

New estimates reveal enormity of global tobacco use and urgent need to redouble control efforts

****Embargo: 00:01H UK time Friday 17 August****

New estimates of tobacco use in almost half the world's population (representing more than 3 billion adults living in the UK, USA, and 14 developing countries) illustrate the global epidemic of tobacco use at the start of the 21st century with around 852 million tobacco consumers (661 million smokers and 247 million smokeless tobacco users). The new research, published in *The Lancet* special issue on respiratory medicine, reveals alarming trends in tobacco use even after several years of global tobacco control efforts, with nearly half of adult men in developing countries still using tobacco products; women increasingly starting to smoke at younger ages; and low quit rates in most countries.

According to the study, major disparities remain in the use of tobacco and access to effective policies and treatments to limit its use.

“Although 1.1 billion people have been covered by the adoption of the most effective tobacco-control policies since 2008, 83% of the world's population are not covered by two or more of these policies”, explains Gary Giovino from the University at Buffalo in New York who led the research. “Our findings come at a crucial point in tobacco control, several years after the ratification of the Framework Convention on Tobacco Control (FCTC)...and reinforce the need for effective tobacco control.”

Using data from the Global Adult Tobacco Surveys (GATS) undertaken between 2008 and 2010, Giovino and colleagues compared patterns of tobacco use and cessation in adults (aged 15 years or older) from 14 countries of low and middle income (Bangladesh, Brazil, China, Egypt, India, Mexico, Philippines, Poland, Russia, Thailand, Turkey, Ukraine, Uruguay, and Vietnam), that account for most of the disease burden from tobacco use. Nationally representative data from the UK and the USA were also included for comparison.

The overall picture shows disproportionately high rates of tobacco smoking among men (41% vs 5% in women) and wide variation in smoking prevalence between GATS countries, ranging from about 22% of men in Brazil to over 60% in Russia, and from 0.5% of women in Egypt to almost 25% in Poland. Women in the UK (21%) and the USA (16%) also reported some of the highest smoking rates.

With an estimated 301 million tobacco users, China has more tobacco consumers than any other country closely followed by India with almost 275 million. The majority of tobacco users (82%) smoke manufactured cigarettes, although smokeless tobacco use is particularly common in India (206 million users) and Bangladesh.

Of particular concern is the rise in tobacco use among women at younger ages, say the authors, adding that “women are increasingly starting to smoke at the equivalent young ages at which men begin.”

What is more, quit rates are very low in most GATS countries, with less than 20% of adults who had ever smoked in China, India, Egypt, Bangladesh, and Russia saying they had quit. Quit ratios were highest in the UK, USA, Brazil, and Uruguay with over 35% of ever smokers saying they had stopped.

In a linked [Comment](#), Jeffrey Koplan from Emory University in the USA and Judith Mackay from the World Lung Foundation in Hong Kong point out, “In view of the health burden of

tobacco use, the underinvestment in tobacco control is extraordinary. For example, core funding by governments for implementing the WHO FCTC within their own countries is woefully inadequate for the enormity of the epidemic. In low-income countries, for every US\$9100 received in tobacco taxes, only \$1 was spent on tobacco control.”

They add, “With behaviours and lifestyle in flux globally and marketing rampant we can expect initiation of tobacco use to begin at younger ages than at present, and pressures on young women to smoke to increase. Hopefully, with successful control efforts, there will be an increase in attempted and successful quit rates. Thus, repeated GATS or their equivalent will be an essential element of tobacco control...The main challenge is how to translate the findings from GATS and other surveys into health policy.”

For Professor Gary Giovino, University at Buffalo, The State University of New York, New York, USA please contact Ellen Goldbaum in UB University Communications, T) +1 716 645 4605 E) goldbaum@buffalo.edu

Dr Jeffrey Koplan, Emory University, Atlanta, USA. T) +1 404 778 2444 or +1 404 431 7928 (mobile) E) jkoplan@emory.edu

For full **Article** and **Comment**, see: <http://press.thelancet.com/GATS.pdf>

NOTE: THE ABOVE LINK IS FOR JOURNALISTS ONLY; IF YOU WISH TO PROVIDE A LINK TO THE FREE ABSTRACT OF THIS PAPER FOR YOUR READERS, PLEASE USE THE FOLLOWING, WHICH WILL GO LIVE AT THE TIME THE EMBARGO LIFTS:

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)61085-X/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61085-X/abstract)