

WHO GLOBAL REPORT ON TRENDS IN PREVALENCE OF TOBACCO SMOKING 2000–2025

Second edition



World Health
Organization

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Foreword

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Fifteen years after adoption of the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC) and five years after adoption of voluntary global targets to reduce deaths from noncommunicable diseases, it is time to take stock of worldwide progress made in reducing tobacco use.

I am pleased to note that over half of WHO Member States are succeeding in reducing demand for tobacco and thereby reducing tobacco-related diseases and deaths. But there is still much work to be done.

The first edition of the report, published in 2015, revealed that the pace of action would fall far short of achieving the global reduction target agreed under the Noncommunicable Diseases Global Action Plan 2013–2020. Instead of being on track to achieving a 30% relative reduction in tobacco use among persons aged 15 years and older by 2025, the data showed that only a 14% reduction in prevalence rates would result from efforts made to date. This report shows that there has been more progress and that at the global level countries are on track to achieve a 22% reduction by 2025. However, this is still short of the voluntary global target of a 30% reduction between 2010–2025.

In recognition of the urgent need to tackle the tobacco epidemic, and to accelerate implementation of policies at country level, WHO is launching a much more ambitious Thirteenth Global Programme of Work. We will provide targeted technical assistance to countries facing the toughest challenges in implementing the WHO FCTC. We already know what policies and actions have the greatest impact on increasing quit rates, preventing initiation and reducing demand for tobacco. It is a matter of overcoming the obstacles to implementing them. In this battle, international unity backed by global commitment and strong multisectoral action against a united global tobacco industry is our best chance of ensuring the desired success.

WHO will continue to monitor progress of Member States in further updates of this report. The same indicators are delivered to the United Nations Secretariat for monitoring progress in achieving Sustainable Development Goal 3.a.1, which calls for strengthening implementation of the WHO FCTC in all countries, as applicable. I acknowledge the dedicated work of the Secretariat to the WHO FCTC and my WHO teams in facilitating monitoring of the tobacco use reduction target for all Member States.

I congratulate all Member States who are making concerted efforts to reduce demand for tobacco by implementing and enforcing strong policies. Together, we will reverse the global tobacco epidemic and save millions of lives.

Foreword

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The University of Newcastle, Australia, is delighted to support the production of the global report on trends in prevalence of tobacco smoking 2000–2025. The School of Medicine and Public Health at the University of Newcastle, Australia, has considerable expertise on Tobacco Control, Epidemiology and Public Health which it has applied to collaborative research projects in partnership with WHO for over a decade. The report continues this partnership and provides a comprehensive analysis of trends and projections of tobacco use internationally as we move toward the global voluntary target of 30% relative reduction in tobacco use by 2025.

Despite a steady reduction in smoking globally, tobacco still kills over 7 million people each year. Much has been done to implement tobacco control policies within individual countries and most regions have seen the prevalence of smoking for both males and females decline since the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC). There is, however, still more to be done to ensure that the 2025 global voluntary target is met.

The WHO Global Report on Prevalence of Tobacco Use (2000-2025) contains country specific information and projections that will provide government, policy makers and regulators valuable information on which to base the development of tobacco control measures.

The University of Newcastle, Australia, is proud to have provided the WHO with expert technical support from our Priority Research Centre for Health Behaviour in the production of this report. The information should enable countries, and the WHO, to implement and monitor new initiatives that will further reduce the harm associated with tobacco use.

1. Introduction

Since Richard Doll and Austin Bradford Hill proved the link between smoking and lung cancer in the 1950s, the 1964 US Surgeon General's Report and countless other reports have clearly demonstrated the abysmal consequences of tobacco use on health. Not only tobacco users but non-tobacco users as well suffer tobacco-related illnesses by inhaling second-hand tobacco smoke and coming into contact with the spit of oral smokeless tobacco users or with tobacco leaves during farming or manufacture. Tobacco in any form kills and sickens millions of people every year.¹

To protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke, WHO Member States adopted the WHO Framework Convention on Tobacco Control (WHO FCTC).² Article 20 of the treaty calls on Parties to

... integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.

In 2005, when the WHO FCTC came into force, only a few countries (mostly high-income countries) had collected adequate, population-wide, comparable data on the prevalence and determinants of tobacco smoking, and much of the information was on cigarette products. Information was lacking for many other products, such as *shisha* (also known as water-pipe, *hookah* or *nargileh*, widely used in Arab countries but fast developing in other markets), *kretek* (a clove-based cigarette used mainly in Indonesia) and *bidis* (used extensively in India). Similarly, very little information was available on use of smokeless tobacco products and its impact on ill-health.

United Nations agencies have a responsibility to help countries to solve the problem of incomplete or inadequate data, and WHO has a long history of doing so. To encourage compliance with WHO FCTC Article 20, WHO and the US Centers for Disease Control and Prevention partnered to design surveys to help countries to implement the Global Tobacco Surveillance System (GTSS). The initial focus of the GTSS, in 1999, was the Global Youth Tobacco Survey – a survey of children aged 13–15 years run in schools. The GTSS was extended in 2007 to include adults, in the Global Adult Tobacco Survey – a household survey of people aged 15 years and over. The GTSS surveys have a standard protocol for sample design, questionnaire, field implementation, data collection, aggregation, analysis and reporting of results.

In 2011, in recognition of the fact that not all countries can afford to undertake a Global Adult Tobacco Survey regularly, WHO and the US Centers for Disease Control and Prevention released the "Tobacco Questions for Surveys" resource³, which is a subset of questions from the Global Adult Tobacco Survey. Tobacco Questions for Surveys is increasingly being incorporated in part or in full into other survey systems, such as the WHO *STEPwise* multi-risk factor survey for noncommunicable diseases and the Demographic and Health Survey, and is being promoted for use by organizations such as the Statistical, Economic and Social Research and Training Centre for Islamic Countries.

GTSS activities have increased the quantity of comparable data available within and among countries. By the end of 2013, a Global Adult Tobacco Survey had been conducted in 24 countries,

which cover more than 60% of the world's smokers. In addition, some countries (e.g. Brunei Darussalam and Cambodia) have adapted the Global Adult Tobacco Survey protocol independently of the GTSS to conduct adult tobacco surveys. To further support establishment of state-of-the-art national surveillance systems, the Secretariat of the WHO Framework Convention on Tobacco Control partnered with the National Institute for Public Health of Finland to create the WHO FCTC Secretariat's Knowledge Hub on Surveillance at the institute. The Knowledge Hub will develop capacity to assist WHO FCTC Parties in their implementation of Article 20 of the Convention.

The consequent improvement in the quantity and quality of data has allowed WHO to adapt the methods it has used over the years to estimate prevalence in countries as well as regional and global averages.

WHO began reporting estimates of the prevalence of tobacco smoking for all countries in the first report on the global tobacco epidemic, in 2008. The model has improved over the years, as have the quantity and quality of national data from countries. The methods used to derive the estimates in this report are described below. WHO published the first edition of this report in 2015. This report is the 2nd in the series, using the same methods with a more recent data set.

In 2011, United Nations Member States met in New York to discuss the increase in the prevalence of noncommunicable diseases and especially diseases of the circulatory and respiratory systems, cancers and diabetes mellitus. The meeting led to development of the *WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*. The plan includes a target for reducing the global prevalence of tobacco use (smoked and smokeless tobacco) by 30% by the year 2025 relative to the rate in 2010. Although the target for reducing tobacco use was set as a global target, each country is to set its own target. Some countries have informally adopted the global target as their own. The global target could be achieved if each country were to reduce the 2010 baseline rate by the required 30% by 2025. This report indicates whether the current smoking prevalence trend in each country is upwards, flat, moderately downwards or likely to decrease by 30% from the 2010 level by 2025.

The report presents the prevalence of both smoking and smokeless tobacco use. Trends are presented only for the prevalence of tobacco smoking. After reviewing data on smokeless tobacco use, WHO concluded that there are still not enough data available to estimate global trends in smokeless tobacco use. This report, however, presents the level of smokeless tobacco use by the population aged > 15 years and among children aged 13–15 years. derived from the latest available

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