

WHO global report on trends in prevalence of tobacco use 2000–2030



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Foreword

This *WHO global report on trends in prevalence of tobacco use 2000–2030* is a useful companion to the *WHO report on the global tobacco epidemic*, which tracks the global adoption of tobacco control measures and interventions designed to reduce the use of tobacco. Together these reports allow us to both monitor progress every two years and to identify gaps, challenges and hinderances.

This report brings some good news and reminds us that there is more work ahead. Globally we are getting closer to the global voluntary target of a 30% relative reduction in current tobacco use by 2025, as set out in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Already by 2022, the projected relative reduction is 24.9%. But progress is uneven across countries and regions of the world, and more effort is needed to achieve the overall reduction target of 30%.

In some countries there have been setbacks in tobacco policy adoption and implementation. There are four fewer countries on track to meet the goal compared to findings two years ago of the *WHO global report on trends in prevalence of tobacco use 2000–2025, fourth edition*. Six countries worldwide are still experiencing an increase in tobacco use, and nine are seeing no significant change. Considering the enormous burden that tobacco places on individuals, communities and health systems, this is totally unacceptable.

WHO and the Secretariat to the WHO Framework Convention on Tobacco Control (WHO FCTC) work together as co-custodians of the Sustainable Development Goal indicator 3.a.1. This report contributes to the global monitoring of Sustainable Development Goal 3.a, which calls for strengthening implementation of the WHO FCTC in all countries, as appropriate.

The measures that are effective for reducing tobacco use are known. When countries commit to protecting their people from tobacco, we see the results – a reduction in tobacco use prevalence rates, and correspondingly healthier populations.

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Preface

On behalf of the Joint Medical School of the University of Newcastle and the University of New England, Australia, we congratulate the World Health Organization (WHO) for publishing its global report on trends in prevalence of tobacco use 2000–2030.

Tobacco use continues to be a major potentially avoidable threat to public health around the world. This threat applies not only to those who directly use tobacco but also to people who themselves choose not to use tobacco but who may be exposed to harmful tobacco residues and smoke. In response to the threat posed by tobacco to public health globally, WHO Member States in 2003 unanimously adopted the WHO Framework Convention on Tobacco Control. The preamble to the treaty emphasizes the special contribution that academic institutions can play in international tobacco control efforts. The Joint Medical School is proud to have engaged with and supported the WHO in the production of this important report.

It is satisfying to know that despite the challenges thrown at them throughout the COVID-19 pandemic, most countries during these difficult years have nevertheless continued to try to control the tobacco epidemic and monitor progress by conducting population health surveys.

The report reveals the encouraging progress made by the WHO, countries and civil society in combatting the tobacco epidemic. Despite this improvement, much remains to be done to ensure that the damage caused by tobacco use is truly ended.

Finally, we wish to thank our colleagues at the Joint Medical School and University of Newcastle Priority Research Centre for Health Behaviour for their commitment and for sharing their technical know-how to help the WHO and all countries improve the lives of people everywhere.

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Abbreviations

ENDS	Electronic nicotine delivery systems
GPW 13	Thirteenth Global Programme of Work 2019–2023
GSHS	Global school-based student health survey
GYTS	Global youth tobacco survey
HBSC	Health behaviour in school-aged children survey
HTP	Heated tobacco product
NCD	Noncommunicable disease
NCD GAP	WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013– 2020
SDG	Sustainable development goal
WHO FCTC	WHO Framework Convention on Tobacco Control

1. Introduction

In recognition of the global threat of tobacco use to public health, the WHO Framework Convention on Tobacco Control (WHO FCTC) was the first global health treaty negotiated under the auspices of the WHO (1). Adopted in 2003, 182 countries and the EU are parties to this treaty. Only 11 of WHO's Member States are not parties to the treaty.

The United Nations Sustainable Development Goal (SDG) Target 3.a is to “Strengthen the implementation of the WHO FCTC in all countries, as appropriate”. The official indicator used to measure progress towards this target is 3.a.1, “Age-standardized prevalence of current tobacco use among persons aged 15 years and older” (2). WHO tracks the global progress of this indicator, in collaboration with the Secretariat of the WHO FCTC, and submits country-level WHO estimates to the United Nations every two years.

The WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (NCD GAP) (3), since extended to 2030, includes a target for reducing the global prevalence of tobacco use (smoked and smokeless tobacco) by 30% by the year 2025, relative to 2010 (4). This report uses data from Member States to monitor progress towards the target, and to project the likelihood of achieving it.

Many countries are setting their own targets to reduce tobacco use, and calculating their own tobacco use trends and projections. The value of WHO estimates is mainly to compile a global picture of tobacco use trends using a unified set of definitions and a single estimation method for all countries. All estimates are supported by nationally representative surveys. The data used are described in the Methods section of this report. All WHO estimates undergo a country consultation prior to publication.

Previous rounds of estimates, published in the 2015, 2018, 2019 and 2021 editions of the *WHO global report on trends in prevalence of tobacco use 2000–2025*, presented a timeseries of estimates running from 2000 to 2025. These estimates are fully revised in this report, and projections up to 2030 have been added for the first time.

In addition to tobacco use prevalence trends and target assessments, other global analyses presented in this report include global estimates of the prevalence of cigarette smoking and smokeless tobacco use among adults, and the prevalence of tobacco use, cigarette smoking and smokeless tobacco use among adolescents. An estimate the global prevalence of e-cigarette use was attempted, however data are missing in too many countries. Details on the methods used for these global estimates, along with data sources, are in Annex 2.

This report may be used as a companion to the biennial *WHO report on the global tobacco epidemic* (5), an advocacy tool that supports adoption of the demand-reduction measures in the WHO FCTC, and which highlights the successes of Member States towards full adoption of the measures.

2. Methods

2.1 WHO's global estimates of trends in tobacco use among persons aged 15 years and above

The source data behind the trend analysis in this report are nationally representative population-based surveys that have collected data on one or more forms of tobacco use between 1990 and 2022. The population of interest is people aged 15 years and above.

WHO gathers the surveys provided by: parties to the WHO FCTC in their biennial reports submitted to the Secretariat of the WHO FCTC; surveys completed under the aegis of the Global Tobacco Surveillance System (in particular, the Global Adult Tobacco Survey); other WHO-supported surveys including WHO STEPwise surveys and World Health Surveys; and surveys undertaken by cross-national organizations, such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Survey (MICS). For countries not regularly participating in any of the above, WHO regional offices and WHO country offices made efforts to identify surveys conducted independently by those countries.

Data from these national surveys are compiled into a single dataset of prevalence classified by type of tobacco, use frequency, year, country, sex and age of respondent, and sample size. The dataset was closed on 1 February 2023.

Among the surveys used there are many different approaches to asking people about their tobacco use, as well as the types of tobacco products they use. Different age ranges are surveyed, and the breadth of topics covered by the survey can vary. All this variety makes a global analysis of tobacco use as reported in national surveys challenging. The methods described below try to surmount these challenges.

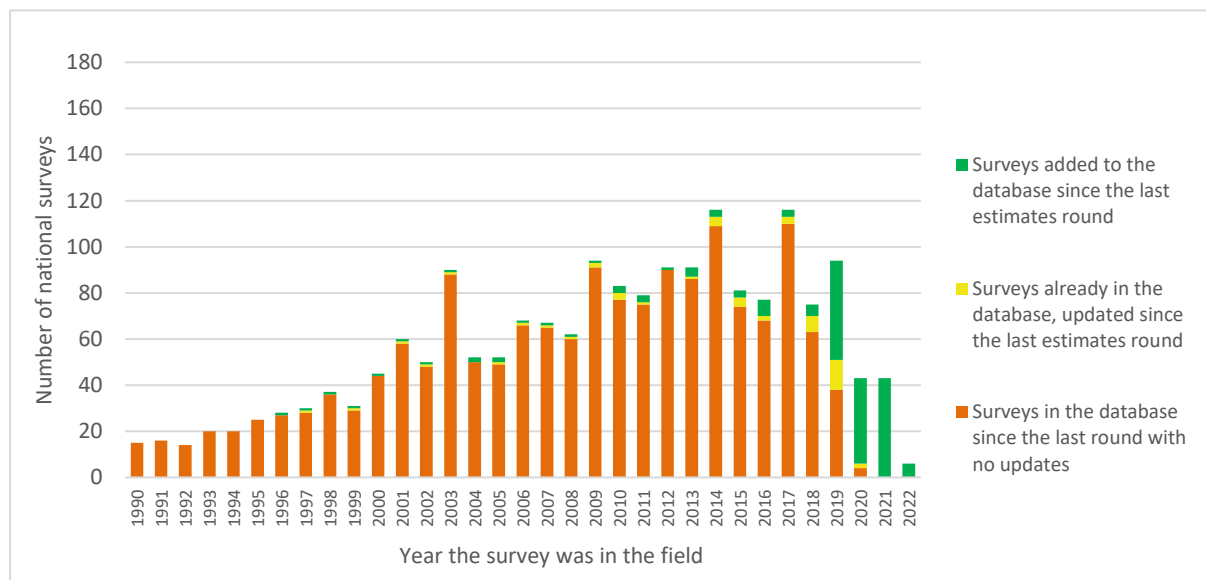
“Prevalence” is defined as the proportion of the population of interest who report that they use the product. “Current use” of a product is defined as using the product at the time of the survey on a daily or non-daily basis.

“Any tobacco use” is defined in this report as use of any type of tobacco – smoked and/or smokeless tobacco. “Any tobacco use” does not include the use of products that do not contain tobacco, such as electronic nicotine delivery systems (ENDS), referred to in this report as e-cigarettes. Surveys can vary in how strict they are about supplying a definition of which products they are referring to when asking respondents about tobacco use. The survey report and questionnaire, when available, were consulted to determine which of the following categories best characterize the data reported:

- (i) any tobacco product;
- (ii) any smoked tobacco product;
- (iii) any cigarette (manufactured or hand-rolled); or
- (iv) any smokeless tobacco product.

The dataset used for the 2023 round of trend estimates contains data from a total of 1872 national surveys. Of these, 1643 were the same surveys used during the last round with no additional data points added, 51 were surveys present in the dataset in the last round, but which have since had one or more datapoints added, and 178 were completely new surveys added since the last round. All data years from 1996 to 2022 received new data since the last round, thereby strengthening the existing data and allowing retrospective corrections to the trends in all years dating back to 1990 (see Fig. 1). The data year with the greatest number of eligible surveys undertaken is 2017 (110 surveys) followed by 2014 (109 surveys). When the dataset closed on 1 February 2023, only five surveys from 2022 were available. The surveys published since then will be included in the dataset for the next round of WHO estimates. Each round of estimates recalculates the trends from 2000 to 2030 using the updated dataset, therefore the results from one round cannot be directly compared with the results from any other round.

Fig. 1: Surveys added to the dataset and surveys updated since the last round of WHO estimates in 2021



The dataset is run through a statistical model to estimate the underlying trends in tobacco use prevalence among the population aged 15+ in each country. This is done separately by sex, type of tobacco used and frequency of use (current and daily). The trends in prevalence are projected to 2025 and 2030.

WHO used a statistical modelling tool called “DISMOD-MR” to calculate tobacco use trends among adults. DISMOD-MR is an open-source tool designed to run Bayesian mixed-effects meta-regression statistical analyses on epidemiological datasets. It was originally developed by academics at the University of Washington, USA, and is downloadable from Github (6). Details of how this tool was used by WHO for this analysis were published in a peer-reviewed journal in 2015 (7). The DISMOD-MR programmes and input file, as well as the list of surveys in the dataset, are available from the

WHO tobacco repository on Github.

The original model analysed only the “smoked tobacco use” and “cigarette use” indicators. In 2018, WHO modified the tool to process also the indicator “any tobacco use”. Originally the model paired “tobacco smoking” rates with “cigarette smoking” rates in the dataset and examined the relationship between the two to fill gaps where either rate was missing. The recent modification is to run this analysis end-to-end as the first step of the modelling, and then rerun end-to-end to pair “tobacco smoking” rates with “any tobacco use” rates, again examining the relationship between the two to fill gaps where either rate was missing. The results of the two runs are then combined by retaining results for “any tobacco use”, “cigarette smoking” and only one of the two sets of “tobacco smoking” results, selected based on the comparative strength of its relationship with either the “any tobacco use” indicator or the “cigarette smoking” indicator, and assessed separately by sex, on a country-by-country basis. Where a country had survey data about the “any tobacco use” indicator and the “cigarette smoking” indicator but not the “tobacco smoking” indicator, the estimates of “tobacco smoking” derived from the first step were included as input for the second step.

The output of the model is a set of trend lines for each country summarizing prevalence between 2000 and the country’s most recent survey, then projecting to 2025 and 2030. The model is fitted separately for men and women and produces age-specific rates as well as summary rates for the population aged 15 years and older. Trends in six indicators are produced:

- (i) Current tobacco use
- (ii) Daily tobacco use
- (iii) Current tobacco smoking
- (iv) Daily tobacco smoking
- (v) Current cigarette smoking
- (vi) Daily cigarette smoking

The model was run for countries that had at least two nationally representative surveys carried out in different years that report national prevalence rates for one or more tobacco use indicator(s), with at least one of these surveys reporting rates disaggregated by age and by sex, and at least one survey carried out since 2012. Countries who previously had results in earlier rounds of WHO estimates, but who have not run a survey since 2012, no longer have any results.

For countries that have insufficient data to run the model, no trend estimates are calculated. All countries are nevertheless included in global and regional analyses by assuming that the rates of tobacco use – had they been measured – would resemble the average rates seen in the relevant analysis grouping of countries (see Annex 2.3).

In this report, country trends are summarized at global level, at WHO regional level, and by World Bank income group, according to the World Bank classification in 2022 [\(8\)](#). Global and regional averages are weighted by population, according to the UN estimates published in World Population

Prospects, 2022 (9). To facilitate comparisons between countries, prevalence rates are standardized to the WHO Standard Population (10). Age-standardized rates are hypothetical numbers that can be quite different from the non-standardized rates for countries with population structures that are unlike the WHO Standard Population structure. The Sustainable Development Goal indicator calls on countries to report age-standardized rates.

Each country's trend category is reported in Table A1.7. Alongside this is an indication of reliability of the assessment, based on the quantity of the underlying data. Each trend result is classified as either "more reliable" or "less reliable". The assessment for a country with (i) at least three surveys since 1990, and (ii) at least one survey since 2012, and (iii) at least two surveys with prevalence rates disaggregated by age and by sex, is categorized as "more reliable". All others are classified as "less reliable".

To assess whether countries are on track to meet the tobacco use reduction targets under the NCD GAP, the trend results are categorized into one of five categories: on track to achieve a 30% relative reduction between 2010 and 2025; likely to achieve a decrease in prevalence but less than 30% by 2025; unlikely to experience a significant change in prevalence; likely to experience an increase in prevalence; and having insufficient data to calculate a trend. For countries close to the 30% cut-off, an uncertainty analysis was undertaken so that only countries with a statistically significant chance of meeting the target are reported as on track to meet it.

2.2 Global estimates of indicators without trend analysis

Global estimates in this report other than those mentioned above, such as global prevalence of smokeless tobacco use among adults, prevalence of use of any tobacco, cigarettes, smokeless tobacco and e-cigarettes among adolescents, and global prevalences of e-cigarette use among adults and adolescents have been calculated by collating the most recent national survey in each country that reports these indicators for adults (in a population-based survey) and for adolescents (in a school-based survey). There is not yet a critical mass of survey data on any of these indicators to allow a trend analysis. Instead, all these estimates centre around a single point in time. The pertinent methods and datasets used are described in Annex 2 of this report.

3. Results

3.1 Trends in prevalence of tobacco use

3.1.1 Characteristics of data used to calculate WHO trends in tobacco use, tobacco smoking and cigarette use among adults

Trend results were produced for 165 countries with sufficient data as described in the Methods chapter. These 165 countries represent 85% of WHO Member States and 97% of the global population. Each WHO Region has results for at least 76% of its Member States and 88% of its population, and each World Bank income group is represented by at least 69% of its countries and 78% of its population (see Table 1).

Table 1: 2022 global dataset, levels of Member State and population coverage with nationally representative population-based surveys

	African Region	Region of the Americas	South-East Asia Region	European Region	Eastern Mediterranean Region	Western Pacific Region
% of countries	39 / 47	26 / 35	11 / 11	49 / 53	16 / 21	24 / 27
% of population covered	91%	96%	100%	99%	88%	100%

	High-income countries	Upper middle-income countries	Lower middle-income countries	Low-income countries	Global
% of countries	55 / 60	46 / 56	44 / 49	20 / 29	165 / 194
% of population covered	100%	99%	99%	78%	97%

The South-East Asia Region is the only WHO Region with all its Member States having sufficient survey data to allow measurement and projection of tobacco use trends over the period 2000–2030. The Western Pacific Region has survey data covering close to 100% of the adult population, with only three countries having insufficient survey data to calculate a trend for this report. The European Region has regular national surveys covering 99% of its population. The Region of the Americas has coverage for 96% of its population, although the proportion of countries covered is the lowest of all regions at 74% due to 9 countries having no data or insufficient data. The African Region has 91% of its population covered by sufficient surveys in 39 countries. The lowest population coverage is in the Eastern Mediterranean Region, where only 88% of the population living in three quarters of the Region’s countries have sufficient survey data available to calculate tobacco use trends for this report (see Table 1).

Monitoring rates vary by World Bank country income group, with better survey coverage achieved in the best-resourced nations. In high-income Member States, close to 100% of the aggregated adult population are covered by surveys. In both the upper middle-income and lower middle-income Member States groups, the coverage is 99% of the aggregated populations. Low-income countries have the lowest level of sufficient survey coverage at 69% of countries and 78% of combined populations (see Table 1).

3.1.2 Estimates of global trends in prevalence of tobacco use among people aged 15 years and older, by sex, 2000–2030

Table 2: Global trends in prevalence of tobacco use among people aged 15 years and older, by year

Year	Estimated prevalence				Projected prevalence			Reduction target	
	2000	2005	2010	2015	2020	2025	2030	Relative reduction % 2010-2025	30% reduction target*
Both sexes									
Prevalence (%)	32.7	29.3	26.4	23.9	21.7	19.8	18.1	18.4	1.3
Average change over previous 5 years (%/year)	--	-0.68	-0.59	-0.50	-0.43	-0.38	-0.33	-0.65	-0.65
Males									
Prevalence (%)	49.1	45.1	41.6	38.4	35.5	32.9	30.6	29.1	3.8
Average change over previous 5 years (%/year)	--	-0.79	-0.71	-0.63	-0.58	-0.53	-0.47	-1.28	-1.28
Females									
Prevalence (%)	16.3	13.5	11.1	9.3	7.9	6.7	5.7	7.8	-1.1
Average change over previous 5 years (%/year)	--	-0.57	-0.46	-0.36	-0.29	-0.24	-0.19	-0.01	-0.01

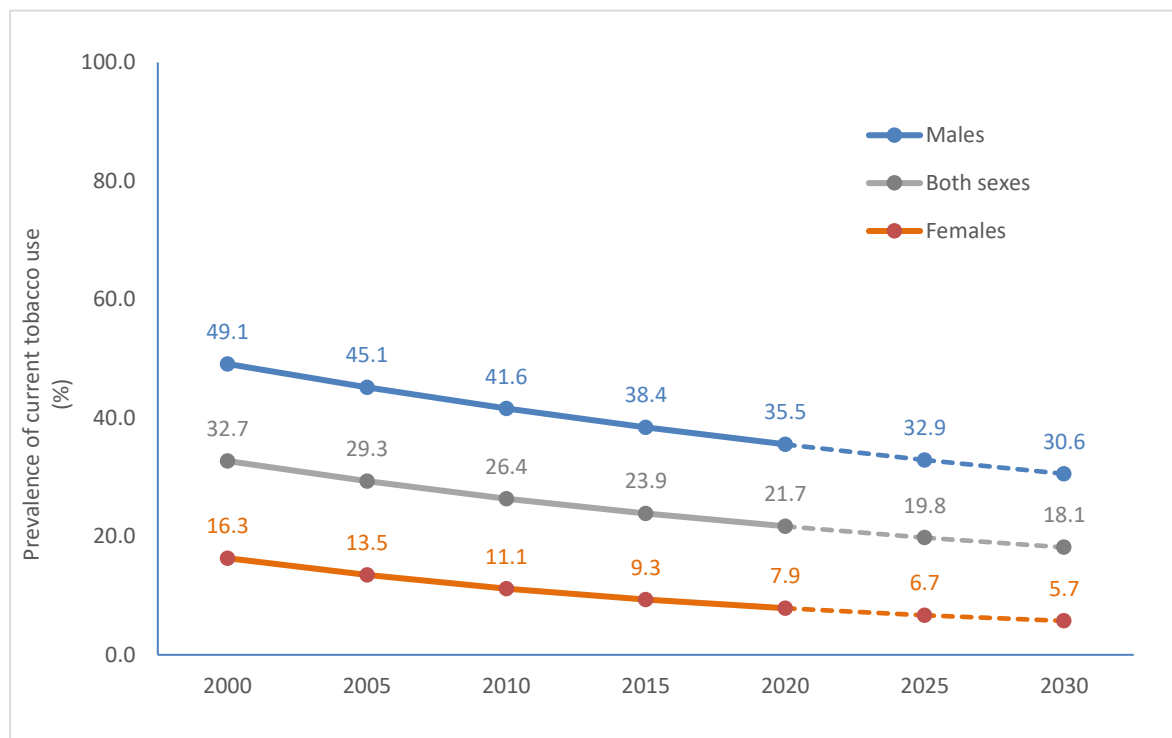
* The average annual change required to achieve the 2025 target from 2020 onwards.

Overall, the global target for the total population will fall short of meeting the overall global target of 18.4% by an absolute 1.3%. Instead of achieving the 30% relative reduction called for in the NCD GAP by 2025, current efforts are likely to yield a global prevalence of around 19.8% in 2025, which equates to a 25% relative reduction since 2010 (21% reduction among males and 40% reduction among females). At the current annual absolute decline rate of 0.3%–0.4% per annum, it will take an extra four years, or until 2029, to achieve a 30% relative reduction from the prevalence of 2010 (see Table 2).

In 2000, around half of men (49.1%) aged 15 years and older were current users of some form of tobacco. If the level of intensity of tobacco control measures is maintained over time, then the prevalence rate is projected to decline to 32.9% in 2025 and to 30.6% by 2030. Although these

decreases are encouraging, they would not meet the target of a 30% relative reduction by 2025 using 2010 as the baseline. In 2010, the male rate of 41.6% means a target rate of 29.1% needs to be reached by 2025. The projected prevalence based on current trends suggests that males will miss that target by 3.8%.

Fig. 2: Global trends in prevalence of tobacco use among people aged 15 years and older, by sex, 2000–2030 (estimates to 2020, projections to 2030)



In 2000, around one in six women (16.3%) aged 15 years and older were current users of some form of tobacco. By 2025, the rate is projected to decline to 6.7% and further to 5.7% by 2030. The projected 2025 prevalence (6.7%) exceeds the 30% reduction target (7.8%) by an absolute 1.1%. Based on existing data, a 30% reduction was already achieved among women in 2021.

In 2000, the proportion of males using any form of tobacco was three times the proportion of women users. By 2022 the rate for males was more than four times the rate for females. This reflects the faster decline in prevalence among females. This gap is expected to increase further and reach just over five times by 2030 (see Fig. 2).

3.1.3 Trends in prevalence of tobacco use by age

Table 3: Global trends in prevalence of tobacco use by age, 2000–2030

Age (years)	Estimated prevalence (%)					Projected prevalence (%)		
	2000	2005	2010	2015	2020	2022	2025	2030
Both sexes								
15–24	20.5	18.5	16.8	15.3	13.8	13.3	12.7	11.8
25–34	31.0	28.2	25.4	23.1	21.2	20.4	19.2	17.5
35–44	38.3	34.2	31.1	28.3	25.6	24.7	23.5	21.6
45–54	41.2	37.0	33.2	30.1	27.5	26.4	25.0	22.9
55–64	40.0	35.4	31.5	28.4	25.8	24.8	23.6	21.8
65–74	34.2	30.5	27.1	24.2	21.9	21.1	19.9	18.4
75–84	27.7	24.5	21.9	19.6	17.7	16.9	16.0	14.9
≥ 85	21.0	19.8	16.6	14.8	13.5	12.9	12.0	11.1
Males								
15–24	32.3	29.5	27.2	24.8	22.6	21.8	20.9	19.6
25–34	49.1	45.1	41.0	38.0	35.1	33.8	31.9	29.2
35–44	58.6	53.9	49.9	45.8	42.0	40.8	39.2	36.3
45–54	60.6	56.0	51.7	48.1	44.9	43.4	41.2	38.1
55–64	56.1	51.6	47.9	44.6	41.6	40.5	39.2	36.8
65–74	47.3	43.8	40.3	37.3	35.4	34.5	33.1	31.3
75–84	39.8	36.3	33.6	31.3	29.1	28.1	27.2	26.3
≥ 85	33.5	31.6	28.3	26.0	24.4	23.8	22.5	21.1
Females								
15–24	8.3	6.9	5.9	5.2	4.5	4.3	3.9	3.5
25–34	12.4	10.7	9.1	7.6	6.6	6.2	5.7	5.0
35–44	17.6	14.2	11.8	10.2	8.8	8.2	7.4	6.4
45–54	21.9	18.0	14.8	12.0	10.0	9.5	8.7	7.5
55–64	24.7	19.9	15.8	13.1	10.7	9.9	8.7	7.3
65–74	23.1	19.1	15.7	12.7	10.2	9.5	8.5	7.0
75–84	19.6	16.4	13.5	11.2	9.3	8.6	7.6	6.3
≥ 85	15.5	14.3	11.0	9.1	7.8	7.3	6.5	5.6

Globally, the average rate of tobacco use among young people aged 15–24 years has declined from just over 20% in 2000 to about 13% in 2022, and is projected to reach 12% in 2030 (see Table 3).

Among males in the age group 15–24 years, tobacco use has declined from 32.3% in 2000 to 21.8% in 2022. The rate in 2030 is projected to be 19.6%. Among women in this age group, the 2000 rate of 8.3% reduced to 4.3% by 2022, and this is projected to continue downwards to 3.5% by 2030.

There has been a steady decline in tobacco use for both males and females in each age group over the observed period 2000–2022. The age-specific rates are projected to continue declining to 2030 for both males and females. The age-specific rates peak at age group 45–54 for men (see Fig.3), and

for women peak at age group 55–64 (see Fig.4). The absolute prevalence levels in each age group have been consistently higher for males than for females.

Fig. 3: Global trends in age pattern of tobacco use among males, 2000–2030 (estimates to 2020, projections to 2030)

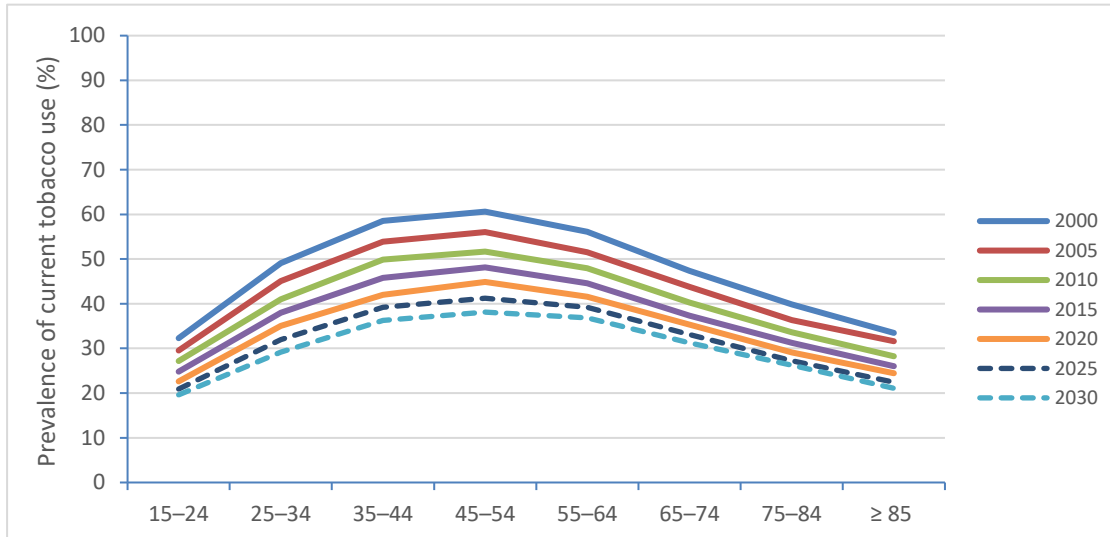
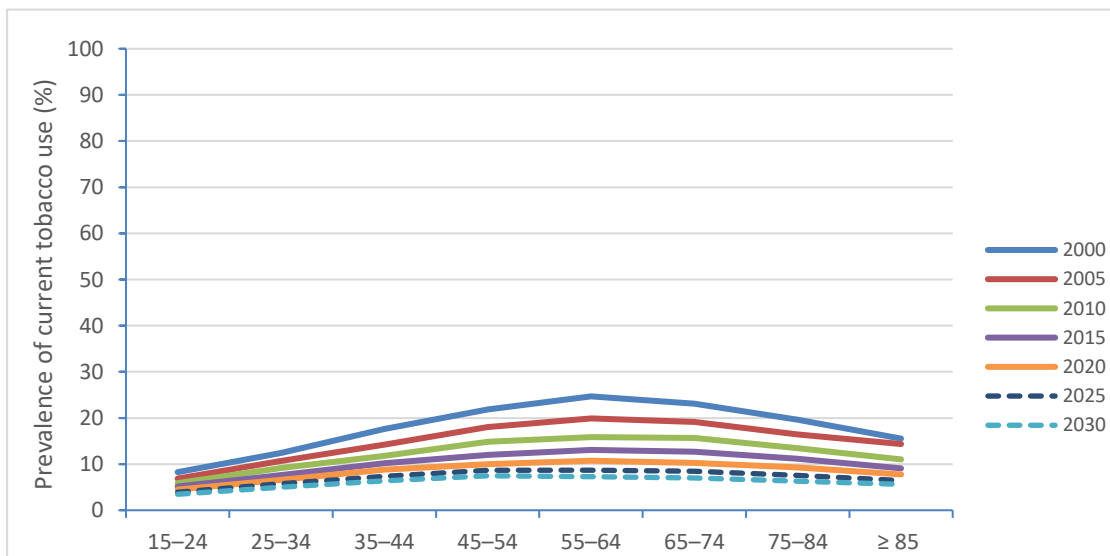


Fig. 4: Global trends in age pattern of tobacco use among females, 2000–2030 (estimates to 2020, projections to 2030)



3.1.4 Trends in prevalence of tobacco use by WHO region

Table 4: Trends in prevalence of tobacco use among people aged 15 years and over, by WHO region, estimated and *projected*

WHO region	Estimated prevalence (%)					Projected prevalence(%)			Reduction target	
	2000	2005	2010	2015	2020	2022	2025	2030	Relative reduction % 2010-2025	30% reduction target
Both sexes										
African Region	17.8	15.3	13.2	11.5	10.1	9.5	8.9	8.0	32%	9.3
Region of the Americas	26.8	23.9	21.3	19.2	17.3	16.6	15.6	14.2	27%	14.9
South-East Asia Region	51.2	43.6	37.2	32.2	28.0	26.5	24.6	22.0	34%	26.1
European Region	34.4	31.7	29.5	27.6	25.9	25.3	24.4	23.1	17%	20.6
Eastern Mediterranean Region	26.9	24.3	22.0	20.1	18.7	17.9	17.5	16.6	20%	15.4
Western Pacific Region	28.0	26.4	25.1	24.0	22.9	22.5	21.8	20.8	13%	17.6
Global	32.7	29.3	26.4	23.9	21.7	20.9	19.8	18.1	25%	18.4
Males										
African Region	28.7	25.1	22.2	19.7	17.6	16.6	15.8	14.3	29%	15.5
Region of the Americas	33.9	30.4	27.4	24.8	22.6	21.7	20.6	18.8	25%	19.2
South-East Asia Region	68.9	61.7	55.5	50.2	45.3	43.7	41.3	38.0	26%	38.9
European Region	46.4	42.5	39.0	35.9	33.1	32.0	30.6	28.3	22%	27.3
Eastern Mediterranean Region	43.7	40.4	37.4	34.9	33.2	31.9	31.6	30.4	16%	26.2
Western Pacific Region	50.8	48.5	46.5	44.7	43.0	42.4	41.2	39.6	11%	32.6
Global	49.1	45.1	41.6	38.4	35.5	34.4	32.9	30.6	21%	29.1
Females										
African Region	7.0	5.5	4.3	3.4	2.7	2.4	2.1	1.7	50%	3.0
Region of the Americas	19.7	17.4	15.3	13.5	12.0	11.4	10.6	9.5	30%	10.7
South-East Asia Region	33.5	25.4	18.9	14.2	10.6	9.4	7.9	6.0	58%	13.2
European Region	22.3	21.0	20.0	19.2	18.7	18.5	18.2	17.9	9%	14.0
Eastern Mediterranean Region	10.2	8.2	6.6	5.3	4.3	4.0	3.5	2.9	46%	4.6
Western Pacific Region	5.2	4.3	3.7	3.2	2.8	2.6	2.4	2.1	35%	2.6
Global	16.3	13.5	11.1	9.3	7.9	7.4	6.7	5.7	40%	7.8

Age-standardized tobacco use prevalence rates are declining on average in all WHO regions. The existing data suggest that the NCD 2025 target of a 30% reduction in tobacco use prevalence is on track to be achieved in just two WHO Regions: the African Region and the South-East Asia Region. The Region of the Americas appeared to be on track in the last round of WHO estimates two years ago but is now tracking towards a 27% relative reduction by 2025. The Eastern Mediterranean Region is projecting a 20% relative reduction (however as noted in Table 1 above, data are the least robust in this region), while the European Region is projecting at 17% relative reduction and the Western Pacific Region at 13%.

Looking at trends in tobacco use among men and region averages, none of the WHO Regions are projecting a 30% relative reduction. The best reduction in region average among men is in the African Region, at 29%, followed by the South-East Asia Region and Region of the Americas, at 26% and 25% respectively. Despite the good rate of reduction in the South-East Asia Region, the prevalence will be above 40% in 2025, which is as high as the prevalence among men in the Western Pacific Region, where reductions are the slowest (see Fig. 5.1).

All WHO Regions are projecting an average relative reduction among women above 30% except the European Region. This Region is very different from the other five Regions in terms of women’s tobacco use. Prevalence is projected to reduce very little, from an average of 20.0% in 2010 to 18.2% in 2025 (see Fig. 5.2).

Fig. 5: Trends in current tobacco use among both sexes combined aged 15 years and older, WHO region averages, 2000–2030 (estimates to 2020; projections to 2030)

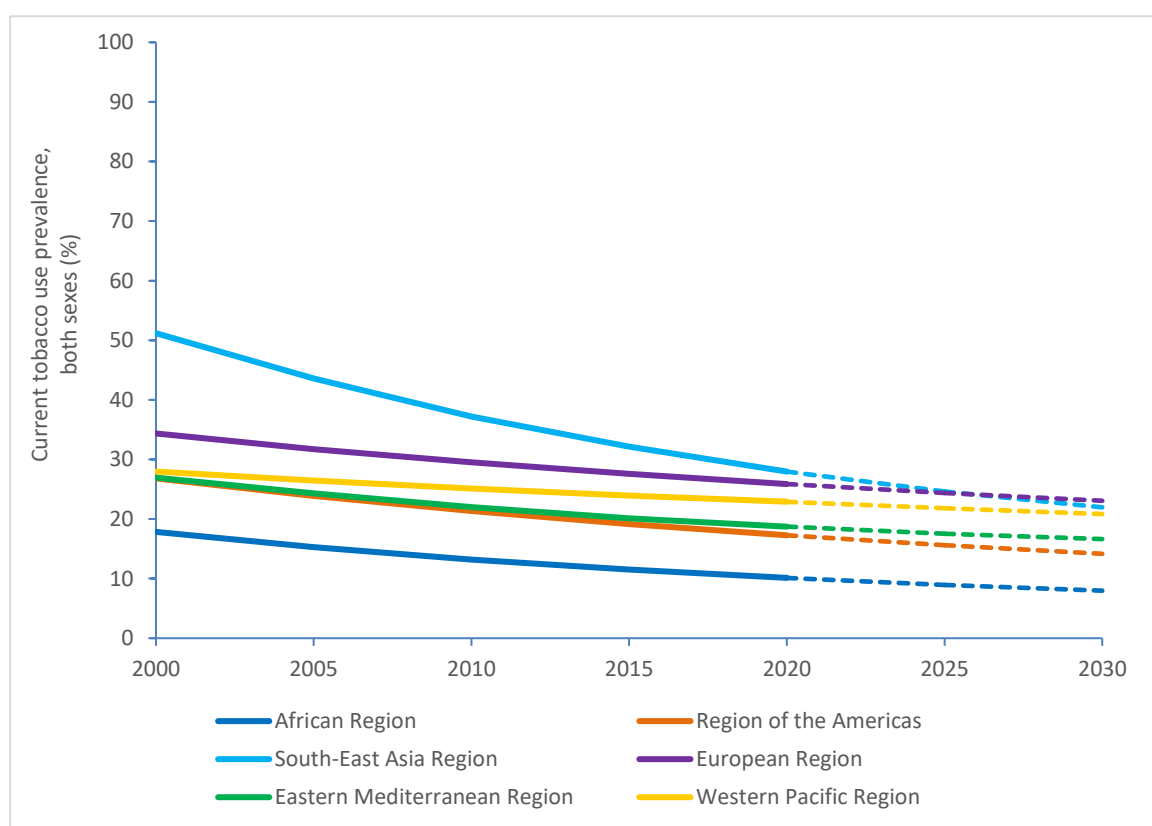
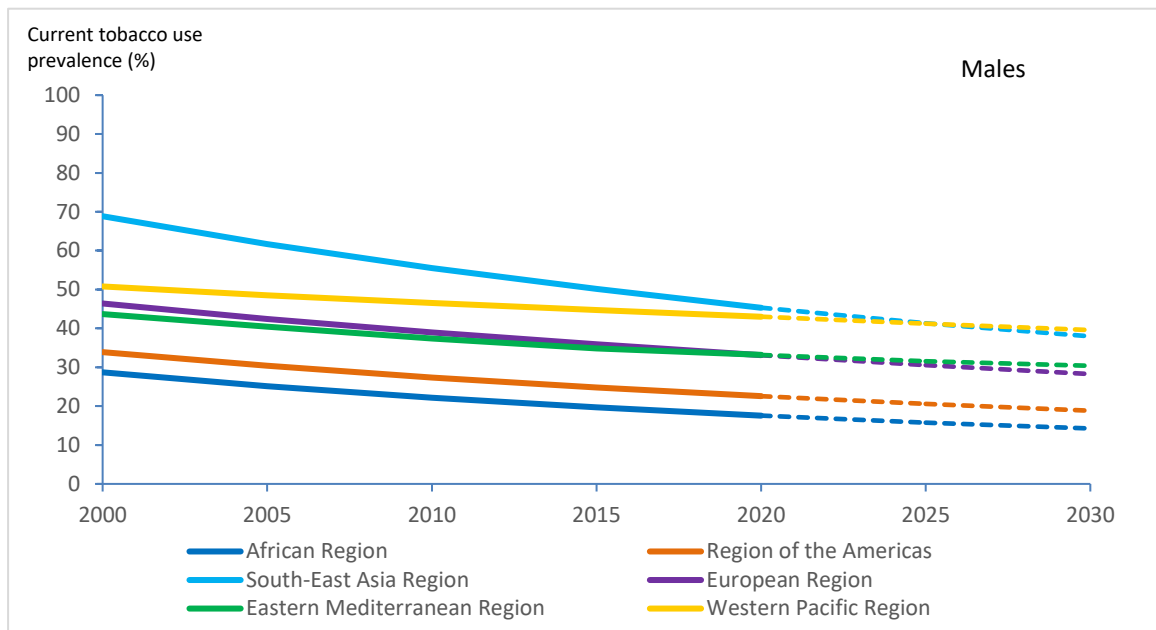
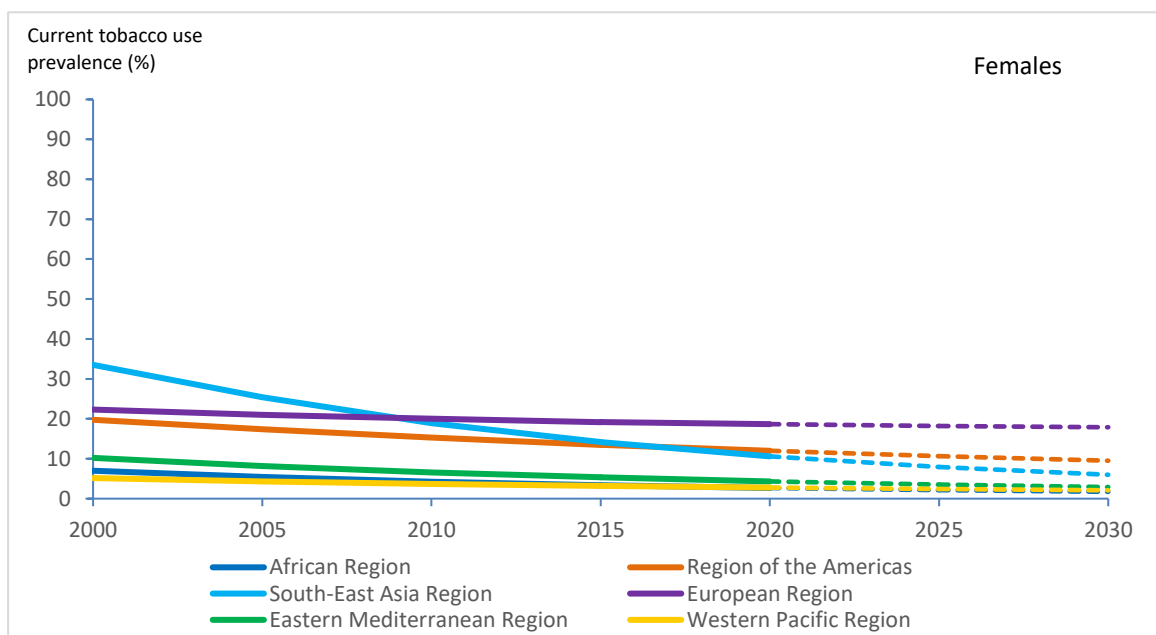


Fig. 5.1: Trends in current tobacco use among males aged 15 years and older, WHO region averages, 2000–2030 (estimates to 2020; projections to 2030)



Looking at tobacco use among males only, in 2000 the highest average prevalence rates were in the South-East Asia Region (69%), followed by the Western Pacific Region (51%). These two regions still had the highest rates in 2022, both over 40%. The Western Pacific Region has the flattest trend among all regions for men.

Fig. 5.2: Trends in current tobacco use among females aged 15 years and older, WHO region averages, 2000–2030 (estimates to 2020; projections to 2030)



In 2000, the highest tobacco use prevalence among females by WHO region was 33% in the South-East Asia Region, but rapidly declining use rates have brought this below 10% in 2022. In 2022, the highest prevalence among females is seen in the European Region (18%). South-East Asia and the Americas regions have similar prevalence levels at around 10–11%. The lowest average rates among females continue to be seen in the African Region, Eastern Mediterranean Region, and Western Pacific Region, with rates of 2–4%.

3.1.5 Trends in prevalence of tobacco use by World Bank income group

Table 5. Global trends in prevalence of tobacco use among people aged 15 years and older, by World Bank income group, estimated and *projected*

WB country income group	Estimated prevalence (%)					Projected prevalence (%)		
	2000	2005	2010	2015	2020	2022	2025	2030
Both sexes								
High-income	33.0	30.0	27.2	24.9	22.9	22.2	21.2	19.6
Upper middle-income	27.2	25.6	24.3	23.1	22.0	21.6	20.9	19.9
Lower middle-income	43.1	37.0	31.7	27.5	24.0	22.7	21.1	18.8
Low-income	21.0	18.4	16.3	14.4	12.9	12.0	11.7	10.6
Global	32.7	29.3	26.4	23.9	21.7	20.9	19.8	18.1
Males								
High-income	41.4	37.4	33.8	30.7	28.1	27.2	25.9	23.8
Upper middle-income	47.0	44.7	42.7	40.7	38.8	38.1	37.0	35.2
Lower middle-income	60.6	54.3	48.7	43.8	39.6	38.0	35.9	32.8
Low-income	33.4	30.1	27.2	24.5	22.4	20.9	20.6	19.0
Global	49.1	45.1	41.6	38.4	35.5	34.4	32.9	30.6
Females								
High-income	24.6	22.5	20.6	19.0	17.7	17.2	16.4	15.4
Upper middle-income	7.3	6.5	6.0	5.5	5.2	5.1	4.9	4.6
Lower middle-income	25.6	19.6	14.8	11.2	8.4	7.5	6.4	4.8
Low-income	8.7	6.8	5.3	4.2	3.4	3.1	2.7	2.2
Global	16.3	13.5	11.1	9.3	7.9	7.4	6.7	5.7

Tobacco use prevalence is continuing to trend downwards over time in all World Bank country income groups. In 2000, the highest average rate was found among lower middle-income countries, but by 2022 their rate was essentially similar to those for high and upper middle-income countries at around 21–22%. Low-income countries have experienced the lowest average prevalence throughout the period 2000–2022, with rates declining from 21% in 2000 to 12% in 2022. These countries are projected to reach a prevalence rate of 11% in 2030 (see Table 5). Among men, upper and lower middle-income countries are expected to have the highest average prevalences in 2030 at 35% and 33% respectively. Their prevalences will be substantially higher than the rates for high-income countries as a group (24%) and low-income countries (19%).

Among women, the average prevalence in all income groups except the high-income group is projected to reduce to under 5% by 2030. Average prevalence was highest in high-income countries in 2010, at 21%, and this group is projected to still rank the highest at 15% in 2030. The biggest reduction in prevalence among women is seen in the lower middle-income group, where the average halved from 15% in 2010 to 7.5% in 2022.

3.1.6 Trends in the number of tobacco users

Table 6: Trends in the global number of tobacco users (millions) aged 15 years and older

WHO region	Number of tobacco users (millions)							
	2000	2005	2010	2015	2020	2022	2025	2030
Both sexes								
African Region	59	59	59	60	61	60	62	64
Region of the Americas	159	154	148	142	136	133	129	121
South-East Asia Region	488	471	452	436	420	411	402	387
European Region	229	218	207	195	184	179	173	164
Eastern Mediterranean Region	74	79	85	88	92	92	97	103
Western Pacific Region	353	365	371	374	372	370	365	357
Global	1,362	1,345	1,322	1,296	1,264	1,245	1,227	1,197
Males								
African Region	48	49	50	51	53	53	55	58
Region of the Americas	99	97	94	91	88	86	84	80
South-East Asia Region	342	345	345	345	343	340	338	334
European Region	153	144	135	127	118	114	109	101
Eastern Mediterranean Region	61	67	73	78	82	83	88	94
Western Pacific Region	321	335	344	348	348	347	343	337
Global	1,024	1,036	1,040	1,039	1,031	1,022	1,016	1,004
Females								
African Region	11	10	9	8	8	8	7	7
Region of the Americas	60	57	55	51	48	47	45	42
South-East Asia Region	146	127	107	91	77	71	64	54
European Region	76	74	71	69	66	65	64	62
Eastern Mediterranean Region	13	12	11	11	10	9	9	8
Western Pacific Region	32	30	28	26	24	23	22	20
Global	338	309	281	256	233	224	211	193

The total number of tobacco users for both sexes combined has declined steadily over the period 2000–2022. In 2000, an estimated 1.362 billion people aged 15 years and over were current users of one or more tobacco products. That number has declined steadily over time to reach 1.245 billion in 2022 and is projected to further decline to 1.20 billion by 2025 (see Table 6)

In 2022, 82% of current tobacco users aged 15 years or above in the world were male. From 2000 to 2010, the number of male tobacco users globally aged 15 years and older increased each year, even as prevalence rates fell. The number of male tobacco users is estimated to have peaked in 2010 at 1.040 billion. This number is projected to keep reducing in future, and by 2030 should be down to 1.004 billion.

However, in four out of six WHO regions, the number of male tobacco users rose between 2000 and

2015. The numbers of male tobacco users in South-East Asia and Western Pacific regions peaked in 2015 and started to decrease from then onwards, while the African and Eastern Mediterranean regions are expected to keep increasing until at least 2030 on current trends. The two regions with declining numbers of male tobacco users between 2000 and 2030 are the Region of the Americas and the European Region, where prevalence rates are reducing fast enough to keep ahead of population growth.

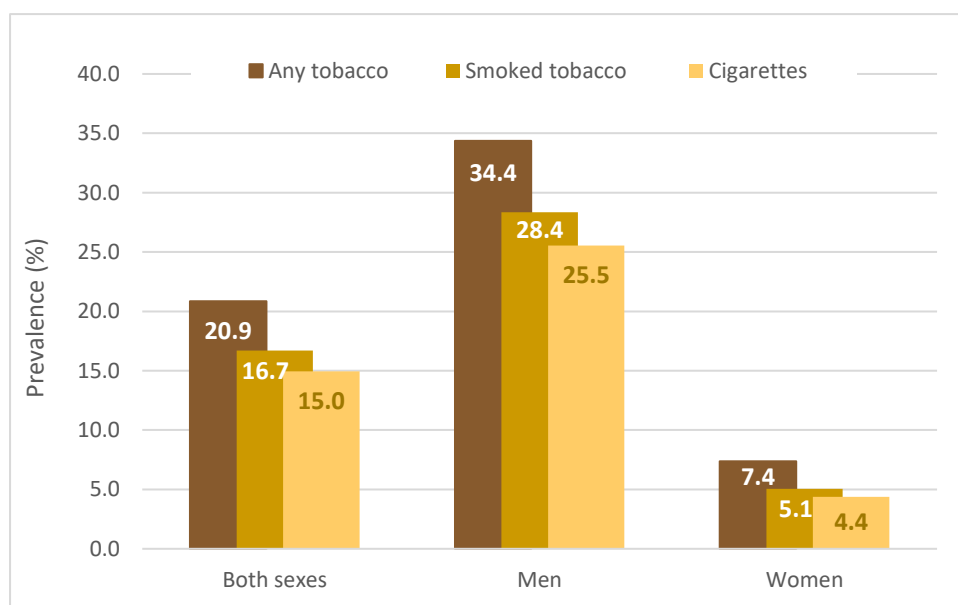
The number of female current tobacco users aged 15 years or older has been declining in all WHO regions over the period 2000–2022, and this is expected to continue to 2030. There are already an estimated 115 million fewer female tobacco users in 2022 (224 million) than there were in 2000 (338 million). The total number of tobacco users among females is projected to decline to around 193 million by 2030.

3.1.7 Levels of tobacco use, smoking and cigarette use among adults in 2022

Although there is a wide diversity of products available in countries, the type of tobacco used in countries could be classified into three nested categories: (i) any tobacco use (smoked and/or smokeless); (ii) tobacco smoking (all forms including for example manufactured cigarettes, roll-your-own, shisha, bidis, kreteks and others; and (iii) cigarette smoking. Someone who reports using cigarettes is counted as a user for all three categories. Someone who uses only waterpipe is counted for both “the tobacco smoking” and the “any tobacco use” indicators. Someone who only uses nasal tobacco is counted for the “any tobacco use” indicator only. Every specific tobacco product fits into one, two or all three of these categories.

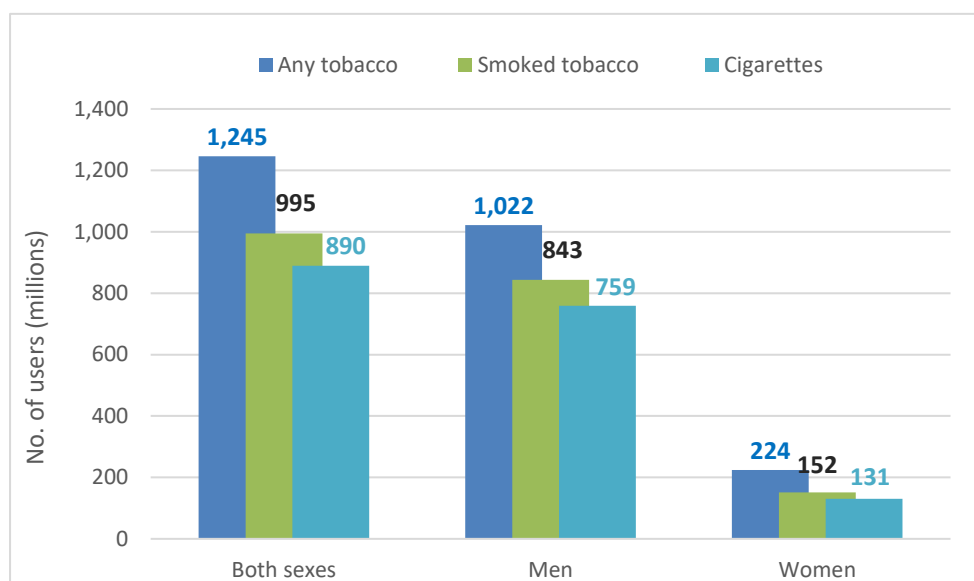
The global dataset indicates that 20.9% of all persons aged 15 years and over used some form of tobacco on a current basis in 2022. Of all these tobacco users, 80% were current smokers with a prevalence of current tobacco smoking of 16.7%. Among tobacco smokers, 89% were cigarette smokers with a current cigarette smoking prevalence of 15.0% among all persons aged 15 years and over (see Fig. 6).

Fig 6: Age standardized global prevalence of tobacco use by type, 2022



In 2022, the prevalence of current tobacco use among males aged 15 years and over was 34.4%. Of these, 83% consumed smoked tobacco products (global prevalence of 28.4%); see Fig. 6. These male smokers mostly used cigarettes (90%) with a prevalence level of 25.5%. In the same year, 7.4% of females of the same age were current users of any form of tobacco. Compared with males, a somewhat lower proportion used any smoking tobacco (69% at a prevalence of 5.1%). However, of those who smoked, 86% smoked cigarettes (prevalence of 4.4%); see Fig. 7.

Fig 7: Global number of tobacco users (millions) by type of tobacco, 2022



In terms of numbers of adult users, in 2022, there were an estimated 1.245 billion current tobacco users in the world, among whom 995 million were current tobacco smokers. Among smokers, around 890 million were currently smoking cigarettes; see Fig. 7. Of the estimated 1.245 billion current tobacco users globally, around 1.022 billion were men and 224 million were women. These numbers do not include adolescents aged under 15.

Table 7: Age-standardised prevalence of tobacco use by type among the population aged 15 years and over, 2022

	Males			Females			Both sexes		
	Any tobacco	Smoked tobacco	Cigarettes	Any tobacco	Smoked tobacco	Cigarettes	Any tobacco	Smoked tobacco	Cigarettes
WHO region									
African Region	16.6	14.3	12.9	2.4	1.5	0.8	9.5	7.9	6.9
Region of the Americas	21.7	19.8	16.8	11.4	10.8	9.5	16.6	15.3	13.2
South-East Asia Region	43.7	24.1	19.3	9.4	1.3	0.8	26.5	12.7	10.0
European Region	32.0	31.3	29.0	18.5	18.3	17.0	25.3	24.8	23.0
Eastern Mediterranean Region	31.9	28.1	22.6	4.0	2.3	1.3	17.9	15.2	12.0
Western Pacific Region	42.4	42.3	41.3	2.6	2.5	2.3	22.5	22.4	21.8
World Bank country income group									
High-income	27.2	25.2	21.9	17.2	16.5	14.9	22.2	20.9	18.4
Upper middle-income	38.1	38.1	37.0	5.1	5.0	4.6	21.6	21.5	20.8
Lower middle-income	38.0	24.0	19.6	7.5	1.7	1.1	22.7	12.9	10.4
Low-income	20.9	17.7	15.4	3.1	1.6	0.7	12.0	9.7	8.0
Global	34.4	28.4	25.5	7.4	5.1	4.4	20.9	16.7	15.0

In the European Region, 25.3% of all people aged 15 years and over were current users of tobacco; with almost all (98% among males and 99% among females) using a smoking product and again almost all using cigarettes; see Table 7.

The lowest proportion of smokers among tobacco users is seen in the South-East Asia Region where 26.5% of people were current users of tobacco with less than half of these using a smoked tobacco product. There was a marked difference by sex with 55% of males using a smoked product compared with 14% of female tobacco users who were smokers (see Table 7).

The largest proportion of smokers among tobacco users is found in the high-income country group, where 22.2% of adults were current tobacco users (27.2% of males and 17.2% of females). Of these, the large majority were current smokers (25.2% of males and 16.5% of females). This translates to 94% of current tobacco users being smokers (93% of male tobacco users and 96% of female tobacco users).

The smallest proportion of smokers among tobacco users is found in the lower middle-income country group, where on average 22.7% of adults were current tobacco users in 2022, with only 12.9% using a smoked product.

Among tobacco smokers globally, just under 90% smoked cigarettes. The proportion was highest in the Western Pacific Region, where almost all smokers smoke cigarettes, and lowest in the South-East Asia Region, where almost 80% of smokers used cigarettes.

Table 8: Global number of tobacco users (millions) by type of tobacco used, 2022

	Males			Females			Both sexes		
	Any tobacco	Smoked tobacco	Cigarettes	Any tobacco	Smoked tobacco	Cigarettes	Any tobacco	Smoked tobacco	Cigarettes
WHO region									
African Region	52.8	46.0	41.1	7.5	4.6	2.5	60.3	50.6	43.6
Region of the Americas	85.7	78.0	66.3	46.9	44.5	39.1	132.7	122.5	105.4
South-East Asia Region	340.0	189.0	151.3	71.3	10.0	5.8	411.3	199.0	157.1
European Region	113.8	111.2	103.0	65.5	64.9	60.1	179.3	176.1	163.0
Eastern Mediterranean Region	82.6	72.8	59.0	9.4	5.5	3.2	92.0	78.4	62.2
Western Pacific Region	346.8	346.1	338.3	23.1	22.2	20.1	369.8	368.4	358.4
World Bank country income group									
High-income	129.9	120.9	105.3	79.0	76.1	68.4	208.9	197.0	173.7
Upper middle-income	399.6	398.9	388.3	52.8	52.5	47.9	452.4	451.3	436.2
Lower middle-income	451.5	288.8	235.3	85.9	19.9	13.1	537.3	308.7	248.3
Low-income	40.7	34.6	30.0	6.1	3.2	1.4	46.8	37.8	31.4
Global	1021.7	843.2	758.9	223.7	151.7	130.7	1245.4	994.9	889.7

The WHO Region with the largest number of smokers was the Western Pacific Region, with 368 million smokers in 2022. The upper middle-income group of countries had the largest number of smokers, with 451 million smokers, or 45% of the global number (see Table 8). The largest number of female smokers per WHO Region are the 65 million living in the European Region, representing over 40% of all female smokers in the world. Around 10 million women smoke in the South-East Asia Region, while a total of 71 million use tobacco (smoked or smokeless tobacco) in this Region. The high-income countries have the largest proportion of female smokers at 50% of all women smokers, or 76 million smokers.

3.2 Progress towards meeting tobacco use reduction targets

The NCD GAP includes a target for reducing the global prevalence of tobacco use (smoked and smokeless tobacco) among people aged 15 years and older by 30% by the year 2025, relative to 2010.

The likelihood of achieving the tobacco use reduction target was assessed for 194 WHO Member States. In total, 165 countries have results from the analysis of tobacco use trends for this report. Collectively they cover 97% of the world's population. Countries were grouped into the following categories: likely to achieve a 30% relative reduction; likely to achieve a decrease in prevalence but less than 30%; unlikely to experience a significant change in prevalence; likely to experience an increase in prevalence; or did not have enough data for calculating a trend. The results are summarised in Table 9.

Table 9: Global status of tobacco use prevalence reduction target, 2022

WHO Region	Number of countries that...					
	are likely to achieve a 30% relative reduction	are likely to achieve a decrease in prevalence but less than 30%	are unlikely to experience a significant change in prevalence	are likely to experience an increase in prevalence	did not have enough data for calculating a trend	were assessed in total
Global	56	94	9	6	29	194
African Region	22	15	1	1	8	47
Region of the Americas	13	13	0	0	9	35
South-East Asia Region	2	8	0	1	0	11
European Region	11	34	3	1	4	53
Eastern Mediterranean Region	2	8	3	3	5	21
Western Pacific Region	6	16	2	0	3	27

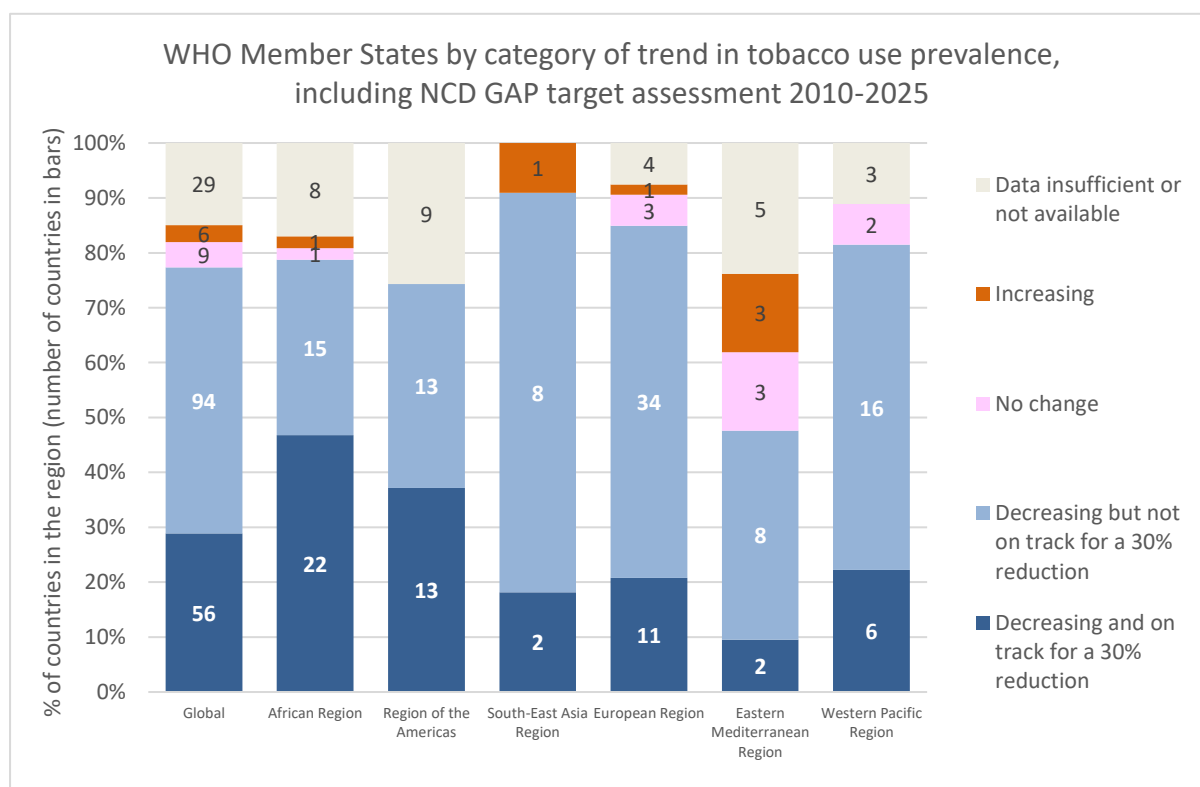
On current trends, 56 countries are likely to achieve at least a 30% relative reduction in tobacco use by 2025, assuming they can continue implementing tobacco control measures at the current pace or faster. Another 94 countries are experiencing a statistically significant downward trend but are unlikely to achieve the target by 2025 without accelerating efforts. Within this group of 94 countries are 11 with a relative reduction that calculates to 30% or above but who are not classified as on track because of statistical uncertainty around their estimates.

Nine countries are neither increasing nor decreasing their rates of tobacco use over time. Six countries are experiencing an increase in tobacco use rates. The remaining 29 countries have no trend estimates in this report due to absence of, or insufficiencies in, the available survey data. The countries are listed by category in Annex Table A1.7.

Compared to the last assessment of countries on track to achieve the NCD GAP target two years ago, there is a net loss of four countries from the group expected to achieve the target. One country has accelerated its reduction rate and is now on track (Cambodia), one country previously had

insufficient data and are now evidently on track (United Arab Emirates), four countries fell back from being on track into a slower rate of reduction (Belize, Cook Islands, Mexico and Rwanda), and two countries previously on track have no new survey since 2012 and so their current trajectories are unknown (Eritrea and Mozambique). The other 54 countries in the group on track for the target were already on track two years ago.

Fig. 8: Status of tobacco use prevalence reduction target by WHO region, 2022



The 56 countries currently on track to meet the reduction target represent 29% of the world’s countries and 40% of the world’s population. They are spread across all six WHO regions, but the African Region has the largest proportion of its Member States on track, with 22 countries or almost half of its countries, followed by the Region of the Americas with over one third of its countries on track (see Fig. 8).

The South-East Asia Region has the highest proportion of its population living in countries on track – 70% of the total population of the Region. The lowest proportion is in the Western Pacific Region, where 12% of the population lives in countries on track. The Western Pacific is also the only region where almost 100% of the population live in countries where tobacco use prevalence is in decline. The European Region has 97% of its population in countries experiencing an overall decline in tobacco use (see Table 10).

Table 10: Status of tobacco use prevalence reduction target by WHO region, 2022

WHO Region	Proportion (%) of region's population ^a living in countries that...					
	are likely to achieve a 30% relative reduction	are likely to achieve a decrease in prevalence but less than 30%	are unlikely to experience a significant change in prevalence	are likely to experience an increase in prevalence	did not have enough data for calculating a trend	were assessed in total
African Region	53%	37%	0%	1%	9%	100%
Region of the Americas	38%	58%	–	–	4%	100%
South-East Asia Region	70%	17%	–	13%	–	100%
European Region	22%	75%	1%	0%	1%	100%
Eastern Mediterranean Region	32%	29%	11%	16%	12%	100%
Western Pacific Region	12%	88%	0%	–	0%	100%
Global	40%	51%	1%	5%	3%	100%

^a Population figures are for all ages in 2022



3.3 Smokeless tobacco use among people aged 15 years and older

Data on smokeless tobacco use among persons aged 15 years and older were available from 89 countries (46% of WHO Member States) between 2012 and 2022, representing 78% of the global population aged 15 years and above. These estimates cover both exclusive use of smokeless tobacco products and dual use of such products along with smoked tobacco products. However, the data allow only a combined estimate of “any smokeless tobacco use”, with no distinction between exclusive and dual use.

For this analysis, for countries where no data were available, it was assumed that use of smokeless tobacco was negligible, and the prevalence is set to zero. This assumption may result in an underestimate of smokeless tobacco use at global and regional levels.

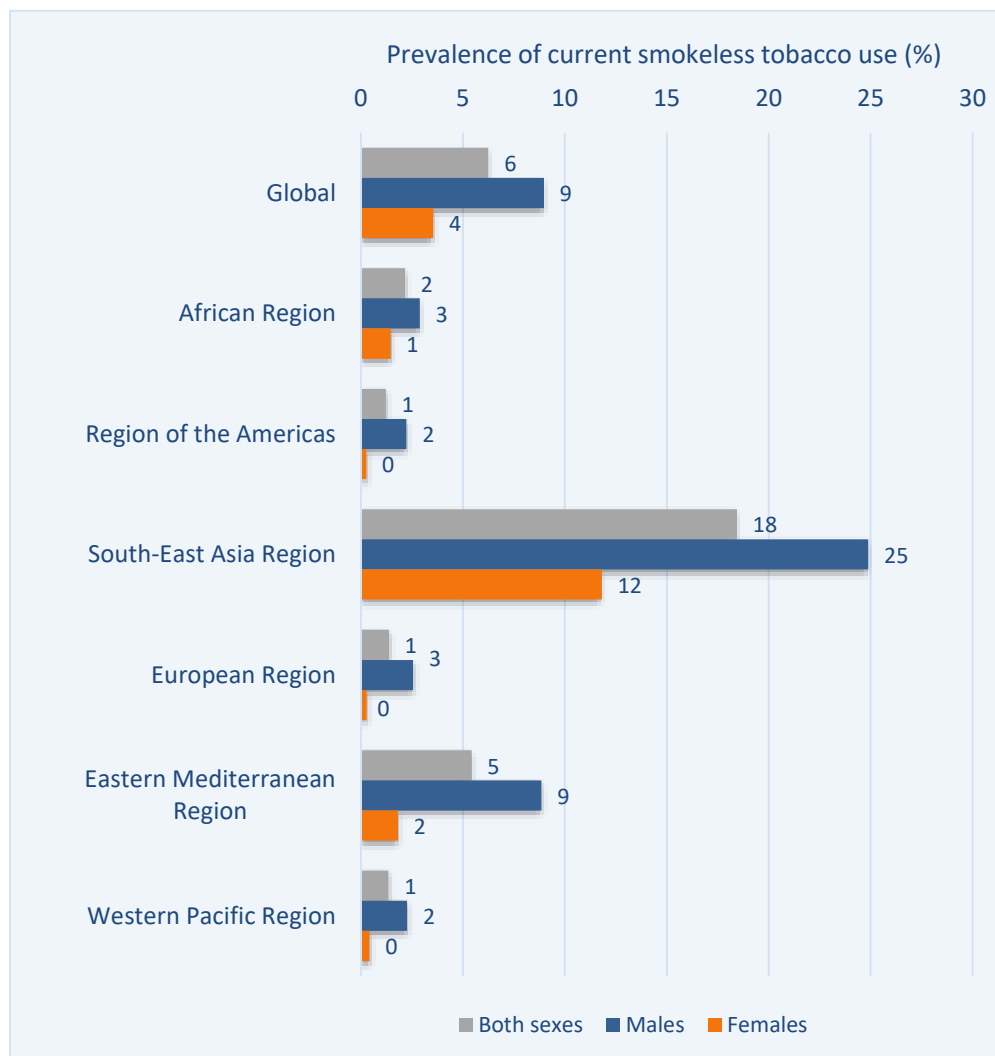
Table 11: Prevalence of smokeless tobacco use and number of users aged 15 years and older, by sex, by WHO region and by World Bank country income group

	Average prevalence rate (%)			Estimated no. of smokeless tobacco users (millions)		
	Males	Females	Both sexes	Males	Females	Both sexes
WHO region						
African Region	2.9	1.4	2.2	9	5	14
Region of the Americas	2.2	0.3	1.2	9	1	10
South-East Asia Region	24.9	11.8	18.4	191	88	280
European Region	2.6	0.3	1.4	9	1	10
Eastern Mediterranean Region	8.9	1.8	5.4	22	4	27
Western Pacific Region	2.3	0.4	1.3	18	3	21
World Bank country income group						
High-income	3.1	0.4	1.7	15	2	17
Upper middle-income	1.7	0.3	1.0	17	3	20
Lower middle-income	18.1	8.0	13.0	216	94	310
Low-income	5.3	2.0	3.6	11	4	15
Global	9.0	3.5	6.3	259	103	362

The average estimates were constructed from surveys conducted in countries in the period 2012–2022 and applied to each country's United Nations estimated population in 2021.

Based on the available data, the average prevalence of current smokeless tobacco use among adults in the world is estimated at 6.3% – 9.0% among males and 3.5% among females (see Table 11). The highest use rates are in the South-East Asia Region, where 24.9% of males and 11.8% of females, on average, use smokeless tobacco. The lowest average rates are seen in the Region of the Americas, where 1.2% of adults are current users of smokeless tobacco – 2.2% of males and 0.3% of females. Smokeless tobacco use is moderately high among men in the Eastern Mediterranean Region, where an estimated 5.4% of adults are current users (see Fig. 9).

Fig. 9: Prevalence of smokeless tobacco use, people aged 15 years and older



Note: The average estimates were constructed from surveys conducted in countries in the period 2012–2022 and applied to each country’s population in 2021. See Annex 2.1 for more information.

These prevalence estimates translate to at least 362 million adult users of smokeless tobacco globally – 259 million men and 103 million women. Over 280 million smokeless tobacco users, or 77% of the global total, live in the South-East Asia Region. The region with the second highest burden of smokeless tobacco use is the Eastern Mediterranean Region where at least 27 million adult smokeless tobacco users live; at least 21 million users live in the Western Pacific Region. Each WHO region is estimated to have at least 10 million adult smokeless tobacco users.

Of the World Bank country income groups, the heaviest burden of smokeless tobacco use is carried by the lower middle-income group of countries where prevalence is around 13%, totalling 310 million current users (86% of total users globally). The second highest average prevalence is among low-income countries where an estimated 3.6% of adults are currently using smokeless tobacco products.

3.4 Smokeless tobacco use among adolescents aged 13–15 years

Data on smokeless tobacco use among adolescents aged 13–15 years are available from 123 countries (63% of WHO Member States and 73% of the global population aged 13–15 years) who asked questions about smokeless tobacco use in a school-based survey between 2012 and 2022 among children aged 13–15 years or in equivalent grades. While prevalence is unknown in countries who are not monitoring smokeless tobacco use among adolescents aged 13–15 years, for this analysis it is assumed that use rates are negligible in countries with no data.

On average globally, around 3.1% of adolescents aged 13–15 years report current use of smokeless tobacco products: 3.7% of boys and 2.5% of girls. Use rates are highest in the Eastern Mediterranean and South-East Asia regions where respectively 4.2% and 3.6% of adolescents aged 13–15 years use smokeless tobacco. These two regions, along with the Western Pacific Region, are also those with the best survey coverage – with at least 77% of the population aged 13–15 years in all three regions asked about their use of smokeless tobacco products. The lowest data coverage rate was in the African Region (35% of the population aged 13–15), followed by the European Region (51%).

Table 12: Prevalence of smokeless tobacco use and number of users aged 13–15 years, by sex, by WHO region, and by World Bank country income group

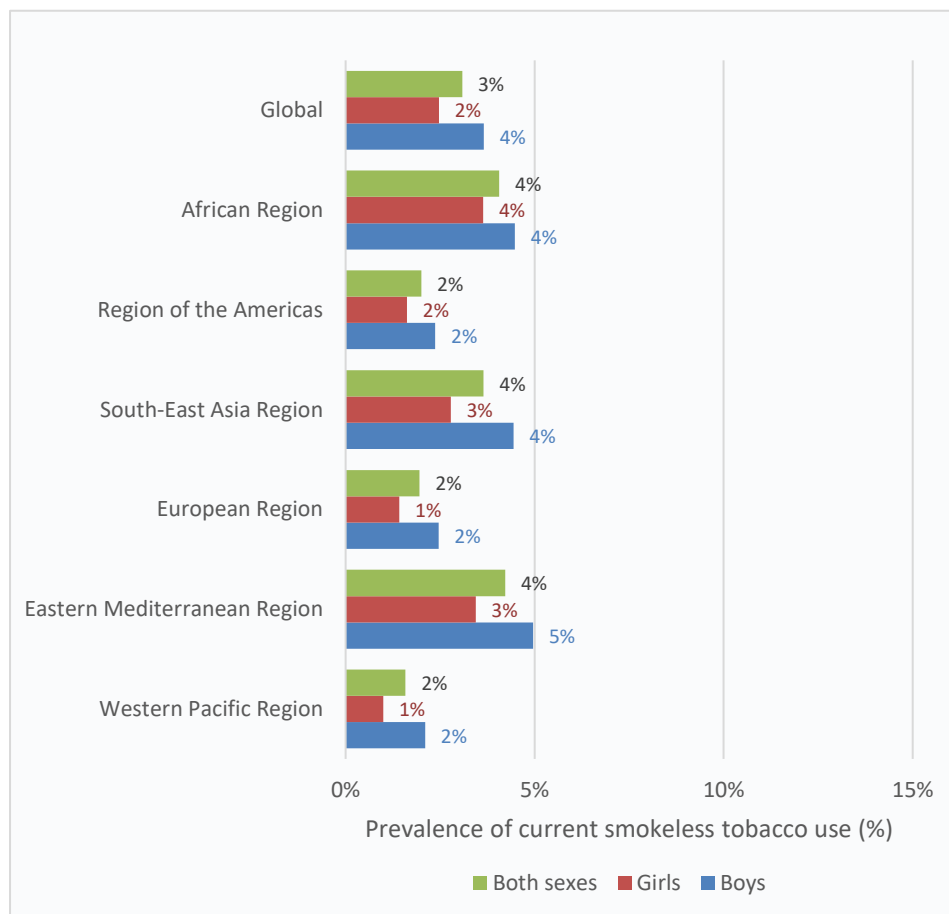
	Average prevalence rate among people aged 13-15 (%)			Estimated no. of smokeless tobacco users aged 13-15 (million)		
	Boys	Girls	Both sexes	Boys	Girls	Both sexes
WHO region						
African Region	4.5	3.6	4.1	2	1	3
Region of the Americas	2.4	1.6	2.0	1	0	1
South-East Asia Region	4.4	2.8	3.6	3	1	4
European Region	2.5	1.4	2.0	0	0	1
Eastern Mediterranean Region	5.0	3.4	4.2	1	1	2
Western Pacific Region	2.1	1.0	1.6	1	0	1
World Bank country income group						
High-income	2.0	1.1	1.6	0	0	1
Upper middle-income	2.4	1.4	1.9	1	1	2
Lower middle-income	4.3	2.9	3.7	4	3	7
Low-income	5.1	3.8	4.4	1	1	2
Global	3.7	2.5	3.1	7	5	12

The average estimates were constructed from surveys conducted in countries in the period 2012–2022 and applied to each country's United Nations estimated population in 2021.

At least 7 million boys and 5 million girls globally are current smokeless tobacco users, totalling 12 million adolescents aged 13–15 years who use smokeless tobacco products. These numbers are an underestimate as there are 71 countries with no data on this indicator.

Table 12 shows that rates of smokeless tobacco use among adolescents aged 13–15 years are highest on average in the Eastern Mediterranean Region and African Regions, at just over 4%. The data in both these regions are incomplete, at 77% and 35% population coverage of surveys respectively. Average prevalence is lowest in the Western Pacific Region at 1.6%, however this aggregate masks the fact that the prevalence is remarkably high in some of the Pacific Island nations, for example, above 10% in Kiribati, Marshall Islands, Micronesia (Federated States of) and Papua New Guinea (5).

Fig. 10: Prevalence of smokeless tobacco use, adolescents aged 13–15 years, 2012–2022



Note: The average estimates were constructed from surveys conducted in countries in the period 2012–2022 and applied to each country’s population in 2021. See Annex 2.2 for more information.

Use of smokeless tobacco among adolescents aged 13–15 years is highest on average in low-income countries, at 4.4% (see Fig. 10). This group has the lowest coverage of surveys that ask specifically about smokeless tobacco use – only 31% of the group’s population has been surveyed in the period – therefore this income group’s estimate is the least reliable of all income groups.

3.5 Any tobacco use among adolescents aged 13–15 years

In the decade 2012–2022, 148 countries ran at least one school-based survey of children aged 13–15 years asking about tobacco use. Collectively, these surveys are representative of 80% of the world’s school-going adolescents aged 13–15 years, which makes it possible to derive global and regional average rates of tobacco use for this age group.

The term “any tobacco use” is defined as use of any type of tobacco – smoked and/or smokeless. This excludes use of products that do not contain tobacco, such as electronic nicotine delivery systems (ENDS). Note that many of the European Region countries monitor using the Health Behaviour in School-Aged Children Survey (HBSC), which asks about cigarette smoking instead of all tobacco use. To make a global estimate possible despite the data gaps in the European Region, this analysis assumes that cigarette smoking rates in this region closely approximate and can stand in for tobacco use rates in the countries with no data.

The global dataset indicates that at least 37 million adolescents aged 13–15 years are current users of some form of tobacco – 25 million boys and 12 million girls. On average, around 10% of adolescents aged 13–15 years globally report using one or more types of tobacco product: 13% of boys and 7% of girls; see Table 13.

Table 13: Prevalence of tobacco use and number of adolescents aged 13–15 years using tobacco, by sex, by WHO region and by World Bank country income group

	Average prevalence rate among people aged 13-15 (%)			Estimated number of tobacco users aged 13-15 (millions)		
	Boys	Girls	Both sexes	Boys	Girls	Both sexes
WHO region						
African Region	11.1	7.2	9.2	5	3	7
Region of the Americas	10.3	9.4	9.9	2	2	5
South-East Asia Region	14.0	6.2	10.3	8	3	11
European Region	11.5	10.1	10.8	2	2	4
Eastern Mediterranean Region	15.0	7.7	11.4	4	2	5
Western Pacific Region	12.0	3.1	7.8	5	1	6
World Bank country income group						
High-income	9.4	8.7	9.0	2	2	4
Upper middle-income	12.8	6.2	9.7	7	3	10
Lower middle-income	13.1	6.4	9.9	13	6	19
Low-income	12.0	7.5	9.8	3	2	5
Global	12.5	6.8	9.7	25	12	37

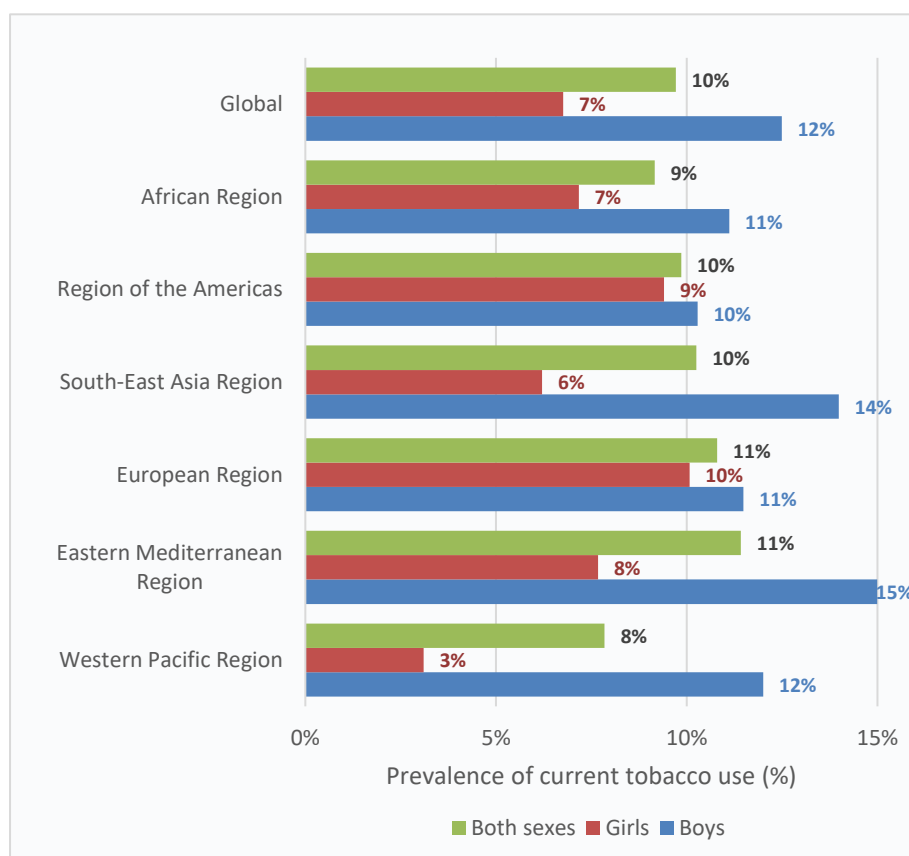
The average estimates were constructed from surveys conducted in countries in the period 2012–2022 and applied to each country’s United Nations estimated population in 2021.

Of all WHO Regions, the South-East Asia Region has the largest number of adolescent tobacco users aged 13–15 years (11 million, or 30% of the global total).

All WHO Regions have remarkably similar average prevalences of current tobacco use, in the range 9–11%, except the Western Pacific Region which has the lowest average rate at 8% (see Fig. 11). Considering that the Western Pacific Region average is heavily weighted by the prevalence in China (7%), the average for the remainder of this Region’s countries is similar to the other WHO Regions at 9%.

Among boys, the highest average prevalence of tobacco use is in the Eastern Mediterranean Region, where 15% of boys aged 13–15 years are currently using tobacco, followed by the South-East Asia Region at 14%. Average prevalence is lowest in the Region of the Americas, where 10% of boys use any form of tobacco. The other WHO Regions range between 11% and 12% prevalence.

Fig. 11: Prevalence of current tobacco use, adolescents aged 13–15 years, by WHO region

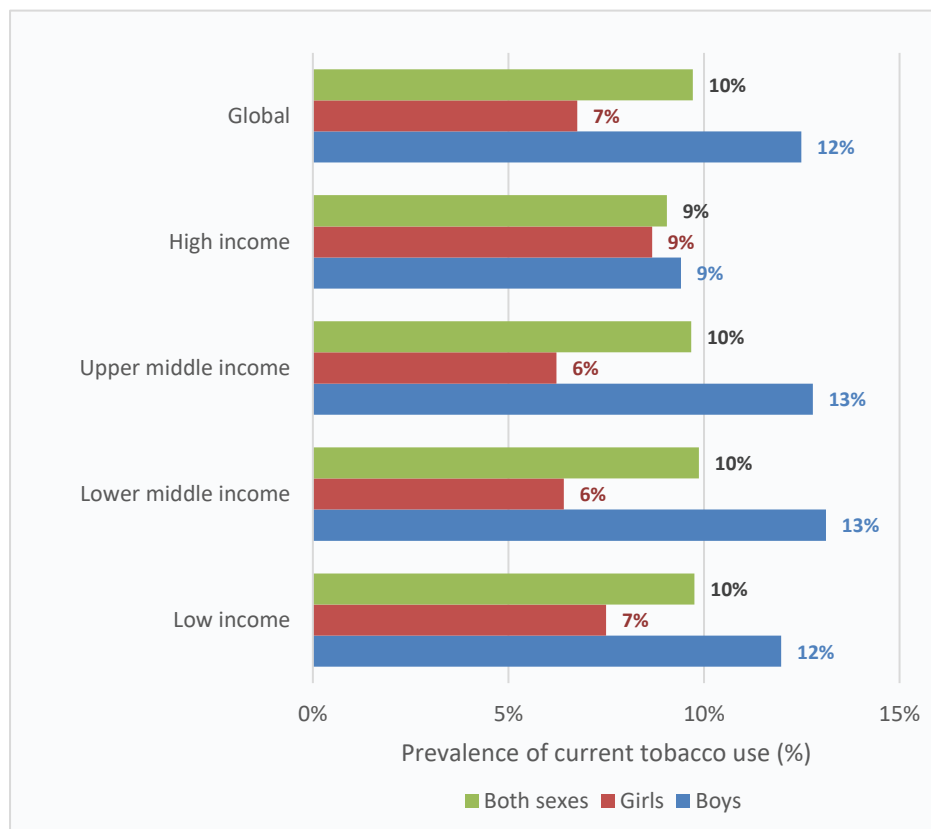


Note: The average estimates were constructed from surveys conducted in countries in the period 2012–2022 and applied to each country’s population in 2021. See Annex 2.3 for more information.

Among girls, the Region of the Americas and the European Region have the highest average rates at 9–10%. The lowest average prevalence rate among girls is in the Western Pacific Region (3%), again heavily weighted by prevalence among girls in China (2%).

The least differentiation between boys' and girls' tobacco use rates is seen in the Region of the Americas (girls 9% and boys 10%) and the European Region (girls 10% and boys 11%).

Fig. 12: Prevalence of current tobacco use, adolescents aged 13–15 years, by World Bank income group



Note: The average estimates were constructed from surveys conducted in countries in the period 2012-2022 and applied to each country's population in 2021. See Annex 2.3 for more information.

Over 19 million adolescent tobacco users – or 51% of the global number – live in lower middle-income countries. A further 10 million live in upper middle-income countries, 5 million in low-income countries, and 4 million in high-income countries.

As for WHO Regions, all income groups of countries have very similar average prevalences of current tobacco use – all around 10%, with high-income countries slightly lower at 9%; see Fig. 12. The high-income countries also have the lowest prevalence among adolescent boys at 9%, while the average for boys in all other World Bank income groups is around 12–13%. Among adolescent girls, the opposite is the case; the average prevalence is highest in high-income countries at 9%, while the other groups have averages around 6-7%.

It should be noted that the prevalences in high-income countries could be understated, since many countries' data in this group are sourced from the HBSC, which – except in a few countries – asks only about cigarettes and no other forms of tobacco.

3.6 Cigarette smoking among adolescents aged 13–15 years

In the decade 2012–2022, 149 countries ran at least one school-based survey of children aged 13–15 years asking about cigarette use. Collectively, these surveys are representative of 81% of the world’s school-going adolescents aged 13–15 years, which makes it possible to derive global and regional average rates of cigarette smoking for this age group.

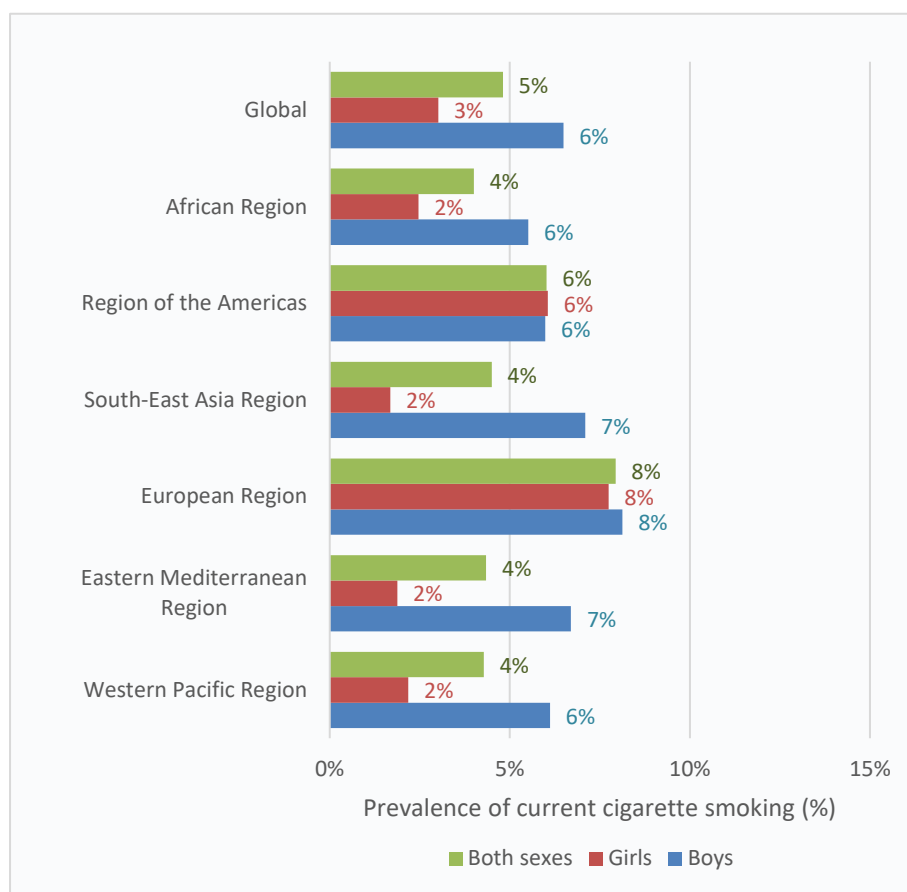
Table 14: Prevalence of current cigarette smoking and number of adolescents aged 13–15 years smoking cigarettes, by sex, by WHO region and by World Bank country income group

	Average prevalence rate among people aged 13-15 (%)			Estimated number of cigarette smokers aged 13-15 (millions)		
	Boys	Girls	Both sexes	Boys	Girls	Both sexes
WHO region						
African Region	5.5	2.5	4.0	2	1	3
Region of the Americas	6.0	6.1	6.0	1	1	3
South-East Asia Region	7.1	1.7	4.5	4	1	5
European Region	8.1	7.7	7.9	1	1	3
Eastern Mediterranean Region	6.7	1.9	4.3	2	0	2
Western Pacific Region	6.1	2.2	4.3	2	1	3
World Bank country income group						
High-income	5.6	6.1	5.8	1	1	2
Upper middle-income	6.7	4.1	5.4	3	2	5
Lower middle-income	6.8	1.9	4.4	7	2	9
Low-income	5.7	2.6	4.2	1	1	2
Global	6.5	3.0	4.8	13	6	19

The average estimates were constructed from surveys conducted in countries in the period 2012–2022 and applied to each country’s United Nations estimated population in 2021.

Globally, an estimated 19 million adolescents aged 13–15 years (13 million boys and 6 million girls) are current cigarette smokers. Around 5 million adolescent cigarette smokers – or 26% of the global number – live in the South-East Asia Region, and 3 million live in each of the other Regions, except the Eastern Mediterranean where 2 million live (see Table 14.).

Fig. 13: Average prevalence of current cigarette smoking, adolescents aged 13–15 years, by WHO region



Note: The average estimates were constructed from surveys conducted in countries in the period 2012–2022 and applied to each country’s population in 2021. See Annex 2.3 for more information.

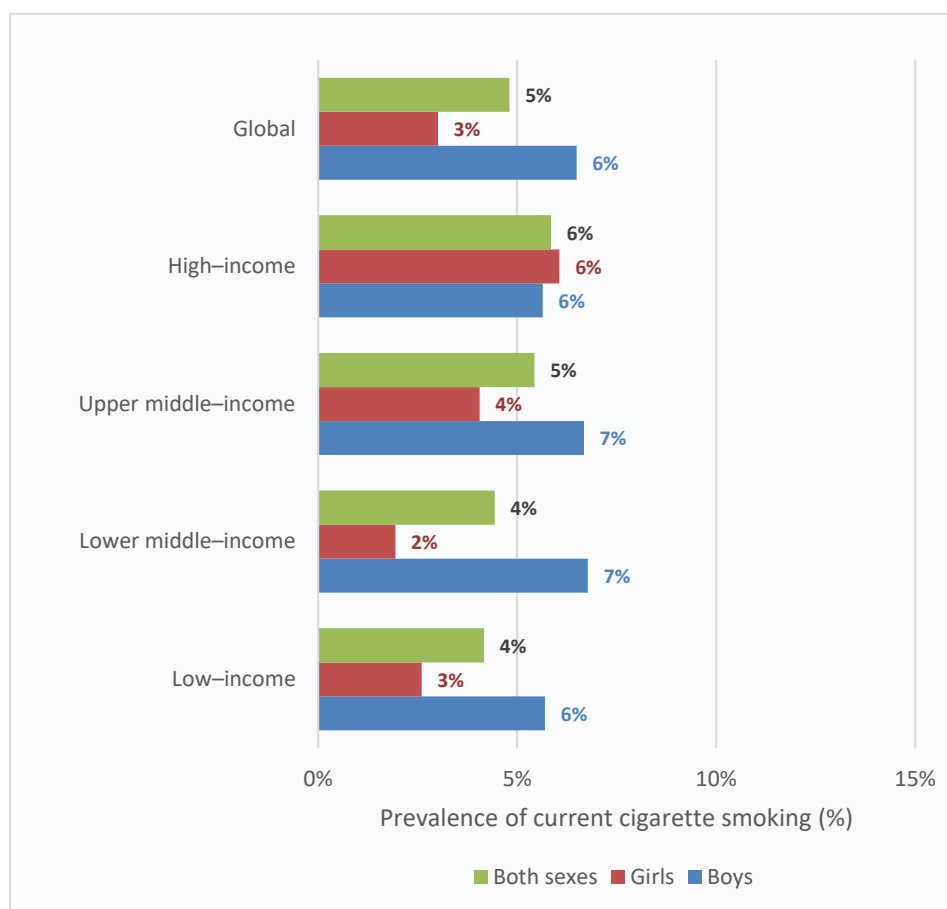
Globally an average of around 5% of adolescents aged 13–15 years report smoking cigarettes (6% of boys and 3% of girls).

The average prevalence of cigarette smoking is highest in the European Region and the Region of the Americas at 8% and 6% respectively. All other WHO Regions have remarkably similar averages at around 4% (see Fig. 13).

Among boys, the highest average rate of cigarette smoking is just over 8% in the European Region. The other five WHO regions have average rates among boys of around 6–7%.

Among girls, the European Region has the highest average rate of cigarette smoking at just under 8%, followed by the Region of the Americas at 6%. The other four WHO regions have distinctly lower average rates among girls at around 2%.

Fig. 14: Average prevalence of current cigarette smoking, adolescents aged 13–15 years, by country income group



Note: The average estimates were constructed from surveys conducted in countries in the period 2012–2022 and applied to each country’s population in 2021. See Annex 2.3 for more information.

Around 9 million adolescent cigarette smokers – or 46% of the global total – live in lower middle-income countries. The next largest group, 5 million, live in upper middle-income countries, while 2 million live in high-income countries and another 2 million live in low-income countries.

There is little difference in average cigarette smoking prevalence among adolescents aged 13–15 years across the World Bank country income groups. They range from 4% to 6% around a global average of 5%; see Fig. 14.

Among boys, cigarette smoking prevalence is similar across income groups of countries, ranging from 6–7%. In contrast, rates among girls vary, with the highest average at 6% for high-income countries and the lowest average at 2% for lower middle-income countries. The differential between boys and girls is most stark in lower middle-income countries, where on average 7% of boys and 2% of girls are currently using cigarettes.

3.7 Use of electronic nicotine devices including e-cigarettes

ENDS, of which electronic cigarettes are a common type, are devices that heat a liquid to create an aerosol that is inhaled by the user. The liquid contains nicotine (but not tobacco) and other chemicals that may be toxic to people’s health (11). Despite sometimes appearing similar, heated tobacco products (HTPs) – products that heat tobacco to create an aerosol – are not ENDS (12). Data on HTP use instead falls under the categories “smoked tobacco use” and “any tobacco use”, while ENDS use is a separate category to be monitored alongside tobacco use.

Monitoring the use of ENDS among both adults and adolescents is necessary to understand the level of use in the population and changes in this level of use over time. Countries began collecting data on current use of ENDS among adults in 2013. By 2022, 70 countries had nationally representative data available, and 69% of the global adult population has now been surveyed at least once. Among adolescents, national data are available from 102 countries since 2013, but these surveys cover only 38% of the global population aged 13-17.

Three out of six WHO regions have sufficient survey coverage to produce relatively robust estimates of the prevalence of e-cigarette use among adults: the Region of the Americas, the European Region and the Western Pacific Region. The South-East Asia Region has a good population coverage level at 91%, but only 4 countries have a survey in the dataset for this analysis. The survey coverage in the African Region and Eastern Mediterranean Region are too low to yield representative region averages.

Table 15: Availability of national population-based surveys reporting prevalences of current e-cigarette use among adults 2013–2022

	Global	African Region	Region of the Americas	South-East Asia Region	European Region	Eastern Mediterranean Region	Western Pacific Region
No. of countries	70 / 194	2 / 47	14 / 35	4 / 11	37 / 53	3 / 21	10 / 27
% of population covered	69%	8%	66%	91%	79%	7%	92%

Concerning current use of e-cigarettes among young people, data are increasingly available from school-based surveys such as the Global Youth Tobacco Survey (GYTS) since 2013, the HBSC since 2014, the European School Survey Project on Alcohol and other Drugs (ESPAD) since 2015, the Global School-Based Students Health Survey (GSHS) since 2019, and other surveys run by countries.

Table 16: Global availability of national school-based surveys reporting prevalences of current e-cigarette use among adolescents 2013–2022

	Global	African Region	Region of the Americas	South-East Asia Region	European Region	Eastern Mediterranean Region	Western Pacific Region
No. of countries	102 / 194	6 / 47	25 / 35	1 / 11	44 / 53	7 / 21	19 / 27
% of population covered	38%	4%	77%	2%	81%	21%	96%

In total, 102 countries now have at least one nationally representative school-based survey that monitors e-cigarettes prevalence among adolescents aged somewhere in the age range 13–17 years. While these 102 countries represent 53% of all countries, they have in aggregate surveyed only 38% of the world’s population aged 13–17. Of these, 65 countries are monitoring the age group 13–15 years. In contrast, the European Region surveys tend to be about school-going children aged 15–16.

The WHO Region with the largest proportion of the adolescent population surveyed is the Western Pacific Region, where 70% of the countries had surveys covering 96% of the Region’s adolescents. The European Region had the second best representation, with 83% of countries and 81% of the adolescent population covered in the dataset.

E-cigarette use among adolescents in the African, South-East Asia and Eastern Mediterranean Regions is particularly poorly covered by survey data. In the South-East Asia Region, only 2% of the population aged 13–17 were asked about current e-cigarette use in surveys (one country).

In summary, it is not possible to calculate global estimates of e-cigarette use among adults or adolescents at the present time. To enable a robust estimate of global trends in e-cigarette use, more countries need to add the question to their population-based surveys. In the meantime, we may refer to the surveys of countries who have begun monitoring e-cigarette use, as listed in Annex 2.4 and Annex 2.5.

4. Discussion

The estimates and trends in this report are recalculated each biennial round after adding new surveys to the previous dataset, leading to increasingly robust results. This means that the results in this report cannot be directly compared with earlier reports in the *WHO global report on trends in prevalence of tobacco use 2000–2025* series, since the dataset is significantly improved each time, and all trend lines are recalculated for all countries.

The downward trend in tobacco use currently seen at global level is encouraging and reflects the efforts being made in many countries to implement tobacco control measures. Already 151 countries have put in place at least one of the MPOWER demand-reduction measures of the WHO FCTC at best-practice level (5), and 150 countries are seeing their tobacco use rates declining. However, it is important to note that since the last round of WHO estimates two years ago, there is an overall reduction in the number of countries on track to reach the NCD GAP target from 60 down to 56 countries.

Analysis for this report suggests that there are only six countries in the world where tobacco use is still rising: three are in the Eastern Mediterranean Region (Egypt, Jordan and Oman), one is in the African Region (Congo), one is in the European Region (Republic of Moldova) and one is in the South-East Asia Region (Indonesia). There may be other countries experiencing rising tobacco use rates among the 29 countries that have insufficient data to measure the trend, but even in the unlikely scenario that all 29 have increasing rates, the total would be 35 countries, with all together only 8% of the world's population.

Since 2020, the impact of the COVID-19 pandemic varied enormously across countries and likely had an impact on the trends in many of them. Hence the pathway towards the 2025 global voluntary tobacco reduction target of 30% using 2010 as a baseline appears to have altered in some countries during the pandemic. As well as individuals changing their tobacco use behaviour (13,14,15), it is possible the number of smokers in some countries could have been reduced by potentially higher COVID-19 related mortality among smokers (16). This question is worthy of further research.

While tobacco use prevalence is declining in all WHO Regions, population growth is preventing the rate reductions from translating into reduced *numbers of users* in two of the six WHO Regions. The rate reductions need to be more dramatic to halt the continuing rise in the number of tobacco users in the African Region and the Eastern Mediterranean Region.

While the slope of the decline in the Western Pacific Region in aggregate is the flattest slope among all regions, it should be noted that the average rates for all indicators of the Western Pacific Region largely reflect China's data, since 75% of the region's population aged 15 years or older lives in China.

Smokeless tobacco estimates are a guide only. Their reliability is affected by data gaps. Even in regions where smokeless tobacco use rates seem to be low, true levels of use are unknown because many countries do not monitor smokeless tobacco use.

While global targets to reduce tobacco use are measured using data on people aged 15 years and older, it is important to also monitor what is happening among adolescents in each country. Use

rates among adolescents are a harbinger of future levels of tobacco use among young adults, particularly because nicotine is an addictive substance, and many users find it difficult to quit after forming the habit at a young age (17).

While derivation of information about trends in tobacco use and e-cigarette use in the adolescent population remains challenging, particularly at the global level, some countries are frequently monitoring knowledge, attitudes and practices in surveys among adolescents (18,19,20). The surveys consistently show that children aged 13–15 years in most countries with data can acquire tobacco and other nicotine products for their own use. While restrictive e-cigarette regulations do help reduce the chance that adolescents report current e-cigarette use (18), the minority have concerns for long-term addiction and health risks (19).

Limitations

The estimates are only as robust as the data allow. Countries have variable quantities and qualities of data, and this directly influences the quality of modelled results for each country. For example, the focus year of this report is 2022, but in fact only 6 national surveys from 2022 were available when WHO calculated the trend estimates in this report. Therefore, almost all 2022 estimates are modelled based on older data. Many factors can affect the quality of the information collected in population surveys, such as how the questions are framed, clarity on which types of tobacco are being asked about, how candid they can expect respondents to be because of the collection mode or privacy concerns, appropriate sampling and training and supervision of data collectors.

The results of country efforts in tobacco control are only measured once the survey is done, after the policy changes are made. Not all countries run frequent surveys. To help readers understand how current the information is, Appendix Table A1.6 records the year of the most recent survey used in the trend estimate for each country.

Some countries model their own trends and projections, especially those with their own tobacco use reduction targets. Each model uses different methods and different data from the methods and data used here, and therefore can produce different results and conclusions. WHO estimates are not intended to challenge countries' own analyses, but rather to complement them by providing internationally comparable estimates for all WHO Member States.

Estimates of prevalence of tobacco use among adolescents and smokeless use among adults are calculated for a single point in time, although it was necessary to use surveys that ran over a full decade to have sufficient countries represented to make the estimates globally representative. This creates comparability issues because prevalence can change significantly over a decade.

5. Conclusion

While prevalence is decreasing in most countries, tobacco-related deaths can be expected to remain high until all the people who are still using tobacco in 2022, or formerly used tobacco over a long period in their life, have passed through the years when they are at greatest risk of dying from a tobacco-related illness. Countries implementing strong tobacco control measures can expect to wait about 30 years between turning the prevalence rate from increasing to decreasing and seeing an associated turnaround in the number of deaths due to tobacco (21). A rising number of deaths therefore is not a sign of failure of tobacco control efforts; rather, it is part of turning the tide for the next generation.

The main influence on each country's tobacco use trend is the effort the country invests in tobacco control. These efforts start with adopting a whole of government approach for multisectoral action to reduce tobacco use, guided by the WHO FCTC. The WHO MPOWER package of key demand-reduction measures, such as high tax and prices, smoke-free public places, large graphic health warnings on products and comprehensive bans on tobacco advertising, promotion and sponsorship are measures proven to reduce prevalence if implemented at the highest level. Coupled with offering support to tobacco users to quit, properly implemented tobacco control programs and firewalling of tobacco control policies from industry influence go a long way to ensure a sustained decline in tobacco use prevalence. Routine and timely monitoring of policy and prevalence, along with continual advocacy actions, are key enabling factors.

Many countries are still not monitoring at a sufficient level to fully inform their tobacco control policy priorities going forward. At a minimum, countries need to carry out research and establish surveillance/monitoring systems as per Article 20 of the WHO FCTC. The monitoring should keep abreast of developments in use of newer tobacco products and other nicotine products, even when the country has banned the sale or believes that their use is negligible. Only data will reveal the reality on the ground.

Smokeless tobacco use is still a concern in many countries where less attention has been paid to reducing the demand for it. Reducing rates of smokeless tobacco use is key to reducing rates of tobacco use in countries where smokeless tobacco products are popular or on the horizon as the next direction for the industry. In regions where smokeless tobacco use rates seem negligible, monitoring is key to capturing changes in trends in smokeless tobacco use.

Use of tobacco and other nicotine products among adolescents is an important focus for both monitoring systems and policy response. This report shows that traditional tobacco products are well-covered globally in school-based surveys of health behaviour and tobacco and other drug use. However, data on uptake of the newer products is still relatively scant. Countries need these data to counter tobacco and associated industries' claims that adolescents are not being targeted as new clients. This report shows that prevalence of tobacco use is remarkably standard all around the world. Despite the efforts of countries to raise awareness of the dangers and restrict legal access to

adults only, young people are still reporting regular use of the products, easy access to purchasing them, and low concerns about becoming addicted ([19](#),[20](#)). Gathering data from adolescents on their knowledge, attitudes and practices is the most powerful way to combat the industry and shape effective policies that prevent initiation of tobacco use.



References

1. WHO Framework Convention on Tobacco Control. Geneva: World Health Organization; 2005 (<http://apps.who.int/iris/bitstream/10665/42811/1/9241591013.pdf>, accessed 10 Oct 2023).
2. United Nations General Assembly. Resolution adopted by the General Assembly on Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development, 6 July 2017 (<https://undocs.org/A/RES/71/313>, accessed 7 Oct 2021).
3. WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Geneva: World Health Organization; 2013 (<https://iris.who.int/handle/10665/94384>, accessed 10 October 2023).
4. WHO NCD Accountability Framework, including Global Monitoring Framework for NCD prevention and control (2021 update) in alignment with the extension of the NCD Global Action Plan to 2030. Geneva: World Health Organization; 2021 (<https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/who-ncd-accountability-framework-for-ncd-implementation-roadmap.pdf>, accessed 10 October 2023).
5. WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240077164>, accessed 10 Oct 2023).
6. Institute of Health Metrics and Evaluation, University of Washington, DISMOD-MR repository on Github (https://github.com/ihmeuw/dismod_mr, accessed 10 Oct 2023).
7. Bilano V, Gilmour S, Moffiet T, Tursan d’Espaignet E, Stevens GA, Commar A et al. Global trends and projections for tobacco use, 1990–2025: an analysis of smoking indicators from the WHO Comprehensive Information System for Tobacco Control. *Lancet*. 2015;385(9972):966–76.
8. World Bank country and lending groups. Washington DC: World Bank; 2022 (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>, accessed 9 August 2022).
9. World Population Prospects, 2022. United Nations, Department of Economic and Social Affairs, Population Division, UN DESA/POP/2022/TR/NO. 3. 2022 (<https://esa.un.org/unpd/wpp/Download/Standard/Population/>, accessed 9 August 2022).
10. Age standardization of rates: a new WHO standard. Geneva: World Health Organization; 2001 (https://cdn.who.int/media/docs/default-source/gho-documents/global-health-estimates/gpe_discussion_paper_series_paper31_2001_age_standardization_rates.pdf, accessed 10 October 2023).
11. FCTC/COP/7/11 Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS). New Delhi: Conference of the Parties to the WHO Framework Convention on Tobacco Control; 2016 ([https://fctc.who.int/publications/m/item/fctc-cop-7-11-electronic-nicotine-delivery-systems-and-electronic-non-nicotine-delivery-systems-\(ends-ennds\)](https://fctc.who.int/publications/m/item/fctc-cop-7-11-electronic-nicotine-delivery-systems-and-electronic-non-nicotine-delivery-systems-(ends-ennds)), accessed 10 October 2023).
12. Heated Tobacco Products Information Sheet, 2nd edition. Geneva: World Health Organization; 2020 (<https://iris.who.int/bitstream/handle/10665/331297/WHO-HEP-HPR-2020.2-eng.pdf>, accessed 10 Oct 2023).
13. Freiberg A, Schubert M, Romero Starke K, Hegewald J, Seidler A. Rapid review on the influence of COVID-19 lockdown and quarantine measures on modifiable cardiovascular risk factors in the general population. *International Journal of Environmental Research and Public Health*. 2021;18(16):8567 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8393482/>, accessed 7 November 2021).
14. Carreras G, Lugo A, Stival C, Amerio A, Odone A, Pacifici R et al. Impact of COVID-19 lockdown on smoking consumption in a large representative sample of Italian adults. *Tobacco Control*. 2021;0:1–8.

15. Many smokers used lockdown to quit. In: Eyewitness News [website]. Johannesburg: Eyewitness News; 2021 (<https://ewn.co.za/2020/06/08/many-smokers-used-lockdown-to-quit-surveys>, accessed 17 July 2021).
16. Salah HM, Sharma T and Mehta J. "Smoking Doubles the Mortality Risk in COVID-19: A Meta-Analysis of Recent Reports and Potential Mechanisms", *Cureus*. 2020 Oct; 12(10): e10837 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7647838/>).
17. Preventing Tobacco Use Among Youth and Young Adults. USA: Office of the Surgeon General; 2012 (<https://www.cdc.gov/tobacco/sgr/2012/index.htm>, accessed 10 October 2023).
18. Yoong SL, et al. Prevalence of electronic nicotine delivery systems and electronic non-nicotine delivery systems in children and adolescents: a systematic review and meta-analysis, *The Lancet Public Health*, Volume 6, Issue 9, 2021, Pages e661-e673, ISSN 2468-2667, [https://doi.org/10.1016/S2468-2667\(21\)00106-7](https://doi.org/10.1016/S2468-2667(21)00106-7) (<https://www.sciencedirect.com/science/article/pii/S2468266721001067>, accessed 22 October 2023).
19. Sreeramareddy CT, Acharya K, and Manoharan A. Electronic cigarettes use and 'dual use' among the youth in 75 countries: estimates from Global Youth Tobacco Surveys (2014–2019). *Sci Rep*. 2022 Dec 5;12(1):20967, 2022 (<https://pubmed.ncbi.nlm.nih.gov/36470977/>, accessed 22 October 2023).
20. Hammond D, Reid J, Burkhalter R, and Hong D. Trends in smoking and vaping among young people: findings from the International Tobacco Control Policy Evaluation Project youth survey. April 2023, University of Waterloo (<https://profglantz.files.wordpress.com/2023/06/2023-itc-canengus-ecig-youth-report-hammond-et-al.pdf>, accessed 22 October 2023).
21. Thun M, Peto R, Boreham J and Lopez A. "Stages of the cigarette epidemic on entering its second century", *Tobacco Control* 2012;21:96-101 (<https://tobaccocontrol.bmj.com/content/tobaccocontrol/21/2/96.full.pdf>, accessed 10 October 2023).

Annex 1: Tables

The following tables appear in this annex and are also provided in table format in the WHO Global Health Observatory at <https://www.who.int/data/gho/data/themes/theme-details/GHO/tobacco-control>.

Table A1.1. Current tobacco use rates among people aged 15 years and older, 2022 estimates

Table A1.2. Current tobacco smoking rates among people aged 15 years and older, 2022 estimates

Table A1.3. Current cigarette smoking rates among people aged 15 years and older, 2022 estimates

Table A1.4. Number of tobacco users and tobacco smokers aged 15 years and older, 2022 estimates

Table A1.5. Current tobacco use prevalence trends among people aged 15 years and older,
2000–2030, not age-standardized

Table A1.6. Characteristics of the most recent survey in the survey set used to produce the estimates

Table A1.7. Current tobacco use relative reduction category, 2022

Table A1.1. Current tobacco use rates among people aged 15 years and older, 2022 estimates

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate	
GLOBAL			—	—	—	—	—	—	—	—	—	20.9	34.4	7.4
AFRICAN REGION			—	—	—	—	—	—	—	—	—	9.5	16.6	2.4
Algeria	DZA	16.3	21.6	27.0	31.6	41.9	52.3	0.4	0.7	0.9	21.2	41.8	0.7	
Angola	AGO	...	...	...	...	...	...	...	...	...	...	...	...
Benin	BEN	3.9	5.5	7.2	6.7	9.5	12.2	1.0	1.7	2.3	6.3	10.7	1.9	
Botswana	BWA	13.3	18.1	22.9	22.1	30.2	38.3	4.8	6.5	8.1	18.7	30.2	7.2	
Burkina Faso	BFA	8.3	13.5	18.7	14.3	21.7	29.1	2.4	5.5	8.5	14.3	22.5	6.0	
Burundi	BDI	6.2	10.0	13.9	10.0	15.2	20.5	2.4	5.0	7.6	11.2	17.1	5.3	
Cabo Verde	CPV	7.8	10.5	13.3	12.3	16.2	20.1	3.4	5.0	6.7	11.0	16.7	5.2	
Cameroon	CMR	3.9	5.6	7.3	7.2	10.2	13.2	0.6	1.1	1.6	6.5	11.7	1.3	
Central African Republic	CAF	...	...	...	...	...	...	...	...	...	...	...	...
Chad	TCD	^a 4.7	6.8	9.0	8.5	12.3	16.1	0.9	1.4	1.9	7.4	13.2	1.6	
Comoros	COM	10.4	16.2	22.0	17.7	26.2	34.7	3.1	6.2	9.3	17.2	27.7	6.7	
Congo	COG	7.9	15.0	22.0	15.0	28.2	41.4	1.0	2.0	2.9	15.4	28.8	2.1	
Côte d'Ivoire	CIV	5.3	8.6	12.0	10.0	16.4	22.8	0.4	0.7	1.1	8.8	16.9	0.8	
Democratic Republic of the Congo	COD	7.0	11.1	15.2	12.8	19.9	26.9	1.4	2.6	3.8	12.2	21.6	2.8	
Equatorial Guinea	GNQ	...	...	...	...	...	...	...	...	...	...	...	...
Eritrea	ERI	...	...	...	...	...	...	...	...	...	...	...	...
Eswatini	SWZ	5.4	8.6	11.8	10.3	16.2	22.1	0.8	1.4	2.0	9.5	17.4	1.5	
Ethiopia	ETH	3.3	4.6	5.8	5.7	7.8	9.8	0.9	1.4	1.9	5.2	9.0	1.5	
Gabon	GAB	...	...	...	...	...	...	...	...	...	...	...	...
Gambia	GMB	6.7	9.6	12.5	13.2	18.7	24.3	0.4	0.6	0.9	10.5	20.3	0.7	

Table A1.1. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
			Lower limi	Point estimate	Upper limi	Lower limi	Point estimate	Upper limi	Lower limi	Point estimate	Upper limi	Point estimate	Point estimate	Point estimate
AFRICAN REGION (continued)			—	—	—	—	—	—	—	—	—	9.5	16.6	2.4
Ghana	GHA		2.1	3.1	4.0	4.1	5.9	7.7	0.2	0.3	0.4	3.4	6.5	0.3
Guinea	GIN		...	...	...	...	...	...	...	...	...	...	...	...
Guinea-Bissau	GNB		4.7	7.5	10.4	9.2	14.8	20.4	0.3	0.6	0.9	8.2	15.9	0.6
Kenya	KEN		6.6	9.2	11.8	11.9	16.6	21.2	1.5	2.1	2.7	10.7	18.7	2.7
Lesotho	LSO		17.2	22.9	28.6	32.4	42.0	51.6	2.7	4.8	6.8	24.3	43.6	5.1
Liberia	LBR		4.3	7.1	9.9	7.7	12.5	17.4	1.0	1.7	2.5	7.7	13.6	1.9
Madagascar	MDG		19.5	25.7	31.9	32.2	41.7	51.3	7.0	9.9	12.7	26.8	43.0	10.7
Malawi	MWI		5.6	7.1	8.6	10.5	13.0	15.6	1.2	1.7	2.3	9.7	16.4	3.0
Mali	MLI		5.8	7.6	9.5	11.0	14.4	17.8	0.4	0.7	1.0	8.0	15.1	0.9
Mauritania	MRT		7.0	9.4	11.7	13.1	17.2	21.4	1.4	2.0	2.7	9.5	16.9	2.0
Mauritius	MUS	^a	13.8	20.0	26.2	26.5	38.1	49.6	1.8	2.8	3.9	20.9	38.8	3.0
Mozambique	MOZ		...	...	...	...	...	...	...	...	...	...	...	...
Namibia	NAM		8.2	12.5	16.8	14.2	21.3	28.4	2.9	4.7	6.4	14.1	23.0	5.2
Niger	NER		4.4	7.7	11.0	8.2	14.0	19.8	0.6	1.3	2.0	7.7	14.0	1.4
Nigeria	NGA		2.0	2.9	3.9	3.7	5.4	7.2	0.2	0.4	0.6	3.3	6.1	0.5
Rwanda	RWA		6.3	12.0	17.8	9.7	17.7	25.8	3.1	6.7	10.3	14.3	21.0	7.6
Sao Tome and Principe	STP		4.9	7.1	9.3	8.8	12.6	16.4	1.1	1.8	2.5	7.8	13.7	2.0
Senegal	SEN		4.3	6.0	7.7	8.5	11.7	15.0	0.4	0.6	0.8	6.5	12.3	0.7
Seychelles	SYC		13.4	20.8	28.2	22.8	34.6	46.5	3.2	5.7	8.3	20.2	34.7	5.8
Sierra Leone	SLE		8.1	11.4	14.7	12.7	17.3	21.8	3.5	5.5	7.6	12.9	19.8	5.9

Table A1.1. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
AFRICAN REGION (continued)			—	—	—	—	—	—	—	—	—	9.5	16.6	2.4
South Africa	ZAF	^a	14.9	20.3	25.8	25.8	35.1	44.4	4.7	6.5	8.3	20.7	34.9	6.5
South Sudan	SSD		...	...	...	...	...	...	...	...	...	...	...	...
Togo	TGO		3.5	5.6	7.7	6.5	10.2	14.0	0.5	0.9	1.3	5.3	10.0	0.5
Uganda	UGA		3.9	5.3	6.7	6.5	9.0	11.4	1.3	1.8	2.3	6.4	10.8	2.0
United Republic of Tanzania	TZA		5.4	7.5	9.6	9.5	13.1	16.8	1.5	2.2	2.9	7.0	12.6	1.3
Zambia	ZMB		8.8	12.0	15.2	16.3	21.8	27.4	1.7	2.7	3.6	12.9	23.2	2.7
Zimbabwe	ZWE		6.1	9.2	12.3	12.7	19.0	25.3	0.4	0.8	1.1	10.5	20.2	0.8
REGION OF THE AMERICAS				—	—	—	—	—	—	—	—	—	21.7	11.4
Antigua and Barbuda	ATG		...	...	...	...	...	...	...	...	...	...	...	...
Argentina	ARG		17.6	23.1	28.6	21.6	28.2	34.9	13.7	18.1	22.5	23.8	28.5	19.1
Bahamas	BHS		7.7	10.7	13.7	15.0	20.6	26.1	1.4	2.1	2.8	11.3	20.5	2.1
Barbados	BRB		3.8	6.5	9.1	6.8	11.7	16.6	1.1	1.7	2.3	7.0	12.2	1.7
Belize	BLZ	^a	5.7	8.7	11.7	10.3	15.5	20.8	1.1	1.9	2.6	8.8	15.6	1.9
Bolivia	BOL		6.1	12.2	18.4	10.1	20.4	30.8	2.1	4.1	6.2	12.4	20.6	4.2
Brazil	BRA		9.0	12.3	15.6	11.5	15.7	19.8	6.6	9.1	11.6	12.2	15.4	8.9
Canada	CAN		9.4	11.4	13.4	11.3	13.7	16.2	7.6	9.2	10.7	12.0	14.3	9.7
Chile	CHL	^a	22.5	28.2	33.9	24.8	30.6	36.5	20.2	25.8	31.4	28.7	30.8	26.7
Colombia	COL		6.2	8.2	10.2	9.0	12.1	15.1	3.5	4.5	5.5	8.2	12.0	4.4
Costa Rica	CRI		6.3	8.8	11.3	9.4	13.2	17.0	3.3	4.5	5.8	8.9	13.2	4.5
Cuba	CUB		13.3	18.5	23.7	19.2	26.9	34.6	7.6	10.4	13.2	17.4	25.3	9.5
Dominica	DMA		...	...	...	...	...	...	...	...	...	...	...	...
Dominican Republic	DOM		6.7	10.2	13.8	9.2	14.0	18.7	4.2	6.5	8.9	10.5	14.4	6.6

Table A1.1. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)			
			Both sexes			Male			Female			Both sexes	Male	Female	
			Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate	
REGION OF THE AMERICAS (continued)			—	—	—	—	—	—	—	—	—	—	16.6	21.7	11.4
Ecuador	ECU		6.3	10.1	13.8	11.1	17.6	24.1	1.6	2.6	3.6	10.2	17.8	2.6	
El Salvador	SLV	^a	5.1	8.3	11.4	9.7	15.6	21.4	1.1	1.9	2.6	8.9	15.9	1.9	
Grenada	GRD		...	...	...	...	...	...	...	...	...	...	...	...
Guatemala	GTM		7.2	12.0	16.8	13.6	22.7	31.8	1.0	1.7	2.4	11.9	22.2	1.7	
Guyana	GUY		7.1	10.5	13.9	13.0	19.3	25.5	1.5	2.2	2.9	6.5	10.7	2.2	
Haiti	HTI		5.2	7.3	9.5	8.9	12.6	16.3	1.6	2.3	3.0	8.4	13.4	3.4	
Honduras	HND	^a	9.5	12.2	15.0	17.6	22.7	27.8	1.3	1.7	2.1	12.3	22.9	1.7	
Jamaica	JAM	^a	5.7	9.5	13.4	9.5	15.8	22.1	2.1	3.5	4.9	9.7	15.9	3.5	
Mexico	MEX		12.1	14.6	17.2	19.0	23.1	27.1	5.7	6.9	8.0	14.9	23.0	6.9	
Nicaragua	NIC		...	...	...	...	...	...	...	...	...	...	...	...
Panama	PAN		3.8	5.1	6.5	6.3	8.4	10.5	1.3	1.9	2.5	5.0	8.0	1.9	
Paraguay	PRY	^a	6.7	10.6	14.4	11.2	17.4	23.5	2.3	3.8	5.3	10.7	17.6	3.9	
Peru	PER	^a	4.8	7.0	9.3	7.7	11.6	15.5	1.9	2.6	3.4	7.1	11.6	2.6	
Saint Kitts and Nevis	KNA		...	...	...	...	...	...	...	...	...	...	...	...
Saint Lucia	LCA		10.1	13.6	17.2	18.3	24.8	31.2	2.2	3.0	3.7	13.8	24.7	3.0	
Saint Vincent and the Grenadines	VCT		...	...	...	...	...	...	...	...	...	...	...	...
Suriname	SUR		...	...	...	...	...	...	...	...	...	...	...	...
Trinidad and Tobago	TTO		...	...	...	...	...	...	...	...	...	...	...	...
United States of America	USA		18.1	23.0	27.9	22.6	28.6	34.7	13.7	17.5	21.3	20.4	24.0	16.8	
Uruguay	URY		15.8	19.3	22.9	18.7	23.0	27.2	13.1	16.0	18.8	20.5	23.4	17.5	
Venezuela (Bolivarian Republic of)	VEN		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.1. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
			Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
	Country code	Notes	—	—	—	—	—	—	—	—	—	26.5	43.7	9.4
SOUTH-EAST ASIA REGION														
	Bangladesh	BGD	24.9	31.1	37.4	39.9	48.9	57.9	10.6	14.2	17.9	17.6	34.7	0.5
	Bhutan	BTN	14.1	19.6	25.0	19.3	27.2	35.0	8.3	11.0	13.7	6.4	10.1	2.6
	Democratic People's Republic of Korea	PRK	^a 12.5	17.1	21.8	25.3	34.7	44.2	0.0	0.0	0.0	16.5	33.0	0.0
	India	IND	18.9	23.9	28.9	29.0	36.8	44.5	8.3	10.4	12.5	7.1	13.1	1.2
	Indonesia	IDN	30.8	38.5	46.1	59.1	73.6	88.0	2.6	3.4	4.2	36.5	70.8	2.1
	Maldives	MDV	22.0	29.3	36.6	33.8	43.6	53.4	6.1	10.1	14.1	23.0	42.2	3.8
	Myanmar	MMR	31.9	43.9	55.8	52.0	69.4	86.8	12.6	19.2	25.8	19.8	36.6	3.1
	Nepal	NPL	20.0	24.9	29.8	34.3	42.7	51.0	7.5	9.4	11.3	16.4	27.4	5.4
	Sri Lanka	LKA	14.3	19.1	24.0	28.6	37.8	46.9	1.5	2.4	3.4	8.7	17.3	0.2
	Thailand	THA	^a 15.1	18.9	22.8	30.1	37.7	45.3	1.4	1.8	2.2	19.2	36.9	1.5
	Timor-Leste	TLS	27.1	37.6	48.0	47.9	64.5	81.1	5.6	9.8	13.9	31.8	58.6	4.9
EUROPEAN REGION													32.0	18.5
	Albania	ALB	^a 16.5	22.4	28.3	29.3	38.7	48.1	4.1	6.6	9.0	21.9	37.8	6.0
	Andorra	AND	^a 22.2	33.6	44.9	22.1	33.3	44.5	22.3	33.8	45.4	36.3	34.8	37.9
	Armenia	ARM	17.0	22.5	28.0	37.3	49.3	61.2	1.2	1.7	2.2	24.9	48.2	1.5
	Austria	AUT	^a 16.9	22.0	27.2	17.8	23.7	29.6	15.9	20.5	25.0	24.9	25.8	24.0
	Azerbaijan	AZE	12.2	19.3	26.4	25.0	39.6	54.2	0.1	0.1	0.2	19.6	39.0	0.1
	Belarus	BLR	21.3	27.9	34.5	36.1	47.2	58.4	9.1	12.0	14.9	25.6	39.9	11.3
	Belgium	BEL	19.2	24.7	30.3	21.4	27.4	33.4	17.1	22.1	27.2	24.8	27.6	22.0
	Bosnia and Herzegovina	BIH	^a 17.2	35.1	53.1	20.0	41.0	62.0	14.5	29.5	44.5	36.2	41.6	30.9
	Bulgaria	BGR	^a 24.4	34.0	43.6	27.7	38.1	48.4	21.3	30.2	39.1	39.5	40.3	38.7

Table A1.1. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
EUROPEAN REGION (continued)			—	—	—	—	—	—	—	—	—	25.3	32.0	18.5
Croatia	HRV	^a	24.2	32.6	41.0	26.1	34.2	42.4	22.5	31.1	39.6	37.0	36.7	37.3
Cyprus	CYP	^a	25.4	34.0	42.6	34.9	46.0	57.1	16.0	22.1	28.2	35.6	47.2	23.9
Czechia	CZE	^a	22.4	27.5	32.6	25.5	31.7	37.9	19.2	23.3	27.4	29.9	33.4	26.5
Denmark	DNK	^a	13.2	16.2	19.2	13.4	16.4	19.5	13.0	16.0	18.9	16.2	16.4	16.1
Estonia	EST		20.8	25.6	30.5	26.8	32.9	39.1	15.4	19.1	22.7	25.9	30.3	21.5
Finland	FIN		16.0	19.6	23.1	19.4	23.9	28.5	12.8	15.4	17.9	17.1	18.4	15.9
France	FRA	^a	22.5	29.2	35.9	23.8	31.3	38.8	21.2	27.3	33.3	34.6	35.5	33.7
Georgia	GEO		22.7	29.0	35.2	42.9	54.7	66.4	5.6	7.1	8.7	31.8	55.9	7.6
Germany	DEU	^a	15.4	18.8	22.2	17.4	21.3	25.2	13.4	16.4	19.3	21.3	23.2	19.3
Greece	GRC		21.3	29.6	37.9	24.1	33.1	42.1	18.7	26.3	34.0	32.8	35.0	30.6
Hungary	HUN	^a	22.2	29.4	36.5	27.1	34.7	42.4	17.7	24.5	31.2	32.2	36.3	28.1
Iceland	ISL	^a	7.6	9.4	11.3	7.6	9.4	11.2	7.5	9.4	11.4	9.4	9.3	9.4
Ireland	IRL	^a	14.3	18.2	22.2	15.9	20.5	25.1	12.8	16.1	19.3	19.3	21.5	17.0
Israel	ISR	^a	15.8	19.8	23.8	21.1	26.4	31.6	10.5	13.3	16.1	20.4	27.0	13.8
Italy	ITA	^a	17.0	20.4	23.7	20.0	24.1	28.2	14.2	16.8	19.4	22.4	25.7	19.1
Kazakhstan	KAZ		17.7	21.7	25.7	31.3	38.2	45.1	5.5	6.9	8.2	21.9	37.4	6.4
Kyrgyzstan	KGZ		18.2	26.4	34.6	35.5	51.3	67.0	2.1	3.3	4.4	26.6	50.1	3.2
Latvia	LVA		24.4	30.3	36.1	36.4	45.6	54.8	14.2	17.2	20.3	30.4	41.2	19.5
Lithuania	LTU		21.0	27.9	34.7	30.4	40.1	49.7	12.9	17.3	21.7	29.1	38.5	19.7
Luxembourg	LUX	^a	17.2	21.8	26.5	18.7	23.3	28.0	15.7	20.3	25.0	23.0	24.4	21.6
Malta	MLT	^a	17.1	23.2	29.2	19.4	25.5	31.6	14.5	20.6	26.6	24.7	26.3	23.2
Monaco	MCO		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.1. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
EUROPEAN REGION (continued)			—	—	—	—	—	—	—	—	—	25.3	32.0	18.5
Montenegro	MNE		18.9	32.1	45.3	18.7	30.9	43.1	19.1	33.2	47.2	32.0	30.9	33.2
Netherlands (Kingdom of the)	NLD	^a	16.1	20.1	24.0	18.4	22.5	26.7	13.9	17.7	21.4	21.3	23.5	19.0
North Macedonia	MKD		...	...	...	...	...	...	...	...	...	...	...	...
Norway	NOR	^a	11.6	14.0	16.4	12.0	14.8	17.5	11.2	13.2	15.3	14.2	14.9	13.5
Poland	POL		18.2	23.2	28.1	21.9	27.6	33.4	14.9	19.1	23.2	23.6	27.1	20.1
Portugal	PRT	^a	15.8	20.9	26.0	20.5	27.1	33.7	11.8	15.5	19.3	25.6	30.5	20.7
Republic of Moldova	MDA		21.5	27.8	34.1	40.9	52.7	64.5	4.8	6.3	7.8	28.2	49.6	6.7
Romania	ROU		21.4	27.5	33.6	28.8	37.4	45.9	14.7	18.5	22.4	29.4	38.6	20.3
Russian Federation	RUS		22.4	27.2	32.0	34.9	42.0	49.1	11.8	14.8	17.7	29.2	41.1	17.4
San Marino	SMR		...	...	...	...	...	...	...	...	...	...	...	...
Serbia	SRB	^a	29.5	36.6	43.7	31.1	38.8	46.5	28.0	34.6	41.2	39.5	39.9	39.1
Slovakia	SVK	^a	18.8	30.2	41.7	23.2	35.4	47.5	14.7	25.4	36.2	32.4	36.3	28.5
Slovenia	SVN	^a	14.6	18.1	21.5	16.3	20.2	24.1	13.0	15.9	18.9	20.1	21.8	18.5
Spain	ESP	^a	20.2	24.9	29.7	22.6	27.5	32.4	17.9	22.5	27.1	28.4	29.4	27.5
Sweden	SWE		18.4	22.1	25.8	23.5	28.3	33.0	13.2	15.9	18.5	12.6	13.3	11.9
Switzerland	CHE	^a	18.5	23.3	28.1	20.9	26.3	31.8	16.2	20.4	24.6	25.5	28.2	22.9
Tajikistan	TJK		...	...	...	...	...	...	...	...	...	...	...	...
Türkiye	TUR		24.6	30.7	36.8	33.9	41.9	50.0	15.5	19.6	23.8	30.5	41.2	19.8
Turkmenistan	TKM		3.4	5.4	7.4	6.6	10.6	14.5	0.3	0.5	0.7	5.4	10.4	0.5
Ukraine	UKR		18.2	22.0	25.7	31.9	38.3	44.7	6.8	8.5	10.1	24.9	38.4	11.5
United Kingdom	GBR	^a	10.8	13.1	15.4	12.5	15.0	17.4	9.2	11.4	13.5	14.2	16.1	12.4
Uzbekistan	UZB		11.7	16.2	20.7	23.0	31.8	40.6	0.7	1.0	1.4	10.7	20.5	1.0

Table A1.1. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
Country code	Notes		Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
EASTERN MEDITERRANEAN REGION			—	—	—	—	—	—	—	—	—	17.9	31.9	4.0
Afghanistan	AFG		16.0	22.1	28.2	28.2	38.3	48.5	3.8	5.9	8.0	9.0	16.1	2.0
Bahrain	BHR	^a	11.8	18.1	24.3	17.6	25.7	33.8	1.8	4.9	8.1	15.0	25.0	5.1
Djibouti	DJI		...	...	...	...	...	...	...	...	...	...	...	...
Egypt	EGY	^a	18.7	24.7	30.7	37.0	48.9	60.7	0.2	0.3	0.5	24.7	49.1	0.4
Iran (Islamic Republic of)	IRN		10.1	13.9	17.8	18.0	24.8	31.6	2.1	3.1	4.0	9.1	17.0	1.1
Iraq	IRQ		10.4	18.7	27.0	19.9	36.0	52.1	1.0	1.6	2.2	19.2	36.7	1.7
Jordan	JOR	^a	28.3	36.3	44.3	45.5	57.8	70.0	9.9	13.4	16.8	35.6	57.6	13.6
Kuwait	KWT	^a	14.5	22.7	30.8	22.8	35.6	48.3	1.2	2.1	3.1	19.9	37.7	2.1
Lebanon	LBN	^a	24.1	34.0	43.8	31.4	43.1	54.9	17.6	25.7	33.8	34.3	42.9	25.7
Libya	LBY		...	...	...	...	...	...	...	...	...	...	...	...
Morocco	MAR	^a	9.5	13.1	16.7	18.7	25.3	31.9	0.4	1.0	1.6	13.0	25.0	1.0
Oman	OMN		8.2	11.0	13.9	12.9	17.4	21.9	0.2	0.4	0.6	7.6	14.9	0.4
Pakistan	PAK		12.7	16.9	21.1	21.3	27.7	34.2	4.2	6.2	8.1	16.7	30.7	2.7
Qatar	QAT		12.7	18.8	25.0	16.5	24.6	32.6	1.5	2.3	3.2	10.8	19.7	1.9
Saudi Arabia	SAU		12.8	17.4	22.0	20.9	28.4	35.8	1.4	2.1	2.7	13.9	25.9	2.0
Somalia	SOM		...	...	...	...	...	...	...	...	...	...	...	...
Sudan	SDN		...	...	...	...	...	...	...	...	...	...	...	...
Syrian Arab Republic	SYR		...	...	...	...	...	...	...	...	...	...	...	...
Tunisia	TUN	^a	15.4	20.1	24.8	30.5	39.7	48.8	1.1	1.6	2.1	20.5	39.5	1.6
United Arab Emirates	ARE	^a	7.4	11.7	16.0	9.9	15.5	21.1	1.5	2.5	3.6	9.0	15.4	2.6
Yemen	YEM		9.8	20.8	31.8	15.5	33.7	51.8	4.1	7.9	11.8	17.2	27.8	6.5

Table A1.1. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
			Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
WESTERN PACIFIC REGION			—	—	—	—	—	—	—	—	—	22.5	42.4	2.6
Australia	AUS	^a	10.1	12.5	14.9	11.9	14.8	17.6	8.4	10.3	12.2	13.1	15.2	10.9
Brunei Darussalam	BRN	^a	12.1	17.1	22.2	22.3	31.3	40.3	1.3	2.2	3.0	16.4	30.7	2.2
Cambodia	KHM		12.8	16.1	19.4	21.8	27.3	32.7	4.2	5.5	6.8	15.1	28.7	1.6
China	CHN	^a	20.1	24.9	29.7	38.2	47.3	56.5	1.6	2.0	2.4	23.4	45.1	1.6
Cook Islands	COK	^a	20.5	25.5	30.4	24.6	30.3	35.9	16.9	21.4	25.8	27.0	31.8	22.2
Fiji	FJI	^a	20.0	27.3	34.6	30.8	41.7	52.5	9.3	13.1	16.9	27.6	42.0	13.2
Japan	JPN	^a	13.7	16.8	19.8	21.7	26.5	31.4	6.3	7.7	9.0	19.2	28.7	9.6
Kiribati	KIR	^a	28.0	38.2	48.3	39.0	51.6	64.2	17.8	25.7	33.6	39.7	52.5	26.8
Lao People's Democratic Republic	LAO		19.6	25.8	32.0	33.0	43.2	53.3	6.1	8.4	10.6	25.0	45.4	4.7
Malaysia	MYS		17.0	22.6	28.1	33.1	43.8	54.5	0.5	0.7	1.0	20.4	40.3	0.5
Marshall Islands	MHL		22.3	30.4	38.5	38.2	51.8	65.5	6.1	8.6	11.2	23.6	43.3	4.0
Micronesia (Federated States of)	FSM		...	...	...	...	...	...	...	...	...	...	...	...
Mongolia	MNG		23.5	29.3	35.2	42.1	52.6	63.1	5.8	7.3	8.9	28.4	50.2	6.6
Nauru	NRU		33.7	49.5	65.3	34.3	50.3	66.3	33.2	48.7	64.3	45.2	45.9	44.6
New Zealand	NZL	^a	9.5	11.4	13.4	10.5	12.7	14.8	8.4	10.2	12.0	12.2	13.4	11.1
Niue	NIU		...	...	...	...	...	...	...	...	...	...	...	...
Palau	PLW	^a	11.7	17.0	22.3	18.3	26.3	34.3	4.9	7.3	9.8	17.3	27.1	7.6
Papua New Guinea	PNG	^a	29.4	40.4	51.5	41.4	55.4	69.4	16.9	24.9	32.8	39.6	54.3	24.9
Philippines	PHL	^a	16.3	20.4	24.5	28.9	36.2	43.5	3.4	4.3	5.1	20.4	36.2	4.5

Table A1.1. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
Country code	Notes		<i>Lower limit</i>	<i>Point estimate</i>	<i>Upper limit</i>	<i>Lower limit</i>	<i>Point estimate</i>	<i>Upper limit</i>	<i>Lower limit</i>	<i>Point estimate</i>	<i>Upper limit</i>	<i>Point estimate</i>	<i>Point estimate</i>	<i>Point estimate</i>
WESTERN PACIFIC REGION (continued)			—	—	—	—	—	—	—	—	—	22.5	42.4	2.6
Republic of Korea	KOR	^a	15.5	18.9	22.4	26.9	32.7	38.5	4.2	5.4	6.6	20.0	34.1	5.8
Samoa	WSM		14.2	22.2	30.1	20.0	31.0	42.0	8.3	13.2	18.0	22.5	31.6	13.3
Singapore	SGP	^a	10.8	16.4	21.9	18.6	27.9	37.1	2.4	4.0	5.5	16.5	28.2	4.9
Solomon Islands	SLB	^a	24.7	37.6	50.5	37.0	55.3	73.6	12.2	19.6	27.0	36.9	54.4	19.4
Tonga	TON	^a	23.3	30.7	38.1	35.8	46.8	57.8	11.5	15.5	19.4	31.3	47.0	15.5
Tuvalu	TUV	^a	24.7	33.8	42.9	36.2	48.3	60.4	12.9	19.0	25.1	33.7	48.2	19.1
Vanuatu	VUT		...	...	...	...	...	...	...	...	...	...	...	...
Viet Nam	VNM		17.9	22.8	27.6	35.1	44.3	53.6	1.6	2.2	2.9	22.5	43.0	2.0

^a Tobacco use estimates are not available. Tobacco smoking estimates are substituted for missing tobacco use estimates on the assumption that there is little difference between the two measures in the country.

Table A1.2. Current tobacco smoking rates among people aged 15 years and older, 2022 estimates

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
GLOBAL			—	—	—	—	—	—	—	—	—	16.7	28.4	5.1
AFRICAN REGION			—	—	—	—	—	—	—	—	—	7.9	14.3	1.5
	Algeria	DZA	10.9	15.6	20.4	21.1	30.2	39.3	0.3	0.6	0.8	15.3	30.1	0.6
	Angola	AGO	...	...	...	...	...	...	...	...	...	...	...	...
	Benin	BEN	2.9	4.0	5.1	5.2	6.9	8.6	0.7	1.2	1.7	4.5	7.7	1.2
	Botswana	BWA	10.9	14.7	18.5	19.7	26.4	33.1	2.4	3.4	4.4	15.0	26.4	3.5
	Burkina Faso	BFA	6.5	10.0	13.6	12.2	18.0	23.9	0.9	2.2	3.5	10.1	17.8	2.5
	Burundi	BDI	4.4	7.5	10.7	8.0	13.6	19.2	1.0	1.7	2.4	8.5	15.1	1.8
	Cabo Verde	CPV	5.5	7.4	9.2	9.2	12.2	15.1	1.8	2.7	3.5	7.6	12.4	2.7
	Cameroon	CMR	3.0	4.3	5.6	5.9	8.4	10.9	0.2	0.3	0.4	4.9	9.5	0.3
	Central African Republic	CAF	...	...	...	...	...	...	...	...	...	...	...	...
	Chad	TCD	4.7	6.8	9.0	8.5	12.3	16.1	0.9	1.4	1.9	7.4	13.2	1.6
	Comoros	COM	7.3	11.9	16.4	13.6	21.7	29.7	0.9	2.0	3.1	12.1	22.2	2.1
	Congo	COG	7.6	14.4	21.2	15.0	28.2	41.4	0.4	0.8	1.3	14.8	28.8	0.9
	Côte d'Ivoire	CIV	5.2	8.5	11.9	10.0	16.4	22.8	0.2	0.5	0.8	8.7	16.9	0.5
	Democratic Republic of the Congo	COD	5.0	8.3	11.7	9.9	16.4	22.8	0.2	0.6	0.9	9.1	17.6	0.6
	Equatorial Guinea	GNQ	...	...	...	...	...	...	...	...	...	...	...	...
	Eritrea	ERI	...	...	...	...	...	...	...	...	...	...	...	...
	Eswatini	SWZ	5.0	7.6	10.3	9.7	14.6	19.6	0.5	1.0	1.4	8.2	15.4	1.0
	Ethiopia	ETH	2.4	3.1	3.9	4.3	5.5	6.6	0.5	0.9	1.2	3.6	6.3	0.9
	Gabon	GAB	...	...	...	...	...	...	...	...	...	...	...	...
	Gambia	GMB	6.6	9.1	11.6	13.2	18.1	22.9	0.2	0.4	0.7	12.8	24.9	0.6

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
AFRICAN REGION (continued)			—	—	—	—	—	—	—	—	—	7.9	14.3	1.5
Ghana	GHA		1.4	2.1	2.8	2.8	4.0	5.3	0.1	0.3	0.4	2.4	4.5	0.3
Guinea	GIN		...	...	...	...	...	...	...	...	...	...	...	...
Guinea-Bissau	GNB		4.8	7.3	9.9	9.6	14.5	19.4	0.2	0.4	0.7	8.0	15.5	0.5
Kenya	KEN		5.7	7.6	9.4	11.3	14.7	18.2	0.4	0.7	0.9	8.4	16.1	0.8
Lesotho	LSO		15.2	19.3	23.4	31.0	39.2	47.4	0.3	0.4	0.6	26.5	52.3	0.6
Liberia	LBR		3.3	5.9	8.5	6.0	10.7	15.4	0.7	1.2	1.8	7.3	13.6	1.0
Madagascar	MDG		12.8	16.1	19.4	24.8	31.2	37.5	0.9	1.2	1.5	16.3	31.4	1.3
Malawi	MWI		4.9	6.3	7.7	9.8	12.2	14.7	0.5	0.9	1.3	8.3	15.3	1.3
Mali	MLI		4.8	6.3	7.8	9.1	11.9	14.8	0.4	0.6	0.8	6.4	12.2	0.7
Mauritania	MRT		5.7	7.9	10.0	11.0	14.8	18.6	0.8	1.4	2.0	7.7	14.1	1.4
Mauritius	MUS		13.8	20.0	26.2	26.5	38.1	49.6	1.8	2.8	3.9	20.9	38.8	3.0
Mozambique	MOZ		...	...	...	...	...	...	...	...	...	...	...	...
Namibia	NAM		7.7	11.2	14.7	13.4	19.2	25.0	2.6	4.0	5.5	17.2	28.2	6.1
Niger	NER		3.9	6.4	8.9	7.4	12.1	16.7	0.3	0.5	0.8	6.3	12.0	0.6
Nigeria	NGA		2.0	2.9	3.8	3.7	5.4	7.0	0.2	0.4	0.5	3.1	5.7	0.4
Rwanda	RWA		5.1	8.6	12.1	8.8	14.4	20.1	1.6	3.1	4.7	10.1	16.6	3.5
Sao Tome and Principe	STP		3.2	5.1	7.0	6.0	9.5	13.0	0.5	0.8	1.1	5.5	10.2	0.9
Senegal	SEN		4.5	6.0	7.4	9.0	11.7	14.4	0.4	0.6	0.8	6.3	12.0	0.6
Seychelles	SYC		13.6	20.7	27.9	22.8	34.6	46.5	3.6	5.6	7.6	20.1	34.7	5.6
Sierra Leone	SLE		7.6	10.0	12.3	13.0	16.4	19.7	2.3	3.6	4.9	11.3	18.7	3.9

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
AFRICAN REGION (continued)			—	—	—	—	—	—	—	—	—	7.9	14.3	1.5
South Africa	ZAF		14.9	20.3	25.8	25.8	35.1	44.4	4.7	6.5	8.3	20.7	34.9	6.5
South Sudan	SSD		...	...	...	...	...	...	...	...	...	...	...	...
Togo	TGO		3.1	4.7	6.4	5.9	8.9	12.0	0.3	0.5	0.7	5.3	10.0	0.5
Uganda	UGA		3.0	4.1	5.1	5.3	7.1	8.8	0.8	1.1	1.5	6.4	10.8	2.0
United Republic of Tanzania	TZA		4.2	5.9	7.6	7.9	10.9	13.9	0.7	1.1	1.6	7.0	12.6	1.3
Zambia	ZMB		8.4	10.7	12.9	16.0	20.2	24.3	1.1	1.6	2.1	12.9	23.2	2.7
Zimbabwe	ZWE		5.5	8.7	11.8	11.6	18.0	24.3	0.3	0.7	1.1	10.5	20.2	0.8
REGION OF THE AMERICAS				—	—	—	—	—	—	—	—	—	19.8	10.8
Antigua and Barbuda	ATG		...	...	...	...	...	...	...	...	...	...	...	...
Argentina	ARG		17.6	23.1	28.6	21.6	28.2	34.9	13.7	18.1	22.5	23.8	28.5	19.1
Bahamas	BHS		7.7	10.7	13.7	15.0	20.6	26.1	1.4	2.1	2.8	11.3	20.5	2.1
Barbados	BRB		3.8	6.5	9.1	6.8	11.7	16.6	1.1	1.7	2.3	7.0	12.2	1.7
Belize	BLZ		5.7	8.7	11.7	10.3	15.5	20.8	1.1	1.9	2.6	8.8	15.6	1.9
Bolivia	BOL		6.1	12.2	18.4	10.1	20.4	30.8	2.1	4.1	6.2	12.4	20.6	4.2
Brazil	BRA		9.0	12.3	15.6	11.5	15.7	19.8	6.6	9.1	11.6	12.2	15.4	8.9
Canada	CAN		9.4	11.4	13.4	11.3	13.7	16.2	7.6	9.2	10.7	12.0	14.3	9.7
Chile	CHL		22.5	28.2	33.9	24.8	30.6	36.5	20.2	25.8	31.4	28.7	30.8	26.7
Colombia	COL		6.2	8.2	10.2	9.0	12.1	15.1	3.5	4.5	5.5	8.2	12.0	4.4
Costa Rica	CRI		6.3	8.8	11.3	9.4	13.2	17.0	3.3	4.5	5.8	8.9	13.2	4.5
Cuba	CUB		13.3	18.5	23.7	19.2	26.9	34.6	7.6	10.4	13.2	17.4	25.3	9.5
Dominica	DMA		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
REGION OF THE AMERICAS (continued)			—	—	—	—	—	—	—	—	—	15.3	19.8	10.8
Dominican Republic	DOM		6.5	9.1	11.7	9.0	12.5	16.1	4.1	5.7	7.4	9.7	11.6	7.8
Ecuador	ECU		6.3	10.1	13.8	11.1	17.6	24.1	1.6	2.6	3.6	10.2	17.8	2.6
El Salvador	SLV		5.1	8.3	11.4	9.7	15.6	21.4	1.1	1.9	2.6	8.9	15.9	1.9
Grenada	GRD		...	...	...	...	...	...	...	...	...	...	...	...
Guatemala	GTM		7.2	12.0	16.8	13.6	22.7	31.8	1.0	1.7	2.4	11.9	22.2	1.7
Guyana	GUY		7.1	10.5	13.9	13.0	19.3	25.5	1.5	2.2	2.9	6.5	10.7	2.2
Haiti	HTI		5.2	7.3	9.5	8.9	12.6	16.3	1.6	2.3	3.0	8.4	13.4	3.4
Honduras	HND		9.5	12.2	15.0	17.6	22.7	27.8	1.3	1.7	2.1	12.3	22.9	1.7
Jamaica	JAM		5.7	9.5	13.4	9.5	15.8	22.1	2.1	3.5	4.9	9.7	15.9	3.5
Mexico	MEX		12.1	14.6	17.2	19.0	23.1	27.1	5.7	6.9	8.0	14.9	23.0	6.9
Nicaragua	NIC		...	...	...	...	...	...	...	...	...	...	...	...
Panama	PAN		3.5	4.9	6.4	5.7	8.0	10.3	1.3	1.9	2.5	5.0	8.0	1.9
Paraguay	PRY		6.7	10.6	14.4	11.2	17.4	23.5	2.3	3.8	5.3	10.7	17.6	3.9
Peru	PER		4.8	7.0	9.3	7.7	11.6	15.5	1.9	2.6	3.4	7.1	11.6	2.6
Saint Kitts and Nevis	KNA		...	...	...	...	...	...	...	...	...	...	...	...
Saint Lucia	LCA		10.1	13.6	17.2	18.3	24.8	31.2	2.2	3.0	3.7	13.8	24.7	3.0
Saint Vincent and the Grenadines	VCT		...	...	...	...	...	...	...	...	...	...	...	...
Suriname	SUR		...	...	...	...	...	...	...	...	...	...	...	...
Trinidad and Tobago	TTO		...	...	...	...	...	...	...	...	...	...	...	...
United States of America	USA		15.6	19.3	22.9	18.7	22.9	27.2	12.7	15.8	18.8	20.4	24.0	16.8
Uruguay	URY		15.8	19.3	22.9	18.7	23.0	27.2	13.1	16.0	18.8	20.5	23.4	17.5
Venezuela (Bolivarian Republic of)	VEN		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
SOUTH-EAST ASIA REGION			—	—	—	—	—	—	—	—	—	12.7	24.1	1.3
Bangladesh	BGD		13.6	16.8	20.1	27.5	34.1	40.7	0.3	0.4	0.6	17.6	34.7	0.5
Bhutan	BTN		4.8	6.9	8.9	7.5	10.6	13.8	1.9	2.7	3.5	6.4	10.1	2.6
Democratic People's Republic of Korea	PRK		12.5	17.1	21.8	25.3	34.7	44.2	0.0	0.0	0.0	16.5	33.0	0.0
India	IND		5.5	7.1	8.8	10.0	12.8	15.7	0.8	1.1	1.5	7.1	13.1	1.2
Indonesia	IDN		29.3	36.7	44.0	57.1	71.2	85.4	1.6	2.2	2.7	36.5	70.8	2.1
Maldives	MDV		20.4	26.6	32.7	33.8	43.6	53.4	2.4	3.7	5.0	23.0	42.2	3.8
Myanmar	MMR		13.9	19.5	25.1	26.2	36.5	46.8	2.0	3.1	4.2	19.8	36.6	3.1
Nepal	NPL		11.5	14.5	17.5	20.5	25.6	30.8	3.6	4.7	5.8	16.4	27.4	5.4
Sri Lanka	LKA		6.4	8.5	10.5	13.4	17.7	22.0	0.1	0.2	0.3	8.7	17.3	0.2
Thailand	THA		15.1	18.9	22.8	30.1	37.7	45.3	1.4	1.8	2.2	19.2	36.9	1.5
Timor-Leste	TLS		22.0	30.9	39.7	40.7	56.3	72.0	2.8	4.6	6.4	31.8	58.6	4.9
EUROPEAN REGION			—	—	—	—	—	—	—	—	—	—	31.3	18.3
Albania	ALB		16.5	22.4	28.3	29.3	38.7	48.1	4.1	6.6	9.0	21.9	37.8	6.0
Andorra	AND		22.2	33.6	44.9	22.1	33.3	44.5	22.3	33.8	45.4	36.3	34.8	37.9
Armenia	ARM		17.0	22.5	28.0	37.3	49.3	61.2	1.2	1.7	2.2	24.9	48.2	1.5
Austria	AUT		16.9	22.0	27.2	17.8	23.7	29.6	15.9	20.5	25.0	24.9	25.8	24.0
Azerbaijan	AZE		12.2	19.3	26.4	25.0	39.6	54.2	0.1	0.1	0.2	19.6	39.0	0.1
Belarus	BLR		19.0	23.6	28.2	32.7	40.7	48.6	7.7	9.6	11.5	25.6	39.9	11.3
Belgium	BEL		18.5	22.9	27.3	20.9	26.0	31.1	16.2	19.9	23.6	24.8	27.6	22.0
Bosnia and Herzegovina	BIH		17.2	35.1	53.1	20.0	41.0	62.0	14.5	29.5	44.5	36.2	41.6	30.9
Bulgaria	BGR		24.4	34.0	43.6	27.7	38.1	48.4	21.3	30.2	39.1	39.5	40.3	38.7

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
EUROPEAN REGION (continued)			—	—	—	—	—	—	—	—	—	24.8	31.3	18.3
Croatia	HRV		24.2	32.6	41.0	26.1	34.2	42.4	22.5	31.1	39.6	37.0	36.7	37.3
Cyprus	CYP		25.4	34.0	42.6	34.9	46.0	57.1	16.0	22.1	28.2	35.6	47.2	23.9
Czechia	CZE		22.4	27.5	32.6	25.5	31.7	37.9	19.2	23.3	27.4	29.9	33.4	26.5
Denmark	DNK		13.2	16.2	19.2	13.4	16.4	19.5	13.0	16.0	18.9	16.2	16.4	16.1
Estonia	EST		18.7	23.4	28.0	23.8	29.6	35.3	14.2	17.8	21.4	25.9	30.3	21.5
Finland	FIN		12.4	15.0	17.6	14.0	16.8	19.7	10.9	13.2	15.5	17.1	18.4	15.9
France	FRA		22.5	29.2	35.9	23.8	31.3	38.8	21.2	27.3	33.3	34.6	35.5	33.7
Georgia	GEO		22.7	29.0	35.2	42.9	54.7	66.4	5.6	7.1	8.7	31.8	55.9	7.6
Germany	DEU		15.4	18.8	22.2	17.4	21.3	25.2	13.4	16.4	19.3	21.3	23.2	19.3
Greece	GRC		21.3	29.6	37.9	24.1	33.1	42.1	18.7	26.3	34.0	32.8	35.0	30.6
Hungary	HUN		22.2	29.4	36.5	27.1	34.7	42.4	17.7	24.5	31.2	32.2	36.3	28.1
Iceland	ISL		7.6	9.4	11.3	7.6	9.4	11.2	7.5	9.4	11.4	9.4	9.3	9.4
Ireland	IRL		14.3	18.2	22.2	15.9	20.5	25.1	12.8	16.1	19.3	19.3	21.5	17.0
Israel	ISR		15.8	19.8	23.8	21.1	26.4	31.6	10.5	13.3	16.1	20.4	27.0	13.8
Italy	ITA		17.0	20.4	23.7	20.0	24.1	28.2	14.2	16.8	19.4	22.4	25.7	19.1
Kazakhstan	KAZ		17.5	21.4	25.4	31.3	38.3	45.3	5.1	6.3	7.5	21.9	37.4	6.4
Kyrgyzstan	KGZ		17.6	25.8	34.0	34.5	50.1	65.6	1.9	3.2	4.6	26.6	50.1	3.2
Latvia	LVA		22.1	27.0	32.0	32.4	40.2	48.0	13.2	15.8	18.4	30.4	41.2	19.5
Lithuania	LTU		20.1	25.1	30.1	30.1	37.0	44.0	11.5	14.8	18.0	29.1	38.5	19.7
Luxembourg	LUX		17.2	21.8	26.5	18.7	23.3	28.0	15.7	20.3	25.0	23.0	24.4	21.6
Malta	MLT		17.1	23.2	29.2	19.4	25.5	31.6	14.5	20.6	26.6	24.7	26.3	23.2
Monaco	MCO		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
EUROPEAN REGION (continued)			—	—	—	—	—	—	—	—	—	24.8	31.3	18.3
Montenegro	MNE		18.9	32.1	45.3	18.7	30.9	43.1	19.1	33.2	47.2	32.0	30.9	33.2
Netherlands (Kingdom of the)	NLD		16.1	20.1	24.0	18.4	22.5	26.7	13.9	17.7	21.4	21.3	23.5	19.0
North Macedonia	MKD		...	...	...	...	...	...	...	...	...	...	...	...
Norway	NOR		11.6	14.0	16.4	12.0	14.8	17.5	11.2	13.2	15.3	14.2	14.9	13.5
Poland	POL		18.2	23.2	28.1	21.9	27.6	33.4	14.9	19.1	23.2	23.6	27.1	20.1
Portugal	PRT		15.8	20.9	26.0	20.5	27.1	33.7	11.8	15.5	19.3	25.6	30.5	20.7
Republic of Moldova	MDA		20.9	26.4	31.8	39.6	49.8	60.0	4.7	6.0	7.3	28.2	49.6	6.7
Romania	ROU		21.0	27.0	33.0	28.8	37.4	45.9	13.9	17.5	21.2	29.4	38.6	20.3
Russian Federation	RUS		22.4	27.2	32.0	34.9	42.0	49.1	11.8	14.8	17.7	29.2	41.1	17.4
San Marino	SMR		...	...	...	...	...	...	...	...	...	...	...	...
Serbia	SRB		29.5	36.6	43.7	31.1	38.8	46.5	28.0	34.6	41.2	39.5	39.9	39.1
Slovakia	SVK		18.8	30.2	41.7	23.2	35.4	47.5	14.7	25.4	36.2	32.4	36.3	28.5
Slovenia	SVN		14.6	18.1	21.5	16.3	20.2	24.1	13.0	15.9	18.9	20.1	21.8	18.5
Spain	ESP		20.2	24.9	29.7	22.6	27.5	32.4	17.9	22.5	27.1	28.4	29.4	27.5
Sweden	SWE		10.1	12.3	14.6	10.8	13.1	15.4	9.3	11.6	13.9	12.6	13.3	11.9
Switzerland	CHE		18.5	23.3	28.1	20.9	26.3	31.8	16.2	20.4	24.6	25.5	28.2	22.9
Tajikistan	TJK		...	...	...	...	...	...	...	...	...	...	...	...
Türkiye	TUR		24.6	30.7	36.8	33.9	41.9	50.0	15.5	19.6	23.8	30.5	41.2	19.8
Turkmenistan	TKM		3.5	5.3	7.1	6.8	10.3	13.8	0.3	0.5	0.7	5.4	10.4	0.5
Ukraine	UKR		18.2	22.0	25.7	31.9	38.3	44.7	6.8	8.5	10.1	24.9	38.4	11.5
United Kingdom	GBR		10.8	13.1	15.4	12.5	15.0	17.4	9.2	11.4	13.5	14.2	16.1	12.4
Uzbekistan	UZB		6.8	10.6	14.3	13.2	20.4	27.6	0.6	1.0	1.4	10.7	20.5	1.0

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
EASTERN MEDITERRANEAN REGION			—	—	—	—	—	—	—	—	—	15.2	28.1	2.3
Afghanistan	AFG		5.9	9.2	12.4	10.8	16.6	22.4	1.1	1.8	2.5	9.0	16.1	2.0
Bahrain	BHR		11.8	18.1	24.3	17.6	25.7	33.8	1.8	4.9	8.1	15.0	25.0	5.1
Djibouti	DJI		...	...	...	...	...	...	...	...	...	...	...	...
Egypt	EGY		18.7	24.7	30.7	37.0	48.9	60.7	0.2	0.3	0.5	24.7	49.1	0.4
Iran (Islamic Republic of)	IRN		6.8	9.5	12.2	12.9	17.8	22.8	0.7	1.1	1.5	9.1	17.0	1.1
Iraq	IRQ		10.4	18.7	27.0	19.9	36.0	52.1	1.0	1.6	2.2	19.2	36.7	1.7
Jordan	JOR		28.3	36.3	44.3	45.5	57.8	70.0	9.9	13.4	16.8	35.6	57.6	13.6
Kuwait	KWT		14.5	22.7	30.8	22.8	35.6	48.3	1.2	2.1	3.1	19.9	37.7	2.1
Lebanon	LBN		24.1	34.0	43.8	31.4	43.1	54.9	17.6	25.7	33.8	34.3	42.9	25.7
Libya	LBY		...	...	...	...	...	...	...	...	...	...	...	...
Morocco	MAR		9.5	13.1	16.7	18.7	25.3	31.9	0.4	1.0	1.6	13.0	25.0	1.0
Oman	OMN		7.4	9.9	12.5	11.7	15.7	19.7	0.2	0.3	0.5	7.6	14.9	0.4
Pakistan	PAK		9.2	12.0	14.8	16.7	21.3	26.0	1.8	2.7	3.6	16.7	30.7	2.7
Qatar	QAT		11.2	16.4	21.5	14.7	21.4	28.1	1.2	2.0	2.7	10.8	19.7	1.9
Saudi Arabia	SAU		11.1	16.2	21.2	18.2	26.3	34.4	1.3	1.9	2.6	13.9	25.9	2.0
Somalia	SOM		...	...	...	...	...	...	...	...	...	...	...	...
Sudan	SDN		...	...	...	...	...	...	...	...	...	...	...	...
Syrian Arab Republic	SYR		...	...	...	...	...	...	...	...	...	...	...	...
Tunisia	TUN		15.4	20.1	24.8	30.5	39.7	48.8	1.1	1.6	2.1	20.5	39.5	1.6
United Arab Emirates	ARE		7.4	11.7	16.0	9.9	15.5	21.1	1.5	2.5	3.6	9.0	15.4	2.6
Yemen	YEM		7.7	16.7	25.6	12.0	27.0	42.1	3.5	6.3	9.1	17.2	27.8	6.5

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
WESTERN PACIFIC REGION			—	—	—	—	—	—	—	—	—	22.4	42.3	2.5
Australia	AUS		10.1	12.5	14.9	11.9	14.8	17.6	8.4	10.3	12.2	13.1	15.2	10.9
Brunei Darussalam	BRN		12.1	17.1	22.2	22.3	31.3	40.3	1.3	2.2	3.0	16.4	30.7	2.2
Cambodia	KHM		11.3	14.1	17.0	21.8	27.3	32.7	1.2	1.6	1.9	15.1	28.7	1.6
China	CHN		20.1	24.9	29.7	38.2	47.3	56.5	1.6	2.0	2.4	23.4	45.1	1.6
Cook Islands	COK		20.5	25.5	30.4	24.6	30.3	35.9	16.9	21.4	25.8	27.0	31.8	22.2
Fiji	FJI		20.0	27.3	34.6	30.8	41.7	52.5	9.3	13.1	16.9	27.6	42.0	13.2
Japan	JPN		13.7	16.8	19.8	21.7	26.5	31.4	6.3	7.7	9.0	19.2	28.7	9.6
Kiribati	KIR		28.0	38.2	48.3	39.0	51.6	64.2	17.8	25.7	33.6	39.7	52.5	26.8
Lao People's Democratic Republic	LAO		18.1	23.8	29.5	33.0	43.2	53.3	3.2	4.4	5.7	25.0	45.4	4.7
Malaysia	MYS		15.7	20.9	26.2	30.6	40.8	51.0	0.3	0.5	0.7	20.4	40.3	0.5
Marshall Islands	MHL		17.7	24.1	30.5	32.3	43.8	55.3	2.8	4.0	5.3	23.6	43.3	4.0
Micronesia (Federated States of)	FSM		...	...	...	...	...	...	...	...	...	...	...	...
Mongolia	MNG		21.9	28.3	34.6	39.5	51.0	62.6	5.3	6.7	8.2	28.4	50.2	6.6
Nauru	NRU		27.1	46.3	65.5	27.4	47.3	67.3	26.8	45.3	63.7	45.2	45.9	44.6
New Zealand	NZL		9.5	11.4	13.4	10.5	12.7	14.8	8.4	10.2	12.0	12.2	13.4	11.1
Niue	NIU		...	...	...	...	...	...	...	...	...	...	...	...
Palau	PLW		11.7	17.0	22.3	18.3	26.3	34.3	4.9	7.3	9.8	17.3	27.1	7.6
Papua New Guinea	PNG		29.4	40.4	51.5	41.4	55.4	69.4	16.9	24.9	32.8	39.6	54.3	24.9
Philippines	PHL		16.3	20.4	24.5	28.9	36.2	43.5	3.4	4.3	5.1	20.4	36.2	4.5

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	<i>Lower limit</i>	<i>Point estimate</i>	<i>Upper limit</i>	<i>Lower limit</i>	<i>Point estimate</i>	<i>Upper limit</i>	<i>Lower limit</i>	<i>Point estimate</i>	<i>Upper limit</i>	<i>Point estimate</i>	<i>Point estimate</i>	<i>Point estimate</i>
WESTERN PACIFIC REGION (continued)			—	—	—	—	—	—	—	—	—	22.4	42.3	2.5
Republic of Korea	KOR		15.5	18.9	22.4	26.9	32.7	38.5	4.2	5.4	6.6	20.0	34.1	5.8
Samoa	WSM		14.5	22.1	29.8	20.0	31.0	42.0	8.8	13.1	17.4	22.5	31.6	13.3
Singapore	SGP		10.8	16.4	21.9	18.6	27.9	37.1	2.4	4.0	5.5	16.5	28.2	4.9
Solomon Islands	SLB		24.7	37.6	50.5	37.0	55.3	73.6	12.2	19.6	27.0	36.9	54.4	19.4
Tonga	TON		23.3	30.7	38.1	35.8	46.8	57.8	11.5	15.5	19.4	31.3	47.0	15.5
Tuvalu	TUV		24.7	33.8	42.9	36.2	48.3	60.4	12.9	19.0	25.1	33.7	48.2	19.1
Vanuatu	VUT		...	...	...	...	...	...	...	...	...	...	...	...
Viet Nam	VNM		16.6	21.8	27.0	33.3	43.6	53.9	0.8	1.1	1.5	23.4	45.9	1.0

Table A1.3. Current cigarette smoking rates among people aged 15 years and older, 2022 estimates

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
GLOBAL			—	—	—	—	—	—	—	—	—	15.0	25.5	4.4
AFRICAN REGION			—	—	—	—	—	—	—	—	—	6.9	12.9	0.8
Algeria	DZA		11.2	15.3	19.5	21.8	29.9	37.9	0.2	0.3	0.5	15.0	29.8	0.3
Angola	AGO		...	...	...	...	...	...	...	...	...	...	...	...
Benin	BEN		2.3	3.0	3.7	4.4	5.6	6.9	0.3	0.4	0.6	3.4	6.3	0.4
Botswana	BWA		9.4	13.2	17.1	17.7	24.7	31.8	1.4	2.1	2.9	13.4	24.5	2.2
Burkina Faso	BFA		5.3	8.1	11.0	10.6	16.0	21.4	0.1	0.5	0.8	8.2	15.8	0.5
Burundi	BDI		3.6	5.9	8.2	6.9	11.2	15.6	0.5	0.8	1.1	6.7	12.5	0.9
Cabo Verde	CPV		3.9	5.5	7.1	7.1	10.0	12.9	0.7	1.1	1.5	5.7	10.2	1.2
Cameroon	CMR		3.0	4.3	5.5	5.9	8.4	10.9	0.1	0.2	0.3	4.9	9.5	0.2
Central African Republic	CAF		...	...	...	...	...	...	...	...	...	...	...	...
Chad	TCD		3.6	5.1	6.5	6.9	9.7	12.5	0.3	0.5	0.6	5.4	10.4	0.5
Comoros	COM		5.5	9.6	13.7	10.5	17.9	25.3	0.6	1.3	2.0	9.8	18.3	1.4
Congo	COG		6.7	10.9	15.1	13.2	21.6	29.9	0.2	0.4	0.6	11.2	22.0	0.4
Côte d'Ivoire	CIV		5.6	8.3	11.1	11.0	16.4	21.8	0.1	0.2	0.3	8.5	16.8	0.2
Democratic Republic of the Congo	COD		5.0	8.2	11.4	9.9	16.4	22.8	0.2	0.3	0.5	8.8	17.3	0.3
Equatorial Guinea	GNQ		...	...	...	...	...	...	...	...	...	...	...	...
Eritrea	ERI		...	...	...	...	...	...	...	...	...	...	...	...
Eswatini	SWZ		4.4	6.9	9.4	8.7	13.5	18.3	0.2	0.5	0.8	7.4	14.3	0.6
Ethiopia	ETH		1.9	2.6	3.3	3.6	4.8	6.0	0.2	0.4	0.5	3.0	5.6	0.4
Gabon	GAB		...	...	...	...	...	...	...	...	...	...	...	...
Gambia	GMB		5.7	7.6	9.6	11.4	15.3	19.2	0.1	0.2	0.2	8.3	16.5	0.2

Table A1.3. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
AFRICAN REGION (continued)			—	—	—	—	—	—	—	—	—	6.9	12.9	0.8
Ghana	GHA		1.2	1.7	2.3	2.3	3.4	4.5	0.0	0.1	0.1	1.9	3.8	0.1
Guinea	GIN		...	...	...	...	...	...	...	...	...	...	...	...
Guinea-Bissau	GNB		3.9	6.0	8.1	7.9	12.0	16.1	0.2	0.3	0.5	6.6	12.8	0.3
Kenya	KEN		4.7	6.5	8.2	9.5	12.9	16.2	0.2	0.3	0.4	7.2	14.1	0.3
Lesotho	LSO		13.2	17.9	22.7	26.9	36.6	46.3	0.1	0.2	0.3	19.0	37.8	0.2
Liberia	LBR		3.1	4.9	6.8	6.0	9.5	13.0	0.3	0.5	0.7	5.4	10.3	0.5
Madagascar	MDG		10.7	13.8	16.8	21.0	26.8	32.6	0.7	0.9	1.2	14.0	27.0	1.0
Malawi	MWI		4.0	5.2	6.5	8.3	10.7	13.1	0.1	0.3	0.4	6.9	13.4	0.4
Mali	MLI		4.3	5.6	6.8	8.4	10.8	13.2	0.1	0.3	0.4	5.6	11.0	0.3
Mauritania	MRT		4.5	7.2	9.9	8.3	13.4	18.4	1.0	1.5	2.0	7.3	13.1	1.4
Mauritius	MUS		11.7	18.0	24.3	22.4	34.3	46.2	1.6	2.5	3.5	18.8	35.0	2.7
Mozambique	MOZ		...	...	...	...	...	...	...	...	...	...	...	...
Namibia	NAM		7.4	10.8	14.2	13.4	19.2	25.0	2.1	3.3	4.6	12.3	20.9	3.7
Niger	NER		3.4	5.4	7.4	6.7	10.6	14.6	0.0	0.0	0.0	5.2	10.4	0.0
Nigeria	NGA		1.8	2.4	2.9	3.5	4.5	5.6	0.1	0.2	0.2	2.5	4.8	0.2
Rwanda	RWA		3.0	5.0	7.1	5.8	9.6	13.4	0.3	0.7	1.1	5.9	11.1	0.8
Sao Tome and Principe	STP		2.1	3.5	4.9	4.0	6.7	9.3	0.2	0.4	0.6	3.8	7.2	0.4
Senegal	SEN		3.8	5.0	6.1	7.6	9.9	12.3	0.2	0.3	0.4	5.3	10.2	0.3
Seychelles	SYC		11.6	17.9	24.2	19.9	30.3	40.7	2.6	4.5	6.3	17.4	30.4	4.5
Sierra Leone	SLE		6.7	8.8	10.9	11.4	14.7	18.1	2.0	2.8	3.7	9.9	16.8	3.1

Table A1.3. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)			
			Both sexes			Male			Female			Both sexes	Male	Female	
			Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate	
AFRICAN REGION (continued)			—	—	—	—	—	—	—	—	—	—	6.9	12.9	0.8
	South Africa	ZAF	11.5	16.5	21.5	19.9	28.7	37.5	3.7	5.1	6.6	16.8	28.5	5.2	
	South Sudan	SSD	...	...	...	...	...	...	...	...	...	...	...	...
	Togo	TGO	2.5	3.7	4.9	4.9	7.2	9.5	0.1	0.1	0.2	4.1	8.0	0.1	
	Uganda	UGA	2.6	3.5	4.3	4.9	6.5	8.0	0.4	0.6	0.7	5.5	9.9	1.0	
	United Republic of Tanzania	TZA	3.5	5.0	6.4	7.0	9.7	12.5	0.2	0.4	0.6	5.9	11.2	0.5	
	Zambia	ZMB	7.4	9.4	11.3	14.7	18.4	22.1	0.5	0.8	1.0	11.2	21.2	1.3	
	Zimbabwe	ZWE	4.8	7.2	9.6	10.3	15.4	20.4	0.1	0.2	0.3	8.8	17.3	0.2	
REGION OF THE AMERICAS				—	—	—	—	—	—	—	—	—	16.8	9.5	
	Antigua and Barbuda	ATG	...	...	...	...	...	...	...	...	...	...	...	...
	Argentina	ARG	16.1	21.1	26.1	20.2	25.9	31.6	12.1	16.4	20.8	21.7	26.1	17.3	
	Bahamas	BHS	4.9	8.6	12.2	9.6	16.5	23.4	0.9	1.6	2.4	9.0	16.5	1.6	
	Barbados	BRB	2.6	5.3	7.9	4.6	9.5	14.5	0.8	1.4	2.0	5.7	10.0	1.4	
	Belize	BLZ	5.0	7.4	9.8	9.1	13.4	17.6	1.0	1.5	2.1	7.5	13.4	1.5	
	Bolivia	BOL	4.7	10.2	15.8	7.4	16.8	26.3	1.9	3.7	5.5	10.4	17.0	3.8	
	Brazil	BRA	8.1	11.0	14.0	10.7	14.3	17.8	5.7	8.0	10.3	10.9	14.0	7.8	
	Canada	CAN	9.0	10.8	12.7	10.8	13.0	15.2	7.2	8.7	10.2	11.4	13.5	9.2	
	Chile	CHL	20.3	25.9	31.6	22.2	28.3	34.5	18.4	23.6	28.8	26.5	28.5	24.4	
	Colombia	COL	4.6	7.1	9.7	6.5	10.5	14.5	2.7	3.9	5.1	7.1	10.4	3.8	
	Costa Rica	CRI	5.5	7.9	10.2	8.1	11.8	15.4	2.9	4.0	5.1	7.9	11.7	4.0	
	Cuba	CUB	12.0	16.1	20.3	17.8	23.6	29.4	6.5	9.0	11.4	15.2	22.2	8.2	
	Dominica	DMA	...	...	...	...	...	...	...	...	...	...	...	...
	Dominican Republic	DOM	4.7	6.7	8.6	6.6	9.5	12.4	2.8	3.8	4.9	6.8	9.8	3.9	

Table A1.3. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)			
			Both sexes			Male			Female			Both sexes	Male	Female	
			Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate	
REGION OF THE AMERICAS (continued)			—	—	—	—	—	—	—	—	—	—	13.2	16.8	9.5
Ecuador	ECU		5.6	8.6	11.6	10.2	15.2	20.3	1.2	2.2	3.2	8.8	15.4	2.2	
El Salvador	SLV		4.6	7.1	9.6	8.8	13.5	18.2	1.0	1.6	2.2	7.7	13.7	1.6	
Grenada	GRD		...	...	...	...	...	...	...	...	...	...	...	...
Guatemala	GTM		6.8	10.3	13.7	13.0	19.6	26.1	0.8	1.3	1.8	10.3	19.2	1.3	
Guyana	GUY		5.9	9.0	12.1	10.8	16.5	22.2	1.2	1.9	2.5	9.5	17.2	1.9	
Haiti	HTI		4.4	6.4	8.4	7.6	11.1	14.6	1.3	1.9	2.5	7.1	12.0	2.1	
Honduras	HND		7.9	10.8	13.8	14.7	20.2	25.6	1.0	1.5	1.9	10.9	20.3	1.5	
Jamaica	JAM		5.1	8.5	11.9	8.7	14.3	19.9	1.7	2.9	4.2	8.6	14.3	2.9	
Mexico	MEX		11.2	13.4	15.6	17.7	21.1	24.5	5.2	6.3	7.4	13.7	21.1	6.3	
Nicaragua	NIC		...	...	...	...	...	...	...	...	...	...	...	...
Panama	PAN		2.9	4.3	5.7	4.7	7.0	9.2	1.2	1.7	2.2	4.3	6.9	1.7	
Paraguay	PRY		4.3	8.6	12.9	6.6	14.2	21.8	2.1	3.1	4.1	8.8	14.4	3.2	
Peru	PER		4.5	6.4	8.3	7.3	10.7	14.0	1.7	2.3	2.9	6.5	10.7	2.3	
Saint Kitts and Nevis	KNA		...	...	...	...	...	...	...	...	...	...	...	...
Saint Lucia	LCA		7.2	11.4	15.6	13.2	20.8	28.4	1.5	2.4	3.3	11.6	20.8	2.4	
Saint Vincent and the Grenadines	VCT		...	...	...	...	...	...	...	...	...	...	...	...
Suriname	SUR		...	...	...	...	...	...	...	...	...	...	...	...
Trinidad and Tobago	TTO		...	...	...	...	...	...	...	...	...	...	...	...
United States of America	USA		12.5	15.5	18.5	14.1	17.5	20.9	11.0	13.6	16.2	16.4	18.3	14.5	
Uruguay	URY		14.8	17.9	21.0	17.9	21.4	25.0	12.0	14.7	17.3	19.0	21.8	16.1	
Venezuela (Bolivarian Republic of)	VEN		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.3. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
SOUTH-EAST ASIA REGION			—	—	—	—	—	—	—	—	—	10.0	19.3	0.8
Bangladesh	BGD		10.1	13.0	15.9	20.6	26.5	32.4	0.1	0.2	0.2	13.6	27.0	0.2
Bhutan	BTN		2.9	4.9	7.0	4.7	8.1	11.5	0.7	1.4	2.0	4.5	7.7	1.3
Democratic People's Republic of Korea	PRK		9.7	14.9	20.0	19.8	30.2	40.6	0.0	0.0	0.0	14.3	28.7	0.0
India	IND		3.5	4.6	5.7	6.6	8.6	10.6	0.3	0.4	0.6	4.6	8.7	0.5
Indonesia	IDN		25.2	33.4	41.5	48.8	64.7	80.6	1.6	2.0	2.5	33.2	64.3	2.0
Maldives	MDV		16.5	21.9	27.2	28.1	37.1	46.1	0.9	1.4	1.9	18.7	36.0	1.4
Myanmar	MMR		10.2	14.7	19.3	19.9	28.4	37.0	0.8	1.5	2.2	15.0	28.5	1.5
Nepal	NPL		10.3	12.9	15.5	18.4	22.9	27.4	3.2	4.1	5.0	14.6	24.5	4.8
Sri Lanka	LKA		3.9	5.7	7.5	8.2	11.9	15.7	0.0	0.1	0.2	5.9	11.7	0.1
Thailand	THA		14.1	17.8	21.4	28.2	35.5	42.8	1.3	1.6	2.0	18.0	34.7	1.3
Timor-Leste	TLS		21.9	30.6	39.3	40.7	56.3	72.0	2.5	4.0	5.5	31.5	58.6	4.5
EUROPEAN REGION				—	—	—	—	—	—	—	—	—	29.0	17.0
Albania	ALB		13.8	19.0	24.3	25.3	34.0	42.6	2.7	4.6	6.5	18.7	33.2	4.2
Andorra	AND		14.9	27.4	39.8	15.1	27.4	39.6	14.7	27.4	40.0	29.6	28.6	30.6
Armenia	ARM		17.0	22.1	27.2	37.7	48.9	60.2	1.0	1.3	1.6	24.5	47.9	1.2
Austria	AUT		15.6	20.6	25.5	17.0	22.3	27.7	14.3	18.9	23.4	23.2	24.3	22.1
Azerbaijan	AZE		10.3	15.2	20.1	21.2	31.1	41.1	0.1	0.1	0.2	15.4	30.7	0.1
Belarus	BLR		17.7	22.4	27.1	30.3	38.4	46.4	7.3	9.3	11.3	24.3	37.6	10.9
Belgium	BEL		16.7	21.4	26.1	19.2	24.2	29.3	14.4	18.7	23.1	23.2	25.7	20.7
Bosnia and Herzegovina	BIH		15.8	28.2	40.7	18.6	33.0	47.5	13.1	23.6	34.1	29.1	33.5	24.7
Bulgaria	BGR		21.6	31.1	40.7	24.5	35.3	46.1	19.0	27.3	35.7	36.2	37.4	34.9

Table A1.3. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
			Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
EUROPEAN REGION (continued)			—	—	—	—	—	—	—	—	—	23.0	29.0	17.0
Croatia	HRV		20.4	29.4	38.5	21.2	31.0	40.9	19.6	27.9	36.2	33.4	33.3	33.5
Cyprus	CYP		17.3	27.9	38.4	23.2	38.3	53.4	11.5	17.5	23.5	29.1	39.3	19.0
Czechia	CZE		18.1	23.5	28.8	20.9	27.1	33.4	15.5	19.9	24.3	25.6	28.5	22.6
Denmark	DNK		11.5	14.4	17.4	11.0	14.1	17.1	11.9	14.8	17.7	14.5	14.0	14.9
Estonia	EST		16.9	21.1	25.4	21.5	27.1	32.7	12.7	15.7	18.8	23.4	27.8	19.0
Finland	FIN		10.3	13.3	16.2	11.8	15.1	18.5	8.9	11.5	14.1	15.2	16.5	13.8
France	FRA		19.4	26.4	33.3	20.7	28.4	36.2	18.3	24.5	30.6	31.2	32.3	30.2
Georgia	GEO		19.8	26.0	32.3	37.6	49.1	60.5	4.7	6.5	8.3	28.6	50.2	7.0
Germany	DEU		13.5	16.9	20.2	14.8	18.8	22.7	12.3	15.1	17.9	19.1	20.5	17.8
Greece	GRC		18.3	26.9	35.4	21.5	30.3	39.1	15.4	23.7	31.9	29.8	32.1	27.4
Hungary	HUN		20.1	27.3	34.4	24.2	32.4	40.6	16.4	22.6	28.8	29.9	33.9	25.9
Iceland	ISL		4.6	7.3	9.9	4.5	7.1	9.8	4.8	7.4	10.0	7.2	7.1	7.4
Ireland	IRL		13.0	16.8	20.7	14.4	18.8	23.3	11.6	14.9	18.1	17.8	19.8	15.7
Israel	ISR		13.5	17.7	21.9	17.8	23.2	28.5	9.2	12.3	15.5	18.2	23.7	12.8
Italy	ITA		16.6	19.8	23.1	19.3	23.4	27.5	14.1	16.5	18.9	21.8	25.0	18.7
Kazakhstan	KAZ		16.0	19.8	23.6	28.7	35.4	42.1	4.7	5.9	7.2	20.3	34.5	6.1
Kyrgyzstan	KGZ		15.1	22.6	30.2	29.5	43.9	58.3	1.6	2.8	4.0	23.4	43.9	2.8
Latvia	LVA		18.3	24.4	30.6	27.0	36.3	45.6	10.8	14.3	17.8	27.4	37.2	17.7
Lithuania	LTU		18.3	22.9	27.6	27.2	34.4	41.5	10.5	13.0	15.5	26.5	35.7	17.4
Luxembourg	LUX		15.4	19.3	23.2	17.0	21.2	25.3	13.7	17.4	21.1	20.3	22.1	18.5
Malta	MLT		14.7	20.8	26.9	16.7	23.6	30.4	12.5	17.8	23.0	22.1	24.3	20.0
Monaco	MCO		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.3. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
EUROPEAN REGION (continued)			—	—	—	—	—	—	—	—	—	23.0	29.0	17.0
Montenegro	MNE		18.0	30.3	42.6	17.4	30.1	42.7	18.6	30.6	42.6	29.4	29.1	29.6
Netherlands (Kingdom of the)	NLD		12.5	17.1	21.7	13.9	18.8	23.7	11.2	15.4	19.7	18.1	19.6	16.6
North Macedonia	MKD		...	...	...	...	...	...	...	...	...	...	...	...
Norway	NOR		6.6	10.7	14.8	6.7	11.0	15.2	6.4	10.4	14.4	10.9	11.1	10.7
Poland	POL		17.2	21.6	25.9	20.3	25.7	31.0	14.4	17.8	21.1	22.0	25.2	18.7
Portugal	PRT		13.5	18.7	24.0	17.4	24.0	30.5	10.0	14.1	18.2	22.9	27.1	18.8
Republic of Moldova	MDA		18.5	24.3	30.1	35.0	45.9	56.8	4.2	5.6	7.0	26.0	45.7	6.3
Romania	ROU		19.2	24.4	29.7	26.9	34.0	41.1	12.1	15.6	19.2	26.6	35.1	18.1
Russian Federation	RUS		21.5	26.7	31.9	33.3	41.3	49.2	11.6	14.5	17.3	28.7	40.4	17.1
San Marino	SMR		...	...	...	...	...	...	...	...	...	...	...	...
Serbia	SRB		27.6	33.8	40.1	29.9	36.1	42.3	25.5	31.8	38.1	36.5	37.1	35.9
Slovakia	SVK		15.3	25.2	35.1	18.3	30.2	42.2	12.5	20.5	28.5	27.0	31.0	23.0
Slovenia	SVN		13.5	16.9	20.2	15.6	18.9	22.2	11.5	14.8	18.1	18.8	20.4	17.2
Spain	ESP		17.9	23.3	28.6	20.4	25.8	31.2	15.6	20.9	26.3	26.6	27.5	25.6
Sweden	SWE		6.2	9.0	11.8	5.4	8.3	11.3	7.0	9.7	12.4	9.2	8.5	10.0
Switzerland	CHE		14.8	20.3	25.8	16.0	22.8	29.6	13.6	17.8	22.0	22.2	24.4	20.1
Tajikistan	TJK		...	...	...	...	...	...	...	...	...	...	...	...
Türkiye	TUR		23.1	29.1	35.1	31.6	39.5	47.5	14.7	18.8	22.8	28.9	38.9	18.9
Turkmenistan	TKM		2.8	4.6	6.4	5.6	9.0	12.5	0.2	0.4	0.6	4.7	9.1	0.4
Ukraine	UKR		17.0	20.8	24.5	29.8	36.2	42.5	6.5	8.1	9.7	23.6	36.2	11.0
United Kingdom	GBR		9.0	11.4	13.8	10.1	13.1	16.0	7.9	9.8	11.6	12.3	14.0	10.6
Uzbekistan	UZB		5.5	8.9	12.3	10.7	17.2	23.8	0.4	0.8	1.2	9.0	17.3	0.8

Table A1.3. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
EASTERN MEDITERRANEAN REGION			—	—	—	—	—	—	—	—	—	12.0	22.6	1.3
	Afghanistan	AFG	5.4	7.6	9.9	10.3	14.6	18.9	0.5	0.7	1.0	7.5	14.1	0.8
	Bahrain	BHR	8.5	13.5	18.5	13.3	20.7	28.1	0.4	1.3	2.2	10.7	20.1	1.3
	Djibouti	DJI	...	...	...	...	...	...	...	...	...	...	...	...
	Egypt	EGY	13.1	19.2	25.4	26.0	38.2	50.4	0.1	0.1	0.2	19.3	38.4	0.1
	Iran (Islamic Republic of)	IRN	5.6	7.9	10.2	10.9	15.2	19.5	0.3	0.6	0.9	7.5	14.5	0.6
	Iraq	IRQ	6.4	14.1	21.8	12.4	27.5	42.6	0.4	0.8	1.1	14.4	28.0	0.8
	Jordan	JOR	21.4	28.1	34.9	35.3	45.9	56.5	6.5	9.2	11.9	27.5	45.7	9.4
	Kuwait	KWT	8.7	16.9	25.1	13.9	26.8	39.8	0.6	1.1	1.7	14.8	28.5	1.1
	Lebanon	LBN	15.2	26.1	37.0	19.6	33.5	47.3	11.3	19.5	27.6	26.8	33.2	20.5
	Libya	LBY	...	...	...	...	...	...	...	...	...	...	...	...
	Morocco	MAR	7.5	10.8	14.1	14.7	21.0	27.3	0.3	0.6	1.0	10.7	20.8	0.6
	Oman	OMN	6.1	8.4	10.7	9.8	13.4	17.0	0.0	0.1	0.1	6.3	12.5	0.1
	Pakistan	PAK	7.4	9.6	11.8	13.8	17.7	21.6	1.0	1.5	2.0	10.7	19.7	1.7
	Qatar	QAT	8.7	14.2	19.6	11.5	18.6	25.7	0.7	1.4	2.1	9.2	17.1	1.4
	Saudi Arabia	SAU	7.6	12.5	17.4	12.6	20.5	28.5	0.5	1.2	1.9	10.7	20.2	1.3
	Somalia	SOM	...	...	...	...	...	...	...	...	...	...	...	...
	Sudan	SDN	...	...	...	...	...	...	...	...	...	...	...	...
	Syrian Arab Republic	SYR	...	...	...	...	...	...	...	...	...	...	...	...
	Tunisia	TUN	14.1	19.1	24.0	28.3	38.0	47.7	0.7	1.2	1.7	19.6	37.9	1.2
	United Arab Emirates	ARE	4.9	8.5	12.2	6.7	11.5	16.3	0.7	1.4	2.1	6.4	11.4	1.4
	Yemen	YEM	3.9	11.7	19.5	6.9	20.3	33.7	0.9	3.2	5.4	12.1	20.9	3.3

Table A1.3. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
			Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Lower limit	Point estimate	Upper limit	Point estimate	Point estimate	Point estimate
WESTERN PACIFIC REGION			—	—	—	—	—	—	—	—	—	21.8	41.3	2.3
Australia	AUS		6.6	10.1	13.7	7.7	11.8	16.0	5.5	8.5	11.4	10.6	12.2	8.9
Brunei Darussalam	BRN		8.5	14.3	20.2	15.7	26.3	37.0	0.9	1.7	2.5	13.7	25.8	1.7
Cambodia	KHM		10.4	13.5	16.6	20.2	26.2	32.2	1.1	1.5	1.8	14.5	27.5	1.5
China	CHN		20.0	24.8	29.6	38.2	47.3	56.5	1.4	1.8	2.2	23.3	45.1	1.4
Cook Islands	COK		12.3	20.0	27.7	14.2	23.4	32.7	10.6	17.0	23.4	21.2	24.6	17.7
Fiji	FJI		16.9	23.6	30.2	26.0	36.0	46.0	7.9	11.3	14.7	23.9	36.3	11.4
Japan	JPN		13.3	16.2	19.1	21.1	25.6	30.2	5.9	7.3	8.7	18.5	27.7	9.2
Kiribati	KIR		22.1	31.8	41.5	31.2	43.7	56.2	13.7	20.8	27.8	33.1	44.5	21.7
Lao People's Democratic Republic	LAO		15.8	20.5	25.2	29.0	37.6	46.2	2.5	3.3	4.2	21.5	39.5	3.6
Malaysia	MYS		12.6	18.1	23.5	24.6	35.2	45.8	0.2	0.4	0.6	17.6	34.8	0.4
Marshall Islands	MHL		14.8	20.2	25.6	27.3	36.8	46.3	2.1	3.3	4.4	19.8	36.4	3.2
Micronesia (Federated States of)	FSM		...	...	...	...	...	...	...	...	...	...	...	...
Mongolia	MNG		21.1	26.2	31.3	38.2	47.3	56.4	4.9	6.2	7.5	26.3	46.5	6.1
Nauru	NRU		18.3	36.9	55.5	18.9	37.5	56.2	17.7	36.3	54.9	36.1	36.4	35.8
New Zealand	NZL		8.7	10.9	13.1	9.5	12.0	14.5	8.0	9.8	11.7	11.7	12.7	10.6
Niue	NIU		...	...	...	...	...	...	...	...	...	...	...	...
Palau	PLW		8.1	13.8	19.5	12.6	21.4	30.2	3.5	5.9	8.3	14.1	22.1	6.1
Papua New Guinea	PNG		20.6	29.9	39.2	25.7	38.6	51.6	15.2	20.8	26.3	29.4	37.9	20.8
Philippines	PHL		15.1	19.0	22.8	26.9	33.7	40.6	3.2	3.9	4.6	18.9	33.7	4.1

Table A1.3. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	<i>Lower limit</i>	<i>Point estimate</i>	<i>Upper limit</i>	<i>Lower limit</i>	<i>Point estimate</i>	<i>Upper limit</i>	<i>Lower limit</i>	<i>Point estimate</i>	<i>Upper limit</i>	<i>Point estimate</i>	<i>Point estimate</i>	<i>Point estimate</i>
WESTERN PACIFIC REGION (continued)			—	—	—	—	—	—	—	—	—	21.8	41.3	2.3
Republic of Korea	KOR		14.1	17.9	21.7	24.5	30.9	37.3	3.8	5.1	6.4	18.9	32.2	5.5
Samoa	WSM		12.7	18.7	24.8	18.0	26.3	34.6	7.2	11.0	14.9	19.0	26.8	11.2
Singapore	SGP		9.6	14.5	19.4	16.4	24.7	33.0	2.2	3.5	4.8	14.6	25.0	4.3
Solomon Islands	SLB		21.5	30.8	40.1	32.2	46.0	59.7	10.6	15.4	20.1	30.2	45.2	15.2
Tonga	TON		19.9	26.6	33.4	29.4	40.1	50.8	10.8	13.9	16.9	27.1	40.3	14.0
Tuvalu	TUV		18.3	27.8	37.4	27.0	40.4	53.8	9.4	15.0	20.7	27.7	40.3	15.1
Vanuatu	VUT		...	...	...	...	...	...	...	...	...	...	...	...
Viet Nam	VNM		13.1	16.5	19.9	26.5	33.2	39.9	0.5	0.7	0.9	18.5	36.3	0.7

Table A1.4. Number of tobacco users and tobacco smokers aged 15 years and older, 2022 estimates

WHO region and country	Country code	Notes	Estimated number of current tobacco users (thousands)			Estimated number of current tobacco smokers (thousands)		
			Both sexes	Male	Female	Both sexes	Male	Female
GLOBAL			1 245 400	1 021 684	223 717	994 893	843 198	151 695
AFRICAN REGION			60 290	52 766	7 524	50 601	46 024	4 577
Algeria	DZA		6 666	6 568	98	4 804	4 720	84
Angola	AGO		2 148	1 805	343	2 255	1 980	275
Benin	BEN		420	357	62	302	259	43
Botswana	BWA		315	258	58	255	227	28
Burkina Faso	BFA		1 664	1 330	334	1 239	1 104	134
Burundi	BDI		672	506	166	506	448	58
Cabo Verde	CPV		45	34	11	32	26	6
Cameroon	CMR		883	798	84	678	662	16
Central African Republic	CAF	^a	307	259	48	323	285	38
Chad	TCD	^b	621	558	63	621	558	63
Comoros	COM		82	66	15	59	55	5
Congo	COG		501	467	33	481	467	14
Côte d'Ivoire	CIV		1 387	1 329	57	1 387	1 329	57
Democratic Republic of the Congo	COD		5 713	5 051	662	4 445	4 091	354
Equatorial Guinea	GNQ	^a	128	112	17	136	122	13
Eritrea	ERI	^a	138	113	25	127	114	13
Eswatini	SWZ		67	61	5	59	55	4
Ethiopia	ETH		3 372	2 860	511	2 311	2 001	309
Gabon	GAB	^a	181	155	26	190	169	21
Gambia	GMB		144	139	5	138	135	3
Ghana	GHA		630	599	31	438	411	27
Guinea	GIN	^a	375	335	39	345	317	28
Guinea-Bissau	GNB		91	88	4	91	85	5
Kenya	KEN		3 066	2 709	357	2 513	2 404	108
Lesotho	LSO		345	309	36	299	289	9
Liberia	LBR		215	189	26	177	159	18
Madagascar	MDG		4 585	3 703	882	2 874	2 769	105
Malawi	MWI		827	723	104	730	678	52
Mali	MLI		896	854	42	756	709	47
Mauritania	MRT		254	225	29	214	193	21
Mauritius	MUS	^b	214	198	15	214	198	15
Mozambique	MOZ	^a	1 113	916	197	1 037	934	104
Namibia	NAM		202	163	39	181	147	34
Niger	NER		1 005	924	81	832	798	34
Nigeria	NGA		3 534	3 293	241	3 517	3 297	220
Rwanda	RWA		968	687	281	698	567	131

Table A1.4. (continued)

WHO region and country			Estimated number of current tobacco users (thousands)			Estimated number of current tobacco smokers (thousands)		
			Country code	Notes	Both sexes	Male	Female	Both sexes	Male	Female
AFRICAN REGION (continued)			60 290	52 766	7 524	50 601	46 024	4 577
Sao Tome and Principe	STP		10	8	1	7	6	1
Senegal	SEN		594	564	30	595	565	30
Seychelles	SYC		17	15	2	17	15	2
Sierra Leone	SLE		588	447	141	565	424	141
South Africa	ZAF	^b	8 350	6 972	1 378	8 350	6 972	1 378
South Sudan	SSD	^a	380	312	68	352	316	35
Togo	TGO		289	266	23	246	234	13
Uganda	UGA		1 347	1 093	254	1 047	895	151
United Republic of Tanzania	TZA		2 726	2 320	406	2 137	1 934	203
Zambia	ZMB		1 364	1 210	153	1 212	1 120	92
Zimbabwe	ZWE		855	815	40	809	776	33
REGION OF THE AMERICAS				85 748	46 910	122 491	78 038	44 453
Antigua and Barbuda	ATG	^a	9	6	3	9	6	3
Argentina	ARG		8 023	4 814	3 209	8 023	4 814	3 209
Bahamas	BHS		35	32	4	35	32	4
Barbados	BRB		19	17	2	15	13	2
Belize	BLZ	^b	25	22	3	25	22	3
Bolivia	BOL		982	818	164	982	818	164
Brazil	BRA		20 781	12 858	7 923	20 781	12 858	7 923
Canada	CAN		3 698	2 194	1 504	3 698	2 194	1 504
Chile	CHL	^b	4 475	2 401	2 074	4 475	2 401	2 074
Colombia	COL		3 298	2 375	923	3 298	2 375	923
Costa Rica	CRI		359	267	92	359	267	92
Cuba	CUB		1 721	1 231	491	1 721	1 231	491
Dominica	DMA	^a	7	5	2	7	5	2
Dominican Republic	DOM		823	561	262	733	502	231
Ecuador	ECU		1 313	1 145	168	1 126	988	138
El Salvador	SLV	^b	377	331	46	377	331	46
Grenada	GRD	^a	11	8	3	11	8	3
Guatemala	GTM		1 394	1 297	97	1 394	1 297	97
Guyana	GUY		59	52	6	59	52	6
Haiti	HTI		568	477	91	568	477	91
Honduras	HND	^b	879	819	60	879	819	60
Jamaica	JAM	^b	209	170	38	209	170	38
Mexico	MEX		14 040	10 637	3 404	14 040	10 637	3 404
Nicaragua	NIC	^a	646	504	142	666	524	142

Table A1.4. (continued)

WHO region and country	Country code	Notes	Estimated number of current tobacco users (thousands)			Estimated number of current tobacco smokers (thousands)		
			Both sexes	Male	Female	Both sexes	Male	Female
REGION OF THE AMERICAS (continued)			132 658	85 748	46 910	122 491	78 038	44 453
Panama	PAN		148	134	14	158	128	31
Paraguay	PRY	^b	496	406	91	496	406	91
Peru	PER	^b	1 729	1 394	334	1 729	1 394	334
Saint Kitts and Nevis	KNA	^a	4	3	1	5	3	1
Saint Lucia	LCA		20	18	2	20	18	2
Saint Vincent and the Grenadines	VCT	^a	10	7	3	10	7	2
Suriname	SUR	^a	57	36	21	59	38	21
Trinidad and Tobago	TTO	^a	147	106	41	150	110	40
United States of America	USA		63 207	38 713	24 494	53 193	31 108	22 085
Uruguay	URY		531	301	230	531	301	230
Venezuela (Bolivarian Republic of)	VEN	^a	2 558	1 589	969	2 651	1 684	967
SOUTH-EAST ASIA REGION				340 022	71 313	199 017	188 977	10 040
Bangladesh	BGD		39 298	30 267	9 031	21 316	21 045	270
Bhutan	BTN		118	87	31	41	34	7
Democratic People's Republic of Korea	PRK	^b	3 557	3 557	0	3 557	3 557	0
India	IND		251 436	198 426	53 010	74 897	69 090	5 807
Indonesia	IDN		78 720	75 286	3 433	74 916	72 711	2 205
Maldives	MDV		120	104	16	111	104	6
Myanmar	MMR		17 689	13 776	3 913	7 849	7 228	621
Nepal	NPL		5 359	4 284	1 075	3 123	2 586	537
Sri Lanka	LKA		3 179	2 970	209	1 407	1 393	14
Thailand	THA	^b	11 537	10 984	553	11 537	10 984	553
Timor-Leste	TLS		321	280	41	264	245	19
EUROPEAN REGION				113 778	65 496	176 054	111 187	64 866
Albania	ALB	^b	529	452	77	529	452	77
Andorra	AND	^b	23	12	11	23	12	11
Armenia	ARM		485	464	21	483	464	19
Austria	AUT	^b	1 669	877	792	1 669	877	792
Azerbaijan	AZE		1 471	1 466	5	1 471	1 466	5
Belarus	BLR		2 187	1 670	517	1 858	1 442	416
Belgium	BEL		2 383	1 300	1 084	2 211	1 232	979
Bosnia and Herzegovina	BIH	^b	917	519	398	917	519	398
Bulgaria	BGR	^b	1 949	1 052	897	1 949	1 052	897
Croatia	HRV	^b	1 110	565	545	1 110	565	545
Cyprus	CYP	^b	352	237	115	352	237	115
Czechia	CZE	^b	2 403	1 360	1 043	2 403	1 360	1 043

Table A1.4. (continued)

WHO region and country	Country code	Notes	Estimated number of current tobacco users (thousands)			Estimated number of current tobacco smokers (thousands)		
			Both sexes	Male	Female	Both sexes	Male	Female
EUROPEAN REGION (continued)			179 274	113 778	65 496	176 054	111 187	64 866
Denmark	DNK	^b	794	399	395	794	399	395
Estonia	EST		281	169	112	256	152	104
Finland	FIN		912	548	365	702	387	316
France	FRA	^b	15 477	7 916	7 562	15 477	7 916	7 562
Georgia	GEO		842	729	113	842	729	113
Germany	DEU	^b	13 410	7 459	5 951	13 410	7 459	5 951
Greece	GRC		2 597	1 412	1 185	2 597	1 412	1 185
Hungary	HUN	^b	2 473	1 392	1 081	2 473	1 392	1 081
Iceland	ISL	^b	28	15	14	28	15	14
Ireland	IRL	^b	730	404	327	730	404	327
Israel	ISR	^b	1 269	834	435	1 269	834	435
Italy	ITA	^b	10 460	5 995	4 465	10 460	5 995	4 465
Kazakhstan	KAZ		2 907	2 412	495	2 879	2 426	454
Kyrgyzstan	KGZ		1 135	1 060	75	1 139	1 066	73
Latvia	LVA		467	321	146	417	283	134
Lithuania	LTU		639	426	214	578	395	183
Luxembourg	LUX	^b	118	63	55	118	63	55
Malta	MLT	^b	106	61	45	106	61	45
Monaco	MCO	^a	6	3	3	6	3	3
Montenegro	MNE		177	87	90	156	62	93
Netherlands (Kingdom of the)	NLD	^b	2 962	1 642	1 320	2 962	1 642	1 320
North Macedonia	MKD	^a	467	284	183	470	287	183
Norway	NOR	^b	630	334	296	630	334	296
Poland	POL		7 758	4 434	3 324	7 758	4 434	3 324
Portugal	PRT	^b	1 849	1 115	734	1 849	1 115	734
Republic of Moldova	MDA		732	645	87	693	609	84
Romania	ROU		4 509	2 926	1 583	4 428	2 926	1 501
Russian Federation	RUS		32 064	22 518	9 546	32 064	22 518	9 546
San Marino	SMR	^a	7	4	3	7	4	3
Serbia	SRB	^b	2 242	1 124	1 118	2 242	1 124	1 118
Slovakia	SVK	^b	1 401	796	605	1 401	796	605
Slovenia	SVN	^b	322	181	142	322	181	142
Spain	ESP	^b	10 137	5 434	4 703	10 137	5 434	4 703
Sweden	SWE		1 904	1 221	683	1 068	568	500
Switzerland	CHE	^b	1 718	956	762	1 718	956	762
Tajikistan	TJK	^a	1 631	1 142	489	1 615	1 133	482

Table A1.4. (continued)

WHO region and country			Estimated number of current tobacco users (thousands)			Estimated number of current tobacco smokers (thousands)			
			Country code	Notes	Both sexes	Male	Female	Both sexes	Male	Female
EUROPEAN REGION (continued)				179 274	113 778	65 496	176 054	111 187	64 866
Türkiye	TUR		20 020	13 626	6 393	20 020	13 626	6 393	
Turkmenistan	TKM		234	223	11	228	218	10	
Ukraine	UKR		7 277	5 724	1 553	7 277	5 724	1 553	
United Kingdom	GBR	^b	7 265	4 057	3 207	7 265	4 057	3 207	
Uzbekistan	UZB		3 838	3 715	123	2 486	2 372	115	
EASTERN MEDITERRANEAN REGION				91 998		9 422	78 351	72 827	5 523
Afghanistan	AFG		5 077	4 405	672	2 095	1 892	204	
Bahrain	BHR	^b	211	192	19	211	192	19	
Djibouti	DJI	^a	52	43	9	48	44	5	
Egypt	EGY	^b	18 183	18 061	122	18 183	18 061	122	
Iran (Islamic Republic of)	IRN		9 314	8 304	1 011	6 359	5 990	368	
Iraq	IRQ		4 941	4 730	211	4 941	4 730	211	
Jordan	JOR	^b	2 774	2 291	483	2 774	2 291	483	
Kuwait	KWT	^b	763	736	26	763	736	26	
Lebanon	LBN	^b	1 334	796	538	1 334	796	538	
Libya	LBY	^a	854	840	14	975	961	14	
Morocco	MAR	^b	3 541	3 412	129	3 541	3 412	129	
Oman	OMN		373	368	5	338	334	4	
Pakistan	PAK		25 126	20 610	4 517	17 770	15 775	1 995	
Qatar	QAT		430	417	12	374	364	10	
Saudi Arabia	SAU		4 730	4 513	217	4 349	4 174	176	
Somalia	SOM	^a	563	468	94	526	477	50	
Sudan	SDN	^a	4 597	4 516	80	5 300	5 221	78	
Syrian Arab Republic	SYR	^a	2 413	2 028	385	2 533	2 178	355	
Tunisia	TUN	^b	1 849	1 775	74	1 849	1 775	74	
United Arab Emirates	ARE	^b	935	880	55	935	880	55	
Yemen	YEM		3 940	3 190	750	3 153	2 544	608	
WESTERN PACIFIC REGION				369 847	346 795	23 052	368 379	346 145	22 234
Australia	AUS	^b	2 663	1 549	1 114	2 663	1 549	1 114	
Brunei Darussalam	BRN	^b	59	56	4	59	56	4	
Cambodia	KHM		1 910	1 577	333	1 672	1 577	95	
China	CHN	^b	292 481	280 643	11 837	292 481	280 643	11 837	
Cook Islands	COK	^b	3	2	1	3	2	1	
Fiji	FJI	^b	178	136	43	178	136	43	
Japan	JPN	^b	18 306	13 997	4 309	18 306	13 997	4 309	
Kiribati	KIR	^b	31	20	11	31	20	11	

Table A1.4. (continued)

WHO region and country	Country code	Notes	Estimated number of current tobacco users (thousands)			Estimated number of current tobacco smokers (thousands)		
			Both sexes	Male	Female	Both sexes	Male	Female
WESTERN PACIFIC REGION (continued)			369 847	346 795	23 052	368 379	346 145	22 234
Lao People's Democratic Republic	LAO		1 330	1 115	214	1 228	1 115	113
Malaysia	MYS		5 885	5 792	93	5 432	5 370	61
Marshall Islands	MHL		8	7	1	7	6	1
Micronesia (Federated States of)	FSM	^a	29	20	9	30	21	9
Mongolia	MNG		669	584	85	643	565	78
Nauru	NRU		4	2	2	3	2	2
New Zealand	NZL	^b	479	261	219	479	261	219
Niue	NIU	^a	0	0	0	1	0	0
Palau	PLW	^b	2	2	0	2	2	0
Papua New Guinea	PNG	^b	2 676	1 880	796	2 676	1 880	796
Philippines	PHL	^b	16 303	14 600	1 703	16 303	14 600	1 703
Republic of Korea	KOR	^b	8 626	7 392	1 233	8 626	7 392	1 233
Samoa	WSM		30	21	9	31	22	9
Singapore	SGP	^b	853	756	97	853	756	97
Solomon Islands	SLB	^b	162	121	42	162	121	42
Tonga	TON	^b	21	16	6	21	16	6
Tuvalu	TUV	^b	3	2	1	3	2	1
Vanuatu	VUT	^a	73	50	23	75	52	23
Viet Nam	VNM		17 062	16 195	867	16 412	15 984	428

^a No estimates are available. The number of users and smokers are guesstimates arrived at by applying the average prevalence of the UN subregion in which the country belongs to the country's population aged 15 years and above.

^b Tobacco use estimates are not available. Tobacco smoking estimates are substituted for missing tobacco use estimates on the assumption that there is little difference between the two measures in the country.

Table A1.5. Current tobacco use prevalence trends among people aged 15 years and older, 2000–2030, not age-standardized

WHO region and country	Notes	Male							Female							Both sexes							
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	
GLOBAL		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
AFRICAN REGION		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Algeria		45.5	44.5	43.4	42.4	42.0	41.6	41.2	1.8	1.4	1.1	0.9	0.7	0.6	0.5	24.0	23.3	22.7	22.0	21.7	21.4	21.1	
Angola	
Benin		26.5	20.7	16.4	13.0	10.3	8.3	6.6	4.3	3.4	2.7	2.2	1.8	1.5	1.2	15.1	12.0	9.4	7.6	6.1	4.8	3.9	
Botswana		39.1	36.5	34.6	32.7	30.9	29.2	27.4	24.5	17.6	13.0	9.6	7.3	5.5	4.1	31.4	26.9	23.4	21.0	18.9	17.1	15.5	
Burkina Faso		35.4	31.5	28.0	25.1	22.6	20.4	18.4	22.5	16.1	11.5	8.4	6.2	4.6	3.4	28.7	23.7	19.5	16.6	14.3	12.4	10.8	
Burundi		28.3	23.8	20.7	18.1	16.1	14.0	12.4	18.8	13.6	10.0	7.5	5.6	4.3	3.2	23.4	18.6	15.2	12.7	10.8	9.1	7.8	
Cabo Verde		25.5	22.9	20.7	18.6	16.9	15.3	14.0	11.6	9.6	7.9	6.5	5.4	4.5	3.8	18.1	16.1	14.2	12.5	11.1	9.8	8.8	
Cameroon		23.0	18.8	15.6	12.9	10.9	9.2	7.9	4.0	2.9	2.1	1.6	1.2	0.9	0.7	13.4	10.8	8.8	7.2	6.0	5.0	4.2	
Central African Republic	
Chad	^a	17.3	16.0	14.7	13.7	12.8	11.8	11.1	2.9	2.5	2.1	1.7	1.5	1.3	1.1	10.0	9.2	8.3	7.7	7.1	6.5	6.1	
Comoros		40.9	36.5	32.8	29.7	27.3	24.8	22.8	51.1	31.4	19.4	11.9	7.5	4.7	3.0	46.2	34.0	26.0	20.9	17.4	14.7	12.9	
Congo		18.3	20.1	21.9	24.4	27.0	30.0	33.7	5.3	4.1	3.3	2.6	2.1	1.7	1.4	11.7	12.1	12.5	13.4	14.5	15.8	17.4	
Côte d'Ivoire		37.2	30.3	25.1	21.0	17.5	14.9	12.7	2.8	2.0	1.5	1.1	0.8	0.6	0.5	20.2	16.3	13.5	11.1	9.2	7.8	6.6	
Democratic Republic of the Congo		33.8	29.4	25.8	22.9	20.7	18.8	17.2	7.6	5.8	4.5	3.6	2.8	2.3	1.9	20.4	17.4	15.0	13.1	11.6	10.4	9.4	
Equatorial Guinea	
Eritrea	
Eswatini		17.4	16.7	16.4	16.4	16.3	16.1	16.0	4.5	3.3	2.5	1.9	1.5	1.2	0.9	10.5	9.8	9.1	9.0	8.7	8.5	8.3	
Ethiopia		9.5	9.0	8.5	8.2	7.9	7.7	7.6	1.5	1.5	1.4	1.4	1.4	1.4	1.4	5.5	5.2	5.0	4.8	4.6	4.5	4.5	
Gabon	
Gambia		39.7	33.4	27.8	23.6	20.0	17.0	14.6	3.9	2.5	1.7	1.1	0.7	0.5	0.3	21.3	17.8	14.4	12.2	10.2	8.6	7.4	
Ghana		11.2	9.6	8.2	7.2	6.2	5.4	4.7	1.0	0.8	0.6	0.4	0.3	0.3	0.2	6.0	5.1	4.3	3.8	3.2	2.8	2.4	

Table A1.5. (continued)

WHO region and country	Notes	Male							Female							Both sexes						
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
AFRICAN REGION (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guinea		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Guinea-Bissau		36.5	29.1	23.6	19.3	16.0	13.2	11.1	2.5	1.7	1.3	0.9	0.7	0.5	0.4	18.6	15.1	12.0	9.9	8.2	6.7	5.6
Kenya		26.9	23.8	21.5	19.4	17.5	15.5	14.0	4.4	3.6	3.1	2.6	2.3	1.9	1.7	15.5	13.6	12.2	10.9	9.7	8.6	7.7
Lesotho		43.9	42.9	42.2	42.3	42.5	42.4	42.1	15.5	11.5	8.8	6.8	5.3	4.1	3.3	29.1	26.8	25.0	24.1	23.4	22.8	22.2
Liberia		24.7	20.9	18.0	15.4	13.3	11.5	10.1	5.9	4.4	3.3	2.5	1.9	1.5	1.1	15.0	12.6	10.5	8.9	7.6	6.4	5.6
Madagascar		55.8	51.9	48.2	45.3	42.7	40.2	37.9	44.0	31.2	22.1	15.8	11.4	8.2	6.0	49.9	41.5	35.2	30.5	26.9	24.1	21.8
Malawi		29.1	24.2	20.2	16.9	14.1	11.7	10.0	8.7	6.7	4.5	2.9	2.0	1.4	1.0	18.5	15.1	12.0	9.6	7.8	6.3	5.3
Mali		27.2	23.6	20.4	17.7	15.3	13.1	11.4	3.9	2.6	1.8	1.2	0.8	0.6	0.4	15.6	13.2	11.2	9.5	8.1	6.9	6.0
Mauritania		37.8	31.6	26.2	21.9	18.4	15.5	13.1	7.1	5.3	4.0	3.0	2.3	1.7	1.3	22.3	18.0	14.7	12.1	10.1	8.3	7.0
Mauritius	^a	47.0	44.3	42.4	40.5	38.9	37.4	35.7	4.9	4.3	3.8	3.3	3.0	2.6	2.4	25.8	23.8	22.9	21.5	20.5	19.6	18.6
Mozambique		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Namibia		30.2	27.6	25.1	23.5	22.0	20.5	18.9	15.9	11.8	8.8	6.8	5.2	3.9	3.0	22.7	19.3	16.6	14.7	13.1	11.8	10.6
Niger		16.9	16.0	15.2	14.6	14.1	13.7	13.4	2.6	2.2	1.8	1.6	1.4	1.2	1.1	9.7	9.2	8.6	8.2	7.8	7.5	7.3
Nigeria		17.1	13.1	10.0	7.7	6.0	4.8	4.0	1.8	1.2	0.9	0.6	0.5	0.3	0.2	9.4	7.2	5.5	4.2	3.3	2.6	2.1
Rwanda		27.6	24.4	22.0	20.1	18.3	17.0	16.2	11.9	10.4	9.2	8.0	7.0	6.3	5.7	19.2	17.2	15.2	13.8	12.5	11.4	10.8
Sao Tome and Principe		9.4	9.8	10.5	11.3	12.3	13.1	14.0	3.5	2.9	2.5	2.2	1.9	1.7	1.5	6.4	6.3	6.5	6.7	7.0	7.3	7.7
Senegal		26.0	21.6	18.0	15.1	12.6	10.5	8.8	1.5	1.2	1.0	0.8	0.6	0.5	0.4	13.4	11.1	9.2	7.7	6.4	5.4	4.5
Seychelles		43.5	41.0	38.9	37.0	35.1	34.2	33.3	18.0	13.8	10.6	8.2	6.3	5.2	4.7	30.7	28.0	25.2	23.2	21.3	20.5	19.6
Sierra Leone		57.1	43.4	32.9	25.0	19.3	14.8	11.5	13.8	11.2	9.0	7.3	6.0	4.9	4.1	35.0	27.2	20.8	16.1	12.6	9.8	7.8
South Africa	^a	34.6	34.1	34.1	34.7	35.1	35.3	35.2	11.2	9.8	8.6	7.6	6.8	6.0	5.4	22.0	21.5	20.6	20.7	20.5	20.1	19.8
South Sudan		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Table A1.5. (continued)

WHO region and country	Notes	Male							Female							Both sexes						
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
AFRICAN REGION (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Togo		18.0	15.3	13.0	11.2	9.5	8.2	7.1	1.1	0.9	0.8	0.6	0.5	0.5	0.4	9.5	8.1	6.9	5.9	5.1	4.3	3.7
Uganda		25.9	19.0	13.9	10.4	7.8	6.1	4.8	5.0	3.5	2.4	1.8	1.3	1.0	0.7	15.0	11.1	8.0	6.0	4.5	3.5	2.7
United Republic of Tanzania		40.7	30.3	22.9	16.8	12.4	9.2	6.9	2.5	2.1	1.7	1.4	1.2	1.0	0.9	21.2	15.8	12.0	8.9	6.6	5.0	3.8
Zambia		23.5	22.4	21.8	21.1	20.4	19.8	19.0	3.4	2.7	2.3	2.0	1.7	1.5	1.3	12.8	12.4	11.7	11.3	10.8	10.4	10.0
Zimbabwe		31.5	27.7	24.5	21.6	18.9	16.6	14.7	2.4	1.8	1.3	1.0	0.7	0.6	0.4	15.8	13.7	11.8	10.5	9.1	7.9	7.0
REGION OF THE AMERICAS		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Antigua and Barbuda		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Argentina		39.9	37.0	34.0	31.5	29.2	26.9	24.9	27.5	24.8	22.7	20.5	18.8	17.1	15.6	33.5	30.8	28.2	25.9	23.9	21.9	20.2
Bahamas		19.4	19.6	19.7	20.1	20.3	20.8	21.2	4.8	4.0	3.3	2.7	2.3	1.9	1.6	11.9	11.3	11.1	10.8	10.7	10.8	10.7
Barbados		15.3	14.3	13.4	12.6	11.9	11.4	10.8	3.6	3.0	2.5	2.1	1.8	1.5	1.3	9.1	8.4	7.6	7.1	6.6	6.2	5.8
Belize	^a	24.0	21.6	19.5	17.6	16.1	14.8	13.7	3.1	2.7	2.4	2.2	1.9	1.8	1.6	13.6	12.1	10.9	9.9	9.0	8.3	7.6
Bolivia		40.8	34.4	29.3	25.0	21.7	18.9	16.5	28.7	18.1	11.6	7.5	4.9	3.2	2.1	34.8	26.2	20.5	16.2	13.2	11.0	9.3
Brazil		28.8	25.0	21.6	18.8	16.5	14.4	12.5	17.9	15.2	13.1	11.3	9.6	8.3	7.1	23.2	19.9	17.2	14.9	13.0	11.2	9.7
Canada		30.6	25.5	21.2	17.7	14.8	12.3	10.2	26.1	20.6	16.4	12.9	10.1	8.0	6.3	28.3	23.0	18.8	15.3	12.4	10.1	8.2
Chile	^a	52.2	46.0	40.8	36.2	32.1	28.4	24.8	42.5	37.9	33.7	30.1	27.0	24.1	21.2	47.3	41.9	37.2	33.1	29.5	26.2	23.0
Colombia		22.4	19.2	16.6	14.5	12.7	11.2	9.9	8.1	7.0	6.1	5.4	4.7	4.1	3.7	15.1	13.0	11.3	9.8	8.6	7.6	6.7
Costa Rica		25.1	21.7	18.7	16.1	14.0	12.2	10.6	9.6	8.1	6.8	5.7	4.8	4.1	3.5	17.3	14.8	12.7	10.9	9.4	8.1	7.0
Cuba		50.1	43.3	37.9	32.8	28.5	24.7	21.5	30.5	23.9	18.8	14.7	11.5	9.0	7.0	40.3	33.4	28.3	23.6	19.8	16.7	14.1
Dominica		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dominican Republic		18.1	16.5	15.1	13.9	12.9	11.9	11.1	13.1	10.7	8.8	7.4	6.1	5.1	4.2	15.6	13.6	12.0	10.6	9.5	8.5	7.6
Ecuador		22.3	21.0	19.9	18.9	17.9	17.2	16.6	6.0	4.9	4.1	3.4	2.8	2.4	2.0	14.1	12.9	11.9	11.1	10.3	9.7	9.2
El Salvador	^a	26.3	23.3	20.4	18.2	16.3	14.7	13.3	3.9	3.2	2.8	2.3	2.0	1.7	1.5	14.3	12.6	10.9	9.7	8.6	7.8	7.0

Table A1.5. (continued)

WHO region and country	Notes	Male							Female							Both sexes						
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
REGION OF THE AMERICAS (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grenada		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Guatemala		25.5	24.6	24.1	23.4	23.0	22.5	22.1	3.2	2.7	2.3	2.0	1.8	1.5	1.3	14.1	13.5	13.0	12.5	12.2	11.8	11.5
Guyana		53.0	42.1	33.5	26.4	21.2	16.9	13.7	5.2	4.2	3.4	2.8	2.3	1.9	1.6	28.8	22.7	18.2	14.3	11.5	9.2	7.5
Haiti		15.2	14.3	13.7	13.1	12.7	12.4	12.0	5.0	4.2	3.5	2.9	2.5	2.1	1.8	10.0	9.2	8.5	7.9	7.5	7.1	6.8
Honduras	^a	30.6	28.5	26.4	24.7	23.4	22.2	20.9	3.4	2.9	2.4	2.1	1.8	1.6	1.4	17.1	15.7	14.5	13.4	12.6	11.9	11.2
Jamaica	^a	24.5	21.9	19.8	18.0	16.4	15.1	13.8	8.6	6.9	5.6	4.6	3.8	3.1	2.6	16.3	14.3	12.6	11.2	10.0	9.0	8.1
Mexico		33.6	30.8	28.3	25.9	23.9	21.8	19.9	12.0	10.6	9.3	8.2	7.2	6.3	5.5	22.4	20.3	18.5	16.7	15.2	13.8	12.5
Nicaragua		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Panama		20.6	16.6	13.4	10.8	8.8	7.1	5.8	4.7	3.8	3.1	2.5	2.1	1.7	1.4	12.6	10.1	8.2	6.6	5.4	4.4	3.6
Paraguay	^a	43.1	34.7	28.2	22.9	18.7	15.5	12.7	13.7	10.2	7.6	5.7	4.3	3.3	2.5	28.5	22.4	17.9	14.2	11.4	9.3	7.6
Peru	^a	56.3	38.9	27.0	18.9	13.3	9.5	6.7	13.8	9.4	6.5	4.4	3.1	2.1	1.5	34.8	23.9	16.6	11.5	8.1	5.7	4.0
Saint Kitts and Nevis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Saint Lucia		32.7	30.5	28.6	26.8	25.3	24.1	23.0	7.4	5.9	4.9	3.9	3.2	2.6	2.2	19.8	17.9	16.6	15.1	14.0	13.1	12.3
Saint Vincent and the Grenadines		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suriname		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Trinidad and Tobago		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
United States of America		35.1	32.0	29.2	26.3	23.9	21.6	19.6	24.5	22.4	20.3	18.2	16.5	14.8	13.4	29.7	27.1	24.6	22.2	20.2	18.2	16.4
Uruguay		40.7	35.7	31.2	27.5	24.2	21.3	18.7	27.4	24.2	21.4	18.9	16.8	14.9	13.2	33.7	29.7	26.0	23.0	20.3	18.0	15.9
Venezuela (Bolivarian Republic of)		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Table A1.5. (continued)

WHO region and country	Notes	Male							Female							Both sexes						
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
SOUTH-EAST ASIA REGION		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bangladesh		55.4	49.8	44.6	39.7	35.6	32.1	28.9	4.4	2.5	1.5	0.9	0.5	0.3	0.2	30.4	25.6	22.9	19.8	17.6	15.9	14.2
Bhutan		18.5	16.5	14.5	12.8	11.2	9.8	8.6	12.4	8.7	6.2	4.3	3.1	2.2	1.6	15.6	12.8	10.6	8.8	7.4	6.2	5.3
Democratic People's Republic of Korea	^a	57.7	51.6	45.9	40.8	36.3	32.6	29.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	27.6	25.4	22.1	20.1	17.9	16.0	14.5
India		46.0	34.2	25.5	19.1	14.3	10.8	8.2	8.2	5.1	3.3	2.1	1.4	0.9	0.6	27.6	20.0	14.7	10.8	8.0	6.0	4.5
Indonesia		58.4	61.2	63.8	67.3	70.4	73.2	75.8	5.2	4.2	3.5	2.8	2.3	1.9	1.6	31.7	32.7	33.6	35.1	36.3	37.5	38.7
Maldives		60.5	55.3	51.7	48.6	45.3	41.5	37.6	13.3	9.8	7.2	5.4	4.1	3.2	2.4	37.6	35.9	32.1	30.2	27.8	25.5	22.6
Myanmar		58.2	52.2	47.0	42.0	37.9	34.2	30.9	18.9	12.4	8.2	5.4	3.6	2.4	1.6	38.3	31.9	27.3	23.4	20.4	18.1	16.0
Nepal		43.8	38.7	34.3	30.6	26.8	24.0	21.5	33.3	21.2	13.4	8.6	5.6	3.7	2.5	38.6	29.4	23.4	18.9	15.5	13.2	11.4
Sri Lanka		33.3	29.3	25.4	21.9	18.9	16.1	13.9	1.7	1.0	0.6	0.3	0.2	0.1	0.1	17.3	14.4	12.5	10.5	9.0	7.7	6.6
Thailand	^a	49.9	46.9	43.9	41.0	38.6	36.1	33.8	3.1	2.7	2.4	2.1	1.9	1.6	1.4	25.9	23.9	22.5	20.7	19.4	18.1	16.9
Timor-Leste		73.8	69.7	64.8	60.6	57.7	54.5	51.8	9.4	7.9	6.7	5.7	4.9	4.2	3.6	42.4	39.3	36.2	33.6	31.7	29.7	28.1
EUROPEAN REGION		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Albania	^a	59.2	53.1	48.0	43.6	40.2	37.0	33.4	11.1	9.7	8.6	7.7	6.9	6.2	5.5	34.7	31.1	28.2	25.4	23.3	21.4	19.2
Andorra	^a	43.0	40.8	38.9	36.3	34.0	31.7	29.7	27.3	29.0	30.9	31.9	33.2	34.4	35.7	35.4	35.0	34.9	34.1	33.6	33.0	32.7
Armenia		62.5	58.2	54.4	52.5	50.7	47.6	44.5	2.6	2.3	2.1	1.9	1.7	1.6	1.4	30.0	26.7	25.4	24.0	23.1	21.5	20.2
Austria	^a	56.6	46.6	37.9	31.3	25.6	21.1	17.1	42.5	36.3	30.6	26.0	22.0	18.3	15.5	49.2	41.3	34.1	28.6	23.7	19.7	16.3
Azerbaijan		55.9	50.7	46.8	43.7	40.7	37.9	35.2	0.3	0.3	0.2	0.2	0.1	0.1	0.1	26.4	24.8	22.5	21.4	19.9	18.4	17.2
Belarus		62.2	56.2	51.6	47.1	42.5	38.1	34.1	10.7	10.4	10.2	10.1	9.7	9.4	9.0	34.2	31.0	29.0	26.7	24.5	22.3	20.3
Belgium		34.4	32.4	30.2	28.5	26.5	25.0	23.4	21.4	20.9	20.8	20.3	20.0	19.8	19.3	27.7	26.6	25.4	24.3	23.2	22.3	21.3
Bosnia and Herzegovina	^a	59.2	53.8	49.5	45.5	42.0	39.2	36.5	34.1	32.7	31.6	30.5	29.8	29.0	28.6	46.2	43.0	40.2	37.9	35.8	34.0	32.5

Table A1.5. (continued)

WHO region and country	Notes	Male							Female							Both sexes						
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
EUROPEAN REGION (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bulgaria	a	56.9	51.6	47.4	43.2	39.5	36.2	33.0	31.0	30.7	30.4	30.2	29.9	30.3	30.1	43.4	40.8	38.6	36.5	34.5	33.1	31.5
Croatia	a	41.2	39.4	37.8	36.4	35.0	33.6	32.2	24.8	26.2	27.7	29.0	30.3	32.1	34.1	32.6	32.6	32.5	32.6	32.6	32.8	33.2
Cyprus	a	63.7	58.8	54.8	50.8	47.2	44.1	40.9	20.6	21.1	21.4	21.8	22.0	22.2	22.6	42.2	39.9	38.1	36.3	34.6	33.1	31.7
Czechia	a	41.1	39.0	36.6	34.2	32.4	30.8	29.2	26.6	25.8	25.1	24.3	23.7	23.0	22.4	33.6	32.3	30.7	29.2	28.0	26.8	25.8
Denmark	a	41.6	33.9	27.3	22.1	17.9	14.4	11.7	34.9	29.4	24.5	20.5	17.1	14.3	11.9	38.2	31.6	25.9	21.3	17.5	14.3	11.8
Estonia		56.8	48.9	42.2	36.2	31.4	26.9	23.1	24.4	22.8	21.2	19.6	18.2	17.1	16.0	39.2	35.1	30.8	27.4	24.4	21.7	19.4
Finland		33.8	29.0	24.7	20.9	17.9	15.3	13.1	21.4	19.3	17.3	15.5	13.8	12.4	11.2	27.4	24.1	20.9	18.2	15.8	13.8	12.1
France	a	37.5	35.9	34.4	33.1	31.7	30.7	29.4	26.6	26.8	26.8	27.0	27.1	27.3	27.9	31.8	31.1	30.5	29.9	29.3	28.9	28.6
Georgia		60.7	59.0	57.5	56.0	55.0	53.9	52.8	5.2	5.6	6.0	6.5	6.9	7.5	8.0	30.3	30.1	29.6	29.2	29.0	28.7	28.5
Germany	a	40.3	34.5	29.9	25.8	22.6	19.4	16.7	28.7	25.2	22.2	19.5	17.2	15.0	13.2	34.3	29.8	25.9	22.6	19.9	17.2	14.9
Greece		65.6	56.2	47.9	41.1	35.1	30.3	26.1	41.1	37.1	33.4	30.1	27.4	24.6	22.5	53.3	46.3	40.5	35.4	31.1	27.3	24.3
Hungary	a	42.3	40.5	38.8	37.0	35.1	33.7	32.1	29.1	27.8	26.7	25.6	24.7	23.8	22.9	35.3	33.9	32.4	31.0	29.6	28.5	27.3
Iceland	a	34.1	25.5	19.1	14.2	10.6	7.9	6.0	30.3	23.3	17.8	13.7	10.5	8.0	6.2	32.2	24.4	18.4	13.9	10.6	8.0	6.1
Ireland	a	34.8	31.2	27.6	24.5	21.5	19.2	16.9	35.3	29.7	25.1	20.7	17.4	14.4	12.0	35.0	30.4	26.3	22.5	19.4	16.8	14.4
Israel	a	39.2	35.8	32.8	29.7	27.3	24.9	22.6	22.7	20.0	17.8	15.8	14.0	12.4	11.0	30.7	27.8	25.1	22.7	20.6	18.6	16.8
Italy	a	32.6	30.7	28.7	26.7	24.8	23.2	21.4	18.0	17.9	17.7	17.4	17.1	16.6	16.1	25.0	24.1	23.0	21.9	20.8	19.8	18.7
Kazakhstan		55.8	50.6	46.4	43.0	39.6	35.7	31.9	9.7	8.8	8.0	7.3	6.6	5.9	5.3	31.2	28.5	25.8	24.1	22.2	19.9	17.9
Kyrgyzstan		50.5	49.8	49.4	49.8	50.0	50.1	49.6	5.1	4.5	4.1	3.7	3.3	3.1	2.8	26.8	26.3	25.9	25.9	25.8	25.7	25.3
Latvia		59.7	54.3	49.8	45.7	41.9	38.0	34.5	23.0	21.3	19.7	17.9	16.3	15.1	14.0	39.3	36.4	33.1	30.6	28.1	25.5	23.4
Lithuania		47.6	44.8	41.9	40.1	37.6	35.5	33.1	17.9	17.3	16.5	15.7	14.9	14.4	14.0	31.4	30.1	28.0	27.0	25.4	24.2	22.9

Table A1.5. (continued)

WHO region and country	Notes	Male							Female							Both sexes							
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	
EUROPEAN REGION (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Luxembourg	a	34.3	31.6	28.7	26.4	24.2	22.1	19.9	23.3	22.6	21.8	21.3	20.7	19.9	19.0	28.7	27.1	25.3	23.8	22.5	21.0	19.5	
Malta	a	41.1	36.5	32.6	29.2	26.6	23.9	21.3	22.9	22.1	21.3	20.7	20.7	20.2	19.5	31.9	29.6	26.9	25.2	23.8	22.1	20.5	
Monaco		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Montenegro		40.9	38.0	35.7	33.6	31.5	29.9	28.4	36.4	35.5	34.7	33.9	33.2	33.1	32.6	38.5	36.7	35.2	33.7	32.4	31.6	30.6	
Netherlands (Kingdom of the)	a	37.4	33.2	29.7	26.2	23.4	21.0	18.7	30.7	27.0	24.0	21.2	18.6	16.4	14.4	34.0	30.1	26.8	23.7	21.0	18.7	16.5	
North Macedonia		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Norway	a	46.1	35.7	27.6	21.2	16.4	12.6	9.7	42.8	33.0	25.2	19.3	14.8	11.3	8.6	44.4	34.3	26.4	20.3	15.6	12.0	9.2	
Poland		46.4	41.0	36.6	32.6	28.8	25.6	22.5	30.6	27.4	24.7	22.2	19.8	17.8	15.8	38.2	33.9	30.4	27.2	24.1	21.6	19.0	
Portugal	a	35.0	33.3	31.3	29.4	27.6	26.1	24.6	13.2	13.8	14.3	14.8	15.4	15.9	16.6	23.6	22.9	22.3	21.6	21.1	20.7	20.4	
Republic of Moldova		41.7	43.2	45.0	46.8	48.9	51.2	52.8	4.8	5.1	5.3	5.5	5.7	6.2	6.4	22.0	22.8	23.9	24.7	25.8	27.1	27.9	
Romania		47.3	45.3	42.6	40.3	38.2	36.2	33.8	23.7	22.2	20.6	19.2	17.8	16.8	15.6	35.1	33.2	31.2	29.3	27.6	26.1	24.3	
Russian Federation		54.0	50.6	48.2	45.8	43.0	40.2	37.1	10.8	11.7	12.6	13.5	14.3	15.1	15.9	30.5	29.4	28.8	28.2	27.4	26.5	25.6	
San Marino		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Serbia	a	50.2	47.5	44.6	42.0	39.8	37.8	35.6	36.9	36.1	35.7	35.0	34.7	34.5	33.7	43.3	41.5	39.9	38.3	37.1	36.0	34.6	
Slovakia	a	43.9	41.8	39.8	37.7	36.0	34.5	32.8	19.8	20.8	22.0	23.3	24.5	26.3	27.9	31.3	31.0	30.6	30.3	30.1	30.3	30.3	
Slovenia	a	28.1	26.1	24.3	22.5	20.9	19.3	17.8	21.5	20.2	18.9	17.6	16.4	15.3	14.3	24.7	23.1	21.6	20.1	18.7	17.3	16.0	
Spain	a	41.2	38.1	35.0	31.7	28.6	25.8	23.3	24.6	24.5	24.2	23.4	22.7	22.0	21.0	32.6	31.1	29.5	27.4	25.6	23.9	22.1	
Sweden		30.9	25.4	21.0	17.2	14.2	11.6	9.5	34.9	27.2	21.3	16.6	12.8	9.9	7.7	32.9	26.3	21.1	16.9	13.5	10.8	8.6	
Switzerland	a	32.1	30.5	29.1	28.1	26.9	25.5	24.3	21.9	21.6	21.3	21.0	20.7	20.1	19.6	26.8	26.0	25.1	24.5	23.8	22.8	21.9	
Tajikistan		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Table A1.5. (continued)

WHO region and country	Notes	Male							Female							Both sexes							
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	
EUROPEAN REGION (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Türkiye		54.2	51.3	48.5	45.8	43.0	40.1	37.6	15.0	16.0	17.1	18.1	19.2	20.1	20.9	34.5	33.5	32.7	31.8	31.0	30.1	29.2	
Turkmenistan		22.5	18.5	15.3	12.9	11.0	9.4	8.0	0.7	0.6	0.6	0.5	0.5	0.4	0.4	11.2	9.4	7.7	6.5	5.6	4.8	4.1	
Ukraine		62.1	55.7	49.7	45.0	40.2	35.5	31.3	11.9	11.3	10.7	9.9	9.1	8.0	7.5	34.6	31.4	28.3	25.8	23.2	20.4	18.3	
United Kingdom	^a	37.1	30.1	24.6	19.9	16.3	13.3	10.8	34.4	26.7	20.9	16.2	12.6	9.8	7.6	35.7	28.4	22.7	18.0	14.4	11.5	9.2	
Uzbekistan		28.2	25.8	23.7	22.2	20.9	19.6	18.2	1.4	1.3	1.2	1.1	1.0	0.9	0.9	14.6	13.4	12.3	11.5	10.8	10.2	9.4	
EASTERN MEDITERRANEAN REGION		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Afghanistan		35.4	29.6	24.8	20.9	17.6	15.1	12.9	9.6	6.5	4.4	3.0	2.1	1.5	1.0	22.3	18.0	14.6	12.0	9.9	8.3	7.0	
Bahrain	^a	37.2	34.0	31.4	28.8	26.4	24.3	22.3	6.6	6.0	5.6	5.3	5.0	4.8	4.6	25.5	23.7	22.3	20.1	18.5	17.3	15.8	
Djibouti		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Egypt	^a	36.1	38.6	41.3	44.3	47.7	51.0	54.2	0.8	0.7	0.5	0.4	0.4	0.3	0.3	18.5	19.7	21.1	22.4	24.1	25.8	27.3	
Iran (Islamic Republic of)		28.2	24.7	22.2	20.4	18.6	16.7	14.7	4.3	3.1	2.3	1.7	1.3	0.9	0.7	16.4	13.9	12.4	11.0	9.9	8.8	7.7	
Iraq		36.3	35.7	35.5	35.5	35.7	36.2	37.0	6.2	4.5	3.2	2.4	1.8	1.3	1.0	20.8	20.0	19.0	18.9	18.6	18.6	18.9	
Jordan	^a	52.6	53.6	54.3	55.9	57.2	58.6	60.2	9.7	10.4	11.2	12.0	12.9	13.9	15.0	32.2	32.7	33.5	34.6	35.8	37.1	38.3	
Kuwait	^a	41.1	40.6	40.2	38.5	36.4	34.9	34.3	5.2	4.2	3.5	2.8	2.3	1.9	1.6	27.3	26.6	25.0	24.8	23.2	22.4	21.6	
Lebanon	^a	39.9	41.1	41.6	42.0	42.8	43.8	44.5	30.3	28.7	27.7	26.7	25.9	25.4	25.0	35.0	34.6	34.5	34.0	33.9	34.1	34.3	
Libya		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Morocco	^a	38.8	35.3	32.0	28.9	26.3	23.7	21.5	3.1	2.3	1.8	1.4	1.1	0.9	0.7	20.7	18.8	16.9	15.1	13.7	12.3	11.1	
Oman		12.1	12.5	13.2	14.3	15.3	16.3	17.1	0.5	0.5	0.4	0.4	0.4	0.3	0.2	7.6	8.0	8.4	9.1	9.7	10.5	10.8	
Pakistan		33.4	29.9	26.8	24.3	22.1	20.2	18.5	8.3	6.3	4.9	3.8	3.0	2.4	1.9	21.2	18.1	16.2	14.0	12.6	11.3	10.2	
Qatar		21.7	21.2	20.8	20.7	21.0	21.5	21.7	2.6	2.4	2.2	2.1	2.0	1.9	1.8	16.4	16.4	17.0	15.9	16.1	16.7	16.6	

Table A1.5. (continued)

WHO region and country	Notes	Male							Female							Both sexes							
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	
EASTERN MEDITERRANEAN REGION (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Saudi Arabia		22.6	23.7	24.6	25.2	26.2	27.0	27.8	3.4	3.0	2.6	2.3	2.0	1.8	1.6	15.1	15.1	15.7	15.7	16.2	16.7	16.9	
Somalia	
Sudan	
Syrian Arab Republic	
Tunisia	^a	55.1	50.8	47.5	44.0	40.9	37.6	35.0	4.2	3.4	2.7	2.2	1.7	1.4	1.1	29.4	26.4	24.7	22.5	20.8	19.0	17.6	
United Arab Emirates	^a	34.8	28.9	24.2	19.9	16.6	13.9	11.9	3.7	3.3	2.9	2.8	2.6	2.4	2.3	26.4	21.4	19.0	14.9	12.5	10.7	9.1	
Yemen		34.3	32.0	29.9	28.6	27.4	26.5	25.8	12.6	10.7	9.1	7.8	6.7	5.8	5.0	23.4	21.3	19.5	18.2	17.1	16.1	15.4	
WESTERN PACIFIC REGION		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Australia	^a	26.5	23.2	20.3	17.7	15.5	13.6	11.9	22.0	18.4	15.6	13.1	11.0	9.2	7.8	24.2	20.8	17.9	15.4	13.2	11.4	9.8	
Brunei Darussalam	^a	30.6	30.7	30.9	31.2	31.2	31.2	31.5	4.9	4.0	3.3	2.8	2.3	1.9	1.6	18.6	17.7	17.7	17.4	17.2	17.0	17.0	
Cambodia		49.1	41.9	36.4	32.6	28.8	24.9	21.4	6.9	4.8	3.4	2.5	1.8	1.3	0.9	27.1	22.9	19.5	17.2	15.0	12.8	10.9	
China	^a	51.1	49.7	49.2	48.6	47.8	46.6	45.2	3.0	2.7	2.4	2.2	2.1	1.9	1.7	27.3	26.5	26.1	25.6	25.2	24.5	23.7	
Cook Islands	^a	45.2	41.3	37.9	34.8	31.6	28.6	26.2	33.6	30.6	27.4	25.0	22.2	20.1	18.0	39.5	35.5	32.6	29.5	26.6	24.0	21.8	
Fiji	^a	48.7	46.8	45.2	43.7	42.4	40.8	39.4	15.3	14.8	14.2	13.7	13.2	12.9	12.5	32.2	30.7	29.9	28.6	27.7	26.8	25.8	
Japan	^a	51.3	44.1	38.0	32.6	28.2	24.4	21.0	13.1	11.5	10.1	9.0	8.0	7.2	6.4	31.7	27.2	23.6	20.4	17.7	15.5	13.4	
Kiribati	^a	80.2	72.9	65.8	59.1	53.7	48.4	43.7	50.5	42.9	36.4	31.3	27.2	23.6	20.5	64.7	57.3	50.4	44.7	39.9	35.4	31.7	
Lao People's Democratic Republic		64.4	58.3	53.0	48.4	44.8	41.0	37.9	17.8	12.8	9.2	6.7	5.0	3.7	2.7	41.0	35.5	31.1	27.6	24.9	22.4	20.4	
Malaysia		56.0	51.8	48.3	44.9	42.0	38.9	36.2	3.1	2.0	1.3	0.9	0.6	0.4	0.3	29.7	27.2	25.5	23.2	21.6	20.0	18.5	
Marshall Islands		40.9	41.8	42.6	43.5	43.8	44.7	46.4	6.0	5.4	5.0	4.5	4.2	3.8	3.4	23.8	23.8	24.1	24.2	24.2	24.5	25.1	
Micronesia (Federated States of)	

Table A1.5. (continued)

WHO region and country	Notes	Male							Female							Both sexes						
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
WESTERN PACIFIC REGION (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mongolia		51.0	50.5	50.6	50.8	50.9	50.2	49.0	7.4	7.1	7.0	6.9	6.8	6.5	6.3	28.8	28.2	28.5	28.3	28.2	27.8	27.1
Nauru		55.2	53.0	51.3	49.6	47.8	46.5	45.5	64.6	59.1	54.4	50.7	46.5	43.4	40.3	59.8	56.1	52.8	50.2	47.2	45.0	42.9
New Zealand	^a	30.7	25.0	20.3	16.6	13.8	11.2	9.1	28.5	22.7	18.0	14.2	11.3	8.9	7.0	29.6	23.9	19.1	15.4	12.5	10.0	8.0
Niue		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Palau	^a	39.1	35.4	32.2	29.5	27.2	25.2	23.8	14.1	12.1	10.5	9.0	7.8	6.8	6.0	28.1	24.0	22.1	19.4	17.7	16.3	15.1
Papua New Guinea	^a	72.9	68.7	64.2	60.2	56.5	53.4	50.4	36.4	33.2	30.4	27.9	25.9	23.8	22.2	55.4	51.3	47.9	44.4	41.5	38.9	36.6
Philippines	^a	57.0	51.5	46.4	41.9	38.1	34.4	31.0	13.2	10.2	7.9	6.1	4.7	3.7	2.9	35.1	31.0	27.1	24.2	21.6	19.2	17.1
Republic of Korea	^a	65.0	56.0	47.7	40.8	34.9	29.7	25.3	7.2	6.7	6.2	5.9	5.5	5.2	5.0	35.9	31.1	26.7	23.2	20.0	17.4	15.1
Samoa		54.2	48.0	42.2	37.2	32.8	28.6	25.1	22.4	19.8	17.5	15.4	13.7	12.3	10.9	39.0	34.1	30.1	26.4	23.4	20.5	18.1
Singapore	^a	28.1	28.1	28.0	28.0	27.7	27.6	27.5	5.5	5.1	4.8	4.5	4.1	3.8	3.5	17.0	17.0	16.9	16.7	16.4	16.2	16.0
Solomon Islands	^a	61.8	59.9	58.3	56.5	55.6	54.5	54.0	27.0	25.0	23.2	21.5	20.1	18.8	17.7	45.0	42.6	41.0	39.1	38.0	36.8	36.0
Tonga	^a	52.7	51.1	49.9	48.4	47.4	46.1	45.2	13.6	14.1	14.4	14.9	15.3	15.8	16.3	33.1	32.1	31.9	31.2	30.9	30.5	30.3
Tuvalu	^a	69.3	63.7	58.4	54.0	50.1	46.2	42.8	27.6	25.4	23.1	21.2	19.5	18.1	16.7	47.5	44.8	41.0	37.8	34.9	32.4	29.9
Vanuatu		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Viet Nam		54.0	51.9	49.3	47.6	45.5	43.1	40.6	4.3	3.6	3.1	2.7	2.4	2.1	1.8	28.1	27.2	25.5	24.6	23.4	22.0	20.7

^a Tobacco use estimates are not available. Tobacco smoking estimates are substituted for missing tobacco use estimates on the assumption that there is little difference between the two measures in the country.

Table A1.6. Characteristics of the most recent survey in the survey set used to produce the estimates

WHO region and country	Notes	Year data were collected	Ages surveyed	Tobacco use indicator was reported	Tobacco smoking indicator was reported	Cigarette smoking indicator was reported
GLOBAL		—	—	—	—	—
AFRICAN REGION		—	—	—	—	—
Algeria		2016-17	18–69	Yes	Yes	No
Angola	^a	2015-16	15–49	Yes	Yes	Yes
Benin		2017-18	15–49	Yes	Yes	Yes
Botswana		2017	15 +	Yes	Yes	Yes
Burkina Faso		2013	25–64	Yes	Yes	Yes
Burundi		2016-17	15–49	Yes	Yes	Yes
Cabo Verde		2020	18–69	Yes	Yes	Yes
Cameroon		2018	15–49	No	Yes	Yes
Central African Republic		...	...	...	...	...
Chad		2014-15	15 +	Yes	No	Yes
Comoros		2012	15–49	Yes	No	Yes
Congo		2014-15	15–49	Yes	No	Yes
Côte d'Ivoire		2016	15–49	Yes	No	Yes
Democratic Republic of the Congo		2017-18	15–49	Yes	No	Yes
Equatorial Guinea	^b	2011	15–49	Yes	No	Yes
Eritrea	^b	2010	25–74	Yes	Yes	Yes
Eswatini		2014	15–69	Yes	Yes	No
Ethiopia		2016	15 +	Yes	Yes	Yes
Gabon	^a	2012	15–49	No	No	No
Gambia		2018	15–49	Yes	Yes	Yes
Ghana		2017-18	15–49	Yes	Yes	Yes
Guinea	^a	2018	15–49	No	Yes	Yes
Guinea-Bissau		2019	15–49	Yes	No	Yes
Kenya		2015	18–69	Yes	Yes	No
Lesotho		2018	15–49	Yes	Yes	Yes
Liberia		2013	15–49	Yes	No	Yes
Madagascar		2021	15–49	Yes	Yes	Yes
Malawi		2019-20	15–49	Yes	Yes	Yes
Mali		2018	15–49	Yes	Yes	Yes
Mauritania		2019-21	15–49	Yes	No	Yes
Mauritius		2021	25–74	No	Yes	No
Mozambique	^b	2011	15–49	No	No	No
Namibia		2013	15–49	Yes	No	Yes
Niger		2012	15–49	Yes	No	Yes
Nigeria		2018	15–49	Yes	No	Yes
Rwanda		2014-15	15–49	Yes	No	Yes

Table A1.6. (continued)

WHO region and country	Notes	Year data were collected	Ages surveyed	Tobacco use indicator was reported	Tobacco smoking indicator was reported	Cigarette smoking indicator was reported
AFRICAN REGION (continued)						
Sao Tome and Principe		2019	15–69	Yes	Yes	Yes
Senegal		2017	15–49	Yes	Yes	Yes
Seychelles		2013	25–64	Yes	Yes	Yes
Sierra Leone		2019	15–49	Yes	No	No
South Africa		2021	15 +	Yes	Yes	Yes
South Sudan		...	...	...	...	...
Togo		2017	15–49	Yes	Yes	Yes
Uganda		2016	15–49	No	Yes	Yes
United Republic of Tanzania		2018	15 +	Yes	Yes	Yes
Zambia		2018	15–49	Yes	Yes	Yes
Zimbabwe		2015	15–49	No	Yes	Yes
REGION OF THE AMERICAS						
Antigua and Barbuda		...	...	...	...	...
Argentina		2018	18 +	No	No	Yes
Bahamas		2019	18–69	Yes	Yes	Yes
Barbados		2011-12	25 +	No	Yes	No
Belize		2015	15–49	Yes	No	No
Bolivia		2019	18–69	Yes	Yes	No
Brazil		2019	18 +	Yes	Yes	No
Canada		2021	12 +	No	Yes	No
Chile		2022	15–64	No	No	Yes
Colombia		2019	12–65	No	Yes	No
Costa Rica		2015	15 +	Yes	Yes	Yes
Cuba		2019	15–49	Yes	Yes	Yes
Dominica	^b	2007-08	15–64	Yes	Yes	No
Dominican Republic		2019	15–49	Yes	No	Yes
Ecuador		2018	18–69	Yes	Yes	Yes
El Salvador		2014-15	20 +	No	Yes	No
Grenada	^b	2010-11	25–64	No	Yes	Yes
Guatemala		2014-15	15–49	Yes	No	Yes
Guyana		2016	18–69	No	Yes	Yes
Haiti		2016-17	15–49	Yes	Yes	Yes
Honduras		2019	15–49	Yes	Yes	Yes
Jamaica		2016-17	15 +	No	Yes	No
Mexico		2021	20 +	No	Yes	No
Nicaragua	^b	2001	15–49	No	Yes	Yes

Table A1.6. (continued)

WHO region and country	Notes	Year data were collected	Ages surveyed	Tobacco use indicator was reported	Tobacco smoking indicator was reported	Cigarette smoking indicator was reported
REGION OF THE AMERICAS (continued)						
Panama		2019	15 +	Yes	Yes	No
Paraguay		2016	15–49	Yes	No	Yes
Peru		2019	15 +	No	No	Yes
Saint Kitts and Nevis	^b	2007-08	25–64	Yes	Yes	Yes
Saint Lucia		2019	18 +	Yes	Yes	Yes
Saint Vincent and the Grenadines	^a	2013-14	18–69	No	Yes	No
Suriname	^a	2013	25–65	No	Yes	Yes
Trinidad and Tobago	^b	2011	15–64	Yes	Yes	Yes
United States of America		2021	18 +	Yes	No	Yes
Uruguay		2021	15 +	No	Yes	No
Venezuela (Bolivarian Republic of)	^b	2011	18–65	Yes	No	Yes
SOUTH-EAST ASIA REGION						
	
Bangladesh		2018	18–69	Yes	Yes	No
Bhutan		2019	15–69	Yes	Yes	Yes
Democratic People's Republic of Korea		2017	15 +	Yes	Yes	Yes
India		2019-21	15 +	Yes	No	No
Indonesia		2021	15 +	Yes	Yes	Yes
Maldives		2020-21	15–69	Yes	Yes	No
Myanmar		2015-16	15–49	No	Yes	Yes
Nepal		2019	15–69	Yes	Yes	Yes
Sri Lanka		2019-20	15 +	Yes	Yes	Yes
Thailand		2021	15 +	Yes	Yes	Yes
Timor-Leste		2016	15–49	Yes	Yes	Yes
EUROPEAN REGION						
		—	—	—	—	—
Albania		2017-18	15–59	No	Yes	Yes
Andorra		2017-18	12–75	No	Yes	No
Armenia		2016	16 +	No	Yes	No
Austria		2020	15 +	No	No	Yes
Azerbaijan		2020	15 +	No	No	Yes
Belarus		2022	16 +	No	Yes	No
Belgium		2021	15 +	No	Yes	No
Bosnia and Herzegovina		2011-12	15–49	Yes	No	Yes
Bulgaria		2020	15 +	No	Yes	No
Croatia		2020	15 +	No	Yes	No
Cyprus		2020	15 +	No	Yes	No
Czechia		2021	15 +	Yes	Yes	Yes

Table A1.6. (continued)

WHO region and country	Notes	Year data were collected	Ages surveyed	Tobacco use indicator was reported	Tobacco smoking indicator was reported	Cigarette smoking indicator was reported
EUROPEAN REGION (continued)		—	—	—	—	—
Denmark		2020	15–79	No	Yes	No
Estonia		2020	16–64	No	Yes	No
Finland		2020-21	20 +	No	Yes	No
France		2021	18–75	No	Yes	No
Georgia		2020	18 +	No	Yes	No
Germany		2021	14 +	No	Yes	No
Greece		2020	15 +	No	Yes	No
Hungary		2020	15 +	No	Yes	No
Iceland		2021	18–64	No	Yes	No
Ireland		2020-21	15 +	No	Yes	No
Israel		2020	21 +	No	Yes	No
Italy		2022	15 +	No	No	Yes
Kazakhstan		2021	15 +	Yes	No	Yes
Kyrgyzstan		2013	25–64	Yes	Yes	Yes
Latvia		2020	15–74	No	Yes	No
Lithuania		2021	15–64	No	No	Yes
Luxembourg		2021	16 +	No	Yes	No
Malta		2019-20	15 +	No	Yes	No
Monaco		...	...	...	...	...
Montenegro		2017	15–64	No	Yes	No
Netherlands (Kingdom of the)		2021	18 +	No	Yes	No
North Macedonia	^a	2017	15–64	No	Yes	No
Norway		2021	16–74	No	Yes	No
Poland		2021	18 +	No	Yes	Yes
Portugal		2020	15 +	No	Yes	No
Republic of Moldova		2021	18–69	Yes	Yes	Yes
Romania		2020	15 +	No	Yes	No
Russian Federation		2022	18 +	No	No	Yes
San Marino	^a	2013	15 +	No	Yes	No
Serbia		2019	15 +	No	Yes	Yes
Slovakia		2020	15 +	No	Yes	No
Slovenia		2021	18 +	No	Yes	Yes
Spain		2022	15–64	No	Yes	No
Sweden		2021	16 +	Yes	Yes	No
Switzerland		2017	15 +	No	Yes	No
Tajikistan	^a	2016-17	18–69	Yes	Yes	Yes

Table A1.6. (continued)

WHO region and country	Notes	Year data were collected	Ages surveyed	Tobacco use indicator was reported	Tobacco smoking indicator was reported	Cigarette smoking indicator was reported
EUROPEAN REGION (continued)		—	—	—	—	—
Türkiye		2019	15 +	No	Yes	No
Turkmenistan		2018	18–69	Yes	Yes	Yes
Ukraine		2020	18 +	No	Yes	No
United Kingdom		2021	18 +	No	Yes	No
Uzbekistan		2019	18–69	Yes	Yes	No
EASTERN MEDITERRANEAN REGION		—	—	—	—	—
Afghanistan		2019	18–69	Yes	Yes	Yes
Bahrain		2017-19	18 +	No	Yes	No
Djibouti	^a	2012	10 +	Yes	No	No
Egypt		2016-17	15–69	Yes	Yes	Yes
Iran (Islamic Republic of)		2016	18 +	No	Yes	Yes
Iraq		2018	15–49	Yes	Yes	Yes
Jordan		2019	18–69	No	Yes	No
Kuwait		2014	18–69	Yes	Yes	Yes
Lebanon		2016-17	18–69	Yes	Yes	No
Libya	^b	2009	25–64	No	Yes	Yes
Morocco		2018	15 +	No	Yes	No
Oman		2017	15 +	Yes	Yes	No
Pakistan		2017-18	15–49	Yes	Yes	Yes
Qatar		2013	15 +	Yes	Yes	Yes
Saudi Arabia		2019	15 +	Yes	Yes	No
Somalia		...	...	...	...	...
Sudan	^a	2016	18–69	Yes	Yes	Yes
Syrian Arab Republic	^b	2002-03	15–65	No	Yes	No
Tunisia		2018	15–49	Yes	No	Yes
United Arab Emirates		2017-18	18–69	No	Yes	Yes
Yemen		2013	10 +	No	Yes	No
WESTERN PACIFIC REGION		—	—	—	—	—
Australia		2020-21	15 +	No	No	Yes
Brunei Darussalam		2016	18–69	Yes	Yes	No
Cambodia		2021	15 +	Yes	Yes	Yes
China		2018	15 +	Yes	Yes	Yes
Cook Islands		2021	15 +	No	Yes	No
Fiji		2021	15–49	Yes	Yes	Yes
Japan		2019	20 +	No	Yes	No
Kiribati		2018-19	15–49	Yes	Yes	Yes

Table A1.6. (continued)

WHO region and country	Notes	Year data were collected	Ages surveyed	Tobacco use indicator was reported	Tobacco smoking indicator was reported	Cigarette smoking indicator was reported
WESTERN PACIFIC REGION (continued)		—	—	—	—	—
Lao People's Democratic Republic		2017	15–49	Yes	Yes	Yes
Malaysia		2019	15–75	No	Yes	Yes
Marshall Islands		2017-18	18 +	Yes	No	Yes
Micronesia (Federated States of)	^a	2012	12–98	No	No	Yes
Mongolia		2019	15–69	Yes	Yes	Yes
Nauru		2015-16	18–69	Yes	Yes	No
New Zealand		2020-21	15 +	No	Yes	No
Niue	^a	2017	15 +	No	No	Yes
Palau		2016	18–97	No	Yes	No
Papua New Guinea		2016-18	15–49	No	Yes	Yes
Philippines		2021	15 +	Yes	Yes	Yes
Republic of Korea		2019	19 +	No	No	Yes
Samoa		2019-20	15–49	Yes	Yes	No
Singapore		2019	18–74	No	No	Yes
Solomon Islands		2015	18–69	Yes	Yes	No
Tonga		2019	15–49	Yes	Yes	Yes
Tuvalu		2019-20	15–49	Yes	Yes	Yes
Vanuatu	^b	2011	25–64	No	Yes	No
Viet Nam		2020-21	15–49	Yes	No	Yes

^a Although at least one survey was completed, no trend estimates were produced for this report. See the Methods section for further details.

^b The most recent survey was too old to calculate a trend estimates for this report. See the Methods section for further details.

Table A1.7. Current tobacco use relative reduction category, 2022

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010-2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
GLOBAL							
AFRICAN REGION							
Algeria	DZA		21.7	21.1	2.9	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Angola	AGO		...	...	...	Has insufficient data to calculate a trend.	...
Benin	BEN		10.9	5.5	49.8	On track to achieve a 30% relative reduction.	More reliable
Botswana	BWA	^c	25.4	17.6	30.7	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Burkina Faso	BFA		20.9	13.1	37.3	On track to achieve a 30% relative reduction.	Less reliable
Burundi	BDI		17.3	10.1	41.3	On track to achieve a 30% relative reduction.	Less reliable
Cabo Verde	CPV		15.1	10.2	32.7	On track to achieve a 30% relative reduction.	More reliable
Cameroon	CMR		10.4	5.8	44.2	On track to achieve a 30% relative reduction.	More reliable
Central African Republic	CAF		...	...	...	Has insufficient data to calculate a trend.	...
Chad	TCD	^b	9.0	7.0	22.0	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Comoros	COM		28.3	15.5	45.0	On track to achieve a 30% relative reduction.	Less reliable
Congo	COG		13.0	16.3	-25.3	Likely to experience an increase in prevalence.	More reliable
Côte d'Ivoire	CIV		13.7	8.0	41.8	On track to achieve a 30% relative reduction.	Less reliable
Democratic Republic of the Congo	COD	^c	16.4	11.5	30.0	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Equatorial Guinea	GNQ		...	...	...	Has insufficient data to calculate a trend.	...
Eritrea	ERI		...	...	...	Has insufficient data to calculate a trend.	...
Eswatini	SWZ		10.8	9.3	13.9	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Ethiopia	ETH		5.8	5.1	11.4	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Gabon	GAB		...	...	...	Has insufficient data to calculate a trend.	...
Gambia	GMB		16.0	9.5	40.7	On track to achieve a 30% relative reduction.	More reliable
Ghana	GHA		5.1	3.1	38.5	On track to achieve a 30% relative reduction.	More reliable

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010-2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
AFRICAN REGION (continued)							
Guinea	GIN		...	...	...	Has insufficient data to calculate a trend.	...
Guinea-Bissau	GNB		13.4	7.3	45.4	On track to achieve a 30% relative reduction.	Less reliable
Kenya	KEN		14.7	9.9	32.7	On track to achieve a 30% relative reduction.	More reliable
Lesotho	LSO		27.5	24.1	12.2	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Liberia	LBR		12.3	7.5	39.0	On track to achieve a 30% relative reduction.	Less reliable
Madagascar	MDG	^c	37.0	25.1	32.3	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Malawi	MWI		15.8	8.6	45.4	On track to achieve a 30% relative reduction.	More reliable
Mali	MLI		11.8	7.3	38.6	On track to achieve a 30% relative reduction.	More reliable
Mauritania	MRT		14.8	8.4	43.0	On track to achieve a 30% relative reduction.	Less reliable
Mauritius	MUS	^b	23.0	20.5	10.9	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Mozambique	MOZ		...	...	...	Has insufficient data to calculate a trend.	...
Namibia	NAM	^c	19.4	13.2	31.7	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Niger	NER		8.6	7.5	12.7	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Nigeria	NGA		6.1	2.8	54.0	On track to achieve a 30% relative reduction.	More reliable
Rwanda	RWA		18.6	13.5	27.2	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Sao Tome and Principe	STP		7.3	8.1	-10.0	Unlikely to experience a significant change in prevalence.	More reliable
Senegal	SEN		10.2	5.8	43.1	On track to achieve a 30% relative reduction.	More reliable
Seychelles	SYC		24.9	19.7	20.8	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Sierra Leone	SLE		23.9	11.0	53.8	On track to achieve a 30% relative reduction.	More reliable
South Africa	ZAF	^b	22.0	20.5	6.7	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
South Sudan	SSD		...	...	...	Has insufficient data to calculate a trend.	...
Togo	TGO		10.2	5.7	43.9	On track to achieve a 30% relative reduction.	More reliable

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010-2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
AFRICAN REGION (continued)							
Uganda	UGA		14.6	6.4	56.1	On track to achieve a 30% relative reduction.	More reliable
United Republic of Tanzania	TZA		16.8	8.1	52.0	On track to achieve a 30% relative reduction.	More reliable
Zambia	ZMB		17.0	14.1	17.2	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Zimbabwe	ZWE		15.7	10.4	33.5	On track to achieve a 30% relative reduction.	More reliable
REGION OF THE AMERICAS							
				—	—	—	—
Antigua and Barbuda	ATG		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .
Argentina	ARG		29.0	22.6	21.8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Bahamas	BHS		11.5	11.3	1.2	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Barbados	BRB		8.1	6.7	17.1	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Belize	BLZ	^b	11.0	8.3	24.8	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Bolivia (Plurinational State of)	BOL		20.7	11.1	46.3	On track to achieve a 30% relative reduction.	Less reliable
Brazil	BRA		17.4	11.1	36.3	On track to achieve a 30% relative reduction.	More reliable
Canada	CAN		19.3	10.7	44.6	On track to achieve a 30% relative reduction.	More reliable
Chile	CHL	^b	37.5	27.0	28.0	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Colombia	COL		11.5	7.5	34.6	On track to achieve a 30% relative reduction.	More reliable
Costa Rica	CRI		12.7	8.1	36.0	On track to achieve a 30% relative reduction.	Less reliable
Cuba	CUB		27.1	15.7	42.3	On track to achieve a 30% relative reduction.	Less reliable
Dominica	DMA		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .
Dominican Republic	DOM	^c	14.3	9.8	31.6	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Ecuador	ECU		12.2	9.8	19.6	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
El Salvador	SLV	^b	11.9	8.3	30.0	On track to achieve a 30% relative reduction.	Less reliable

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010-2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
REGION OF THE AMERICAS (continued)							
Grenada	GRD		...	...	...	Has insufficient data to calculate a trend.	...
Guatemala	GTM		13.0	11.8	9.2	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Guyana	GUY		19.4	9.7	49.9	On track to achieve a 30% relative reduction.	Less reliable
Haiti	HTI		9.6	7.8	19.0	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Honduras	HND	^b	14.6	11.9	18.1	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Jamaica	JAM	^b	13.0	9.0	30.8	On track to achieve a 30% relative reduction.	More reliable
Mexico	MEX		18.7	14.1	24.8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Nicaragua	NIC		...	...	...	Has insufficient data to calculate a trend.	...
Panama	PAN		8.8	4.5	48.9	On track to achieve a 30% relative reduction.	More reliable
Paraguay	PRY	^b	18.4	9.4	48.7	On track to achieve a 30% relative reduction.	Less reliable
Peru	PER	^b	16.7	5.8	65.3	On track to achieve a 30% relative reduction.	More reliable
Saint Kitts and Nevis	KNA		...	...	...	Has insufficient data to calculate a trend.	...
Saint Lucia	LCA		16.8	13.3	20.8	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Saint Vincent and the Grenadines	VCT		...	...	...	Has insufficient data to calculate a trend.	...
Suriname	SUR		...	...	...	Has insufficient data to calculate a trend.	...
Trinidad and Tobago	TTO		...	...	...	Has insufficient data to calculate a trend.	...
United States of America	USA		27.9	23.6	15.5	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Uruguay	URY		27.6	19.1	30.8	On track to achieve a 30% relative reduction.	More reliable
Venezuela (Bolivarian Republic of)	VEN		...	...	...	Has insufficient data to calculate a trend.	...

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010-2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
SOUTH-EAST ASIA REGION							
Bangladesh	BGD	^c	44.2	30.8	30.3	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Bhutan	BTN		24.9	17.6	29.3	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Democratic People's Republic of Korea	PRK	^{b,c}	22.7	15.4	32.3	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
India	IND		38.3	21.8	43.0	On track to achieve a 30% relative reduction.	More reliable
Indonesia	IDN		36.2	38.7	-7.1	Likely to experience an increase in prevalence.	More reliable
Maldives	MDV		33.7	24.9	26.1	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Myanmar	MMR		54.8	42.3	22.8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Nepal	NPL		44.0	25.7	41.7	On track to achieve a 30% relative reduction.	More reliable
Sri Lanka	LKA		24.3	18.5	23.8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Thailand	THA	^b	22.6	18.3	19.0	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Timor-Leste	TLS		46.2	37.2	19.6	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
EUROPEAN REGION							
			—	—	—	—	—
Albania	ALB	^b	28.3	20.7	26.8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Andorra	AND	^b	35.7	36.4	-1.9	Unlikely to experience a significant change in prevalence.	More reliable
Armenia	ARM		28.8	24.1	16.4	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Austria	AUT	^b	37.2	22.5	39.6	On track to achieve a 30% relative reduction.	More reliable
Azerbaijan	AZE		24.0	18.7	21.8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Belarus	BLR		36.4	28.9	20.6	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Belgium	BEL		29.0	26.3	9.2	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Bosnia and Herzegovina	BIH	^b	41.1	35.2	14.4	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Bulgaria	BGR	^b	43.0	38.8	9.7	Likely to achieve a decrease in prevalence but less than 30%.	More reliable

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010-2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
EUROPEAN REGION (continued)							
Croatia	HRV	^b	35.5	37.6	-5.7	Unlikely to experience a significant change in prevalence.	More reliable
Cyprus	CYP	^b	38.6	35.0	9.3	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Czechia	CZE	^b	32.5	29.4	9.6	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Denmark	DNK	^b	25.7	14.4	43.8	On track to achieve a 30% relative reduction.	More reliable
Estonia	EST		37.3	26.4	29.4	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Finland	FIN		22.8	15.9	30.1	On track to achieve a 30% relative reduction.	More reliable
France	FRA	^b	34.6	34.4	0.5	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Georgia	GEO		32.4	31.6	2.4	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Germany	DEU	^b	28.5	19.7	30.9	On track to achieve a 30% relative reduction.	More reliable
Greece	GRC		43.2	30.6	29.2	On track to achieve a 30% relative reduction.	More reliable
Hungary	HUN	^b	34.9	31.5	9.8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Iceland	ISL	^b	18.3	7.9	56.7	On track to achieve a 30% relative reduction.	More reliable
Ireland	IRL	^b	26.8	17.8	33.5	On track to achieve a 30% relative reduction.	More reliable
Israel	ISR	^b	25.7	19.2	25.3	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Italy	ITA	^b	24.4	22.1	9.4	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Kazakhstan	KAZ		28.4	20.9	26.5	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Kyrgyzstan	KGZ		28.7	26.9	6.3	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Latvia	LVA		39.6	32.6	17.8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Lithuania	LTU		37.1	30.2	18.7	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Luxembourg	LUX	^b	26.4	22.3	15.6	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Malta	MLT	^b	28.8	23.9	17.0	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Monaco	MCO		...	...	...	Has insufficient data to calculate a trend.	...

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010-2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
EUROPEAN REGION (continued)							
Montenegro	MNE		35.2	31.5	10.5	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Netherlands (Kingdom of the)	NLD	^b	27.7	19.9	28.1	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
North Macedonia	MKD		...	...	...	Has insufficient data to calculate a trend.	...
Norway	NOR	^b	26.6	12.2	54.1	On track to achieve a 30% relative reduction.	More reliable
Poland	POL		30.9	22.1	28.5	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Portugal	PRT	^b	25.8	25.5	1.0	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Republic of Moldova	MDA		27.0	30.5	-13.1	Likely to experience an increase in prevalence.	More reliable
Romania	ROU		33.6	29.3	12.8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Russian Federation	RUS		30.8	28.9	6.2	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
San Marino	SMR		...	...	...	Has insufficient data to calculate a trend.	...
Serbia	SRB	^b	42.4	39.0	7.9	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Slovakia	SVK	^b	31.8	32.8	-2.9	Unlikely to experience a significant change in prevalence.	More reliable
Slovenia	SVN	^b	23.0	19.5	15.1	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Spain	ESP	^b	31.7	27.8	12.6	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Sweden	SWE		33.4	20.5	38.7	On track to achieve a 30% relative reduction.	More reliable
Switzerland	CHE	^b	26.9	25.3	6.0	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Tajikistan	TJK		...	...	...	Has insufficient data to calculate a trend.	...
Türkiye	TUR		32.0	30.2	5.8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Turkmenistan	TKM		9.3	4.9	46.7	On track to achieve a 30% relative reduction.	Less reliable
Ukraine	UKR		31.3	23.6	24.8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
United Kingdom	GBR	^b	24.1	12.5	48.0	On track to achieve a 30% relative reduction.	More reliable
Uzbekistan	UZB		21.9	15.8	27.9	Likely to achieve a decrease in prevalence but less than 30%.	More reliable

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010-2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
EASTERN MEDITERRANEAN REGION							
Afghanistan	AFG		30.2	21.3	29.2	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Bahrain	BHR	^b	18.3	14.3	21.6	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Djibouti	DJI		...	...	...	Has insufficient data to calculate a trend.	...
Egypt	EGY	^b	21.6	25.8	-19.2	Likely to experience an increase in prevalence.	More reliable
Iran (Islamic Republic of)	IRN		17.3	12.5	28.0	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Iraq	IRQ		20.1	19.2	4.5	Unlikely to experience a significant change in prevalence.	More reliable
Jordan	JOR	^b	33.1	36.3	-9.6	Likely to experience an increase in prevalence.	More reliable
Kuwait	KWT	^b	20.1	20.0	0.6	Unlikely to experience a significant change in prevalence.	Less reliable
Lebanon	LBN	^b	35.1	34.1	2.9	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Libya	LBY		...	...	...	Has insufficient data to calculate a trend.	...
Morocco	MAR	^b	16.5	12.2	26.0	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Oman	OMN		7.9	8.6	-9.3	Likely to experience an increase in prevalence.	More reliable
Pakistan	PAK		28.0	17.2	38.5	On track to achieve a 30% relative reduction.	More reliable
Qatar	QAT		12.5	12.5	0.3	Unlikely to experience a significant change in prevalence.	Less reliable
Saudi Arabia	SAU		14.3	15.0	-5.0	Unlikely to experience a significant change in prevalence.	More reliable
Somalia	SOM		...	...	...	Has insufficient data to calculate a trend.	...
Sudan	SDN		...	...	...	Has insufficient data to calculate a trend.	...
Syrian Arab Republic	SYR		...	...	...	Has insufficient data to calculate a trend.	...
Tunisia	TUN	^b	25.0	19.5	22.1	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
United Arab Emirates	ARE	^b	13.3	8.2	38.3	On track to achieve a 30% relative reduction.	Less reliable
Yemen	YEM		24.8	20.6	16.7	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010-2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
WESTERN PACIFIC REGION							
Australia	AUS	^b	18.4	12.0	34.9	On track to achieve a 30% relative reduction.	More reliable
Brunei Darussalam	BRN	^b	16.5	16.4	0.3	Unlikely to experience a significant change in prevalence.	More reliable
Cambodia	KHM		28.0	15.3	45.3	On track to achieve a 30% relative reduction.	More reliable
China	CHN	^b	25.2	22.9	8.9	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Cook Islands	COK	^b	32.9	25.8	21.6	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Fiji	FJI	^b	30.4	27.0	11.1	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Japan	JPN	^b	25.9	17.8	31.4	On track to achieve a 30% relative reduction.	More reliable
Kiribati	KIR	^b	53.4	36.8	31.0	On track to achieve a 30% relative reduction.	More reliable
Lao People's Democratic Republic	LAO	^c	38.0	25.1	33.9	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Malaysia	MYS		26.0	21.0	19.3	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Marshall Islands	MHL		28.5	30.4	-6.7	Unlikely to experience a significant change in prevalence.	Less reliable
Micronesia (Federated States of)	FSM		...	...	...	Has insufficient data to calculate a trend.	...
Mongolia	MNG		31.3	29.2	6.9	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Nauru	NRU		55.6	46.7	16.1	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
New Zealand	NZL	^b	20.1	10.9	46.1	On track to achieve a 30% relative reduction.	More reliable
Niue	NIU		...	...	...	Has insufficient data to calculate a trend.	...
Palau	PLW	^b	21.5	16.6	22.8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Papua New Guinea	PNG	^b	46.6	38.1	18.2	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Philippines	PHL	^{b,c}	27.7	19.1	31.1	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Republic of Korea	KOR	^b	27.0	18.5	31.5	On track to achieve a 30% relative reduction.	More reliable

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010-2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
WESTERN PACIFIC REGION (continued)							
Samoa	WSM	^c	31.2	20.8	33.3	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Singapore	SGP	^b	16.6	16.2	2.7	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Solomon Islands	SLB	^b	40.0	36.1	9.8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Tonga	TON	^b	32.3	31.1	3.5	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Tuvalu	TUV	^b	40.7	32.2	20.9	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Vanuatu	VUT		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .
Viet Nam	VNM		26.6	21.7	18.3	Likely to achieve a decrease in prevalence but less than 30%.	More reliable

^a At least one survey since 2014 with prevalence disaggregated by age and by sex, and at least one more survey in a different year disaggregated by age and sex, and at least one more survey in a different year.

^b Tobacco use estimates are not available. Tobacco smoking estimates are substituted for missing tobacco use estimates on the assumption that there is little difference between the two measures in the country.

^c Reduction is at or higher than 30% but the estimate has a high degree of uncertainty.

Annex 2. Statistical Annex

This annex provides data sources and explanations of the methods used to calculate the estimates in this report, including details of the various country groupings used: the World Bank grouping of countries by income; WHO regional grouping of countries; and the analysis grouping of countries.

This Statistical Annex includes the following tables:

Table A2.1 Most recent national population-based survey that reports rates of smokeless tobacco use among adults, 2012–2022.

Table A2.2 Most recent national school-based survey that reports rates of smokeless tobacco among adolescents aged 13–15 years, 2012–2022.

Table A2.3 Most recent national school-based survey that reports rates of tobacco use, smoking or cigarette smoking among adolescents aged 13–15 years, 2012–2022.

Table A2.4 Most recent national school-based survey that reports rates of e-cigarette use, among adolescents aged in the range 13–17 years, 2013–2022.

Table A2.5 Most recent national population-based survey that reports rates of e-cigarette use among adults, 2013–2022.

2.1 Estimated prevalence rates and numbers of current smokeless tobacco users aged 15 years and above by WHO Region and country income group.

Source of prevalence rates: the most recent national population-based survey undertaken by the country during the period 2012–2022 that reported rates of smokeless tobacco use. Surveys used are listed in Table A2.1 below. Reports and data sets of the Global Adult Tobacco Surveys and STEPS Surveys are available from the WHO microdata repository at <https://extranet.who.int/ncdsmicrodata/index.php/home>. Eurobarometer surveys are available from <https://europa.eu/eurobarometer/screen/home>. Demographic and Health Surveys are available from <https://www.dhsprogram.com/>. Country-specific surveys are generally available on the websites of the Ministry of Health in the country.

Source of population numbers: *World Population Prospects, 2022* revision, medium fertility variant, population estimates by sex and year for 2021. United Nations, Department of Economic and Social Affairs, Population Division, 2022. Available from: <https://esa.un.org/unpd/wpp/Download/Standard/Population/>.

Method: For each country and for each sex, the number of current smokeless tobacco users aged 15 years or older was calculated using the prevalence rates from the appropriate survey and multiplying by the population aged 15 years or older for the appropriate sex. These numbers were then summed to calculate total smokeless tobacco users in each region by grouping Member States into their World Bank income group regions and their WHO Regions (groups specified below). To calculate average prevalence rates for each region, the total number of smokeless tobacco users was divided by the summed populations aged 15 years or older in each region. Some surveys published a rate of smokeless tobacco use for both sexes only, not sex disaggregated; in these countries, the both-sexes rate was assumed to apply to both males and females separately.

Data coverage: A total of 89 countries (46% of countries) had surveyed smokeless tobacco use among their national adult populations in this period. The global population coverage of these surveys was 78%. The missing 22% of global population contributes to an undercount of smokeless tobacco users in this report which will be corrected in future as more countries survey smokeless use.

Countries without a published survey reporting smokeless tobacco use in the period 2012–2022 were assumed to have no smokeless tobacco users. Countries with a survey reporting smokeless tobacco use among persons in an age range other than 15 years or older were included in the analysis by assuming the total age rate was not too dissimilar from the rate for persons aged 15 years or older. This assumption may result in some overstated or understated rates for some countries.

Table A2.1 Most recent national population-based survey that reports rates of smokeless tobacco use among adults, 2012–2022

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Afghanistan	STEPS Survey	2019	18-69
Algeria	Enquête STEPS	2016-17	18-69
Angola	Demographic and Health Survey	2015-16	15-49
Armenia	STEPS Survey	2016	18-69
Austria	Repräsentativerhebung zum Substanzgebrauch	2020	15+
Bahamas	Bahamas STEPS	2019	18-69
Bangladesh	STEPS Survey	2018	18-69
Benin	Enquête Démographique et de Santé au Bénin	2017-18	15-49
Bhutan	STEPS Survey	2019	15-69
Botswana	Global Adult Tobacco Survey (GATS)	2017	15+
Brazil	Pesquisa Nacional de Saúde (National Health Survey)	2013	18+
Brunei Darussalam	STEPS Survey	2016	18-69
Burkina Faso	Enquête STEPS sur les facteurs de risque des maladies non transmissibles, Burkina Faso	2021	18-29
Burundi	Demographic and Health Survey	2016-17	15-59 (men) 15-49 (women)
Cambodia	National Adult Tobacco Survey of Cambodia	2021	15+
Cameroon	Demographic and Health Survey	2018	15-64
China	Global Adult Tobacco Survey (GATS)	2020	15+
Costa Rica	Global Adult Tobacco Survey (GATS)	2015	15+
Czechia	National Research on Tobacco and Alcohol Use in the Czech Republic (NAUTA)	2021	15+
Democratic People's Republic of Korea	National Adult Tobacco Survey	2017	15+
Ecuador	STEPS Survey	2018	18-69
Egypt	STEPS Survey	2016-17	15-69
El Salvador	Encuesta Nacional de Alcohol y Tabaco (ENAT)	2022	18+
Eswatini	STEPS Survey	2014	15-69
Ethiopia	Global Adult Tobacco Survey (GATS)	2016	15+
Finland	National FinSote Survey	2020-21	20+
Georgia	National tobacco survey	2019	18-69
Ghana	Demographic and Health Survey	2014	15-49
Haiti	Enquête Mortalité, Morbidité et Utilisation des Services en Haïti	2016-17	15-64
Iceland	Tóbakskönnun by Gallup	2021	18+
India	Global Adult Tobacco Survey (GATS)	2016-17	15+
Indonesia	Global Adult Tobacco Survey (GATS)	2021	15+
Iraq	STEPS Survey	2015	18+
Kazakhstan	Global Adult Tobacco Survey (GATS)	2019	15+
Kenya	Kenya STEPS survey	2015	18-69
Kiribati	Kiribati STEPS survey	2015-16	18-69
Kuwait	STEPS Survey	2014	18-69
Kyrgyzstan	Kyrgyzstan STEPS	2013	25-64
Lao People's Democratic Republic	National Adult Tobacco Survey	2015	15+
Lesotho	Demographic and Health Survey	2014	15-59 (men) 15-49 (women)

Table A2.1 (continued)

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Madagascar	Demographic and Health Survey	2021	15-59 (men) 15-49 (women)
Malawi	STEPS Survey	2017	18-69
Maldives	STEPS Survey	2020-21	15-69
Mali	Demographic and Health Survey	2018	15-59 (men) 15-49 (women)
Marshall Islands	Hybrid Household Survey of NCD risk factors and substance use	2017-18	18+
Mongolia	STEPS Survey	2019	15-69
Myanmar	Demographic and Health Survey	2015-16	15-49
Nauru	STEPS Survey	2015-16	18-69
Nepal	STEPS Survey	2019	15-69
Nigeria	Global Adult Tobacco Survey (GATS)	2012	15+
Norway	Statistics Norway Smoking Habits Survey	2019	16-74
Oman	STEPS Survey	2017	15+
Pakistan	Demographic and Health Survey	2017-18	15-49
Palau	Behavioral Risk Factor Surveillance Survey (BRFSS)	2012	18+
Panama	Encuesta Nacional de Salud	2019	15+
Philippines	Global Adult Tobacco Survey (GATS)	2021	15+
Republic of Moldova	STEPS Survey	2021	18-69
Russian Federation	осстат. Состояние здоровья населения Selective monitoring of the health of the population survey (Rosstat)	2022	15+
Rwanda	Rwanda STEPS	2021	18-69
Saint Lucia	STEPS Survey	2019	18+
Saint Vincent and the Grenadines	National Health and Nutrition Survey	2013-14	18-69
Samoa	Samoa STEPS	2013	18-64
Sao Tome and Principe	Sao Tomé et Príncipe Enquête STEPS	2019	15-69
Saudi Arabia	Global Adult Tobacco Survey (GATS)	2019	15+
Senegal	Enquête Démographique et de Santé à Indicateurs Multiples (EDS-MICS)	2017	15-59 (men) 15-49 (women)
Seychelles	The Seychelles Heart Study IV	2013	25-64
Sierra Leone	Demographic and Health Survey	2019	15-49
Slovenia	National Survey on the Impact of the Pandemic of Life	2021	18+
Solomon Islands	STEPS Survey	2015	18-69
South Africa	Global Adult Tobacco Survey (GATS)	2021	15+
Spain	European Health Interview Survey (EHIS)	2019-20	15+
Sri Lanka	Global Adult Tobacco Survey (GATS)	2019-20	15+
Sudan	STEPS Survey	2016	18-69
Sweden	National Survey on Public Health	2022	16-84
Switzerland	Enquête Santé et Lifestyle	2022	15+
Tajikistan	STEPS Survey	2016-17	18-69
Thailand	The Smoking and Drinking Behaviour Survey	2017	15+
Timor-Leste	Demographic and Health Survey	2016	15-49
Turkmenistan	Turkmenistan STEPS	2018	18-69
Uganda	Uganda NCD Risk Factors Survey	2014	18-69
Ukraine	Global Adult Tobacco Survey (GATS)	2017	15+

Table A2.1 (continued)

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
United Arab Emirates	National Health Survey (STEPS)	2017-18	18-69
United Republic of Tanzania	Global Adult Tobacco Survey (GATS)	2018	15+
United States of America	National Health Interview Survey (NHIS)	2020	18+
Uruguay	Global Adult Tobacco Survey (GATS)	2016-17	15+
Uzbekistan	Uzbekistan STEPS Survey	2019	18-69
Viet Nam	Provincial Global Adult Tobacco Survey	2020	15+
Yemen	Demographic and Health Survey	2013	15+
Zambia	Demographic and Health Survey	2018	15-59 (men) 15-49 (women)

2.2 Estimated prevalence rates and numbers of adolescents aged 13–15 years who use smokeless tobacco.

Source of prevalence rates: the most recent nationally-representative school-based survey covering the age range 13-15 completed in each country in the period 2012–2022, if any. Specific surveys used are listed in Table A2.2. Reports and data sets of the Global Youth Tobacco Survey and the Global School-Based Students Health Survey are available from the WHO microdata repository at <https://extranet.who.int/ncdsmicrodata/index.php/home>. Reports and data sets of the HBSC survey are available from <http://www.hbsc.org/>.

Canada: Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS), available from <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey.html>.

Colombia: Encuesta Nacional de Tabaquismo en Jóvenes, report available on request.

Malaysia: Tobacco and E-Cigarette Survey Among Malaysian Adolescents (TECMA), available from <https://iku.moh.gov.my/images/IKU/Document/REPORT/TECMA2016/TabaccoandECigarette.pdf>.

USA: National Youth Tobacco Survey, available from http://www.cdc.gov/tobacco/data_statistics/surveys/nyts.

Source of population numbers: *World population prospects*, 2022 revision, medium fertility variant, population estimates by sex and year for 2021. United Nations, Department of Economic and Social Affairs, Population Division, 2022. Available from <https://esa.un.org/unpd/wpp/Download/Standard/Population/>.

Method: For each country and for each sex, the number of current smokeless tobacco users aged 13–15 years was calculated using smokeless tobacco use prevalence rates published in the country’s latest survey and multiplying by the population aged 13–15 years for the appropriate sex.

Countries without a survey reporting smokeless tobacco use in the period 2012–2022 were assumed to have no smokeless tobacco users. In total, 73% of the world’s population aged 13–15 years was represented by a survey in this analysis. The number of smokeless tobacco users aged 13–15 years was summarized by World Bank country income group regions, by WHO regions (specified below) and globally by dividing the number of smokeless tobacco users in each region by the population of the region aged 13–15 years. The method results in a global underestimate of smokeless tobacco users aged 13–15 years which would be improved if more countries survey smokeless tobacco use.

Table A2.2 Most recent national school-based survey that reports rates of smokeless tobacco among adolescents aged 13–15 years, 2012–2022

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Albania	Global Youth Tobacco Survey	2020	13-15
Algeria	Global Youth Tobacco Survey	2013	13-15
Antigua and Barbuda	Global Youth Tobacco Survey	2017	13-15
Argentina	Global Youth Tobacco Survey	2018	13-15
Armenia	Global Youth Tobacco Survey	2009	13-15
Azerbaijan	Global Youth Tobacco Survey	2016	13-15
Bahamas	Global Youth Tobacco Survey	2013	13-15
Bahrain	Global Youth Tobacco Survey	2015	13-15
Bangladesh	Global Youth Tobacco Survey	2013	13-15
Barbados	Global Youth Tobacco Survey	2013	13-15
Belarus	Global Youth Tobacco Survey	2021	13-15
Belize	Global Youth Tobacco Survey	2014	13-15
Bhutan	Global Youth Tobacco Survey	2019	13-15
Bolivia (Plurinational State of)	Global Youth Tobacco Survey	2018	13-15
Bosnia and Herzegovina	Global Youth Tobacco Survey	2018-19	13-15
Botswana	Global Youth Tobacco Survey	2008	13-15
Brunei Darussalam	Global Youth Tobacco Survey	2019	13-15
Bulgaria	Global Youth Tobacco Survey	2015	13-15
Cambodia	Global Youth Tobacco Survey	2022	13-15
Cameroon	Global Youth Tobacco Survey	2014	13-15
Canada	Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS)	2018-19	Grades 7-9
Chad	Global Youth Tobacco Survey	2019	13-15
China	Global Youth Tobacco Survey	2014	13-15
Colombia	Encuesta Nacional de Tabaquismo en Jóvenes	2017	13-15
Comoros	Global Youth Tobacco Survey	2015	13-15
Congo	Global Youth Tobacco Survey	2019	13-15
Cook Islands	Global Youth Tobacco Survey	2016	13-15
Costa Rica	Global Youth Tobacco Survey	2013	13-15
Cote d'Ivoire	Global Youth Tobacco Survey	2009	13-15
Croatia	Global Youth Tobacco Survey	2016	13-15
Cuba	Global Youth Tobacco Survey	2018	13-15
Czechia	Global Youth Tobacco Survey	2016	13-15
Djibouti	Global Youth Tobacco Survey	2009	13-15
Dominica	Global Youth Tobacco Survey	2009	13-15

Table A2.2 (continued)

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Dominican Republic	Global Youth Tobacco Survey	2016	13-15
Ecuador	Global Youth Tobacco Survey	2016	13-15
Egypt	Global Youth Tobacco Survey	2014	13-15
El Salvador	Global Youth Tobacco Survey	2021	13-15
Estonia	Global Youth Tobacco Survey	2007	13-15
Eswatini	Global Youth Tobacco Survey	2009	13-15
Fiji	Global Youth Tobacco Survey	2016	13-15
Finland	Global Youth Tobacco Survey	2012	13-15
Gabon	Global Youth Tobacco Survey	2014	13-15
Gambia	Global Youth Tobacco Survey	2017	13-15
Georgia	Global Youth Tobacco Survey	2017	13-15
Ghana	Global Youth Tobacco Survey	2017	13-15
Greece	Global Youth Tobacco Survey	2003	13-15
Grenada	Global Youth Tobacco Survey	2016	13-15
Guatemala	Global Youth Tobacco Survey	2015	13-15
Guyana	Global Youth Tobacco Survey	2015	13-15
Honduras	Global Youth Tobacco Survey	2016	13-15
Hungary	Global Youth Tobacco Survey	2016	13-15
India	Global Youth Tobacco Survey	2019	13-15
Indonesia	Global Youth Tobacco Survey	2019	13-15
Iran (Islamic Republic of)	Global Youth Tobacco Survey	2016	13-15
Iraq	Global Youth Tobacco Survey	2019	13-15
Italy	Global Youth Tobacco Survey	2018	13-15
Jamaica	Global Youth Tobacco Survey	2017	13-15
Jordan	Global Youth Tobacco Survey	2014	13-15
Kazakhstan	Global Youth Tobacco Survey	2014	13-15
Kenya	Global Youth Tobacco Survey	2013	13-15
Kiribati	Global Youth Tobacco Survey	2018	13-15
Kuwait	Global Youth Tobacco Survey	2016	13-15
Kyrgyzstan	Global Youth Tobacco Survey	2019	13-15
Lao People's Democratic Republic	Global Youth Tobacco Survey	2016	13-15
Latvia	Global Youth Tobacco Survey	2019	13-15
Lesotho	Global Youth Tobacco Survey	2008	13-15
Libya	Global Youth Tobacco Survey	2010	13-15
Lithuania	Global Youth Tobacco Survey	2001	13-15

Table A2.2 (continued)

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Madagascar	Global Youth Tobacco Survey	2018	13-15
Malawi	Global Youth Tobacco Survey	2009	13-15
Malaysia	Tobacco and E-Cigarette Survey Among Malaysian Adolescents (TECMA)	2016	13-15
Maldives	Global Youth Tobacco Survey	2019	13-15
Marshall Islands	Global Youth Tobacco Survey	2016	13-15
Mauritania	Global Youth Tobacco Survey	2018	13-15
Mauritius	Global Youth Tobacco Survey	2016	13-15
Mexico	Global Youth Tobacco Survey	2011	13-15
Micronesia (Federated States of)	Global Youth Tobacco Survey	2019	13-15
Mongolia	Global Youth Tobacco Survey	2019	13-15
Montenegro	Global Youth Tobacco Survey	2018	13-15
Morocco	Global Youth Tobacco Survey	2016	13-15
Mozambique	Global Youth Tobacco Survey	2013	13-15
Myanmar	Global Youth Tobacco Survey	2016	13-15
Namibia	Global Youth Tobacco Survey	2008	13-15
Nepal	Global Youth Tobacco Survey	2011	13-15
Nicaragua	Global Youth Tobacco Survey	2019	13-15
Niue	Global Youth Tobacco Survey	2019	13-15
Norway	Health Behaviour in School-aged Children	2014	13-15
Oman	Global Youth Tobacco Survey	2016	13-15
Pakistan	Global Youth Tobacco Survey	2013	13-15
Palau	Global Youth Tobacco Survey	2022	13-15
Panama	Global Youth Tobacco Survey	2017	13-15
Papua New Guinea	Global Youth Tobacco Survey	2016	13-15
Paraguay	Global Youth Tobacco Survey	2019	13-15
Peru	Global Youth Tobacco Survey	2014	13-15
Philippines	Global Youth Tobacco Survey	2019	13-15
Poland	Global Youth Tobacco Survey	2016	13-15
Portugal	Global Youth Tobacco Survey	2013	13-15
Qatar	Global Youth Tobacco Survey	2018	13-15
Republic of Korea	Global Youth Tobacco Survey	2013	13-15
Republic of Moldova	Global Youth Tobacco Survey	2019	13-15
Russian Federation	Global Youth Tobacco Survey	2021	13-15
Rwanda	Global Youth Tobacco Survey	2008	13-15
Saint Lucia	Global Youth Tobacco Survey	2017	13-15

Table A2.2 (continued)

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Saint Vincent and the Grenadines	Global Youth Tobacco Survey	2018	13-15
Samoa	Global Youth Tobacco Survey	2017	13-15
San Marino	Global Youth Tobacco Survey	2018	13-15
Saudi Arabia	Global Youth Tobacco Survey	2022	13-15
Senegal	Global Youth Tobacco Survey	2020	13-15
Serbia	Global Youth Tobacco Survey	2013	13-15
Seychelles	Global Youth Tobacco Survey	2015	13-15
Sierra Leone	Global Youth Tobacco Survey	2017	13-15
Slovakia	Global Youth Tobacco Survey	2016	13-15
Slovenia	Global Youth Tobacco Survey	2017	13-15
Sri Lanka	Global Youth Tobacco Survey	2015	13-15
Sudan	Global Youth Tobacco Survey	2014	13-15
Suriname	Global Youth Tobacco Survey	2016	13-15
Syrian Arab Republic	Global Youth Tobacco Survey	2010	13-15
Tajikistan	Global Youth Tobacco Survey	2019	13-15
Thailand	Global Youth Tobacco Survey	2015	13-15
North Macedonia	Global Youth Tobacco Survey	2016	13-15
Timor-Leste	Global Youth Tobacco Survey	2019	13-15
Togo	Global Youth Tobacco Survey	2019	13-15
Trinidad and Tobago	Global Youth Tobacco Survey	2017	13-15
Tunisia	Global Youth Tobacco Survey	2017	13-15
Turkmenistan	Global Youth Tobacco Survey	2015	13-15
Tuvalu	Global Youth Tobacco Survey	2018	13-15
Uganda	Global Youth Tobacco Survey	2018	13-15
Ukraine	Global Youth Tobacco Survey	2017	13-15
United Arab Emirates	Global Youth Tobacco Survey	2013	13-15
United Republic of Tanzania	Global Youth Tobacco Survey	2016	13-15
United States of America	National Youth Tobacco Survey	2020	Middle-school
Uruguay	Global Youth Tobacco Survey	2019	13-15
Uzbekistan	Global Youth Tobacco Survey	2021	13-15
Vanuatu	Global Youth Tobacco Survey	2017	13-15
Venezuela	Global Youth Tobacco Survey	2019	13-15
Viet Nam	Global Youth Tobacco Survey	2014	13-15
Yemen	Global Youth Tobacco Survey	2014	13-15
Zimbabwe	Global Youth Tobacco Survey	2014	13-15

2.3 Estimated prevalence rates and numbers of adolescents aged 13–15 years who use tobacco and estimated prevalence rates and numbers of adolescents aged 13–15 years who smoke cigarettes.

Source of prevalence rates: the most recent nationally-representative school-based survey completed in each country in the period 2012–2022 that reported rates for the age group 13–15 years, if any. For most countries, this was the *Global youth tobacco survey* (GYTS), *Global school-based students health survey* (GSHS) or *Health behaviour in school-aged children survey* (HBSC). For three countries where the age group 13–15 years was not reported, equivalent age ranges were surveyed: Canada (grades 7-9), Japan (junior high) and USA (middle school). The specific surveys used in the analysis are named in the table below. Reports and data sets of specific GYTS and GSHS surveys are available from the WHO microdata repository at <https://extranet.who.int/ncdsmicrodata/index.php/home>; reports and data sets of the HBSC survey are available from <http://www.hbsc.org/>.

Brazil: *Pesquisa nacional de saúde do escolar (PENSE)*, available from <https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/p/pesquisa-nacional-de-saude-do-escolar-pense>

Colombia: *Encuesta nacional de tabaquismo en jóvenes*, report available on request

Japan: *National survey on underage smoking and drinking*, report available on request

Malaysia: Tobacco and E-Cigarette Survey Among Malaysian Adolescents (TECMA), available from <https://iku.moh.gov.my/images/IKU/Document/REPORT/TECMA2016/TabaccoandECigarette.pdf>.

USA: *National youth tobacco survey*, available from:

http://www.cdc.gov/tobacco/data_statistics/surveys/nyts.

Source of population numbers: *World Population Prospects*, 2022 revision, medium fertility variant, population estimates by sex and year for 2021. United Nations, Department of Economic and Social Affairs, Population Division, 2022.

Available from: <https://esa.un.org/unpd/wpp/Download/Standard/Population/>.

Method: For each country and for each sex, the number of current cigarette smokers and current tobacco users aged 13–15 years was calculated using the prevalence rates published in the appropriate survey and multiplying by the population aged 13–15 years for the appropriate sex. Countries without a survey were included in region and global averages by having the average prevalence rate for the analysis group (see Section 3.7) in which the country is located stand in as the country's own rate. The resulting numbers of tobacco users and cigarette smokers aged 13–15 years were summarized by World Bank income group regions and by WHO regions by summing the total users and dividing by the total population aged 13–15 years in each region.

In the period 2012–2022, 149 countries ran one a survey that met these criteria. While the GYTS, NYTS and GSHS routinely report both tobacco use rates and cigarette smoking rates, the HBSC 2017—18 reports cigarette smoking rates only. For this analysis, the cigarette smoking rates were used to stand in also as tobacco use rates in countries that ran the HBSC, on the assumption that almost all tobacco use among adolescents in these countries is cigarette use. The HBSC survey publishes rates separately for persons aged 13 and persons aged 15, so the number of tobacco user and cigarette smokers aged 13–15 years was calculated for this report using the mean of the two prevalence rates and multiplying by the population aged 13–15 years, separately for each sex.

Table A2.3 Most recent national school-based survey that reports rates of tobacco use or cigarette smoking among adolescents aged 13–15 years, 2012–2022

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Afghanistan	Global School-Based Student Health Survey	2014	13-15
Albania	Global Youth Tobacco Survey	2020	13-15
Algeria	Global Youth Tobacco Survey	2013	13-15
Antigua and Barbuda	Global Youth Tobacco Survey	2017	13-15
Argentina	Global Youth Tobacco Survey	2018	13-15
Armenia	Health Behaviour in School-aged Children	2017-18	13-15
Austria	Health Behaviour in School-aged Children	2017-18	13-15
Azerbaijan	Health Behaviour in School-aged Children	2017-18	13-15
Bahamas	Global Youth Tobacco Survey	2013	13-15
Bahrain	Global School-Based Student Health Survey	2016	13-15
Bangladesh	Global School-Based Student Health Survey	2014	13-15
Barbados	Global Youth Tobacco Survey	2013	13-15
Belarus	Global Youth Tobacco Survey	2021	13-15
Belize	Global Youth Tobacco Survey	2014	13-15
Benin	Global School-Based Student Health Survey	2016	13-15
Bhutan	Global Youth Tobacco Survey	2019	13-15
Bolivia (Plurinational State of)	Global Youth Tobacco Survey	2018	13-15
Bosnia and Herzegovina	Global Youth Tobacco Survey	2018-19	13-15
Brazil ¹	Pesquisa Nacional de Saúde do Escolar (PENSE)	2019	13-15
Brunei Darussalam	Global Youth Tobacco Survey	2019	13-15
Bulgaria	Health Behaviour in School-aged Children	2017-18	13-15
Cambodia	Global Youth Tobacco Survey	2022	13-15
Cameroon	Global Youth Tobacco Survey	2014	13-15
Canada	Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS)	2018-19	Grades 7-9
Chad	Global Youth Tobacco Survey	2019	13-15
Chile	Global School-Based Student Health Survey	2013	13-15
China ²	Global Youth Tobacco Survey	2021	13-15
Colombia	Encuesta Nacional de Tabaquismo en Jóvenes	2017	13-15
Comoros	Global Youth Tobacco Survey	2015	13-15
Congo	Global Youth Tobacco Survey	2019	13-15
Cook Islands	Global Youth Tobacco Survey	2016	13-15
Costa Rica	Global Youth Tobacco Survey	2013	13-15
Croatia	Health Behaviour in School-aged Children	2017-18	13-15
Cuba	Global Youth Tobacco Survey	2018	13-15

¹ Any tobacco use was not reported in the 2019 round of this survey. Data were instead obtained from the 2015 round.

² Any tobacco use was not reported in the 2021 round of this survey. Data were instead obtained from the 2014 round.

Table A2.3 (continued)

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Czechia	Health Behaviour in School-aged Children	2017-18	13-15
Denmark	Health Behaviour in School-aged Children	2017-18	13-15
Dominican Republic	Global Youth Tobacco Survey	2016	13-15
Ecuador	Global Youth Tobacco Survey	2016	13-15
Egypt	Global Youth Tobacco Survey	2014	13-15
El Salvador	Global Youth Tobacco Survey	2021	13-15
Estonia	Health Behaviour in School-aged Children	2017-18	13-15
Fiji	Global Youth Tobacco Survey	2016	13-15
Finland	Health Behaviour in School-aged Children	2017-18	13-15
France	Health Behaviour in School-aged Children	2017-18	13-15
Gabon	Global Youth Tobacco Survey	2014	13-15
Gambia	Global Youth Tobacco Survey	2017	13-15
Georgia	Health Behaviour in School-aged Children	2017-18	13-15
Germany	Health Behaviour in School-aged Children	2017-18	13-15
Ghana	Global Youth Tobacco Survey	2017	13-15
Greece	Health Behaviour in School-aged Children	2017-18	13-15
Grenada	Global Youth Tobacco Survey	2016	13-15
Guatemala	Global Youth Tobacco Survey	2015	13-15
Guyana	Global Youth Tobacco Survey	2015	13-15
Honduras	Global Youth Tobacco Survey	2016	13-15
Hungary	Global Youth Tobacco Survey	2019-20	13-15
Iceland	Health Behaviour in School-aged Children	2017-18	13-15
India	Global Youth Tobacco Survey	2019	13-15
Indonesia	Global Youth Tobacco Survey	2019	13-15
Iran (Islamic Republic of)	Global Youth Tobacco Survey	2016	13-15
Iraq	Global Youth Tobacco Survey	2019	13-15
Ireland	Health Behaviour in School-aged Children	2017-18	13-15
Italy	Health Behaviour in School-aged Children	2017-18	13-15
Jamaica	Global Youth Tobacco Survey	2017	13-15
Japan ¹	National survey on underage smoking and drinking	2017	Junior-High
Jordan	Global Youth Tobacco Survey	2014	13-15
Kazakhstan	Health Behaviour in School-aged Children	2018	11-15
Kenya	Global Youth Tobacco Survey	2013	13-15
Kiribati	Global Youth Tobacco Survey	2018	13-15
Kuwait	Global Youth Tobacco Survey	2016	13-15

¹ The survey addresses only smoking, not other forms of tobacco use.

Table A2.3 (continued)

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Kyrgyzstan	Global Youth Tobacco Survey	2019	13-15
Lao People's Democratic Republic	Global Youth Tobacco Survey	2016	13-15
Latvia	Global Youth Tobacco Survey	2019	13-15
Lebanon	Global School-Based Student Health Survey	2017	13-15
Liberia	Global School-Based Student Health Survey	2017	13-15
Lithuania	Health Behaviour in School-aged Children	2017-18	13-15
Luxembourg	Health Behaviour in School-aged Children	2017-18	13-15
Madagascar	Global Youth Tobacco Survey	2018	13-15
Malaysia	Tobacco and E-Cigarette Survey Among Malaysian Adolescents (TECMA)	2016	13-15
Maldives	Global Youth Tobacco Survey	2019	13-15
Malta	Health Behaviour in School-aged Children	2017-18	13-15
Marshall Islands	Global Youth Tobacco Survey	2016	13-15
Mauritania	Global Youth Tobacco Survey	2018	13-15
Mauritius	Global School-Based Student Health Survey	2017	13-15
Micronesia (Federated States of)	Global Youth Tobacco Survey	2019	13-15
Mongolia	Global Youth Tobacco Survey	2019	13-15
Montenegro	Global Youth Tobacco Survey	2018	13-15
Morocco	Global Youth Tobacco Survey	2016	13-15
Mozambique	Global School-Based Student Health Survey	2015	13-15
Myanmar	Global Youth Tobacco Survey	2016	13-15
Namibia	Global School-Based Student Health Survey	2013	13-15
Nepal	Global School-Based Student Health Survey	2015	13-15
Netherlands (Kingdom of the)	Health Behaviour in School-aged Children	2017-18	13-15
Nicaragua	Global Youth Tobacco Survey	2019	13-15
Niue	Global Youth Tobacco Survey	2019	13-15
Norway	Health Behaviour in School-aged Children	2017-18	13-15
Oman	Global Youth Tobacco Survey	2016	13-15
Pakistan	Global Youth Tobacco Survey	2013	13-15
Palau	Global Youth Tobacco Survey	2022	13-15
Panama	Global School-Based Student Health Survey	2018	13-15
Papua New Guinea	Global Youth Tobacco Survey	2016	13-15
Paraguay	Global Youth Tobacco Survey	2019	13-15
Peru	Global Youth Tobacco Survey	2014	13-15
Philippines	Global Youth Tobacco Survey	2019	13-15
Poland	Health Behaviour in School-aged Children	2017-18	13-15

Table A2.3 (continued)

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Portugal	Health Behaviour in School-aged Children	2017-18	13-15
Qatar	Global Youth Tobacco Survey	2018	13-15
Republic of Korea	Global Youth Tobacco Survey	2013	13-15
Republic of Moldova	Global Youth Tobacco Survey	2019	13-15
Romania	Health Behaviour in School-aged Children	2017-18	13-15
Russian Federation	Global Youth Tobacco Survey	2021	13-15
Saint Lucia	Global School-Based Student Health Survey	2018	13-15
Saint Vincent and the Grenadines	Global Youth Tobacco Survey	2018	13-15
Samoa	Global Youth Tobacco Survey	2017	13-15
San Marino	Global Youth Tobacco Survey	2018	13-15
Saudi Arabia	Global Youth Tobacco Survey	2022	13-15
Senegal	Global Youth Tobacco Survey	2020	13-15
Serbia	Health Behaviour in School-aged Children	2017-18	13-15
Seychelles	Global Youth Tobacco Survey	2015	13-15
Sierra Leone	Global Youth Tobacco Survey	2017	13-15
Slovakia	Health Behaviour in School-aged Children	2017-18	13-15
Slovenia	Health Behaviour in School-aged Children	2017-18	13-15
Spain	Health Behaviour in School-aged Children	2017-18	13-15
Sri Lanka	Global School-Based Student Health Survey	2016	13-15
Sudan	Global Youth Tobacco Survey	2014	13-15
Suriname	Global Youth Tobacco Survey	2016	13-15
Sweden	Health Behaviour in School-aged Children	2017-18	15-15
Switzerland	Health Behaviour in School-aged Children	2017-18	15-15
Tajikistan	Global Youth Tobacco Survey	2019	13-15
Thailand	Global Youth Tobacco Survey	2015	13-15
North Macedonia	Health Behaviour in School-aged Children	2017-18	13-15
Timor-Leste	Global Youth Tobacco Survey	2019	13-15
Togo	Global Youth Tobacco Survey	2019	13-15
Tonga	Global School-Based Student Health Survey	2017	13-15
Trinidad and Tobago	Global Youth Tobacco Survey	2017	13-15
Tunisia	Global Youth Tobacco Survey	2017	13-15
Türkiye	Global Youth Tobacco Survey	2017	13-15
Turkmenistan	Global Youth Tobacco Survey	2015	13-15
Tuvalu	Global Youth Tobacco Survey	2018	13-15
Uganda	Global Youth Tobacco Survey	2018	13-15

Table A2.3 (continued)

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Ukraine	Health Behaviour in School-aged Children	2017-18	13-15
United Arab Emirates	Global School-Based Student Health Survey	2016	13-15
United Republic of Tanzania	Global Youth Tobacco Survey	2016	13-15
United States of America	National Youth Tobacco Survey	2020	Middle-school
Uruguay	Global Youth Tobacco Survey	2019	13-15
Uzbekistan	Global Youth Tobacco Survey	2021	13-15
Vanuatu	Global Youth Tobacco Survey	2017	13-15
Venezuela (Bolivarian Republic of)	Global Youth Tobacco Survey	2019	13-15
Viet Nam	Viet Nam Youth Tobacco Survey	2022	13-15
Yemen	Global Youth Tobacco Survey	2014	13-15
Zimbabwe	Global Youth Tobacco Survey	2014	13-15

2.4 Estimated prevalence rates and numbers of adolescents aged 13–17 years who use e-cigarettes.

Source of prevalence rates: the most recent nationally-representative school-based survey covering the age range 13-15, 15-16 or 15-17 completed in each country in the period 2013–2022, if any. Specific surveys used are listed in Table A2.4. Reports and data sets of the Global Youth Tobacco Survey and the Global School-Based Students Health Survey are available from the WHO microdata repository at <https://extranet.who.int/ncdsmicrodata/index.php/home>. The European School Survey Project on Alcohol and Other Drugs (ESPAD) surveys are available at <http://espad.org/>.

Brazil: *Pesquisa nacional de saúde do escolar (PENSE)*, available from <https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/p/pesquisa-nacional-de-saude-do-escolar-pense>

Canada: Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS), available from <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey.html>.

Colombia: *Encuesta nacional de tabaquismo en jóvenes*, report available on request

France: *enClass* survey, data available at <http://enclass.fr/>

Japan: *National survey on underage smoking and drinking*, report available on request

Malaysia: Tobacco and E-Cigarette Survey Among Malaysian Adolescents (TECMA), available from <https://iku.moh.gov.my/images/IKU/Document/REPORT/TECMA2016/TabaccoandECigarette.pdf>.

New Zealand: *ASH Year 10 survey, 2022 factsheet* available at https://assets.nationbuilder.com/ashnz/pages/357/attachments/original/1670892009/2022_ASH_Y10_Snapshot_Topline_smoking_and_vaping_FINAL.pdf?1670892009

Sweden: *The Swedish Council for Information on Alcohol and Other Drugs* data are available from <https://www.can.se/In-English/>

United Kingdom: *Smoking, Drinking and Drug Use Among Young People in England*, the 2018 report is available at <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018>

USA: *National youth tobacco survey*, available from:

http://www.cdc.gov/tobacco/data_statistics/surveys/nyts.

Source of population numbers: *World population prospects*, 2022 revision, medium fertility variant, population estimates by sex and year for 2021. United Nations, Department of Economic and Social Affairs, Population Division, 2022. Available from

<https://esa.un.org/unpd/wpp/Download/Standard/Population/>.

Method: For each country and for each sex, the number of current e-cigarette users aged 13–17 years was calculated using current e-cigarette use prevalence rates published in the country’s most recent survey (age ranges vary) and multiplying by the population aged 13–17 years for the appropriate sex.

In the period 2013-2022, 102 countries were covered by a survey. Countries without a survey reporting e-cigarette use in the period were assumed to have no e-cigarette users. The number of e-cigarette users aged 13–17 years was summarized by World Bank country income group regions, by WHO regions (specified below) and globally by dividing the number of e-cigarette users in each region by the population of the region aged 13–17 years. The method results in a global underestimate of e-cigarette users aged 13–17 years which would improve if more countries survey e-cigarette use in future.

Table A2.4 Most recent national school-based survey that reports rates of e-cigarette use among adolescents aged 13–17 years, 2013–2022

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Albania	Global Youth Tobacco Survey	2020	13-15
Antigua and Barbuda	Global Youth Tobacco Survey	2017	13-15
Argentina	Global Youth Tobacco Survey	2018	13-15
Austria	European School Survey Project on Alcohol and Other Drugs (ESPAD)	2019	14-17
Belarus	Global Youth Tobacco Survey	2021	13-15
Belize	Global Youth Tobacco Survey	2014	13-15
Bolivia (Plurinational State of)	Global Youth Tobacco Survey	2018	13-15
Bosnia and Herzegovina	Global Youth Tobacco Survey	2018-19	13-15
Brazil	Pesquisa Nacional de Saúde do Escolar (PENSE)	2019	13-15
Brunei Darussalam	Global Youth Tobacco Survey	2019	13-15
Bulgaria	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Cambodia	Global Youth Tobacco Survey	2022	13-15
Canada	Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS)	2018-19	Grades 7-9
China	Global Youth Tobacco Survey	2021	13-15
Colombia	Encuesta Nacional de Tabaquismo en Jóvenes	2017	13-15
Congo	Global Youth Tobacco Survey	2019	13-15
Cook Islands	Global Youth Tobacco Survey	2016	13-15
Croatia	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Cuba	Global Youth Tobacco Survey	2018	13-15
Cyprus	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Czechia	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Denmark	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Dominican Republic	Global Youth Tobacco Survey	2016	13-15
Ecuador	Global Youth Tobacco Survey	2016	13-15
El Salvador	Global Youth Tobacco Survey	2021	13-15
Estonia	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Fiji	Global Youth Tobacco Survey	2016	13-15
Finland	European School Survey Project on Alcohol and Other Drugs	2019	15-16
France	enCLASS	2021	9th-grade
Georgia	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Germany	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Ghana	Global Youth Tobacco Survey	2017	13-15
Greece	European School Survey Project on Alcohol and Other Drugs	2019	15-16

Table A2.4 (continued)

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Grenada	Global Youth Tobacco Survey	2016	13-15
Guatemala	Global Youth Tobacco Survey	2015	13-15
Guyana	Global Youth Tobacco Survey	2015	13-15
Hungary	Global Youth Tobacco Survey	2019-20	13-15
Iceland	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Iraq	Global Youth Tobacco Survey	2019	13-15
Ireland	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Italy	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Jamaica	Global Youth Tobacco Survey	2017	13-15
Japan	National survey on underage smoking and drinking	2017	Junior-High
Kazakhstan	Health Behaviour in School-aged Children	2018	11-15
Kiribati	Global Youth Tobacco Survey	2018	13-15
Kyrgyzstan	Global Youth Tobacco Survey	2019	13-15
Lao People's Democratic Republic	Global Youth Tobacco Survey	2016	13-15
Latvia	Global Youth Tobacco Survey	2019	13-15
Lithuania	European School Survey Project on Alcohol and Other Drugs (ESPAD)	2019	15-16
Malaysia	National Health and Morbidity Survey - Adolescent Health Survey	2017	13-17
Malta	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Marshall Islands	Global Youth Tobacco Survey	2016	13-15
Mauritania	Global Youth Tobacco Survey	2018	13-15
Mauritius	Global Youth Tobacco Survey	2016	13-15
Micronesia (Federated States of)	Global Youth Tobacco Survey	2019	13-15
Monaco	European School Survey Project on Alcohol and Other Drugs (ESPAD)	2019	15 to 16
Mongolia	Global Youth Tobacco Survey	2019	13-15
Montenegro	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Morocco	Global Youth Tobacco Survey	2016	13-15
Netherlands (Kingdom of the)	European School Survey Project on Alcohol and Other Drugs	2019	15-16
New Zealand	ASH Year 10 Survey	2022	14-15
Nicaragua	Global Youth Tobacco Survey	2014	13-15
Niue	Global Youth Tobacco Survey	2019	13-15
Norway	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Oman	Global Youth Tobacco Survey	2016	13-15
Palau	Global Youth Tobacco Survey	2022	13-15
Panama	Global Youth Tobacco Survey	2017	13-15
Papua New Guinea	Global Youth Tobacco Survey	2016	13-15

Table A2.4 (continued)

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Paraguay	Global Youth Tobacco Survey	2019	13-15
Peru	Global Youth Tobacco Survey	2014	13-15
Philippines	Global Youth Tobacco Survey	2019	13-15
Poland	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Portugal	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Qatar	Global Youth Tobacco Survey	2018	13-15
Republic of Moldova	Global Youth Tobacco Survey	2019	13-15
Romania	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Russian Federation	Global Youth Tobacco Survey	2021	13-15
Saint Lucia	Global Youth Tobacco Survey	2017	13-15
Saint Vincent and the Grenadines	Global Youth Tobacco Survey	2018	13-15
San Marino	Global Youth Tobacco Survey	2018	13-15
Saudi Arabia	Global Youth Tobacco Survey	2022	13-15
Serbia	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Seychelles	Global Youth Tobacco Survey	2015	13-15
Slovakia	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Slovenia	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Spain	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Suriname	Global Youth Tobacco Survey	2016	13-15
Sweden	The Swedish Council for Information on Alcohol and Other Drugs	2022	15-16
Switzerland	Health Behaviour in School-aged Children	2022	15-15
Thailand	Global Youth Tobacco Survey	2015	13-15
North Macedonia	European School Survey Project on Alcohol and Other Drugs	2019	15-16
Togo	Global Youth Tobacco Survey	2019	13-15
Trinidad and Tobago	Global Youth Tobacco Survey	2017	13-15
Tunisia	Global Youth Tobacco Survey	2017	13-15
Ukraine	European School Survey Project on Alcohol and Other Drugs	2019	15-16
United Kingdom ¹	Smoking, Drinking and Drug Use Among Young People in England	2018	15-15
United States of America	National Youth Tobacco Survey	2020	Middle-school
Uruguay	Global Youth Tobacco Survey	2019	13-15
Uzbekistan	Global Youth Tobacco Survey	2021	13-15
Vanuatu	Global Youth Tobacco Survey	2017	13-15
Venezuela	Global Youth Tobacco Survey	2019	13-15
Viet Nam	Viet Nam Youth Tobacco Survey	2022	13-15
Yemen	Global Youth Tobacco Survey	2014	13-15

¹ This survey is subnational.

2.4 Estimated prevalence rates and numbers of adults who use e-cigarettes.

Source of prevalence rates: the most recent nationally-representative population-based survey among adults completed in each country in the period 2013–2022, if any. Specific surveys used are listed in Table A2.5.

Source of population numbers: *World population prospects*, 2022 revision, medium fertility variant, population estimates by sex and year for 2021. United Nations, Department of Economic and Social Affairs, Population Division, 2022. Available from <https://esa.un.org/unpd/wpp/Download/Standard/Population/>.

Method: For each country and for each sex, the number of current e-cigarette users aged 15 years or older was calculated using current e-cigarette use prevalence rates published in the country's most recent survey (age ranges vary) and multiplying by the population aged 15 years or older for the appropriate sex.

In the period 2013-2022, 70 countries were covered by a survey. Countries without a survey reporting e-cigarette use in the period were assumed to have no e-cigarette users. The number of e-cigarette users aged 15 years or older was summarized by World Bank country income group regions, by WHO regions (specified below) and globally by dividing the number of e-cigarette users in each region by the population of the region aged 15 years or older. The method results in a global underestimate of e-cigarette users aged 15 years or older which would improve if more countries survey e-cigarette use in future.

Table A2.5 Most recent national school-based survey that reports rates of e-cigarette use among adults, 2013–2022

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Argentina	Encuesta Nacional de Factores de Riesgo Para Enfermedades No Transmisibles	2018	18 +
Australia	National Drug Strategy Household Survey	2019	14 +
Austria	Eurobarometer	2020	15 +
Bahamas	Bahamas STEPS	2019	18-69
Bangladesh	Global Adult Tobacco Survey (GATS)	2017	15 +
Belarus	STEPS Survey	2020	18-69
Belgium	Enquête sur le tabagisme	2021	15 +
Bolivia (Plurinational State of)	STEPS Survey	2019	18-69
Brunei Darussalam	STEPS Survey	2016	18-69
Bulgaria	Eurobarometer	2020	15 +
Cambodia	National Adult Tobacco Survey of Cambodia	2021	15 +
Canada	Canadian Community Health Survey	2021	15 +
Chile	Estudio Nacional de Drogas en Población General de Chile	2022	15-64
China	China Chronic Disease and Nutrition Surveillance	2018-19	18 +
Colombia	Estudio Nacional de Consumo de Sustancias Psicoactivas en Colombia	2019	12-65
Costa Rica	Global Adult Tobacco Survey (GATS)	2015	15 +
Croatia	Eurobarometer	2020	15 +
Cyprus	Eurobarometer	2014	15 +
Czechia	National Research on Tobacco and Alcohol Use in the Czech Republic (NAUTA)	2021	15 +
Denmark	Monitorering af danskernes rygevaner	2022	15-79
Ecuador	STEPS Survey	2018	18-69
El Salvador	Encuesta Nacional de Alcohol y Tabaco (ENAT)	2022	18 +
Estonia	Eurobarometer	2020	15 +
Finland	National FinSote Survey	2020-21	20 +
France	Baromètre santé	2021	18-75
Georgia	National tobacco survey	2019	18-69
Germany	Deutsche Befragung zum Rauchverhalten (DEBRA)	2021	14 +
Greece	Eurobarometer	2020	15 +
Hungary	Eurobarometer	2020	15 +
Iceland	Tóbakskönnun by Gallup	2021	18-64
India	Global Adult Tobacco Survey (GATS)	2016-17	15 +
Indonesia	Global Adult Tobacco Survey (GATS)	2021	15 +
Ireland	Healthy Ireland Survey	2022	15 +
Italy	Survey by DOXA/ISS	2022	15 +
Kazakhstan	Global Adult Tobacco Survey (GATS)	2019	15 +

Table A2.5 (continued)

COUNTRY	TITLE OF SURVEY	YEAR	AGE GROUP (YEARS)
Latvia	Addictive substance use among general population	2020	15-64
Lithuania	GPS Study - Study of the Prevalence of Psychoactive Substance Use in the General Population	2021	15-64
Luxembourg	Le tabagisme au Luxembourg	2021	16 +
Malaysia	National Health and Morbidity Survey	2019	15-75
Malta	Eurobarometer	2020	15 +
Marshall Islands	Hybrid Household Survey of NCD risk factors and substance use	2017-18	18 +
Mexico	Encuesta Nacional de Salud y Nutrición	2021	20 +
Nepal	STEPS Survey	2019	15-69
Netherlands (Kingdom of the)	Eurobarometer	2020	15 +
New Zealand	New Zealand Health Survey	2020-21	15 +
Panama	Encuesta Nacional de Salud	2019	15 +
Philippines	Global Adult Tobacco Survey (GATS)	2021	15 +
Poland	Public Opinion Research Center (CBOS) nicotine consumption survey	2021	18 +
Portugal	Eurobarometer	2020	15 +
Qatar	Global Adult Tobacco Survey (GATS)	2013	15 +
Republic of Korea	Korea National Health and Nutrition Examination Survey (KNHANES)	2019	19 +
Republic of Moldova	STEPS Survey	2021	18-69
Romania	Eurobarometer	2020	15 +
Russian Federation	Selective monitoring of the health of the population survey (Rosstat)	2018	15 +
Saint Lucia	STEPS Survey	2019	18 +
Saudi Arabia	Global Adult Tobacco Survey (GATS)	2019	15 +
Senegal	Global Adult Tobacco Survey (GATS)	2015	15 +
Serbia	Survey of the effects and attitudes related to the Law on protection of the citizens from exposure to tobacco smoke	2019	18 +
Slovakia	Eurobarometer	2020	15 +
Slovenia	National Survey on the Impact of the Pandemic of Life	2021	18 +
South Africa	Global Adult Tobacco Survey (GATS)	2021	15 +
Spain	European Health Interview Survey (EHIS)	2019-20	15 +
Sweden	Eurobarometer	2020	15 +
Switzerland	Enquête Santé et Lifestyle	2022	15 +
Ukraine	Global Adult Tobacco Survey (GATS)	2017	15 +
United Arab Emirates	National Health Survey (STEPS)	2017-18	18-69
United Kingdom	Eurobarometer	2020	15 +
United States of America	National Health Interview Survey (NHIS)	2020	18 +
Uruguay	Global Adult Tobacco Survey (GATS)	2016-17	15 +
Uzbekistan	Uzbekistan STEPS Survey	2019	18-69
Viet Nam	Global Adult Tobacco Survey (GATS)	2015	15 +

3.1 World Bank grouping of countries by income (2022)

Source: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>, accessed 5/12/2022.

High-income economies

Andorra, Antigua and Barbuda, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Brunei Darussalam, Canada, Chile, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Latvia, Lithuania, Luxembourg, Malta, Monaco, Nauru, Netherlands (Kingdom of the), New Zealand, Norway, Oman, Palau, Poland, Portugal, Qatar, Republic of Korea, Saint Kitts and Nevis, San Marino, Saudi Arabia, Seychelles, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Arab Emirates, United Kingdom, United States of America, Uruguay.

Upper middle-income economies

Albania, Argentina, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Cook Islands[†], Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Equatorial Guinea, Fiji, Gabon, Georgia, Grenada, Guatemala, Guyana, Iraq, Jamaica, Jordan, Kazakhstan, Lebanon, Libya, Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Montenegro, Namibia, Niue[†], North Macedonia, Panama, Paraguay, Peru, Republic of Moldova, Romania, Russian Federation, Saint Lucia, Saint Vincent and the Grenadines, Serbia, South Africa, Suriname, Thailand, Tonga, Türkiye, Turkmenistan, Tuvalu, Venezuela (Bolivarian Republic of)[†].

Lower middle-income economies

Algeria, Angola, Bangladesh, Belize, Benin, Bhutan, Bolivia (Plurinational State of), Cabo Verde, Cambodia, Cameroon, Comoros, Congo, Côte d'Ivoire, Djibouti, Egypt, El Salvador, Eswatini, Ghana, Haiti, Honduras, India, Indonesia, Iran (Islamic Republic of), Kenya, Kiribati, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Mauritania, Micronesia (Federated States of), Mongolia, Morocco, Myanmar, Nepal, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Philippines, Samoa, Sao Tome and Principe, Senegal, Solomon Islands, Sri Lanka, Tajikistan, Timor-Leste, Tunisia, Ukraine, United Republic of Tanzania, Uzbekistan, Vanuatu, Viet Nam, Zambia, Zimbabwe.

Low-income economies

Afghanistan, Burkina Faso, Burundi, Central African Republic, Chad, Democratic People's Republic of Korea, Democratic Republic of the Congo, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Liberia, Madagascar, Malawi, Mali, Mozambique, Niger, Rwanda, Sierra Leone, Somalia, South Sudan, Sudan, Syrian Arab Republic, Togo, Uganda, Yemen.

[†] Cook Islands, Niue and Venezuela (Bolivarian Republic of) were not allocated to an income group by the World Bank. To avoid excluding these three countries from the analysis, we have used the same groups as the UNdata website data.un.org (Cook Islands and Venezuela (Bolivarian Republic of)) and the Pacific Community website <https://spc.int/our-members/niue/details> (Niue).

3.2 World Health Organization regional grouping of countries

WHO African Region

Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

WHO Region of the Americas

Antigua and Barbuda, Argentina, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela (Bolivarian Republic of).

WHO South-East Asia Region

Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste.

WHO European Region

Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands (Kingdom of the), North Macedonia, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Türkiye, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uzbekistan.

WHO Eastern Mediterranean Region

Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen.

WHO Western Pacific Region

Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu, Viet Nam.

3.3 Analysis grouping of countries

The groups of countries - used to fill gaps in the global analyses of all estimates in this report due to countries with no data - are as follows:

African Islands

Comoros, Madagascar, Mauritius, Seychelles.

Australasia

Australia, New Zealand.

Caribbean

Antigua and Barbuda, Bahamas, Barbados, Cuba, Dominica, Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago.

Central America

Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama.

Eastern Africa

Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Somalia, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

Eastern Asia

China, Democratic People's Republic of Korea, Japan, Mongolia, Republic of Korea.

Eastern Europe

Armenia, Azerbaijan, Belarus, Bulgaria, Czechia, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Poland, Republic of Moldova, Romania, Russian Federation, Slovakia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

Middle Africa

Angola, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Sao Tome and Principe.

Northern Africa

Algeria, Egypt, Libya, Morocco, South Sudan, Sudan, Tunisia.

Northern Europe

Denmark, Finland, Iceland, Norway, Sweden.

Oceania

Cook Islands, Fiji, Kiribati, Marshall Islands.

Micronesia

Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu.

South America

Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay, Venezuela.

South-Central Asia

Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan, Sri Lanka.

South-Eastern Asia

Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, Viet Nam.

Southern Africa

Botswana, Eswatini, Lesotho, Namibia, South Africa.

Southern Europe

Albania, Andorra, Bosnia and Herzegovina, Croatia, Cyprus, Greece, Israel, Italy, Malta, Montenegro, North Macedonia, Portugal, San Marino, Serbia, Slovenia, Spain, Türkiye.

USA, Canada, Ireland and United Kingdom

Canada, Ireland, United Kingdom, United States of America.

Western Africa

Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo.

Western Asia

Bahrain, Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, Yemen.

Western Europe

Austria, Belgium, France, Germany, Luxembourg, Monaco, Netherlands (Kingdom of the), Switzerland.



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