SMOKING

Tobacco is responsible for about one-in-ten adult deaths worldwide, equating to about 5 million deaths each year. It is a major risk factor for at least two of the leading causes of premature mortality – circulatory disease and cancer – as it increases the risk of heart attack, stroke, lung cancer, cancers of the larynx and mouth, and pancreatic cancer. Smoking also causes peripheral vascular disease and hypertension. In addition, it is 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. It remains the largest avoidable risk to health in OECD countries.

Several studies provide strong evidence of socio-economic differences in smoking and related mortality. People in lower social groups have a greater prevalence and intensity of smoking. 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.

Overview

The proportion of daily smokers among the adult population varies greatly across countries, even between neighbouring countries. Fifteen of the 34 OECD countries had less than 20% of the adult population smoking daily in 2010. Rates among OECD countries were lowest in Mexico, Sweden, Iceland, Australia and the United States. Although large disparities remain, smoking rates across most OECD countries have shown a marked decline. On average, smoking rates have decreased by about one-third over the past twenty years, with a higher decline for men than for women. Large declines occurred in Nordic countries, in Denmark (from 45% in 1990 to 20% in 2010), Iceland (from 30% to 14%), Sweden (from 26% to 14%), Norway (from 32% to 21%), and in the Netherlands (from 37% to 21%). Greece maintains the highest level of smoking among OECD countries, along with Chile and Ireland, with around 30% of the adult population smoking daily. Smoking rates are even higher in the Russian Federation.

Smoking prevalence among men is higher in all OECD countries except Sweden. Rates for men and women are equal or nearly equal in Denmark, Iceland, Norway and the United Kingdom. In 2010, the gender gap in smoking was particularly large in Japan, Korea and Turkey, as well as in the Russian Federation, Indonesia and China. Female smoking rates continue to decline in most OECD countries, and in several at a faster pace than rates for men. However, female smoking rates have shown little or no decline since 2000 in the Czech Republic, France and Italy.

In the post-war period, most OECD 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 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, in response to rising rates of tobacco-related diseases. 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, particularly in North America.

Definition

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

Comparability

International comparability is limited due to the lack of standardisation in the measurement of smoking habits in health interview surveys across OECD countries. Variations remain in the age groups surveyed, wording of questions, response categories and survey methodologies. For example in a number of countries, respondents are asked if they smoke regularly, rather than daily.

Sources

- OECD (2012), *OECD Health Statistics*, OECD Publishing.

Further information

Analytical publications

- OECD (2010), *Health Care Systems: Efficiency and Policy Settings*, OECD Publishing.

Statistical publications

- OECD (2012), *Health at a Glance: Asia/Pacific 2012*, OECD Publishing.
- OECD (2012), *Health at a Glance: Europe 2012*, OECD Publishing.
- OECD (2011), *Health at a Glance*, OECD Publishing.

Online databases

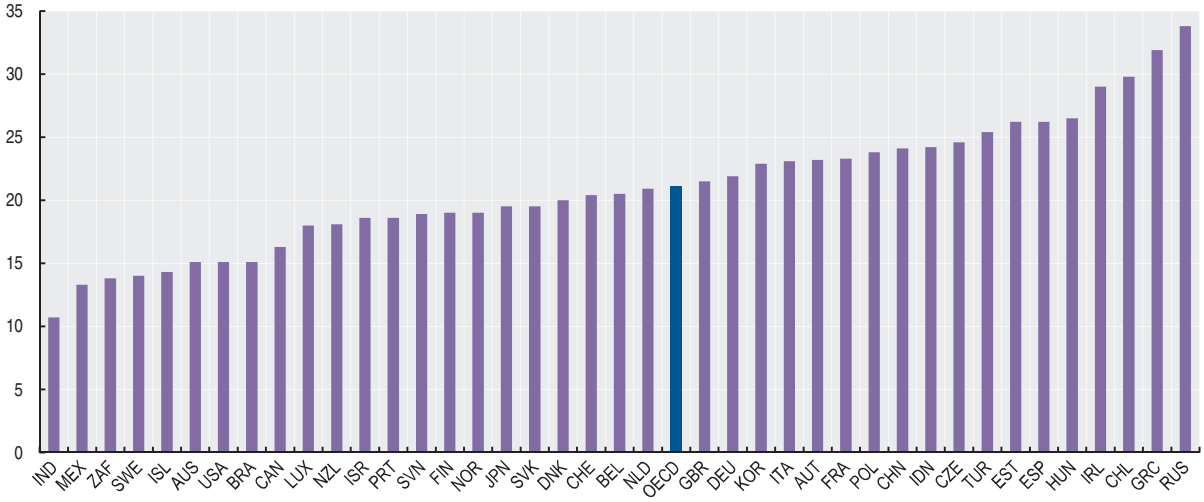
- *OECD Health Statistics*.

Websites

- OECD Health Data, *www.oecd.org/health/healthdata*.
- Health at a Glance 2011, *www.oecd.org/health/healthataglance*.

Adult population smoking daily

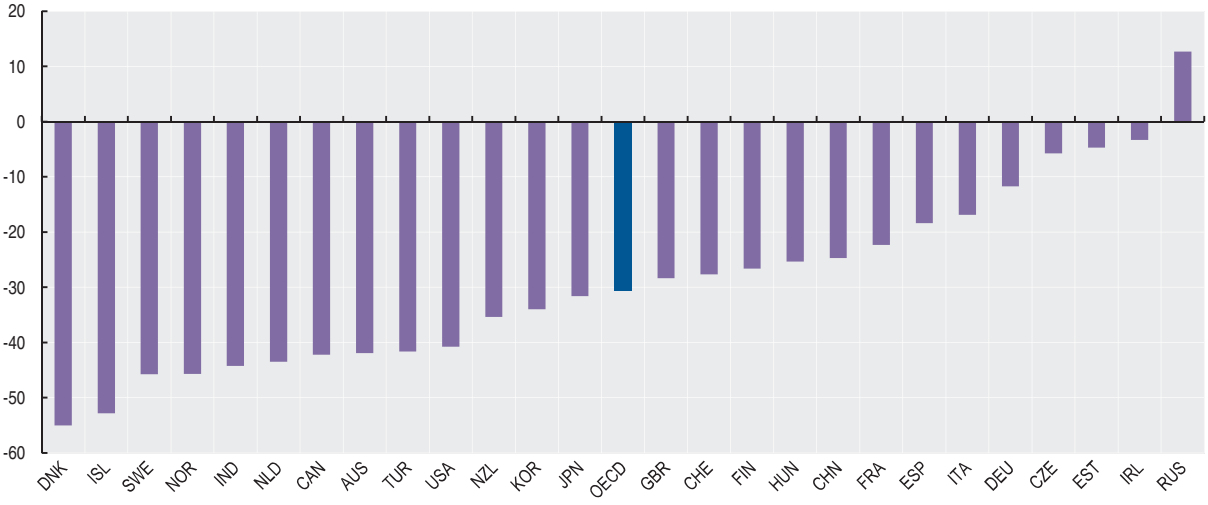
As a percentage of adult population, 2010 or latest available year



StatLink http://dx.doi.org/10.1787/888932710726

Change in smoking rates

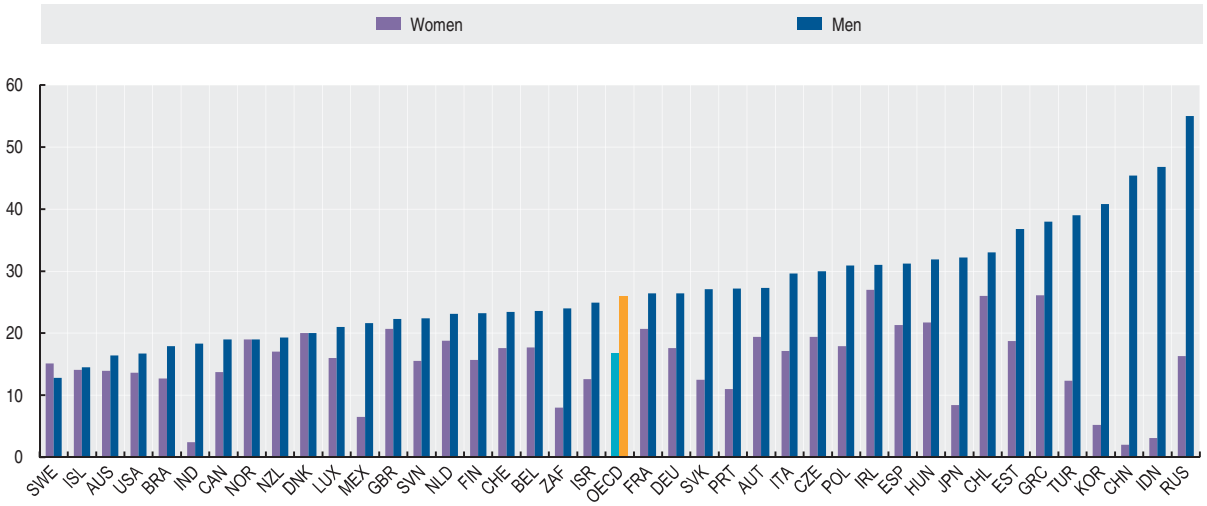
Percentage change over the period 1990-2010 or latest available period



StatLink http://dx.doi.org/10.1787/888932710745

Adult population smoking daily by gender

Percentage, 2010 or latest available year



StatLink http://dx.doi.org/10.1787/888932710764