PREVALENCE OF TOBACCO USE AMONG ADULTS IN THE WHO EUROPEAN REGION

OVERVIEW

- Estimated prevalence of current tobacco use declined from 35 per 100 adults (34.6%) in 2000 to 25 per 100 (25.3%) in 2020 (1).

- An estimated 180 million people in the WHO European Region were current tobacco users in 2020 (down from 230 million in 2000) (Fig. 1).

- Based on modelling, the European Region is tracking towards a relative reduction in rates from 2010–2025 of only 19% (instead of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 target of 30% reduction in global prevalence (2)).

- The European Region is the only WHO region not expected to reach the female 30% relative reduction target by 2025.

Fig. 2 shows age-standardized prevalence in the Region. Being age-standardized, the figures should be used strictly for the purpose of drawing comparisons across countries and must not be used to estimate absolute number of current smokers in a country.

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**Fig. 1. Estimated number of current tobacco users, WHO European Region, 2000–2020**

<table>
<thead>
<tr>
<th>Year</th>
<th>Current Tobacco Users</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
<td>230,000,000</td>
</tr>
<tr>
<td>2020</td>
<td>180,000,000</td>
</tr>
</tbody>
</table>

Source: WHO (1).

**Fig. 2. Adult current smoking prevalence: age-standardized prevalence rates for adult current smokers of tobacco (both sexes combined) 2019 (%)**

Source: WHO (3).

* Four countries do not have data: Monaco, North Macedonia, San Marino and Tajikistan.
WHO estimates that around one fifth of women (18%) in the European Region used tobacco in 2020. Male current tobacco users in 2020 (Fig. 3) numbered 117 million, a reduction from around 153 million (47%) in 2000; the number is expected to continue to decline to around 108 million (30%) by 2025.

WHO estimates that around one third of men (33%) in the Region used tobacco in 2020. Male current tobacco users in 2020 (Fig. 3) numbered 117 million, a reduction from around 153 million (47%) in 2000; the number is expected to continue to decline to around 108 million (30%) by 2025.

About 98% of male and female tobacco users in 2020 were smokers (cigarettes or other forms of smoked tobacco).

Just over 1% (8.1 million) of people aged 15 years and above in the Region use smokeless tobacco, of whom 1.9% (6.7 million) are men and 0.4% (1.4 million) women.

The average rate of tobacco use among men in northern European countries in 2010 was the lowest of the four subregions and is projected to see the biggest decline by 2025 (from 33% to 20%). The average rate for western Europe was slightly higher and is projected to decline (from 33% to 26%). Higher still was the average rate for southern Europe and it is projected to make the slowest decline of the four subregions (from 39% to 32%). The highest subregion average rate among men was for eastern Europe, which is projected to remain the highest of the four subregions (from 45% to 35%) (Fig. 4).

The average rate of tobacco use among women in 2010 for eastern European countries was the lowest of the four subregions, and is projected to see a small decline by 2025 (from 14% to 12%). A higher average rate was estimated for southern Europe, which is projected to stay at the same level in 2025 (22%). Higher still was the average rate for northern Europe, but this subregion is expected to make a very big reduction by 2025 that will see the average rate drop below those of both western and southern Europe but remain above eastern Europe (from 25% to 14%). The highest subregion average rate among women was for western Europe, which is expected to make a small decline by 2025 (from 27% to 23%) (Fig. 4).

Examples of smokeless tobacco products include products for oral and nasal use. The most commonly used forms of smokeless tobacco in the WHO European Region are snus – a moist to semi-moist ground oral smokeless tobacco product – and masya – a type of smokeless tobacco for oral use that is produced and used mostly in central Asian countries.

The subregions are: northern Europe, western Europe, southern Europe and eastern Europe.

Northern European subregion countries: Denmark, Finland, Iceland, Norway and Sweden.

Western European subregion countries: Austria, Belarus, Bosnia and Herzegovina, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Greece, Iceland, Iran, Italy, Latvia, Lithuania, Malta, Montenegro, the Netherlands, Norway, Poland, Portugal, Romania, Russia, Serbia, Slovakia, Spain, Sweden, Switzerland, Turkey, Ukraine, and the United Kingdom.

Southern European subregion countries: Albania, Andorra, Armenia, Austria, Bulgaria, Montenegro, North Macedonia, Portugal, San Marino, Saudi Arabia, Slovenia, Spain, Switzerland, Turkey, and the United Kingdom.

Eastern European subregion countries: Armenia, Azerbaijan, Belarus, Bulgaria, Croatia, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Poland, the Republic of Moldova, Romania, the Russian Federation, Slovakia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan.
Eighteen per cent of noncommunicable disease (NCD) deaths in Europe were attributable to tobacco use in 2020. Almost one in five premature NCD deaths could be avoided if tobacco use was eliminated from the Region (Fig. 5) (3).

![DEATHS ATTRIBUTABLE TO TOBACCO USE](Image)

The proportion of total NCD deaths attributable to tobacco is 18%.

The proportion of NCD deaths attributable to tobacco use is almost three times higher for men (27%) than for women (10%).

The proportion of deaths from cardiovascular diseases (heart diseases, stroke and others) due to tobacco use are estimated to be 25% for men and 8% for women.

The overall proportion of cancer deaths attributed to tobacco is 37% for men and 15% for women.

Eight out of 10 lung cancers in men are related to tobacco use.

**WHAT SHOULD BE DONE?**

- More countries need to monitor all forms of tobacco use, including the use of novel and emerging nicotine and tobacco products, such as ENDS, ENNDS and HTPs.  
- Countries are encouraged to use standards and evidence-based protocols for tobacco surveys.  
- Countries’ capacities for conducting and implementing surveys and disseminating and using their results should be strengthened.  
- Countries should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at regional and international levels, as appropriate (4).

**REFERENCES**


ENDS: electronic nicotine delivery systems; ENNDS: electronic non-nicotine delivery systems; HTPs: heated tobacco products.

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