



Smoking is a leading cause of multiple diseases, including some cancers, heart attacks, strokes and respiratory diseases such as chronic obstructive pulmonary disease. Smoking among pregnant women 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]). In 2019, tobacco smoking accounted for 200 million disability-adjusted life-years worldwide (Reitsma et al., 2021[2]). Although the prevalence of smoking has decreased over the past 30 years, population growth has led to an increase in the total number of smokers, from 0.99 billion in 1990 to 1.14 billion in 2019 worldwide (Reitsma et al., 2021[2]).

Across OECD countries, 16.5% of people aged 15 and over smoked tobacco daily in 2019 (Figure 4.1). Smoking rates ranged from over 25% in Turkey to below 10% in Costa Rica, Mexico, Iceland and Norway. In partner countries, rates were very high in Indonesia (27.6%) and the Russian Federation (Russia) (25.8%), but 10% or lower in Brazil and India. Men smoked more than women in all countries except Iceland, Norway and Sweden – on average across OECD countries, 20.6% of men smoked daily compared with 12.8% of women. The gender gap in smoking rates was comparatively wide in Korea and Turkey, as well as in Indonesia, the People's Republic of China (China) and Russia. Among men, rates were highest in Indonesia (54.4%), Russia (43.2%), China (41.5%) and Turkey (41.3%), and were below 10% in Costa Rica, Iceland and Norway. For women, rates were highest in Hungary, Chile and France (over 20%). Fewer than 5% of women smoked in Indonesia, India, China, Costa Rica, Mexico and Korea.

Daily smoking rates decreased in most OECD countries over the last decade, from an average of 21.3% in 2009 to 16.5% in 2019 (Figure 4.2). Norway had the greatest reduction in smoking rates (12 percentage points), followed by Ireland (10 percentage points), Korea (9.2 percentage points) and Estonia (8.3 percentage points). Smoking rates also decreased greatly in Russia (13.6 percentage points), although the levels remained high. The reductions in smoking rates were smallest in Hungary, Slovenia, Switzerland, as well as in China, India and South Africa (1-2 percentage points), while rates remained stable in Mexico. Smoking rates rose slightly over 2009-19 in the Slovak Republic, Turkey and Indonesia (1-2 percentage points). At the time of writing, seven OECD countries had reported smoking rates among adults in 2020. In six countries, the rates had continued to decrease. Conversely, in Estonia, while the proportion of smoker adults had decreased from 21.3% in 2016 to 17.2% in 2018, a slight increase was recorded in 2020 (17.9%).

The effect of COVID-19 on smoking habits was mixed, depending on the population group. During periods of confinement, some smokers consumed more cigarettes per

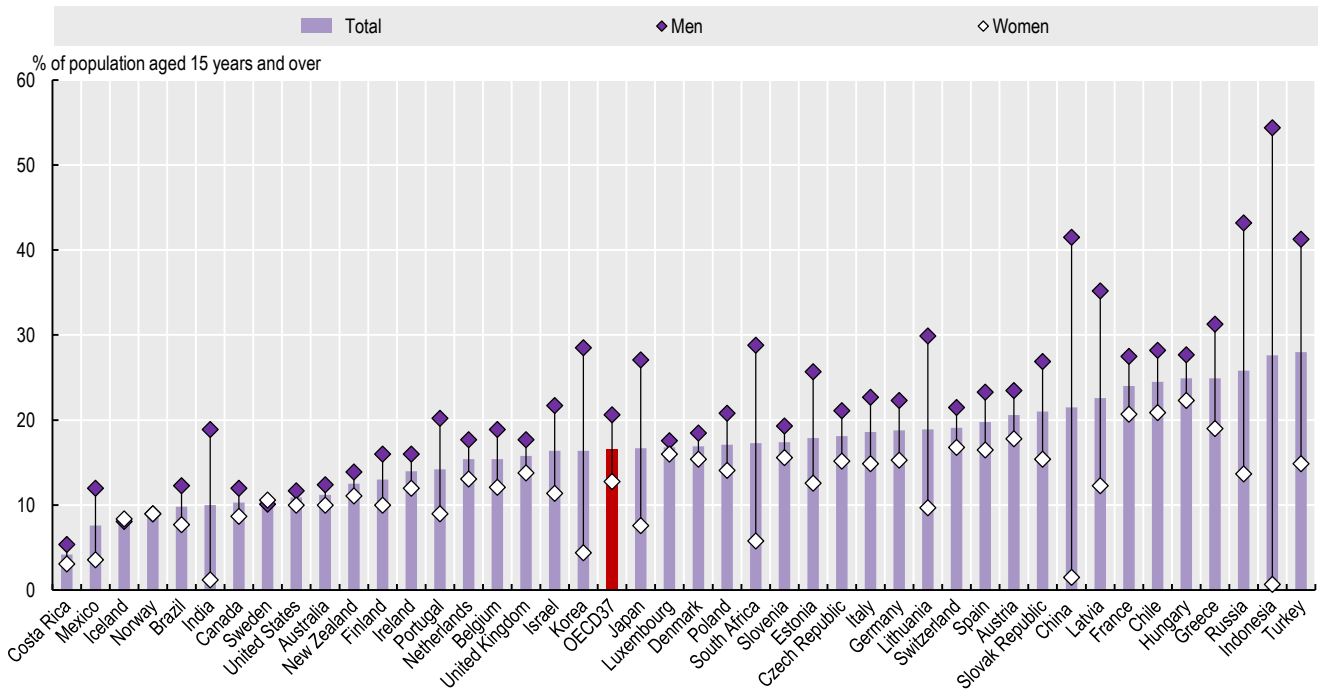
day compared to pre-lockdown figures, mainly to cope with stress, boredom, loneliness and isolation during lockdown, as observed in France and New Zealand (Guignard et al., 2021[3]; Gendall et al., 2021[4]). At the same time, older people reduced smoking in countries such as France and Japan (Guignard et al., 2021[3]; Koyama et al., 2021[5]). Smoking reduction and cessation might be related to fear of worse health outcomes of becoming infected with the virus. Official statistics for the year 2020 (available in five countries) shows that the number of cigarettes smoked remained relatively unchanged compared to the previous years in three countries (Estonia, France, and Spain), slightly increased in Norway and slightly decreased in New Zealand. What is clear is that smoking is associated with both the risk of developing a severe form of COVID-19 and a higher likelihood of dying from the virus (Reddy et al., 2021[6]; Sanchez-Ramirez and Mackey, 2020[7]; WHO, 2020[8]).

Raising taxes on tobacco is one of the most effective ways to reduce tobacco use. Tobacco prices in most OECD countries contain more than 50% of taxes. Other key tobacco control policies are health warnings on packages, bans on promotional and misleading information, and restricted branding. Awareness raising and support for smokers – including nicotine replacement treatment and smoking cessation advice – also help reduce smoking. The implementation of tobacco control measures has progressed in recent years, especially significantly in low- and middle-income countries where the heaviest burden of smoking is concentrated. For instance, over half of the world's population now benefit from large graphic health warnings on tobacco packages, and one-third have access to cessation services provided at best-practice levels (WHO, 2019[9]). Among recent national initiatives, New Zealand ran a consultation in 2021 on a proposed Smokefree Aotearoa 2025 Action Plan to reduce smoking prevalence and tobacco availability to minimal levels. The proposals include several world-leading measures, such as significantly reducing tobacco retailers outlets and mandating very low nicotine cigarettes.

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 includes both daily and occasional smokers. Other forms of smokeless tobacco products, such as snuff in Sweden, Norway, Finland and Iceland, are not taken into account. This indicator is more representative of the smoking population than the average number of cigarettes smoked per day. Most countries report data for the population aged 15 and over, but there are some exceptions, as highlighted in the data source of the OECD Health Statistics database.

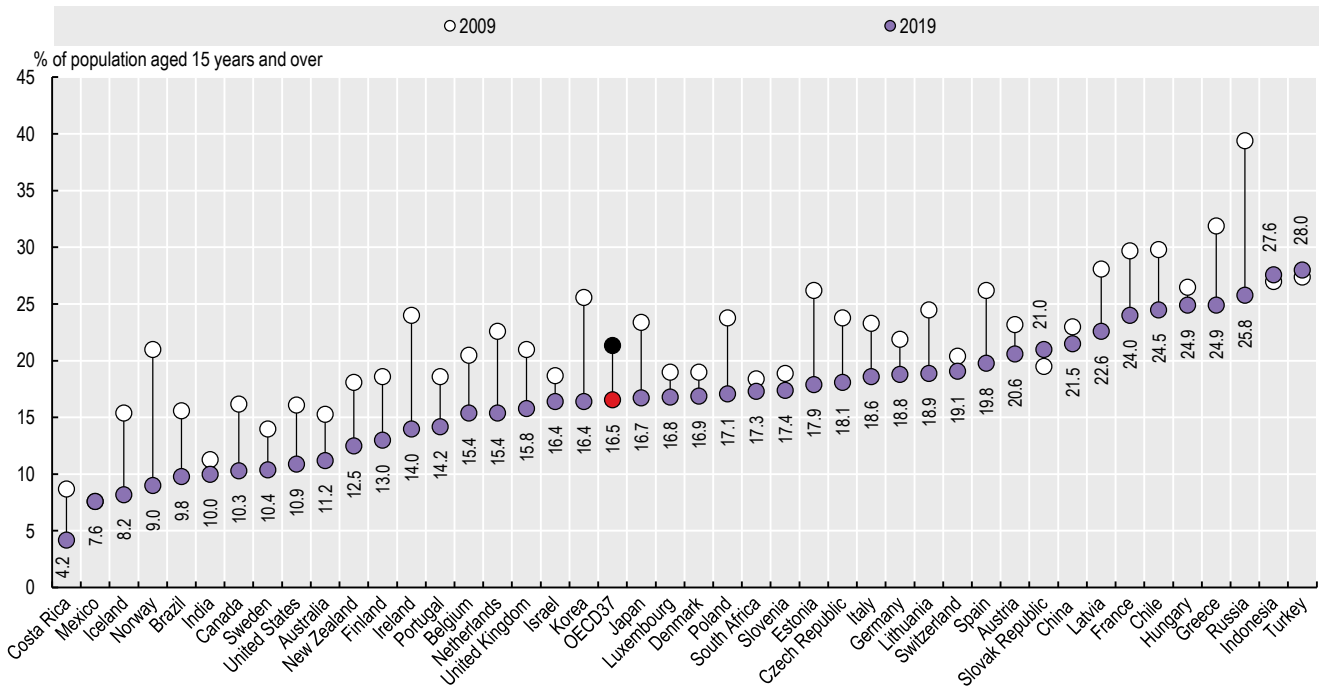
Figure 4.1. Population aged 15 and over smoking daily, by sex, 2019 (or nearest year)



Source: OECD Health Statistics 2021.

StatLink <https://stat.link/3j48ai>

Figure 4.2. Population aged 15 and over smoking daily, 2009 and 2019 (or nearest years)



Source: OECD Health Statistics 2021.

StatLink <https://stat.link/nd7z3f>



From:
Health at a Glance 2021
OECD Indicators

Access the complete publication at:
<https://doi.org/10.1787/ae3016b9-en>

Please cite this chapter as:

OECD (2021), "Smoking among adults", in *Health at a Glance 2021: OECD Indicators*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/611b5b35-en>

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