Smoking

Smoking is a leading cause of multiple diseases, including some cancers, heart attacks, strokes and respiratory diseases such as chronic obstructive pulmonary disease. Smoking during pregnancy increases the risk of low birth weight and premature delivery. The World Health Organization (WHO) estimates that tobacco smoking kills 8 million people in the world every year. More than 1.2 million of these deaths are due to second-hand smoke, and 65 000 are among children (WHO, 2020[1]).

Across OECD countries, 15.9% of people aged 15 and over smoked tobacco daily in 2021 (Figure 4.1). Smoking rates ranged from over 25% in France and Türkiye to below 10% in Iceland, Costa Rica, Norway, Mexico, Canada, the United States, New Zealand and Sweden. In accession and partner countries, rates were over 25% in China, Bulgaria and Indonesia, and below 10% in India, Peru and Brazil. Men smoked more than women in all countries except Norway - on average across OECD countries, 19.9% of men smoked daily compared to 12.3% of women. The gender gap in smoking rates was comparatively wide in Korea, Türkiye and Latvia, as well as in Indonesia, China, South Africa and Romania. Among men, rates were highest in Indonesia, China and Türkiye (over 40%) and lowest in Norway, Iceland, Canada, New Zealand and the United States (below 10%). For women, rates were highest in Bulgaria, Hungary and France (over 20%) and lowest in India, China, Indonesia, Peru, Costa Rica, Mexico and Korea (below 5%).

Over the last decade, daily smoking rates decreased in 31 of the 35 OECD countries with available time trend data. On average, they fell from 20.6% in 2011 to 15.9% in 2021 (Figure 4.2). The reductions were largest in Norway, Estonia and Ireland (above 8 percentage points), while they were smaller in Mexico, Hungary and Slovenia (below 2 percentage points). Smoking rates rose slightly in the Slovak Republic, Luxembourg and Türkiye (by 2 percentage points). Among accession and partner countries, smoking rates fell substantially in Peru, but rose slightly in Indonesia. The decreasing trends in tobacco smoking observed prior to COVID-19 remained largely unchanged during the pandemic in most countries. However, the proportion of daily smokers has remained largely unchanged in France, Italy and Mexico, and increased slightly in Ireland and Luxembourg (by 2 percentage points) in 2021 compared to pre-pandemic levels.

Comprehensive tobacco control policy packages - based on tobacco tax increases, health warnings on packages, bans on promotional and misleading information, restricted branding, awareness raising and support for smokers to guit (including subsidies for nicotine replacement treatment and smoking cessation advice) - reduce tobacco use and are cost-effective. In France, for example, the recently implemented tobacco control policy package is estimated to return EUR 4 for each EUR 1 invested (Devaux et al., 2023[2]). Among recent national initiatives, Canada extended health warnings by printing them directly on individual cigarettes, to reach out to young or new smokers who smoke cigarettes obtained by unit (resold or given away) and may not be exposed to health warnings on packaging. New Zealand passed a world-first law that bans tobacco sales to people born on or after 1 January 2009, so that the age limit increases over time, and aims to reduce the nicotine in tobacco to zero or minimally addictive levels.

While tobacco smoking is on the decline in most countries, regular use of e-cigarette products (vaping) is on the rise, even though vaping rates remain low. Across 32 OECD countries, 3.2% of people aged 15 and over were regular users of vaping

products in 2021. Rates were highest in Estonia and New Zealand (over 8%) and lowest in Sweden, Chile and Austria (below 1%). Between 2016 and 2021, regular use of vaping products increased in 11 of the 16 OECD countries for which time trend data are available (Figure 4.3). Increases were highest in New Zealand and Estonia (above 6 percentage points). At the same time, regular vaping decreased in five OECD countries, with the greatest reduction in Finland (4.8 percentage points). Vaping is more common among young people: 6.1% of those aged 15-24 used vaping products in 2021 on average across OECD countries. Vaping rates among young people were particularly high in Estonia and New Zealand (over 20% in 2022). While vaping can be used as a smoking cessation aid, it is also associated with initiation of tobacco smoking (O'Brien et al., 2021_[3]).

Policies to regulate the use of vaping products include age restrictions, taxes on innovative electronic nicotine products, ban on indoor vaping, sales regulation and advertising regulation. For example, Australia recently announced a ban on single-use and disposable e-cigarettes and restrictions on e-cigarette flavours and colours, while making e-cigarettes containing nicotine available only on medical prescription as a smoking cessation aid.

Definition and comparability

The proportion of daily smokers is defined as the percentage of the population aged 15 years and over who report smoking tobacco every day. Data for Italy include both daily and occasional smokers. Other forms of smokeless tobacco products, such as snuff in Sweden, Norway, Finland, Denmark and Iceland, are not taken into account. For data sources see the weblink to metadata in the "Reader's Guide".

The proportion of regular users of vaping products is defined as the percentage of the population aged 15 years and over who report using vaping devices at least monthly, with or without nicotine. For countries that rely on the European Health Interview Survey (EHIS 2019) data (such as e.g. Germany, Hungary, Latvia, Luxembourg, Portugal, the Slovak Republic and Slovenia), the data refer to vaping daily and occasionally.

References

Devaux, M. et al. (2023), "Évaluation du programme [2] national de lutte contre le tabagisme en France", *OECD Health working papers*, No. 155, OECD Publishing, Paris, <u>https://doi.org/10.1787/b656e9ac-</u><u>fr</u>.

O'Brien, D. et al. (2021), "Association between [3] electronic cigarette use and tobacco cigarette smoking initiation in adolescents: a systematic review and meta-analysis", *BMC public health*, Vol. 21/1, <u>https://doi.org/10.1186/S12889-021-</u> 10935-1.

WHO (2020), *Tobacco*, World Health Organization, [1] <u>https://www.who.int/news-room/fact-</u> <u>sheets/detail/tobacco</u>.

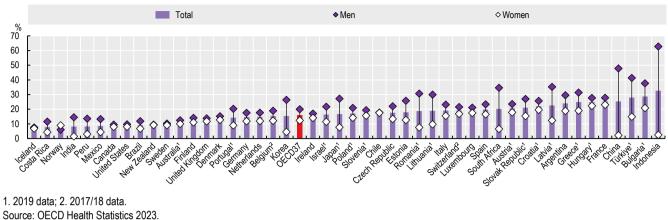


Figure 4.1. Population aged 15 and over smoking daily, by sex, 2021 (or nearest year)

Source: OECD Health Statistics 2023.

StatLink ms https://stat.link/sj0tyu

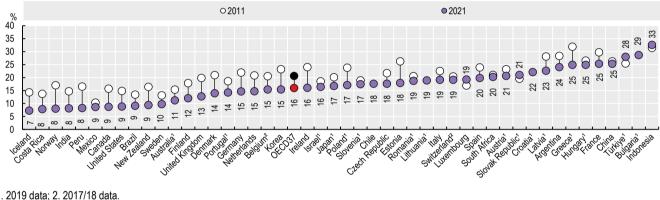


Figure 4.2. Population aged 15 and over smoking daily, 2011 and 2021 (or nearest years)

1. 2019 data; 2. 2017/18 data. Source: OECD Health Statistics 2023.

StatLink ms https://stat.link/sv7hry

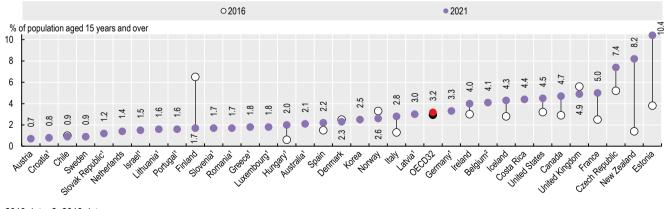


Figure 4.3. Regular use of vaping products, 2016 and 2021 (or nearest year)

1. 2019 data; 2. 2018 data. Source: OECD Health Statistics 2023.

StatLink ms https://stat.link/84evdx



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