

Tobacco smoking is a common risk factor for a large number of diseases that cause illness and death, including lung and other cancers, COPD and cardiovascular disease. The global tobacco epidemic is directly responsible for around 12% of adult deaths worldwide, or some 5 million deaths each year, many of which occur in low- and middle-income countries (WHO, 2011h and 2012d).

In the Asia/Pacific region, approximately 6 000 people die prematurely from tobacco-related diseases every day, summing to 2.3 million deaths per year. The economic and social costs are high, with families deprived of breadwinners, large public health costs for treatment, and lower workforce productivity (WHO, 2008a).

The proportion of daily smokers varies greatly among countries (Figure 2.7.1). In 2009, rates among men were highest in Papua New Guinea and Indonesia, at over 50%, and many more countries had male daily smoking rates over 40%. Rates among specific age groups may be even higher; in China, the smoking rate among men aged 45-64 years rises to 63%. In Fiji, Australia and New Zealand however, less than 20% of adult males smoked daily. The regional average for men, at 36%, was significantly higher than the 27% of males who smoked daily in OECD countries.

There are large male-female disparities in the Asia/Pacific region, with only 5% of women reporting smoking daily in 2009. Rates were highest in Papua New Guinea (27%), and Nepal (25%) – where it is a common practice among rural women – as well as in the developed countries of New Zealand (17%) and Australia (14%).

Around one-third of the world's smokers live in China. Within the next 15 years, unless habits change, smoking will kill an estimated 2 million Chinese annually. Control policies face formidable opposition from large tobacco companies, and low public awareness, especially among the rural population, adds to the public health challenges (Cui, 2010; Herd *et al.*, 2010).

In many countries in the region, there is a lack of public awareness about risks and lax control measures. Among youth aged 13-15 years, 17% of males and 8% of females report that they currently smoke (Figure 2.7.2), which will lead to negative health effects for many decades to come.

Tobacco use is also greatest among those who can least afford it (Hosseinpoor *et al.*, 2012). In Indonesia, the world's third largest tobacco consumer, smokers spent around 12% of their household income on cigarettes in 2005. Clove cigarettes (*kretek*) and regular tobacco are comparatively cheap to buy, either by the stick or packet (Figure 2.7.3). Advertising is largely unrestricted, and health warnings or smoking bans are few. Tobacco taxes are low in Indonesia, but still 6% of government revenue was derived from cigarette taxes in 2007 (Barber *et al.*, 2008).

Increasing tobacco prices through higher taxes is an effective intervention to reduce tobacco use, by discouraging youth from beginning cigarette smoking and encouraging smokers to quit. Higher taxes also assist in generating additional government revenue. However, only a few countries in the region (New Zealand, Sri Lanka) are close to having total taxes that constitute 75% or more of the tobacco retail price (Figure 2.7.3).

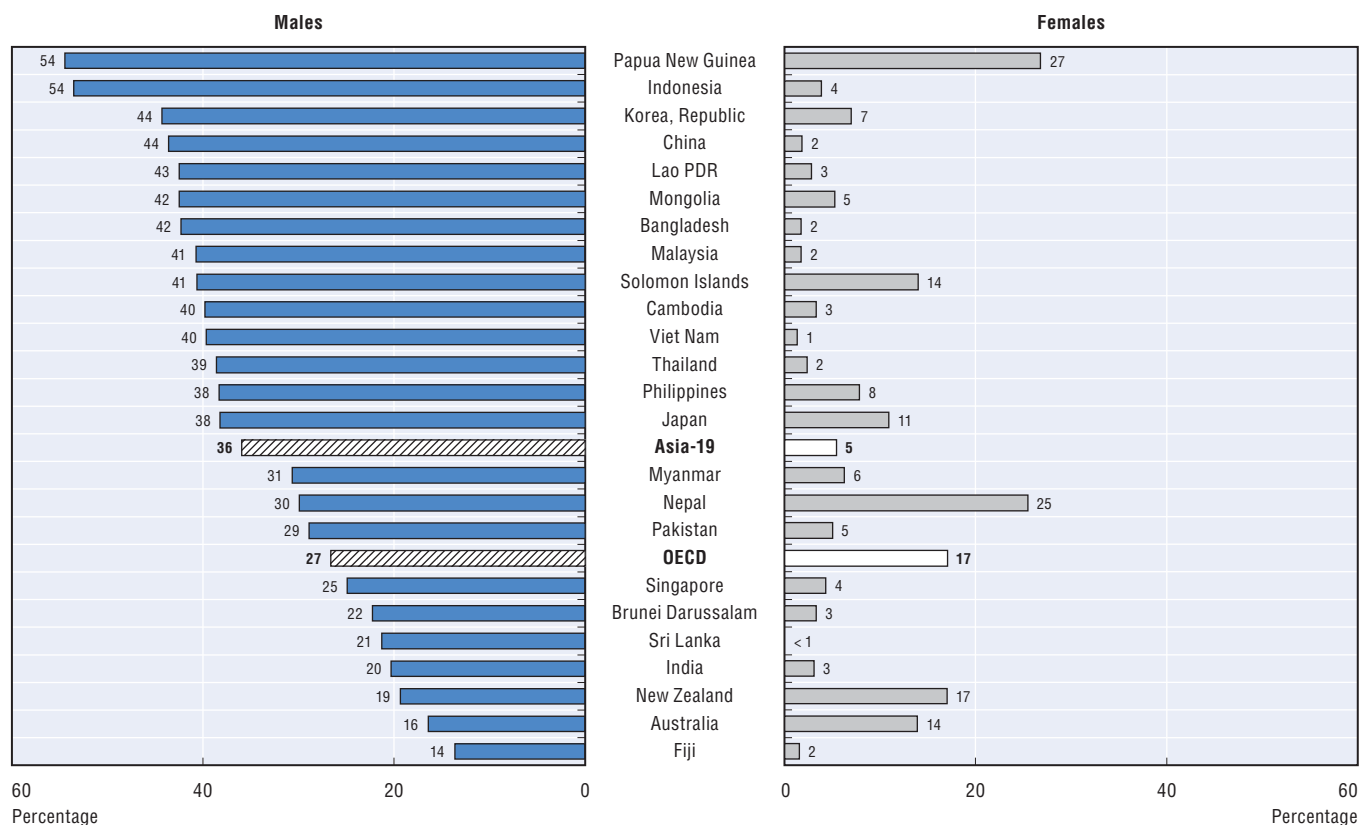
Health warnings against smoking, including labels on tobacco product packaging and anti-tobacco mass media campaigns, also aid in reducing tobacco use. Australia, Singapore and Thailand report that graphic pictorial warning labels have effectively impacted smoking-related behaviour (WHO, 2011h).

### Definition and comparability

Adults smoking daily is defined as the percentage of the population aged 15 years and over who reported smoking every day. Estimates for 2009 were based on data obtained from a broad range of health and household surveys, including the Global Adult Tobacco Survey (GATS). Results were age-standardised to the WHO Standard Population.

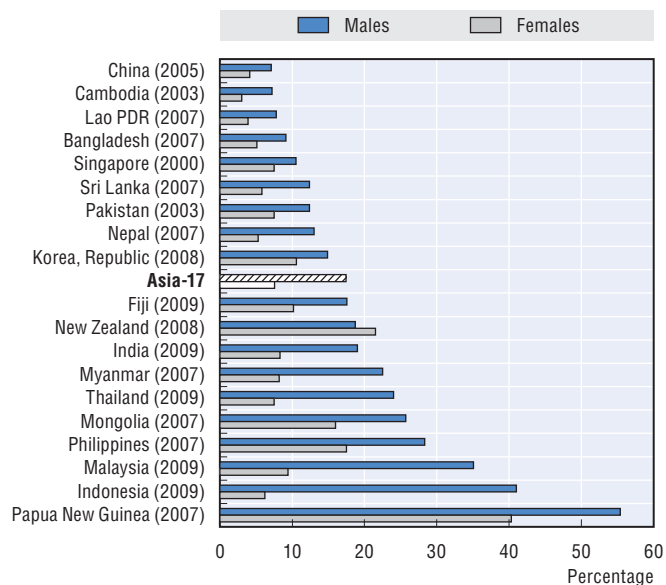
Current tobacco use among youth is derived from the Global Youth Tobacco Survey. It is defined as the percentage of young people aged 13-15 years who consumed any tobacco product at least once during the last 30 days prior to the survey.

### 2.7.1. Adults smoking daily, 2009



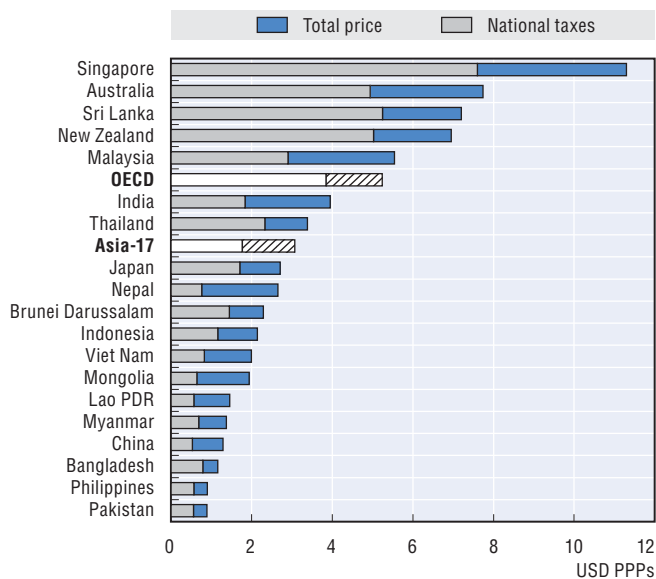
Source: WHO (2011h); OECD Health Data 2012.

### 2.7.2. Current tobacco use among youth aged 13-15 years, 2009 (or nearest year)



Source: WHO (2011h).

### 2.7.3. Retail price of 20-cigarette pack of most-sold brand, 2010



Source: WHO (2011h).

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