

Tobacco consumption is the largest avoidable health risk in the European Union and is the most significant cause of premature death, with nearly 700 000 per year (European Commission, 2014a). Around 50% of smokers die prematurely (14 years earlier on average). It is a major risk factor for at least two of the leading causes of premature mortality – circulatory disease and cancer – increasing the risk of heart attack, stroke, lung cancer, cancers of the larynx and mouth, and pancreatic cancer. Smoking is also an important contributory factor for respiratory diseases such as chronic obstructive pulmonary disease (COPD), while smoking among pregnant women can lead to low birth weight and illnesses among infants.

The proportion of daily smokers among adults varies greatly across European countries (Figure 4.3). Twelve out of 28 EU countries had less than 20% of the adult population smoking daily in 2014. Rates were lowest in Luxembourg, Portugal and the Nordic countries (Sweden, Finland, Denmark, as well as in Iceland and Norway). Although large disparities remain, smoking rates across most EU member states have shown a marked decline. On average, smoking rates have decreased by 16% since 2000, with a higher decline among men than women. Large declines occurred in Denmark (30% to 17% in 2014), Ireland (33% to 19% in 2015), Luxembourg (26% to 15% in 2014), the Netherlands (32% to 19% in 2014), as well as in Norway (32% to 13% in 2014). Bulgaria, Croatia, Cyprus, Greece and Hungary as well as Albania, Montenegro and Serbia had the highest levels of smoking in 2014, with more than 25% of adults reporting to smoke daily.

Smoking prevalence among men is higher than among women in all European countries, except in Denmark, Iceland and Sweden, where the rate is equal for men and women (Figure 4.4). The gender gap is also small in Finland, Ireland, Luxembourg as well as Norway. On the other hand, it is particularly large in Cyprus, Latvia, Lithuania, Romania, as well as in Turkey.

Smoking is more concentrated among people with a lower level of education, except in Cyprus, Greece and Romania (Figure 4.5). About 20% of adults with a lower level of education smoke daily compared to 14% of those with a higher level of education on average across EU countries. The education-related disparities in smoking are largest in Austria, Belgium, Estonia, Hungary, the United Kingdom and the Netherlands.

In the post-war period, most European countries tended to follow a general pattern marked by 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 downturn in tobacco consumption. In most countries, much of the decline in tobacco use can be attributed to policies aimed at reducing tobacco consumption through public awareness campaigns, advertising bans, increased taxation, and restriction of smoking in public spaces and restaurants, in response to rising rates of tobacco-related

diseases. More stringent policies and higher level of taxes have led to bigger reductions in smoking rates between 1996 and 2011 in many EU countries (OECD, 2015).

A new Tobacco Products Directive (2014/40/EU), adopted in February 2014, lays down rules governing the manufacture, presentation and sale of tobacco and related products. The Directive notably requires that health warnings appear on packages of tobacco and related products, bans all promotional and misleading elements on tobacco products, and sets out safety and quality requirements for electronic cigarettes (European Commission, 2014b). As governments continue to reinforce their anti-tobacco policies, new strategies such as plain packaging for tobacco products aimed to restrict branding are being adopted by an increasing number of countries (e.g. in France and the United Kingdom).

Definition and comparability

The proportion of daily smokers is defined as the percentage of the population aged 15 years and over who report tobacco smoking every day. Other forms of smokeless tobacco products, such as snuff in Sweden, are not taken into account.

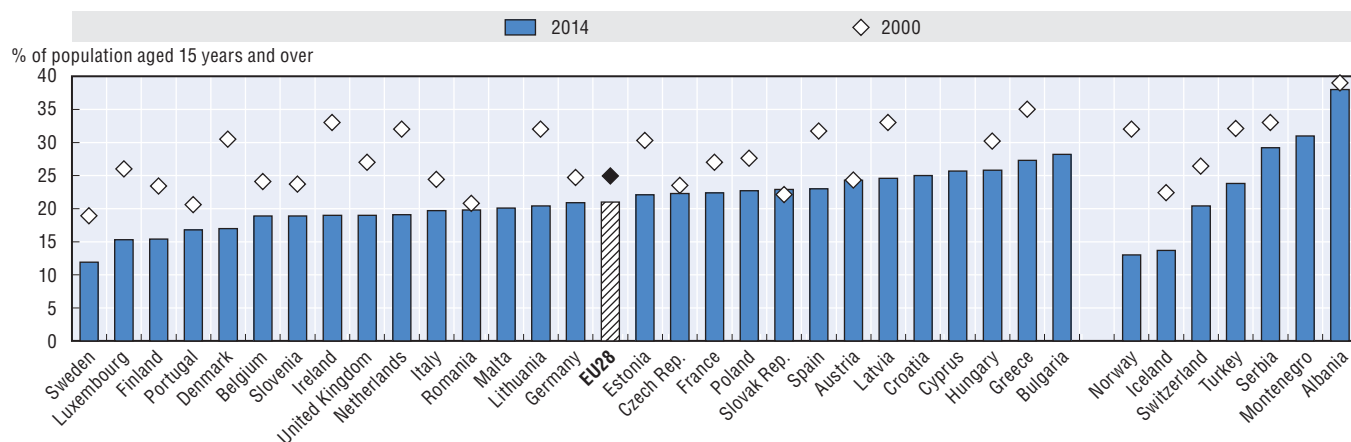
The comparability of data is limited to some extent due to the lack of standardisation in the measurement of smoking habits in health interview surveys across EU member states. Variations remain in the age groups surveyed, wording of questions, response categories and survey methodologies, e.g. in some countries, respondents are asked if they smoke regularly, rather than daily.

Estimates from the European Health Interview Survey 2014 are based on self-reports of daily smoking. Education level is based on the ISCED 2011 classification. Lowest education level refers to people who have a lower secondary education or below (ISCED 0-2). Highest education level refers to people who have tertiary education (ISCED 6-8).

References

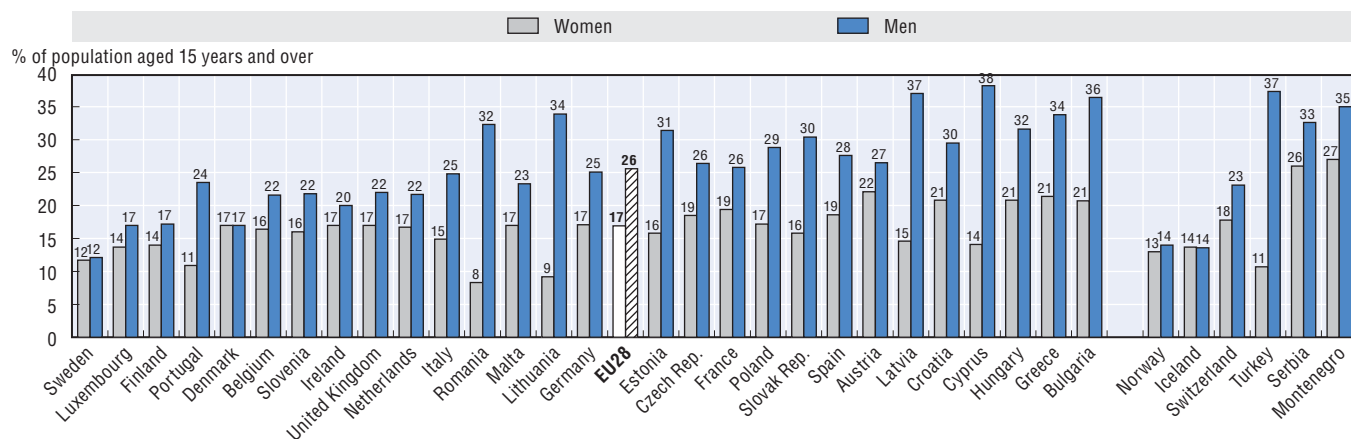
- European Commission (2014a), *Tobacco Policy*, European Commission, Brussels, http://ec.europa.eu/health/tobacco/policy/index_en.htm.
- European Commission (2014b), *Tobacco Products Directive*, European Commission, Brussels, http://ec.europa.eu/health/tobacco/products/index_en.htm.
- OECD (2015), *Cardiovascular Disease and Diabetes: Policies for Better Health and Quality of Care*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264233010-en>.

4.3. Adults smoking daily, 2000 and 2014 (or nearest year)



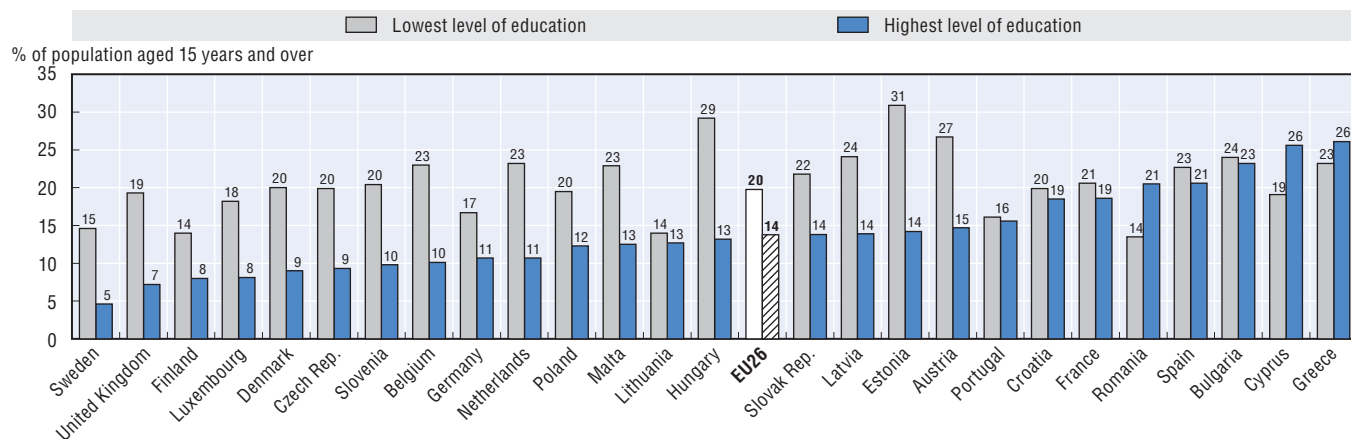
Source: EHIS survey for most EU countries for 2014 data; regular national surveys for the Czech Republic, Denmark, Estonia, Finland, Germany, Italy, Luxembourg, Sweden, the United Kingdom, as well as non-EU countries (extracted from OECD Health Statistics 2016 and WHO European Health for All Database).
StatLink <http://dx.doi.org/10.1787/888933428946>

4.4. Gender gap in adults smoking daily, 2014 (or nearest year)



Note: Countries are ranked in ascending order of smoking rates for the whole population.
Source: EHIS survey for most EU countries; regular national surveys for the Czech Republic, Denmark, Estonia, Finland, Germany, Italy, Luxembourg, Sweden, the United Kingdom, as well as non-EU countries (extracted from OECD Health Statistics 2016 and WHO European Health for All Database).
StatLink <http://dx.doi.org/10.1787/888933428951>

4.5. Education gap in adults smoking daily in EU countries, 2014



Note: Countries are ranked in ascending order of smoking rates for people with the highest level of education.
Source: Eurostat, EHIS 2014.

StatLink <http://dx.doi.org/10.1787/888933428966>



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