jak to się stało, że wróciliśmy do sytuacji z lat 90?", Polityka, 21 January 2024.
2. Ustawa z dnia 6 grudnia 2008 r. o podatku akcyzowym. Dz. U. 2023, poz. 1542 [Act of 6 December 2008 on Excise Duty. Journal of Laws of the Republic of Poland 2023, item 1542].
3. Zatoński WA, Janik-Koncewicz K, Neneman J, Gruszczyński Ł. Tobacco control collapse in Poland after 2015. Alarming increase in cigarette consumption. J Health Inequal. 2023; 9(2): 108-114.
4. Zatoński WA, Janik-Koncewicz K, Zatoński M. Life expectancy and alcohol use health burden in Poland after 2002. J Health Inequal 2022; 8(1): 4-16.
5. Ustawa z dnia 26 października 1982 r. o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi. Dz.U. 1982, Nr 35, poz. 230 [Act of 26 October 1982 on Upbringing in Sobriety and Counteracting Alcoholism. Journal of Laws of the Republic of Poland 1982, No. 35, item 230].
6. Rozporządzenie Ministra Finansów z dnia 17 grudnia 2002 r. zmieniające rozporządzenie w sprawie podatku akcyzowego. Dz. U. 2002, Nr 216, poz. 1829 [Regulation of the Minister of Finance of 17 December 2002 amending the regulation on excise duty. Journal of Laws of the Republic of Poland 2002, No. 216, item 1829].
7. Państwowa Agencja Rozwiązywania Problemów Alkoholowych. Raport: Zmiany w konsumpcji alkoholu po obniżeniu akcyzy na napoje spirytusowe [State Agency for Solving Alcohol Problems. Report: Changes in alcohol consumption after the reduction of excise duty on spirits], 2003. Available from: https://www.parpa.pl/index.php/art/854-zmiany-w-konsumpcji-alkoholu-po-obnizeniu-akcyzy-na-napoje-spirytusowe (accessed 5 July 2025).
8. World Health Organization. Status report on alcohol consumption, harm and policy responses in 30 European countries. 2019.
9. Blanke DD, de Costa e Silva V. Tools for advancing tobacco control in the 21st century. Tobacco Control Legislation: an introductory guide. Geneva: World Health Organization; 2004.
10. Ustawa o ochronie zdrowia przed następstwami używania tytoniu i wyrobów tytoniowych. Dz. U. 1996 Nr 10 poz. 55 [Act on health protection against the consequences of consumption of tobacco and tobacco products. Journal of Laws of the Republic of Poland, 1996, No. 10, item 55], as subsequently amended (particularly the changes that were introduced in 1999).
11. Vardavas C, Filippidis FT, Ward B, Faure M, Jimenez-Ruiz C, Gratziou C, Katsaounou P, Lozano F, Behrakis P, Radu-Loghin C. Plain packaging of tobacco products in the European Union: an EU success story? Eur Respir J. 2017, 50(5): 1701232.
12. Zatoński WA, Młoźniak I, Zatoński M, Gruszczyński Ł. Small bottles – huge problem? A new phase of Poland's ongoing alcohol epidemic. J Health Inequal. 2019; 5(1): 86-88.
13. Główny Urząd Statystyczny, Wydatki na ochronę zdrowia w latach 2020–2022. 27 July 2023. Available from: https://stat.gov.pl/obszary-tematyczne/zdrowie/zdrowie/wydatki-na-ochrone-zdrowia-w-latach-2020-2022,27,3.html?pdf=1 (accessed: 5 July 2025).
14. Liber AC, Stoklosa M, Levy DT, Sánchez-Romero LM, Cadham CJ, Pesko MF. An analysis of cigarette sales during Poland's menthol cigarette sales ban: Small effects with large policy implications, Eur J Public Health. 2022; 32(5): 735-740.
15. See e.g. Ekpu VU, Brown AK. The Economic Impact of Smoking and of Reducing Smoking Prevalence: Review of Evidence. Tobacco Use Insights. 2015; 8: 1-35.
16. Bartoszewicz A, Obłąkowska K. Rynek i spożycie napojów alkoholowych w Polsce: podstawowe dane dla polityki społeczno-gospodarczej. Zeszyty Naukowe Polskiego Towarzystwa Ekonomicznego w Zielonej Górze, 2021; 15: 61-83.
17. Government of the Netherlands. Government measures to discourage smoking. Available from: https://www.government.nl/topics/smoking/government-measures-to-discourage-smoking (accessed 5 July 2025).
18. Gregory A, Quinn B. What is Rishi Sunak's anti-smoking bill and will it pass? The Guardian. 16 April 2024. Available from: https://www.theguardian.com/society/2024/apr/16/what-rishi-sunak-anti-smoking-bill-and-will-it-pass (accessed 5 July 2025).
19. Gruszczynski L (ed.). The Regulation of E-cigarettes. International, European and National Challenges. Edward Elgar Publishing, Cheltenham 2019.
20. E-papierosy – plaga w polskich szkołach. Wapuje blisko połowa uczniów [E-cigarettes – a plague in Polish schools. Nearly half of pupils vape]. PAP, 28 February 2024. Available from: https://zdrowie.pap.pl/uzaleznienia/e-papierosy-plaga-w-polskich-szkolach-wapuje-blisko-polowa-uczniow (accessed: 5 July 2025).
21. West R, Zatoński W, Cedzyńska M, et al. Placebo-controlled trial of cytisine for smoking cessation. N Engl J Med 2011; 365(13): 1193-1200. Zatoński W, Zatoński M. Cytisine versus nicotine for smoking cessation. N Engl J Med 2015; 372(11): 1072.
22. Eurostat, Influenza statistics (2021). Available from: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Influenza_statistics (accessed: 5 July 2024).