Smoking among adults

Smoking is a leading cause of multiple diseases, including cancers, heart attacks and stroke, and respiratory diseases such as chronic obstructive pulmonary disease. Smoking among pregnant woman increases the risk of low birth weight and premature delivery. The WHO estimates that tobacco smoking kills 7 million people in the world every year, of which more than 1.2 million deaths are due to second-hand smoke and 65 000 are children (WHO, 2017[1]). Of these deaths, just over half took place in four countries – China, India, the United States, and the Russian Federation. Over recent decades, smoking caused the largest share of overall years of healthy life lost in 15 OECD countries, and ranked second in further 16 OECD countries (Forouzanfar et al., 2016[2])

Across OECD countries, 18% of adults smoke tobacco daily (Figure 4.1). Smoking rates range from over 25% in Greece, Turkey, Hungary and France to below 10% in Mexico and Iceland. In key partner countries, rates are very high in Indonesia (40%) and the Russian Federation (30%); and 10% or less in Costa Rica. Men smoke more than women in all countries except Iceland – on average across the OECD, 23% of men smoke daily compared with 14% among women. The gender gap in smoking rates is comparatively high in Korea and Turkey, as well as in Indonesia, China and the Russian Federation. Among men, rates are highest in Indonesia (76%), the Russian Federation (50%), China (48%) and Turkey (40%); and below 10% in Costa Rica and Iceland. For women, rates are the highest in Austria, Greece, Chile, France and Hungary (over 20%). Less than 5% of women smoke in China, India, Costa Rica, Korea, Mexico and Indonesia.

Daily smoking rates have decreased in most OECD countries over the last decade, from an average of 23% in 2007 to 18% in 2017 (Figure 4.2). In the Slovak Republic and Austria, though, smoking rates have risen slightly. Smoking rates also increased in Indonesia. Greece reduced smoking rates the most, followed by Estonia, Iceland and Norway.

People with a lower education level are more likely to smoke in all countries except Greece, with an average gap of 8 percentage points in 2017 (Figure 4.3). Education gaps are largest in Estonia and Hungary (about 16 percentage points), and relatively small in Portugal, Bulgaria, Lithuania, and Turkey (less than 2 percentage points).

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. Health warnings on packages, bans on promotional and misleading information, and restricted branding are other key tobacco control policies. Awareness raising and support for smokers, including nicotine replacement treatment and smoking cessation advice, also help reduce smoking.

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. Other forms of smokeless tobacco products, such as snuff in Sweden, 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 older, but there are some exceptions as highlighted in the data source of the OECD Health Statistics database.

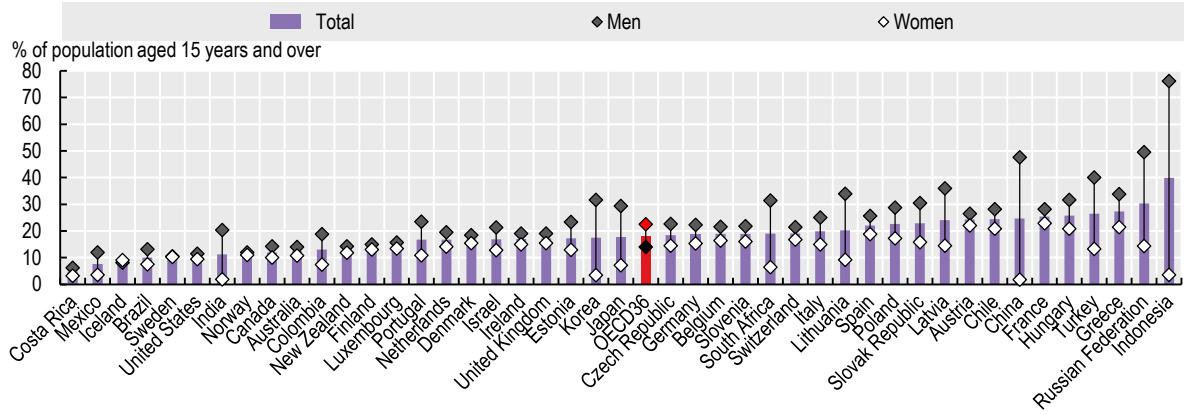
Data for differences in daily smoking by education level comes from the European Health Interview Survey in 2014 in EU countries. The United States and Canada reported the data respectively from the Medical Expenditure Panel Survey (MEPS) in 2016 and Canadian Community Health Survey (CCHS) 2015-2016. The latter reflects only daily cigarette smoking.

References

[2] Forouzanfar, M. et al. (2016), "Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015", *The Lancet*, Vol. 388/10053, pp. 1659-1724, *http://dx.doi.org/10.1016/s0140-6736(16)31679-8*.

[1] WHO (2017), *WHO report on the global tobacco epidemic, 2017*.

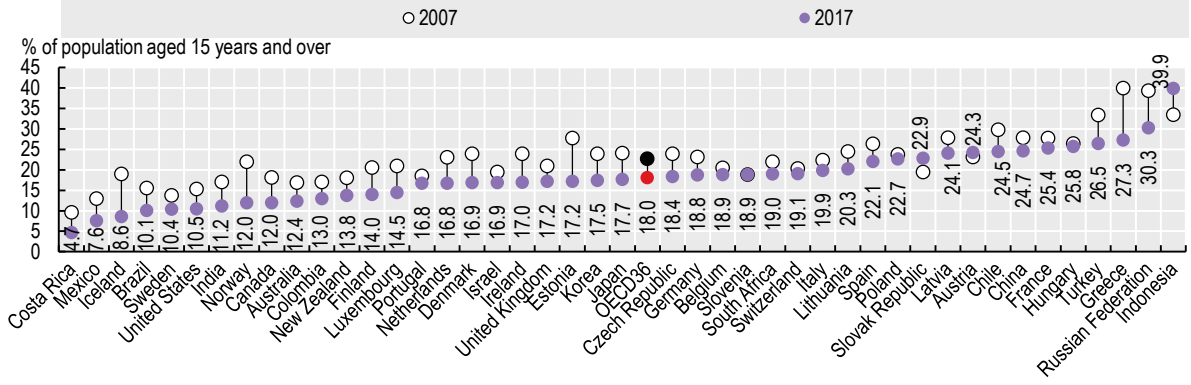
Figure 4.1. **Adult population smoking daily by sex, 2017 (or nearest year)**



Source: OECD Health Statistics 2019.

StatLink https://doi.org/10.1787/888934015277

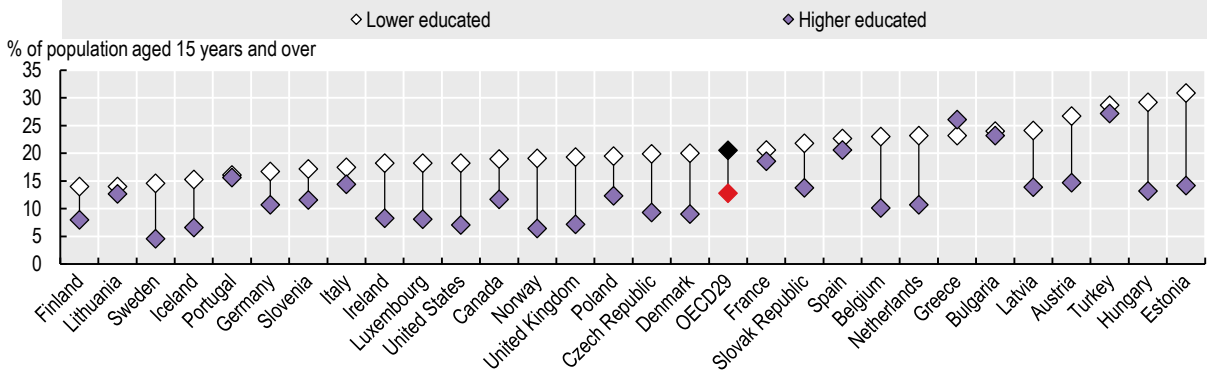
Figure 4.2. **Adult population smoking daily, 2007 and 2017 (or nearest years)**



Source: OECD Health Statistics 2019.

StatLink https://doi.org/10.1787/888934015296

Figure 4.3. **Difference in daily smoking between highest and lowest education level, 2016 (or nearest year)**



Source: EHIS 2014 for Europe; MEPS 2016 for the United States; and CCHS 2015-2016 for Canada.

StatLink https://doi.org/10.1787/888934015315

From:
Health at a Glance 2019
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/4dd50c09-en

Please cite this chapter as:

OECD (2019), "Smoking among adults", in *Health at a Glance 2019: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/21ac51dd-en