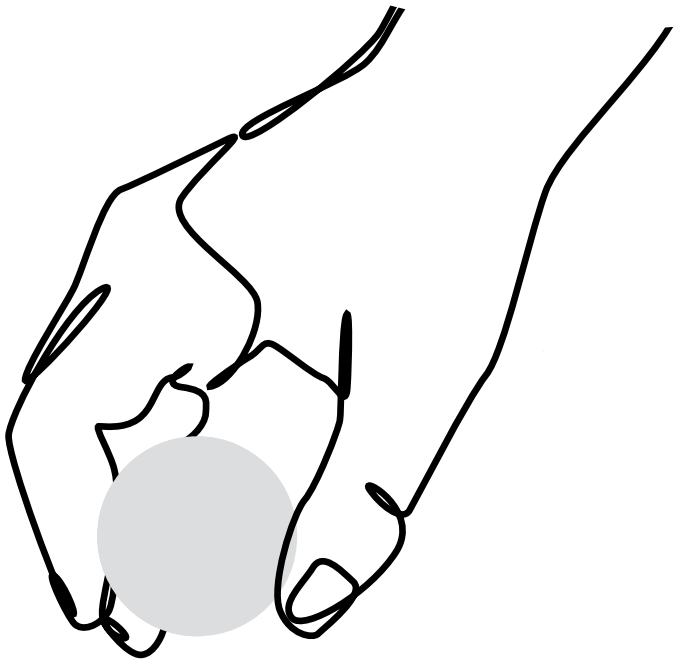
World Health Organization

European Region



Trends in prevalence of tobacco use in the WHO European Region

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World Health Organization
European Region

Abstract

This report examines the current state and trends of tobacco use in the WHO European Region, where tobacco remains a leading cause of preventable disease and premature death. Despite notable progress over the past two decades, the Region continues to face a persistent epidemic, which is compounded by the rapid emergence and growing popularity of new nicotine and tobacco products, including electronic cigarettes, particularly among adolescents. Drawing on data from the *WHO global report on trends in prevalence of tobacco use 2000–2024 and projections to 2030*, the analysis provides an overview of tobacco use across Member States of the Region. It also highlights progress towards global commitments, such as the voluntary target set out in the *Global action plan for the prevention and control of noncommunicable diseases 2013–2020* of a 30% reduction in tobacco use by 2025. The report presents analyses of tobacco and nicotine use among adults and adolescents, including cigarette smoking and the use of smokeless tobacco and electronic cigarettes. It includes country factsheets summarizing trends, progress and MPOWER policy implementation to support evidence-informed policy-making and strengthened tobacco control efforts across the Region.

Keywords

TOBACCO USE, VAPING – ELECTRONIC CIGARETTE USE, PREVALENCE, ADULT, ADOLESCENT, ELECTRONIC NICOTINE DELIVERY SYSTEMS, TOBACCO PRODUCTS

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Abbreviations

CAN:s	*Centralförbundet för alkohol- och narkotikaupplysning* [Central Association for Alcohol and Drug Information]
COM-B	capability, opportunity, motivation and behaviour
e-cigarette	electronic cigarette
GYTS	Global Youth Tobacco Survey
HBSC	Health Behaviour in School-aged Children
MPOWER	Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco
NA	not applicable
NCD-GAP	Global action plan for the prevention and control of noncommunicable diseases 2013–2020
RR	relative reduction
STEPS	STEPwise approach to noncommunicable disease risk factor surveillance (survey)
VAD	Flemish Centre of Expertise for Alcohol, Illegal Drugs, Psychoactive Medication, Gambling, and Gaming

Introduction

Tobacco use remains one of the leading causes of preventable disease and premature death globally, and the WHO European Region continues to face a substantial and persistent tobacco epidemic. Although significant progress has been made in reducing tobacco use over the past two decades, new challenges are emerging. New and emerging nicotine and tobacco products – including electronic cigarettes (e-cigarettes) and heated tobacco products – are increasingly accessible, particularly to adolescents.[1] This creates additional challenges for public health and tobacco control efforts.

Member States in the WHO European Region have made strong commitments to curb the tobacco epidemic, in line with the WHO Framework Convention on Tobacco Control *(1)*, Sustainable Development Goal target 3.a *(2,3)*, and the *Global action plan for the prevention and control of noncommunicable diseases 2013–2020* (NCD-GAP) *(4)*. The NCD-GAP aims for a voluntary 30% relative reduction in current tobacco use among adults by 2025. Many countries have also established their own national targets and conduct independent monitoring of tobacco use trends and projections. However, not all countries run regular national surveys, which limits the availability of comparable national-level data.

The information presented in this report derives from the *WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030 (5)*, as published in October 2025. The report tracks global progress in the Sustainable Development Goal 3 indicator 3.a.1, Age-standardized prevalence of current tobacco use among adults, using a unified estimation method and standard definitions for all countries. WHO estimates provide a consistent, regional and country-level overview of trends based on nationally representative surveys. All data and methods are described in detail in the Methods section of the WHO global report.

In addition to tobacco use prevalence trends among adults, this report presents analyses of smokeless tobacco use among adults and of tobacco use, cigarette smoking and smokeless tobacco use among adolescents. Information on e-cigarette use among both adults and adolescents is also presented. Together, these data provide a comprehensive regional overview of tobacco use patterns, trends and emerging challenges to support evidence-informed policy-making and continued progress towards global and national tobacco control targets. Annex 1 includes a set of country factsheets that present trends in current tobacco use, progress towards the relative reduction target, and the level of MPOWER[2] policy implementation for each Member State in the WHO European Region. Annex 2 provides tables and data sources for some of the figures featured in this report.

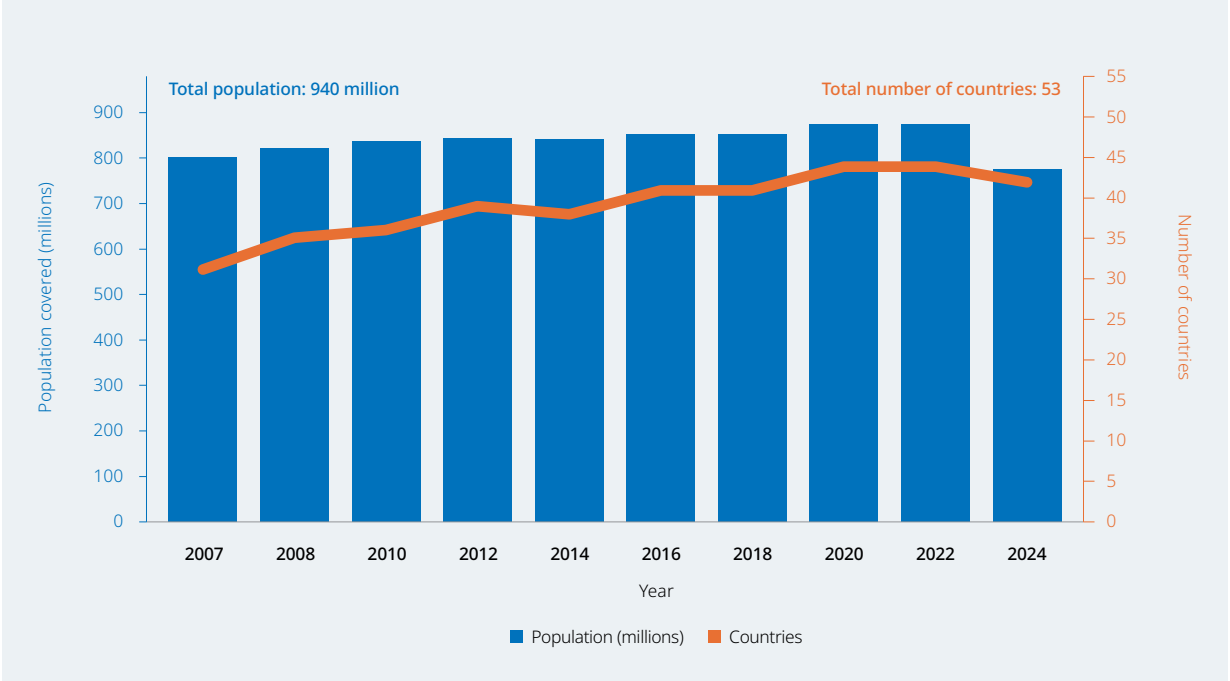
1 In this report, adolescents are defined as people aged 13–15 years and adults as people aged 15 years and older, unless otherwise indicated.

2 MPOWER is a set of six cost-effective, high-impact measures that help countries to reduce the demand for tobacco: Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco *(6)*.

Monitoring tobacco use

Systematic monitoring of tobacco use patterns and trends is essential to strengthen tobacco control policies and improve the implementation of interventions and assess their impact over time. In the WHO European Region, the number of countries that maintain monitoring systems at best-practice level increased steadily until 2020, reaching 44 countries and covering 93% of the Region's population. However, by 2024 this number had declined slightly to 42 countries, representing 83% of the Region's population (Fig. 1).

Fig. 1. Number of countries and proportion of the population covered by monitoring at best-practice level, WHO European Region, 2007–2024



Source: (6).

Eleven countries in the Region are not currently monitoring tobacco use at best-practice level. Of these:

- two previously met the best-practice criteria but fell below the standard in 2024 (Tajikistan and Türkiye);
- five are one step away from achieving best-practice status (Albania, Bosnia and Herzegovina, Israel, Kyrgyzstan and Uzbekistan); and
- four have not yet reached best-practice level (Andorra, Monaco, San Marino and Turkmenistan).

The trend estimates presented in this report are based on nationally representative, population-based surveys conducted between 1990 and 2024 that collected data on one or more forms of tobacco use

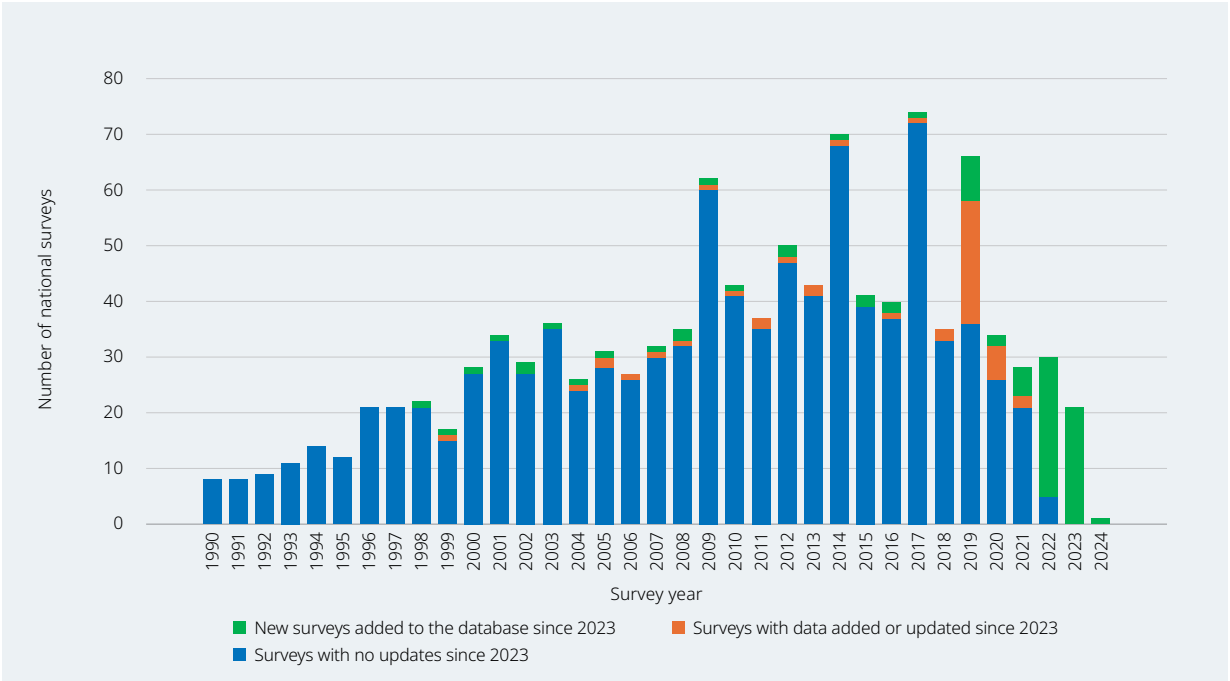
(e.g. smoked tobacco, cigarette smoking or smokeless tobacco). Although the target population for the estimates was people aged 15 years and older, the age ranges covered by individual surveys varied.

Data collection for this round of estimates closed on 28 February 2025. At that time, a total of 1096 national surveys from countries in the WHO European Region were included in the dataset. Of these, 963 surveys had been used in the previous 2023 round of WHO estimates with no additional data points added; 49 existing surveys had been updated with new data; and 84 surveys had been incorporated since 2023.

New data incorporated for all years between 1998 and 2024 (Fig. 2) strengthened the evidence base and allowed retrospective adjustments to earlier estimates. However, as a result, findings from this round of global estimates are not directly comparable with those from previous rounds published in earlier editions of the global report.

Between 2000 and 2022, an average of 40 surveys per year (range: 26–74) contributed to trend estimates in the WHO European Region. Reflecting the closure of the data collection in February 2025, the number of surveys from 2023 and 2024 is markedly lower, and there were none from 2025. Therefore, all 2025 estimates in this report are projections.

Fig. 2. National population-based surveys from WHO European Region countries added to or updated in the dataset since the 2023 round of WHO estimates



Source: *(5)*.

Data from these surveys were compiled into a standardized dataset of prevalence estimates categorized by type of tobacco product, frequency of use, year, country, sex, age group and sample size. The dataset was analysed using a statistical model to estimate underlying trends in tobacco use prevalence among adults in each country. Estimates were produced separately by sex, type of tobacco and frequency of use (current and daily). Further details on the data sources and methodology are available in the *WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030 (5)*.

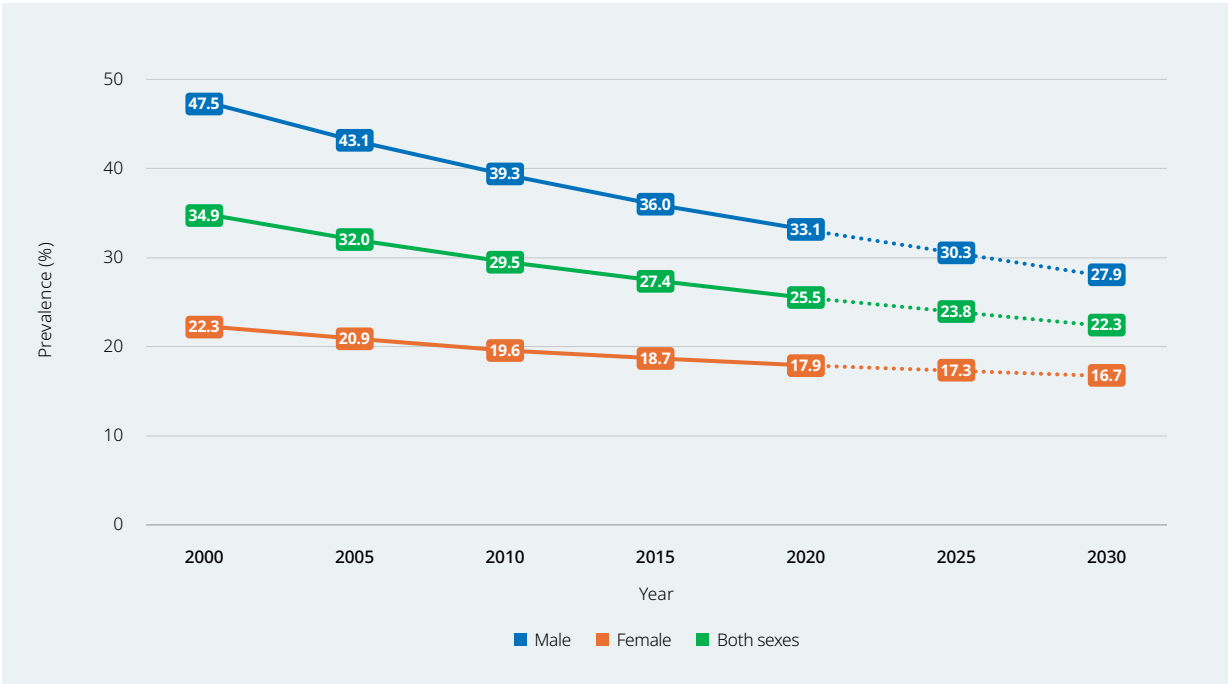
Tobacco use: trends in adults

Trends in tobacco use prevalence

Across the WHO European Region, the prevalence of current tobacco use among adults has shown a sustained downward trend since 2000, with further declines anticipated through to 2030 (Fig. 3). In 2000 an estimated 34.9% of adults were tobacco users. This proportion fell to 29.5% by 2010 and continued to decrease over the following years, reaching 24.1% in 2024. Based on current projections, the prevalence is expected to decline slightly further to 23.8% in 2025 (Fig. 3).

The NCD-GAP global target calls for a 30% relative reduction in the prevalence of current tobacco use by 2025, using 2010 as the reference year *(4)*. Achieving this goal would require the 2025 prevalence to fall to approximately 20.6%, representing a 30% decrease from the 2010 level of 29.5%. However, the available projections indicate that tobacco use in the Region will remain above this threshold in 2025 at an estimated 23.8%, representing a shortfall of 3.2 percentage points.

Fig. 3. Prevalence of current tobacco use among adults, by sex, WHO European Region, 2000–2030



Note: solid lines indicate estimates to 2024; dotted lines indicate projections to 2030.
Source: *(5)*.

Current tobacco use among men in the WHO European Region has also followed a downward trajectory over time. The estimated prevalence among men was approximately 47.5% in 2000 and declined to around 39.3% by 2010. Reductions have continued since then, with the prevalence estimated at 30.8% in

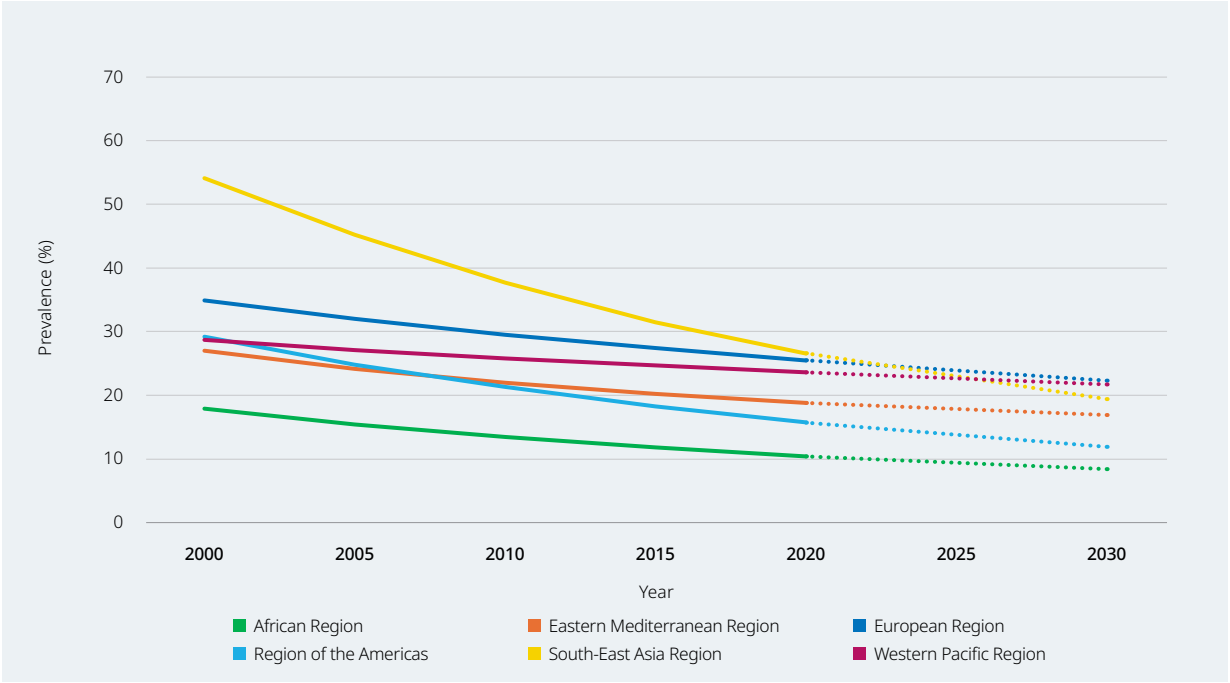
2024 and projected to reach 30.3% in 2025. Achieving a 30% relative reduction from the 2010 baseline would require the prevalence among men to fall to 27.5% by 2025. However, based on current trends, the projected 2025 level will be 2.8 percentage points above this level and the prevalence will not reach 27.5% within the next 5 years (i.e. before 2031).

Declines in current tobacco use have been more gradual among women than men. Although the prevalence among women was substantially lower at the outset – estimated at 22.3% in 2000, approximately half the level seen among men – the rate of decline is slower. The prevalence fell to only 19.6% by 2010 and to 17.4% by 2024, with a marginal further decline projected for 2025 (17.3%). To meet a 30% relative reduction from the 2010 baseline, the prevalence among women would need to reach 13.7% by 2025. However, current projections indicate a shortfall of 3.6 percentage points. Existing trends suggest that this prevalence will not be achieved within the next 28 years (i.e. before 2054).

Comparison of trends in tobacco use prevalence in the WHO European Region and other WHO regions

In 2000 the highest average prevalence of tobacco use across WHO regions was observed in the WHO South-East Asia Region (54.1%), followed by the WHO European Region (34.9%; Fig. 4). Since then, the pace of decline has varied considerably across regions. The WHO South-East Asia Region has recorded the most rapid progress, with the prevalence projected to fall by approximately 40% by 2025 relative to its 2010 baseline. In contrast, the WHO European Region has experienced one of the smallest relative reductions (estimated at 19%) among all regions.

Fig. 4. Prevalence of current tobacco use among adults, both sexes, WHO regional averages, 2000–2030



Note: solid lines indicate estimates to 2024; dotted lines indicate projections to 2030.
Source: *(5)*.

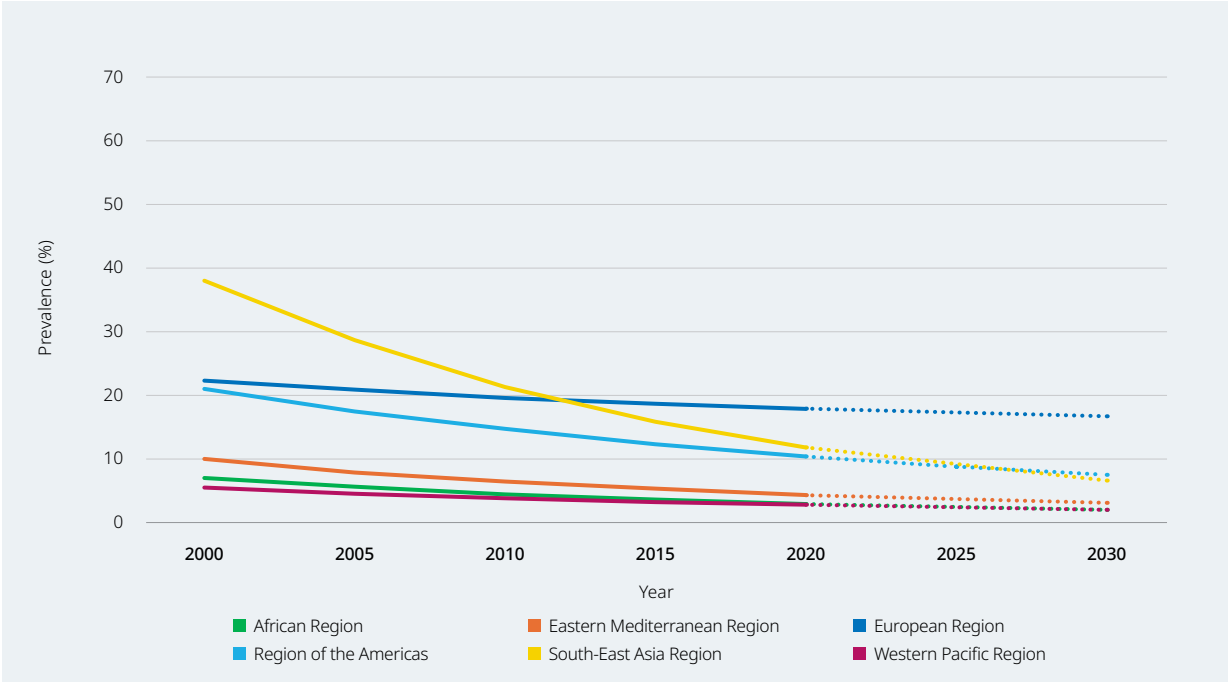
As a result of these differing trends, the European Region became the WHO region with the highest tobacco use prevalence globally in 2023 and is projected to remain in this position through to 2030, with the prevalence expected to remain at just above 22%.

In comparison, both the African Region and the Region of the Americas are on track to achieve the NCD-GAP target of a 30% relative reduction in tobacco use prevalence by 2025 *(4)*. At the other end of the spectrum, the Western Pacific Region shows the slowest progress, with a relative reduction of only 12%.

A different picture emerges when tobacco use trends are examined by sex. Although the average prevalence among women is expected to reduce globally by 42% between 2010 and 2025 and in the other five WHO regions by 38% or more, the European Region stands out as the only region not on track for a 30% relative reduction.

In the WHO European Region, progress in reducing tobacco use among women has been particularly limited, with an estimated relative reduction of only 12%. A reduction of 30% would require the prevalence among women to decline to 13.7% or lower by 2025; however, current projections for prevalence are considerably higher, at 17.3%. In contrast, all other WHO regions are expected to reduce tobacco use prevalence among women to below 10% by 2025 (Fig. 5).

Fig. 5. Prevalence of current tobacco use among women, WHO regional averages, 2000–2030

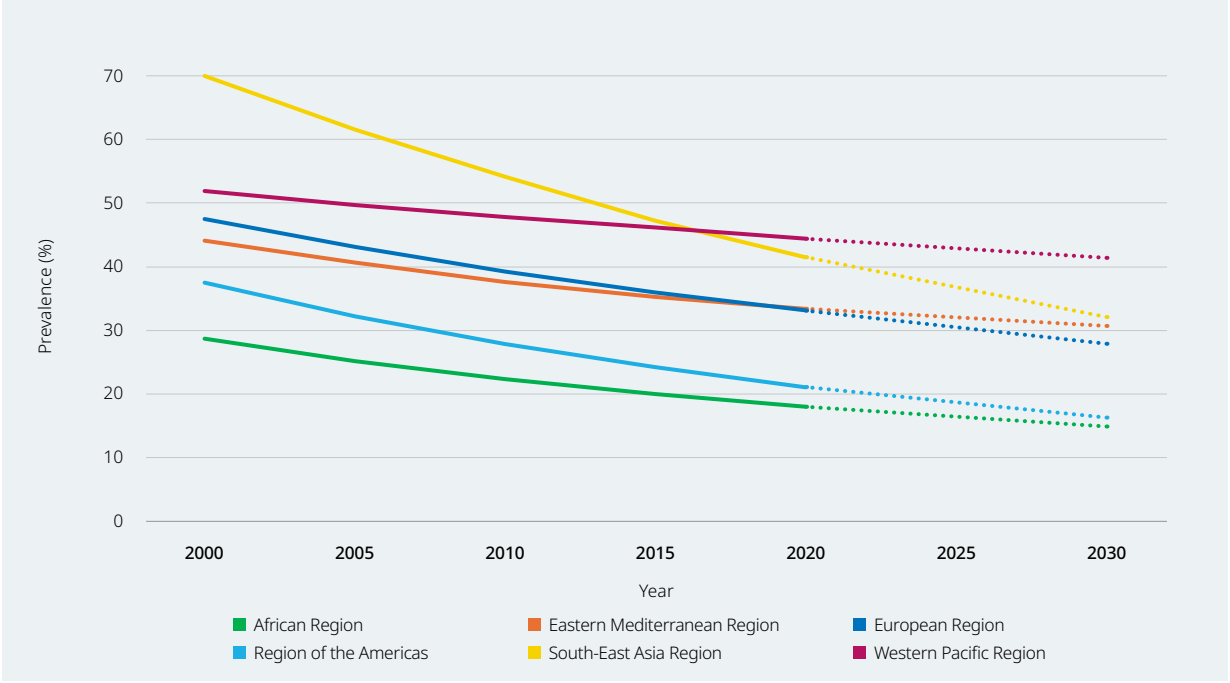


Note: solid lines indicate estimates to 2024; dotted lines indicate projections to 2030.
Source: *(5)*.

A different pattern is observed among men. Only in the Region of the Americas and the South-East Asia Region is tobacco use among men projected to reduce by 30% or more by 2025. In 2000 the South-East Asia Region recorded the highest prevalence of tobacco use among men across all WHO regions, at 70.1%. Since then, substantial progress has been made, with the prevalence among men in this Region declining by almost half to an estimated 37.4% in 2024.

In contrast, the Western Pacific Region has experienced the slowest rate of reduction among men and is projected to retain the highest prevalence of tobacco use in men globally in 2025, at approximately 43.1% (Fig. 6). The European Region has the third slowest rate of decline in tobacco use among men: in 2025 the prevalence is projected to remain high at around 30.3% (almost double that of the lowest prevalence region, i.e. the African Region). The expected relative reduction is 23% rather than the 30% target.

Fig. 6. Prevalence of current tobacco use among men, WHO regional averages, 2000–2030



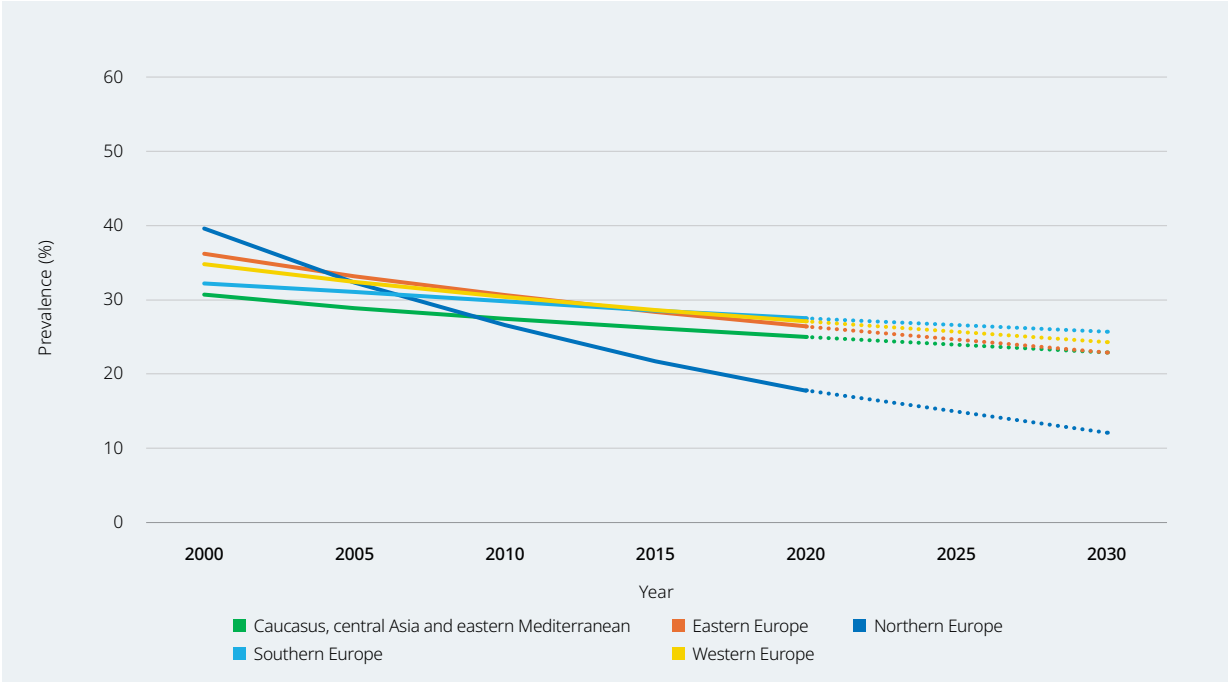
Note: solid lines indicate estimates to 2024; dotted lines indicate projections to 2030.
Source: *(5)*.

Subregional trends in tobacco use prevalence

Fig. 7 shows the trends in current tobacco use prevalence among adults from 2000 to 2030 across different European subregions.[3] Overall, tobacco use has steadily declined in all subregions, although at varying rates. The sharpest declines were seen in northern Europe, where prevalence is projected to drop from around 40% in 2000 to 12% by 2030. The other four subregions that fall within the WHO European Region (Caucasus, central Asia and eastern Mediterranean; eastern Europe; southern Europe; and western Europe) have similar trends: prevalences are decreasing moderately from 31–36% in 2000 to a projected 23–26% in 2030.

3 Countries are grouped into their respective subregions according to United Nations M49 Standard country or area codes *(7)*.

Fig. 7. Prevalence of current tobacco use in subregions of the WHO European Region, both sexes, 2000–2030



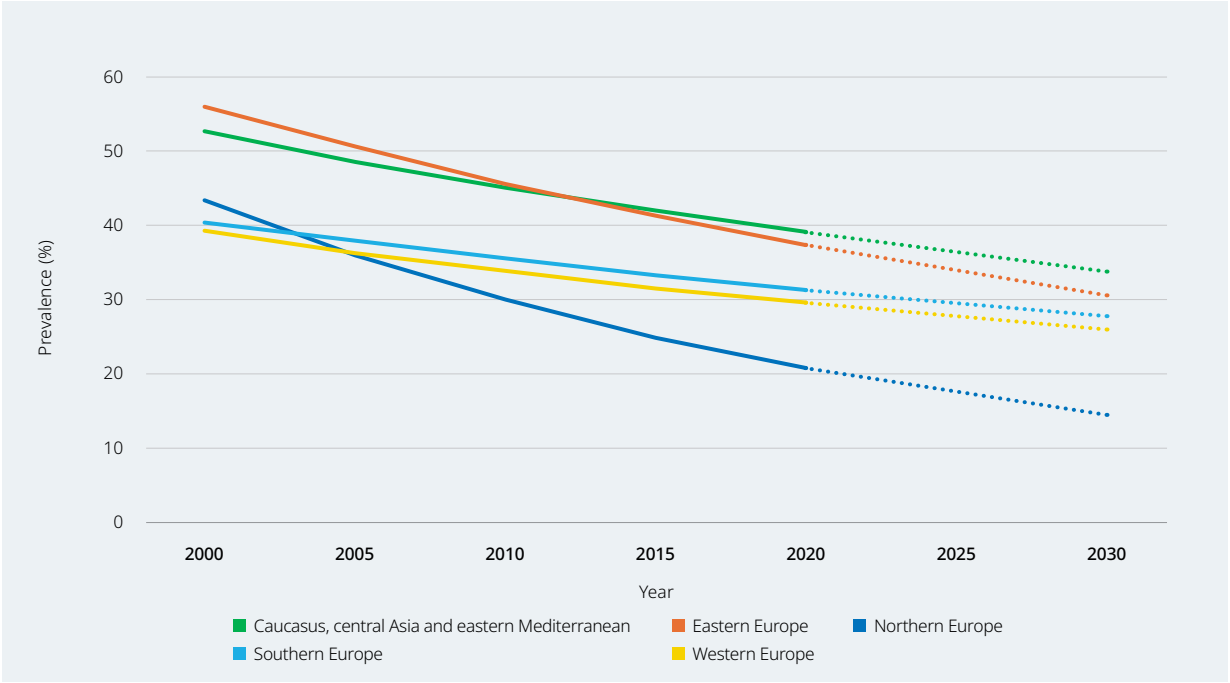
Notes: solid lines indicate estimates to 2024; dotted lines indicate projections to 2030. Caucasus, central Asia and eastern Mediterranean comprises Armenia, Azerbaijan, Cyprus, Georgia, Israel, Kazakhstan, Kyrgyzstan, Tajikistan, Türkiye, Turkmenistan and Uzbekistan; eastern Europe comprises Belarus, Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania, Russian Federation, Slovakia and Ukraine; northern Europe comprises Denmark, Estonia, Finland, Iceland, Ireland, Latvia, Lithuania, Norway, Sweden and United Kingdom; southern Europe comprises Albania, Andorra, Bosnia and Herzegovina, Croatia, Greece, Italy, Malta, Montenegro, North Macedonia, Portugal, San Marino, Serbia, Slovenia and Spain; and western Europe comprises Austria, Belgium, France, Germany, Luxembourg, Monaco, Netherlands (Kingdom of the) and Switzerland.

Source: derived from WHO *(5)*.

Fig. 8 and 9 show a consistent decline in current tobacco use between 2000 and 2030 across all European subregions among men and among women, respectively; however, the prevalences and rates of decline differ substantially by sex and subregion.

Among men, the current tobacco use prevalence in 2000 was very high in all subregions (Fig. 8). Eastern Europe had the highest prevalence in 2000 at around 56%. This is declining steadily and is predicted to reach roughly 31% by 2030; thus, eastern Europe is expected to remain among the subregions with the highest prevalence. The trend is similar in the Caucasus, central Asia and eastern Mediterranean subregion. In 2000 southern and western Europe had the lowest prevalences at around 40%, but the rate of decline is lower than in the other subregions and the prevalence is projected to remain as high as 26–28% in 2030. Northern Europe has the steepest decline in prevalence among men: the prevalence is predicted to drop from about 43% in 2000 to roughly 15% in 2030.

Fig. 8. Prevalence of current tobacco use in subregions of the WHO European Region, men, 2000–2030

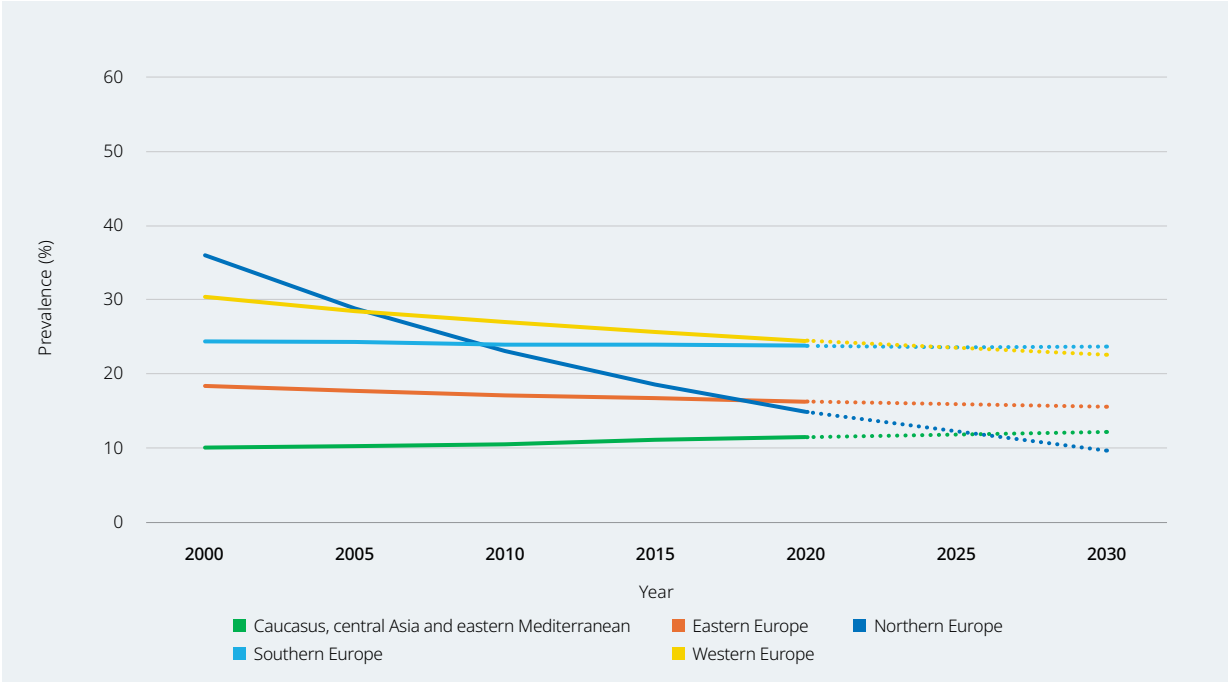


Notes: solid lines indicate estimates to 2024; dotted lines indicate projections to 2030. Caucasus, central Asia and eastern Mediterranean comprises Armenia, Azerbaijan, Cyprus, Georgia, Israel, Kazakhstan, Kyrgyzstan, Tajikistan, Türkiye, Turkmenistan and Uzbekistan; eastern Europe comprises Belarus, Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania, Russian Federation, Slovakia and Ukraine; northern Europe comprises Denmark, Estonia, Finland, Iceland, Ireland, Latvia, Lithuania, Norway, Sweden and United Kingdom; southern Europe comprises Albania, Andorra, Bosnia and Herzegovina, Croatia, Greece, Italy, Malta, Montenegro, North Macedonia, Portugal, San Marino, Serbia, Slovenia and Spain; and western Europe comprises Austria, Belgium, France, Germany, Luxembourg, Monaco, Netherlands (Kingdom of the) and Switzerland.

Source: derived from WHO *(5)*.

Among women, the pattern is more varied. In northern Europe, there is little difference in current tobacco use prevalence between sexes: the steep reduction observed among men is also seen among women. Indeed, this subregion had the highest prevalence among women in 2000 at around 36% and is projected to achieve the lowest prevalence of all European subregions by 2030 at around 10%. In the other subregions, the gender gap is narrowing over time, but reductions in tobacco use prevalence are only expected in western and eastern Europe (Fig. 9). Southern Europe shows a relatively flat trend, with the prevalence hovering around 24% over the entire 2000–2030 period, indicating limited progress. In the Caucasus, central Asia and eastern Mediterranean subregion, the prevalence is expected to increase slightly from around 10% in 2000 to 12% in 2030.

Fig. 9. Prevalence of current tobacco use in subregions of the WHO European Region, women, 2000–2030



Notes: solid lines indicate estimates to 2024; dotted lines indicate projections to 2030. Caucasus, central Asia and eastern Mediterranean comprises Armenia, Azerbaijan, Cyprus, Georgia, Israel, Kazakhstan, Kyrgyzstan, Tajikistan, Türkiye, Turkmenistan and Uzbekistan; eastern Europe comprises Belarus, Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania, Russian Federation, Slovakia and Ukraine; northern Europe comprises Denmark, Estonia, Finland, Iceland, Ireland, Latvia, Lithuania, Norway, Sweden and United Kingdom; southern Europe comprises Albania, Andorra, Bosnia and Herzegovina, Croatia, Greece, Italy, Malta, Montenegro, North Macedonia, Portugal, San Marino, Serbia, Slovenia and Spain; and western Europe comprises Austria, Belgium, France, Germany, Luxembourg, Monaco, Netherlands (Kingdom of the) and Switzerland.
Source: derived from WHO *(5)*.

Overall, the data highlight substantial regional variation in the pace of progress in tobacco control. The strongest reductions are observed in northern Europe among both men and women; in contrast the prevalence remains high in southern and western Europe, especially among women.

Trends in the number of tobacco users

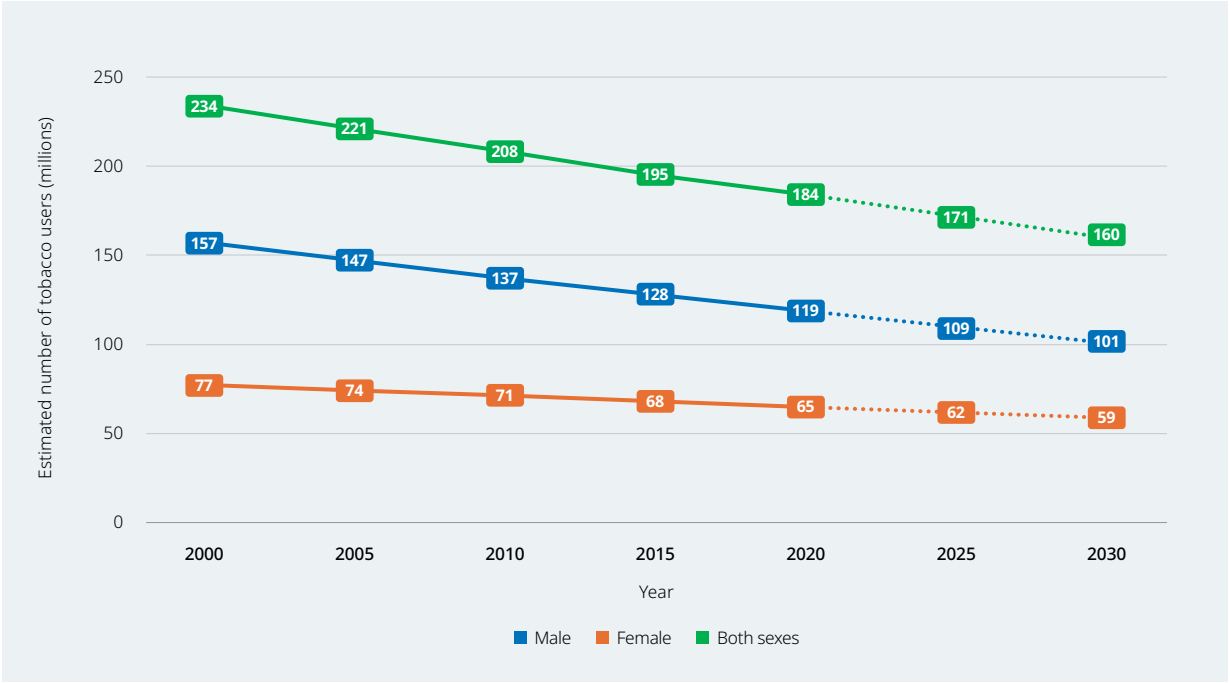
The prevalence estimates reported in the previous section were translated into absolute numbers of tobacco users using United Nations population estimates for each country *(5)*.

In the WHO European Region, the total number of adults who currently use tobacco declined consistently between 2000 and 2024. In 2000 the estimated number of current tobacco users was 234 million. This figure decreased steadily to reach approximately 173 million in 2024 and is projected to fall to 160 million by 2030 (Fig. 10).

In 2024 an estimated 111 million men and 63 million women were current tobacco users, that is, men accounted for roughly 64% of all tobacco users in the Region that year.

Overall, between 2010 and 2025, the WHO European Region is projected to record a net reduction of approximately 37 million tobacco users.

Fig. 10. Estimated number of adult tobacco users in the WHO European Region, 2000–2030

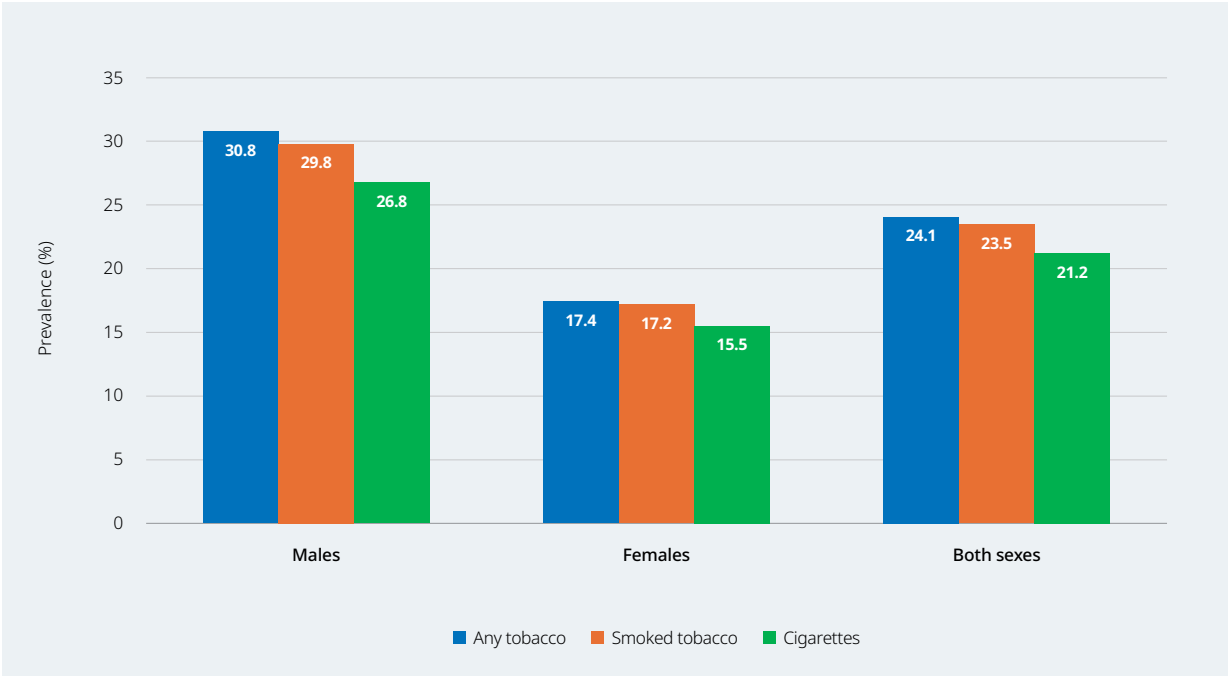


Note: solid lines indicate estimates to 2024; dotted lines indicate projections to 2030.
Source: *(5)*.

Levels of tobacco use, smoking and cigarette use among adults in 2024

In 2024 an estimated 24.1% of adults in the WHO European Region were current users of some form of tobacco. The vast majority (approximately 98%) used smoked tobacco, resulting in an overall prevalence of current tobacco smoking of 23.5%. Among smokers, cigarette use predominated: around 90% smoked cigarettes, corresponding to a cigarette smoking prevalence of 21.2% among the adult population (Fig. 11).

Fig. 11. Age-standardized prevalence of tobacco use by type of tobacco, WHO European Region, 2024



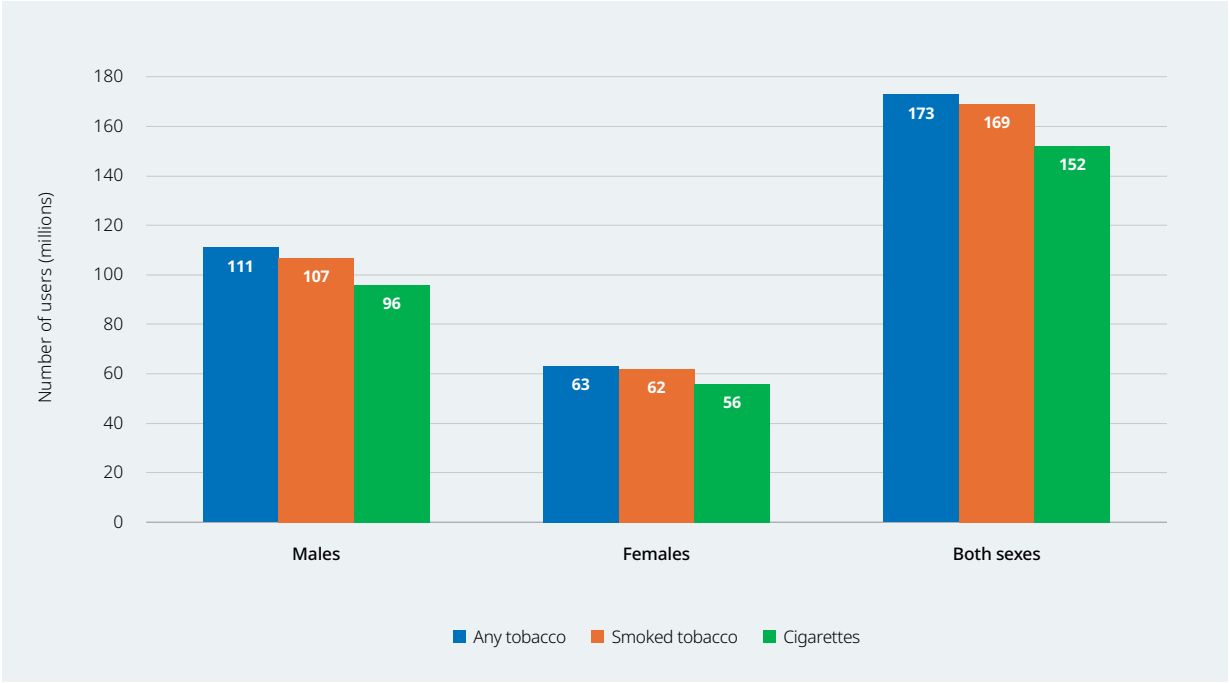
Source: *(5)*.

In 2024 current tobacco use prevalence among men was 30.8%, with 97% consuming smoked tobacco products. Cigarette smoking accounted for most smoking in men, with 90% of male smokers using cigarettes (prevalence of 26.8%). Among women, 17.4% were current users of any tobacco product. Compared with men, a slightly higher proportion of female users consumed smoked tobacco (99%), resulting in a smoking prevalence of 17.2%. As among men, most women who smoked predominantly used cigarettes, with 90% reporting cigarette smoking.

In 2024 there were an estimated 173 million current adult tobacco users in the WHO European Region. Of these, the overwhelming majority (approximately 169 million) used smoked tobacco products. Cigarette smoking accounted for most tobacco smoking, with around 152 million individuals identified as current cigarette smokers (Fig. 12).

Disaggregation by sex showed that an estimated 111 million men were current tobacco users in 2024, of whom 107 million smoked tobacco. Within this group, approximately 96 million smoked cigarettes. Among women, an estimated 63 million were current tobacco users: nearly all (around 62 million) consumed smoked tobacco products and about 56 million were cigarette smokers.

Fig. 12. Regional number of tobacco users by type of tobacco, 2024



Source: (5).

Progress towards meeting tobacco use reduction targets

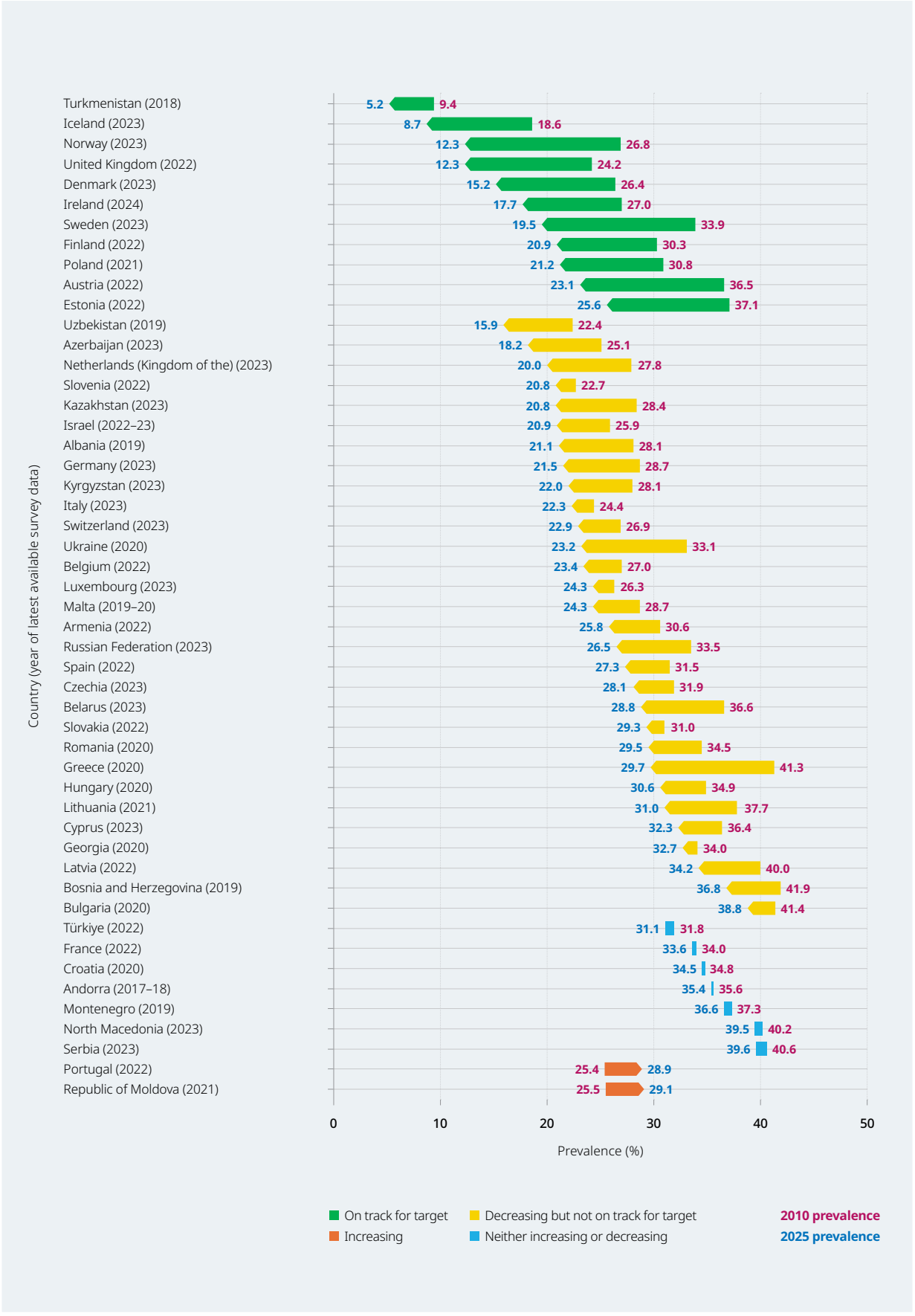
The NCD-GAP sets a target for countries to achieve a voluntary 30% reduction in the age-standardized prevalence of tobacco use (both smoked and smokeless products) among adults by 2025, using 2010 as the baseline year *(4)*. Progress towards this target was assessed for all WHO Member States based on trend estimates. Within the WHO European Region, sufficient data were available to calculate the trends for 50 of the 53 Member States (Fig. 13).

Trend estimates for 2024 show that 11 of the 50 Member States are on track to meet the global 30% reduction target for tobacco use (green bars). Among these, Turkmenistan had the lowest baseline prevalence in 2010 (9.4%) and is expected to maintain the lowest prevalence in the Region by 2025, at 5.2%. However, it should be noted that the most recent available survey data for Turkmenistan are for 2018, so this estimate may not reflect the current situation.

Another 30 countries are projected to achieve reductions but are not expected to reach the full 30% benchmark (yellow bars). Notably, two of these countries (Bosnia and Herzegovina and Bulgaria) were estimated to have the highest baseline prevalence levels in the Region in 2010.

Based on existing data, seven countries are unlikely to see any significant change in prevalence (blue bars), while tobacco use is expected to increase in two countries (red bars).

Fig. 13. Change in prevalence of current tobacco use, WHO European Region, 2010–2025



Notes: numbers in parenthesis indicate the year of the latest survey data. Three Member States (Monaco, San Marino, Tajikistan) have insufficient data to determine prevalence trends and are not included in this figure.

Source: *(5)*.

At regional level, declines in tobacco use prevalence have been relatively modest, with current projections indicating an overall relative reduction of approximately 19% between 2010 and 2025. Only around 17% of the WHO European Region's total population resides in the 11 countries projected to achieve the 30% reduction target by 2025 (Table 1). In terms of shares of the overall population living in countries that are on track to meet the target, the Region ranks second lowest after the WHO Western Pacific Region (11%). Overall, 46% of the world's population lives in countries that are currently on track to meet the target.

Table 1. Status of tobacco use prevalence reduction target and proportion of region's population in each category, 2024

Category	Proportion of the total Regional population (%)
Countries likely to achieve at least a 30% relative reduction	17
Countries likely to achieve a decrease in prevalence, but of < 30%	63
Countries unlikely to have a significant change in prevalence	18
Countries likely to have an increase in prevalence	1
Countries with insufficient data to calculate a trend	1

Source: (5).

Smokeless tobacco use

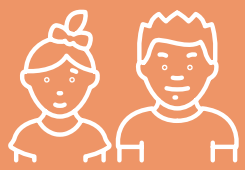
Data on smokeless tobacco (sucked, chewed and/or nasal) use for adults were available from 46 countries in the WHO European Region between 2014 and 2024. For countries lacking data, smokeless tobacco use was assumed to be negligible and the prevalence set to zero. This assumption may lead to underestimation of Regional smokeless tobacco use.

Based on the available information, the average prevalence of current smokeless tobacco use among adults in the Region was estimated at 1.2% overall: 2.0% among men and 0.5% among women (Table 2). These estimates correspond to approximately 9 million adults currently using smokeless tobacco in the Region: 7 million men and 2 million women.

Table 2. Prevalence of smokeless tobacco use and number of adult users, by sex

Variable	Both sexes	Men	Women
Prevalence of current smokeless tobacco use (%)	1.2	2.0	0.5
Estimated number of smokeless tobacco users (millions)	9.0	7.0	2.0

Source: (5).



Tobacco use in adolescents

Prevalence of tobacco use

Member States of the WHO European Region ran school-based surveys about tobacco use during the 2014–2024 period using the Health Behaviour in School-aged Children (HBSC) survey, Global Youth Tobacco Survey or a self-designed national survey protocol. The HBSC survey collects data on cigarette smoking rather than all forms of tobacco. To allow for regional and global comparisons, this analysis assumed that cigarette smoking prevalence closely reflects overall tobacco use where data on the latter are unavailable.

This report defines "any tobacco use" as the use of any type of tobacco, including smoked and/or smokeless tobacco. This does not include the use of products that do not contain tobacco, such as e-cigarettes and nicotine pouches without tobacco. Smoked tobacco products include cigarettes, waterpipe, heated tobacco products, pipes and cigars. Cigarette smoking is defined as the use of manufactured and/or hand-rolled cigarettes. Smokeless tobacco is defined as oral and nasal tobacco products designed to be snuffed, sucked, chewed or held in the mouth.

An estimated 4 million adolescents currently use some form of tobacco in the WHO European Region, with a similar prevalence among boys and girls (Table 3).

Compared with global average prevalences (12.4% among boys and 7.5% among girls), the Regional prevalence is slightly lower among boys but substantially higher among girls. In fact, the prevalence among girls in the Region is the highest of any tobacco use globally. Notably, unlike in most other WHO regions, where tobacco use among girls is typically 1.5–3.5 times lower than among boys, prevalences among adolescent boys and girls in the Region are nearly equal.

Table 3. Prevalence of current tobacco use and number of adolescents using any tobacco, by sex, 2024

Variable	Both sexes	Boys	Girls
Prevalence among people aged 13–15 (%)	11.6	11.8	11.4
Estimated number of tobacco users aged 13–15 (millions)	3.9	2.1	1.9

Source: (5).

Cigarette smoking among adolescents in the WHO European Region is the highest globally, with a prevalence of 8.4% (Table 4). The prevalence is slightly higher among girls (8.7%) than boys (8.2%).

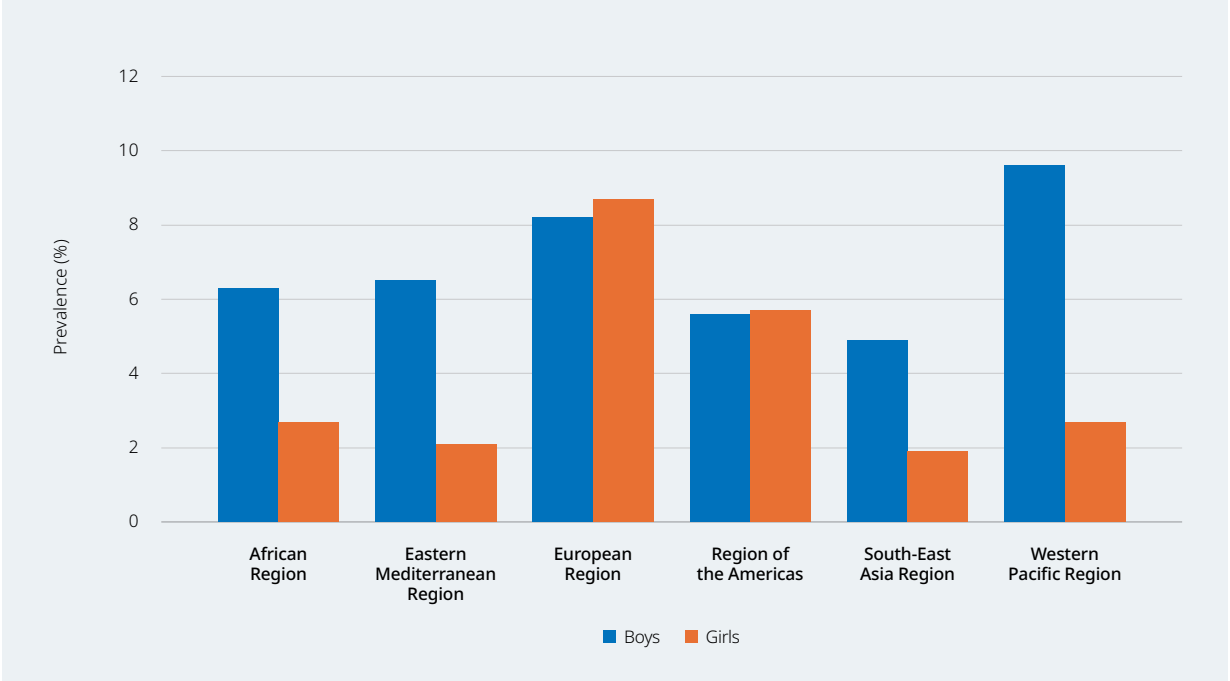
Table 4. Prevalence of current cigarette smoking and number of adolescents smoking cigarettes, by sex

Variable	Both sexes	Boys	Girls
Prevalence among people aged 13–15 (%)	8.4	8.2	8.7
Estimated number of cigarette smokers aged 13–15 (millions)	2.9	1.4	1.5

Source: (5).

European girls have the highest rate worldwide for their age group, which is well above that of the next highest regional average of 5.7% for the WHO Region of the Americas (Fig. 14).

Fig. 14. Average prevalence of current cigarette smoking, adolescents, by WHO region, 2024



Source: (5).

Data on smokeless tobacco use among young people are less widely collected: only about half of Member States in the WHO European Region report on this indicator. WHO estimates that in 2024 at least 0.5 million adolescents in the Region (around 2.9%) used smokeless tobacco products (Table 5). This is likely to be an underestimate owing to missing data.

Table 5. Prevalence of smokeless tobacco use and number of users among adolescents, by sex

Variable	Both sexes	Boys	Girls
Prevalence (%)	2.9	3.4	2.3
Estimated number of smokeless tobacco users (millions)	0.5	0.3	0.2

Source: (5).

Use of e-cigarettes among adults and adolescents

In the WHO European Region, surveys on e-cigarette use have covered approximately 88% of the adult population and 86% of adolescents (Table 6) *(5)*. Among adults, the prevalence of current e-cigarette use is the second highest globally,[4] at 4.6% overall: 5.1% among men and 4.2% among women. This corresponds to an estimated 31.4 million adult users: 16.6 million men and 14.7 million women.

Among countries with available data, the prevalence of e-cigarette use among adults in 2023 varied from 18.4% in Serbia to 1% in Hungary, Portugal and Romania.

Table 6. E-cigarette use prevalence among adults and adolescents, number of users, by sex and survey coverage

Age group	Survey coverage (%)		Prevalence of current e-cigarette use (%)			Estimated number of e-cigarette users (millions)		
	Population surveyed	Countries with surveys	Both sexes	Male	Female	Both sexes	Male	Female
Adults	88	81	4.6	5.1	4.2	31.4	16.6	14.7
Adolescents	86	89	14.3	13.6	15.0	4.2	2.0	2.1

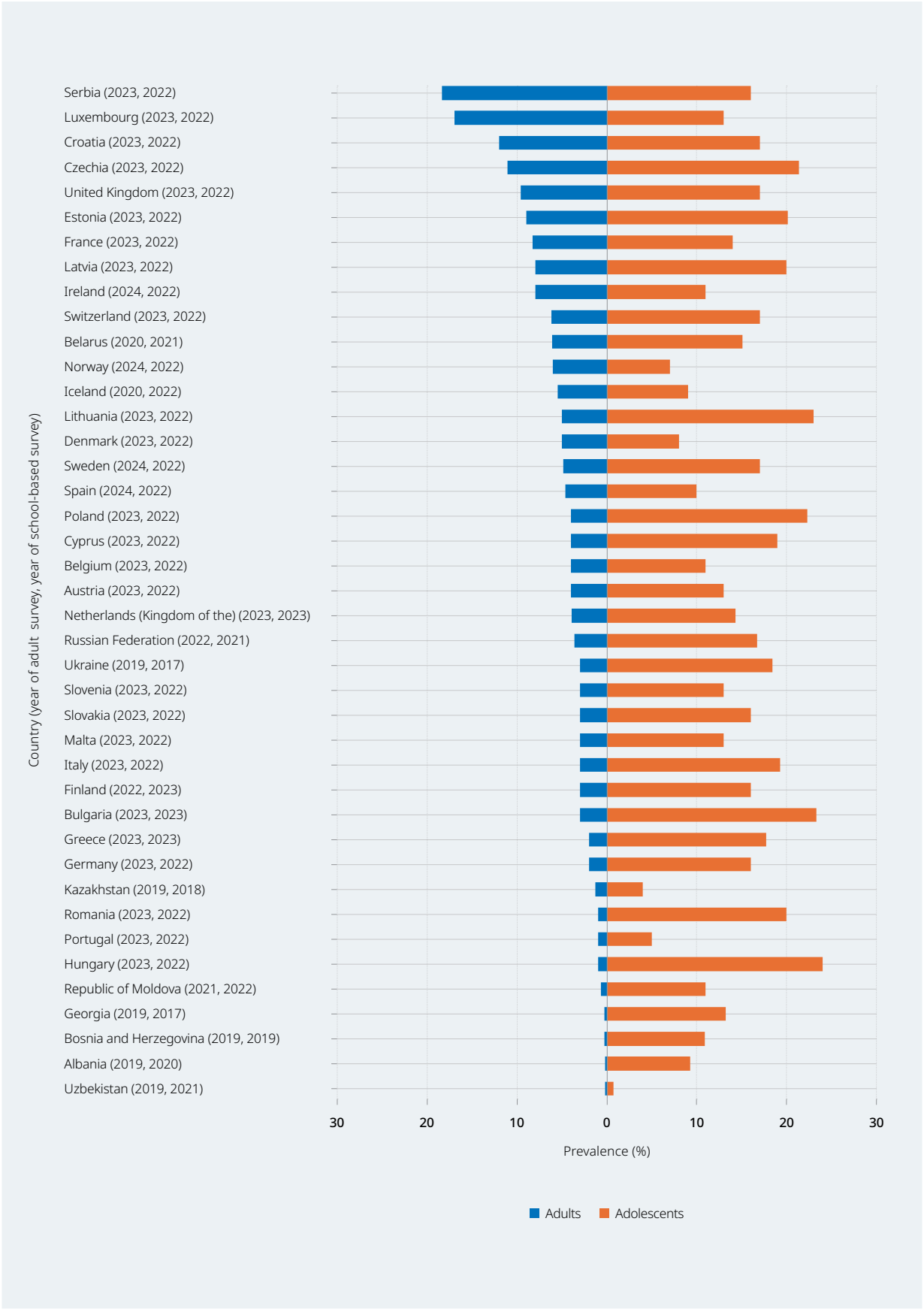
Note: totals may not tally due to rounding.
Source: *(5)*.

Compared with all other WHO regions, e-cigarette use among adolescents is highest in the WHO European Region, with an overall prevalence of 14.3% and similar levels among boys and girls (13.6% and 15.0%, respectively). This corresponds to an estimated 4.2 million adolescent users: 2 million boys and 2.1 million girls.

A comparison of adult and adolescent surveys within the same country reveals a striking skew towards higher e-cigarette use among adolescents (Fig. 15). In 41 countries where adult and adolescent surveys were conducted in the same year or within 1–2 years of each other, nearly half reported at least four adolescent users for every adult user. Only two countries had higher prevalence among adults than adolescents when last measured: Luxembourg (17% vs 13% in 2022–2023) and Serbia (18.4% vs 16% in 2022–2023).

4 The WHO Region of the Americas has the highest prevalence, at 4.8%.

Fig. 15. Prevalence of current e-cigarette use among adults and adolescents, WHO European Region, all Member States with data



Source: *(5)*.

Conclusions

The WHO European Region has made measurable progress in reducing tobacco use among adults over the past two decades. The overall prevalence among adults declined from 34.9% in 2000 to 24.1% in 2024, with projections suggesting a further small decline to 23.8% in 2025. Reductions in prevalence have been more pronounced among men than women, with prevalence among women remaining a significant concern. Despite a net reduction of approximately 37 million users between 2010 and 2025, the pace of decline in the Region remains slower than the global decline and those of three other WHO regions. Consequently, the WHO European Region is projected to continue having the highest adult tobacco prevalence globally by 2030.

Progress has varied considerably across Member States. Only 11 of the 50 countries with sufficient data are on track to meet the NCD-GAP target of a 30% reduction by 2025, whereas the majority are likely to fall short and a small number may even see increases. Such uneven progress highlights the need for stronger implementation of evidence-informed tobacco control measures at national level. There is also a disparity with other regions in gender-specific trends: the prevalence of tobacco use among women is expected to reduce by just 12% by 2025 in the WHO European Region, but is projected to exceed a 30% relative reduction in all other WHO regions.

Among adolescents, the situation is of particular concern. In the WHO European Region, around 11.6% of adolescents use tobacco, with near-equal prevalences among boys and girls. This pattern contrasts sharply with global trends, which show that girls generally use tobacco at much lower rates than boys. Notably, the Region also has the highest global prevalence of e-cigarette use among adolescents, at 14.3%, and with similar levels between boys and girls. In half of countries in the Region, adolescent e-cigarette use substantially exceeds adult use by a factor of four or more, reflecting a disturbing shift in nicotine exposure towards younger populations. These trends highlight the urgency of comprehensive strategies targeting young people, including the regulation of new and emerging nicotine and tobacco products.

Smokeless tobacco use remains low at Regional level, although gaps in surveillance may underestimate its prevalence. Overall, cigarettes continue to be a significant component of both adult and adolescent tobacco consumption, thus emphasizing a need for policies that address both traditional and new and emerging forms of nicotine delivery. The data reveal that while European countries have made important strides in reducing tobacco use, significant disparities persist (i.e. between countries, sexes and age groups). These require a renewed policy focus, along with resource allocation, protection from industry interference and strong enforcement of WHO Framework Convention on Tobacco Control measures to accelerate reductions in prevalence and prevent the next generation from initiating tobacco use.

Understanding the patterns and trends in tobacco and nicotine use, as well as in exposure to tobacco smoke, enables policy-makers to develop more effective tobacco control policies and allocate resources where they are most needed. To achieve the greatest impact, monitoring should be as comprehensive as possible, and cover all forms of tobacco and nicotine use. With continued improvements in available data quantity and quality, effective responses to the tobacco epidemic and the use of other nicotine products will become much easier to realize.

References[5]

1. WHO Framework Convention on Tobacco Control. Geneva: World Health Organization; 2003 (https://iris.who.int/handle/10665/42811).
2. Seventy-first session of the United Nations General Assembly. Resolution adopted by the General Assembly on 6 July 2017: work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development. New York, NT: United Nations; 2017 (A/RES/71/313; https://digitallibrary.un.org/record/1291226?ln=en&v=pdf).
3. Goal 3 - Good Health and Well-Being [website]. World Health Organization; 2026 (https://www.who.int/europe/about-us/our-work/sustainable-development-goals/targets-of-sustainable-development-goal-3).
4. 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).
5. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
6. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
7. Methodology: standard country or area codes for statistical use (M49) [website]. New York, NY: United Nations Statistics Division; 2026 (https://unstats.un.org/unsd/methodology/m49/).

5 All references were accessed on 24 June 2026.

Annex 1. Country factsheets

The following set of country factsheets on tobacco control provides a concise, data-driven overview of tobacco use and the policy response within a given country of the WHO European Region. It typically includes estimate of the number of adult current tobacco users, followed by key messages summarizing trends in tobacco use over time, including comparisons with regional averages and progress towards the global target of a 30% relative reduction in prevalence over the 2010–2025 period.

The factsheets include figures illustrating age-standardized prevalence trends and projections, as well as a table presenting the most recent available data on tobacco use, tobacco smoking, cigarette smoking and smokeless tobacco use among adults and adolescents. Information on electronic-cigarette use is also included, subject to data availability.

Data about adolescents in this report are primarily derived from the European School Survey Project on Alcohol and other Drugs, Global Youth Tobacco Survey and Health Behaviour in School-aged Children survey. Detailed sources for all data presented are indicated in each table.

The factsheets also include assessments of tobacco control policies using the MPOWER framework *(1)*, comprising a set of cost-effective, high-impact measures designed to reduce tobacco demand:

- **monitor** tobacco use and prevention policies
- **protect** people from tobacco smoke
- **offer** help to quit tobacco use
- **warn** about the dangers of tobacco[1]
- **enforce** bans on tobacco advertising, promotion and sponsorship
- **raise** taxes on tobacco.

The level of adoption of each MPOWER measure from 2007 to 2024 is presented in a colour-coded heatmap, with colours indicating progress from the lowest level of implementation to best practice. Data for mass media campaigns were not available before 2010 and, therefore, are marked as not applicable for earlier years *(2)*.

Some countries have achieved best-practice levels for both the Monitor and Warn (Mass media) measures; however, unlike other MPOWER components, maintaining the best-practice level for these two measures requires sustained resources and implementation capacity. The Monitor measure depends on regular data collection and surveillance systems, which require continuous investment to maintain. Similarly, mass media campaigns (Warn) must be conducted periodically and at sufficient scale to remain effective. Consequently, performance in these areas may fluctuate over time if efforts are not sustained.

1 Subcategories of this measure are Health warnings and Mass media.

References[2]

1. MPOWER [website]. World Health Organization; 2026 (https://www.who.int/initiatives/mpower).
2. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 All references were accessed on 24 June 2026.

Albania

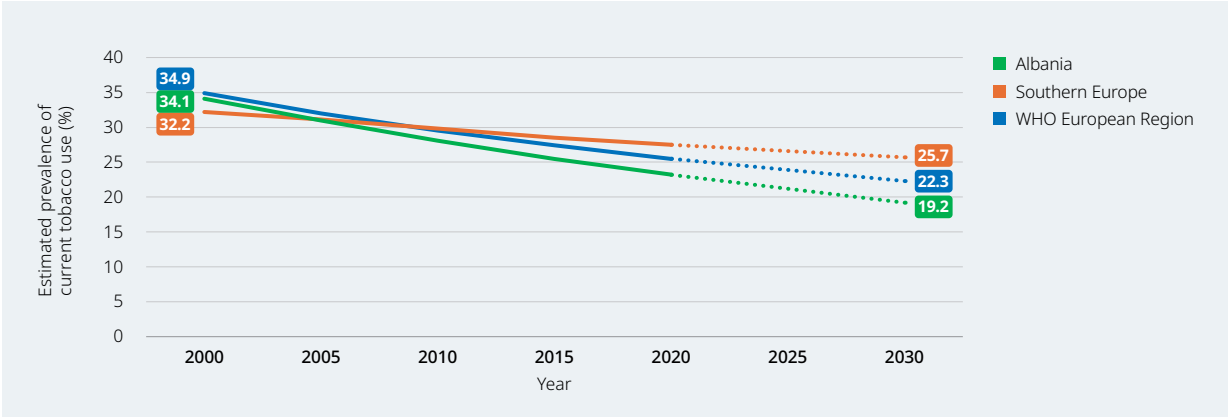
Estimated number of current adult tobacco users in 2024: **493 000** (men: **417 000**; women: **77 000**).[1,2]

Key messages

From an estimated prevalence of 34.1% in 2000, current tobacco use in Albania closely tracked the WHO European Regional and southern European averages until the mid-2000s; from 2010 onwards, it has been consistently lower, with a widening gap projected through to 2030 (Fig. 1).

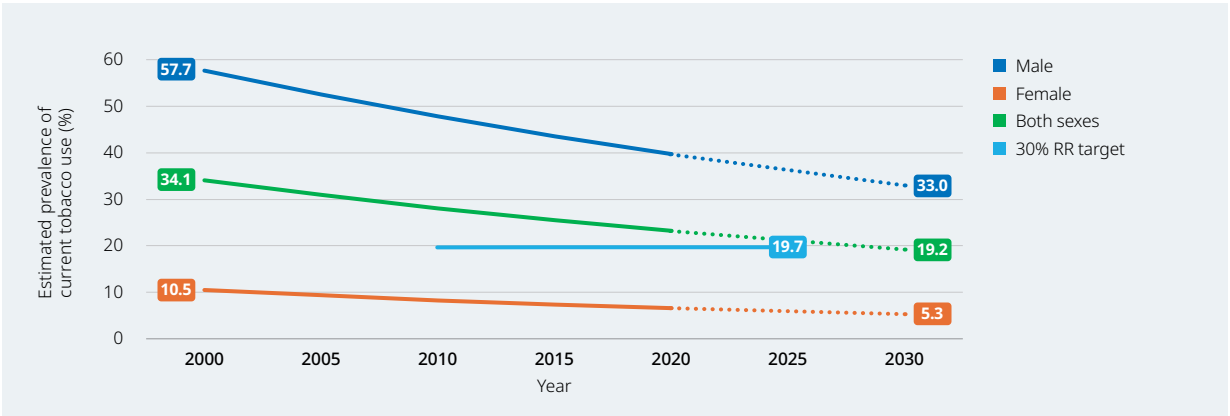
Based on modelled trends, Albania was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, prevalence among adults was projected to decline from 28.1% to 21.1%, representing a 25% relative reduction (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, 2000–2030, Albania, southern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

There is a stark gender gap in prevalence of current cigarette smoking among 15-year-olds: 18% among boys and 8% among girls (Table 1). Electronic cigarettes (e-cigarettes) are used by 30% of boys and 15% of girls. Among adults, the prevalence of e-cigarette use was 0.2% in 2019.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Smoking uptake, prevalence and cessation in Albania, 2019, national, age 18–85 years										
Men	–	–	42.9	40.1	–	–	0.2	0.2	0.2	0.0
Women	–	–	7.1	5.8	–	–	0.0	0.0	0.2	0.2
Both sexes	–	–	24.8	22.8	–	–	0.1	0.1	0.2	0.1
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	18.0	–	–	–	30.0	–
Girls	–	–	–	–	8.0	–	–	–	15.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. Three MPOWER[3] measures have been at best-practice level since 2020: Protect, Warn (Health warnings) and Enforce (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Andorra

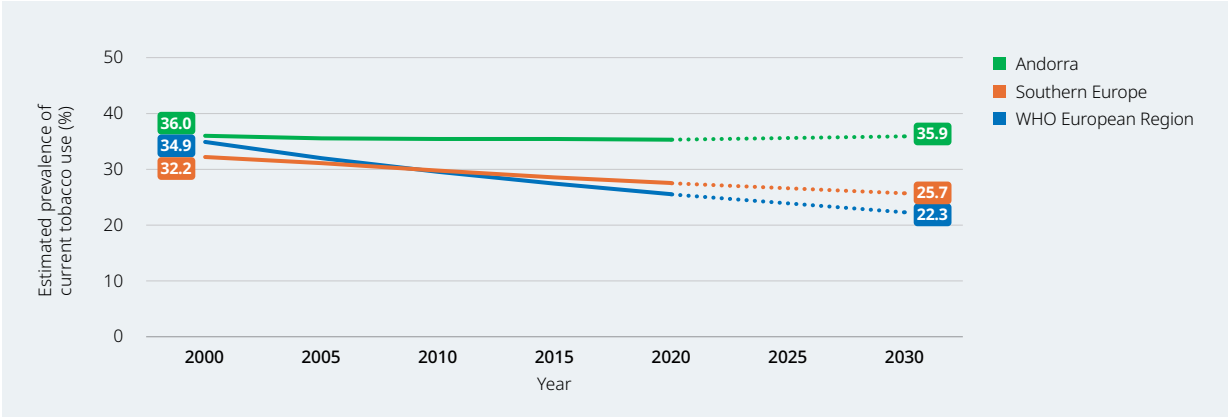
Estimated number of current adult tobacco users in 2024: **23 000** (men: **12 000**; women: **11 000**).[1]

Key messages

In 2000 the estimated prevalence of current tobacco use in Andorra (36.0%) was higher than the southern European and WHO European Regional averages and has remained so since. Despite a slight decline until 2020, the prevalence is projected to increase again by 2030, thus further widening the gap (Fig. 1).

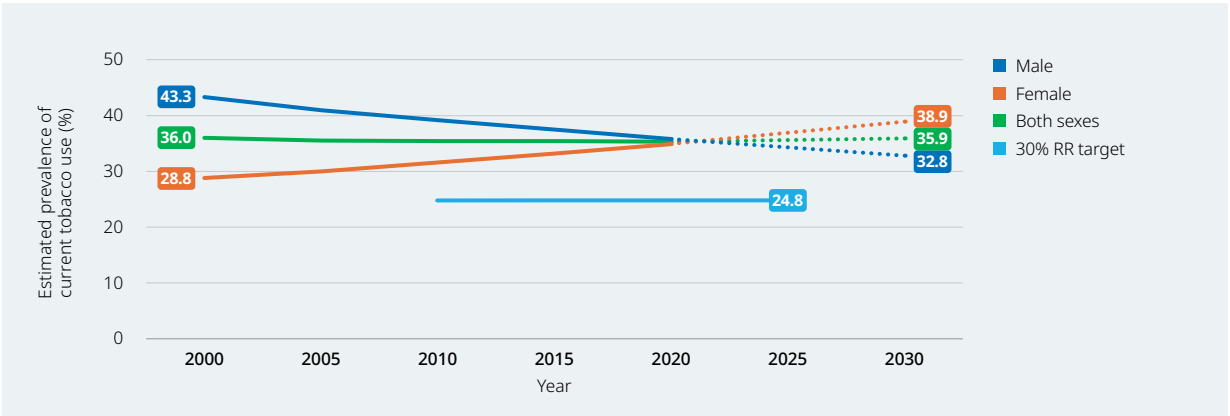
Based on modelled trends, Andorra is unlikely to achieve the 30% relative reduction target. Furthermore, the prevalence among women is projected to increase notably from 28.8% in 2000 to 38.9% by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Andorra, southern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

The most recent national survey data for adults indicate an overall tobacco smoking prevalence of 35.6%, with similar rates among men (35.9%) and women (35.3%; Table 1). No national survey data on tobacco or nicotine product use among adolescents are available.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Enquesta nutricional d'Andorra [Andorra's nutritional survey], 2017–2018, national, age 12–75 years										
Men	–	–	35.9	33.8	–	–	–	–	–	–
Women	–	–	35.3	32.8	–	–	–	–	–	–
Both sexes	–	–	35.6	33.3	–	–	–	–	–	–
Adolescents: none known										
Boys	–	–	–	–	–	–	–	–	–	–
Girls	–	–	–	–	–	–	–	–	–	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

As of 31 December 2024, none of the MPOWER[2] measures have reached best-practice level (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Armenia

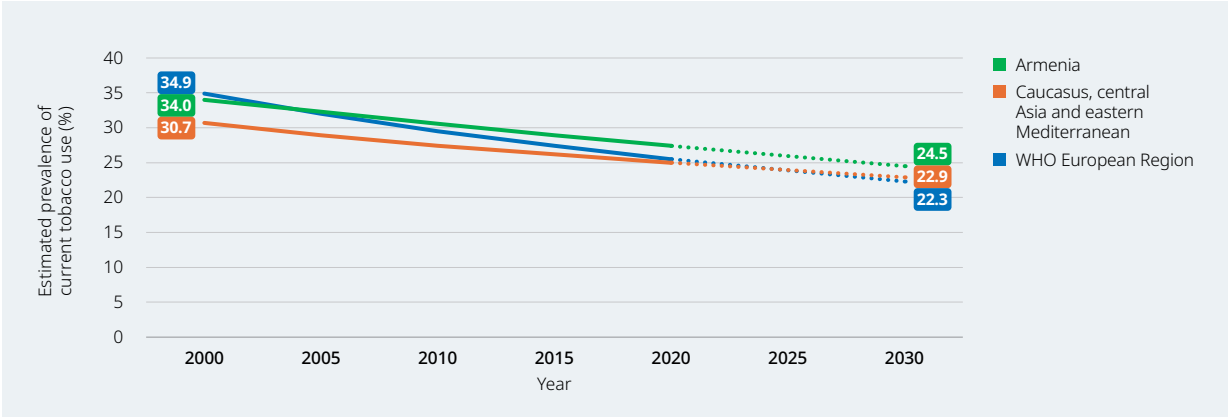
Estimated number of current adult tobacco users in 2024: **581 000** (men: **555 000**; women: **26 000**).[1]

Key messages

From an estimated prevalence of 34.0% in 2000, current tobacco use in Armenia closely tracked the WHO European Regional average until 2010; from 2015 onwards, it was consistently higher, with a widening gap projected until 2030. Although remaining higher, it is broadly tracking the downward trend in the Caucasus, central Asia and eastern Mediterranean subregion, with the gap narrowing over time (Fig. 1).

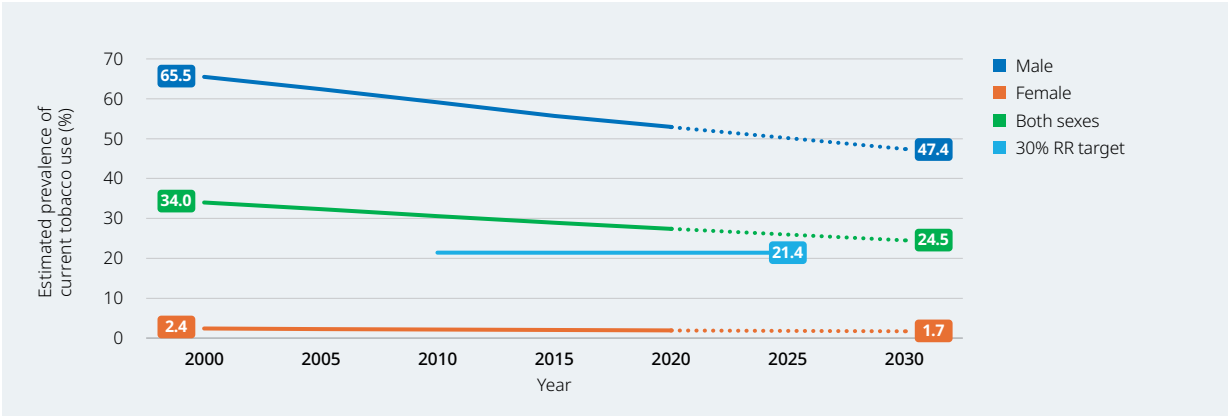
Based on modelled trends, Armenia was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 30.6% to 25.8%, representing a relative reduction of only 16% (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Armenia; Caucasus, central Asia and eastern Mediterranean; and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

There is a stark gender gap in the prevalence of cigarette smoking among 15-year-olds, with 17.0% of boys and virtually no girls reporting current smoking (Table 1). Electronic cigarettes are used by 23.0% of boys and 1.0% of girls.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Health System Performance Assessment Survey, 2022, national, age ≥ 15 years (tobacco smoking); and STEPS, 2016, national, age 18–69 years (smokeless tobacco use)										
Men	–	–	–	53.2	–	–	0.5	0.3	–	–
Women	–	–	–	2.0	–	–	0.0	0.0	–	–
Both sexes	–	–	–	25.5	–	–	0.3	0.1	–	–
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	17.0	–	–	–	23.0	–
Girls	–	–	–	–	0.0	–	–	–	1.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette; STEPS: STEPwise approach to noncommunicable disease risk factor surveillance.
Source: (2).

Tobacco control has been strengthened over the years. Since 2022, three MPOWER[2] measures have been adopted at best-practice level: Offer, Warn (Health warnings) and Enforce. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2010 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: (3).

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Austria

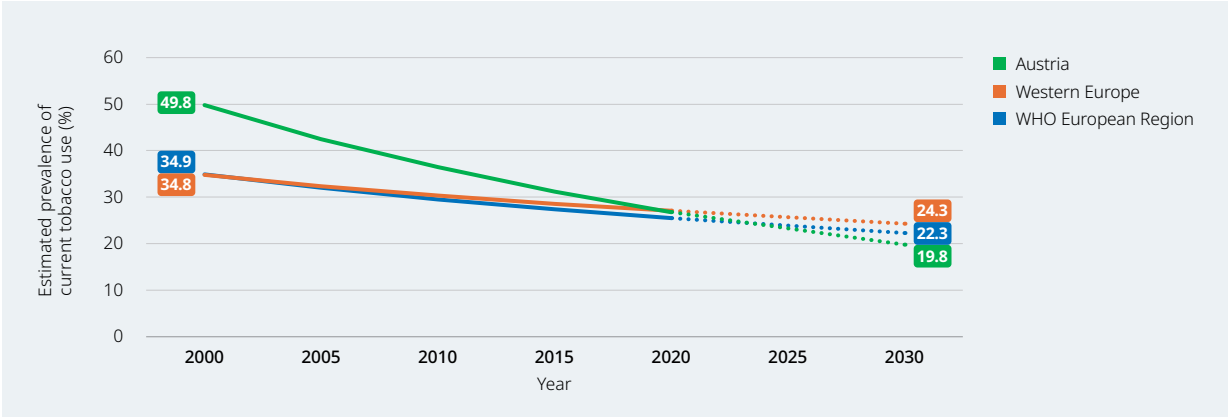
Estimated number of current adult tobacco users in 2024: **1 618 000** (men: **826 000**; women: **792 000**).[1]

Key messages

From an estimated prevalence of 49.8% in 2000, current tobacco use in Austria underwent a steep and sustained decline to fall below both the western European and WHO European Regional averages by around 2020. The gap is projected to widen further through to 2030 (Fig. 1).

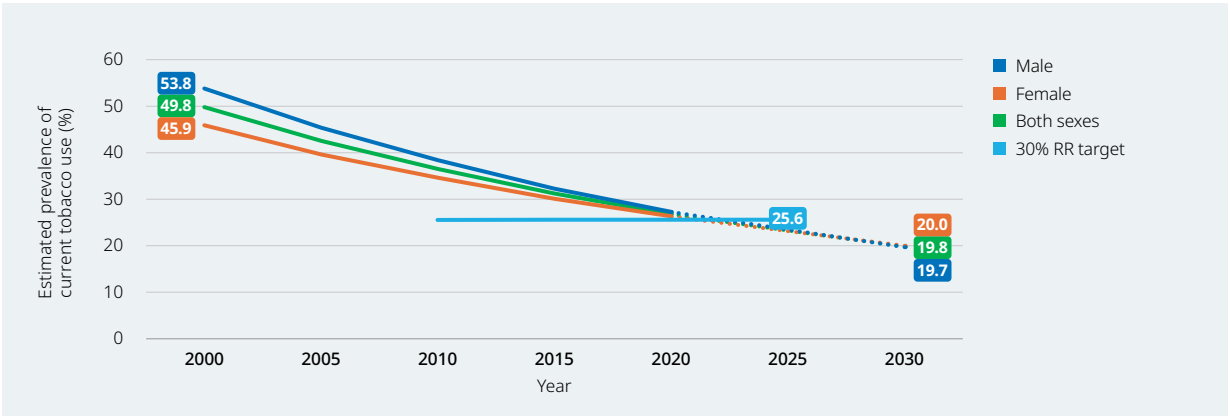
Based on modelled trends, Austria was projected to achieve a sufficient decrease in prevalence between 2010 and 2025 to meet the 30% relative reduction target; over this period, the gap between men and women narrowed steadily, with the estimated prevalences converging by 2025 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Austria, western Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Current tobacco use remains relatively high among both adults (30.2%) and adolescents (24.5%), with slightly higher prevalences among men and boys (Table 1). In contrast, electronic cigarette use is markedly higher among adolescents aged 15–16 years (27.6%) than adults (9.6%), and is driven particularly by higher use among girls.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: *Österreichische Repräsentativerhebung zu Konsum? und Verhaltensweisen mit Suchtpotenzial* [Austrian representative survey on consumption and behaviours with addictive potential], 2022, national, age ≥ 15 years										
Men	31.9	22.4	30.0	21.0	27.9	20.1	4.6	2.1	10.9	5.0
Women	28.3	21.1	27.8	20.8	26.6	20.0	2.6	1.0	8.5	3.9
Both sexes	30.2	21.8	28.9	20.9	27.3	20.1	3.6	1.6	9.6	4.4
Adolescents: European School Survey Project on Alcohol and other Drugs, 2024, national, age 15–16 years										
Boys	25.1	8.7	20.5	5.7	17.2	5.1	–	–	23.9	5.8
Girls	23.7	7.5	22.1	6.5	21.3	6.5	–	–	30.7	10.9
Both sexes	24.5	8.2	21.5	6.2	19.5	5.9	–	–	27.6	8.4

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

As of 31 December 2024, one MPOWER[2] measure has reached best-practice level: Warn (Health warnings). Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Azerbaijan

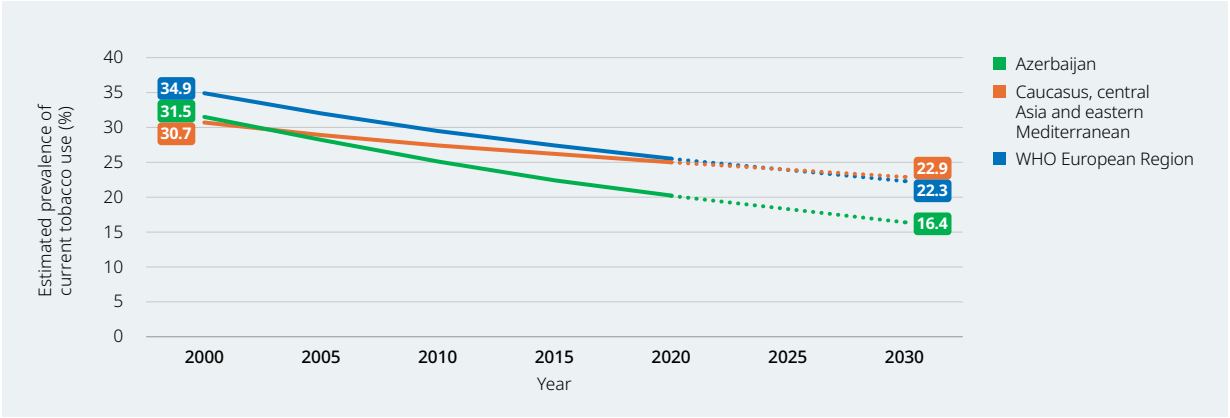
Estimated number of current adult tobacco users in 2024: **1 429 000** (men: **1 425 000**; women: **4000**).[1]

Key messages

From an estimated prevalence of 31.5% in 2000, current tobacco use in Azerbaijan has remained consistently lower than the WHO European Regional and subregional (Caucasus, central Asia and eastern Mediterranean) averages since around 2005 and is projected to decrease to 16.4% by 2030 (Fig. 1).

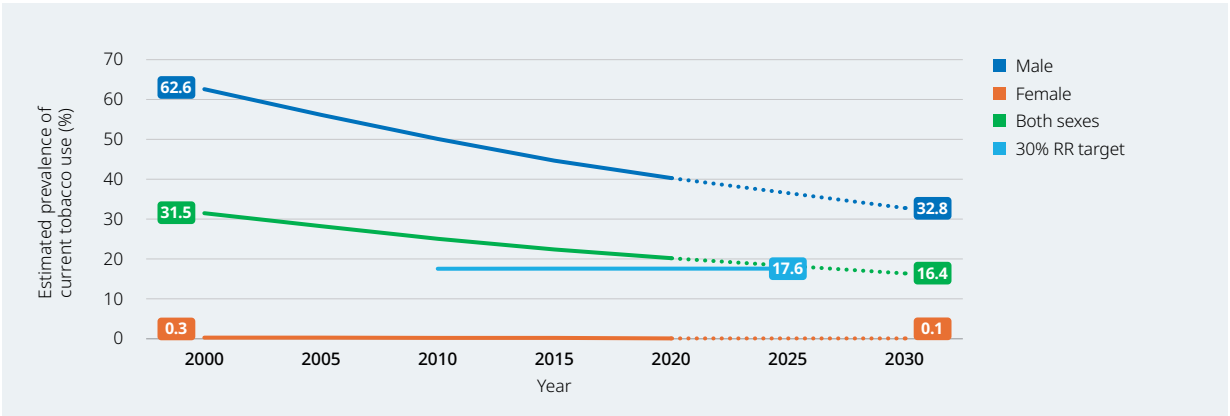
Based on modelled trends, Azerbaijan was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 25.1% to 18.2%, representing a 27% relative reduction (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Azerbaijan; Caucasus, central Asia and eastern Mediterranean; and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

There is a stark gender gap in prevalence of cigarette smoking among adults, with 31% of men and virtually no women reporting current smoking (Table 1). The gap is narrower among 15-year-olds, with 6% of boys and 3% of girls smoking cigarettes.

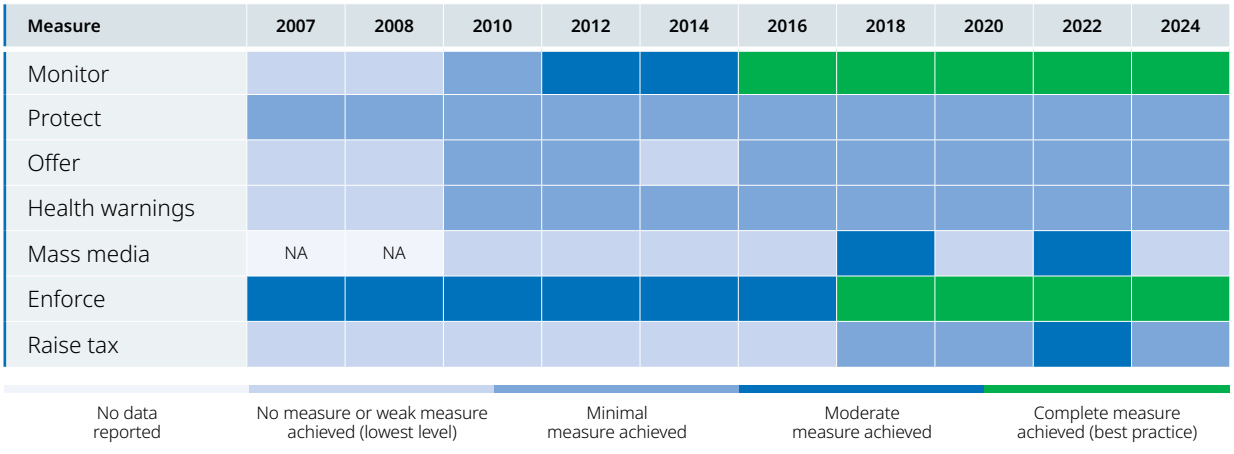
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Household Budget Survey, 2023, national, age ≥ 15 years (cigarette smoking); and National study of risk factors for noncommunicable diseases in Azerbaijan, 2011, national, age ≥ 18 years (smokeless tobacco use)										
Men	–	–	–	–	31.0	–	0.2	0.0	–	–
Women	–	–	–	–	0.2	–	0.0	–	–	–
Both sexes	–	–	–	–	14.8	–	0.2	–	–	–
Adolescents: Health Behaviour in School-aged Children, 2017–2018, national, age 15 years (cigarette smoking); and GYTS, 2016, national, age 13–15 years (smokeless tobacco use)										
Boys	–	–	–	–	6.0	–	2.4	–	–	–
Girls	–	–	–	–	3.0	–	1.1	–	–	–
Both sexes	–	–	–	–	–	–	1.8	–	–	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey.
Source: *(2)*.

One MPOWER[2] measure has been at best-practice level since 2018: Enforce. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2016 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Belarus

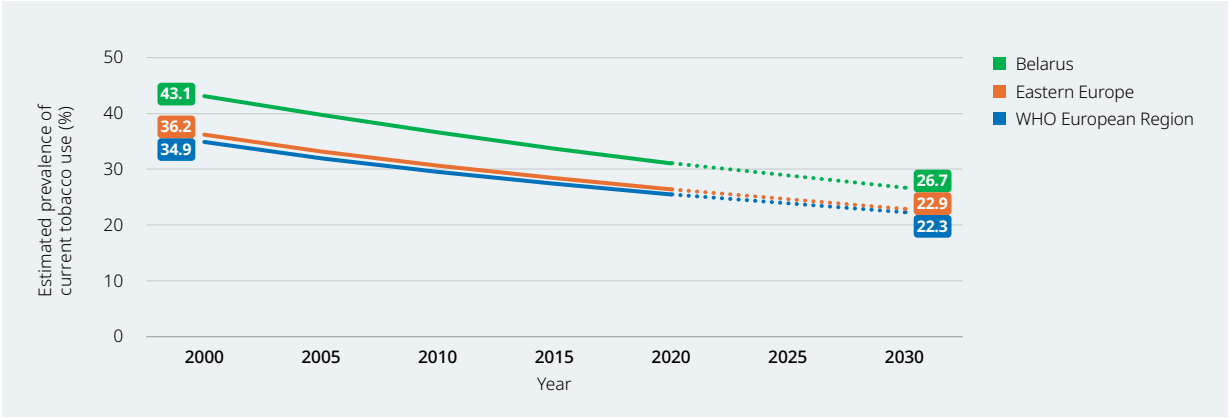
Estimated number of current adult tobacco users in 2024: **2 035 000** (men: **1 556 000**; women: **479 000**).[1]

Key messages

From an estimated prevalence of 43.1% in 2000, current tobacco use in Belarus has remained consistently higher than the WHO European Regional and eastern European averages, and is projected to decrease to 26.7% by 2030 (Fig. 1).

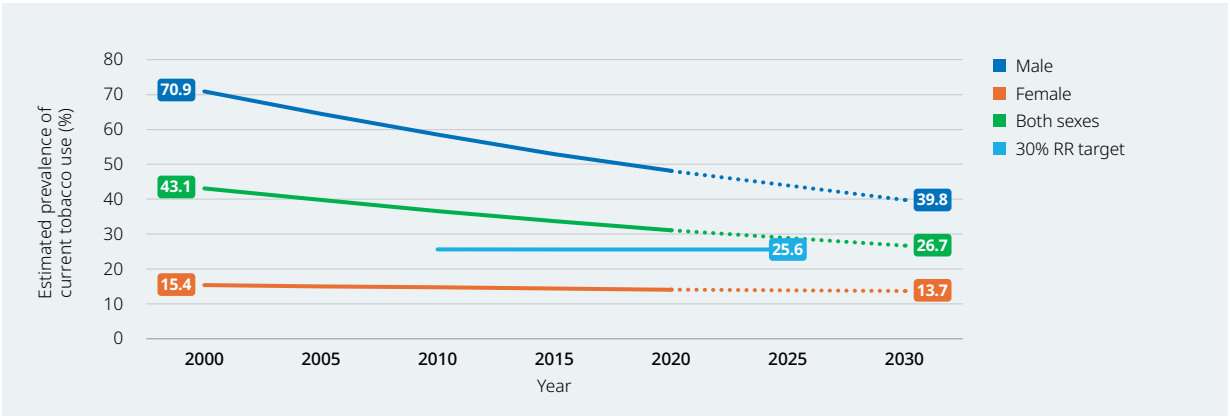
Based on modelled trends, Belarus was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 36.6% to 28.8%, representing a 21% relative reduction (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Belarus, eastern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

There is a stark gender gap in prevalence of tobacco smoking among adults, with 41% of men and 10.1% of women reporting current smoking (Table 1). In contrast, girls report higher rates of tobacco smoking than boys (9.0% and 6.1%, respectively). Electronic cigarettes (e-cigarettes) are used by 14.7% of boys and 15.5% of girls. The prevalence of e-cigarette use is almost 2.5 times lower among adults (6.1% in 2020) than adolescents (15.1% in 2021).

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Sample survey of households living standards, 2023, national, age ≥ 16 years (tobacco smoking); and STEPS, 2020, national, age 18–69 years (e-cigarette use)										
Men	–	–	41.0	–	–	–	–	–	9.8	–
Women	–	–	10.1	–	–	–	–	–	2.3	–
Both sexes	–	–	22.1	–	–	–	–	–	6.1	–
Adolescents: GYTS, 2021, national, age 13–15 years										
Boys	7.2	–	6.1	–	3.7	1.0	1.7	–	14.7	–
Girls	9.6	–	9.0	–	5.7	1.4	1.5	–	15.5	–
Both sexes	8.4	–	7.6	–	4.7	1.7	1.7	–	15.1	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey; STEPS: STEPwise approach to noncommunicable disease risk factor surveillance.
Source: *(2)*.

Tobacco control has been strengthened over the years. As of 31 December 2024, two MPOWER[2] measures have reached best-practice level: Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2020 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Belgium

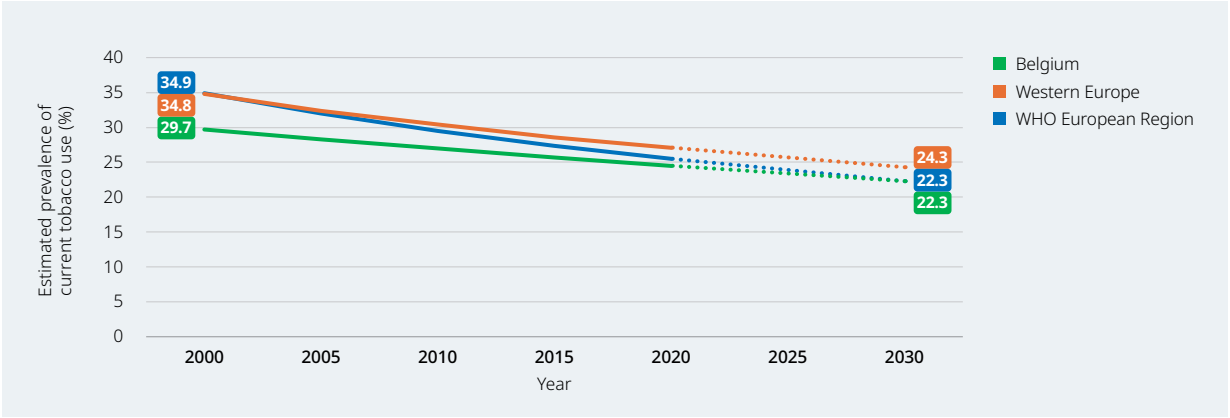
Estimated number of current adult tobacco users in 2024: **2 126 000** (men: **1 184 000**; women: **942 000**).[1]

Key messages

From an estimated prevalence of 29.7% in 2000, current tobacco use in Belgium has remained consistently lower than the WHO European Regional and western European averages. The gap is projected to reduce by 2030, thus highlighting the comparatively slow pace of decrease in tobacco use in Belgium (Fig. 1).

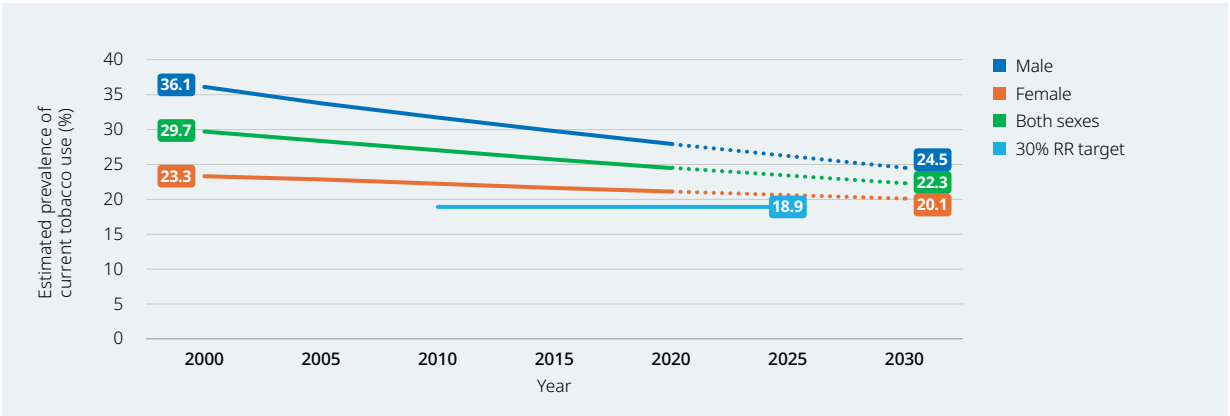
Based on modelled trends, Belgium was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 27.0% to 23.4%, representing a 13% relative reduction (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Belgium, western Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Rates of cigarette smoking among 12–18-year-olds are similar among boys and girls, at 9.6% and 8.2%, respectively (Table 1). Electronic cigarettes (e-cigarettes) are used by 13.5% of boys and 14.4% of girls. Among adults, the prevalence of e-cigarette use is 13% among men and 8% among women.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: *Enquête sur le tabagisme* [Survey on smoking], 2022, national, age 15–75 years										
Men	–	–	26.0	20.0	–	–	–	–	13.0	5.0
Women	–	–	23.0	17.0	–	–	–	–	8.0	3.0
Both sexes	–	–	24.0	19.0	–	–	–	–	10.0	4.0
Adolescents: *VAD-Leerlingenbevraging* [VAD student survey] (Flemish Region), 2022–2023, subnational, age 12–18 years										
Boys	–	–	–	–	9.6	3.5	–	–	13.5	3.6
Girls	–	–	–	–	8.2	2.1	–	–	14.4	3.9
Both sexes	–	–	–	–	8.9	2.8	–	–	13.9	3.7

Notes: E-cigarette: electronic cigarette; VAD: Flemish Centre of Expertise for Alcohol, Illegal Drugs, Psychoactive Medication, Gambling, and Gaming. Belgium completed school-based surveys in all regions of the country to monitor e-cigarette use; however, data are not aggregated at national level.
Source: *(2)*.

Tobacco control has been strengthened over the years. Two MPOWER[2] measures have been at best-practice level: Warn (Health warnings) and Raise tax since 2016. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Bosnia and Herzegovina

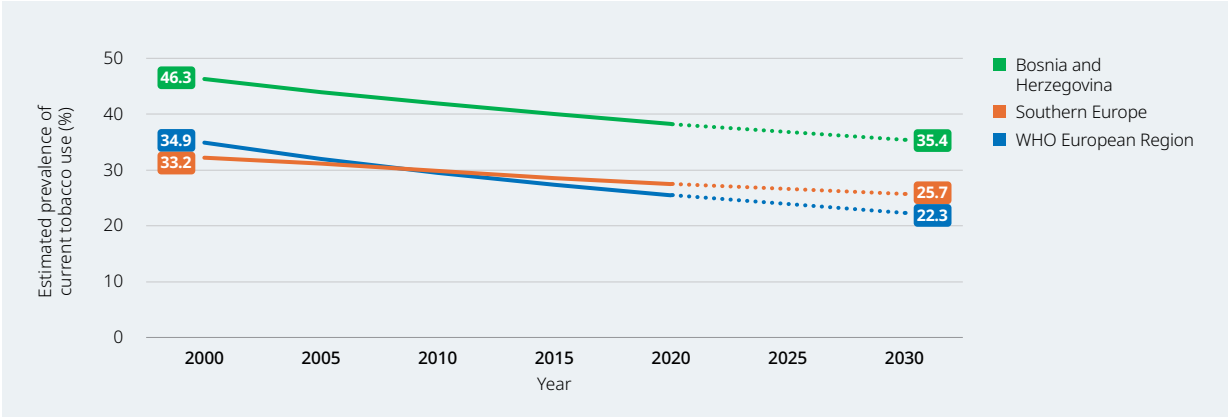
Estimated number of current adult tobacco users in 2024: **939 000** (men: **528 000**; women: **410 000**).[1,2]

Key messages

From an estimated prevalence of 46.3% in 2000, current tobacco use in Bosnia and Herzegovina has remained consistently higher than the WHO European Regional and southern European averages, and is projected to decrease to 35.4% by 2030 (Fig. 1).

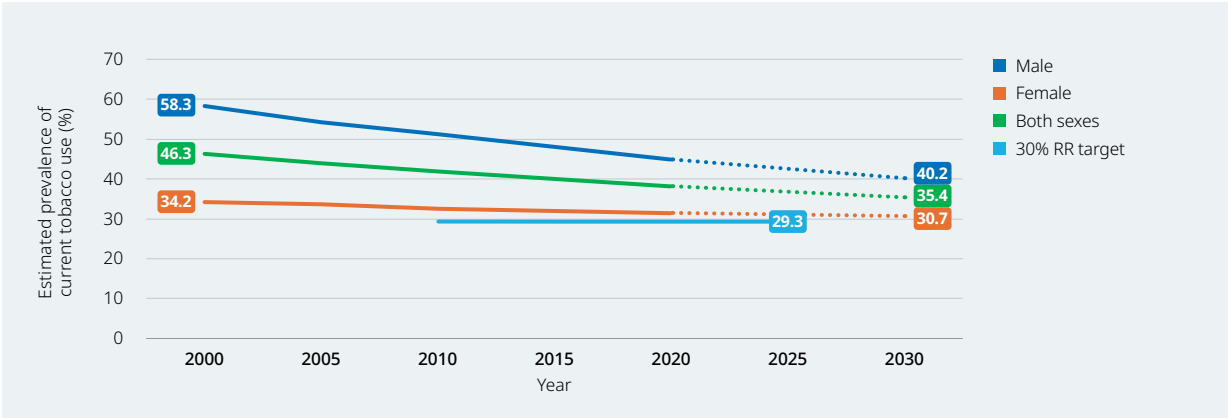
Based on modelled trends, Bosnia and Herzegovina was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 41.9% to 36.8%, representing a 12% relative reduction (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Bosnia and Herzegovina, southern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

Current tobacco smoking remains high among both adults (41.1%) and adolescents (24.2%), with higher prevalences among men and boys (Table 1). In contrast, electronic cigarette use is markedly higher among adolescents (10.9%) than adults (0.3%), and is driven particularly by higher use among boys.

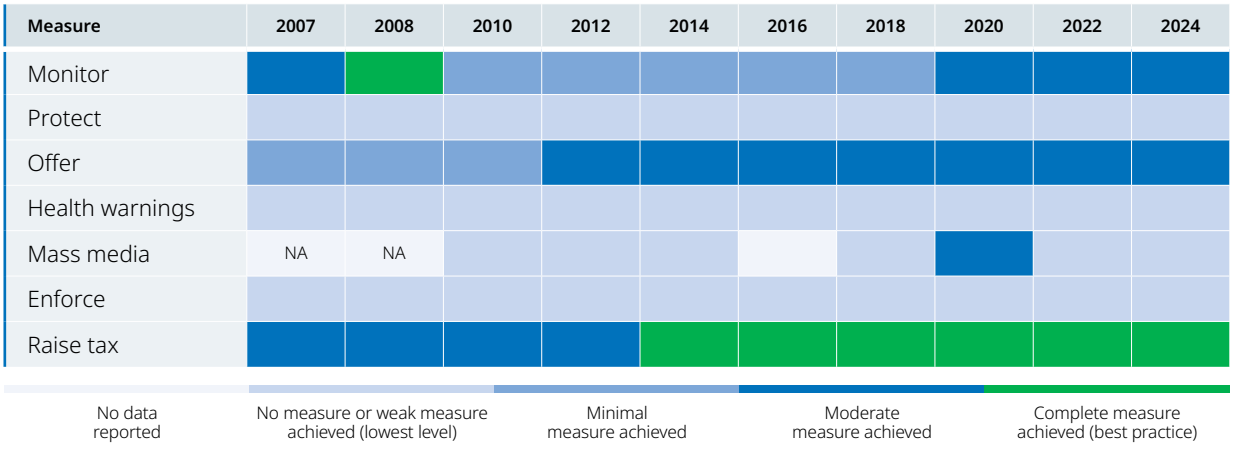
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Tobacco Consumption in Bosnia and Herzegovina, 2019; federal, age 18–85 years										
Men	–	–	48.2	47.0	–	–	–	–	–	–
Women	–	–	34.0	32.8	–	–	–	–	–	–
Both sexes	–	–	41.1	40.0	–	–	0.0	0.0	0.3	0.2
Adolescents: GYTS (Federation of Bosnia and Herzegovina), 2018–2019, federal, age 13–15 years										
Boys	27.7	–	27.5	–	15.8	–	2.2	–	15.9	–
Girls	21.1	–	20.8	–	11.7	–	1.3	–	5.9	–
Both sexes	24.4	–	24.2	–	13.8	–	1.7	–	10.9	–

Notes: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey.
Data on smokeless and e-cigarette use among adults refer to the Federation of Bosnia and Herzegovina only.
Source: *(2)*.

As of 31 December 2024, just one MPOWER[3] measure has reached best-practice level: Raise tax (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Bulgaria

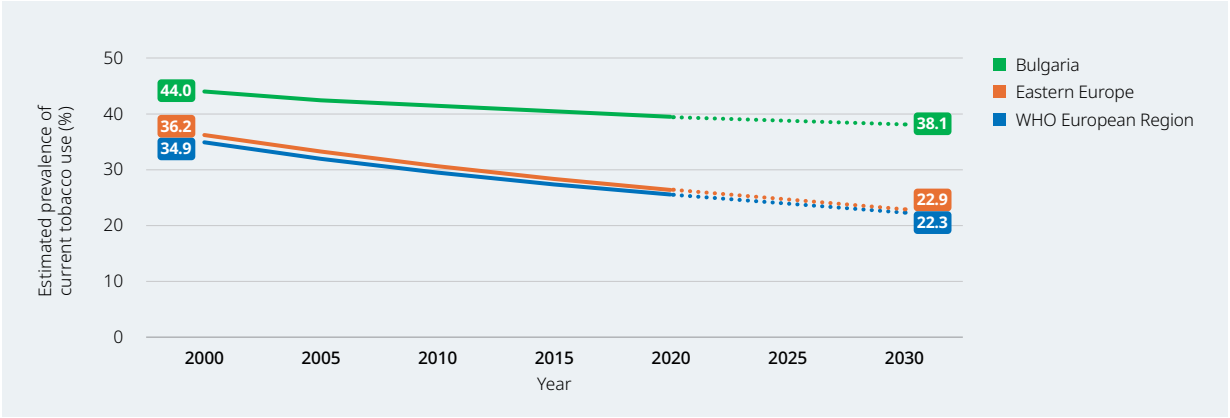
Estimated number of current adult tobacco users in 2024: **2 004 000** (men: **1 082 000**; women: **922 000**).[1]

Key messages

From an estimated prevalence of 44.0% in 2000, current tobacco use in Bulgaria has remained consistently higher than the WHO European Regional and eastern European averages. The gap is projected to increase further by 2030, highlighting the comparatively slow pace of decrease in tobacco use in Bulgaria (Fig. 1).

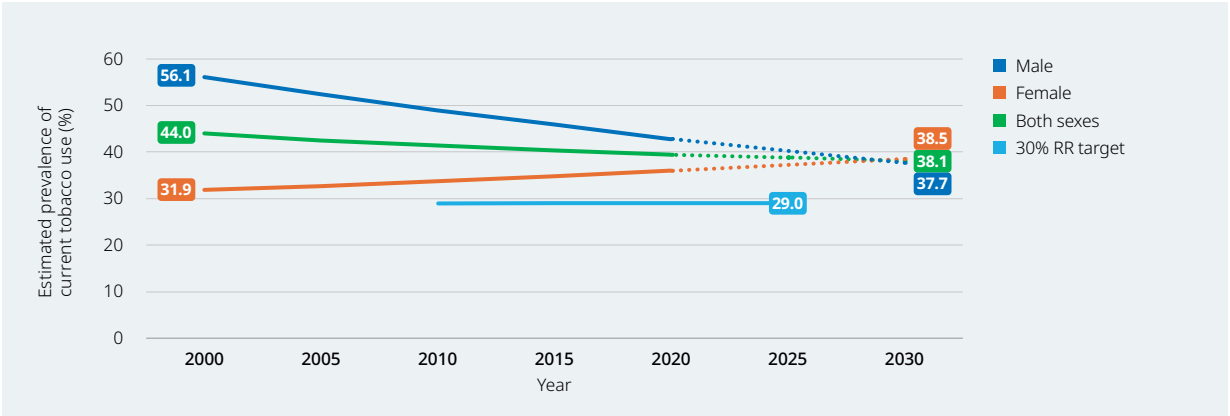
Based on modelled trends, Bulgaria was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 41.4% to 38.8%, representing a 6% relative reduction. Furthermore, the prevalence among women is projected to increase notably from 31.9% in 2000 to 38.5% by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Bulgaria, eastern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Current tobacco smoking remains high among both adults (39.4%) and adolescents (23.6%). Although prevalences are similar among men and women, more girls than boys smoke tobacco (28.9% and 18.5%, respectively; Table 1). Electronic cigarette use is markedly higher among adolescents (23.3%) than adults (10.3%), and is driven particularly by higher use among girls.

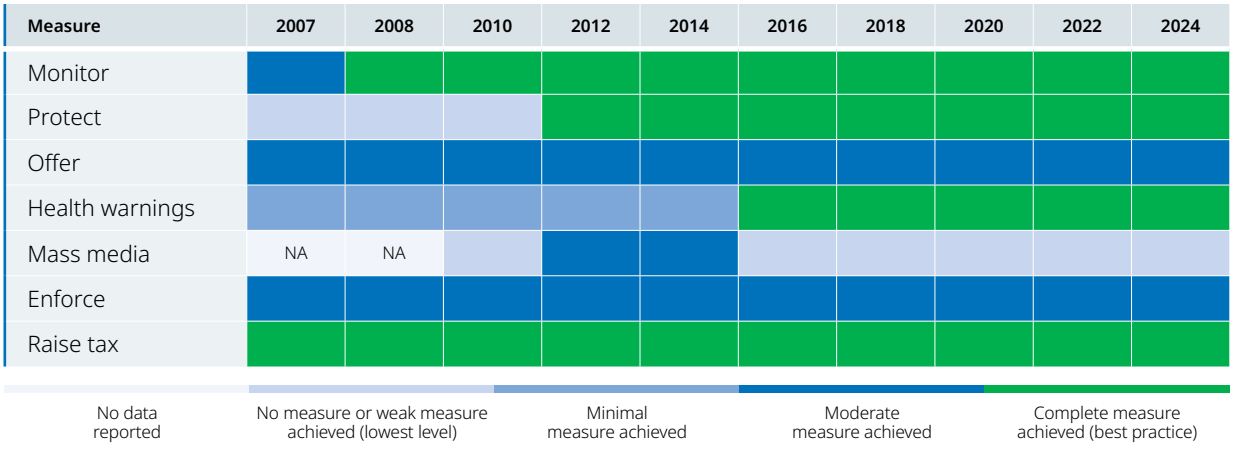
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: National Survey of Risk Factors for Health, 2020, national, age ≥ 20 years										
Men	–	–	40.5	36.1	40.0	–	2.8	–	9.6	–
Women	–	–	38.7	33.4	38.6	–	0.2	–	11.1	–
Both sexes	–	–	39.4	34.5	39.2	34.5	1.6	–	10.3	–
Adolescents: GYTS, 2023, national, age 13–15 years										
Boys	20.4	–	18.5	–	14.5	–	3.2	–	19.3	–
Girls	33.0	–	28.9	–	25.2	–	2.5	–	27.2	–
Both sexes	26.6	–	23.6	–	19.8	–	2.9	–	23.3	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey.
Source: *(2)*.

Tobacco control has been strengthened over the years. Three MPOWER[2] measures have been at best-practice level since 2016: Protect, Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2008 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Croatia

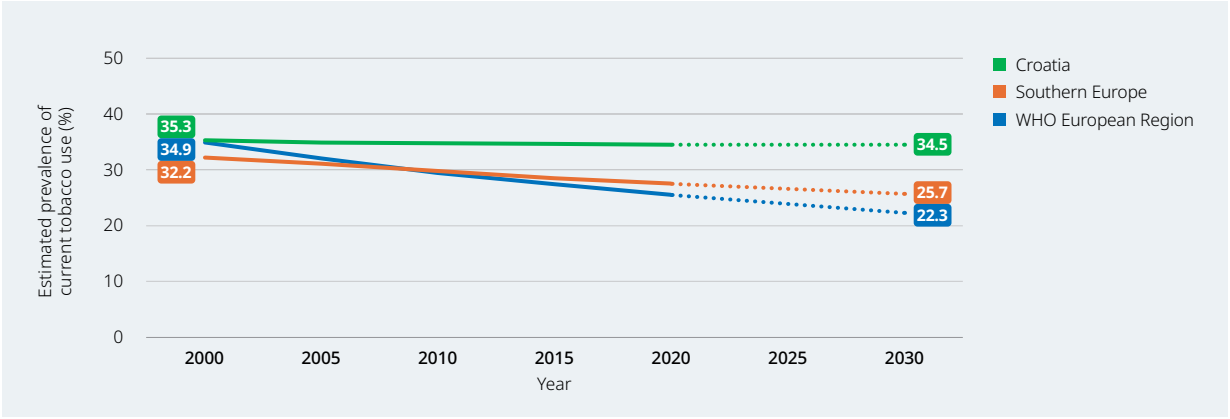
Estimated number of current adult tobacco users in 2024: **1 002 000** (men: **515 000**; women: **487 000**).[1]

Key messages

In Croatia, tobacco use has been persistently high at around 35%, and is projected to remain so through to 2030. In contrast to steady declines in both southern Europe and the WHO European Region, the trend in estimated prevalence is projected to shift from being close to regional averages in 2000 to becoming markedly higher by 2030 (Fig. 1).

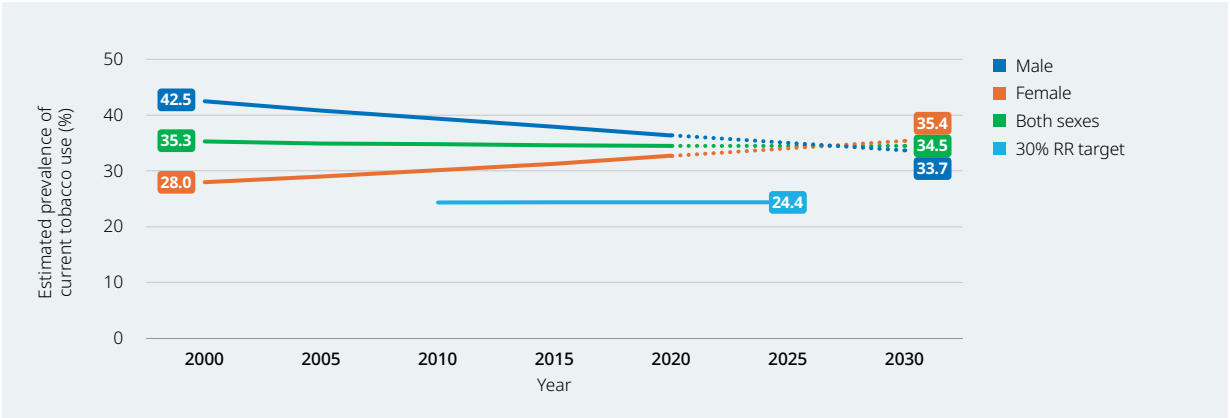
Based on modelled trends, Croatia is unlikely to achieve the 30% relative reduction target. Furthermore, the prevalence among women is projected to increase notably from 28.0% in 2000 to 35.4% by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Croatia, southern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Current cigarette smoking remains high among both adults (42.8% in men and 33.0% in women) and adolescents (24.0% among boys and 28.0% among girls; Table 1). In contrast, electronic cigarette use is markedly higher among adolescents than adults for both sexes, and is particularly high among girls.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: *Stanje u području ovisnosti u općoj populaciji Republike Hrvatske* [State of addiction in the general population of the Republic of Croatia], 2023, national, age 15–64 years										
Men	–	–	–	–	42.8	39.6	–	–	10.5	–
Women	–	–	–	–	33.0	28.7	–	–	13.5	–
Both sexes	–	–	–	–	37.9	34.1	–	–	12.0	–
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	24.0	–	–	–	21.0	–
Girls	–	–	–	–	28.0	–	–	–	29.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: (2).

Tobacco control has been strengthened over the years. Two MPOWER[2] measures have been at best-practice level since 2018: Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2012 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: (3).

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Cyprus

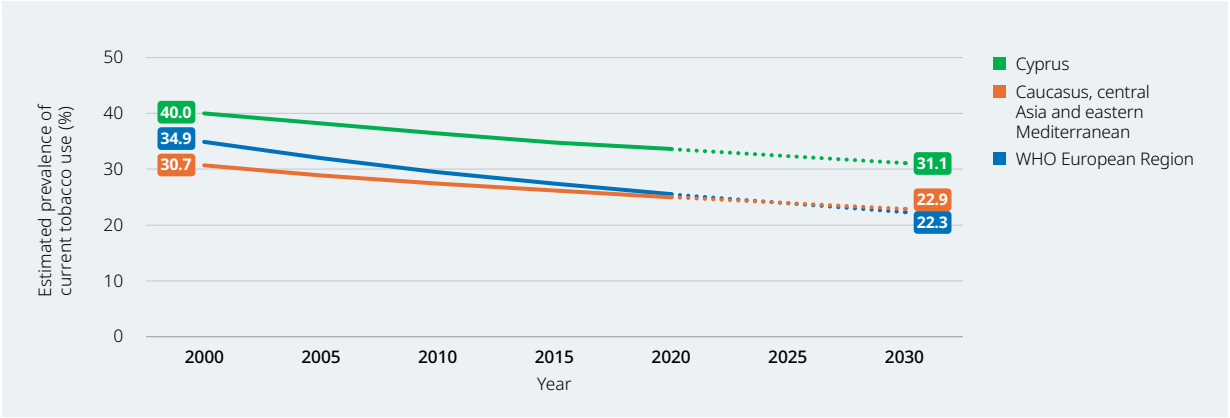
Estimated number of current adult tobacco users in 2024: **357 000** (men: **256 000**; women: **100 000**).[1,2]

Key messages

From an estimated prevalence of 40.0% in 2000, current tobacco use in Cyprus has remained consistently higher than the WHO European Regional and subregional (Caucasus, central Asia and eastern Mediterranean) averages, and is projected to decrease to 31.1% by 2030 (Fig. 1).

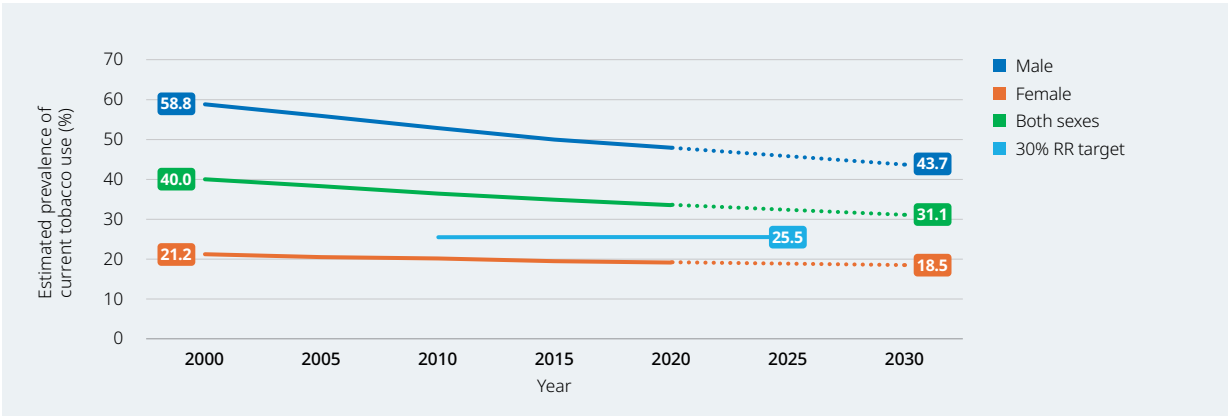
Based on modelled trends, Cyprus was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 36.4% to 32.3%, representing an 11% relative reduction (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Cyprus; Caucasus, central Asia and eastern Mediterranean; and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

Cigarette smoking among 15-year-olds is at 13% among boys and 9% among girls (Table 1). Electronic cigarette (e-cigarette) use is two to three times higher than cigarette smoking among adolescents, at 24% among boys and 29% among girls. E-cigarette use among adults was 2% in 2020.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: National addictions authority general population survey, 2023, national, age 18–64 years (tobacco smoking); and Eurobarometer, 2020, national, age ≥ 15 years (e-cigarette use)										
Men	–	–	49.7	47.3	–	–	–	–	–	–
Women	–	–	28.6	24.7	–	–	–	–	–	–
Both sexes	–	–	38.9	35.7	–	–	–	–	2.0	–
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	13.0	–	–	–	24.0	–
Girls	–	–	–	–	9.0	–	–	–	29.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: (2).

Tobacco control has been strengthened over the years. One MPOWER[3] measure has been at best-practice level since 2018: Warn (Health warnings). Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2016 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: (3).

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Czechia

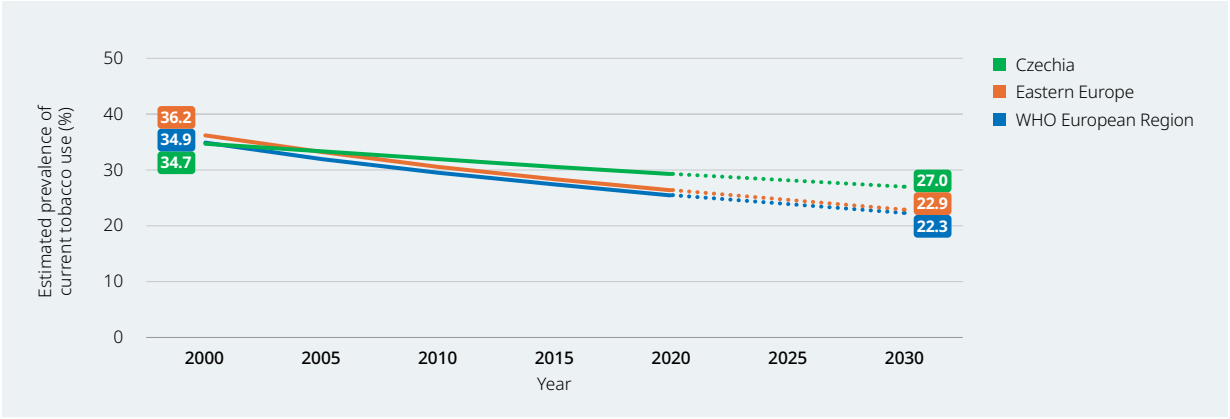
Estimated number of current adult tobacco users in 2024: **2 369 000** (men: **1 360 000**; women: **1 009 000**).[1]

Key messages

In Czechia, tobacco use gradually declined from 34.7% in 2000 and is projected to reach 27.0% by 2030. In 2000 the estimated prevalence was lower than in eastern European and the WHO European Region, but since 2005 has been higher owing to a faster decline in the eastern European and the WHO European Regional averages, with the gap predicted to widen through to 2030 (Fig. 1).

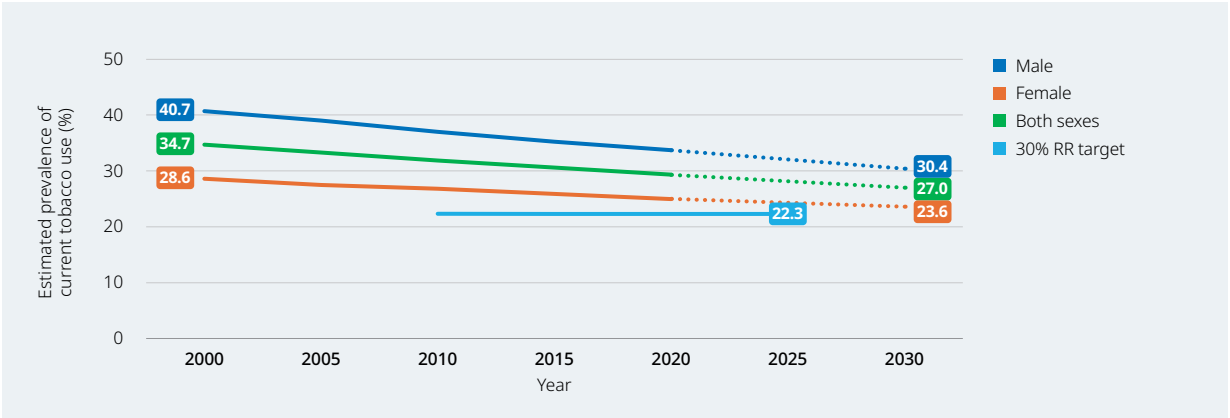
Based on modelled trends, Czechia was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 31.9% to 28.1%, representing a 12% relative reduction (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Czechia, eastern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Current tobacco use remains high among both adults (28.1%) and adolescents (21.5%) (Table 1). In contrast, electronic cigarette (e-cigarette) use is markedly higher among adolescents (21.4%) than adults (11.1%), and is driven particularly by higher use among girls. Rates of both tobacco use and e-cigarette use are higher among girls than boys.

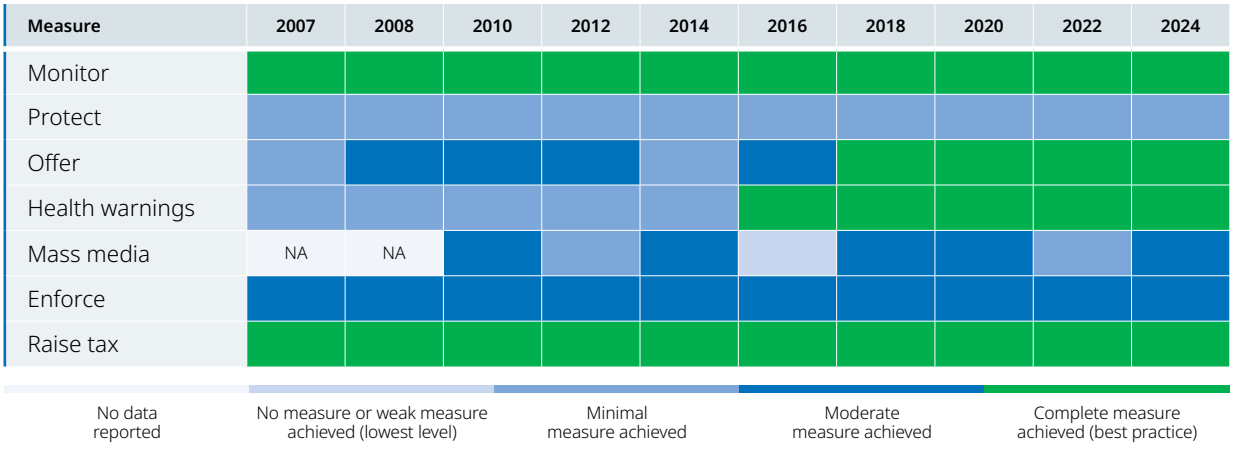
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: National Survey on Tobacco and Alcohol Use in Czechia, 2023, national, age ≥ 15 years										
Men	32.8	22.8	29.1	20.1	25.9	19.4	4.4	1.5	10.9	6.5
Women	23.7	14.9	20.3	11.9	18.9	11.4	1.7	0.8	11.4	5.7
Both sexes	28.1	18.8	24.6	15.9	22.3	15.3	3.0	1.1	11.1	6.1
Adolescents: GYTS, 2022, national, age 13–15 years										
Boys	19.0	–	14.1	–	9.0	–	7.8	–	18.3	–
Girls	24.1	–	18.7	–	13.6	–	7.3	–	24.7	–
Both sexes	21.5	–	16.4	–	11.2	–	7.6	–	21.4	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey.
Source: *(2)*.

Tobacco control has been strengthened over the years. Three MPOWER[2] measures have been at best-practice level since 2018: Offer, Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Denmark

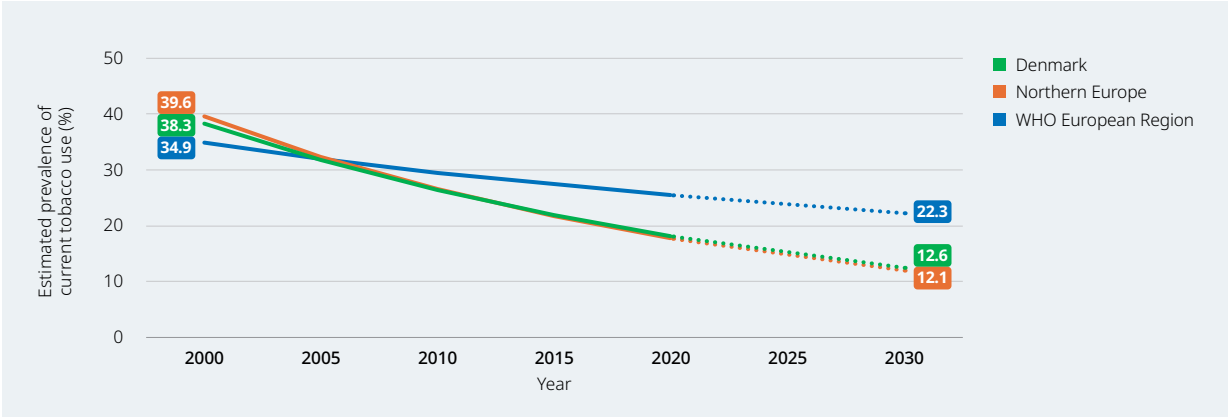
Estimated number of current adult tobacco users in 2024: **781 000** (men: **409 000**; women: **372 000**).[1]

Key messages

In Denmark, a sharp, sustained decline in tobacco use from 38.3% in 2000 to an estimated 12.6% by 2030 closely tracks the downward trend in northern Europe. The estimated prevalence is projected to shift from being above the WHO European Regional average in 2000 to substantially below it by 2030, with a widening gap over time (Fig. 1).

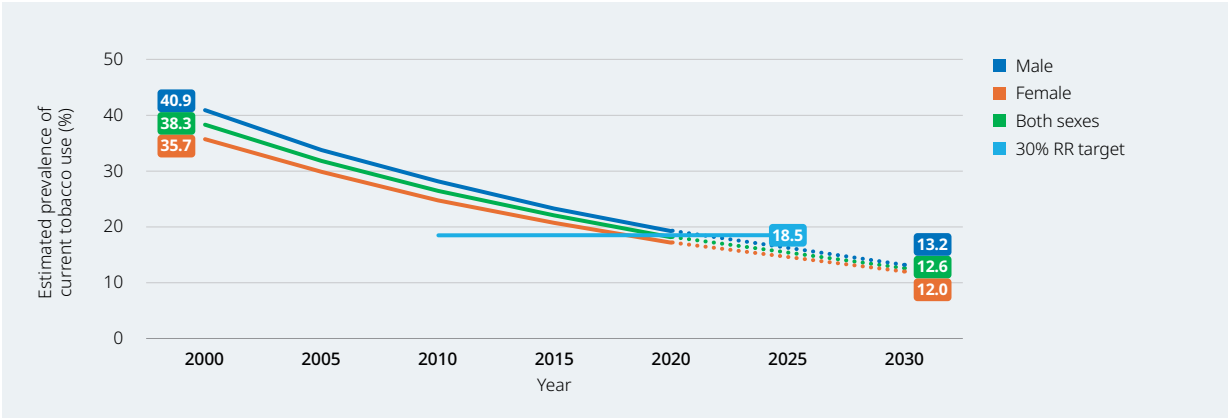
Based on modelled trends, Denmark was projected to achieve a sufficient decrease in prevalence between 2010 and 2025 to meet the 30% relative reduction target. Over this period, the gap between men and women narrowed steadily, with the estimated prevalences almost converging by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Denmark, northern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Rates of cigarette smoking among 15-year-olds are 10.0% among boys and 15.0% among girls (Table 1). Electronic cigarette use is markedly higher among adolescents compared with adults.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: National Health Survey, 2023, national, age ≥ 16 years										
Men	–	–	18.9	12.9	–	–	–	–	5.0	2.6
Women	–	–	14.2	10.5	–	–	–	–	5.0	2.1
Both sexes	–	–	–	11.7	–	–	–	–	5.0	2.3
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	10.0	2.0	–	–	11.0	–
Girls	–	–	–	–	15.0	2.0	–	–	12.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. Three MPOWER[2] measures have been at best-practice level since 2020: Offer, Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Estonia

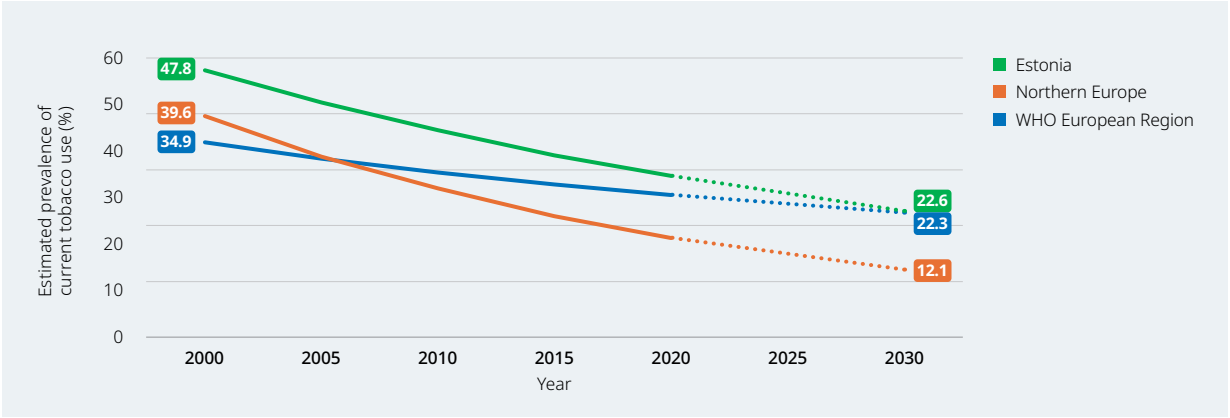
Estimated number of current adult tobacco users in 2024: **268 000** (men: **161 000**; women: **108 000**).[1,2]

Key messages

In Estonia, the estimated prevalence in tobacco use (47.8% in 2000) has undergone a sustained decline that broadly tracks the downward trend in northern Europe and is projected to reach 22.6% by 2030. Although prevalence in Estonia was well above the WHO European Region average in 2020, the gap has narrowed substantially and is projected to nearly close by 2030 (Fig. 1).

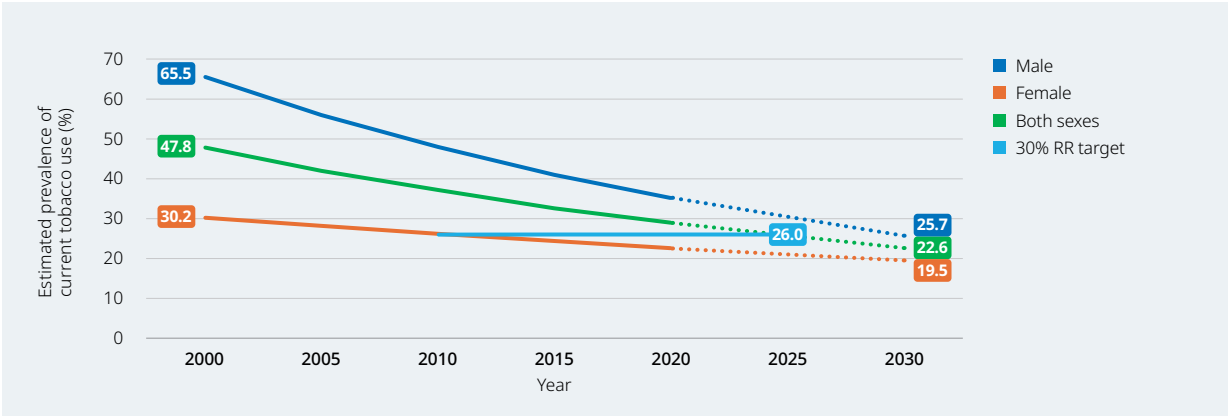
Based on modelled trends, Estonia was projected to achieve a sufficient decrease in prevalence between 2010 and 2025 to meet the 30% relative reduction target. Over this period, the gap between men and women narrowed steadily, with the estimated prevalence projected to reach 25.7% for men and 19.5% for women by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Estonia, northern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

Rates of cigarette smoking among 15-year-olds are 10.6% among boys and 12.9% among girls (Table 1). Electronic cigarette use is markedly higher among 15-year-olds than adults for both sexes, and is particularly high among girls.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Health Behaviour among the Estonian Adult Population, 2022, national, age 16–64 years										
Men	32.4	26.2	29.5	21.0	–	–	4.6	–	4.6	–
Women	18.8	15.2	18.8	12.1	–	–	0.7	–	0.7	–
Both sexes	24.6	19.8	23.3	15.9	–	–	2.4	–	2.4	–
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	10.6	–	12.4	–	20.4	–
Girls	–	–	–	–	12.9	–	11.7	–	30.6	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. Two MPOWER[3] measures have been at best-practice level since 2016: Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor and Mass media measures indicates both sustained surveillance capacity since 2007 and the implementation of regular public awareness campaigns since 2016 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Finland

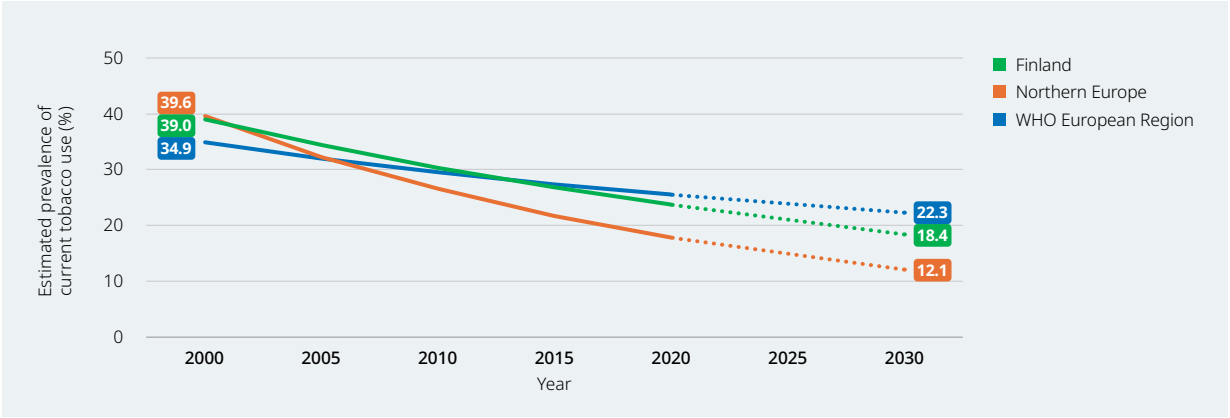
Estimated number of current adult tobacco users in 2024: **890 000** (men: **540 000**; women: **350 000**).[1]

Key messages

In Finland, a steady decline in tobacco use from 39.0% in 2000 to a projected 18.4% by 2030 broadly tracks the downward trend in northern Europe, while remaining consistently higher from 2005 onwards. The trend in prevalence has shifted from being above the WHO European Regional average in 2000 to below it by around 2015, with the gap continuing to widen thereafter (Fig. 1).

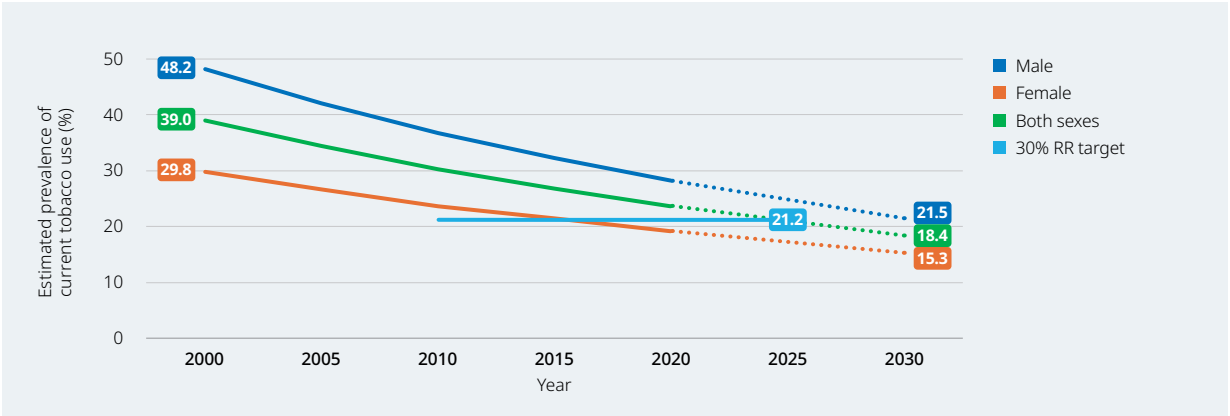
Based on modelled trends, Finland was projected to achieve a sufficient decrease in prevalence between 2010 and 2025 to meet the 30% relative reduction target. Over this period, the gap between men and women narrowed steadily, with the estimated prevalence projected to reach 21.5% for men and 15.3% for women by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Finland, northern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Current tobacco use remains relatively high among both adults (24.0%) and adolescents (17.0%), with higher prevalences among men and boys (Table 1). In contrast, electronic cigarette use is markedly higher among adolescents (16.0%) than adults (3.0%), and is similar between boys and girls.

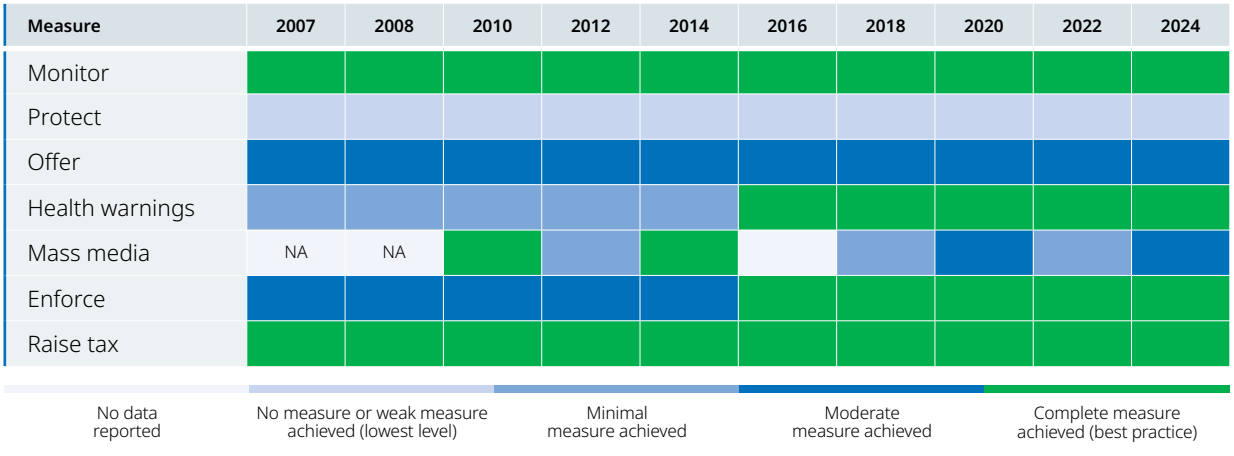
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Healthy Finland Survey, 2022, national, age 20–64 years										
Men	30.0	18.0	20.0	11.0	–	–	12.0	6.0	3.0	1.0
Women	19.0	11.0	14.0	9.0	–	–	2.0	1.0	2.0	1.0
Both sexes	24.0	14.0	17.0	10.0	–	–	7.0	4.0	3.0	1.0
Adolescents: National School Health Promotion Study, 2023, national, 8th–9th grade										
Boys	19.0	10.0	16.0	6.0	–	–	12.0	6.0	16.0	7.0
Girls	14.0	5.0	13.0	4.0	–	–	4.0	2.0	17.0	6.0
Both sexes	17.0	7.0	14.0	5.0	–	–	8.0	4.0	16.0	7.0

Notes: E-cigarette: electronic cigarette.
Tobacco smoking among adults refers to the population aged ≥ 20 years.
Source: *(2)*.

Tobacco control has been strengthened over the years. Three MPOWER[2] measures have been at best-practice level since 2016: Warn (Health warnings), Enforce and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

France

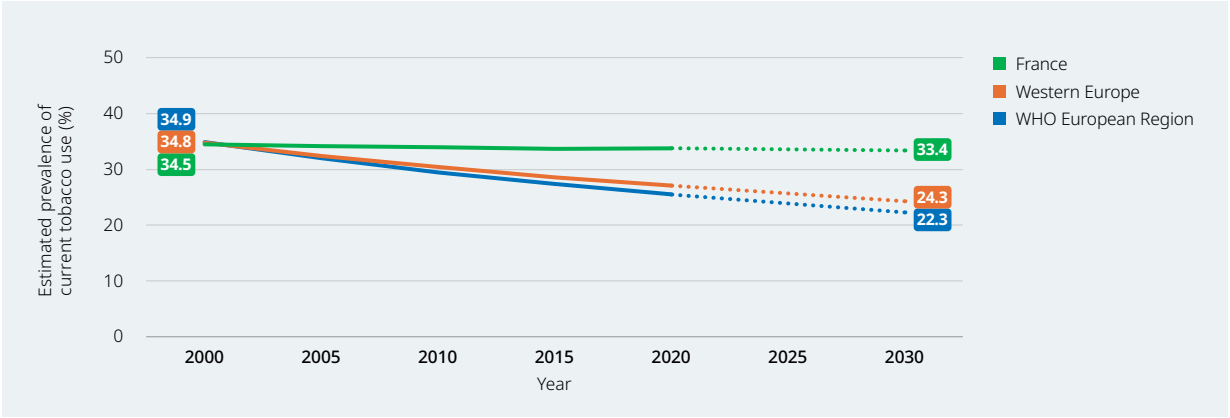
Estimated number of current adult tobacco users in 2024: **15 660 000** (men: **8 344 000**; women: **7 316 000**).[1]

Key messages

In France, tobacco use is persistently high. The estimated prevalence was around 34% in 2000 and is expected remain unchanged through to 2030, in contrast to steady declines in both western Europe and the WHO European Region. Consequently, the estimated prevalence is projected to shift from being close to regional averages in 2000 to being markedly higher by 2030 (Fig. 1).

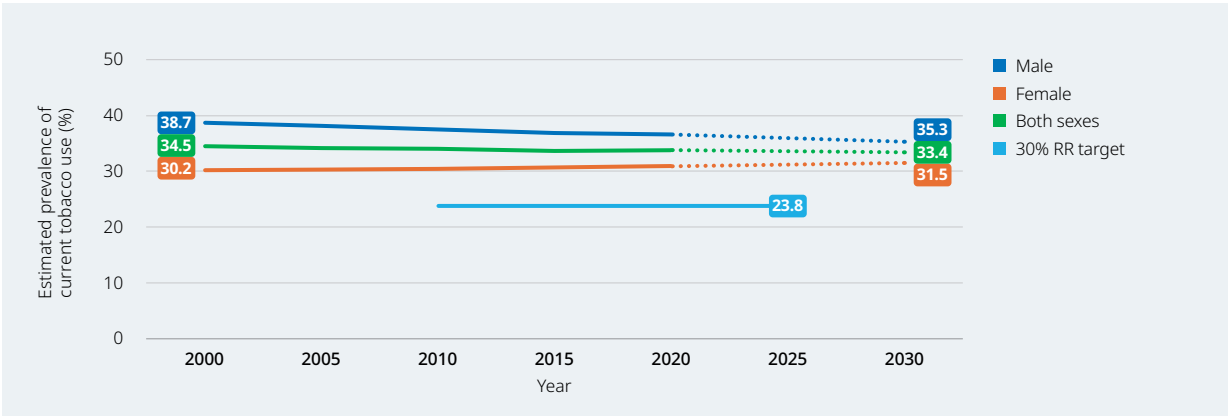
Based on modelled trends, France is unlikely to achieve the 30% relative reduction target. Furthermore, the prevalence among women is projected to increase from 30.2% in 2000 to 31.5% by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, France, western Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Rates of cigarette smoking among 15-year-olds are 11.0% among boys and 13.0% among girls (Table 1). Electronic cigarette (e-cigarette) use is higher among girls (20%) than boys (17%). E-cigarette use among adults was 7.3% in 2022.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: *Baromètre santé* [Health Barometer], 2022, national, age 18–75 years										
Men	–	–	–	27.4	–	–	–	–	–	–
Women	–	–	–	21.7	–	–	–	–	–	–
Both sexes	–	–	–	24.5	–	–	–	–	7.3	5.5
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	11.0	–	–	–	17.0	–
Girls	–	–	–	–	13.0	–	–	–	20.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. Two MPOWER[2] measures have been at best-practice level since 2016: Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor and Mass media measures indicates both sustained surveillance capacity since 2007 and the implementation of regular public awareness campaigns since 2018 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Georgia

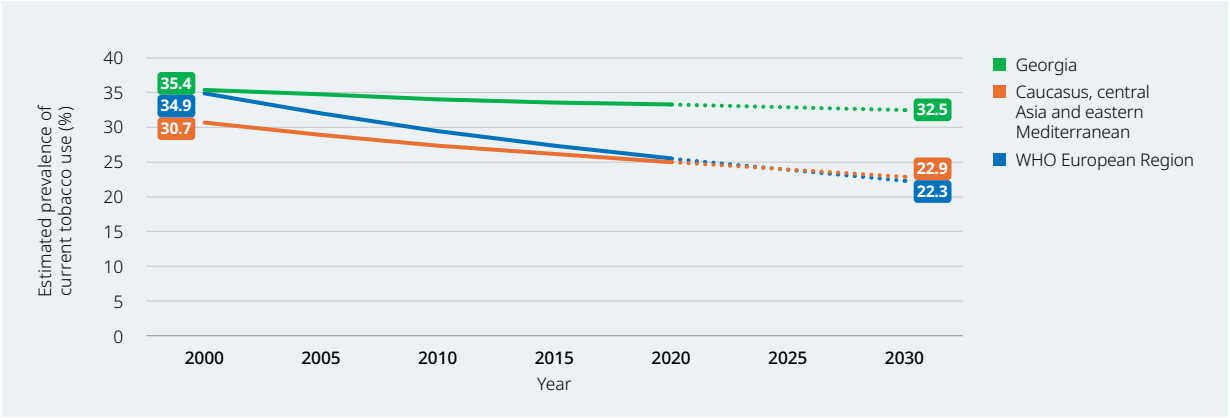
Estimated number of current adult tobacco users in 2024: **890 000** (men: **762 000**; women: **127 000**).[1,2]

Key messages

In Georgia, tobacco use is persistently high with a slow decline from 35.4% in 2000 to an expected level of 32.5% in 2030, in contrast to steady declines in both WHO European Regional and subregional (Caucasus, central Asia and eastern Mediterranean) averages. Consequently, the estimated prevalence is projected to shift from being close to regional averages in 2000 to being markedly higher by 2030 (Fig. 1).

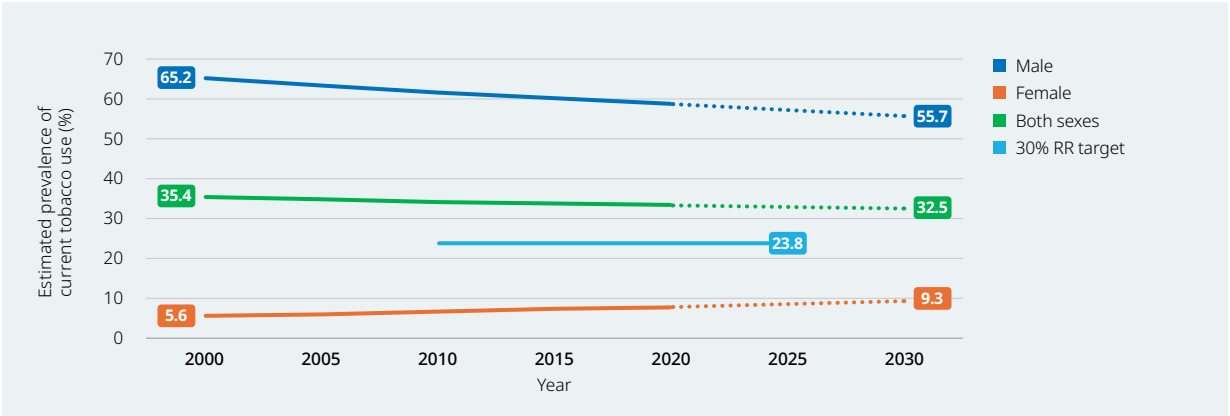
Based on modelled trends, Georgia was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 34.0% to 32.7%, representing a relative reduction of only 4%. Rates of tobacco use in women are projected to increase from 5.6% in 2000 to 9.3% in 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Georgia; Caucasus, central Asia and eastern Mediterranean; and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

There is a stark gender gap in prevalence of tobacco smoking among adults, with 49.5% of men and 8.4% of women reporting current smoking (Table 1). The prevalence of tobacco smoking among adolescents follows a similar, but less pronounced, pattern, at 13.3% among boys and 9.7% among girls. Electronic cigarettes are used by 11.3% of adolescents, but just 0.3% of adults.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Public Support Study on Banning Smoking in Taxis, 2020, national, age ≥ 18 years (tobacco smoking); and National tobacco survey, 2019, national, age 18–69 years (smokeless tobacco and e-cigarette use)										
Men	–	–	49.5	–	–	–	0.0	–	0.6	–
Women	–	–	8.4	–	–	–	0.0	–	0.0	–
Both sexes	–	–	28.2	–	–	–	0.0	–	0.3	–
Adolescents: GYTS, 2023, national, age 13–15 years										
Boys	16.3	–	13.3	–	5.1	–	5.7	–	12.3	–
Girls	11.2	–	9.7	–	5.3	–	2.4	–	10.4	–
Both sexes	14.0	–	11.6	–	5.2	–	4.2	–	11.3	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey.
Source: *(2)*.

Tobacco control has been strengthened over the years. As of 31 December 2024, one MPOWER[3] measure has reached best-practice level: Warn (Health warnings). Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2014 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Germany

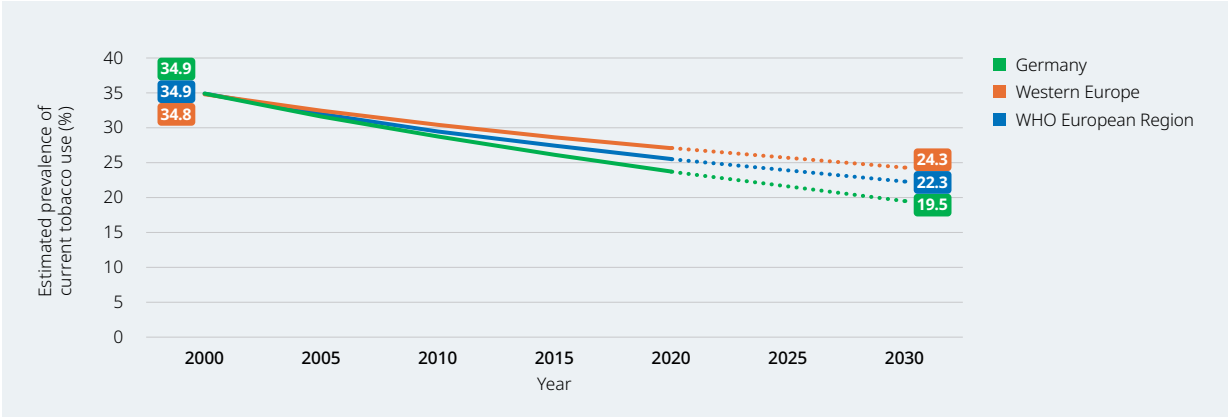
Estimated number of current adult tobacco users in 2024: **13 937 000** (men: **7 864 000**; women: **6 072 000**).[1,2]

Key messages

In Germany, tobacco use has declined steadily from 34.9% in 2000 and is predicted to reach 19.5% by 2030. The trend is closely aligned to, but consistently below, the WHO European Regional and the western European averages, with the gap widening over time (Fig. 1).

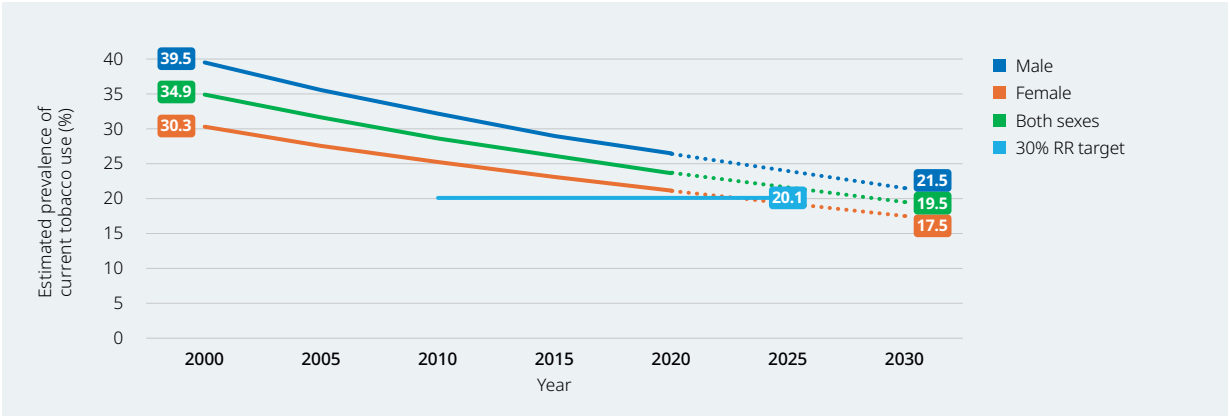
Based on modelled trends, Germany was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 28.7% to 21.5%, representing a 25% relative reduction. Over this period, the gap between men and women narrowed steadily, with the estimated prevalence projected to reach 21.5% for men and 17.5% for women by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Germany, western Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

Rates of cigarette smoking among 15-year-olds are 15.0% among boys and 18.0% among girls (Table 1). Electronic cigarette (e-cigarette) use is markedly higher among adolescents than adults. Both cigarette smoking and e-cigarette use are higher among girls than boys.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: *Epidemiologischer Suchtsurvey* [Epidemiological Addiction Survey], 2021, national, age 18–64 years										
Men	–	–	25.7	–	–	–	–	–	4.9	–
Women	–	–	19.6	–	–	–	–	–	3.6	–
Both sexes	–	–	22.7	–	–	–	–	–	4.3	–
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	15.0	–	–	–	21.0	–
Girls	–	–	–	–	18.0	–	–	–	24.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. One MPOWER[3] measure has been at best-practice level (Warn – Health warnings) since 2016. Continuous best practice in the Monitor and Mass media measures indicates sustained surveillance capacity and the implementation of regular public awareness campaigns (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Greece

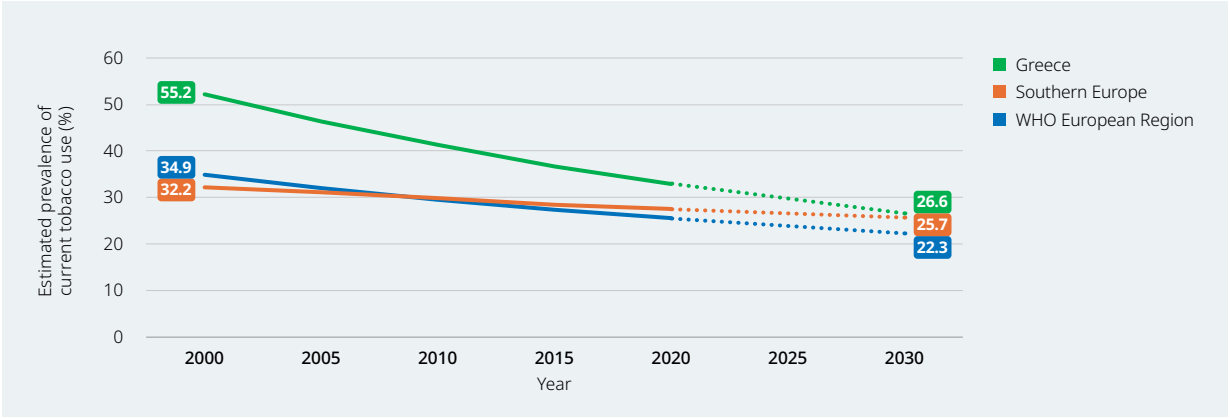
Estimated number of current adult tobacco users in 2024: **2 646 000** (men: **1 625 000**; women: **1 021 000**).[1]

Key messages

In Greece, tobacco use substantially declined from very high (52.2%) in 2000 to 26.6% by 2030. Although the gap with southern Europe is narrowing and projected to close by 2030, the estimated prevalence has remained consistently above the WHO European Regional average (Fig. 1).

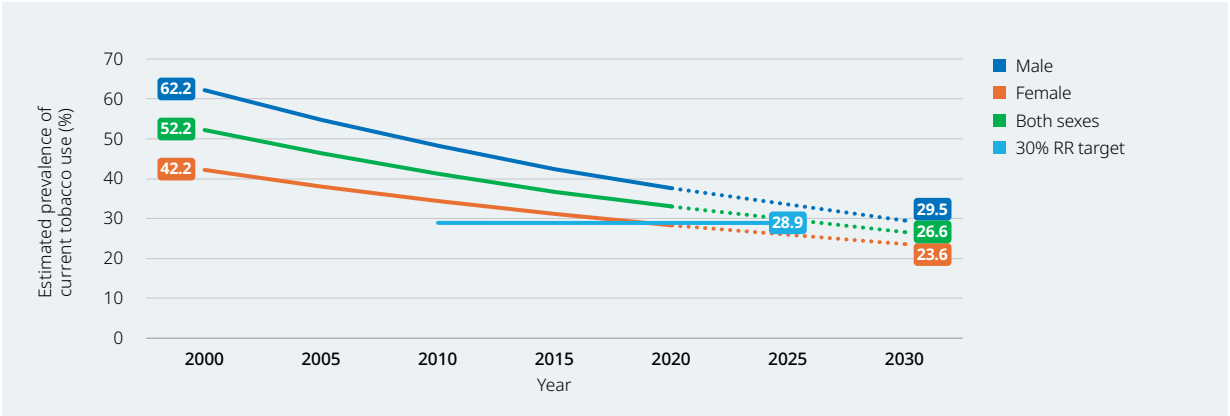
Based on modelled trends, Greece was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 41.3% to 29.7%, representing a 28% relative reduction. Over this period, the gap between men and women narrowed steadily, with the estimated prevalence projected to reach 29.5% for men and 23.6% for women by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Greece, southern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Tobacco smoking among adults is higher among men (36.0%) than women (21.8%). Among adolescents, the rates are similar among boys (15.3%) and girls (15.9%; Table 1). Electronic cigarettes are used by 17.7% of adolescents. The prevalence among adults was 2.9% in 2019.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: European Health Interview Survey, 2019, national, age ≥ 15 years										
Men	–	–	36.0	31.3	–	–	–	–	–	–
Women	–	–	21.8	19.0	–	–	–	–	–	–
Both sexes	–	–	–	24.9	–	–	–	–	2.9	1.8
Adolescents: GYTS, 2023, national, age 13–15 years										
Boys	19.5	–	15.3	–	10.9	–	8.1	–	17.2	–
Girls	21.4	–	15.9	–	11.4	–	8.7	–	18.1	–
Both sexes	20.5	–	15.6	–	11.2	–	8.5	–	17.7	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey.
Source: *(2)*.

Tobacco control has been strengthened over the years. Three MPOWER[2] measures have been at best-practice level since 2016: Protect, Warn (Health warnings) and Raise tax. The continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
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3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Hungary

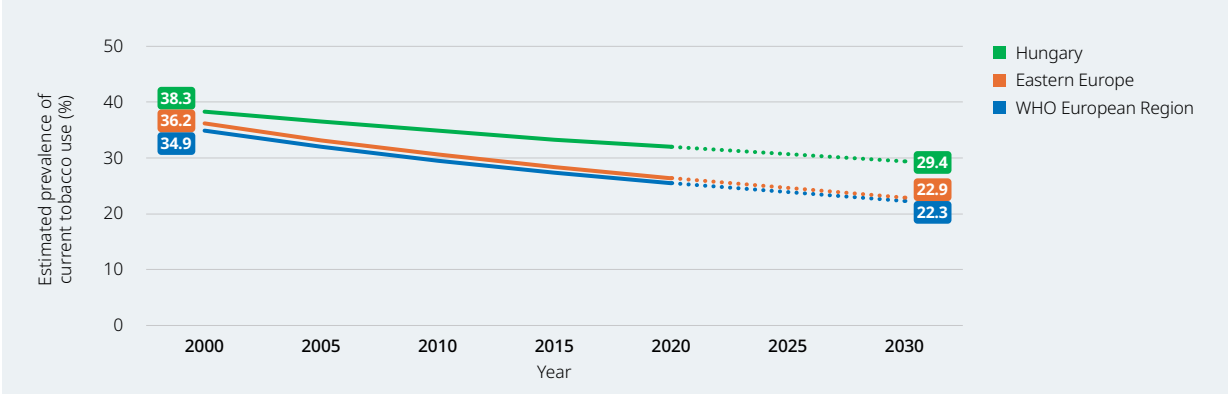
Estimated number of current adult tobacco users in 2024: **2 297 000** (men: **1 206 000**; women: **1 092 000**).[1,2]

Key messages

In Hungary, tobacco use has declined from 38.3% in 2000 to a projected 29.4% in 2030, but the rate of decline is slower than in eastern Europe and the WHO European Region. Consequently, the estimated prevalence is projected to shift from being close to regional averages in 2000 to being markedly higher than both averages by 2030 (Fig. 1).

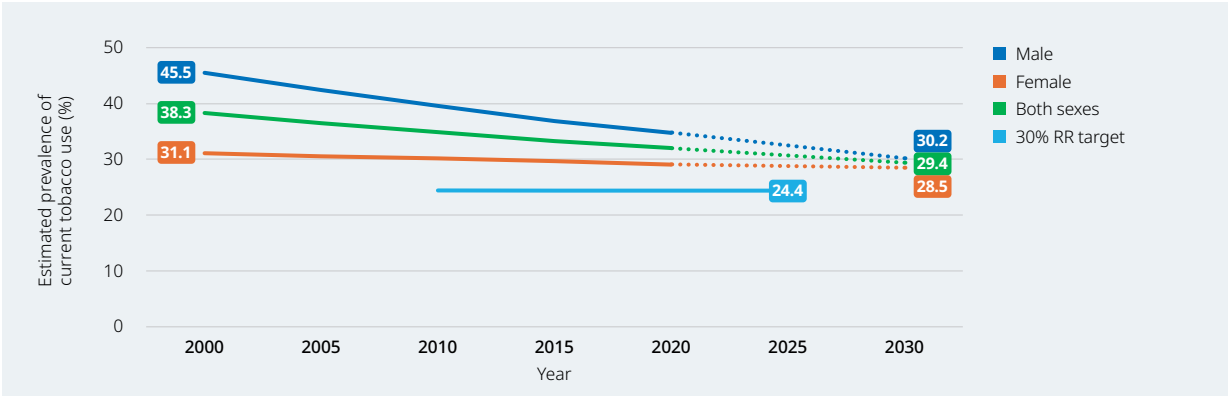
Based on modelled trends, Hungary was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 34.9% to 30.6%, representing a 12% relative reduction. Over this period, the gap between men and women narrowed steadily, with the estimated prevalences almost converging by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Hungary, eastern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: (1).

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: (1).

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

Rates of cigarette smoking among 15-year-olds are 25.0% among boys and 34.0% among girls (Table 1). Electronic cigarette use is markedly higher among adolescents than adults. Among adolescents, both cigarette smoking and e-cigarette use are more common among girls.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: European Health Interview Survey, 2019, national, age ≥ 15 years										
Men	–	–	30.4	27.7	–	–	–	–	2.7	1.6
Women	–	–	24.1	22.2	–	–	–	–	1.4	0.4
Both sexes	–	–	27.1	24.8	–	–	–	–	2.0	1.0
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	25.0	–	–	–	32.0	–
Girls	–	–	–	–	34.0	–	–	–	34.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. One MPOWER[3] measure has been at best-practice level since 2016: Warn (Health warnings). Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2012 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Iceland

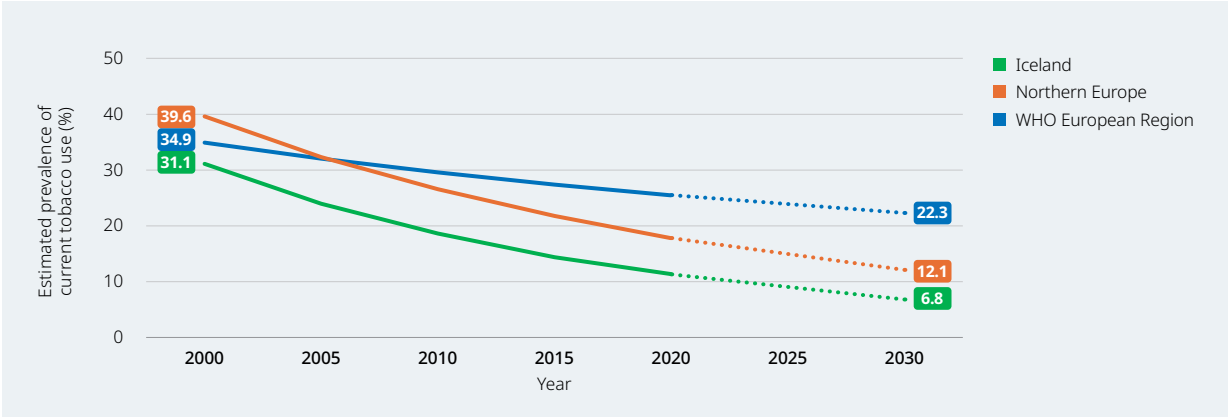
Estimated number of current adult tobacco users in 2024: **29 000** (men: **15 000**; women: **14 000**).[1]

Key messages

In Iceland, tobacco use underwent a sharp, sustained decline from 31.1% in 2000 and is projected to reach 6.8% by 2030, closely tracking the downward trend in northern Europe. The estimated prevalence is projected to remain substantially below the WHO European Regional average by 2030, with the gap widening over time (Fig. 1).

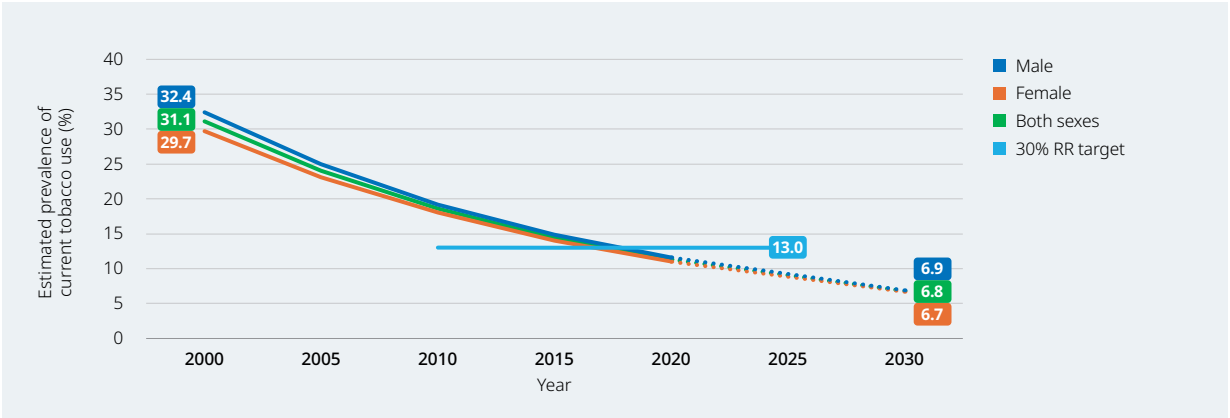
Based on modelled trends, Iceland was projected to achieve a sufficient decrease in prevalence between 2010 and 2025 to meet the 30% relative reduction target. Over this period, the gap between men and women narrowed steadily, with the estimated prevalences converging by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Iceland, northern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Rates of cigarette smoking among 15-year-olds are similar among boys and girls, at 4.0% and 3.0%, respectively (Table 1). Electronic cigarette (e-cigarette) use is more common than cigarette smoking, and e-cigarettes are more widely used by girls (16.0%) than by boys (11.0%).

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: *Tóbakskönnun* [Tobacco survey] by Gallup, 2023, national, age ≥ 18 years										
Men	–	–	8.1	5.9	–	–	–	2.1	–	4.3
Women	–	–	8.3	5.5	–	–	–	0.3	–	5.7
Both sexes	–	–	8.2	5.7	–	–	–	1.2	–	5.0
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	4.0	–	–	–	11.0	–
Girls	–	–	–	–	3.0	–	–	–	16.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

One MPOWER[2] measure has been at best-practice level since 2007: Enforce. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Ireland

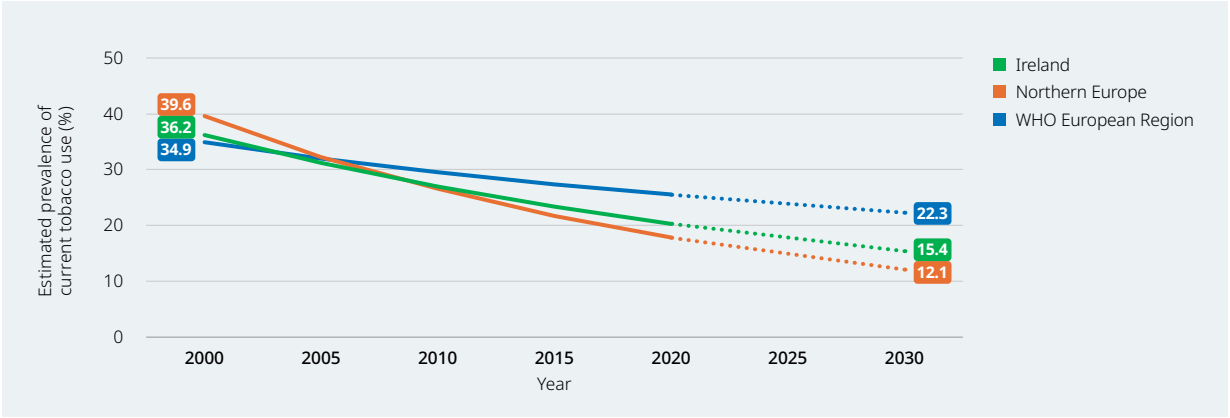
Estimated number of current adult tobacco users in 2024: **730 000** (men: **416 000**; women: **314 000**).[1]

Key messages

In Ireland, tobacco use underwent a sharp, sustained decline from 36.2% in 2000 and is projected to reach 15.4% by 2030, closely tracking the downward trend in northern Europe since 2015. The estimated prevalence is projected to shift from being above the WHO European Regional average in 2000 to substantially below it by 2030, with the gap widening over time (Fig. 1).

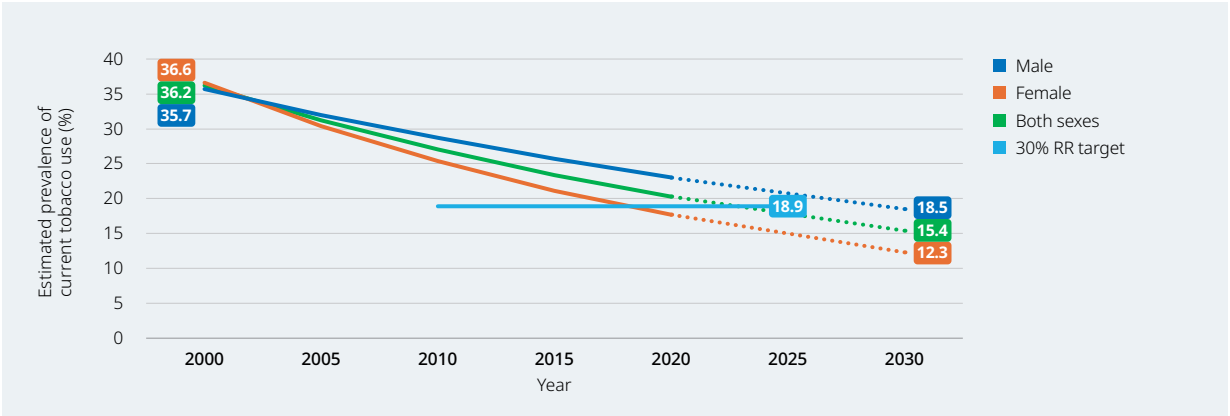
Based on modelled trends, Ireland was projected to achieve a sufficient decrease in prevalence between 2010 and 2025 to meet the 30% relative reduction target. Over this period, the gap between men and women widened steadily, with the estimated prevalences projected to reach 18.5% among men and 12.3% among women by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Ireland, northern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Rates of cigarette smoking among 15-year-olds are 6% among boys and 8% among girls (Table 1). Electronic cigarettes (e-cigarettes) are used by 13% of boys and 23% of girls. Prevalence of e-cigarette use among adults was 8% in 2024. In 15-year-olds, rates of both cigarette smoking and e-cigarette use are higher among girls.

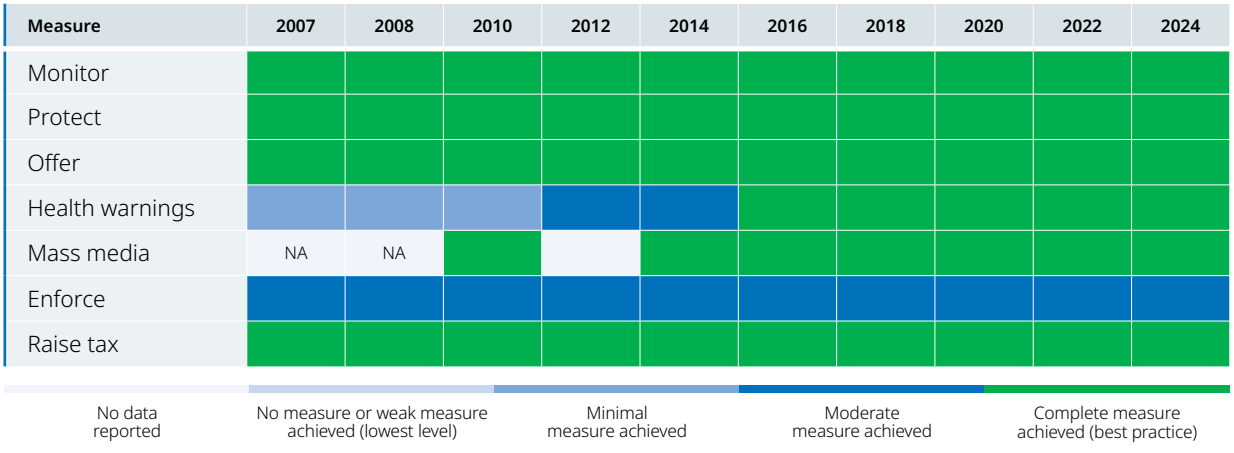
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Healthy Ireland Survey, 2024, national, age ≥ 15 years										
Men	–	–	20.0	–	–	–	–	–	–	–
Women	–	–	15.0	–	–	–	–	–	–	–
Both sexes	–	–	17.0	14.0	–	–	–	–	8.0	5.0
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	6.0	–	–	–	13.0	–
Girls	–	–	–	–	8.0	–	–	–	23.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2).*

Tobacco control has been strengthened over the years. All MPOWER[2] measures except for Enforce have been at best-practice level since 2016. Continuous best practice in the Monitor and Mass media measures indicates both sustained surveillance capacity since 2007 and the continued implementation of regular public awareness campaigns since 2014 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3).*

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Israel

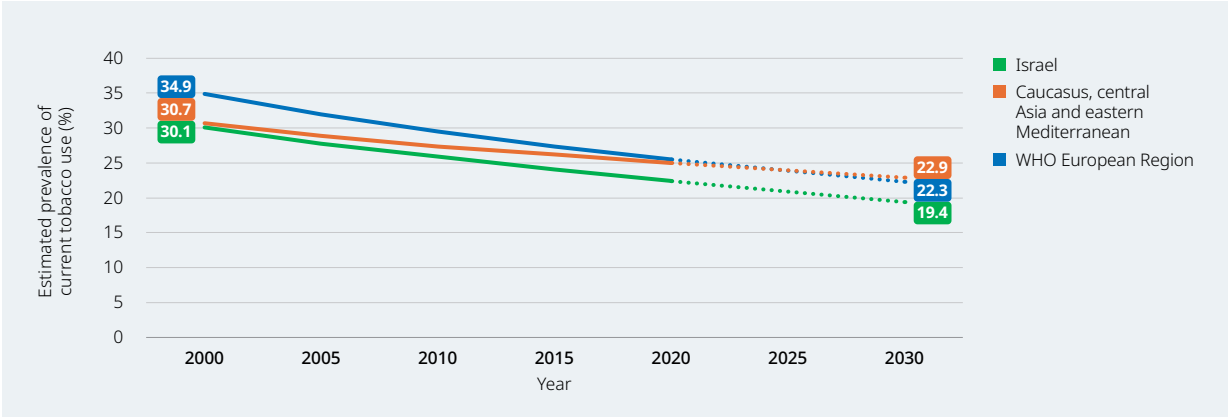
Estimated number of current adult tobacco users in 2024: **1 379 000** (men: **923 000**; women: **456 000**).[1]

Key messages

In Israel, tobacco use has steadily declined from 30.1% in 2000 and is projected to reach 19.4% by 2030. The trend is closely aligned to, but remains below, the WHO European Regional average. The estimated prevalence has also stayed below the subregional (Caucasus, central Asia and eastern Mediterranean) average, with the gap widening over time (Fig. 1).

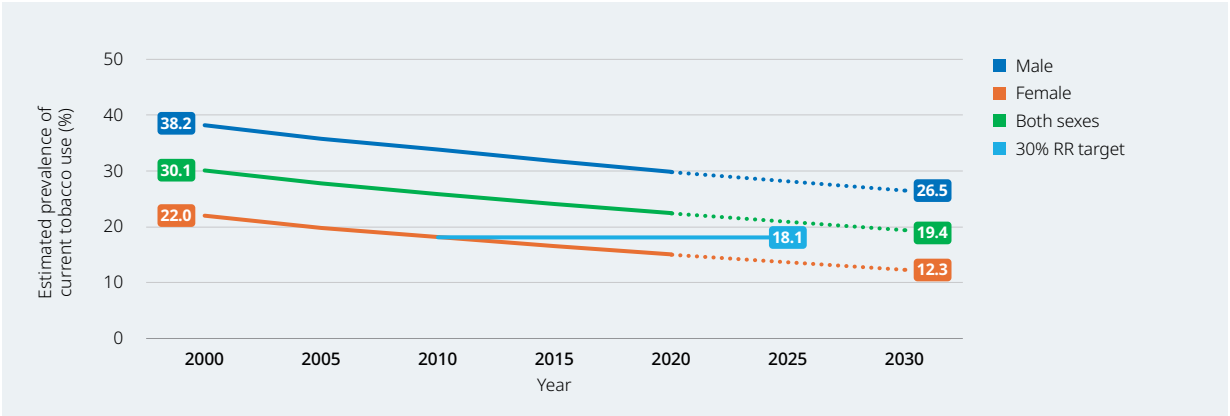
Based on modelled trends, Israel was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 25.9% to 20.9%, representing a 19% relative reduction (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Israel; Caucasus, central Asia and eastern Mediterranean; and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Rates of cigarette smoking among 15-year-olds are 13.0% among boys and 8.0% among girls, whereas the rates are nearly double among adults (Table 1). Among adolescents, electronic cigarette use is more common than cigarette smoking.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Israel National Health Interview Survey 4, 2022–2023, national, age ≥ 21 years										
Men	–	–	–	–	25.5	–	–	–	–	–
Women	–	–	–	–	14.8	–	–	–	–	–
Both sexes	–	–	–	–	20.1	–	–	–	–	–
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	13.0	–	–	–	17.0	–
Girls	–	–	–	–	8.0	–	–	–	12.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. Two MPOWER[2] measures have been at best-practice level since 2022: Offer and Raise tax (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										



Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Italy

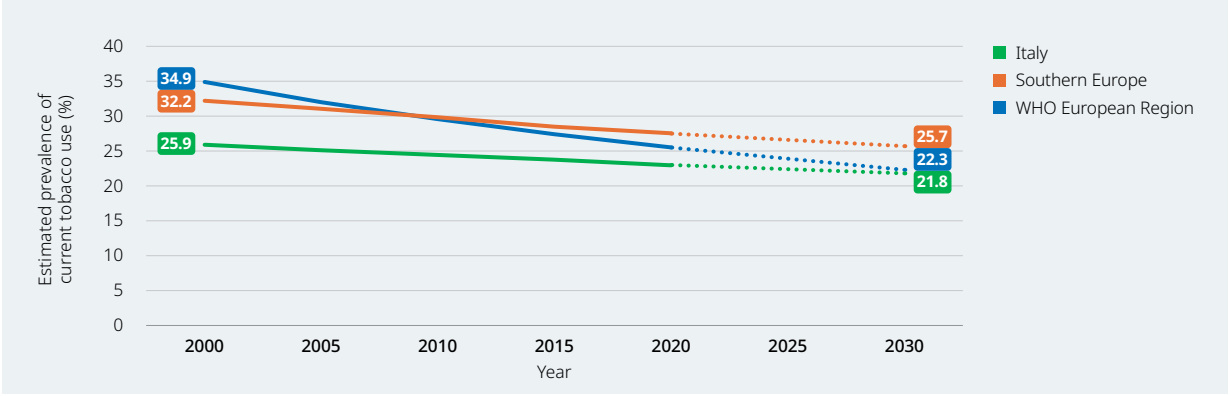
Estimated number of current adult tobacco users in 2024: **10 559 000** (men: **6 025 000**; women: **4 533 000**).[1,2]

Key messages

In Italy, tobacco use underwent a moderate decline from 25.9% in 2000 and is projected to reach 21.8% by 2030. The trend is closely aligned to, but remains below, the southern European average. The estimated prevalence has also stayed below the WHO European Regional average, but with the gap narrowing over time (Fig. 1).

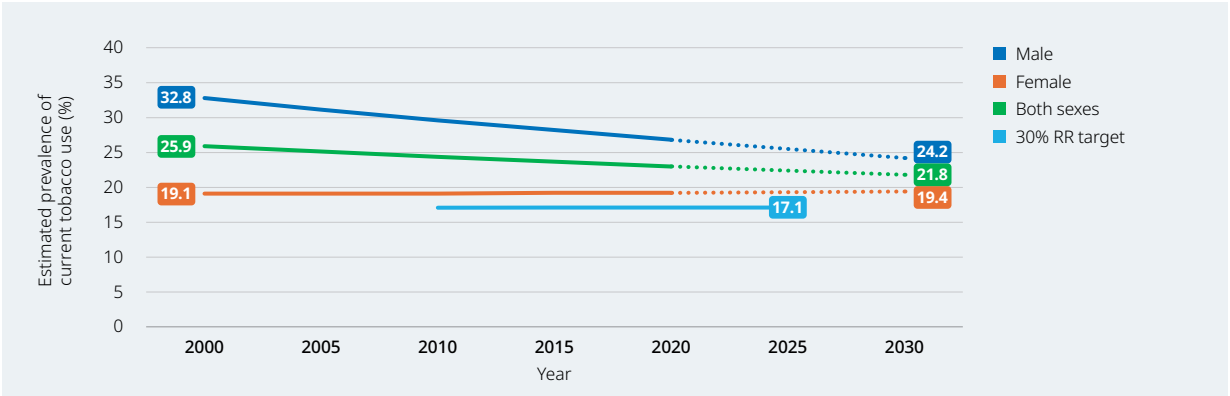
Based on modelled trends, Italy was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 24.4% to 22.3%, representing a 9% relative reduction. The rate of tobacco use in women is projected to remain almost unchanged, with a slight increase from 19.1% in 2000 to 19.4% in 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Italy, southern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: (1).

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: (1).

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

Rates of cigarette smoking are 25.9% among adults and 14.9% among adolescents (Table 1). Among adolescents, electronic cigarette (e-cigarette) use is more common than cigarette smoking, with e-cigarettes more widely used by girls (20.5%) than by boys (18.0%).

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Istituto Superiore di Sanità–DOXA, 2024, national, age ≥ 15 years										
Men	–	–	–	–	–	15.2	–	–	–	3.3
Women	–	–	–	–	–	15.4	–	–	–	3.7
Both sexes	–	–	–	–	25.9	15.3	–	–	–	3.5
Adolescents: GYTS, 2022, national, age 13–15 years										
Boys	18.5	–	14.5	–	12.8	–	1.2	–	18.0	–
Girls	22.8	–	17.5	–	17.3	–	1.4	–	20.5	–
Both sexes	20.5	–	15.9	–	14.9	–	1.3	–	19.3	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey.
Source: *(2)*.

Two MPOWER[3] measures have been at best-practice level since 2016: Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Kazakhstan

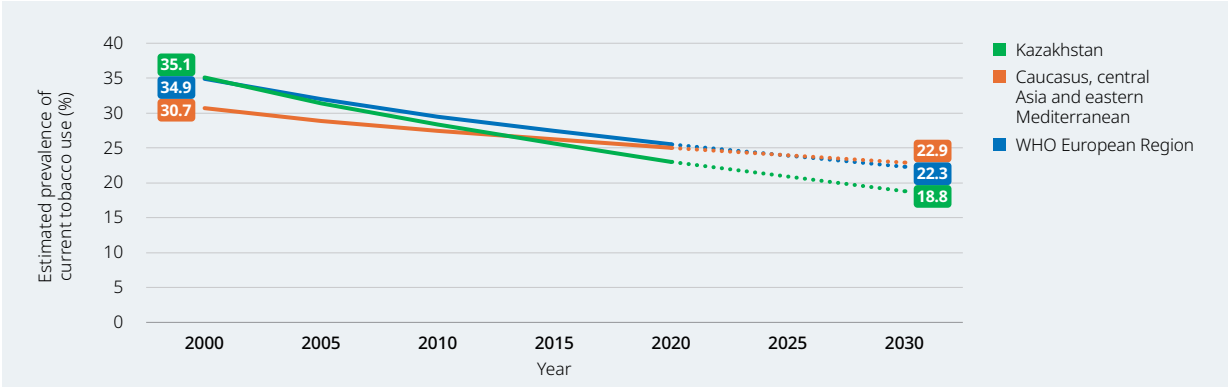
Estimated number of current adult tobacco users in 2024: **2 992 000** (men: **2 488 000**; women: **504 000**).[1]

Key messages

In Kazakhstan, tobacco use has steadily declined from 35.1% in 2000 and is projected to reach 18.8% by 2030. The trend has been closely aligned to, but remained below, the WHO European Regional average since around 2005, with the gap widening over time. The estimated prevalence converged with and then fell below the subregional (Caucasus, central Asia and eastern Mediterranean) average from around 2013 onwards, with a widening gap over time (Fig. 1).

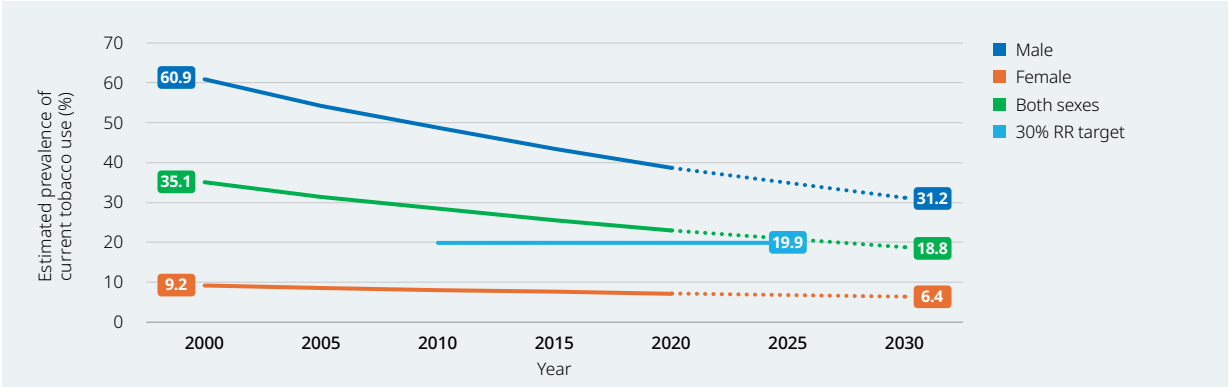
Based on modelled trends, Kazakhstan was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 28.4% to 20.8%, representing a 27% relative reduction. Over this period, the gap between men and women narrowed steadily, with the estimated prevalences projected to reach 31.2% for men and 6.4% for women by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Kazakhstan; Caucasus, central Asia and eastern Mediterranean; and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Rates of cigarette smoking among 15-year-olds are 8.0% among boys and 6.0% among girls (Table 1), with the rate of electronic cigarette (e-cigarette) use slightly higher among boys (11.0% vs 9.0% among girls). E-cigarette use is much lower among adults (2.0% among men and 0.6% among women).

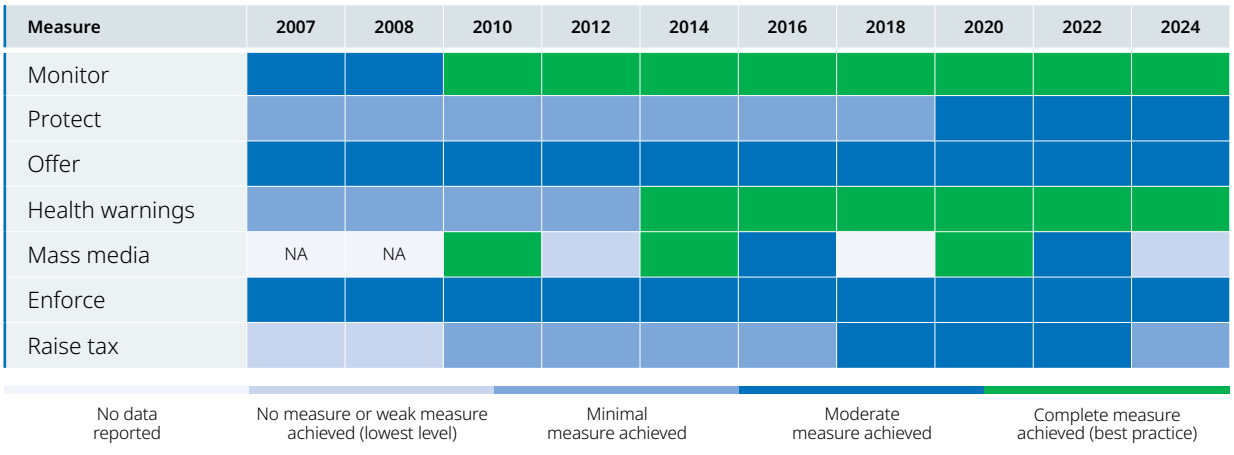
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Tobacco Consumption by the Adult Population in the Republic of Kazakhstan, 2023, national, age ≥ 15 years										
Men	–	–	36.0	30.2	–	–	2.7	1.1	2.0	0.4
Women	–	–	8.5	6.4	–	–	0.1	0.0	0.6	0.2
Both sexes	–	–	19.4	15.9	–	–	1.4	0.5	1.3	0.3
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	8.0	–	–	–	11.0	–
Girls	–	–	–	–	6.0	–	–	–	9.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. One MPOWER[2] measure has been at best-practice level since 2014: Warn (Health warnings). Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2010 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Kyrgyzstan

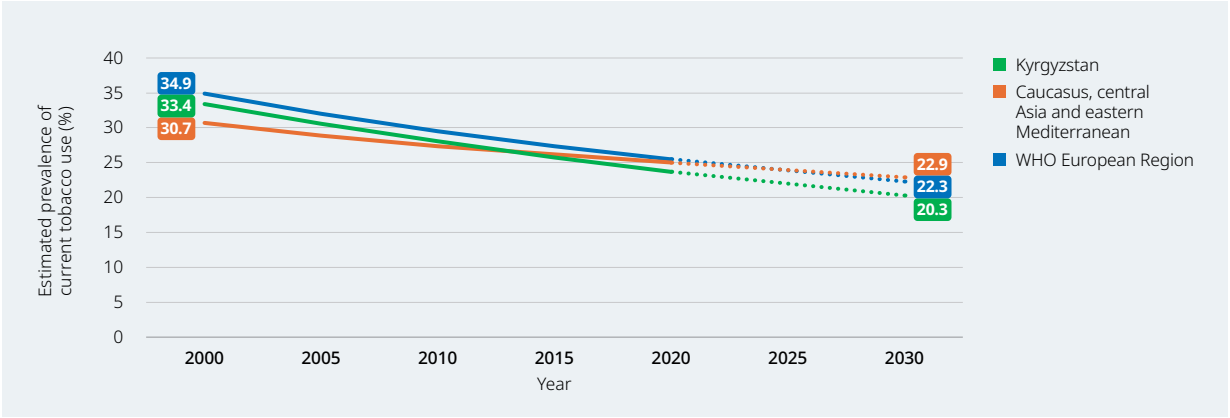
Estimated number of current adult tobacco users in 2024: **1 032 000** (men: **954 000**; women: **78 000**).[1]

Key messages

In Kyrgyzstan, tobacco use has steadily declined from 33.4% in 2000 and is projected to reach 20.3% by 2030. The trend is closely aligned to, but remains below, the WHO European Regional average. The estimated prevalence converged with and then fell below the subregional (Caucasus, central Asia and eastern Mediterranean) average from around 2013 onwards, with a widening gap over time (Fig. 1).

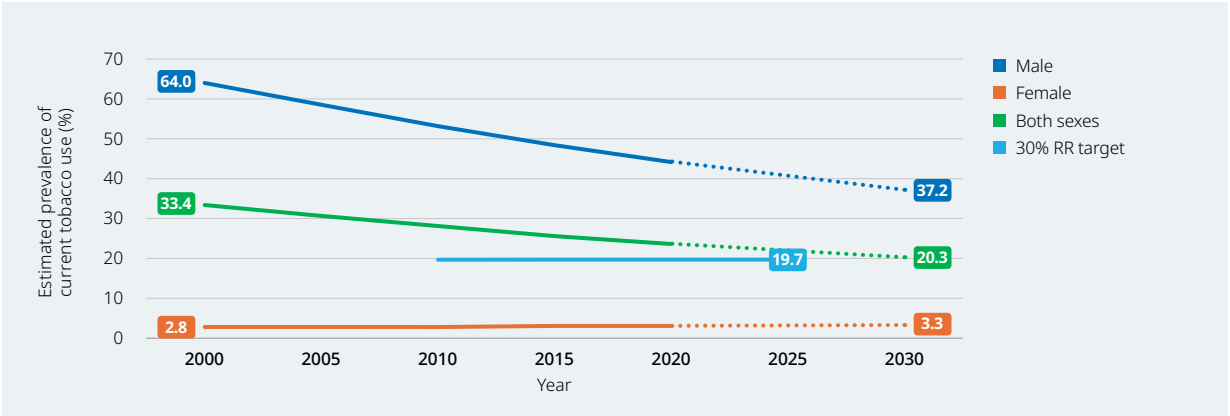
Based on modelled trends, Kyrgyzstan was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 28.1% to 22.0%, representing a 22% relative reduction. The rate of tobacco use in women is projected to increase from 2.8% in 2000 to 3.3% in 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Kyrgyzstan; Caucasus, central Asia and eastern Mediterranean; and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Rates of cigarette smoking among 15-year-olds are 10% among boys and 3% among girls and rates among adults are 28.1% in men and 2.5% in women (Table 1). In adolescents, rates of electronic cigarette use are similar to those of cigarette smoking, at 9% among boys and 5% among girls.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: STEPS, 2023, national, age 18–69 years										
Men	38.5	32.6	30.3	25.4	28.1	24.4	12.1	8.4	–	–
Women	2.8	2.5	2.7	2.5	2.5	2.3	0.1	0.0	–	–
Both sexes	21.5	18.2	17.1	14.4	15.9	13.9	6.4	4.4	–	–
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	10.0	–	–	–	9.0	–
Girls	–	–	–	–	3.0	–	–	–	5.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Notes: E-cigarette: electronic cigarette; STEPS: STEPwise approach to noncommunicable disease risk factor surveillance. Cigarette smoking data refer to manufactured cigarettes only.
Source: *(2)*.

Tobacco control has been strengthened over the years. Two MPOWER[2] measures have been at best-practice level since 2022: Warn (Health warnings), Enforce (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Latvia

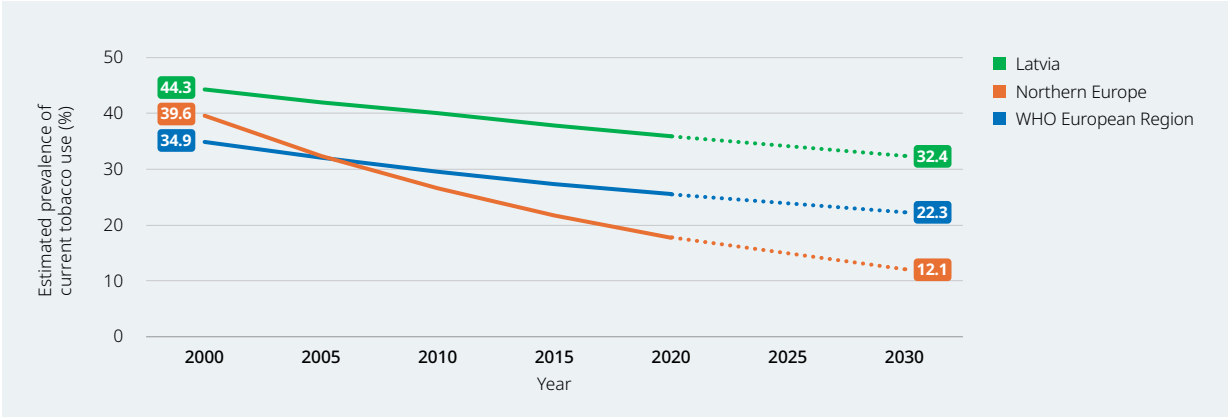
Estimated number of current adult tobacco users in 2024: **484 000** (men: **329 000**; women: **155 000**).[1]

Key messages

From an estimated prevalence of 44.3% in 2000, current tobacco use in Latvia has remained consistently higher than the WHO European Regional and northern European averages, and is projected to decrease to 32.4% by 2030 (Fig. 1).

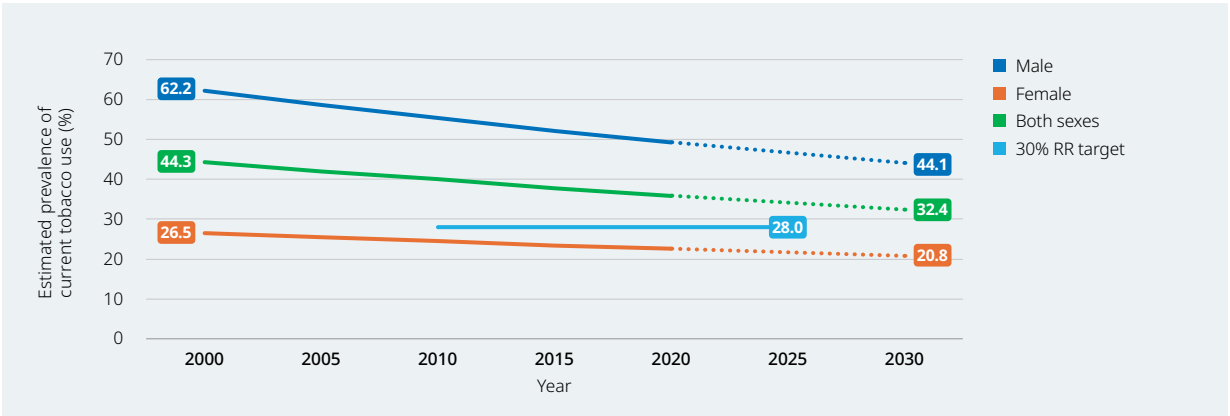
Based on modelled trends, Latvia was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 40.0% to 34.2%, representing a 15% relative reduction (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Latvia, northern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Rates of cigarette smoking among 15-year-olds are 18% among boys and 20% among girls (Table 1). The rate of electronic cigarette (e-cigarette) use is markedly higher among adolescents compared with adults. Among adolescents, e-cigarette use is more common than cigarette smoking, with rates of both cigarette smoking and e-cigarette use higher among girls.

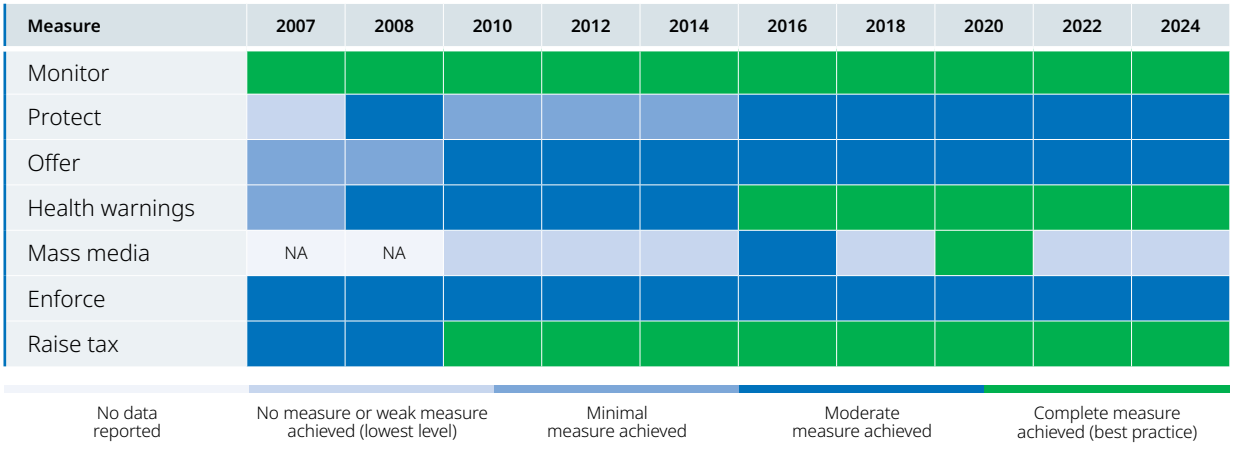
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Health Behaviour among the Latvian Adult Population, 2022, national, age 15–74 years										
Men	–	–	48.5	43.3	–	39.0	–	–	9.7	1.7
Women	–	–	20.1	16.5	–	14.6	–	–	4.5	2.6
Both sexes	–	–	33.7	29.3	–	25.7	–	–	7.0	2.1
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	18.0	–	–	–	25.0	–
Girls	–	–	–	–	20.0	–	–	–	31.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Notes: E-cigarette: electronic cigarette. Cigarette smoking data for adults refer to manufactured cigarettes only.
Source: *(2).*

Tobacco control has been strengthened over the years. Two MPOWER[2] measures have been at best-practice level since 2016: Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3).*

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Lithuania

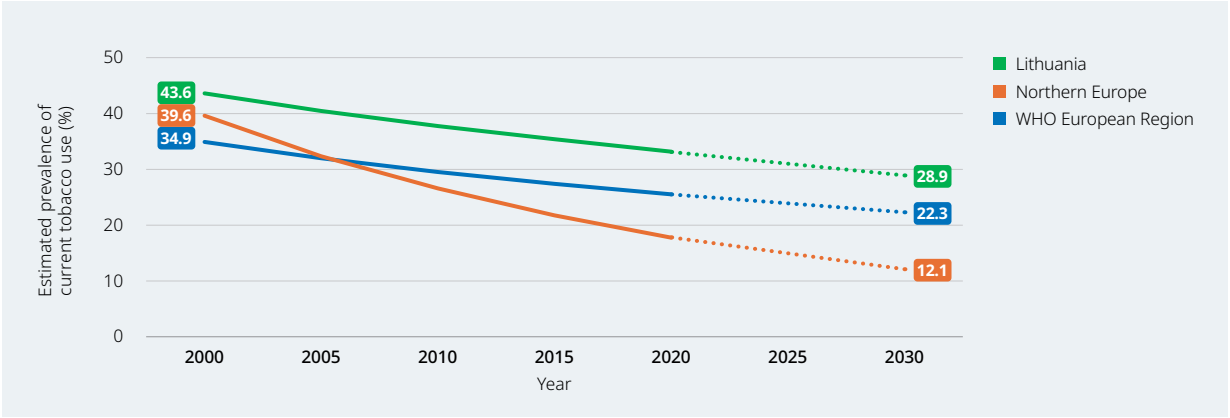
Estimated number of current adult tobacco users in 2024: **680 000** (men: **456 000**; women: **224 000**).[1]

Key messages

From an estimated prevalence of 43.6% in 2000, current tobacco use in Lithuania remained consistently higher than the WHO European Regional and northern European averages, and is projected to decrease to 28.9% by 2030 (Fig. 1).

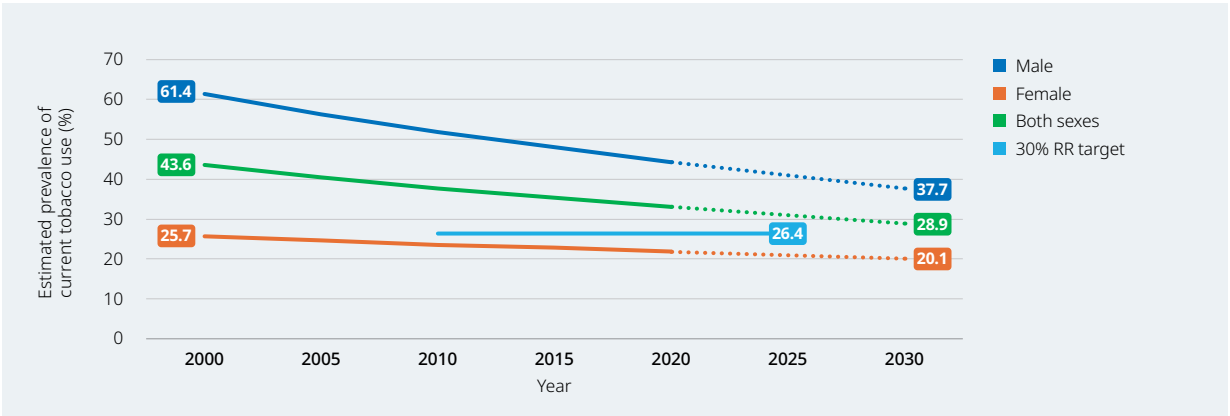
Based on modelled trends, Lithuania was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 37.7% to 31.0%, representing a 18% relative reduction (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Lithuania, northern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Rates of current cigarette smoking remain much higher among adults (34.9%) than among adolescents (7.3%) (Table 1). In contrast, the prevalence of electronic cigarette (e-cigarette) use is markedly higher among adolescents (23.0%) compared with adults (7.7%), and is driven particularly by higher use among girls. Rates of cigarette smoking and e-cigarette use are higher among girls than boys.

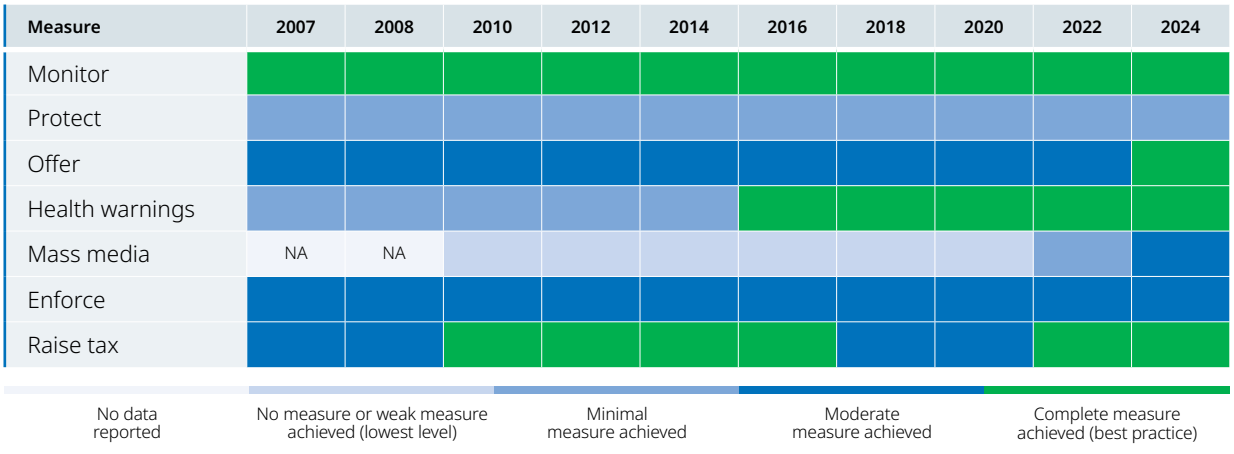
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: General Population Survey – Study of the Prevalence of Psychoactive Substance Use in the General Population, 2021, national, age 15–64 years										
Men	–	–	–	–	49.2	45.2	–	–	9.3	3.1
Women	–	–	–	–	20.5	17.0	–	–	6.0	2.3
Both sexes	–	–	–	–	34.9	31.1	–	–	7.7	2.7
Adolescents: GYTS, 2022, national, age 13–15 years										
Boys	14.2	–	10.5	–	6.7	–	3.7	–	19.1	–
Girls	14.2	–	10.7	–	7.9	–	1.6	–	27.0	–
Both sexes	14.2	–	10.6	–	7.3	–	2.7	–	23.0	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey.
Source: *(2)*.

Tobacco control has been strengthened over the years. Three MPOWER[2] measures have been at best-practice level since 2024: Offer, Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Luxembourg

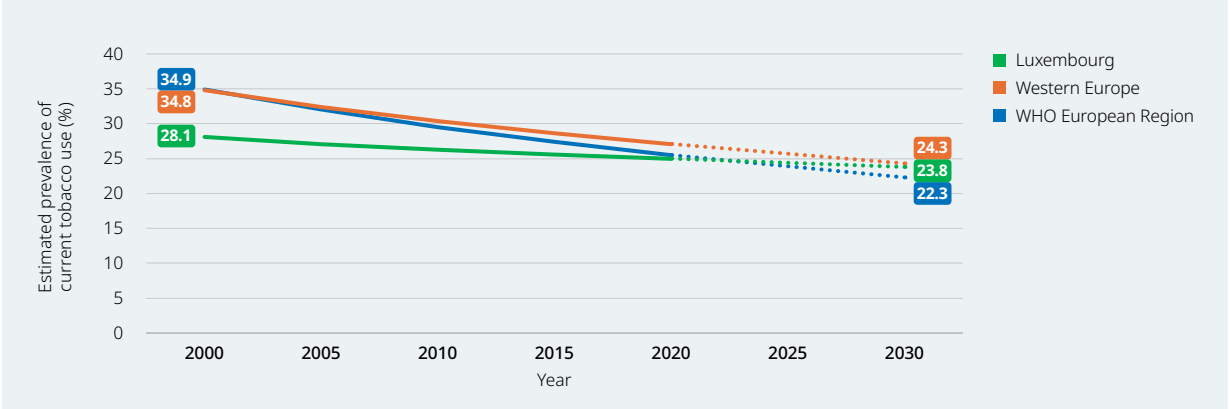
Estimated number of current adult tobacco users in 2024: **131 000** (men: **69 000**; women: **62 000**).[1]

Key messages

In Luxembourg, tobacco use slowly decreased from 28.1% in 2000 and is projected to reach 23.8% by 2030. The estimated prevalence has remained below the western European average, but converged with and then slightly exceeded the WHO European Regional average from around 2020 onwards, with a small gap persisting to 2030 (Fig. 1).

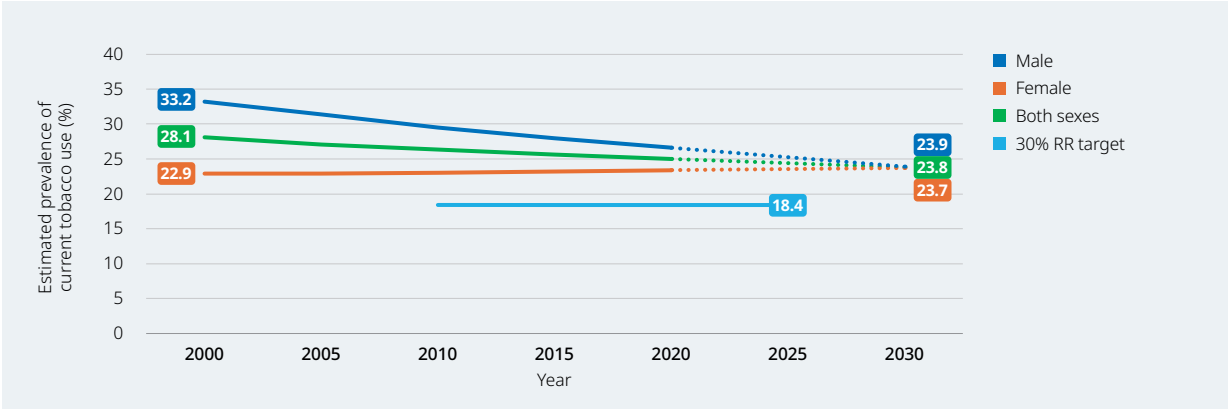
Based on modelled trends, Luxembourg was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 26.3% to 24.3%, representing a 7% relative reduction. The rate of tobacco use in women has remained almost unchanged, with a slight increase from 22.9% in 2000 to a projected 23.7% in 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Luxembourg, western Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: (1).

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: (1).

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Rates of current cigarette smoking remain relatively high among adults (23.0%), but are lower among adolescents (12% among boys and 15% among girls; Table 1). In contrast, electronic cigarette use is markedly more common than cigarette smoking among adolescents, particularly among girls.

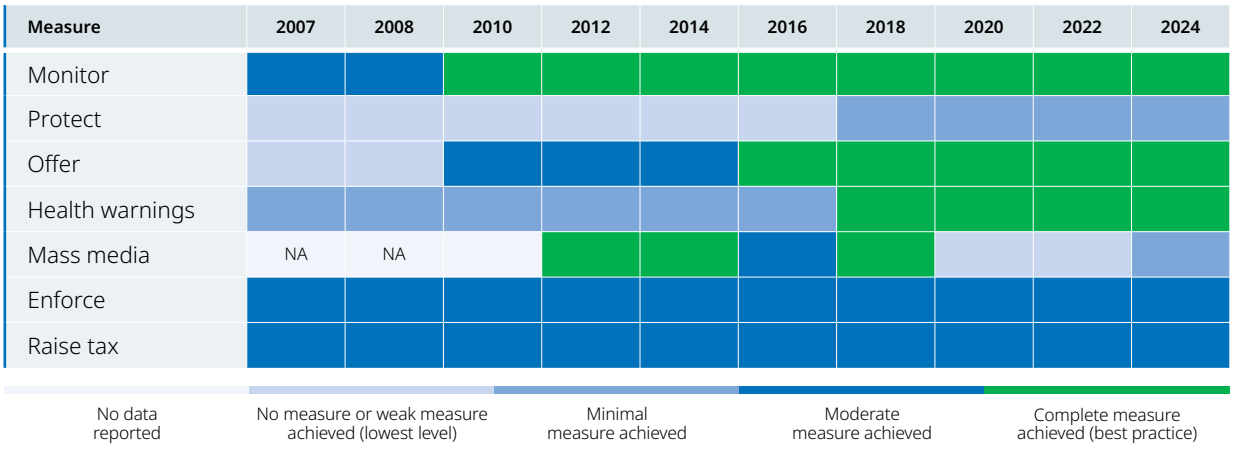
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: *Le tabagisme au Luxembourg* [Smoking in Luxembourg], 2023, national, age ≥ 16 years										
Men	–	–	27.0	19.0	23.0	–	–	–	–	–
Women	–	–	27.0	17.0	24.0	–	–	–	–	–
Both sexes	–	–	27.0	18.0	23.0	16.0	–	–	11.0	–
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	12.0	–	–	–	14.0	–
Girls	–	–	–	–	15.0	–	–	–	20.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2).*

Tobacco control has been strengthened over the years. Two MPOWER[2] measures have been at best-practice level since 2018: Offer and Warn (Health warnings). Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2010 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3).*

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Malta

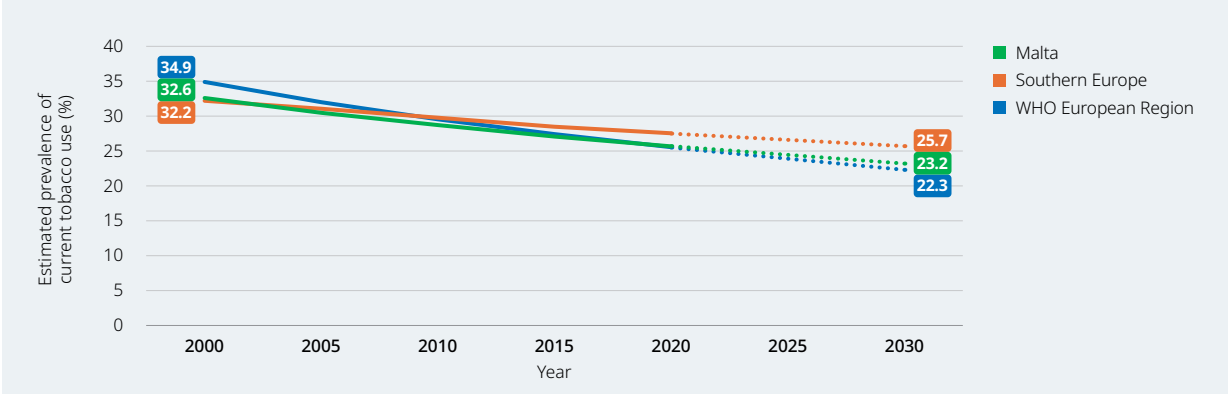
Estimated number of current adult tobacco users in 2024: **106 000** (men: **61 000**; women: **46 000**).[1,2]

Key messages

In Malta, tobacco use decreased from 32.6% in 2000 and is projected to reach 23.2% by 2030. The estimated prevalence has remained consistently below the southern European average since 2005, but converged with and then slightly exceeded the WHO European Regional average from around 2015 onwards, with a small gap predicted remain up to 2030 (Fig. 1).

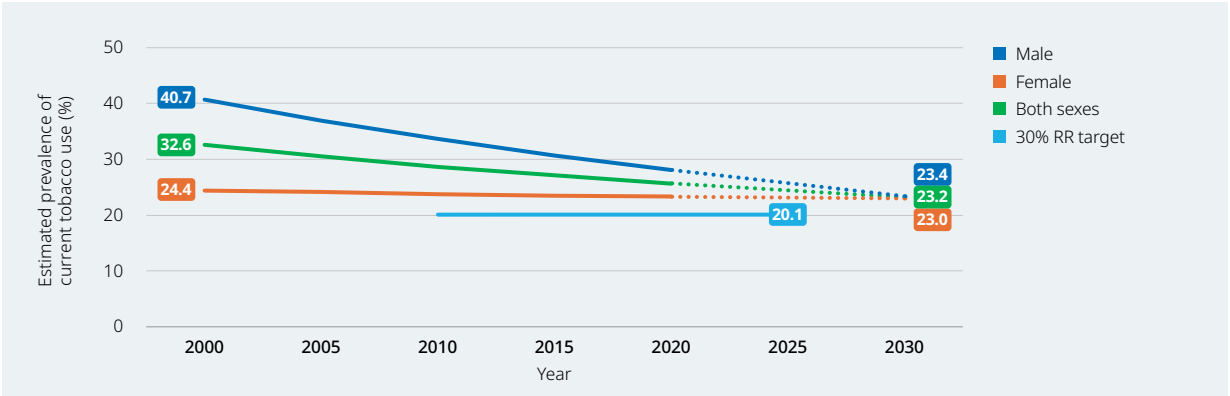
Based on modelled trends, Malta was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 28.7% to 24.3%, representing a 15% relative reduction. Over this period, the gap between men and women narrowed steadily, with the estimated prevalences almost converging by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Malta, southern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: (1).

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: (1).

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

In adolescents, rates of cigarette smoking are similar among boys and girls (9% and 10%, respectively) (Table 1). Electronic cigarette (e-cigarette) use is more common than cigarette smoking, and e-cigarettes are more widely used by girls (23.0%) than by boys (15.0%).

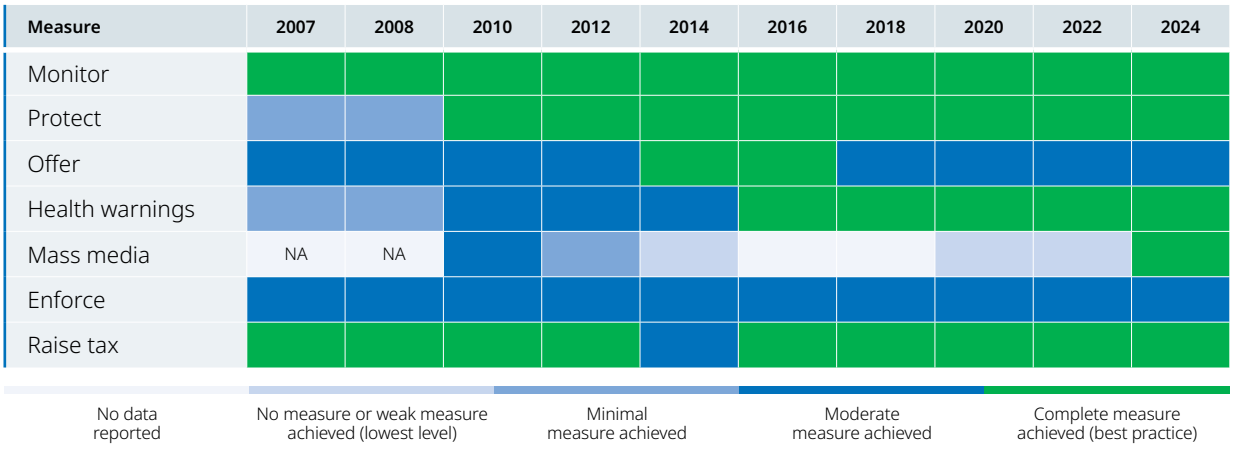
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: European Health Interview Survey, 2019–2020, national, age ≥ 15 years										
Men	–	–	28.7	23.6	–	–	–	–	–	1.3
Women	–	–	21.3	17.3	–	–	–	–	–	1.0
Both sexes	–	–	–	20.6	–	–	–	–	–	1.1
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	9.0	–	–	–	15.0	–
Girls	–	–	–	–	10.0	–	–	–	23.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. Three MPOWER[3] measures have been at best-practice level since 2016: Protect, Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor and Mass media measures indicates both sustained surveillance capacity since 2007 and the continued implementation of regular public awareness campaigns since 2024 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Monaco

Estimated number of current adult tobacco users in 2024: **6000** (men: **3000**; women: **3000**).[1]

Key messages

Monaco does not have sufficient survey data available to calculate tobacco use trends.

No data were available on tobacco use among adults. However, among adolescents (10th grade), cigarette smoking is relatively common, reported by 20% overall (21% of boys and 18% of girls). Electronic cigarette use is even more prevalent, with 41% of adolescents reporting use (42% of boys and 41% of girls) (Table 1).

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: no data available										
Men	–	–	–	–	–	–	–	–	–	–
Women	–	–	–	–	–	–	–	–	–	–
Both sexes	–	–	–	–	–	–	–	–	–	–
Adolescents: European School Survey Project on Alcohol and other Drugs, 2019, national, 10th grade										
Boys	–	–	–	–	21.0	–	–	–	42.0	–
Girls	–	–	–	–	18.0	–	–	–	41.0	–
Both sexes	–	–	–	–	20.0	–	–	–	41.0	–

Note: E-cigarette: electronic cigarette.
Source: (2).

None of the MPOWER[2] measures are at the highest level of achievement, although the Mass media measure has been at best-practice level since 2020, which indicates the continued implementation of regular public awareness campaigns (Table 2).

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Notes: NA: not applicable. All tobacco products sold in Monaco are imported from France and, therefore, follow French law on health warnings. France has had large warnings with all of the appropriate characteristics since 2016.

Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 All references were accessed on 24 June 2026.

Montenegro

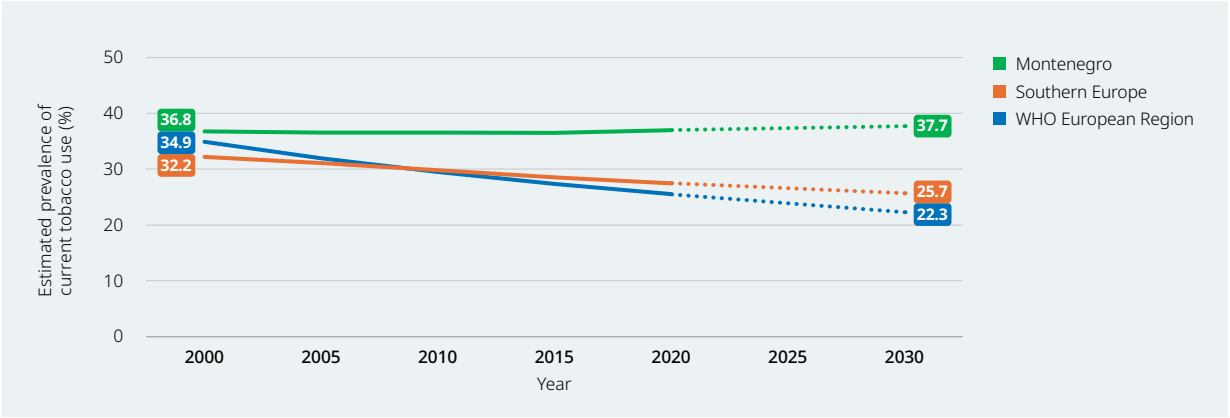
Estimated number of current adult tobacco users in 2024: **188 000** (men: **96 000**; women: **92 000**).[1]

Key messages

In Montenegro, tobacco use has been persistently high with a slight increasing trend from 2015, and is predicted to remain at around 36–38% through to 2030. The estimated prevalence was consistently above both the southern European and WHO European Regional averages, with the gap widening as regional trends decline (Fig. 1).

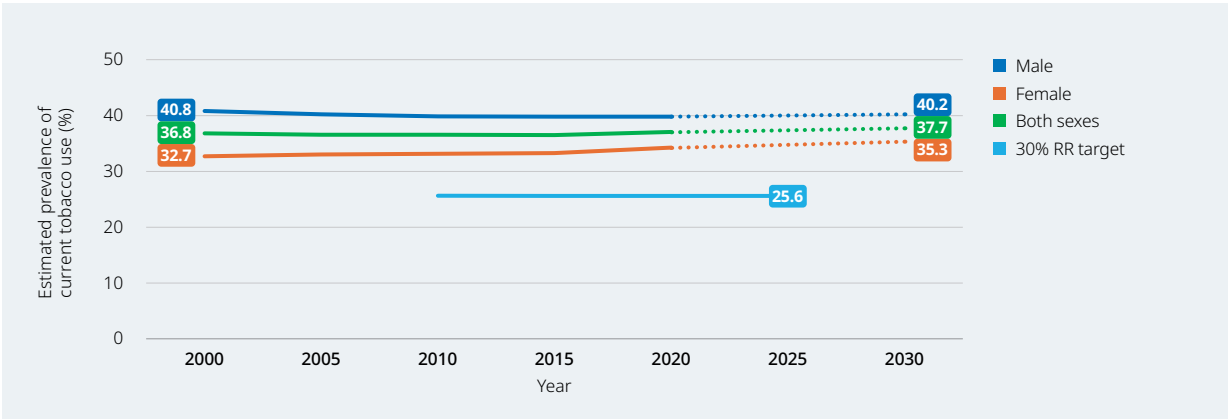
Based on modelled trends, Montenegro is unlikely to achieve the 30% relative reduction target. Furthermore, prevalence among women is projected to increase from 32.7% in 2000 to 35.3% by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Montenegro, southern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Rates of cigarette smoking are 38.8% among adults and 16% among adolescents (Table 1). The rate of electronic cigarette use is lower compared with cigarette smoking among adolescents, at 10% among boys and 4.3% among girls.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Adult Tobacco Use in Montenegro (Institute of Socioeconomic Analysis), 2019, national, age 18–85 years										
Men	–	–	40.2	39.4	38.9	–	–	–	–	–
Women	–	–	40.7	39.0	38.7	–	–	–	–	–
Both sexes	–	–	40.5	39.2	38.8	–	–	–	–	–
Adolescents: European School Survey Project on Alcohol and Other Drugs, 2019, national, age 15–16 years										
Boys	–	–	–	–	18.0	–	–	–	10.0	–
Girls	–	–	–	–	14.0	–	–	–	4.3	–
Both sexes	–	–	–	–	16.0	–	–	–	7.0	–

Notes: E-cigarette: electronic cigarette. Cigarette smoking data for adults refer to manufactured cigarettes only.
Source: *(2)*.

Two MPOWER[2] measures have been at best-practice level since 2020: Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2016 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Netherlands (Kingdom of the)

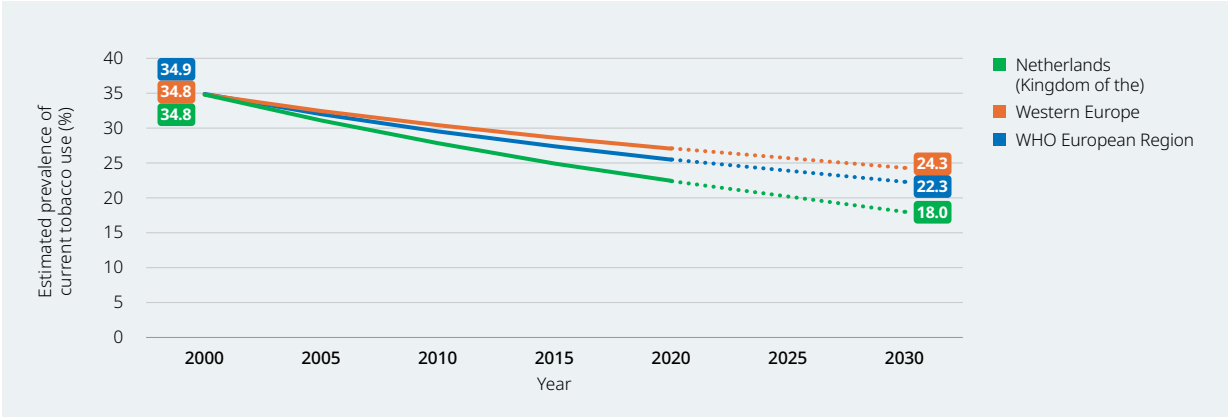
Estimated number of current adult tobacco users in 2024: **2 969 000** (men: **1 670 000**; women: **1 300 000**).[1,2]

Key messages

In the Netherlands (Kingdom of the), tobacco use has steadily declined from 34.8% in 2000 and is predicted to reach 18.0% by 2030. The trend in estimated prevalence is closely aligned with, but consistently below, the WHO European Regional and western European averages, with the gap widening over time (Fig. 1).

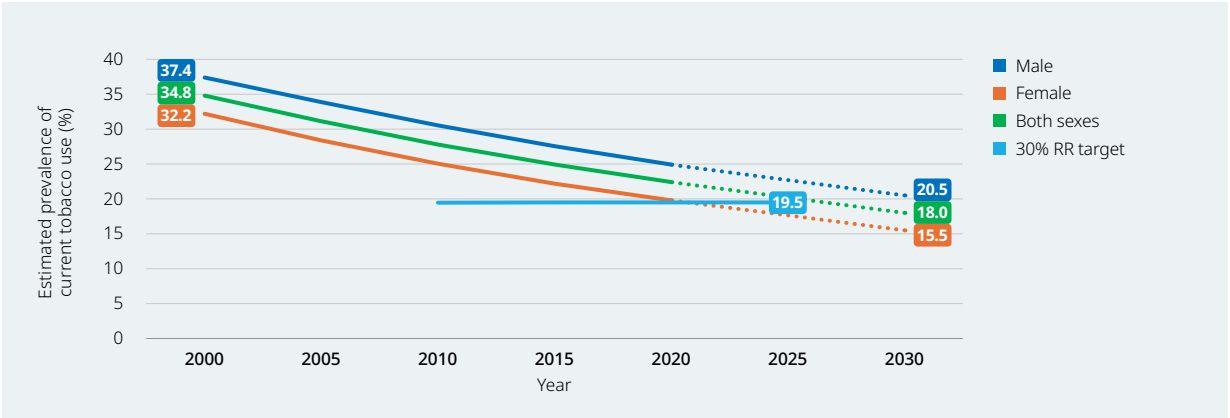
Based on modelled trends, Netherlands (Kingdom of the) was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 27.8% to 20.0%, representing a 28% relative reduction (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Netherlands (Kingdom of the), western Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

Rates of cigarette smoking among 15-year-olds are 13% among boys and 17% among girls (Table 1). Prevalences of electronic cigarette use (9% among boys and 8% among girls); are twice as high among adolescents as among adults (4.3% among men and 3.4% among women).

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Health Survey/Lifestyle Monitor (Statistics Netherlands, in collaboration with the National Institute for Public Health and the Environment and the Trimbos Institute), 2023, national, age 18 years										
Men	–	–	22.7	16.0	–	–	–	–	4.3	–
Women	–	–	15.4	11.1	–	–	–	–	3.4	–
Both sexes	–	–	19.0	13.5	–	–	–	–	3.9	–
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	13.0	–	–	–	9.0	–
Girls	–	–	–	–	17.0	–	–	–	8.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. All MPOWER[3] measures have been at best-practice level since 2022 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: WHO *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

North Macedonia

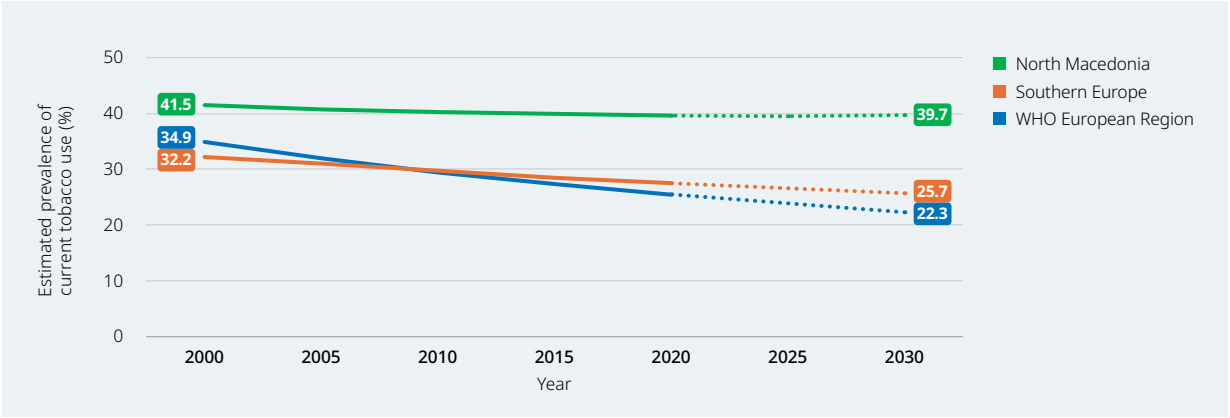
Estimated number of current adult tobacco users in 2024: **589 000** (men: **307 000**; women: **282 000**).[1]

Key messages

In North Macedonia, tobacco use has been persistently high since 2000 (at around 40%) and is predicted to remain so. The estimated prevalence has consistently been above the southern European and WHO European Regional averages, with the gap widening as regional trends decline (Fig. 1).

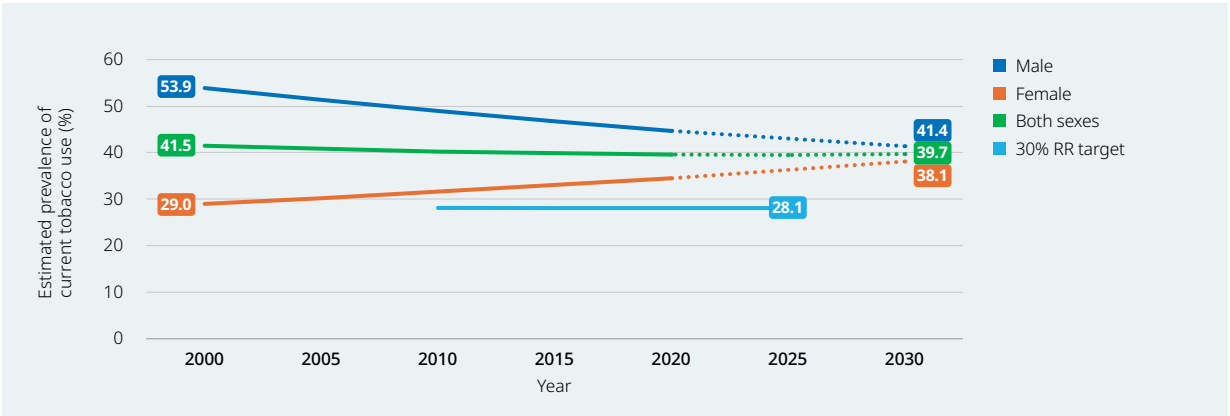
Based on modelled trends, North Macedonia is unlikely to achieve the 30% relative reduction target. Furthermore, prevalence among women is projected to increase from 29.0% in 2000 to 38.1% by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, North Macedonia, southern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Current cigarette smoking remains high among adults (45.4%), but rates are lower among adolescents at 22.0% among boys and 19.0% among girls (Table 1). In contrast, the rate of electronic cigarette use is markedly higher among adolescents (7.1%) compared with adults (1.2%).

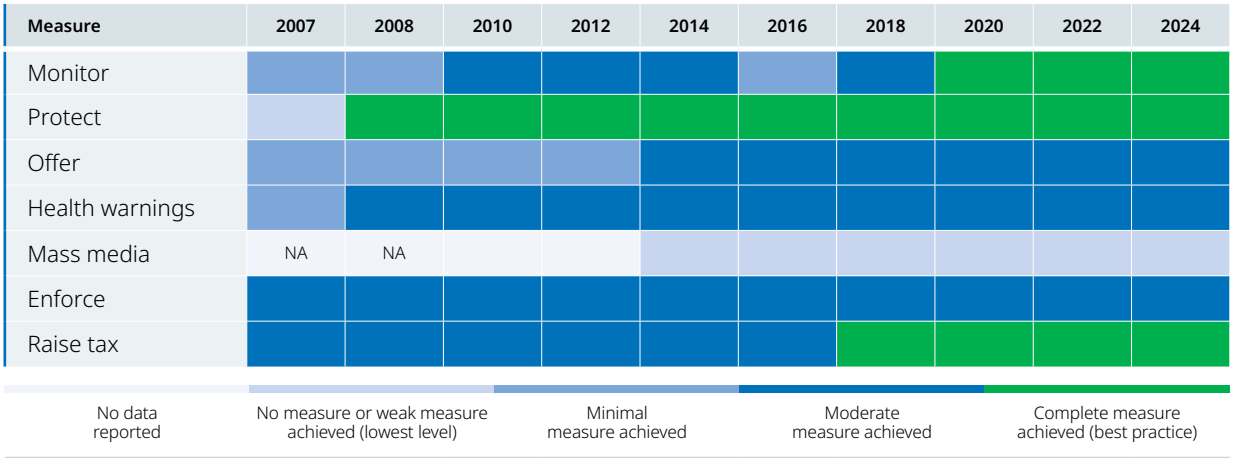
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: COM-B Model Survey, 2023, national, age ≥ 18 years (cigarette smoking); and Tobacco Consumption in North Macedonia, 2019, national, age 18–85 years (smokeless tobacco and e-cigarette use)										
Men	–	–	–	–	45.2	40.6	–	–	–	–
Women	–	–	–	–	45.6	41.5	–	–	–	–
Both sexes	–	–	–	–	45.4	42.4	0.3	–	1.2	–
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years (cigarette smoking); European School Survey Project on Alcohol and other Drugs, 2019, national, age 15–16 years (e-cigarette use); and GYTS, 2016, national, age 13–15 years (smokeless tobacco use)										
Boys	–	–	–	–	22.0	–	–	–	9.2	–
Girls	–	–	–	–	19.0	–	–	–	5.0	–
Both sexes	–	–	–	–	–	–	2.1	–	7.1	–

Note: COM-B: capability, opportunity, motivation and behaviour; e-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey.
Source: *(2)*.

Tobacco control has been strengthened over the years. Two MPOWER[2] measures have been at best-practice level since 2020: Protect and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2020 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Norway

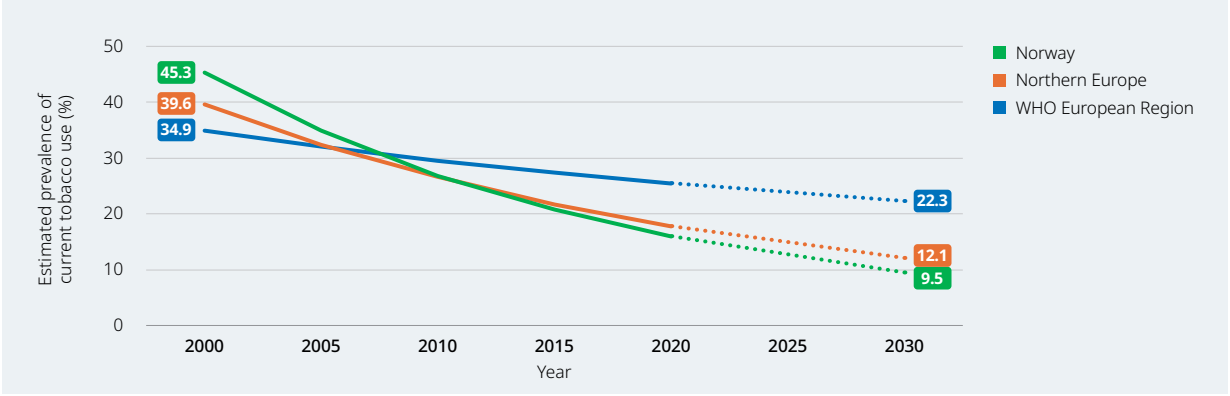
Estimated number of current adult tobacco users in 2024: **589 000** (men: **327 000**; women: **263 000**).[1,2]

Key messages

In Norway, tobacco use underwent a steep, sustained decline from 45.3% in 2000 and is predicted to reach 9.5% by 2030. The estimated prevalence converged with and then fell below the northern European average from around 2015 onwards. The trend in prevalence is projected to shift from being well above the WHO European Regional average to substantially below it, with the gap rapidly widening over time (Fig. 1).

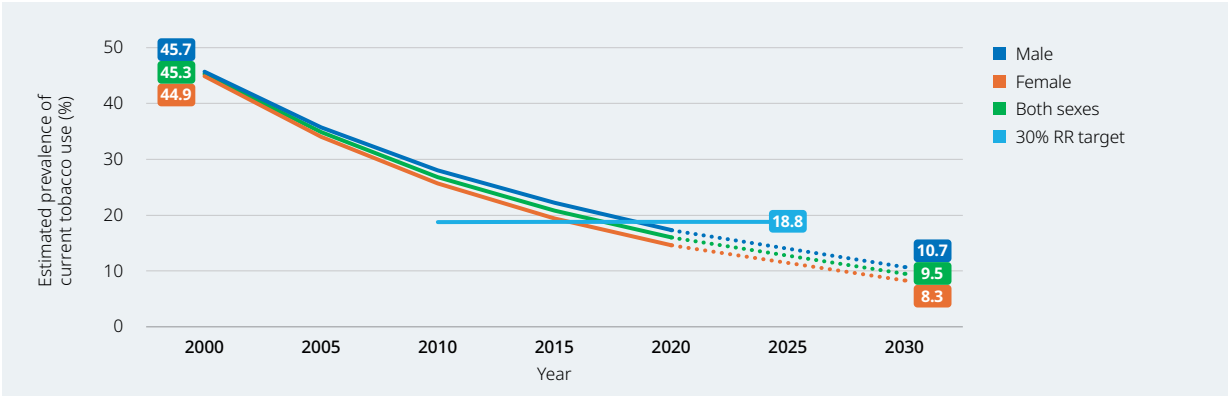
Based on modelled trends, Norway was projected to achieve a sufficient decrease in prevalence between 2010 and 2025 to meet the 30% relative reduction target. Over this period, the gap between men and women widened slightly, with estimated prevalences projected to reach 10.7% among men and 8.3% among women by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Norway, northern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: (1).

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: (1).

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

The rate of current tobacco smoking is higher among adults than adolescents (17.0% and 13.0%, respectively) (Table 1). In contrast, electronic cigarette use is markedly more common among adolescents (14.0%) than adults (6.0%).

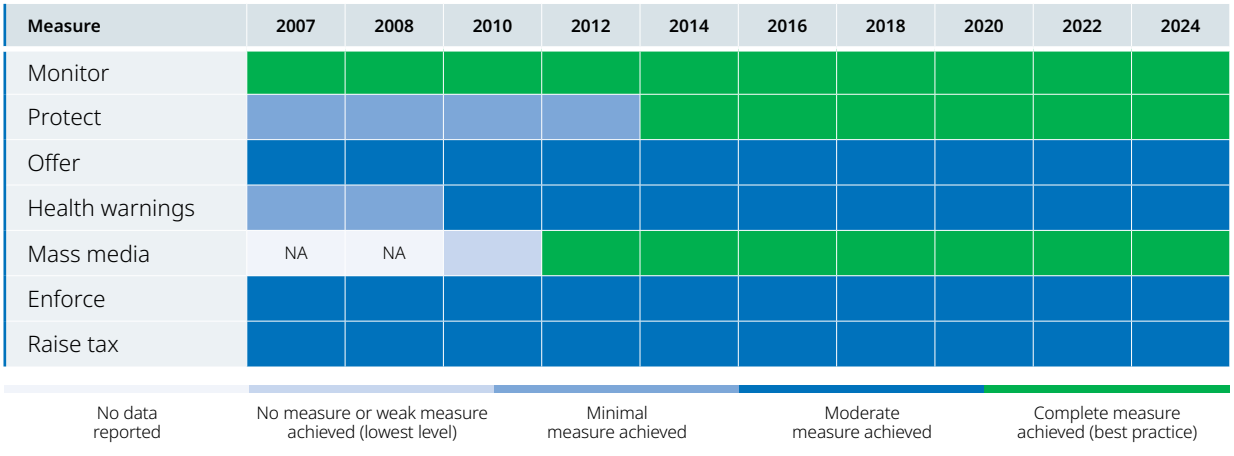
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: *Rusundersøkelsen* [Substance Use Survey] (Statistics Norway), 2024, national, age 16–79 years										
Men	–	–	19.0	8.0	–	–	27.0	21.0	4.0	1.0
Women	–	–	14.0	8.0	–	–	14.0	10.0	6.0	2.0
Both sexes	–	–	17.0	8.0	–	–	20.0	15.0	6.0	2.0
Adolescents: Ungdata, 2024, national, age 12–19 years										
Boys	–	–	–	–	–	–	–	–	–	–
Girls	–	–	–	–	–	–	–	–	–	–
Both sexes	–	–	13.0	2.0	–	–	15.0	8.0	14.0	3.0

Note: E-cigarette: electronic cigarette.
Source: *(2).*

Tobacco control has been strengthened over the years. One MPOWER[3] measure has been at best-practice level since 2014: Protect. Continuous best practice in the Monitor and Mass media measures indicates both sustained surveillance capacity since 2007 and the continued implementation of regular public awareness campaigns since 2012 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3).*

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Poland

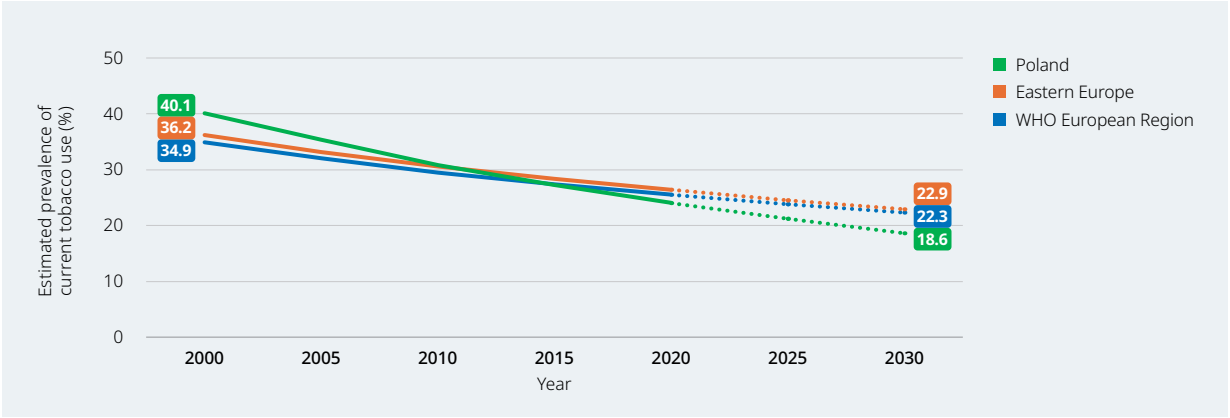
Estimated number of current adult tobacco users in 2024: **6 895 000** (men: **3 951 000**; women: **2 944 000**).[1]

Key messages

In Poland, tobacco use underwent a very steep, sustained decline from 40.1% in 2000 and is projected to reach 18.6% by 2030. The prevalence first converged with and then fell below the eastern European and the WHO European Regional averages from around 2010–2015 onwards, with the gap rapidly widening over time (Fig. 1).

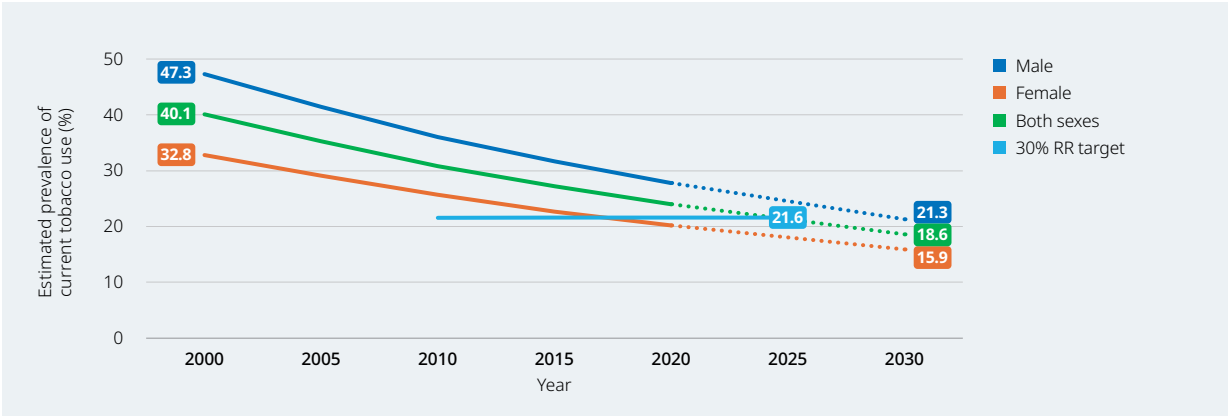
Based on modelled trends, Poland was projected to achieve a sufficient decrease in prevalence between 2010 and 2025 to meet the 30% relative reduction target. Over this period, the gap between men and women narrowed, with estimated prevalences projected to reach 21.3% among men and 15.9% among women by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Poland, eastern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

The rate of current tobacco smoking is higher among adults than adolescents (23.4% and 12.5%, respectively; Table 1). In contrast, electronic cigarette (e-cigarette) use is markedly more common among adolescents (22.3%) than adults (0.9%). Whereas tobacco smoking and e-cigarette use are more common among men than women, the situation is reversed in adolescents, with similar or higher prevalence rates among girls than boys.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Nicotine Consumption Survey (Centre for Public Opinion Research), 2021, national, age ≥ 18 years										
Men	–	–	28.1	–	27.4	–	–	–	1.5	–
Women	–	–	19.1	–	18.3	–	–	–	0.4	–
Both sexes	–	–	23.4	–	22.6	–	–	–	0.9	–
Adolescents: GYTS, 2022, national, age 13–15 years										
Boys	17.3	–	12.2	–	11.2	–	5.0	–	21.2	–
Girls	16.9	–	12.7	–	12.3	–	4.0	–	23.4	–
Both sexes	17.1	–	12.5	–	11.7	–	4.5	–	22.3	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey.
Source: (2).

Tobacco control has been strengthened over the years. Two MPOWER[2] measures have been at best-practice level since 2016: Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: (3).

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Portugal

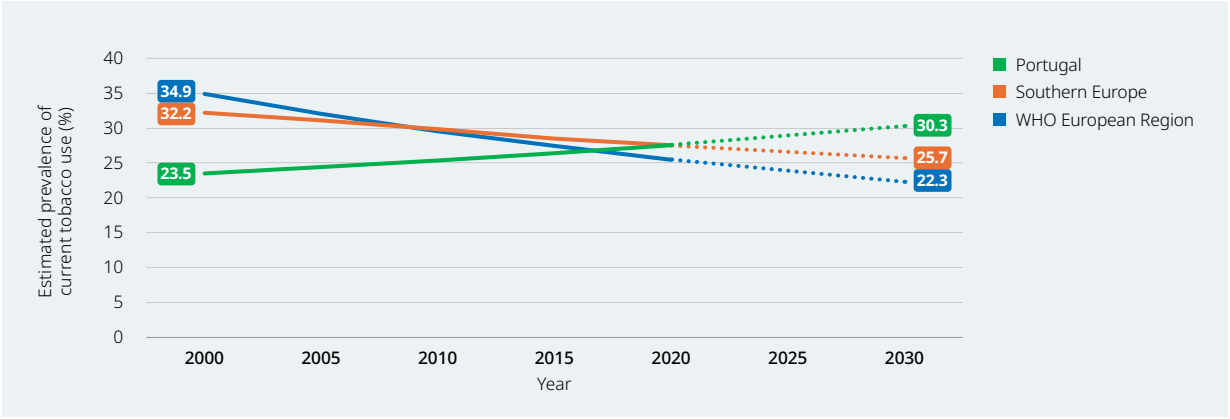
Estimated number of current adult tobacco users in 2024: **2 104 000** (men: **1 309 000**; women: **796 000**).[1,2]

Key messages

In Portugal, tobacco use has steadily increased from 23.5% in 2000 and is projected to reach 30.3% by 2030. From starting well below both the southern European and WHO European Regional averages, the prevalence in Portugal first converged with and then exceeded both averages by around 2015–2020, and the gap is predicted to continue to widen thereafter (Fig. 1).

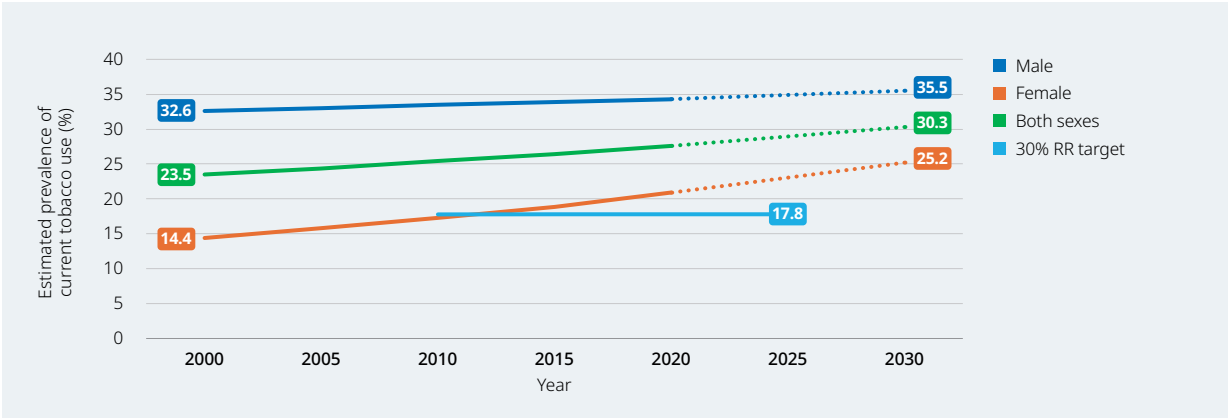
Based on modelled trends, tobacco use is projected to increase and, thus, Portugal will not achieve the 30% relative reduction target. Furthermore, prevalences in both sexes are projected to increase, although more sharply in women (from 14.4% in 2000 to 25.2% by 2030; Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Portugal, southern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

In 15-year-olds, rates of cigarette smoking are similar among boys and girls (8.0% and 9.0%, respectively; Table 1); electronic cigarette use is as common as cigarette smoking, with rates of 7.0% among boys and 8.0% among girls.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: *Inquérito Nacional ao Consumo de Substâncias Psicoactivas na População Portuguesa* [National Survey on the Use of Psychoactive Substances amongst the Portuguese Population], 2022, national, ages 15–74 years (tobacco smoking); and *Inquérito Nacional de Saúde* [National Health Survey], 2019, national, age ≥ 15 years (e-cigarette use)										
Men	–	–	37.9	36.3	–	–	–	–	–	–
Women	–	–	20.2	18.9	–	–	–	–	–	–
Both sexes	–	–	28.7	27.3	–	–	–	–	–	0.9
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	8.0	–	–	–	7.0	–
Girls	–	–	–	–	9.0	–	–	–	8.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2).*

Tobacco control has been strengthened over the years. Two MPOWER[3] measures have been at best-practice level since 2020: Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3).*

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Republic of Moldova

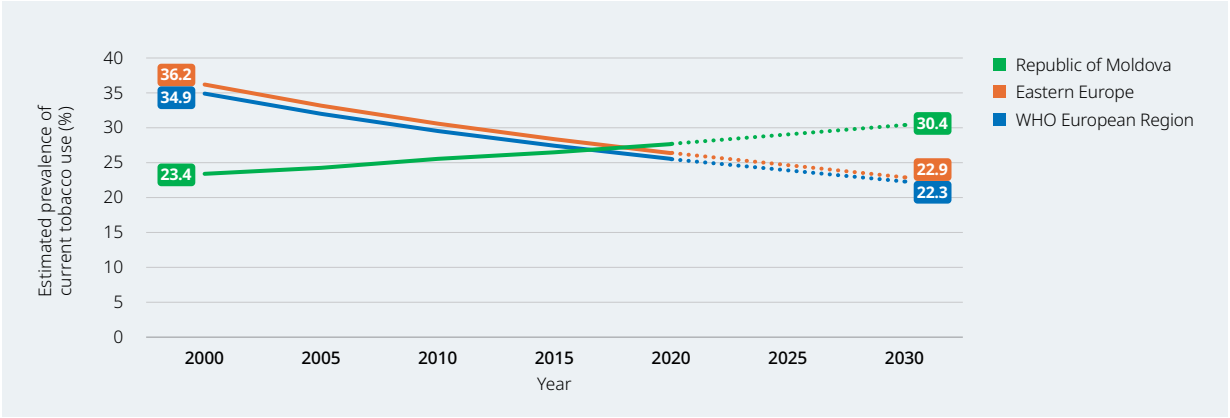
Estimated number of current adult tobacco users in 2024: **616 000** (men: **539 000**; women: **76 000**).[1,2]

Key messages

In the Republic of Moldova, tobacco use has steadily increased from 23.4% in 2000 and is projected to reach 30.4% by 2030. Although the estimated prevalence started well below both the eastern European and WHO European Regional averages, it converged with and then exceeded both by around 2015, with the gap continuing to widen thereafter (Fig. 1).

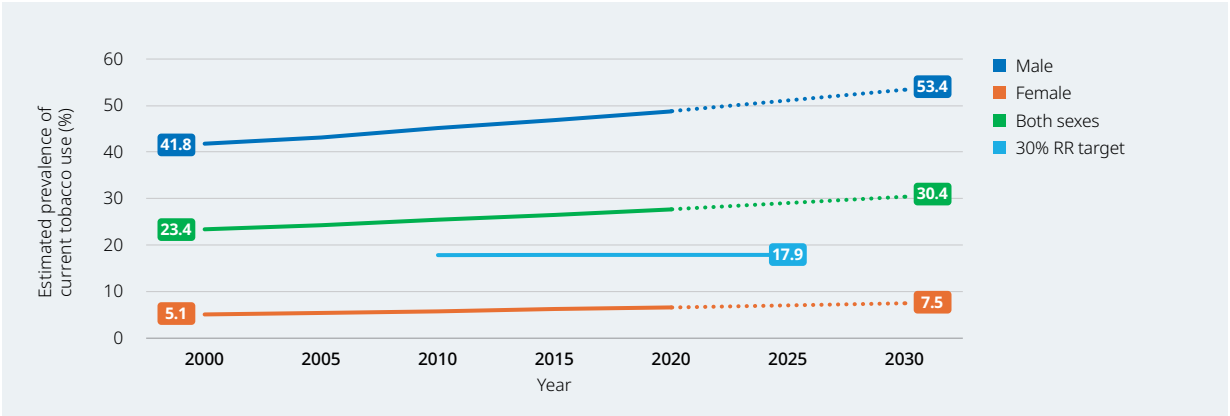
Based on modelled trends, tobacco use is projected to increase and, thus, the Republic of Moldova will not achieve the 30% relative reduction target. Furthermore, prevalences in both sexes are projected to increase from 41.8% in 2000 to 53.4% in 2030 among men and from 5.1% in 2000 to 7.5% in 2030 among women (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Republic of Moldova, eastern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

The rate of current cigarette smoking is much higher among men (48.1%) than boys (15%); in contrast, rates are more similar among women (6.3%) and girls (9%; Table 1). Electronic cigarette use is markedly higher among adolescents than adults.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: STEPS, 2021, national, age 18–69 years										
Men	49.0	44.0	48.9	44.0	48.1	44.0	0.2	–	1.2	0.4
Women	6.5	4.8	6.3	4.8	6.3	4.8	0.2	–	0.2	0.2
Both sexes	27.8	24.4	27.6	24.4	27.4	24.4	0.2	–	0.7	0.3
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	15.0	–	–	–	24.0	–
Girls	–	–	–	–	9.0	–	–	–	19.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette; STEPS: STEPwise approach to noncommunicable disease risk factor surveillance.
Source: *(2)*.

Tobacco control has been strengthened over the years. Three MPOWER[3] measures have been at best-practice level since 2016: Protect, Warn (Health warnings) and Enforce. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2012 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Romania

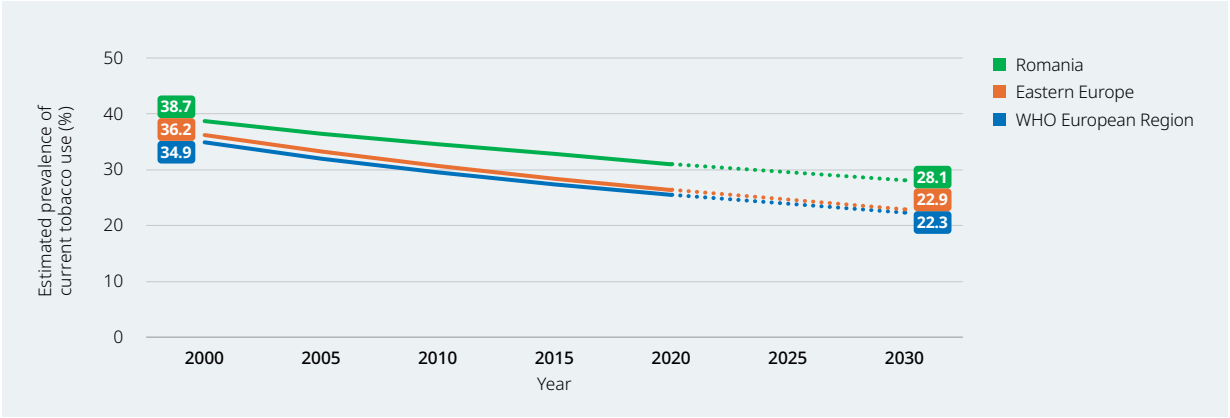
Estimated number of current adult tobacco users in 2024: **4 260 000** (men: **2 799 000**; women: **1 461 000**).[1]

Key messages

In Romania, tobacco use has declined from 38.7% in 2000 and is predicted to reach 28.1% by 2030. However, since the rate of decline is slower than in eastern Europe and the WHO European Region, the gap between national and regional averages is projected to increase by 2030 (Fig. 1).

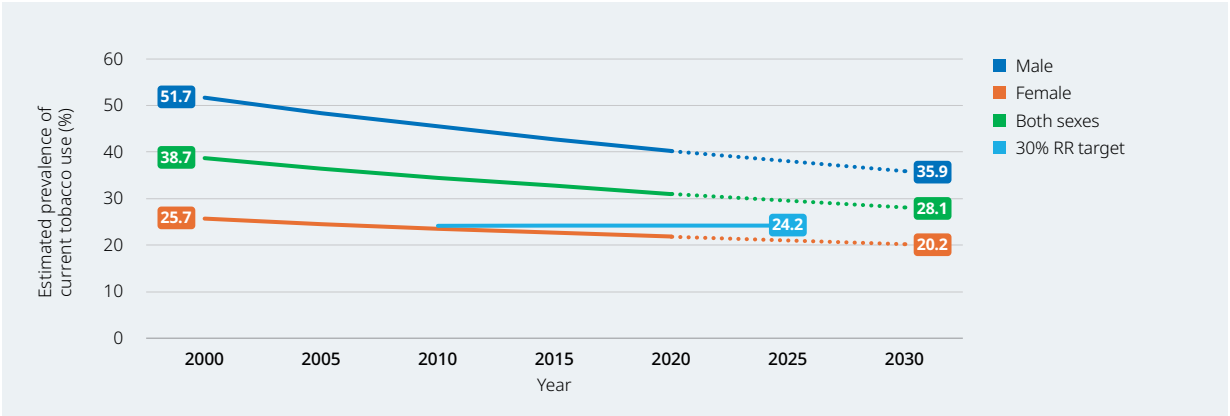
Based on modelled trends, Romania was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 34.5% to 29.5%, representing a 15% relative reduction. Over this period, the gap between men and women narrowed steadily, with estimated prevalences predicted to reach 35.9% for men and 20.2% for women by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Romania, eastern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Rates of cigarette smoking among 15-year-olds are 21.0% among boys and 25.0% among girls (Table 1). The rate of electronic cigarette (e-cigarette) use is markedly higher among adolescents than adults. In adolescents, cigarette smoking and e-cigarette use are more common among girls than boys.

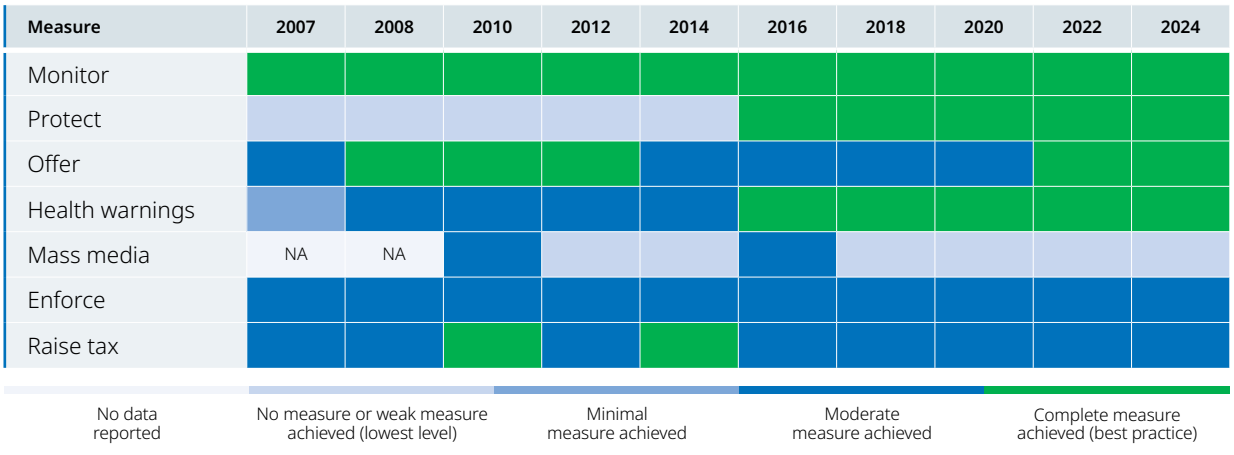
Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: European Health Interview Survey, 2019, national, age ≥ 15 years										
Men	–	–	40.8	30.8	–	–	–	–	2.2	0.5
Women	–	–	13.7	7.7	–	–	–	–	1.3	0.2
Both sexes	–	–	26.8	18.9	–	–	–	–	1.7	0.3
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	21.0	–	–	–	23.0	–
Girls	–	–	–	–	25.0	–	–	–	28.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. Three MPOWER[2] measures have been at best-practice level since 2022: Protect, Offer and Warn (Health warnings). Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024



Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Russian Federation

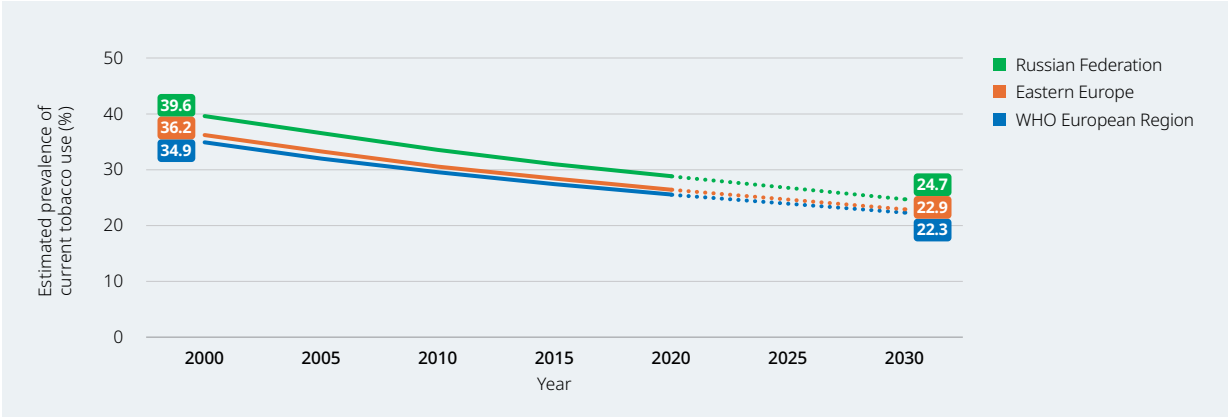
Estimated number of current adult tobacco users in 2024: **27 355 000** (men: **19 525 000**; women: **7 830 000**).[1]

Key messages

In the Russian Federation, tobacco use has steadily declined from 39.6% in 2000 and is projected to reach 24.7% by 2030. The estimated prevalence remains higher but is predicted to closely track the downward trends in both eastern Europe and the WHO European Region through to 2030 (Fig. 1).

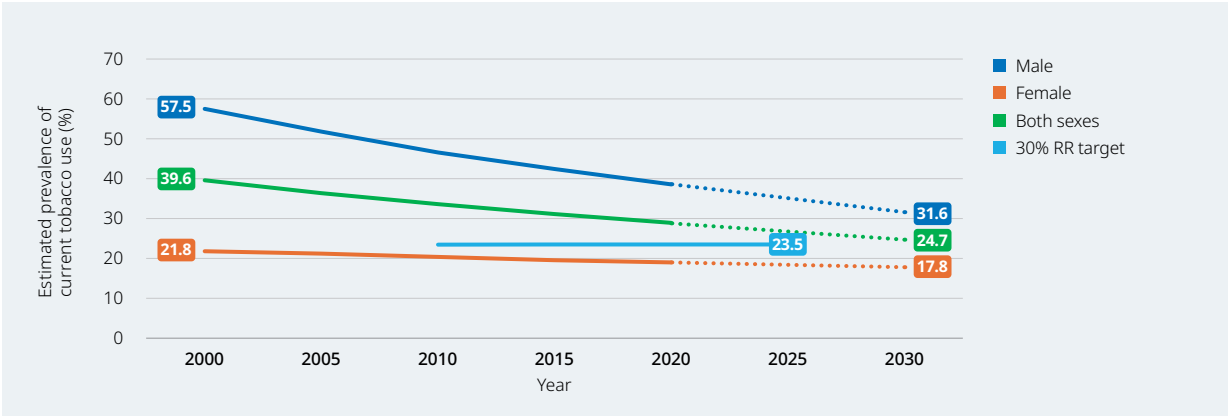
Based on modelled trends, the Russian Federation was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 33.5% to 26.5%, representing a 21% relative reduction. Over this period, the gap between men and women narrowed steadily, with estimated prevalences predicted to reach 31.6% for men and 17.8% for women by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Russian Federation, eastern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

The rate of current tobacco use is higher among adults (18.7%) than adolescents (12.1%) (Table 1). In contrast, electronic cigarette use is markedly more common among adolescents (16.7%) than adults (4.4%).

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Selective monitoring of the health of the population survey (Rosstat), 2024, national, age ≥ 15 years										
Men	–	–	32.3	–	–	–	0.4	–	5.2	–
Women	–	–	7.6	–	–	–	0.1	–	3.8	–
Both sexes	18.7	–	18.6	–	–	–	0.2	–	4.4	–
Adolescents: GYTS, 2021, national, age 13–15 years										
Boys	12.0	–	8.9	–	5.5	–	3.9	–	15.8	–
Girls	11.9	–	9.8	–	5.7	–	2.1	–	17.4	–
Both sexes	12.1	–	9.5	–	5.7	–	3.0	–	16.7	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey.
Source: *(2)*.

Tobacco control has been strengthened over the years. Three MPOWER[2] measures have been at best-practice level since 2014: Protect, Warn (Health warnings) and Enforce. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

San Marino

Estimated number of current adult tobacco users in 2024: **7000** (men: **4000**; women: **3000**).[1,2]

Key messages

San Marino does not have sufficient survey data available to calculate tobacco use trends.

Data from the 2013 adult survey indicate a fairly narrow gender gap in tobacco smoking prevalence (16.1% among men and 14.4% among women; 15.2% overall; Table 1).

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Unnamed sample survey, 2013, national, age ≥ 15 years										
Men	–	–	16.1	–	–	–	–	–	–	–
Women	–	–	14.4	–	–	–	–	–	–	–
Both sexes	–	–	15.2	–	–	–	–	–	–	–
Adolescents: GYTS, 2022, national, age 13–15 years										
Boys	11.5	–	10.2	–	7.6	1.6	2.4	–	14.6	–
Girls	16.2	–	15.9	–	14.3	4.6	0.7	–	17.8	–
Both sexes	13.7	–	12.9	–	10.8	3.0	1.6	–	16.1	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey.
Source: *(2)*.

More recent data from 2022 show an overall prevalence of tobacco use among adolescents of 13.7%, with a higher prevalence among girls (16.2%) than boys (11.5%). The pattern is similar for tobacco smoking (15.9% among girls vs 10.2% among boys) and cigarette smoking (14.3% vs 7.6%), indicating that girls are more likely than boys to use conventional tobacco products.

Electronic cigarettes are the products most widely used among adolescents, at 16.1% overall (17.8% among girls and 14.6% among boys), indicating a strong uptake of new nicotine products among young people. Smokeless tobacco use remains comparatively low overall (1.6%), but slightly higher among boys.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 No estimates are available. The number of users and smokers are approximations arrived at by applying the average prevalence of the United Nations subregion in which the country belongs to the country's population aged 15 years and older.

None of the MPOWER[3] measures are at the highest level of achievement (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Notes: NA: not applicable. All tobacco products sold in San Marino are imported from Italy and, therefore, follow the Italian law on health warnings. Italy has large warnings with all appropriate characteristics since 2016.

Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Serbia

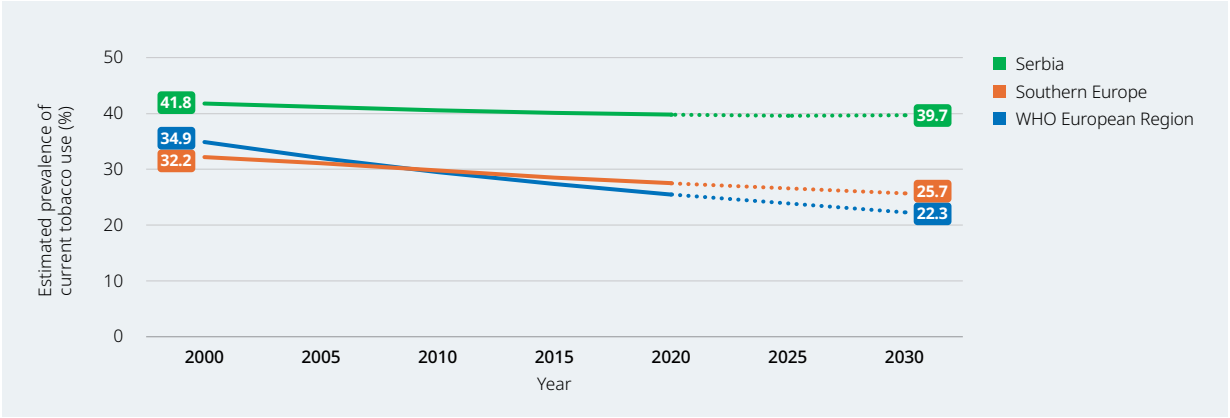
Estimated number of current adult tobacco users in 2024: **2 074 000** (men: **996 000**; women: **1 079 000**).[1,2]

Key messages

In Serbia, tobacco use is very high and has only marginally declined from 41.8% in 2000 and is predicted to remain at around 40% through to 2030. The estimated prevalence has consistently been well above both the southern European and WHO European Regional averages, with the gap widening over time as regional levels continue to fall (Fig. 1).

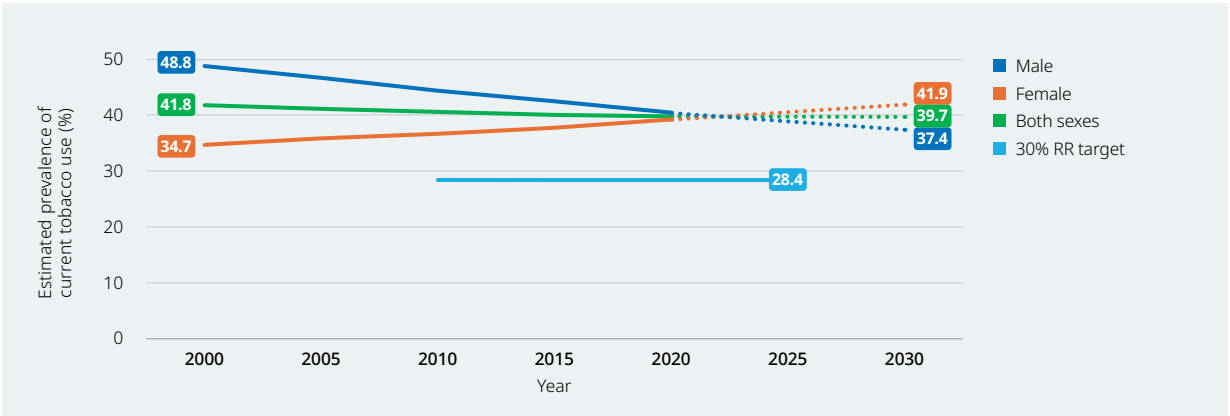
Based on modelled trends, Serbia is unlikely to achieve the 30% relative reduction target. Furthermore, the prevalence among women is projected to increase from 34.7% in 2000 to 41.9% by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Serbia, southern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

Rates of current cigarette smoking remain high among both adults (41.5% in men and 34.4% in women) and adolescents aged 15 years (20% in boys and 17% in girls), with prevalences higher among men and boys (Table 1). In contrast, electronic cigarette use is slightly higher among adolescents than adults and is more common among girls and women.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Survey on psychoactive substance use and gambling among adults, 2023, national, age 18–64 years										
Men	–	–	–	–	41.5	–	–	–	17.5	–
Women	–	–	–	–	34.4	–	–	–	19.3	–
Both sexes	–	–	–	–	37.9	–	–	–	18.4	–
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	20.0	–	–	–	18.0	–
Girls	–	–	–	–	17.0	–	–	–	21.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

One MPOWER[3] measure has been at best-practice level since 2010: Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2010 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Slovakia

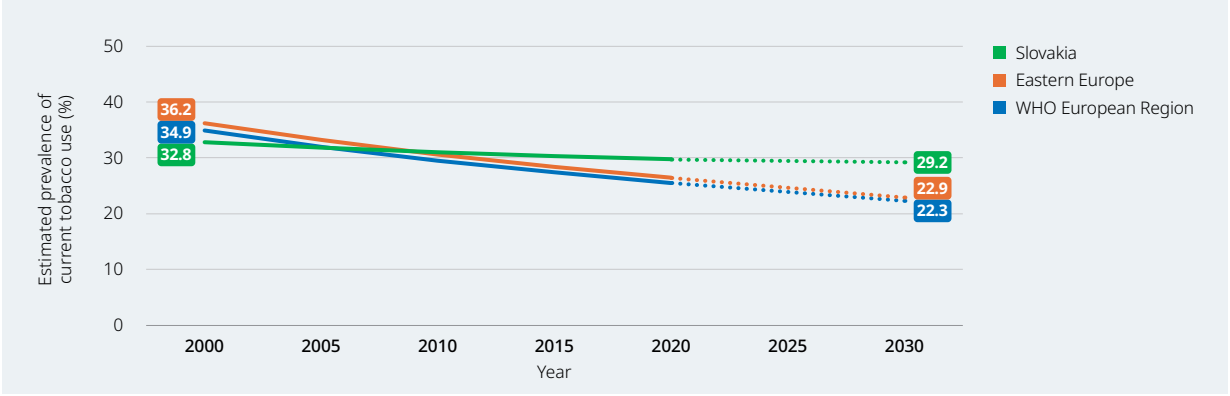
Estimated number of current adult tobacco users in 2024: **1 251 000** (men: **714 000**; women: **538 000**).[1,2]

Key messages

In Slovakia, tobacco use declined slightly from 32.8% in 2000 and is projected to reach 29.2% by 2030. Although the estimated prevalence was lower than regional averages in 2000, by 2010 it was higher owing to a faster decline in eastern European and WHO European Regional averages, and the gap is widening over time (Fig. 1).

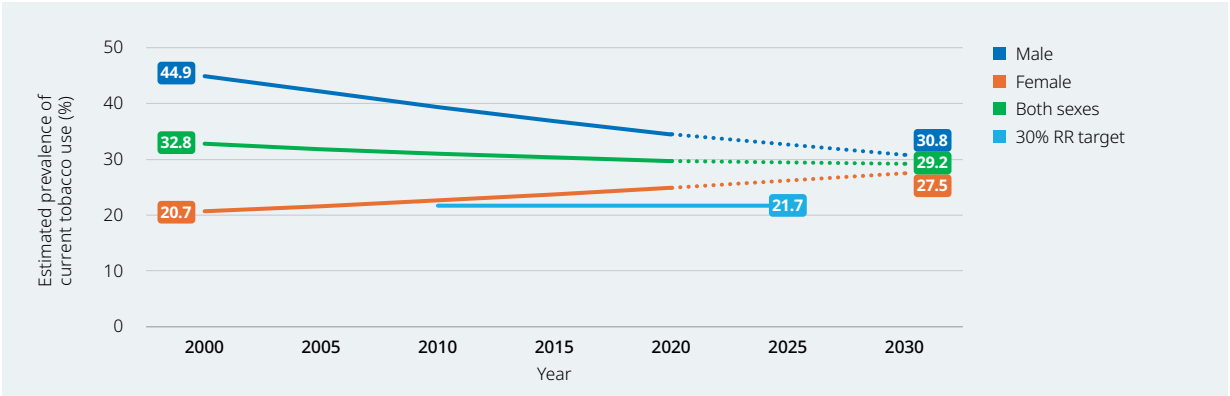
Based on modelled trends, Slovakia was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 31.0% to 29.3%, representing a relative reduction of only 5%. Furthermore, the prevalence among women is projected to increase from 20.7% in 2000 to 27.5% by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Slovakia, eastern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: (1).

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: (1).

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

Among 15-year-olds, rates of cigarette smoking are similar for boys and girls, at 18.0% for both sexes (Table 1). Electronic cigarette (e-cigarette) use is slightly more common than cigarette smoking, and e-cigarettes are more widely used by girls (23.0%) than boys (19.0%).

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: European Health Interview Survey, 2019, national, age ≥ 15 years (tobacco smoking); and Eurobarometer – Attitudes of Europeans towards tobacco and electronic cigarettes, 2017, national, age ≥ 15 years (smokeless tobacco use)										
Men	–	–	34.9	26.9	–	–	–	–	–	–
Women	–	–	20.8	15.4	–	–	–	–	–	–
Both sexes	–	–	–	–	–	–	0.0	–	–	–
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	18.0	–	–	–	19.0	–
Girls	–	–	–	–	18.0	–	–	–	23.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. Three MPOWER[3] measures have been at best-practice level since 2018: Offer, Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Slovenia

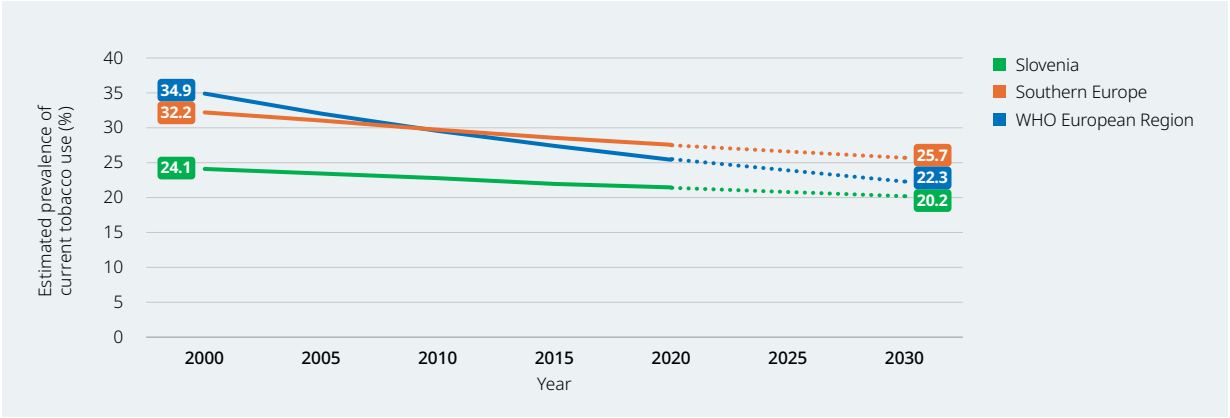
Estimated number of current adult tobacco users in 2024: **342 000** (men: **180 000**; women: **161 000**).[1,2]

Key messages

In Slovenia, tobacco use has declined steadily from 24.1% in 2000 and is projected to reach 20.2% by 2030. The estimated prevalence has remained consistently well below the southern European and WHO European Regional averages, with the gap narrowing over time (Fig. 1).

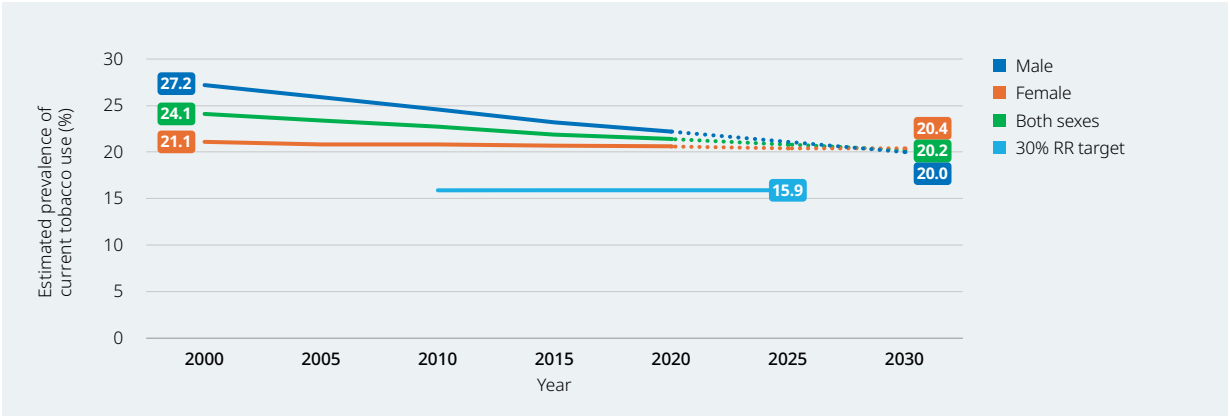
Based on modelled trends, Slovenia was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 22.7% to 20.8%, representing a 9% relative reduction. Over this period, the gap between men and women narrowed steadily, with estimated prevalences predicted to almost converge by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Slovenia, southern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

Rates of current cigarette smoking are 22.9% in men and 23.3% in women and 14% in boys and girls aged 15 years (Table 1). Electronic cigarette use is markedly higher among adolescents than adults.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Use of Tobacco and Related Products in Slovenia, 2022, national, age 18–74 years										
Men	28.4	19.9	27.2	18.8	22.9	17.0	3.9	1.9	8.2	2.3
Women	26.5	19.7	26.2	19.2	23.3	17.4	1.6	0.8	6.4	0.8
Both sexes	27.5	19.8	26.7	19.0	23.1	17.2	2.8	1.4	7.3	1.5
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	14.0	–	–	–	19.0	–
Girls	–	–	–	–	14.0	–	–	–	18.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. All MPOWER[3] measures except for Offer been at best-practice level since 2024. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Spain

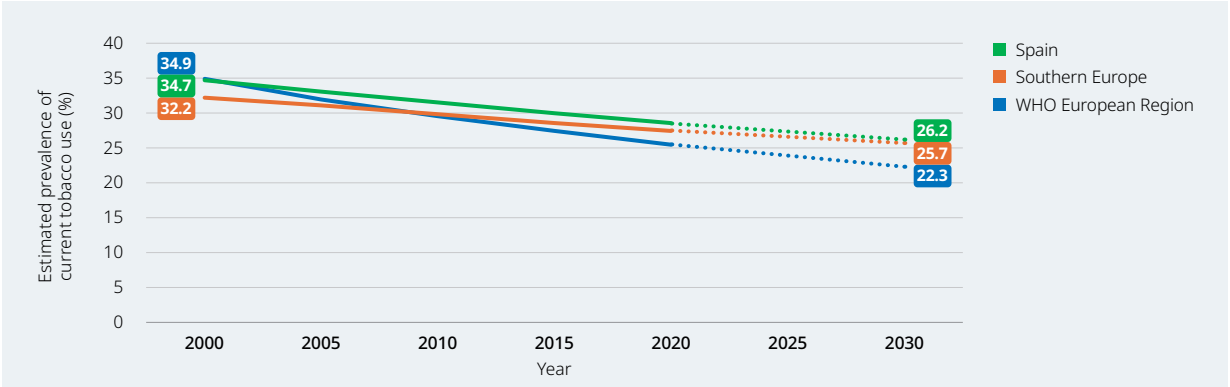
Estimated number of current adult tobacco users in 2024: **9 970 000** (men: **5 447 000**; women: **4 523 000**).[1]

Key messages

In Spain, tobacco use has gradually declined from 34.7% in 2000 and is projected to reach 26.2% by 2030. The estimated prevalence is closely tracking the southern European average, with a narrowing gap predicted through to 2030. Compared with the WHO European Regional average, the prevalence has shifted from following a similar trend to becoming higher over time, with the gap widening through to 2030 (Fig. 1).

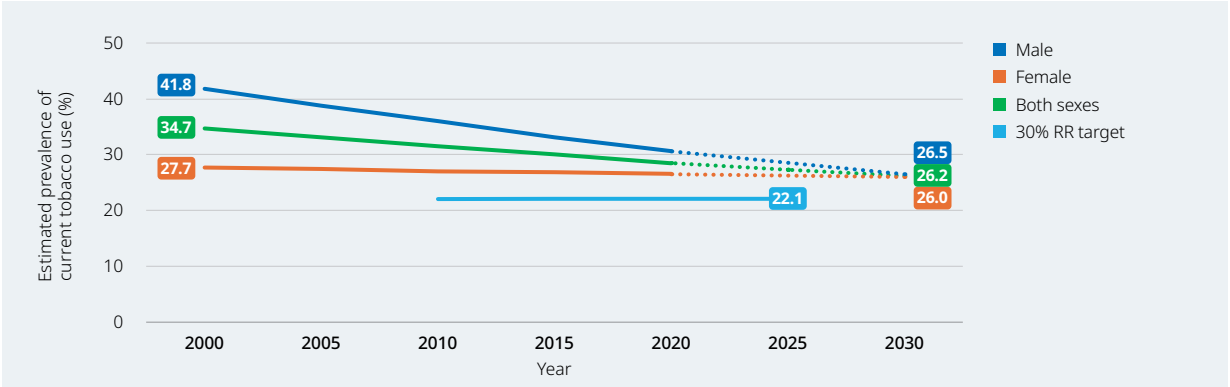
Based on modelled trends, Spain was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 31.5% to 27.3%, representing a 13% relative reduction. Over this period, the gap between men and women narrowed steadily, with the estimated prevalences predicted to almost converge by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Spain, southern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Current tobacco smoking rates are high among both adults (33.9%) and adolescents (21%; Table 1). In contrast, the rate of electronic cigarette (e-cigarette) use is markedly higher among adolescents (26.3%) than adults (4.6%). Whereas rates of both tobacco smoking and e-cigarette use are similar or higher among men than women, the situation is reversed in 14–18-year-olds, with both products more commonly used by girls.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: *Encuesta sobre Alcohol y Drogas en España* [Survey on Alcohol and Drugs in Spain], 2024, national, age 15–64 years										
Men	–	–	37.9	28.9	–	–	–	–	4.7	1.4
Women	–	–	30.0	22.6	–	–	–	–	4.5	1.2
Both sexes	–	–	33.9	25.8	–	–	–	–	4.6	1.3
Adolescents: European School Survey Project on Alcohol and other Drugs, 2023, national, age 14–18 years										
Boys	–	–	18.9	6.9	–	7.5	–	–	24.7	–
Girls	–	–	23.3	8.1	–	6.0	–	–	27.9	–
Both sexes	–	–	21.0	7.5	–	–	–	–	26.3	–

Note: E-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. All MPOWER[2] measures except for Offer have been at best-practice level since 2018. Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Sweden

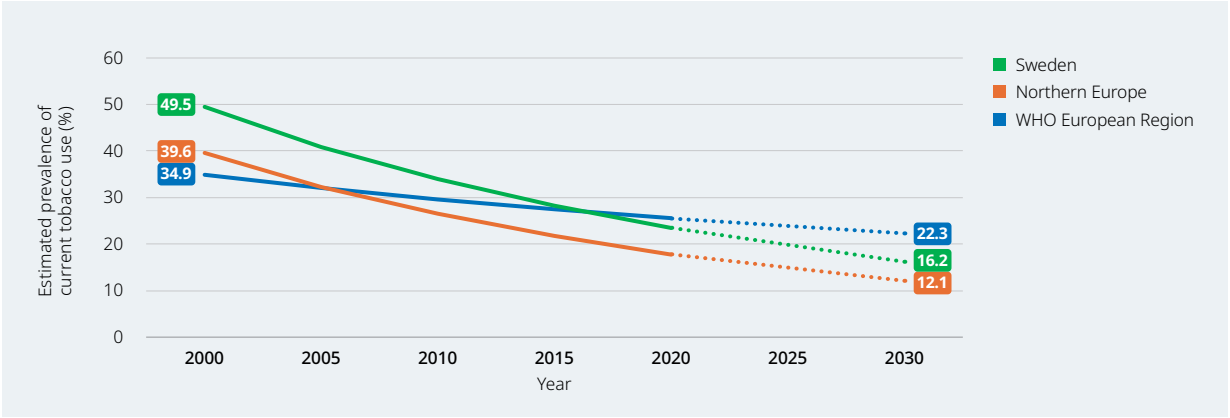
Estimated number of current adult tobacco users in 2024: **1 718 000** (men: **1 106 000**; women: **612 000**).[1]

Key messages

In Sweden, tobacco use has steadily declined from 49.5% in 2000 and is projected to reach 16.2% by 2030. The estimated prevalence is higher but broadly tracks the downward trend in northern Europe. Compared with the WHO European Region, the prevalence in Sweden was higher in 2000 but had become lower by 2020, with the gap continuing to widen thereafter (Fig. 1).

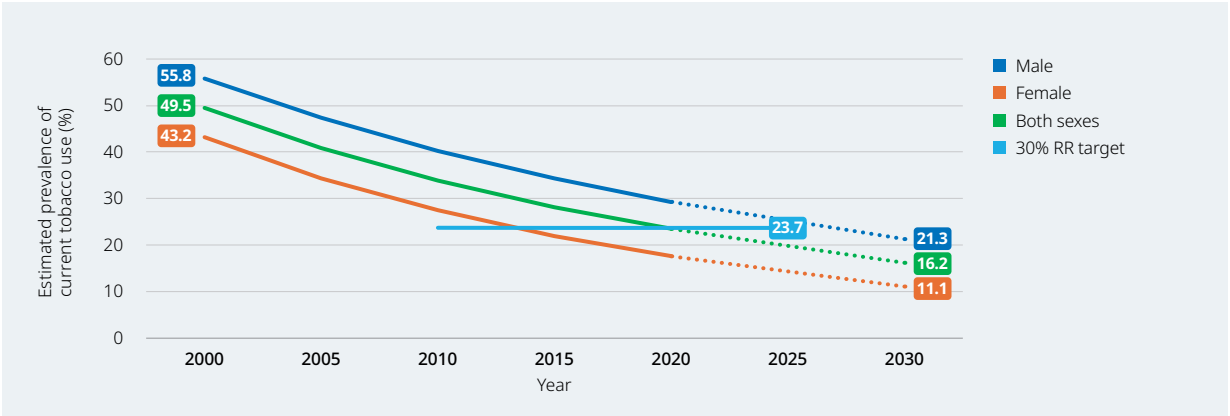
Based on modelled trends, Sweden was projected to achieve a sufficient decrease in prevalence between 2010 and 2025 to meet the 30% relative reduction target. Over this period, the gap between men and women narrowed slightly, with estimated prevalences projected to reach 21.3% for men and 11.1% for women by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Sweden, northern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Among 15–16-year-olds, rates of tobacco use are similar among boys and girls (16.0% and 15.0%, respectively; Table 1). Electronic cigarette (e-cigarette) use is more common than cigarette smoking, and e-cigarettes are more widely used by girls (23%) than boys (18%).

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Swedish Living Conditions Survey, 2023, national, age ≥ 16 years										
Men	–	30.0	–	9.0	–	–	–	22.0	–	–
Women	–	15.0	–	8.0	–	–	–	8.0	–	–
Both sexes	–	23.0	–	9.0	–	–	–	15.0	–	–
Adolescents: Swedish Central Association for Alcohol and Drug Information *CAN:s nationella skolundersökning*, 2022, national, age 15–16 years										
Boys	16.0	10.0	–	–	8.0	1.0	14.0	7.0	18.0	–
Girls	15.0	5.0	–	–	10.0	1.0	8.0	2.0	23.0	–
Both sexes	16.0	8.0	–	–	9.0	1.0	11.0	5.0	20.0	–

Note: CAN:s: *Centralförbundet för alkohol- och narkotikaupplysning* [Central Association for Alcohol and Drug Information]; e-cigarette: electronic cigarette.
Source: *(2)*.

Tobacco control has been strengthened over the years. Two MPOWER[2] measures have been at best-practice level since 2018: Offer, Warn (Health warnings). Continuous best practice in the Monitor measure indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Switzerland

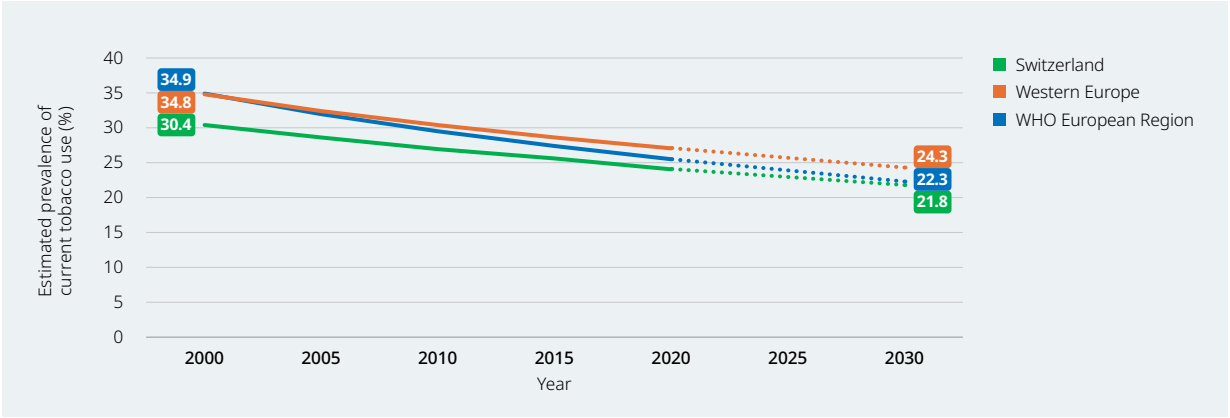
Estimated number of current adult tobacco users in 2024: **1 583 000** (men: **830 000**; women: **753 000**).[1]

Key messages

In Switzerland, tobacco use has steadily declined from 30.4% in 2000 and is projected to reach 21.8% by 2030. The estimated prevalence has consistently been well below the western European and WHO European Regional averages, with the gap narrowing slightly over time (Fig. 1).

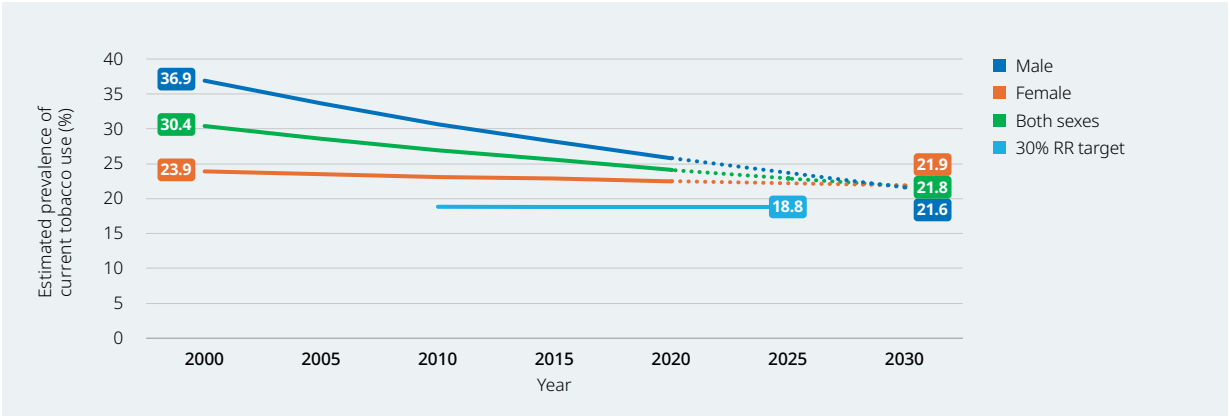
Based on modelled trends, Switzerland was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 26.9% to 22.9%, representing a 15% relative reduction. Over this period, the gap between men and women narrowed steadily, with estimated prevalences predicted to almost converge by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Switzerland, western Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

Current cigarette smoking is at 18.1% among adults and at 15.6% among adolescents aged 15 years (Table 1). Electronic cigarette use is markedly higher among adolescents (25.1%) than adults (6.2%).

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: *Enquête Santé et Lifestyle* [Health and Lifestyle Survey], 2023, national, age ≥ 15 years										
Men	–	–	30.0	15.2	20.0	12.4	3.4	1.6	6.1	2.5
Women	–	–	19.9	11.4	16.2	9.8	0.7	0.3	6.3	1.8
Both sexes	–	–	24.9	13.3	18.1	11.1	2.1	1.0	6.2	2.1
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	14.4	–	19.4	–	25.1	–
Girls	–	–	–	–	16.6	–	11.2	–	25.0	–
Both sexes	–	–	–	–	15.6	–	15.2	–	25.1	–

Note: E-cigarette: electronic cigarette.
Source: *(2).*

As of 31 December 2024, none of the MPOWER[2] measures has reached best-practice level. Continuous best practice in the Monitor indicates sustained surveillance capacity since 2007 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3).*

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Tajikistan

Estimated number of current adult tobacco users in 2024: **1 579 000** (men: **1 111 000**; women: **468 000**).[1,2]

Key messages

Tajikistan does not have sufficient survey data available to calculate tobacco use trends.

Survey data for 2016–2017 show a stark gender disparity in tobacco use among adults. Overall tobacco use is 13.5%, but this is driven entirely by men (25.7%), with a negligible prevalence among women (0.2%). The pattern is similar across all categories: tobacco smoking (9.0% in men vs 0.1% in women), cigarette smoking (5.7% vs 0.1%) and, especially, smokeless tobacco use, which is the most common type of tobacco use among men at 19.7% (virtually zero among women; Table 1).

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: STEPS, 2016–2017, national, age 18–69 years										
Men	25.7	18.5	9.0	8.8	5.7	5.1	19.7	13.6	–	–
Women	0.2	0.1	0.1	0.1	0.1	0.1	0.0	0.0	–	–
Both sexes	13.5	9.7	4.8	4.7	3.0	2.7	10.3	7.1	–	–
Adolescents: Health Behaviour in School-aged Children, 2021–2022, national, age 15 years										
Boys	–	–	–	–	2.0	–	–	–	2.0	–
Girls	–	–	–	–	1.0	–	–	–	0.0	–
Both sexes	–	–	–	–	–	–	–	–	–	–

Note: E-cigarette: electronic cigarette; STEPS: STEPwise approach to noncommunicable disease risk factor surveillance.
Source: (2).

Among adolescents aged 15 years, the prevalence is much lower overall. Rates of cigarette smoking were 2% for boys and 1% for girls, while electronic cigarette use was reported only by boys (2.0%) and not girls.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 No estimates are available. The number of users and smokers are approximations arrived at by applying the average prevalence of the United Nations subregion in which the country belongs to the country's population aged 15 years and older.

As of 31 December 2024, only the MPOWER[3] Warn (Health warnings) measure has reached best-practice level (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Türkiye

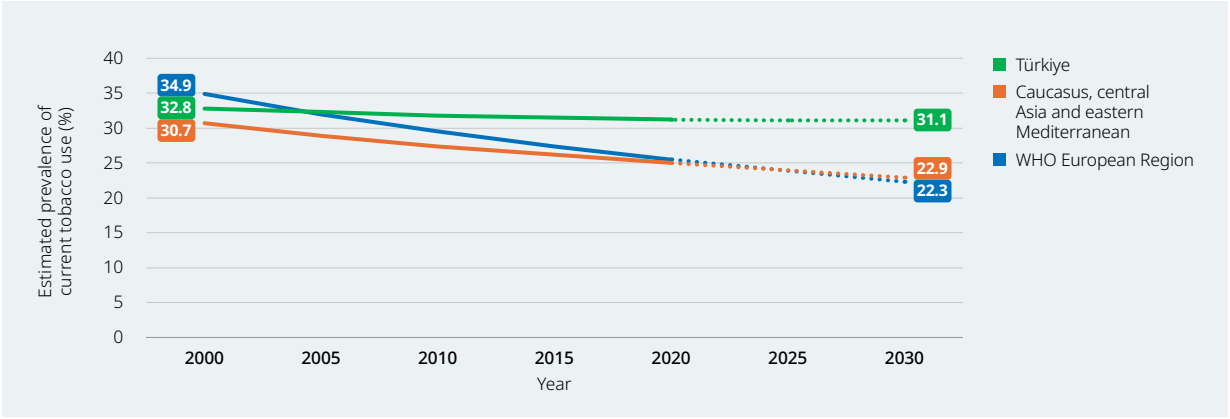
Estimated number of current adult tobacco users in 2024: **21 059 000** (men: **14 277 000**; women: **6 783 000**).[1,2]

Key messages

In Türkiye, tobacco use remained high at around 31% from 2000 to 2020 and is predicted to continue at this level through to 2030, in contrast to declines in both the WHO European Regional and subregional (Caucasus, central Asia and eastern Mediterranean) averages. Consequently, the trend in Türkiye is expected to shift from being close to the regional averages in 2000 to becoming markedly higher by 2030 (Fig. 1).

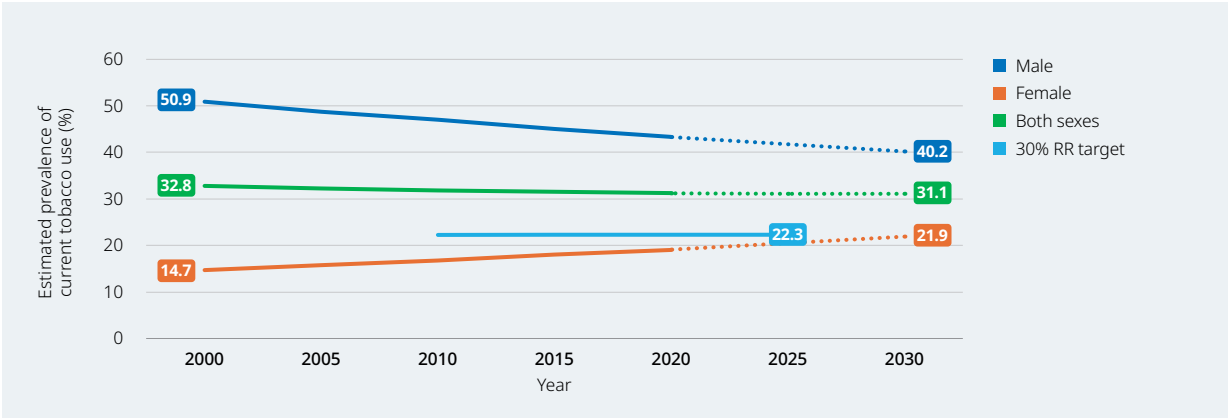
Based on modelled trends, Türkiye is unlikely to achieve the 30% relative reduction target. Furthermore, the prevalence among women is projected to increase from 14.7% in 2000 to 21.9% by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Türkiye; Caucasus, central Asia and Eastern Mediterranean; and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

Rates of current tobacco smoking are 32.0% among adults and 17.9% among adolescents (Table 1), with higher prevalences among men and boys.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Türkiye Health Survey, 2022, national, age ≥ 15 years (tobacco smoking); and Health Interview Survey, 2019, national, age ≥ 15 years (e-cigarette use)										
Men	–	–	45.3	41.3	–	–	–	–	–	–
Women	–	–	19.0	15.5	–	–	–	–	–	–
Both sexes	–	–	32.0	28.3	–	–	–	–	–	0.4
Adolescents: GYTS, 2017, national, age 13–15 years										
Boys	23.2	–	23.2	–	9.9	–	–	–	–	–
Girls	12.1	–	12.1	–	5.3	–	–	–	–	–
Both sexes	17.9	–	17.9	–	7.7	–	–	–	–	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey.
Source: *(2)*.

Tobacco control has been strengthened over the years. Five MPOWER[3] measures have been at best-practice level since 2012: Protect, Offer, Warn (Health warnings), Enforce and Raise tax (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Turkmenistan

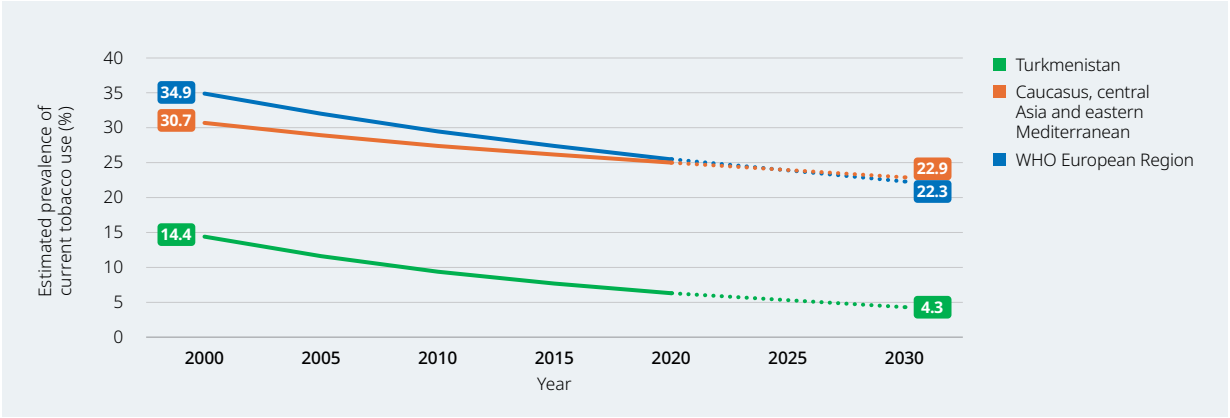
Estimated number of current adult tobacco users in 2024: **260 000** (men: **247 000**; women: **12 000**).[1,2]

Key messages

In Turkmenistan, tobacco use is very low; it rapidly declined from 14.4% in 2000 and is projected to reach 4.3% by 2030. The estimated prevalence has remained consistently and markedly below the WHO European Regional and subregional (Caucasus, central Asia and eastern Mediterranean) averages, with the large gap widening further over time (Fig. 1).

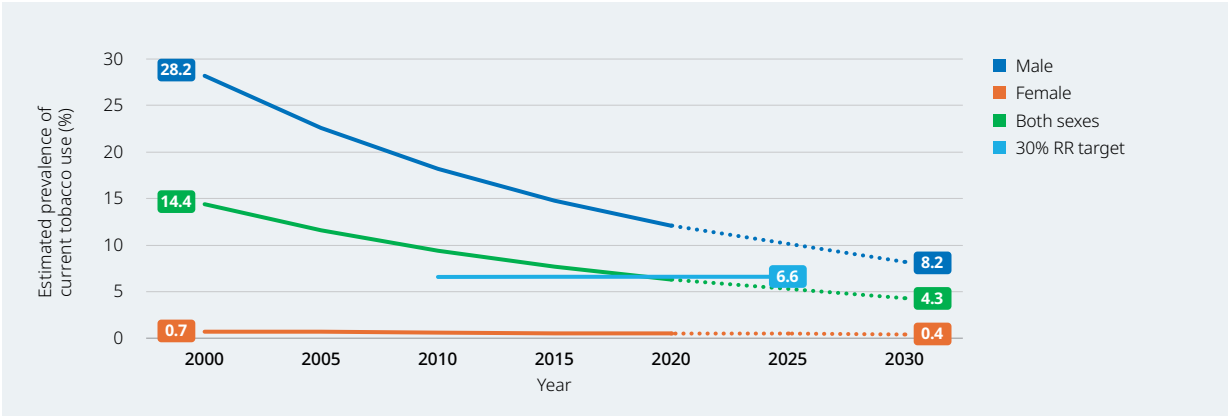
Based on modelled trends, Turkmenistan was projected to achieve a sufficient decrease in prevalence between 2010 and 2025 to meet the 30% relative reduction target. Over this period, the gap between men and women narrowed substantially, with estimated prevalences projected to reach 8.2% among men and 0.4% among women by 2030 (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Turkmenistan; Caucasus, central Asia and eastern Mediterranean; and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

Tobacco use is very low overall, particularly among adolescents (0.3%), whereas adult prevalence is 3.6%. Notably, there is strong gender disparity among adults, with much higher use among men. Among adolescents, the prevalence is minimal and is similar among girls and boys (Table 1).

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Turkmenistan STEPS, 2018, national, age 18–69 years										
Men	7.0	4.9	6.6	4.7	6.4	4.7	0.4	0.2	–	–
Women	0.2	0.1	0.2	0.1	0.1	0.1	0.0	0.0	–	–
Both sexes	3.6	2.6	3.4	2.5	3.3	2.5	0.2	0.1	–	–
Adolescents: GYTS, 2015, national, age 13–15 years										
Boys	0.2	–	0.1	–	0.1	0.0	0.2	–	–	–
Girls	0.4	–	0.2	–	0.0	0.0	0.2	–	–	–
Both sexes	0.3	–	0.1	–	0.0	0.0	0.2	–	–	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey; STEPS: STEPwise approach to noncommunicable disease risk factor surveillance.
Source: *(2)*.

Tobacco control has been strengthened over the years. Two MPOWER[3] measures have been at best-practice level since 2014: Protect and Warn (Health warnings). Continuous best practice in the Mass media measure indicates the implementation of regular public awareness campaigns since 2018 (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

Ukraine

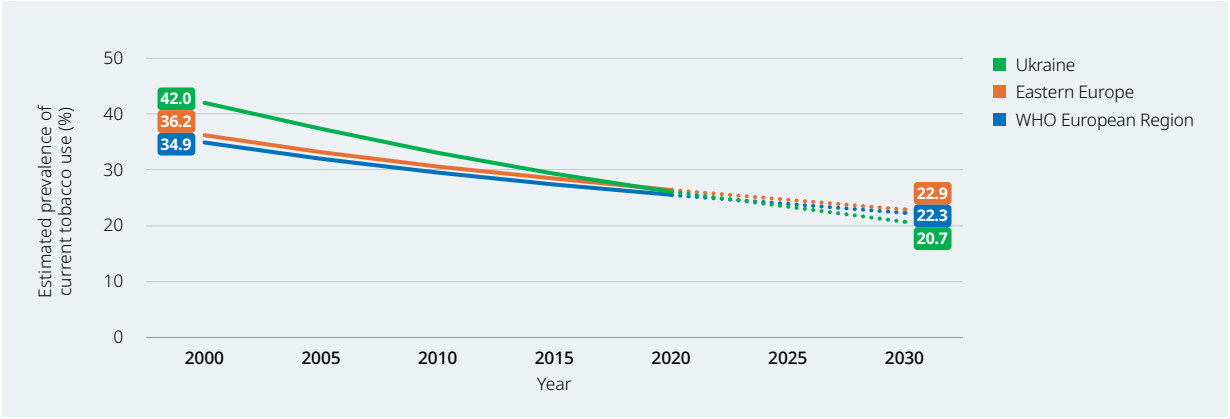
Estimated number of current adult tobacco users in 2024: **6 793 000** (men: **5 379 000**; women: **1 413 000**).[1,2]

Key messages

In Ukraine, tobacco use underwent a very steep and sustained decline from 42% in 2000 and is projected to reach 20.7% by 2030. The estimated prevalence converged with and then fell below the eastern European and the WHO European Regional averages from around 2020 onwards, with the gap widening slightly over time (Fig. 1).

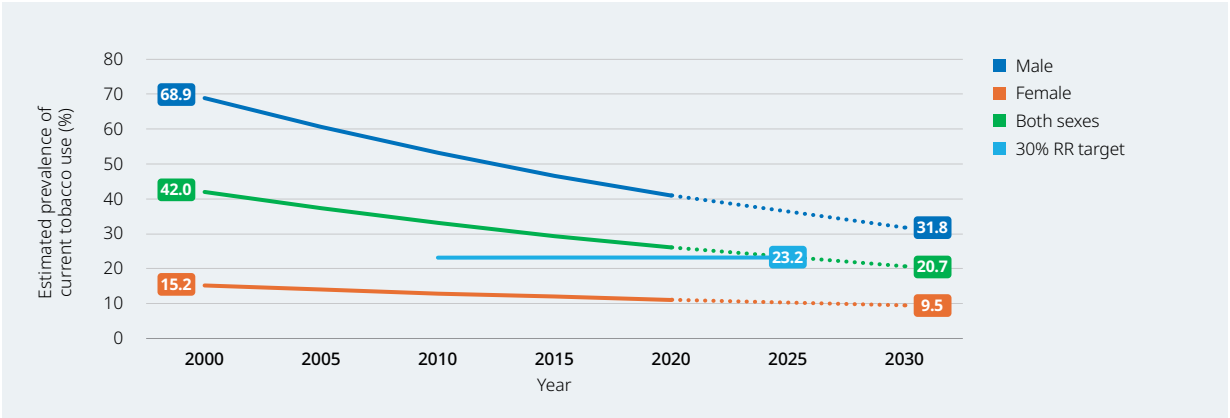
Based on modelled trends, Ukraine was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 33.1% to 23.2%, representing a 29% relative reduction (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Ukraine, eastern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.
2 Totals may not tally due to rounding.

Rates of current cigarette smoking are 17.8% among adults and 22.0% among adolescents aged 15–16 years, with higher prevalences among men and boys (Table 1). Electronic cigarette use is markedly higher among adolescents (11.0%) than adults (5.3%).

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Kyiv International Institute of Sociology face-to-face survey, 2024, national, age ≥ 18 years										
Men	34.2	29.4	33.9	29.1	28.2	25.1	0.3	0.3	7.0	6.2
Women	13.1	10.2	13.1	10.2	9.2	8.0	0.0	0.0	3.9	1.9
Both sexes	22.7	18.9	22.6	18.7	17.8	15.8	0.1	0.1	5.3	3.9
Adolescents: European School Survey Project on Alcohol and other Drugs, 2019, national, age 15–16 years										
Boys	–	–	–	–	25.0	–	–	–	14.0	–
Girls	–	–	–	–	18.0	–	–	–	8.4	–
Both sexes	–	–	–	–	22.0	–	–	–	11.0	–

Notes: E-cigarette: electronic cigarette. Cigarette smoking data for adults refer to manufactured cigarettes only.
Source: *(2).*

Tobacco control has been strengthened over the years. Three MPOWER[3] measures have been at best-practice level since 2022: Protect, Warn (Health warnings) and Enforce. Continuous best practice in the Monitor measure indicates sustained surveillance capacity over time (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3).*

References[4]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

3 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

4 All references were accessed on 24 June 2026.

United Kingdom

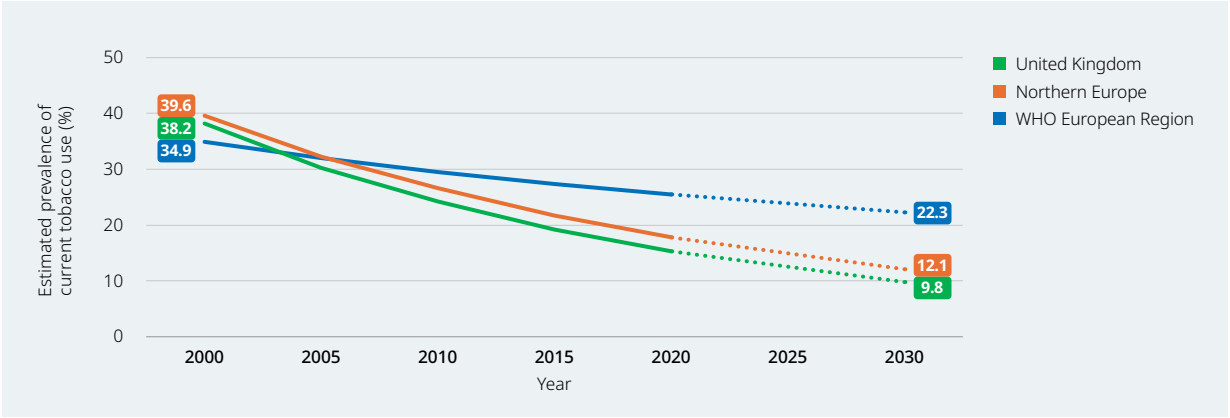
Estimated number of current adult tobacco users in 2024: **6 720 000** (men: **3 787 000**; women: **2 933 000**).[1]

Key messages

In the United Kingdom, tobacco use underwent a sharp, sustained decline from 38.2% in 2000 and is projected to reach 9.8% by 2030. The estimated prevalence closely tracks the downward trend in northern Europe. From 2005, it has been below the WHO European Regional average and is projected to remain so, with the gap widening substantially over time (Fig. 1).

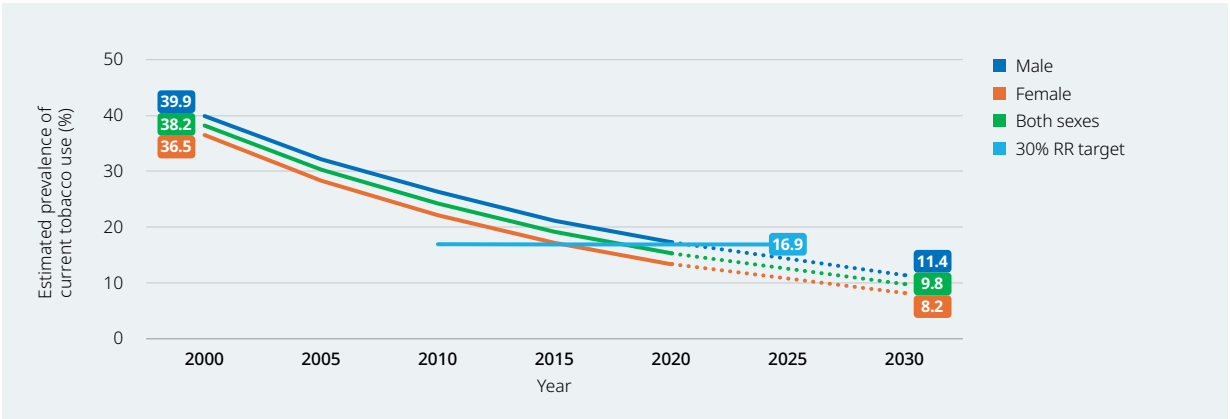
Based on modelled trends, United Kingdom was projected to achieve a sufficient decrease in prevalence between 2010 and 2025 to meet the 30% relative reduction target (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, United Kingdom, northern Europe and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

The prevalence of cigarette smoking among 11–15-year-olds is 3%, and is similar for boys and girls (Table 1). Electronic cigarette (e-cigarette) use is markedly higher than cigarette smoking among adolescents. Rates of cigarette smoking and e-cigarette use among girls are similar to or higher than among boys.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Annual Population Survey, 2023, national, age ≥ 18 years (tobacco smoking); and Opinions and Lifestyle Survey, 2023, subnational, age ≥ 16 years, data for England only (e-cigarette use)										
Men	–	–	13.7	–	–	–	–	–	11.0	6.9
Women	–	–	10.1	–	–	–	–	–	8.3	4.8
Both sexes	–	–	11.9	–	–	–	–	–	9.6	5.8
Adolescents: Smoking, Drinking and Drug Use among Young People in England, 2023, national, age 11–15 years										
Boys	–	–	–	–	3.0	–	–	–	7.0	–
Girls	–	–	–	–	3.0	–	–	–	10.0	–
Both sexes	–	–	–	–	3.0	–	–	–	9.0	–

Note: E-cigarette: electronic cigarette.
Source: *(2).*

Tobacco control has been strengthened over the years. Three MPOWER[2] measures have been at best-practice level since 2016: Protect, Warn (Health warnings) and Raise tax. Continuous best practice in the Monitor and Mass media measures indicates sustained surveillance capacity and implementation of regular public awareness campaigns over time (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3).*

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Uzbekistan

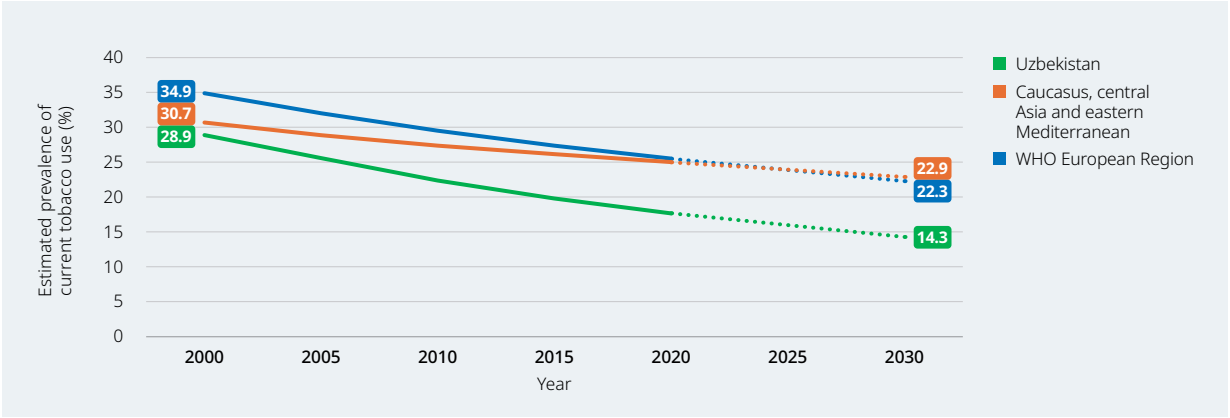
Estimated number of current adult tobacco users in 2024: **3 928 000** (men: **3 804 000**; women: **124 000**).[1]

Key messages

From a current tobacco use of 28.9% in 2000, the estimated prevalence in Uzbekistan has remained consistently lower than the WHO European Regional and subregional (Caucasus, central Asia and eastern Mediterranean) averages, and is projected to decrease to 14.3% by 2030 (Fig. 1).

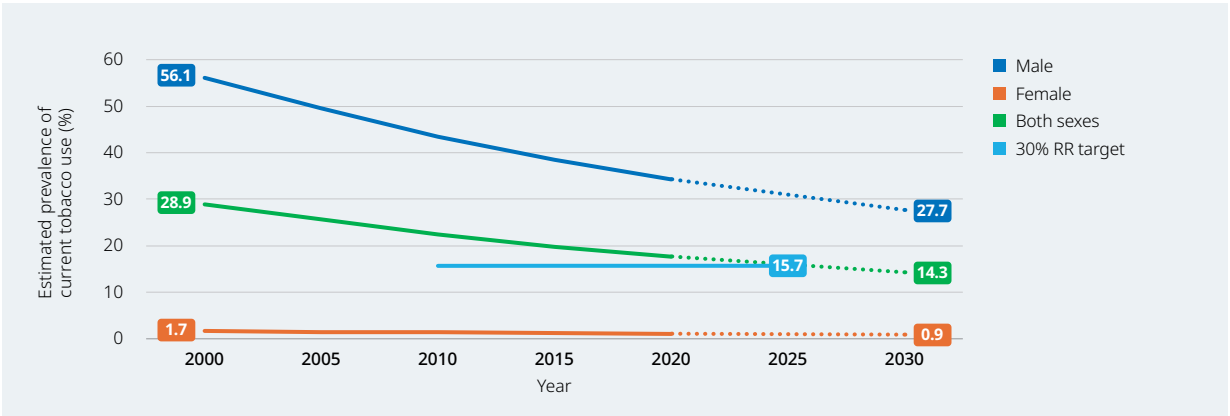
Based on modelled trends, Uzbekistan was projected to achieve a decrease in prevalence between 2010 and 2025, but not to meet the 30% relative reduction target. Between 2010 and 2025, the prevalence among adults was projected to decline from 22.4% to 15.9%, representing a 29% relative reduction (Fig. 2).

Fig. 1. Age-standardized trends in current tobacco use among adults, Uzbekistan; Caucasus, central Asia and Eastern Mediterranean; and the WHO European Region (estimates to 2024, projections to 2030)



Source: *(1)*.

Fig. 2. Age-standardized estimated prevalence of current tobacco use among adults, by sex, indicating the 30% relative reduction target (estimates to 2024, projections to 2030)



Note: RR: relative reduction.
Source: *(1)*.

1 Unless otherwise indicated, adolescents are defined as people aged 13–15 years and adults as those aged 15 years and over.

There is a stark gender gap in tobacco use among adults, with 32.9% of men and 0.8% of women reporting current use (Table 1). The pattern is similar for adolescents, although the rates of tobacco use are much lower among boys (2.3%) than men. Electronic cigarettes are used by 0.2% of adults and 0.7% of adolescents.

Table 1. Tobacco use prevalence from the latest survey completed by 31 December 2024

Survey	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults: Uzbekistan STEPS, 2019, national, age 18–69 years										
Men	32.9	29.9	18.8	16.0	–	13.2	19.8	17.3	0.4	–
Women	0.8	0.6	0.5	0.4	–	0.3	0.4	0.2	0.0	–
Both sexes	16.5	14.9	9.4	8.0	–	6.6	9.9	8.6	0.2	–
Adolescents: GYTS, 2021, national, age 13–15 years										
Boys	2.3	–	1.5	–	0.7	–	1.0	–	1.1	–
Girls	0.9	–	0.6	–	0.2	–	0.4	–	0.3	–
Both sexes	1.7	–	1.1	–	0.5	–	0.7	–	0.7	–

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey; STEPS: STEPwise approach to noncommunicable disease risk factor surveillance.
Source: *(2)*.

As of 31 December 2024, two MPOWER[2] measures have reached best-practice level: Protect and Warn (Health warnings) (Table 2).

Table 2. Level of MPOWER adoption, 2007–2024

Measure	2007	2008	2010	2012	2014	2016	2018	2020	2022	2024
Monitor										
Protect										
Offer										
Health warnings										
Mass media	NA	NA								
Enforce										
Raise tax										

No data reported | No measure or weak measure achieved (lowest level) | Minimal measure achieved | Moderate measure achieved | Complete measure achieved (best practice)

Note: NA: not applicable.
Source: *(3)*.

References[3]

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/381685). Licence: CC BY-NC-SA 3.0 IGO.
3. The pathway to a tobacco-free world: an interactive guide to the 2025 global tobacco epidemic report [website]. World Health Organization; 2026 (https://www.mpowerportal.org/).

2 Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco smoking; Warn about the dangers of tobacco (Health warnings, Mass Media); Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.

3 All references were accessed on 24 June 2026.

Annex 2. Tables

Tables 1–11 provide the data sources for some of the figures featured in this report, as taken from the *WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030 (1).*

Table 1. WHO European Region trends in prevalence of tobacco use among adults, by sex, 2000–2030 (estimates to 2024, projections to 2030)

Sex	2000	2005	2010	2015	2020	2024	2025	2030
Both	34.9	32.0	29.5	27.4	25.5	24.1	23.8	22.3
Men	47.5	43.1	39.3	36.0	33.1	30.8	30.3	27.9
Women	22.3	20.9	19.6	18.7	17.9	17.4	17.3	16.7

Table 2. Trends in current tobacco use among adults, global and WHO regional averages, 2000–2030 (estimates to 2024; projections to 2030)

WHO region	2000	2005	2010	2015	2020	2024	2025	2030
Global	33.1	29.4	26.2	23.5	21.1	19.5	19.2	17.4
African Region	17.9	15.4	13.4	11.8	10.4	9.5	9.3	8.4
Eastern Mediterranean Region	27.0	24.2	22.0	20.2	18.8	23.4	17.8	16.9
European Region	34.9	32.0	29.5	27.4	25.5	24.1	23.8	22.3
Region of the Americas	29.2	24.8	21.3	18.2	15.7	14.0	13.6	11.9
South-East Asia Region	54.1	45.2	37.7	31.5	26.6	18.0	22.7	19.4
Western Pacific Region	28.7	27.1	25.8	24.7	23.6	22.9	22.7	21.7

Table 3. Trends in current tobacco use among women, global and WHO regional averages, 2000–2030 (estimates to 2024; projections to 2030)

WHO region	2000	2005	2010	2015	2020	2024	2025	2030
Global	16.5	13.4	11.0	9.1	7.5	6.6	6.3	5.4
African Region	7.0	5.6	4.4	3.6	2.9	2.5	2.4	2.0
Eastern Mediterranean Region	10.0	7.9	6.4	5.3	4.3	9.3	3.6	3.1
European Region	22.3	20.9	19.6	18.7	17.9	17.4	17.3	16.7
Region of the Americas	21.0	17.5	14.7	12.3	10.4	9.1	8.8	7.5
South-East Asia Region	38.0	28.7	21.3	15.8	11.8	3.7	8.8	6.6
Western Pacific Region	5.5	4.5	3.8	3.2	2.8	2.5	2.4	2.0

Table 4. Trends in current tobacco use among men, global and WHO regional averages, 2000–2030 (estimates to 2024; projections to 2030)

WHO region	2000	2005	2010	2015	2020	2024	2025	2030
Global	49.8	45.3	41.4	37.9	34.7	32.5	32.0	29.4
African Region	28.7	25.2	22.3	20.0	18.0	16.6	16.3	14.9
Eastern Mediterranean Region	44.1	40.6	37.6	35.2	33.4	37.4	32.0	30.7
European Region	47.5	43.1	39.3	36.0	33.1	30.8	30.3	27.9
Region of the Americas	37.5	32.2	27.9	24.2	21.1	18.9	18.5	16.3
South-East Asia Region	70.1	61.6	54.1	47.2	41.5	37.4	36.6	32.1
Western Pacific Region	51.9	49.7	47.8	46.2	44.4	43.3	43.1	41.4

Table 5. Trends in current tobacco use in subregions of the WHO European Region, both sexes, age-standardized, 2000–2030 (estimates to 2024; projections to 2030)

Region	2000	2005	2010	2015	2020	2024	2025	2030
Caucasus, central Asia and eastern Mediterranean	30.7	28.9	27.4	26.2	25.0	24.1	23.9	22.9
Eastern Europe	36.2	33.2	30.6	28.4	26.4	24.9	24.5	22.9
Northern Europe	39.6	32.3	26.6	21.7	17.8	15.3	14.7	12.1
Southern Europe	32.2	31.1	29.8	28.5	27.5	26.7	26.5	25.7
Western Europe	34.8	32.4	30.4	28.6	27.1	25.9	25.6	24.3
WHO European Region	34.9	32.0	29.5	27.4	25.5	24.1	23.8	22.3

Table 6. Current tobacco use prevalence trends in subregions of the WHO European Region, male population, age-standardized, 2000–2030 (estimates to 2024; projections to 2030)

Region	2000	2005	2010	2015	2020	2024	2025	2030
Caucasus, central Asia and eastern Mediterranean	52.7	48.6	45.1	42.0	39.1	36.8	36.3	33.8
Eastern Europe	56.0	50.6	45.6	41.3	37.4	34.4	33.8	30.6
Northern Europe	43.4	36.0	30.0	24.9	20.8	18.0	17.4	14.5
Southern Europe	40.4	38.0	35.6	33.3	31.3	29.8	29.4	27.8
Western Europe	39.3	36.3	33.9	31.5	29.6	28.1	27.7	26.0
WHO European Region	47.5	43.1	39.3	36.0	33.1	30.8	30.3	27.9

Table 7. Current tobacco use prevalence trends in the European Region subregions, female population, age-standardized, 2000–2030 (estimates to 2024; projections to 2030)

Region	2000	2005	2010	2015	2020	2024	2025	2030
Caucasus, central Asia and eastern Mediterranean	10.1	10.3	10.5	11.1	11.5	11.8	11.8	12.2
Eastern Europe	18.4	17.7	17.1	16.7	16.3	16.1	16.0	15.6
Northern Europe	36.0	28.8	23.1	18.6	14.9	12.6	12.1	9.7
Southern Europe	24.4	24.3	24.0	23.9	23.8	23.7	23.6	23.7
Western Europe	30.4	28.5	27.0	25.7	24.5	23.7	23.6	22.6
WHO European Region	22.3	20.9	19.6	18.7	17.9	17.4	17.3	16.7

Table 8. Trends in the number of adult tobacco users (millions) in the WHO European Region, 2000–2030 (estimates to 2024; projections to 2030)

Sex	2000	2005	2010	2015	2020	2024	2025	2030
Both	234	221	208	195	184	173	171	160
Men	157	147	137	128	119	111	109	101
Women	77	74	71	68	65	63	62	59

Table 9. Current tobacco use prevalence among the adult population, age-standardized, WHO estimates

Country (year of most recent population survey)	Prevalence, both sexes (%)	
	2010	2025
Albania (2019)	28.1	21.1
Andorra (2017–2018)	35.4	35.6
Armenia (2022)	30.6	25.8
Austria (2022)	36.5	23.1
Azerbaijan (2023)	25.1	18.2
Belarus (2023)	36.6	28.8
Belgium (2022)	26.9	23.4
Bosnia and Herzegovina (2019)	41.9	36.8
Bulgaria (2020)	41.4	38.8
Croatia (2020)	34.8	34.5
Cyprus (2023)	36.4	32.3
Czechia (2023)	31.9	28.1
Denmark (2023)	26.4	15.2
Estonia (2022)	37.1	25.6
Finland (2022)	30.3	20.9
France (2022)	34.0	33.6

Table 9 (cont)

Country (year of most recent population survey)	Prevalence, both sexes (%)	
	2010	2025
Georgia (2020)	34.0	32.7
Germany (2023)	28.7	21.5
Greece (2020)	41.3	29.7
Hungary (2020)	34.9	30.6
Iceland (2023)	18.6	8.7
Ireland (2024)	27.0	17.7
Israel (2022–2023)	25.9	20.9
Italy (2023)	24.4	22.3
Kazakhstan (2023)	28.4	20.8
Kyrgyzstan (2023)	28.1	22.0
Latvia (2022)	39.9	34.2
Lithuania (2021)	37.7	30.9
Luxembourg (2023)	26.3	24.3
Malta (2019–2020)	28.7	24.3
Montenegro (2019)	36.6	37.5
Netherlands (Kingdom of the) (2023)	27.8	19.9
North Macedonia (2023)	40.2	39.5
Norway (2023)	26.8	12.3
Poland (2021)	30.8	21.2
Portugal (2022)	25.4	28.9
Republic of Moldova (2021)	25.5	29.1
Romania (2020)	34.5	29.5
Russian Federation (2023)	33.5	26.5
Serbia (2023)	40.6	39.6
Slovakia (2022)	31.0	29.3
Slovenia (2022)	22.7	20.8
Spain (2022)	31.5	27.3
Sweden (2023)	33.9	19.5
Switzerland (2023)	26.9	22.9
Türkiye (2022)	31.8	31.1
Turkmenistan (2018)	9.4	5.2
Ukraine (2020)	33.1	23.2
United Kingdom (2022)	24.2	12.3
Uzbekistan (2019)	22.4	15.9

Table 10. Average prevalence of current cigarette smoking, adolescents, global and by WHO region

WHO region	Boys	Girls
Global	6.8	3.3
African Region	6.3	2.7
Eastern Mediterranean Region	6.5	2.1
European Region	8.2	8.7
Region of the Americas	5.6	5.7
South-East Asia Region	4.9	1.9
Western Pacific Region	9.6	2.7

Table 11. Prevalence of current electronic cigarette use among adults and among adolescents, all countries with data collected in the same year or up to 2 years apart

Country	Population-based survey	Prevalence of current e-cigarette use (%)	School-based survey	Prevalence of current e-cigarette use (%)
Albania	Smoking uptake, prevalence and cessation in Albania, 2019, age 18–85 years	0.2	GYTS, 2020, age 13–15 years	9.3
Austria	Eurobarometer 539[a], 2023, age ≥ 15 years	4.0	HBSC, 2022, age 13–15 years	13.0
Belarus	STEPS, 2020, age 18–69 years	6.1	GYTS, 2021, age 13–15 years	15.1
Belgium	Eurobarometer 539[a], 2023, age ≥ 15 years	4.0	HBSC, 2022, age 13–15 years	11.0
Bosnia and Herzegovina	Tobacco consumption in Bosnia and Herzegovina, 2019, age 18–85 years	0.3	GYTS, 2019, age 13–15 years	10.9
Bulgaria	Eurobarometer 539[a], 2023, age ≥ 15 years	3.0	GYTS, 2023, age 13–15 years	23.3
Croatia	*Stanju u području ovisnosti u općoj populaciji Republike Hrvatske* [Status of addiction in the general population of the Republic of Croatia], 2023, age 15–64 years	12.0	HBSC, 2022, age 13–15 years	17.0
Cyprus	Eurobarometer 539[a], 2023, age ≥ 15 years	4.0	HBSC, 2022, age 13–15 years	19.0
Czechia	National Survey on Tobacco and Alcohol Use, 2023, age ≥ 15 years	11.1	GYTS, 2022, age 13–15 years	21.4
Denmark	National Health Survey, 2023, age ≥ 16 years	5.0	HBSC, 2022, age 13–15 years	8.0
Estonia	Eurobarometer 539[a], 2023, age ≥ 15 years	9.0	HBSC, 2022, age 13–15 years	20.2
Finland	Healthy Finland Survey, 2022, age 20–64 years	3.0	National School Health Promotion Study, 2023, 8th–9th grade	16.0

Table 11 (cont)

Country	Population-based survey	Prevalence of current e-cigarette use (%)	School-based survey	Prevalence of current e-cigarette use (%)
France	*l'Enquête sur les représentations, opinions et perceptions sur les psychotropes* [Survey on Attitudes, Opinions and Perceptions regarding Psychotropic Substances], 2023, age 18–75 years	8.3	HBSC, 2022, age 13–15 years	14.0
Georgia	National Tobacco Survey, 2019, age 18–69 years	0.3	GYTS, 2017, age 13–15 years	13.2
Germany	Eurobarometer 539[a], 2023, age ≥ 15 years	2.0	HBSC, 2022, age 13–15 years	16.0
Greece	Eurobarometer 539[a], 2023, age ≥ 15 years	2.0	GYTS, 2023, age 13–15 years	17.7
Hungary	Eurobarometer 539[a], 2023, age ≥ 15 years	1.0	HBSC, 2022, age 13–15 years	24.0
Iceland	*Tóbakskönnun* [Tobacco survey] by Gallup, 2020, age ≥ 18 years	5.5	HBSC, 2022, age 13–15 years	9.0
Ireland	Healthy Ireland Survey, 2024, age ≥ 15 years	8.0	HBSC, 2022, age 13–15 years	11.0
Italy	Eurobarometer 539[a], 2023, age ≥ 15 years	3.0	GYTS, 2022, age 13–15 years	19.3
Kazakhstan	Global Adult Tobacco Survey, 2019, age ≥ 15 years	1.3	HBSC, 2018, age 13–15 years	4.0
Latvia	Eurobarometer 539[a], 2023, age ≥ 15 years	8.0	HBSC, 2022, age 13–15 years	20.0
Lithuania	Eurobarometer 539[a], 2023, age ≥ 15 years	5.0	GYTS, 2022, age 13–15 years	23.0
Luxembourg	*Le tabagisme au Luxembourg* [Smoking in Luxembourg], 2023, age ≥ 16 years	17.0	HBSC, 2022, age 13–15 years	13.0
Malta	Eurobarometer 539[a], 2023, age ≥ 15 years	3.0	HBSC, 2022, age 13–15 years	13.0
Netherlands (Kingdom of the)	Health Survey/Lifestyle Monitor (Statistics Netherlands in collaboration with National Institute for Public Health and the Environment and Trimbos-institute), 2023, age ≥ 18 years	3.9	*Peilstationsonderzoek Scholieren* [Monitoring Stations Survey], 2023, age 12–16 years	14.3
Norway	*Rusundersøkelsen* [Drug Survey] (Statistics Norway), 2024, age 16–79 years	6.0	HBSC, 2022, age 13–15 years	7.0
Poland	Eurobarometer 539[a], 2023, age ≥ 15 years	4.0	GYTS, 2022, age 13–15 years	22.3
Portugal	Eurobarometer 539[a], 2023, age ≥ 15 years	1.0	HBSC, 2022, age 13–15 years	5.0
Republic of Moldova	STEPS, 2021, age 18–69 years	0.7	HBSC, 2022, age 15–15 years	11.0

Table 11 (cont)

Country	Population-based survey	Prevalence of current e-cigarette use (%)	School-based survey	Prevalence of current e-cigarette use (%)
Romania	Eurobarometer 539[a], 2023, age ≥ 15 years	1.0	HBSC, 2022, age 13–15 years	20.0
Russian Federation	Selective monitoring of the health of the population survey (Rosstat), 2022, age ≥ 15 years	3.6	GYTS, 2021, age 13–15 years	16.7
Serbia	Survey on psychoactive substance use and gambling among adults, 2023, age 18–64 years	18.4	HBSC, 2022, age 13–15 years	16.0
Slovakia	Eurobarometer 539[a], 2023, age ≥ 15 years	3.0	HBSC, 2022, age 13–15 years	16.0
Slovenia	Eurobarometer 539[a], 2023, age ≥ 15 years	3.0	HBSC, 2022, age 13–15 years	13.0
Spain	*Encuesta sobre Alcohol y Drogas en España* [Survey on Alcohol and Drugs in Spain], 2024, age 15–64 years	4.6	HBSC, 2022, age 13–15 years	10.0
Sweden	*Nationella folkhälsoenkäten* [National Public Health Survey], 2024, age ≥ 16 years	4.9	HBSC, 2022, age 13–15 years	17.0
Switzerland	*Enquête Santé et Lifestyle* [Health and Lifestyle Survey], 2023, age ≥ 15 years	6.2	HBSC, 2022, age 13–15 years	17.0
Ukraine	STEPS, 2019, age 18–69 years	3.0	GYTS, 2017, age 13–15 years	18.4
United Kingdom	Opinions and Lifestyle Survey, 2023, age ≥ 16 years	9.6	HBSC, 2022, age 13–15 years	17.0
Uzbekistan	STEPS, 2019, age 18–69 years	0.2	GYTS, 2021, age 13–15 years	0.7

Note: E-cigarette: electronic cigarette; GYTS: Global Youth Tobacco Survey; HBSC: Health Behaviour in School-aged Children (survey); STEPS: STEPwise approach to noncommunicable disease risk factor surveillance (survey).

[a] Special Eurobarometer 539: *Attitudes of Europeans towards tobacco and related products (2).*

References

1. WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030. Geneva: World Health Organization; 2025 (https://iris.who.int/handle/10665/383060). Licence: CC BY-NC-SA 3.0 IGO.
2. Attitudes of Europeans towards tobacco and related products. Brussels: European Commission; 2023 (https://europa.eu/eurobarometer/surveys/detail/2995).

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