



*PART OF SWEDEN'S PUBLIC HEALTH OBJECTIVE NO. 11*

# *Reduced use of tobacco – how far have we come?*

*Statistics, December 2004*

## *Tobacco use and how it is linked to health*

**Tobacco is the** single biggest health risk in Sweden and is one of the major causes of health discrepancies between various population groups. Tobacco smoking has also been established as the single most preventable and treatable public health problem. For example, there is a great deal of scientific evidence indicating that tobacco smoking causes many different diseases, including lung cancer, other internal organ cancers, cardio-vascular diseases and chronic obstructive pulmonary disease (COPD). About 6,400 people in Sweden die prematurely every year as a result of smoking and a further 500 die from exposure to second-hand smoke.

The overarching public health policy aim in Sweden is to achieve good health on equal terms for the entire population. Improving the health of those groups most vulnerable to ill-health is particularly important.

The Swedish Government has established eleven objectives based on the most significant determinants of public health in Sweden. Efforts are based on factors that influence public health, such as lifestyle, the environment and living conditions. Success requires the active participation of many of society's stakeholders. The eleven public health objectives can help municipal authorities, county councils and other organisations in their efforts to achieve the overarching public health aim. Objective No. 11 focuses on tobacco, alcohol, illicit drugs, gambling addiction and doping.



# Reduced use of tobacco – part of Objective No. 11

## Interim targets, health determinants, indicators and sources

The interim targets for tobacco as presented in the Swedish Public Health Bill (Government Bill: 2002/03:35)<sup>1</sup> are described below. Health determinants, indicators and sources defined by the National Institute of Public Health as part of a government commission on indicators presented on 31 March 2003 are also described here.

### Interim target 1: A tobacco-free start to life by 2014

Health determinant: Tobacco use

Indicator: Self-reported use of tobacco by pregnant women and parents

- Source:
- Swedish Medical Birth Register, Centre for Epidemiology, National Board of Health and Welfare<sup>2</sup> (municipal level)
  - Survey of Living Conditions, Statistics Sweden<sup>3</sup> (county level)
  - Health on Equal Terms, National Institute of Public Health<sup>4</sup> (national level, some counties and municipalities)

### Interim target 2: Halving the number of young people under the age of 18 who start smoking or taking oral smokeless tobacco by 2014

Health determinant: Tobacco use

Indicator: Self-reported use of tobacco by young people

- Source:
- Drug behaviours among elementary and high school students in Sweden, Swedish Council for Information on Alcohol and Other Drugs<sup>5</sup> (county level)
  - Survey of Living Conditions, Statistics Sweden (county level)
  - Health behaviours in school-aged children in Sweden, National Institute of Public Health<sup>6</sup> (national level)

*(It is difficult to define when a person starts to smoke or take oral smokeless tobacco. This is the primary reason why the majority of surveys among young people avoid asking such questions. Questions on how long a person has smoked are more common in adult surveys. From the information gathered, it is possible to ascertain how old the person was when s/he started using tobacco.)*

### Interim target 3: Halving the proportion of smokers in those groups that smoke the most by 2014

Health determinant: Tobacco use

Indicator: Self-reported use of tobacco among various groups

- Source:
- Survey of Living Conditions, Statistics Sweden (county level)

### Interim target 4: No-one should be unwillingly exposed to environmental tobacco smoke

Health determinant: Tobacco use

Indicator: Self-reported exposure to environmental tobacco smoke

- Source:
- The Work Environment Survey, Swedish Work Environment Authority/Statistics Sweden<sup>7</sup> (county level)
  - Health on Equal Terms, National Institute of Public Health (national level, some counties and municipalities)

#### Footnotes

<sup>1</sup> Folkhälsopropositionen (prop. 2002/03:35)

<sup>2</sup> Medicinska födelseregistret, EpC/Socialstyrelsen

<sup>3</sup> Undersökningen av levnadsförhållanden, Statistiska Centralbyrån, SCB

<sup>4</sup> Hälsa på lika villkor (HLV), Statens folkhälsoinstitut

<sup>5</sup> Skolelevers drogvanor, CAN

<sup>6</sup> Svenska skolbarns hälsovanor, Statens folkhälsoinstitut

<sup>7</sup> Arbetsmiljöundersökningen, Arbetsmiljöverket/SCB

## National statistics

### Tobacco use among young people in Sweden

The Swedish Council for Information on Alcohol and Other Drugs (CAN) surveys the tobacco behaviours of young people in annual compulsory questionnaires to ninth grade pupils (15–16 years of age) and in biennial questionnaires to sixth-graders (12–13 years of age). Surveys are also conducted among 18 year-olds enlisting for national service. The tobacco behaviours of 16–24 year-olds are also surveyed as part of Statistics Sweden's annual Survey of Living Conditions. Questions on oral smokeless tobacco use are included every seventh year.

Smoking among ninth-graders was much more common during the 1970s than it is now. Smoking decreased dramatically from the beginning of the 1970s to the mid-1980s. The number of people smoking rose during the mid-1980s, however, only to fall again during the 1990s. Smoking among young people has decreased further since 2000.

In 2004, five per cent of boys and thirteen per cent of girls in the ninth grade said they smoked every day or almost every day. Taking oral smokeless tobacco is much more common among boys than among girls. Fifteen per cent of boys and three per cent of girls reported daily oral smokeless tobacco use in 2004.

#### Percentage of ninth-graders who smoke (%)

(Answers in response to the question "Do you smoke?"  
CAN, 2002–2004)

Boys	2002	2003	2004
Every day/almost every day	9	7	5
Only at weekends	2	1	1
Only at parties	9	7	8
Only occasionally	5	5	4
<b>Total percentage of smokers</b>	<b>25</b>	<b>20</b>	<b>18</b>
Girls	2002	2003	2004
Every day/almost every day	15	13	13
Only at weekends	2	2	1
Only at parties	10	9	10
Only occasionally	6	6	5
<b>Total percentage of smokers</b>	<b>34</b>	<b>30</b>	<b>30</b>

#### Percentage of ninth-graders who take oral smokeless tobacco (%)

(Answers in response to the question "Do you take oral smokeless tobacco?"  
CAN, 2002–2004)

Boys	2002	2003	2004
Every day/almost every day	17	16	15
Only occasionally	8	8	6
<b>Total percentage of oral smokeless tobacco users</b>	<b>25</b>	<b>24</b>	<b>21</b>
Girls	2002	2003	2004
Every day/almost every day	1	2	3
Only occasionally	3	4	5
<b>Total percentage of oral smokeless tobacco users</b>	<b>5</b>	<b>6</b>	<b>8</b>

## Tobacco use among adults in Sweden

Statistics Sweden has performed annual surveys on the number of adults who smoke since 1980. Since then, when 36 per cent of men and 29 per cent women smoked, the numbers have gone down. According to the national public health survey, Health on Equal Terms, carried out by the National Institute of Public Health, 14 per cent of men and 19 per cent of women smoked on a daily basis in 2004, an average of 16 per cent of the 18–84 year-old population smoked. The heaviest smokers were in the 45–64 age group and the youngest and oldest age groups smoked the least. In total, there are 1.1 million smokers in Sweden. Twenty-two per cent of men and three per cent of women take oral smokeless tobacco every day. The highest percentage of oral smokeless tobacco users among both men and women are among those in the 35–44 year-old age group (29 and 6 per cent respectively). The total number of daily oral smokeless tobacco users was approximately 800,000.

In contrast to the 1960s and 1970s, tobacco use is now more common among people with fewer years at school compared to those with more years at school. According to the Survey of Living Conditions (Statistics Sweden), men with fewer years at school were two and a half times more likely to smoke every day than men with more years at school in 2000/2001. Among women, it was three times more common. In 2002, both female and male blue-collar workers were more than twice as likely to smoke every day as their intermediate and high-level white-collar counterparts. Compared to single people without children and cohabitants (either with or without children), twice as many single mothers smoke every day.

### **Percentage of adults in Sweden who smoke every day (%)**

(Health on Equal Terms, National Institute of Public Health, 2004)

Age	18–24	25–34	35–44	45–54	55–64	65–74	75–84	Total *)
Men	8	11	16	18	20	12	9	14
Women	16	15	18	28	23	14	10	19

\*) Age-standardised

### **Percentage of adults in Sweden who take oral smokeless tobacco every day (%)**

(Health on Equal Terms, National Institute of Public Health, 2004)

Age	18–24	25–34	35–44	45–54	55–64	65–74	75–84	Total *)
Men	23	28	29	26	17	10	6	22
Women	3	5	6	4	2	1	0	3

\*) Age-standardised



## Regional/county statistics

### Tobacco use among adults

The figures below show an average over a five-year period. Despite this, however, the figures for many counties may be slightly imprecise. The figures indicating that during the most recent five-year period (1998–2002) fewer men in Uppsala, Västmanland and Dalarna were daily smokers compared to the country as a whole are statistically accurate. Furthermore, the statistics indicating that there are fewer daily smokers among women in Jämtland and Västerbotten and more in Västmanland compared to the national average are also statistically accurate.

#### Percentage of smokers by county and region (%)

(Survey of Living Conditions, 16-84 years old, Statistics Sweden, 1980-2002)

County	1980–1984		1985–1989		1990–1994		1995–1999		1997–2001		1998–2002	
	Men	Wom.*	Men	Wom.	Men	Wom.	Men	Wom.	Men	Wom.	Men	Wom.
Stockholm	36	33	32	30	26	27	23	24	20	26	18	20
Uppsala	30	27	30	29	21	24	24	25	12	22	14	17
Södermanland	36	30	30	28	27	24	26	23	16	20	21	21
Östergötland	34	27	32	24	27	26	19	21	23	16	19	21
Jönköping	29	21	26	22	21	20	18	19	11	14	17	19
Kronoberg	30	20	26	22	24	20	14	18	12	19	20	21
Kalmar	37	24	29	27	22	28	24	28	7	18	20	18
Gotland	42	29	37	34	34	30	42	32	31	37	16	26
Blekinge	32	26	27	23	22	24	17	21	15	16	21	19
Skåne	38	30	33	28	27	26	25	24	21	27	20	23
Halland	33	23	28	25	24	20	20	23	14	18	17	21
V Götaland	34	26	28	26	25	26	23	26	16	16	17	21
Värmland	33	24	25	30	23	25	27	25	11	32	18	20
Örebro	33	31	27	25	22	22	24	23	17	27	15	21
Västmanland	35	30	25	25	25	30	20	23	10	27	13	27
Dalarna	29	24	22	26	20	24	18	21	15	26	11	23
Gävleborg	33	31	28	29	22	27	20	27	11	21	16	20
Västernorrland	34	27	27	28	24	25	23	20	18	24	16	22
Jämtland	28	25	28	23	20	23	16	25	21	21	14	15
Västerbotten	27	23	23	22	20	20	14	22	11	17	14	15
Norrbottn	30	29	24	26	21	24	13	24	20	29	16	20
<b>Whole country</b>	<b>34</b>	<b>28</b>	<b>29</b>	<b>27</b>	<b>24</b>	<b>25</b>	<b>22</b>	<b>24</b>	<b>17</b>	<b>22</b>	<b>17</b>	<b>20</b>

\* ) Wom. = women

## Tobacco use among pregnant women and parents of young infants

### Tobacco use among pregnant women

About one in three pregnant women smoked in Sweden at the beginning of the 1980s. Smoking among pregnant women was therefore as common as among the adult population as a whole. The National Board of Health and Welfare's report, *Tobacco use among pregnant women and parents of young infants 2002*<sup>8</sup>, indicates that many women stop smoking either before they become pregnant or in the early stages of pregnancy. On average, the number of smokers among pregnant women drops by almost a half by the time they register at the maternity care clinic. Eleven per cent of those registering currently smoke.

<sup>8</sup> Tobaksvanor bland gravida och spädbarnsföräldrar 2002, Socialstyrelsen

### Oral smokeless tobacco use among pregnant women

Just under 1.5 per cent of pregnant women are oral smokeless tobacco users when they register at a maternity care clinic. Most pregnant oral smokeless tobacco users live in Västerbotten and Jämtland where the percentages are nearly eight and just over eight per cent respectively. The percentage of pregnant smokers is lowest in these two counties.

#### Percentage of women in the early stages of pregnancy (8th–12th week) who smoke (%)

(Centre for Epidemiology, National Board of Health and Welfare, 2000–2002)

County	2000	2001	2002
Stockholm	11	9	8
Uppsala	10	10	8
Södermanland	16	13	14
Östergötland	12	13	11
Jönköping	10	11	11
Kronoberg	9	10	10
Kalmar	14	13	13
Gotland	14	14	14
Blekinge	12	11	12
Skåne	14	13	13
Halland	13	12	11
Västra Götaland	13	12	11
Värmland	14	12	13
Örebro	13	11	13
Västmanland	14	14	12
Dalarna	13	12	12
Gävleborg	16	14	12
Västernorrland	11	12	11
Jämtland	8	8	7
Västerbotten	7	7	6
Norrbottn	13	13	11
<b>Whole country</b>	<b>12</b>	<b>11</b>	<b>11</b>

#### Percentage of women oral smokeless tobacco users in the early stages of pregnancy (8th–12th week) (%)

(Centre for Epidemiology, National Board of Health and Welfare, 2000–2002)

County	2000	2001	2002
Stockholm	*)	0,9	0,9
Uppsala	1,0	1,0	1,0
Södermanland	0,8	0,8	1,2
Östergötland	2,4	1,1	2,1
Jönköping	0,6	0,5	0,8
Kronoberg	0,5	0,6	0,9
Kalmar	0,9	0,9	1,5
Gotland	3,0	1,5	1,5
Blekinge	0,8	0,2	0,6
Skåne	0,5	0,5	0,6
Halland	0,5	0,9	0,8
Västra Götaland	0,7	0,8	0,9
Värmland	1,3	1,2	1,7
Örebro	0,6	0,7	0,8
Västmanland	0,7	1,0	1,3
Dalarna	1,0	1,2	1,7
Gävleborg	1,6	1,1	1,9
Västernorrland	3,5	3,7	4,3
Jämtland	7,6	8,6	8,4
Västerbotten	*)	*)	7,7
Norrbottn	2,8	3,1	3,5
<b>Whole country</b>	<b>1,2</b>	<b>1,2</b>	<b>1,4</b>

\*) No data for 20 per cent and above



### Smoking behaviours among parents of young infants

The National Board of Health and Welfare has been reporting national, regional and local data on the smoking behaviours of parents of young infants since 1999. Among the parents of infants born in 2002, an average of eight per cent of mothers smoked when the baby was between zero and four weeks old. This figure rose to nine per cent when the baby had reached the age of eight months. The smoking habits of fathers during this period of time remained basically unchanged.

Data describing daily smoking among men and women who either have or do not have children aged between zero and six can be found in the Survey of Living Conditions, produced by Statistics Sweden. The survey indicates that having young children does not seem to have too much significance in terms of parents' smoking behaviours.

#### Percentage of smokers among parents of infants born in 2002, by county/municipality (%)

(Centre for Epidemiology, National Board of Health and Welfare, 2004)

County council/municipality	Child aged 0–4 weeks		Child aged 8 months	
	Mother smokes	Father smokes	Mother smokes	Father smokes
Municipality of Stockholm	5	14	6	14
Stockholm county excluding Stockholm	6	13	8	13
Uppsala	6	11	7	10
Södermanland	12	18	14	17
Östergötland	8	12	8	12
Jönköping	8	13	9	13
Kronoberg	8	12	9	12
Kalmar	9	12	12	12
Gotland	11	15	13	14
Blekinge <sup>*)</sup>	*)	*)	*)	*)
Municipality of Malmö	11	24	12	25
Skåne excluding Malmö	11	16	11	15
Halland	8	12	8	12
Municipality of Göteborg	7	17	9	17
Västra Götaland excluding Göteborg	9	13	10	13
Värmland	10	12	12	12
Örebro	10	14	12	14
Västmanland	9	12	11	13
Dalarna	9	11	11	11
Gävleborg	9	12	10	12
Västernorrland	8	10	10	10
Jämtland	4	8	6	8
Västerbotten	5	8	5	8
Norrbottn	9	11	10	11
<b>Whole country</b>	<b>8</b>	<b>13</b>	<b>9</b>	<b>13</b>

<sup>\*)</sup> Information is missing for Blekinge

## Smoking cessation

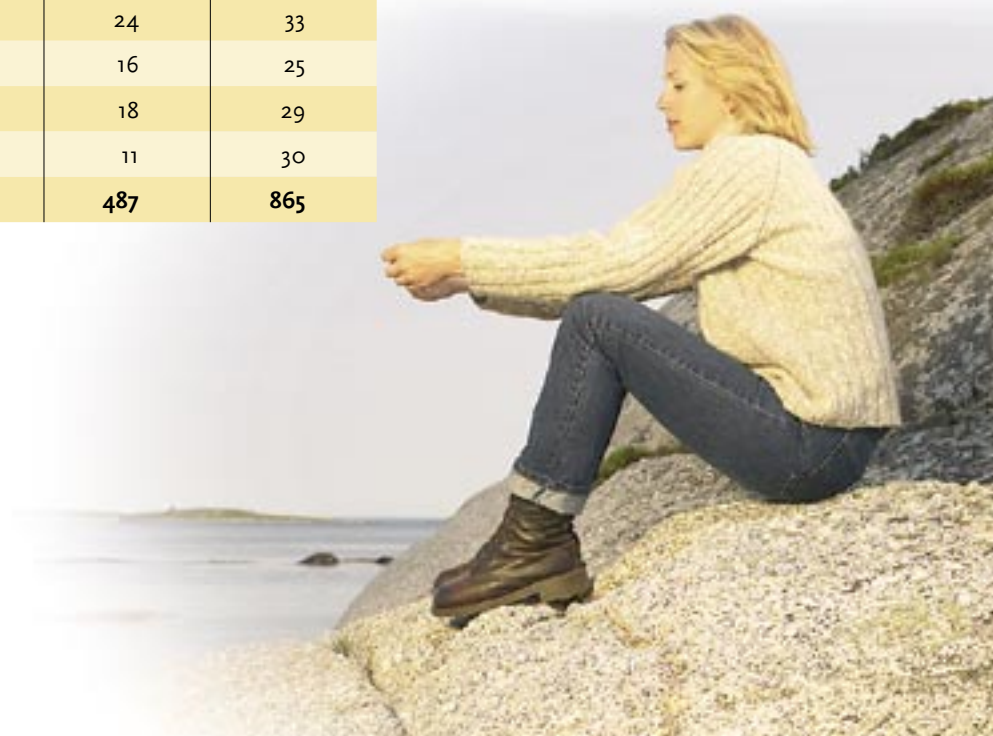
According to a primary healthcare survey carried out by the National Institute of Public Health in 2003, less than half the country's healthcare centres employ smoking cessation counsellors to help those wanting to stop smoking. The best smoking cessation services are offered in the counties of Blekinge, Halland, Gotland, Norrbotten and Örebro. For example, nine out of eleven healthcare centres in Blekinge have smoking cessation counsellors.

### **Does your healthcare centre have one or more members of staff specialising in smoking cessation?**

*(Questionnaire to all primary healthcare centres in Sweden, National Institute of Public Health, 2003)*

County	Yes	No	Total number
Stockholm	67	81	148
Uppsala	13	14	27
Södermanland	11	11	22
Östergötland	14	20	34
Jönköping	18	17	35
Kronoberg	10	9	19
Kalmar	13	13	26
Gotland	5	3	8
Blekinge	9	2	11
Skåne	48	51	99
Halland	22	7	29
Västra Götaland	60	85	145
Värmland	11	18	29
Örebro	14	8	22
Västmanland	8	23	31
Dalarna	4	27	31
Gävleborg	3	29	32
Västernorrland	9	24	33
Jämtland	9	16	25
Västerbotten	11	18	29
Norrbotten	19	11	30
<b>All counties</b>	<b>378</b>	<b>487</b>	<b>865</b>

*A list of smoking cessation counsellors in the respective counties can be found on-line at [www.tobaksfakta.org](http://www.tobaksfakta.org)*



## *Second-hand smoke and tobacco supervision activities*

### *Second-hand smoke*

There are few sources providing data on exposure to tobacco smoke, commonly known as second-hand smoke. Most of the data that does exist relates to second-hand smoke exposure at the workplace. The number of employees who are involuntarily exposed to tobacco smoke has fallen dramatically over the last ten or so years, from about 20 to 8 per cent.

There are national statistics in the Statistics Sweden *Work Environment Survey* on self-reported exposure to second-hand smoke. The survey shows that just under 12.5 per cent of men aged 16–29 say they are exposed to second-hand smoke at least 25 per cent of their working time. The corresponding figure for women is 11 per cent. The highest percentage of workers exposed to tobacco smoke at work is in the hotel and restaurant industry (just under 40 per cent) – a consequence of a legal exemption to the requirement for a non-smoking work environment. A law prohibiting smoking in establishments serving food and/or drink will come into force in Sweden on 1 June 2005.

According to the national public health survey, *Health on Equal Terms*, performed by the National Institute of Public Health in 2004, about one-third of men and just over a fifth of women reported being exposed to second-hand smoke at least once a week. Exposure to second-hand smoke is more common in the home among 45–64 year-olds and among blue-collar workers. Regarding other population sub-groups, it is mostly young people, blue-collar workers and men who suffer exposure to second-hand smoke. Almost half the men and just over 40 per cent of women in the 18–29 age group say they have been exposed to second-hand smoke in one or more of the following places: the home, the workplace, a café, bar, restaurant or other indoor location

### *Tobacco supervision activities*

Every year, the National Institute of Public Health compiles a report into the supervision activities carried out by the county administrative boards and municipal authorities in accordance with national alcohol and tobacco legislation. According to *the 2003 report*, 199 of the country's municipal authorities have visited tobacco retailers to inform or inspect compliance to the minimum age requirement for the sale of tobacco. Just over half the municipal authorities have visited premises to inform about the provisions of the Tobacco Act relating to smoking restrictions in 2003. The 2003 report is available (in Swedish only) on-line at [www.fhi.se](http://www.fhi.se). Click on "tillsyn" (Supervision).



## Statistics at the local level

**Most of the data** relating to tobacco use or the harmful effects of tobacco is only compiled at the national and regional/county level. However, here are some examples of locally compiled statistics:

- Tobacco use among pregnant women and parents of young infants<sup>9</sup> (in Swedish), see [www.sos.se](http://www.sos.se)
- Lung cancer mortality (in Swedish), see Kommunala basfakta (Basic municipal facts)<sup>10</sup> at [www.fhi.se](http://www.fhi.se)
- Exposure to second-hand smoke (in Swedish), see Health on Equal Terms<sup>11</sup>, available at [www.fhi.se](http://www.fhi.se) from 2005.

<sup>9</sup> Tobaksvanor bland gravida och spädbarnsföräldrar, Socialstyrelsen

<sup>10</sup> Dödlighet i lungcancer, Kommunala basfakta

<sup>11</sup> Exponering för tobaksrök i omgivningen, Hälsa på lika villkor, Statens folkhälsoinstitut

## The solution

### – comprehensive, long-term tobacco prevention

**In accordance with** World Health Organisation (WHO) recommendations, a number of measures are required to achieve effective tobacco prevention. These include information, opinion building, education/training, targeted smoking cessation support, smoking bans in indoor spaces, legislation and an active pricing policy. It is clear that no single measure (or type of measure) can solve the tobacco problem independently.

Legislation cannot be introduced or maintained without information to promote and strengthen public opinion in favour of the measures. On the other hand, societal measures aimed at curbing smoking are less effective and less credible if they are not supported by appropriate legislation.

Information on the risks attached to smoking obviously does not stop people from smoking, especially if practical, easily accessible help is not available for those wishing to give up. On the other hand, merely helping those who want to stop smoking does not represent a long-term solution to the tobacco problem. All types of measures are needed and they are more effective when they interact.



*The overarching aim* of national public health policy in Sweden is to achieve good health on equal terms for the entire population. Improving the health of those groups most vulnerable to ill-health is particularly important. The Swedish Government has established eleven public health objectives based on the most significant determinants of public health in Sweden.

The eleven public health objectives can help municipal authorities, county councils and other organisations in their efforts to achieve the overarching health aim. Objective No. 11 focuses on tobacco, alcohol, illicit drugs, gambling addiction and doping. The aim of societal measures in the tobacco field should be to reduce its use (Government Bill 2002/03:35).

This fact sheet has been compiled to give a status report on how far we have come in our efforts to achieve some of the goals incorporated in Public Health Objective No. 11: Reduced use of tobacco. The fact sheet can be used to encourage the relevant staff at municipal and county authorities to consider what challenges we face in order to achieve these goals. Up-to-date statistics on tobacco habits are provided based on the interim targets incorporated in the objective.



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