Tobacco is responsible for about one-in-ten adult deaths worldwide, equating to about 5 million deaths each year (WHO, 2012a). It is a major risk factor for at least two of the leading causes of premature mortality – circulatory disease and cancer, increasing the risk of heart attack, stroke, lung cancer, cancers of the larynx and mouth, and pancreatic cancer. Smoking also causes peripheral vascular disease and hypertension. In addition, it is an important contributory factor for respiratory diseases such as chronic obstructive pulmonary disease (COPD), while smoking among pregnant women can lead to low birth weight and illnesses among infants. It remains the largest avoidable risk to health in European countries.

The proportion of daily smokers among the adult population varies greatly across countries (Figure 2.5.1). Only seven of 27 EU member states had rates of less than 20% of the adult population smoking daily in 2010. Rates were lowest in Finland, Malta, Luxembourg, Portugal, Slovenia, the Slovak Republic and Sweden, as well as Iceland and Norway. Although large disparities remain, smoking rates across most EU member states have declined. On average, smoking rates have decreased by about 5 percentage points since 2000, with a higher decline among men than women. Large declines occurred in Denmark (31% to 20%), Latvia (42% to 28%), Luxembourg (26% to 18%), and the Netherlands (29% to 21%), as well as in Norway and Iceland. Greece maintained the highest level of smoking around 2010, along with Bulgaria and Ireland, with close to 30% or more of the adult population smoking daily. The Czech Republic is one of the few EU member states where smoking rates appear to be increasing.

In the post-war period, most European countries tended to follow a general pattern marked by very high smoking rates among men (50% or more) through to the 1960s and 1970s, while the 1980s and the 1990s were characterised by a downturn in tobacco consumption. Much of this decline can be attributed to policies aimed at reducing tobacco consumption through public awareness campaigns, advertising bans and increased taxation, in response to rising rates of tobacco-related diseases (EC, 2012c). In addition to government policies, actions by anti-smoking interest groups were very effective in reducing smoking rates by changing beliefs about the health effects of smoking.

Smoking prevalence among men is higher in all EU member states except in Sweden (Figure 2.5.2). In other Nordic countries (Denmark, Iceland, Norway), as well as in the United Kingdom, male and female smoking rates are close to equal. In 2010, the gender gap in smoking rates was particularly large in Latvia and Lithuania, as well as in Cyprus, Bulgaria, Romania and Turkey. Female smoking rates continue to decline in most countries, and in several at a faster pace than male rates. However, female smoking rates have shown little or no decline since 2000 in three countries: the Czech Republic, France and Italy.

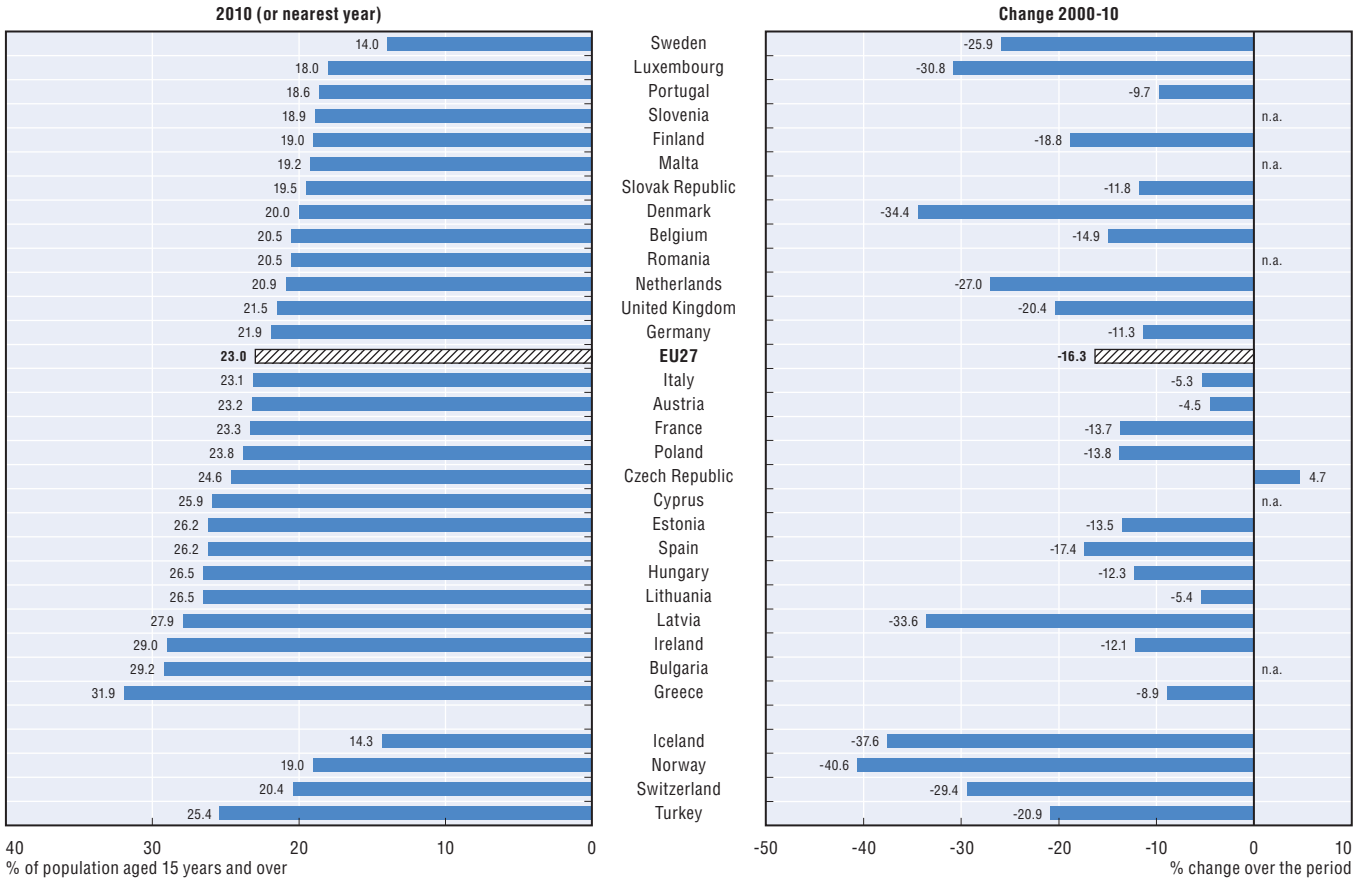
Several studies provide strong evidence of socio-economic differences in smoking and mortality (Mackenbach *et al.*, 2008). People in lower social groups have a greater prevalence and intensity of smoking, a higher all-cause mortality rate and lower rates of cancer survival (Woods *et al.*, 2006). The influence of smoking as a determinant of overall health inequalities is such that, if the entire population did not smoke, mortality differences between social groups would be halved (Jha *et al.*, 2006).

Definition and comparability

The proportion of daily smokers is defined as the percentage of the population aged 15 years and over who report smoking every day.

International comparability is limited due to the lack of standardisation in the measurement of smoking habits in health interview surveys across EU member states. Variations remain in the age groups surveyed, wording of questions, response categories and survey methodologies, *e.g.* in a number of countries, respondents are asked if they smoke regularly, rather than daily.

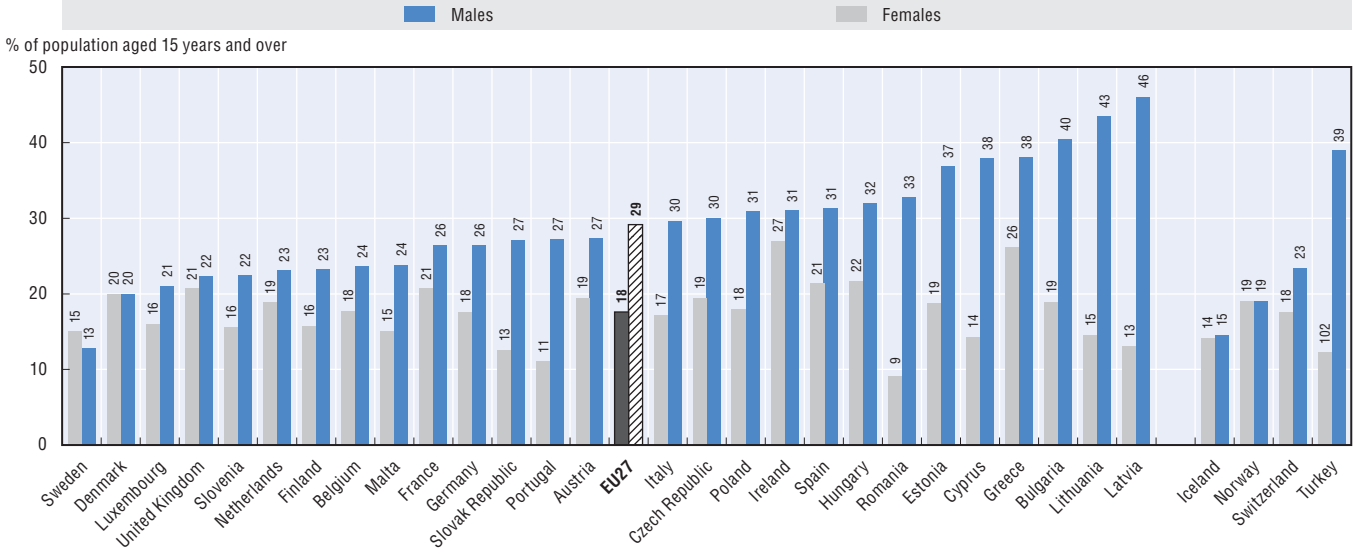
2.5.1. Adult population smoking daily, 2010 and change in smoking rates, 2000-10 (or nearest year)



Source: OECD Health Data 2012; Eurostat Statistics Database; WHO Global Infobase.

StatLink http://dx.doi.org/10.1787/888932704000

2.5.2. Females and males smoking daily, 2010 (or nearest year)



Source: OECD Health Data 2012; Eurostat Statistics Database.

StatLink http://dx.doi.org/10.1787/888932704019