

WHO Global Report

# Mortality Attributable to Tobacco





World Health  
Organization

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## FOREWORD

A stated aim of WHO's Tobacco Free Initiative is to reduce morbidity and mortality associated with tobacco use and exposure to tobacco smoke. This report provides information that will assist countries assess the mortality outcomes of tobacco use as well as efforts to control the tobacco epidemic in their populations. The information provided in this report is an extension of the global level information provided in the 2008 WHO report entitled "*Global Health Risks: Mortality and burden of disease attributable to selected major risks*". Using mortality data for 2004, that report estimated that over five million people die each year from a cause that can be attributed to tobacco. Following the release of that report, some Member States requested WHO to consider generating estimates that could provide them with an indication of progress in their quest to counter the tobacco epidemic. This report provides for the first time estimates on the mortality attributable to tobacco for both high income as well for low and middle income countries for 2004, the year preceding the entry into force of the WHO Framework Convention on Tobacco Control.

The report covers the mortality effects of direct use of smoking and smokeless tobacco among adults aged 30 years and over. It provides information on mortality from both communicable and non-communicable diseases. Although many people associate tobacco with non-communicable diseases such as cancers, heart and respiratory diseases, tobacco is also a major cause of death for communicable diseases – tuberculosis being a case in point where the disease is at times in a latent or dormant state until activated by tobacco use, triggering significant ill-health, disability and death.

The information provided in this report is conservative and does not include deaths from secondhand smoke which has been shown by WHO to cause the death of some 600,000 persons world-wide. It also does not include deaths to infants, children and young adults.

Tobacco is the leading behavioural risk factor causing a substantially large number of potentially preventable deaths worldwide. The five million deaths translate to an incredible statistic: one death every six seconds. Unless strong actions are taken to halt the tobacco epidemic, 1,000,000,000 people are projected to die this century - we cannot let this happen. I urge all countries to implement fully the WHO Framework Convention on Tobacco Control.

Dr Ala Alwan  
Assistant Director-General  
Noncommunicable Diseases and Mental Health  
December 2011

## INTRODUCTION

### The burden of tobacco use

Tobacco is the only legal drug that kills many of its users when used exactly as intended by manufacturers. Direct tobacco smoking is currently responsible for the death of about 5 million people (1) across the world each year with many of these deaths occurring prematurely. An additional 600,000 people are also estimated to die from the effects of second-hand smoke (2). Tobacco kills more than tuberculosis, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and malaria combined. In the next two decades, the annual death toll from tobacco is expected to rise to over 8 million, with more than 80% of those deaths projected to occur in low- and middle-income countries (1). If effective measures are not urgently taken, tobacco could, in the 21st century, kill over 1 billion people (3).

Although often associated with ill-health, disability and death from noncommunicable chronic diseases, tobacco smoking is also associated with an increased risk of death from communicable diseases. Exposure to tobacco smoking negatively impacts on health across the life-course. Examples include increased rates of stillbirth and selected congenital malformations during fetal life, death attributed to the sudden infant death syndrome in infancy, disability from respiratory diseases in childhood and adolescence and young adulthood. The negative impact of tobacco use becomes particularly important from about age 30 and includes increased rates of cardiovascular death (ischemic heart disease and stroke) in relatively young middle-aged adults, higher rates of cancers (especially lung cancer) particularly later in life, as well as death associated with diseases of the respiratory system and communicable diseases such as tuberculosis and infection of the lower respiratory tract.

The adverse repercussions of tobacco use and exposure extend well beyond the health risks to individuals. For families, communities and governments, tobacco use and exposure to second-hand smoke represent a significant social and economic handicap, but also importantly constitute a major risk factor in a looming epidemic of noncommunicable diseases that threatens to undo many of the global health gains achieved with difficulty over the past 50 years.

Tobacco use contributes to family poverty cycles whereby money spent on tobacco can consume a substantial proportion of total household income. Tobacco expenditure thus displaces other goods and services important for health and well-being (such as healthy nutrition or education for children), reduces the prospects of future family prosperity and results in debilitating diseases and conditions with high medical

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