INTERNATIONAL PATTERNS OF CIGARETTE SMOKING AND GLOBAL ANTISMOKING POLICIES

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Abstract
This paper provides a recent look at global smoking trends across population subgroups for a large sample of countries. Attention to international aspects has been scarce in the literature. The prevalence of various smoking control policies across different country groups is discussed. The level of economic development in a country and the demographic characteristics of the population appear to be crucial determinants of smoking prevalence. Among four categories of smoking control policies—advertising restrictions, sales restrictions, territorial restrictions, and packaging requirements—territorial restrictions on tobacco use seem most popular across countries, while sales restrictions are least popular. Price (tax)-based policies to control smoking are not effectively being used in many countries, especially developing countries. (JEL I1, H0)

Introduction
An understanding of patterns of smoking across nations is crucial before effective policies can be framed to control tobacco use. In recent years there has been heightened interest among the public and policymakers regarding the costs of smoking, especially in light of the evidence on the effects of secondhand smoke. [See Manning et al. (1989).] Smoking-related premature deaths in the United States are estimated at about 400,000 per year, and an additional 3,000 premature deaths are due to secondhand smoke. It is estimated that by 2030 the worldwide death toll due to smoking will be around ten million annually. [See Saffer and Chaloupka (1999).]

The level of economic development in a country appears to be a key determinant of tobacco use. Whereas tobacco use in developed nations has been on the decline in recent years, developing nations have in fact experienced an increase in tobacco use. For example, the developing countries’ share of world tobacco consumption stood at 49 percent in 1974-76. [See Baris et al. (2000).] By 2010, the United Nations reports that figure is expected to reach to 71 percent. Generally speaking, nations differ along a number of dimensions including wealth, education, culture, religion, age and gender distribution, etc. All of these factors can affect tobacco use. [See U.S. Department of Health and Human Services (2000) and Chaloupka and Warner (2000).] For instance, while wealthier nations have better resources to monitor and control tobacco use, consumers in these nations might not respond very much to higher prices through higher taxes. Further, a more educated population might be more aware of the health risks posed by smoking. Thus, the same set of antismoking strategies might not work in reaching out to a largely educated versus a largely uneducated population. Nevertheless, there has been some move to implement blanket smoking-control policies mainly to internalize smoking externalities (for instance, through smuggling of tobacco products) and to bring nations to some common platform. In 1998, for instance, the European Union passed a directive to ban tobacco advertising by 2006. More recently, the World Health Organization has initiated an international treaty to impose

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There is a paucity of international evidence on smoking patterns and related policies, and even less formal analysis. [See Jha and Chaloupka (2000).] Further, even for developed nations, it has been found that not all smoking control policies are equally effective. [See Goel and Nelson (forthcoming).] Only time will tell whether the blanket policy initiatives are indeed effective in reducing tobacco use across the board.

This paper provides an overview of recent evidence regarding smoking prevalence and antismoking policies for a large sample of countries. Numerous dimensions of differences in smoking prevalence are presented including income and age. Various antismoking policies are compared including tax (price control) policies, advertising restrictions, packaging restrictions, marketing restrictions, and territorial restrictions. These comparisons provide a current look at the state of global smoking patterns and related policy measures. We find that there are significant differences in smoking patterns across population subgroups and across countries. Policies to control smoking also differ in systematic ways across country groups. We first examine global smoking prevalence before turning to a discussion of antismoking policies.

**International Comparisons of Smoking Prevalence**

Smoking prevalence differences across development stages and population subgroups can provide useful input toward framing related policies. Smoking differences across gender might be especially pronounced across countries because certain cultures discourage smoking by women. International comparisons of adult smoking prevalence, by gender and stage of development, are presented in Figure 1. Smoking prevalence refers to the percentage of a group (in this case adult) that smoke cigarettes or some other form of tobacco. Countries are classified here using the 2003 World Bank income grouping consisting of low income, lower middle income, upper middle income, and high income (both OECD and non-OECD countries). 6

![Figure 1: Adult Smoking Prevalence: 2000.](image)

Country-specific data on adult smoking prevalence by gender is available for 84 countries. The data presented below are obtained from *Tobacco Control Country Profiles 2003*, published under the auspices of UIICC GLOBALink, and pertain to the year 2000. The information, derived by that organization from a variety of sources, reflects the most current and representative studies that

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2 While the list of policies discussed is quite comprehensive, it is not exhaustive. [See, for example, Chaloupka and Tauras (this issue, pp. 387-405).]

3 Also see [www.cdc.gov/tobacco/sgr/sgr_forwomen/factsheet_marketing.htm](http://www.cdc.gov/tobacco/sgr/sgr_forwomen/factsheet_marketing.htm).

4 A list of countries included in the basic data set can be found in the appendix.