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Skip to main content There are many different types of e-cigarettes, which are the most common type of electronic nicotine delivery system (ENDS) and electronic non-nicotine delivery system (ENNDS). These systems heat a liquid to create aerosols that are inhaled by the user. These so-called e-liquids may or may not contain nicotine (but do not contain tobacco). They also typically contain additives, flavours and chemicals that can be harmful to peoples health. E-cigarettes are part of broader products categories of ENDS and ENNDS, which include products such as e-cigars and e-pipes. WHO is concerned that these products have been allowed on the open market as consumer products and aggressively marketed to young people. Currently, 88 countries have no minimum age at which e-cigarettes can be bought and 74 countries have no regulations in place for these harmful products. E-cigarettes target children through social media and influencers, with at least 16 000 attractive flavours. Some of these products use cartoon characters and have sleek designs, which appeal to the younger generation. Some look like toys and games. There is an alarming increase in use of e-cigarettes among children and young people, with rates exceeding adult use in many countries. Even brief exposure to e-cigarette content on social media is associated with greater intention to use these products, as well as more positive attitudes toward e-cigarettes. Are e-cigarettes dangerous? ENDS contain varying amounts of nicotine and harmful emissions.E-cigarette emissions typically contain nicotine and other toxic substances that are harmful to both users and non-users who are exposed to the aerosols second-hand. Some products claiming to be nicotine-free (ENNDS) have been found to contain nicotine.Nicotine exposure in pregnant women can adversely affect the development of the fetus. Further, the consumption of nicotine in children and adolescents has negative impacts on brain development, leading to long-term consequences for brain development and potentially leading to learning and anxiety disorders. Nicotine is highly addictive and harmful to health. Additionally, high quality epidemiology studies consistently demonstrate that e-cigarettes use increases conventional cigarette uptake, particularly among non-smoking youth, by nearly 3 times. Evidence reveals that these products are harmful to health and are not safe. However, it is too early to provide a clear answer on the long-term impact of using them or being exposed to them. Whilst long-term health effects are not fully known, we do know that they generate toxic substances, some of which are known to cause cancer and some that increase the risk of heart and lung disorders. Electronic delivery systems have also been linked to a number of physical injuries, including burns from explosions or malfunctions, when the products are not of the expected standard or are tampered with by users.Accidental exposure of children to ENDS e-liquids pose serious risks as devices may leak or children may swallow the poisonous e-liquid. Do e-cigarettes (ENDS) cause lung injuries? There is growing evidence that ENDS could be associated with lung injuries. E-cigarettes have also been linked to an episode of lung injury in the United States of America.This is described by the United States Centers for Disease Control and Prevention (CDC) as e-cigarette or vaping associated lung injury (EVALI), which led the CDC to activate an emergency investigation into EVALI on 17 September 2019.The United States Centers for Disease Control and Prevention noted, As of 18 February 2020, there have been a total of 2,807 cases of EVALI reported from all 50 states, the District of Columbia, Puerto Rico, and the US Virgin Islands, including 68 deaths confirmed in 29 states and the District of Columbia. While the cause of these deaths has not been conclusively determined, vitamin E acetate (VEA), a common additive in ENDS that contains cannabis (or THC), is thought to have played a significant role in these cases of lung injury. Further information on this incident, including a strong link of the EVALI outbreak to Vitamin E Acetate and the latest report, is available here, which is updated every week, as the evidence is not sufficient to exclude the contribution of other chemicals. Both tobacco products and ENDS pose risks to health.The safest approach is not to use either.The levels of risk associated with using ENDS or tobacco products are likely to depend on a range of factors, some relating to the products used and some to the individual user. Factors include product type and characteristics, how the products are used, including frequency of use, how the products are manufactured, who is using the product, user behaviour users puffing style and whether product characteristics are manipulated post-sale.Toxicity is not the only factor in considering risk to an individual or a population from exposure to ENDS emissions. These factors may include the potential for abusing or manipulating the product, use by children and adolescents who otherwise would not have used cigarettes, simultaneous use with other tobacco products (dual or poly use) and children and adolescents going on to use smoked products following experimentation with ENDS. Dual use, which is common, is at least as dangerous and likely more dangerous than smoking conventional cigarettes or using e-cigarettes alone. Further, not all ENDS are the same and the risks to health may differ from one product to another, and from user to user. Nicotine is highly addictive. A non-smoker who uses ENDS may become addicted to nicotine and find it difficult to stop using ENDS or become addicted to conventional tobacco products. Further, many e-cigarettes are designed to allow the control of nicotine (which can reach dangerously high levels). This can also increase the levels of other toxicants to the user and also expose bystanders to harmful emissions. Are second-hand ENDS emissions dangerous? The aerosols generated by ENDS typically raise the concentration of particulate matter in indoor environments and contain nicotine and other potentially toxic substances. ENDS emissions therefore pose potential risks to both users and non-users. What are the policy options for regulating ENDS? How a country approaches ENDS will depend on factors particular to its situation. ENDS are currently banned in about 35 countries worldwide. In others they are regulated as consumer products, as pharmaceutical products, as tobacco products, in other categories or totally unregulated.The following are recommended:where countries ban the sale of e-cigarettes, to strengthen implementation of the ban and continue monitoring and surveillance to support public health interventions and ensure strong enforcement; andwhere countries permit commercialization (sale, importation, distribution and manufacture) of e-cigarettes as consumer products, to ensure strong regulations to reduce their appeal and their harm to the population, including banning all flavours, limiting the concentration and quality of nicotine, and taxing them. WHO further recommends: where countries pursue a smoking cessation strategy utilizing e-cigarettes, to carefully weigh national circumstances and the risk of uptake, and exhaust other proven cessation strategies. The conditions under which the products are accessed should be controlled to ensure appropriate clinical conditions and the products should be regulated as medicines, rather than their sale permitted as consumer products. The tobacco industry profits from destroying health and is using these newer products to get a seat at the policy making table with governments to lobby against health policies. WHO is concerned that the tobacco industry funds and promotes false evidence to argue that these products reduce harm, while at the same time heavily promoting these products to children and non-smokers and continuing to sell billions of cigarettes. What role do ENDS play in smoking cessation? E-cigarettes as consumer products have not been proven to be effective for cessation at the population level. Instead, alarming evidence on adverse population health effects is mounting.To truly help tobacco users quit and to strengthen global tobacco control, governments need to scale up policies and interventions that we know work. Tried and tested interventions, such as brief advice from health professionals, national toll-free quit lines and mobile and digital cessation services are recommended. Where economically feasible, governments should also consider promoting nicotine replacement therapies and non-nicotine pharmacotherapies for cessation. What is WHO doing about ENDS? WHO regularly monitors and reviews the evidence on ENDS and health and offers guidance to governments.This includes the biennialWHO Report on the Global Tobacco Epidemic, which tracks the status of the tobacco epidemic and interventions to combat it and other relevant resources.WHO stresses that Member States should implement a comprehensive approach to tobacco control which includes raising tobacco excise taxes, bans on tobacco advertising, promotion and sponsorship, health warnings, smoke-free areas, mass-media campaigns and supporting people to quit with proven tools such as advice from healthcare workers, toll-free quit lines, mobile and digital cessation services, and approved therapies.Strong decisive action is needed to prevent the uptake of e-cigarettes based on the growing body of evidence of use by children and adolescents and health harms.WHO strives to build a safer, healthier world for everyone, everywhere. What further information is available? Skip to main content Are there any other benefits to quitting smoking? Quitting smoking reduces the chances of impotence, having difficulty getting pregnant, having premature births, babies with low birth weights and miscarriage.----------
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WHO team The World Health Organization (WHO) today released its report on the Global Tobacco Epidemic 2025 at the World Conference on Tobacco Control in Dublin, warning that action is needed to maintain and accelerate progress in tobacco control as rising industry interference challenges tobacco policies and control efforts.The report focuses on the six proven WHO MPOWER tobacco control measures to reduce tobacco use, which claims over 7million lives a year:Monitoring tobacco use and prevention policies;Protecting people from tobacco smoke with smoke-free air legislation;Offering help to quit tobacco use;Warning about the dangers of tobacco with pack labels and mass media;Enforcing bans on tobacco advertising, promotion and sponsorship; andRaising taxes on tobacco.Since 2007, 155 countries have implemented at least one of the WHO MPOWER tobacco control measures to reduce tobacco use at best-practice level. Today, over 6.1billion people, three-quarters of the worlds population, are protected by at least one such policy, compared to just 1billion in 2007. Four countries have implemented the full MPOWER package: Brazil, Mauritius, the Netherlands (Kingdom of the), and Trkiye. Seven countries are just one measure away from achieving the full implementation of the MPOWER package, signifying the highest level of tobacco control, including Ethiopia, Ireland, Jordan, Mexico, New Zealand, Slovenia and Spain.However, there are major gaps. Forty countries still have no MPOWER measure at best-practice level and more than 30 countries allow cigarette sales without mandatory health warnings.Twenty years since the adoption of the WHO Framework Convention on Tobacco Control, we have many successes to celebrate, but the tobacco industry continues to evolve and so must we, said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. By uniting science, policy and political will, we can create a world where tobacco no longer claims lives, damages economies or steals futures. Together, we can end the tobacco epidemic.The WHO Global Tobacco Epidemic 2025 report, developed with support from Bloomberg Philanthropies, was launched during the 2025 Bloomberg Philanthropies Awards for Global Tobacco Control. The awards celebrated several governments and nongovernmental organizations (NGOs) making progress to reduce tobacco use.Since Bloomberg Philanthropies started supporting global tobacco control efforts in 2007, there has been a sea change in the way countries prevent tobacco use, but there is still a long way to go, said Michael R. Bloomberg, founder of Bloomberg LP and Bloomberg Philanthropies and WHO Global Ambassador for Noncommunicable Diseases and Injuries. Bloomberg Philanthropies remains fully committed to WHOs urgent work and to saving millions more lives together.The WHO Global Tobacco Epidemic 2025 report reveals that the most striking gains have been in graphic health warnings, one of the key measures under the WHO Framework Convention on Tobacco Control (FCTC), that make the harms of tobacco impossible to ignore:110 countries now require them up from just 9 in 2007 protecting 62% of the global population; and 25 countries have adopted plain packaging.WHO warns, however, that enforcement is inconsistent, and smokeless tobacco packaging remains poorly regulated. The new report is accompanied by a new data portal that tracks country-by-country progress between 20072025.Despite their effectiveness, 110 countries havent run anti-tobacco campaigns since 2022. However, 36% of the global population now lives in countries that have run best-practice campaigns, up from just 19% in 2022. WHO urges countries to invest in message-tested and evaluated campaigns.Taxes, quit services and advertising bans have been expanding, but many improvements are needed: Taxation: 134 countries have failed to make cigarettes less affordable. Since 2022, just 3 have increased taxes to the best-practice level.Cessation: Only 33% of people globally have access to cost-covered quit services.Advertising bans: Best-practice bans exist in 68 countries, covering over 25% of the global population.Around 1.3million people die from second-hand smoke every year. Today, 79 countries have implemented comprehensive smoke-free environments, covering one-third of the worlds population. Since 2022, six additional countries (Cook Islands, Indonesia, Malaysia, Sierra Leone, Slovenia and Uzbekistan) have adopted strong smoke-free laws, despite industry resistance, particularly in hospitality venues.There has been a growing trend to regulate the use of e-cigarettes or ENDS Electronic Nicotine Delivery Systems. The number of countries regulating or banning ENDS has grown from 122 in 2022 to 133 in 2024, a clear signal of increased attention to these products. However, over 60 countries still lack any regulations on ENDS.WHO is calling for urgent action in areas where momentum is lagging. Governments must act boldly to close remaining gaps, strengthen enforcement, and invest in the proven tools that save lives. WHO calls on all countries to accelerate progress on MPOWER and ensure that no one is left behind in the fight against tobacco, said Dr Ruediger Krech, Director of Health Promotion.Tobacco kills up to half of its users who dont quit (13).Tobacco kills more than 7 million people each year, including an estimated 1.6 million non-smokers who are exposed to second-hand smoke (4).Around 80% of the world's 1.3billion tobacco users live in low- and middle-income countries.To address the tobacco epidemic, WHO Member States adopted the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2003. Currently 183 countries are Parties to this treaty.The WHO MPOWER measures are in line with the WHO FCTC and have been shown to save lives and reduce costs from averted healthcare expenditure.The tobacco epidemic is one of the biggest public health threats the world has ever faced, responsible for over 7million deaths annually as well as disability and long-term suffering from tobacco-related diseases (4).All forms of tobacco use are harmful, and there is no safe level of exposure to tobacco. Cigarette smoking is the most common form of tobacco use worldwide. Other tobacco products include waterpipe tobacco, cigars, cigarillos, heated tobacco, roll-your-own tobacco, pipe tobacco, bidis and kreteks, and smokeless tobacco products.Around 80% of the 1.3billion tobacco users worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest. Tobacco use contributes to poverty by diverting household spending from basic needs such as food and shelter to tobacco.This spending behaviour is difficult to curb because tobacco is so addictive.The economic costs of tobacco use are substantial and include significant health care costs for treating the diseases caused by tobacco use as well as the lost human capital that results from tobacco-attributable morbidity and mortality.Key measures to reduce the demand for tobaccoSurveillance is keyGood monitoring tracks the extent and character of the tobacco epidemic and indicates how best to tailor policies. Almost half of the world's population are regularly asked about their tobacco use in nationally representative surveys among adults and adolescents.More on monitoring tobacco useSecond-hand smoke killsSecond-hand smoke is the smoke that fills restaurants, offices, homes, or other enclosed spaces when people smoke tobacco products. There is no safe level of exposure to second-hand tobacco smoke. Second-hand smoke causes serious cardiovascular and respiratory diseases, including coronary heart disease and lung cancer, and kills around 1.6 million people prematurely every year.Over third of the world's population living in 79 countries are protected by comprehensive national smoke-free laws.More on second-hand smokeTobacco users need help to quitAmong smokers who are aware of the dangers of tobacco, most want to quit. Counselling and medication can more than double a tobacco users chance of successful quitting.National comprehensive cessation services with full or partial cost-coverage are available to assist tobacco users to quit in only 31 countries, representing a third of the world's population.More on quitting tobaccoPictorial health warnings workHard-hitting anti-tobacco mass media campaigns and pictorial health warnings prevent children and other vulnerable groups from taking up tobacco use, and increase the number of tobacco users who quit.Today 62% of the worlds population live in the 110 countries that meet best practice for graphic health warnings, which includes among other criteria, large (50% or more of the main areas of the package) pictorial health warnings displayed in the national language and rotating regularly.2.9 billion people live in the 36 countries that have aired at least one strong anti-tobacco mass media campaign within the last 2 years.More on tobacco health warningsBans on tobacco advertising lower consumptionTobacco advertising promotion and sponsorship (TAPS) increases and sustains tobacco use by effectively recruiting new tobacco users and discouraging tobacco users from quitting.More than one third of countries (68), representing over a quarter of the worlds population, have completely banned all forms of TAPS.More on tobacco advertising bansTaxes are effective in reducing tobacco useTobacco taxes are the most cost-effective way to reduce tobacco use, especially among youth and low-income groups. A tax increase that increases tobacco prices by 10% decreases tobacco consumption by about 4% in high-income countries and about 5% in low- and middle-income countries.Even so, high tobacco taxes are rarely implemented. Only 41 countries, with 12% of the world's population, have introduced taxes on tobacco products so that at least 75% of the retail price is tax.More on tobacco taxesIllicit trade of tobacco products must be stoppedThe illicit trade in tobacco products poses major health, economic and security concerns around the world. It is estimated that 1 in every 10 cigarettes and tobacco products consumed globally is illicit.Experience from many countries demonstrates that illicit trade can be successfully addressed even when tobacco taxes and prices are raised, resulting in increased tax revenues and reduced tobacco use.The WHO FCTC Protocol to Eliminate the Illicit Trade of Tobacco Products (ITP) is the key supply side policy to reduce tobacco use and its health and economic consequences.More on eliminating the illicit trade of tobacco productsNewer nicotine and tobacco productsHeated tobacco products (HTPs) are tobacco products that produce aerosols containing nicotine and toxic chemicals upon heating of the tobacco, or activation of a device containing the tobacco. They contain the highly addictive substance nicotine, non-tobacco additives and are often flavoured.Despite claims of risk reduction, there is no evidence to demonstrate that HTPs are less harmful than conventional tobacco products. Many toxicants found in tobacco smoke are at significantly lower levels in HTP aerosol but HTP aerosol contains other toxicants found sometimes at higher levels than in tobacco smoke, such as glycidol, pyridine, dimethyl trisulfide, acetoin and methylglyoxal.Further, some toxicants found in HTP aerosols are not found in conventional cigarette smoke and may have associated health effects. Additionally, these products are highly variable and some of the toxicants found in the emissions of these products are carcinogens.More on heated tobacco productsElectronic cigarettes (or e-cigarettes) are the most common form of electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS) but there are others, such as e-cigars and e-pipes. ENDS contain varying amounts of nicotine and harmful emissions. Use of ENDS/ENNDS products is colloquially referred to as vaping. However this does not mean that they are harmless or emit water vapour.E-cigarette emissions typically contain nicotine and other toxic substances that are harmful to users and non-users who are exposed to the aerosols second-hand. Some products claiming to be nicotine-free have been found to contain nicotine.Evidence reveals that these products are harmful to health and are not safe. However, it is too early to provide a clear answer on the long-term impacts of using them or being exposed to them. Some recent studies suggest that ENDS use can increase the risk of heart disease and lung disorders.Nicotine exposure in pregnant women can have negative health consequences on the fetus, and nicotine, which is a highly addictive substance is damaging for brain development.More on e-cigarettesNicotine pouches are pre-portioned pouches that contain nicotine and are similar to traditional smokeless tobacco products such as snus in some respects including appearance, inclusion of nicotine and manner of use (placing them between the gum and lip). They are often promoted, as tobacco-free, which can be used anywhere and in some jurisdictions, such as the USA, they are referred to as white pouches.WHO responseThere is a fundamental and irreconcilable conflict between the tobacco industrys interests and public health policy interests. The tobacco industry produces and promotes a product that has been proven scientifically to be addictive, to cause disease and death and to give rise to a variety of social ills, including increased poverty.The scale of the human and economic tragedy that tobacco imposes is shocking, and also preventable. The tobacco industry is fighting to ensure the dangers of their products are concealed, but we are fighting back.The WHO FCTC is a milestone in the promotion of public health. It is an evidence-based treaty that reaffirms the right of people to the highest standard of health, provides legal dimensions for international health cooperation and sets high standards for compliance. Since its entry into force in 2005, the WHO FCTC has 182 Parties covering more than 90% of the worlds population.In 2007, WHO introduced a practical, cost-effective initiative to scale up implementation of the demand reduction provisions of the WHO FCTC, called MPOWER.The 6 MPOWER measures are:Monitor tobacco use and prevention policies.Protect people from tobacco use.Offer help to quit tobacco use.Warn about the dangers of tobacco.Enforce bans on tobacco advertising, promotion and sponsorship.Raise taxes on tobacco.WHO has been monitoring MPOWER measures since 2007. For more details on progress made for tobacco control at global, regional and country level, please refer to the series of WHO reports on the global tobacco epidemic.More on MPOWERReferences(1) Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. BMJ. 2004 Jun 26;328(7455):1519.(2) Banks, E., Joshy, G., Weber, M.F. et al. Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. BMC Med 13, 38 (2015).(3) Siddiqi, K., Husain, S., Vidyasagaran, A. et al. Global burden of disease due to smokeless tobacco consumption in adults: an updated analysis of data from 127 countries. BMC Med 18, 222 (2020).(4) Global Burden of Disease 2023. [online application]. Seattle: Institute for Health Metrics and Evaluation; 2025 (https://vizhub.healthdata.org/gbd-compare/).[to be published July 2025](5)WHO global report on trends in prevalence of tobacco use 2000-2030. WHO, Geneva, 2024A new brief reveals that smoking remains one of the leading causes ofchronicobstructivepulmonarydisease (COPD), a common lung disease that causes breathing problem and claiming the lives of over 3 million people every year. There is an estimated392 millionpeople living with COPD and three quarters of them live in low- and middle-income countries.Tobacco smoking accounts for over 70% of COPD cases in high-income countries. In low-and-middle-income-countries tobacco smoking accounts for 3040% of COPD cases with household air pollution being the other major risk factor.As well as being a major cause of long-term disability, COPD is the third commonest cause of death worldwide. COPD due to smoking remains a major problem globally and there is a growing epidemic of smokers in low- and middle-income countries as tobacco companies actively seek new customers. Around 80% of the world's 1.3 billion tobacco users now live in LMIC. This will undoubtedly lead to an enormous increase in the global burden of COPD in the coming decades. We must act now to reduce smoking rates, to ensure people with COPD are diagnosed as early as possible and to ensure all patients around the world receive effective therapy.said Prof.David MG Halpin, Consultant Physician & Professor of Respiratory Medicine, Member of GOLD Board of Directorsand the Forum of International Respiratory Societies.People living with COPD face a greater risk of developing lung cancer, cardiovascular diseases, and type 2 diabetes. The COVID-19 pandemic has further underscored the challenges in accessing healthcare for these individuals.Quitting smokingwill not only reduce your risk of COPDbut also significantly reduces the risk of thesesevere coexisting conditions.Findingsshow thattobacco smokedramatically impactschildrenslung development,substantially increasing the risk of COPD later in life. The tobacco industryusesaggressivemarketingstrategiesto promotenicotine and tobacco productswhich target childrenandadolescents.The scale of morbidity and mortality relating to COPD is a huge concern. We must prioritize smoking cessation, as well as inhalers and pulmonary rehabilitation. Sadly, inequities in access to diagnosis and treatment persist. We need to accelerate efforts to integrate COPD care into primary care in low- and middle-income countries where three quarters of people with COPD live. explains Dr Bente Mikkelsen, WHO Director of Noncommunicable Diseases.Now is the time to act. Governments must implement effective tobacco control measures to protect the most vulnerable, particularly children. Protecting our youth and raising awareness about the tobacco industrys deceptive marketing tactics is a top priority in the global fight against tobacco.said Dr RuedigerKrech, WHO Director of Health Promotion The tenth WHO report on the global tobacco epidemic tracks the progress made by countries in tobacco control since 2008. The MPOWER technical package was designed to help countries adopt the demand-reduction measures of the WHO Framework Convention on Tobacco Control. The 2025 report focuses on the W measure: warn about the dangers of tobacco and shows that with 6.1 billion people protected by at least one MPOWER measure at best-practice level many countries continue to make progress in the fight against tobacco. Four countries have now achieved the full MPOWER packaged while a further seven are only one measure away. At the same time 40 countries still have no MPOWER measure at best-practice level. The World Health Organization (WHO) recommends a comprehensive set of tobacco cessation interventions, including behavioural support delivered by health-care providers, digital cessation interventions and pharmacological treatments in a first guideline on tobacco cessation.The guideline focuses on helping the more than 750 million tobacco users who want to quit all forms of tobacco. The recommendations are relevant for all adults seeking to quit various tobacco products, including cigarettes, waterpipes, smokeless tobacco products, cigars, roll-your-own tobacco, and heated tobacco products (HTPs).This guideline marks a crucial milestone in our global battle against these dangerous products," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "It empowers countries with the essential tools to effectively support individuals in quitting tobacco and alleviate the global burden of tobacco-related diseases.Over 60% of the world's 1.25 billion tobacco users more than 750 million people wish to quit, yet 70% lack access to effective cessation services. This gap exists due to challenges faced by health systems, including resource limitations.The immense struggle that people face when trying to quit smoking cannot be overstated. We need to deeply appreciate the strength it takes and the suffering endured by individuals and their loved ones to overcome this addiction, said Dr Rdiger Krech, Director of Health Promotion at WHO. These guidelines are designed to help communities and governments provide the best possible support and assistance for those on this challenging journey.Effective therapies for quitting tobaccoCombining pharmacotherapy with behavioural interventions significantly increases quitting success rates. Countries are encouraged to provide these treatments at no or reduced cost to improve accessibility, particularly in low- and middle-income countries.WHO recommends varenicline, Nicotine Replacement Therapy (NRT), bupropion, and cytisine as effective treatments for tobacco cessation.In 2023, WHO initiated a prequalification procedure for medicinal products against disorders caused by tobacco use to improve global access to recommended tobacco cessation medications. In April 2024, Kenvues nicotine gum and patch became the first WHO-prequalified NRT products.WHO recommends behavioural interventions, including brief health worker counselling (30 seconds to 3 minutes) offered routinely in health-care settings, alongside more intensive behavioural support (individual, group, or phone counselling) for interested users. Additionally, digital interventions such as text messaging, smartphone apps, and internet programmes can be used as adjuncts or self-management tools.WHO encourages health-care providers, policy-makers, and stakeholders to adopt and implement this guideline to promote tobacco cessation and improve the health of millions of people in need worldwide. Skip to main content Each year, tobacco kills 1.1 million people in the WHO European Region. Of those, 153 000 die from exposure to second-hand smoke. Tobacco accounted for 15.4% of total deaths in males and 4.7% of deaths in females in 2021 in the WHO European Region. The proportion of deaths from ischaemic heart disease attributable to tobacco use is estimated to be 26% for men and 7% for women. The proportion of deaths from lung cancer attributable to tobacco use is 71% for men and 46% for women. Seven of 10 lung cancers in men are related to tobacco use. Tobaccos contribution to the leading causes of death in the WHO European Region in 2021: heart disease: 15.8%; stroke: 10.5%; trachea, bronchus and lung cancers: 63.5%; Alzheimers disease and other types of dementia: 2.7%; diabetes and kidney diseases: 8.9%; chronic obstructive pulmonary disease (COPD): 38.4%; colon and rectal cancer: 4.2%; lower respiratory infections and tuberculosis: 16.7% and 27.1%, respectively. Exposure to second-hand smoke also contributes to deaths from major noncommunicable diseases (NCDs): heart disease (3.6%), lung cancer (3.4%), diabetes (3.7%) and COPD (4.4%). Smokers are 24 times more likely than non-smokers to suffer coronary heart disease and stroke. Adults exposed to other peoples smoke have a 2530% raised risk. Tobacco use accounts for 25% of all cancer deaths globally and is the primary cause of lung cancer. Smokers are up to 22 times more likely than non-smokers to develop lung cancer in their lifetime. Tobacco use and exposure to tobacco smoke during pregnancy is linked to increased risk of fetal death, miscarriage and stillbirth. In infancy, it can cause sudden infant death syndrome. Children living with smokers are at greater risk for bronchitis, pneumonia and other respiratory infections. They are also more likely to acquire and be hospitalized for asthma and to develop middle ear infections. The risk of developing diabetes is higher in smokers. Tobacco use increases the risk of periodontal disease, a chronic inflammatory disease that wears away at the gums and destroys the jawbone, leading to tooth loss. Smokers are likely to experience gastrointestinal disorders, such as stomach ulcers, inflammatory bowel disease, associated with abdominal cramps, persistent diarrhoea, fever and rectal bleeding, as well as cancers of the gastrointestinal tract. Components of tobacco smoke weaken the immune system, putting smokers at risk of respiratory tract infections. Smoking is a risk factor for dementia, a group of disorders resulting in mental decline. Later in life, tobacco leads to higher rates of cancer (especially lung cancer), as well as higher rates of death associated with diseases of the respiratory system. Tobacco is deadly in any form. Smoked tobacco products, including waterpipes, contain over 7000 chemicals, including at least 250 chemicals known to be toxic or to cause cancer. Use of smokeless tobacco products can result in serious, sometimes fatal, health problems. Lifelong tobacco smokers lose at least 10 years of life on average. Tobacco use or exposure to tobacco smoking affects almost all organs of the human body and has a negative impact on health across the life course.Although tobacco products are usually associated with NCDs, such as cancers and heart and respiratory diseases, tobacco is also an important factor in deaths from communicable diseases. For example, tuberculosis can at times be latent or dormant until activated by tobacco use.Within NCDs, 64% of the deaths caused by cancer of the trachea, bronchus and lung, 16% of the deaths caused by ischaemic heart disease and 38% of COPD deaths were attributed to tobacco in 2021. For communicable diseases, 27% of tuberculosis deaths are attributed to tobacco, as are 17% of deaths from all lower respiratory infections.New and emerging nicotine and tobacco productsHeated tobacco products (HTPs) are tobacco products that produce emissions containing nicotine and toxic chemicals when tobacco is heated or the device containing the tobacco is activated. They contain the highly addictive substance nicotine, non-tobacco additives and are often flavoured.Despite industry claims of reduced risk, there is currently no conclusive evidence that HTPs are less harmful than conventional cigarettes. While certain toxicants are present at lower levels in HTP aerosols than in cigarette smoke, others such as glycidol, pyridine, dimethyl trisulfide, acetoin and methylglyoxal are found at similar or even higher concentrations. Moreover, HTP emissions contain some toxic substances not present in conventional tobacco smoke, the health impacts of which are not yet fully understood.HTPs are also highly variable in design and chemical composition, and some of the toxicants identified in their emissions are known carcinogens.Evidence on second-hand exposure to HTP aerosols is still emerging, but independent studies suggest it may pose health risks to bystanders. Reported effects include asthma and asthma-like symptoms, sore throat, headaches and chest discomfort.Electronic cigarettes (or e-cigarettes) are the most common form of electronic nicotine delivery systems and electronic non-nicotine delivery systems, but there are others, such as e-cigars and e-pipes. E-cigarettes heat a liquid to create aerosols that are inhaled by the user. E-liquids may contain nicotine and other additives, flavours and chemicals. Evidence reveals that these products are harmful to health and are not safe. Some of the substances they generate are known to cause cancer and, on their own, e-cigarettes are associated with increased risk of lung disorders, poisoning, injuries, burns and immediate nicotine toxicity through inhalation.E-cigarettes can have negative effects on cardiovascular health, including increased heart rate and blood pressure.Exposure to emissions from e-cigarettes also poses risks to bystanders.All e-cigarettes emit toxic chemicals, often including nicotine. The consumption of nicotine in children and adolescents has deleterious long-term impacts on brain development, potentially leading to learning and anxiety disorders.In pregnant women, e-cigarettes can have similar consequences for the brain development of the fetus.Additional concerns involve customizable electronic cigarettes that allow the user to increase their nicotine intake, as well as newer disposable and pod systems with higher nicotine delivery.Dual use, which is common, is at least as dangerous and likely more dangerous than smoking conventional cigarettes or using e-cigarettes alone.Nicotine pouches are pre-portioned pouches that contain nicotine and are similar to traditional smokeless tobacco products such as snus in some respects, including appearance and manner of use. These pouches are often offered in a variety of appealing flavours, much like e-cigarettes and other smokeless tobacco products, which may increase their attractiveness to young people. They are available in different nicotine strengths, and higher doses have been shown to elevate heart rate and systolic blood pressure, particularly in persons who have never used tobacco before.Additional concerns relate to product composition: synthetic nicotine may include R-nicotine, whose pharmacological and metabolic effects remain largely unknown. Meanwhile, nicotine derived from tobacco can be contaminated with tobacco-specific nitrosamines known carcinogens posing further potential health risks.Effects of giving up smokingIt is never too late to quit. Cessation of tobacco use can significantly reduce the risk of many diseases and, in some cases, reduce risk to that of a person who has never smoked.The effects of giving up smoking can be seen almost immediately:within 20 minutes, the heart rate and blood pressure drop;within 12 hours, the carbon monoxide level in the blood returns to normal;within 212 weeks, circulation improves and lung function increases;within 19 months, coughing and shortness of breath decrease;a year after quitting, the risk of coronary heart disease is about half that of a smoker;between 5 and 15 years after quitting, the risk of stroke is reduced to that of a non-smoker;10 years after quitting, lung cancer death rate is about half the rate of a smoker, and the risk of cancers of the mouth, throat, oesophagus, bladder, kidney and pancreas decreases; and15 years after quitting, the risk of coronary heart disease is that of a person who never smoked.WHO response WHO countries translate commitments into action and progress towards a tobacco-free Europe.The human and economic cost of tobacco is staggering, yet entirely preventable. Every year tobacco kills over a million people in the WHO European Region and puts immense pressure on health systems, social services and national economies. Still, the tobacco industry hides the dangers of its products and blocks life-saving policies.In response, WHO Member States took a historic step in 2003 by unanimously adopting the WHO Framework Convention on Tobacco Control (WHO FCTC) the worlds first public health treaty under the auspices of WHO. Since it came into force in 2005, the 183 Parties have ratified the treaty, making it a cornerstone of global and regional tobacco control efforts.In 2008, to help countries put the WHO FCTC into action, WHO launched the MPOWER package. This set of 6 evidence-based technical measures supports the Convention goals and helps countries reduce tobacco use. The MPOWER measures include: monitoring tobacco use and prevention policiesprotecting people from tobacco smokehelping people quitwarning about the dangers of tobacco enforcing bans on advertising, promotion and sponsorshipraising taxes on tobacco. Together, these measures provide a practical and powerful roadmap to reduce tobacco use and save lives.In the WHO European Region, WHO works with all 53 Member States to strengthen tobacco control. It partners with ministries of health, civil society, academic institutions and communities to reduce the health, social, environmental and economic harms caused by tobacco. More specifically, WHO supports countries by providing technical assistance to develop and enforce comprehensive legislative and regulatory measures in line with the WHO FCTC. It builds national capacities by training public health professionals, integrating cessation support into health systems and establishing robust surveillance systems such as the Global Tobacco Surveillance System. WHO also helps with policy-related research, including monitoring tobacco industry interference, and engages in strategic communication and media advocacy, including the coordination of World No Tobacco Day each year on 31 May. Skip to main content - Select language - franais espaol portugus Progress in reducing tobacco use is a key indicator for measuring countries efforts to implement the WHO Framework Convention on Tobacco Control target 3.a under the Sustainable Development Goals agenda. Countries have adopted this indicator to report progress also towards the tobacco reduction target under the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 20132020 and the WHOs Global Programme of Work triple billions target. This report presents WHO estimates of tobacco use prevalence for 2022, numbers of users, and trends projected to 2030. Estimates are at global, regional and country-level. World Health Organization

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