

Tobacco consumption is the largest avoidable behavioural risk factor to health in the European Union and the most significant cause of premature death across EU countries, accounting for about 700 000 deaths per year. Around half of smokers die prematurely, dying 14 years earlier on average (European Commission, 2020). It is a major risk factor for at least two of the leading causes of mortality – circulatory diseases and cancer – and an important risk factor for many severe chronic respiratory diseases.

Despite some progress in reducing smoking rates over the last decade, more than one in five adults still smoked daily in 2018 on average across EU countries. The proportion of adults who smoke daily varies more than three-fold across countries. It is lowest in Nordic countries (Sweden, Finland, as well as Iceland and Norway) and highest in Greece, Bulgaria and Hungary (Figure 4.3). Nordic countries, the Netherlands, Ireland and Estonia have achieved the largest reductions in smoking among adults over the past decade.

Tobacco consumption remains more common among men than women in all EU countries, but there is virtually no gender gap in the United Kingdom, Norway and Iceland (Figure 4.4). About one in four men and one in six women smoke daily on average in EU countries. This gender gap is particularly large in Lithuania, Cyprus and Romania.

The Eurobarometer survey reports higher smoking rates among both men and women because it includes people smoking daily or occasionally. The results from the latest Eurobarometer survey in 2017 indicate that 30% of men and 22% of women are daily or occasional smokers on average across EU countries (European Commission, 2017).

The EU Tobacco Products Directive (2014/40/EU) requires health warnings to 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, 2014). Many European countries (e.g. Belgium, France, Hungary, Ireland, Slovenia, the United Kingdom and Norway) have also adopted a plain packaging policy to reduce smoking attractiveness in recent years.

According to the tobacco control scale from the Association of European Cancer Leagues, the United Kingdom, France, Ireland, Iceland and Norway were the top five European countries with the most comprehensive tobacco control policies in 2019. Slovenia, Greece and Austria achieved the greatest progress in recent years in adopting tobacco control measures (Joossens et al., 2020). Slovenia notably introduced a plain packaging policy, advertising and display ban at sales points, permits for sale, and smoking ban in private cars when minors are present. In Austria, a smoke free legislation in public places was adopted and started to be implemented in 2019, following a

decade-long debate, bringing the country's law in line with most other EU countries. In Greece, a new smoke-free legislation was also adopted in 2019 to update and expand the previous legislation from 2010, including greater fines for people and establishments violating the law.

Increasing taxes on tobacco is one of the most effective ways to reduce tobacco use and to encourage users to quit smoking (WHO, 2017). A number of EU countries recently increased taxes on tobacco products. For example, France increased taxes on a pack of 20 cigarettes by nearly EUR 1 on average in 2018, contributing to a reduction in cigarettes sales of 9% in that year. In 2019, taxes on tobacco increased further, resulting in an average retail price increase of 50-60 cents for a 20-cigarette pack. In early 2020, taxes on cigarettes in Europe were highest in Ireland, the United Kingdom, France and Finland and lowest in Bulgaria, Poland, the Slovak Republic and Romania (Tax Foundation, 2020).

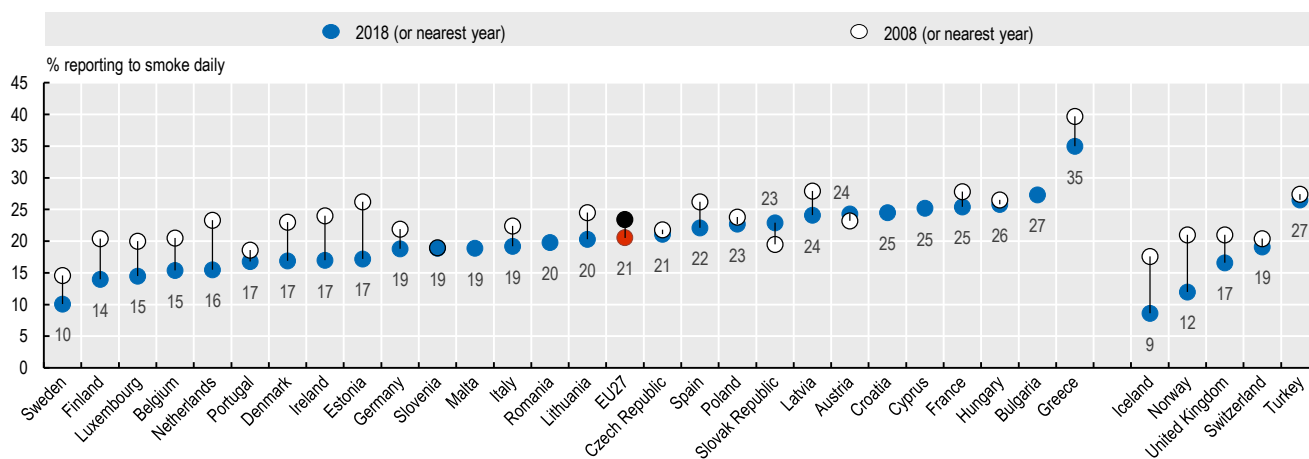
Definition and comparability

The proportion of daily smokers is defined as the percentage of people 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.

References

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Figure 4.3. Changes in daily smoking rates among adults, 2008 and 2018 (or nearest year)

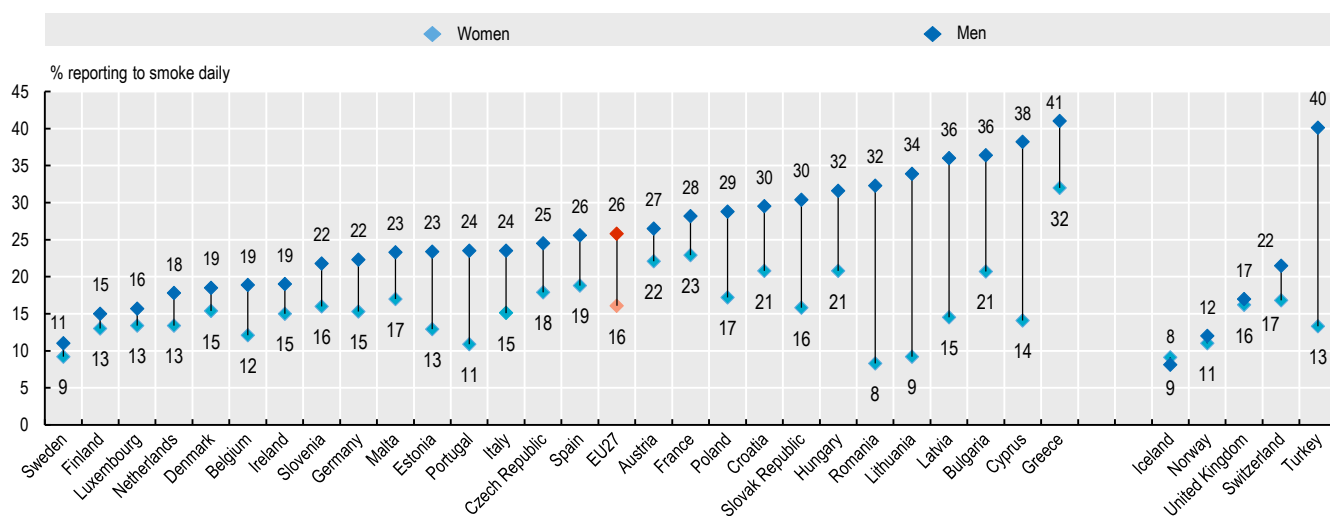


Note: The EU average is unweighted.

Source: OECD Health Statistics 2020 (based on national health interview surveys), complemented with Eurostat (EHIS 2014) for Bulgaria, Croatia, Cyprus, Malta, and Romania.

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

Figure 4.4. Gender gap in daily smoking rates among adults, 2018 (or nearest year)



Note: The EU average is unweighted.

Source: OECD Health Statistics 2020 (based on national health interview surveys) complemented with Eurostat (EHIS 2014) for Bulgaria, Croatia, Cyprus, Malta, and Romania.

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