Tobacco is directly responsible for about one in ten adult deaths worldwide, equating to about 6 million deaths each year (Shafey *et al.*, 2009). It is a major risk factor for at least two of the leading causes of premature mortality – circulatory diseases and a range of cancers. In addition, it is an important contributory factor for respiratory diseases, while smoking among pregnant women can lead to low birth weight and illnesses among infants. It remains the largest avoidable risk to health in EU countries.

The proportion of daily smokers among the adult population varies greatly across countries, even between neighboring countries (Figure 2.6.1). In 2008, rates were lowest in Sweden, Iceland, Slovenia and Portugal, all at less than 20% of the adult population smoking daily. On average, smoking rates have decreased by about 5 percentage points in EU countries since 1995, with a bigger decline in men than in women. Large declines occurred in Turkey (47% to 27%), Luxembourg (33% to 20%), Norway (33% to 21%) and Denmark (36% to 23%). Greece maintains the highest level of smoking (40%), along with Bulgaria and Ireland, with close to 30% or more of the adult population smoking daily.

In the post-war period, most EU countries tended to follow a general pattern – 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 marked 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 (World Bank, 1999). 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.

Although large disparities remain, this pattern of a decline in smoking rates is found across most EU countries (Figure 2.6.2). Smoking prevalence among men continues to be higher than among women in all EU countries except Sweden. Female smoking rates continue to decline in most countries, and in a number of cases (Turkey, Iceland, Belgium, Latvia and Ireland) at an even faster pace than male rates. However, in seven countries, female smoking rates have been increasing since the mid-1990s (Lithuania, Portugal, Greece, Bulgaria, France, Germany and Austria), but even in these countries women are still less likely to smoke than men. In 2008, the gender gap in smoking rates was particularly large in Baltic countries (Latvia, Lithuania and Estonia), as well as in Turkey and Romania (Figure 2.6.1).

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, in a non-smoking population, mortality differences between social groups would be halved (Jha *et al.*, 2006).

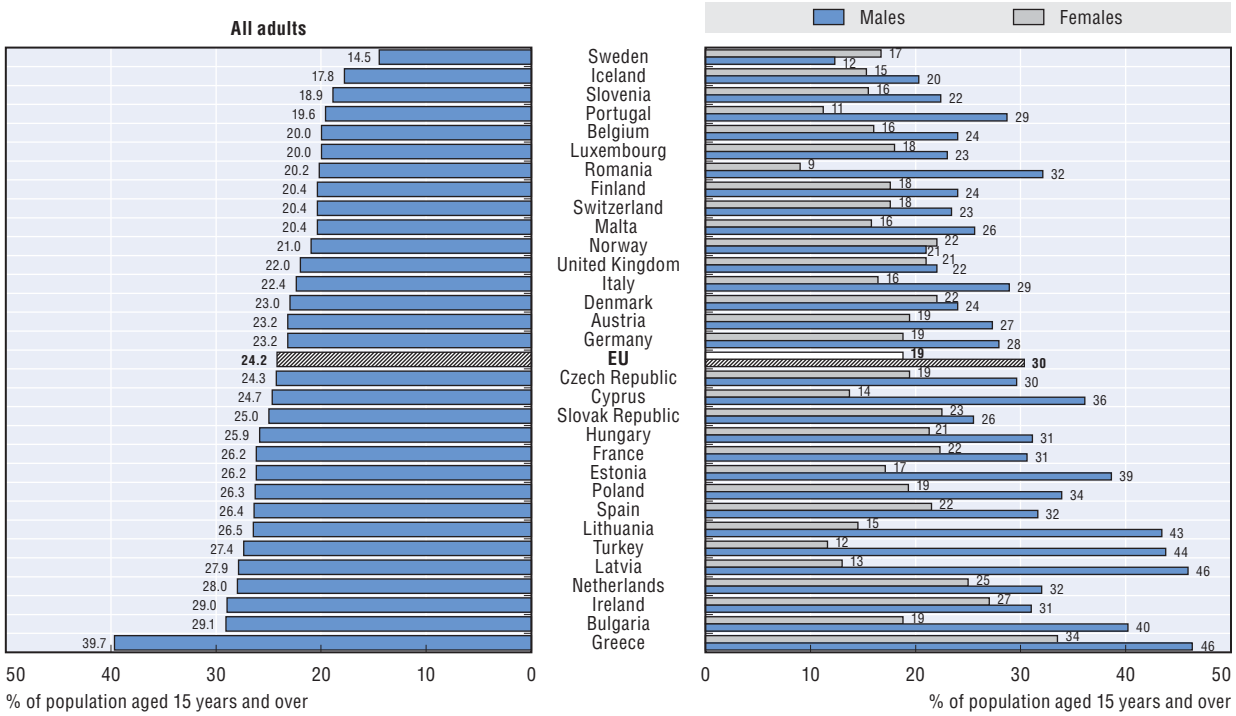
Figure 2.6.3 shows the correlation between tobacco consumption (as measured by grams per capita) and incidence of lung cancer across EU countries for which data are available, with a time lag of two decades. Higher tobacco consumption at the national level is also generally associated with higher mortality rates from lung cancer one or two decades later across EU countries.

Definition and deviations

The proportion of daily smokers is defined as the percentage of the population aged 15 years and over reporting 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 countries. 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.

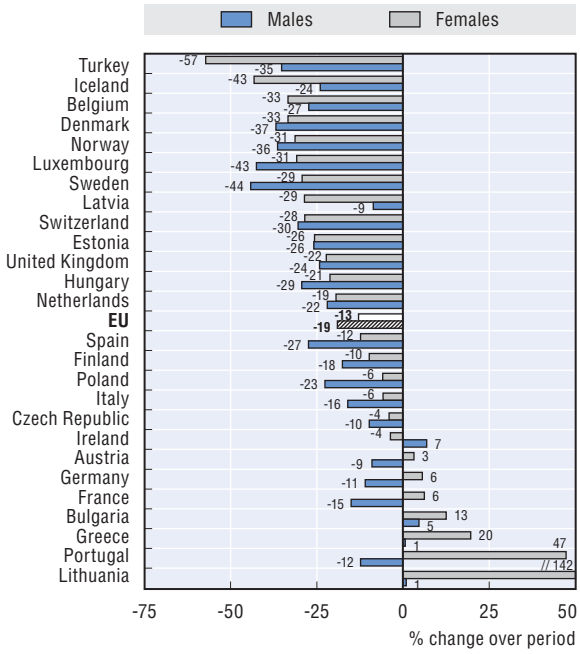
2.6.1. Daily smoking rates, 2008 (or nearest year available)



Source: OECD Health Data 2010; Eurostat Statistics Database.

StatLink http://dx.doi.org/10.1787/888932336502

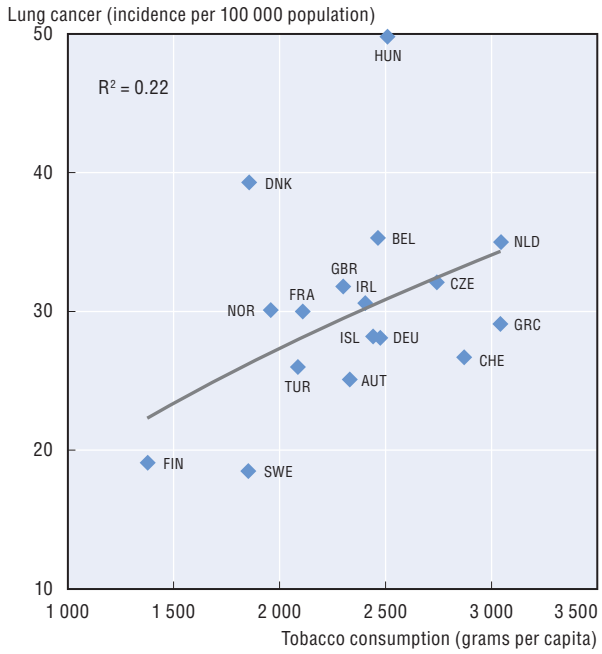
2.6.2. Change in smoking rates by gender, 1995-2008 (or nearest year available)



Source: OECD Health Data 2010; Eurostat Statistics Database; WHO Global Infobase.

StatLink http://dx.doi.org/10.1787/888932336521

2.6.3. Tobacco consumption, 1990 and incidence of lung cancer, 2008



Source: OECD Health Data 2010.

StatLink http://dx.doi.org/10.1787/888932336540