

Tobacco use is the leading global cause of preventable deaths and kills more than 8 million people each year, of whom more than 7 million are from direct tobacco use and around 1.2 million are non-smokers exposed to second-hand smoke. It is estimated that there were 1.1 billion current smokers in 2018, 82% of which were males. Among children between ages 13 and 15, 24 million were smokers. Although global tobacco use has fallen over the past two decades, the progress is still off track for achieving the WHO's target of cutting tobacco use by 30% between 2010 and 2025 as part of the global efforts to reduce mortality from the four main non-communicable diseases (cardiovascular diseases, cancer, chronic lung diseases and diabetes) (WHO, 2019[32]). The United Nations SDGs call for strengthening the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries and territories, as appropriate.

Tobacco smoking is a major risk factor for six of the eight leading causes of premature mortality – ischemic heart disease, cerebrovascular disease, lower respiratory infections, chronic obstructive pulmonary disease, tuberculosis and cancer of the trachea, bronchus and lung. Moreover, smoking in pregnancy can lead to low birthweight and illness among infants. Children who establish smoking habits in early adolescence also increase their risk of cardiovascular diseases, respiratory illnesses and cancer, and they are more likely to experiment with alcohol and other drugs. Smoking is also a risk factor for dementia. New studies have shown that 14% of Alzheimer's cases worldwide may be attributed to smoking (Livingston et al., 2017[33]). Recently, tobacco smoking is also found to be associated with higher risks of developing severe symptoms and mortality among COVID-19 patients (WHO, 2020[34]; Vardavas and Nikitara, 2020[35]). Smoking is harmful not only for smokers but also surrounding people such as families and colleagues.

As of 2019, comprehensive smoke-free legislation was in place for almost 1.6 million people in 62 countries and territories, covering only 22% of the world's population. In Asia-Pacific, Australia, Cambodia, Lao PDR, Nepal, New Zealand, Pakistan, Papua New Guinea and Thailand have complete smoke-free policies. Evidence shows that countries and territories with smoke-free policies have decreased the number of smokers and reduced mortality from smoking-related illnesses (WHO, 2019[32]).

The economic and social costs of tobacco use are also high, with families deprived of breadwinners, large public health costs for treatment of tobacco-related diseases, and lower workforce productivity (WHO, 2019[32]). Tobacco use is greatest among those who can least afford it (Hosseinpoor et al., 2012[36])

Almost one in three men aged 15 and above in middle and low income Asia-Pacific countries and territories reported to smoke tobacco daily in 2017, as compared to one in four in high income countries and territories (Figure 4.20, left panel). The proportion of daily tobacco smokers varied greatly across countries and territories. This proportion among men was highest in Indonesia at 54.3%, and Lao PDR and China had over two in five adult males smoking daily. Australia, India and New Zealand, however, reported the lowest prevalence, with

less than 20% of adult males smoking tobacco daily. India has reduced smoking rates recently partly through an innovative smoking cessation programme developed in 2015 that sends personalised encouraging text messages to quit smoking to registered smokers' cell phones (WHO, 2019[32]). However, India has a high prevalence of daily smokeless tobacco use among adults at 18.2% in 2018 (Global Adult Tobacco Survey, [https://www.who.int/tobacco/surveillance/survey/gats/GATS\\_India\\_2016-17\\_FactSheet.pdf](https://www.who.int/tobacco/surveillance/survey/gats/GATS_India_2016-17_FactSheet.pdf)), and one in four adult men use smokeless tobacco daily.

There are large male-female disparities and 7.2%, 2.0% and 2.9% of women aged 15 and above report smoking daily in high, upper-middle, and lower-middle and low income Asia-Pacific countries and territories respectively (Figure 4.20, right panel). The rates were highest in New Zealand (12.4%), Australia (11.1%) and Japan (8.9%).

Figure 4.21). In all reporting countries and territories, except Nepal, the prevalence of regular smoking among females was higher for adolescents than adults. On the contrary, the prevalence among males was higher for adults than for adolescents in all reporting countries and territories, except India.

Increasing tobacco prices through higher taxes is an effective intervention to reduce tobacco use, by discouraging youth from beginning tobacco use and encouraging tobacco users to reduce their consumption or quit (WHO, 2019[32]). Higher taxes also assist in generating additional government revenue. However, only Australia, Bangladesh, Lao PDR, New Zealand, the Philippines, the Republic of Korea and Thailand have total taxes that account for over 70% of the tobacco retail price (Figure 4.22). In Thailand, increased tax revenue has been used to support smoking cessation programmes (WHO, 2019[32]).

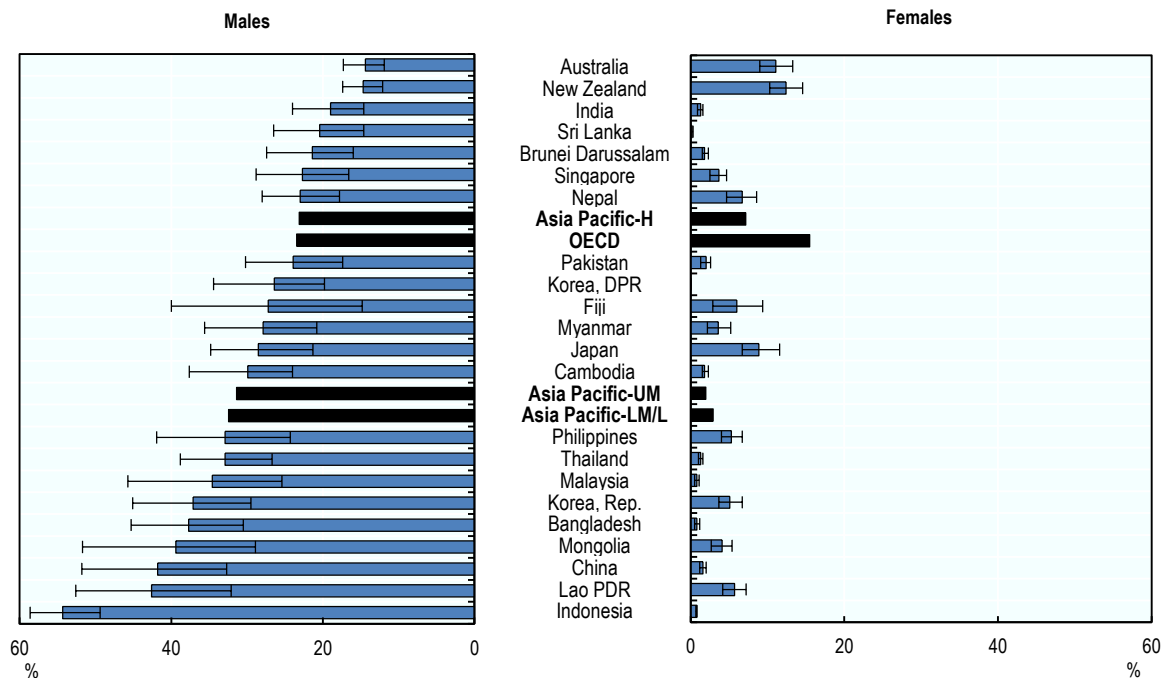
In Asia-Pacific, health warnings against tobacco use, including labels on tobacco product packaging and anti-tobacco mass media campaigns to build public awareness, could be used more to reduce tobacco use. Australia, Pakistan, Singapore and Thailand report that graphic pictorial warning labels have effectively impacted smoking-related behaviour. To increase the effectiveness of health warnings, Australia, New Zealand, Singapore (starting in 2020) and Thailand have also mandated plain packaging of tobacco (WHO, 2019[32]).

### Definition and comparability

Adults smoking daily is defined as the percentage of the population aged 15 years and over who reported smoking every day.

Current tobacco use among youth is defined as the percentage of young people aged 13-15 years who consumed any tobacco product at least once during the last 30 days prior to the survey.

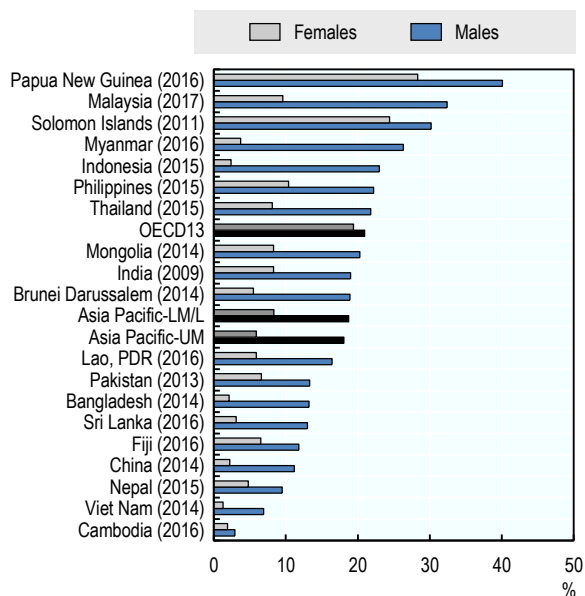
Figure 4.20. Age-standardised prevalence estimates for daily tobacco smoking among persons aged 15 and above, by sex, 2017 (or latest year available)



Source: WHO Report on the Global Tobacco Epidemic 2019.

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

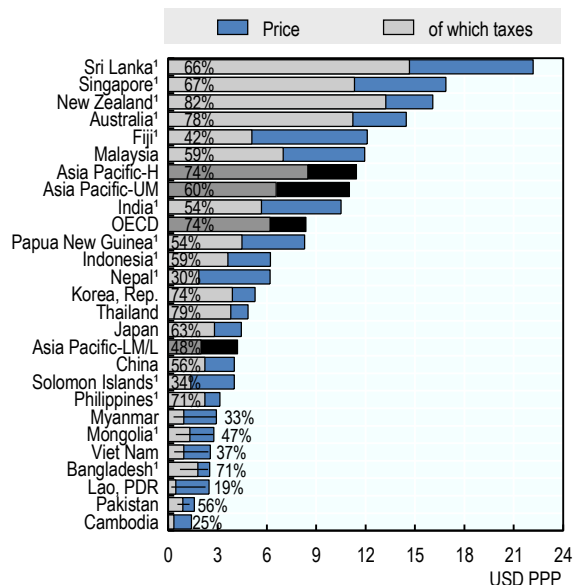
Figure 4.21. Prevalence of current tobacco use among youth aged 13 to 15, by sex, latest year available



Note: Youth aged 13 to 17 for Brunei Darussalam and Malaysia.  
Source: WHO report on the global tobacco epidemic 2019.

StatLink <https://stat.link/h75rjz>

Figure 4.22. National taxes and retail price for a pack of 20 cigarettes of the most sold brand, 2018



Source: WHO report on the global tobacco epidemic 2019.

StatLink <https://stat.link/kye86n>



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