

Smoking and smokeless tobacco in Norway - fact sheet

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In Norway, 26 per cent of adults smoke daily or occasionally. The proportion of smokers is decreasing. Among adolescents, smokeless tobacco has become more popular than smoking, particularly among boys.

Smoking increases the risk of the major public health diseases; heart attacks and other cardiovascular diseases, cancer and chronic obstructive pulmonary disease (COPD) and the risk of a range of other diseases.

Children and adolescents

Most adult smokers become addicted at a young age. In Norway, secondary school is a critical period, when adolescents are 13-15 years old. At the age of 13, 1-2 per cent smoke daily or weekly. By 15 years, this has risen to 8-9 per cent.



The figures come from a questionnaire among school pupils, carried out by the HEMIL-centre in Bergen. The study is carried out every four years as a part of the World Health Organisation's (WHO) international study - Health Behaviour in School-aged Children (HBSC). The diagram shows figures until and including the last 2009 study.

The proportion of adolescent school children who smoke was halved from 2001 to 2005. The proportion of boys who smoked daily or weekly fell from a total of 21 per cent in 2001 to 9 per cent in 2005. For girls, this fell from 27 to 12 per cent, see figure 1. Between 2005 and 2009, the decreasing trend continued for daily smoking, although at a lessened rate. For occasional smoking, the decrease seemed to stop among boys.

Interactive figure

Smoking, adolescents – per cent, 15 yrs

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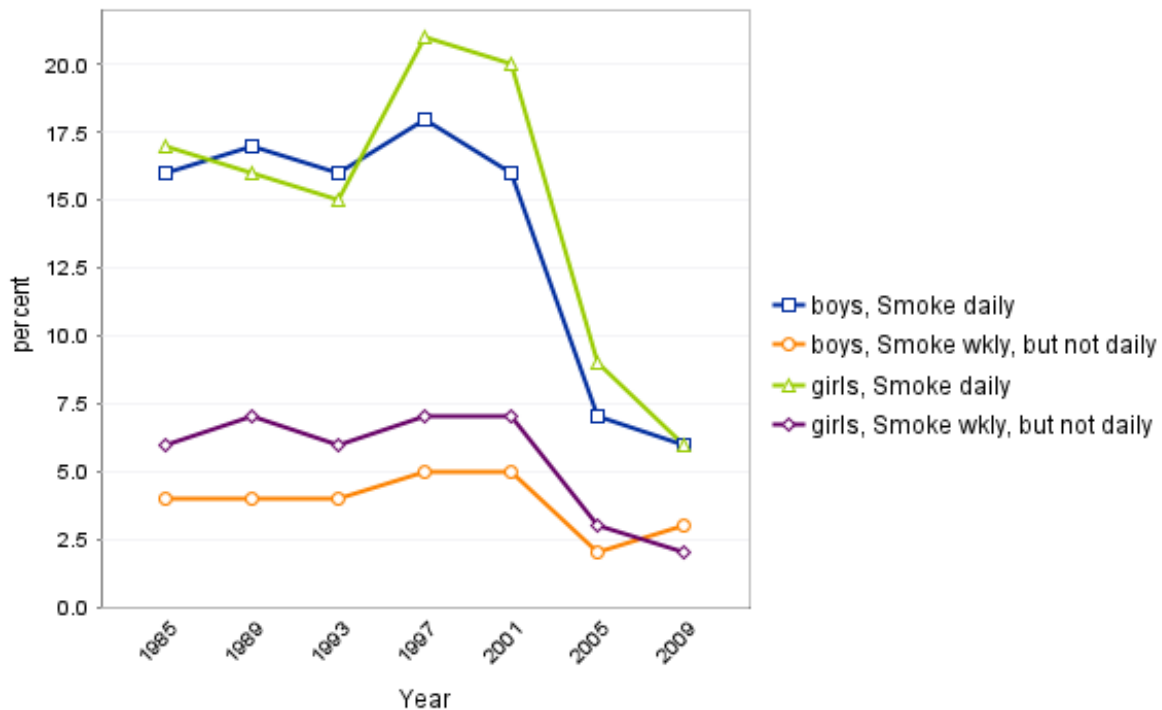


Figure 1. Proportion of 15-year olds boys and girls who smoke weekly or daily in Norway.
Source: HBSC, HEMIL-centre (University of Bergen).

In later years, it seems that snus has taken over for some of the smoking. Use of snus increased markedly between 2005 and 2009 among boys as well as girls, see figure 2.

Interactive figure

Snus use, adolescents – per cent, 15 yrs

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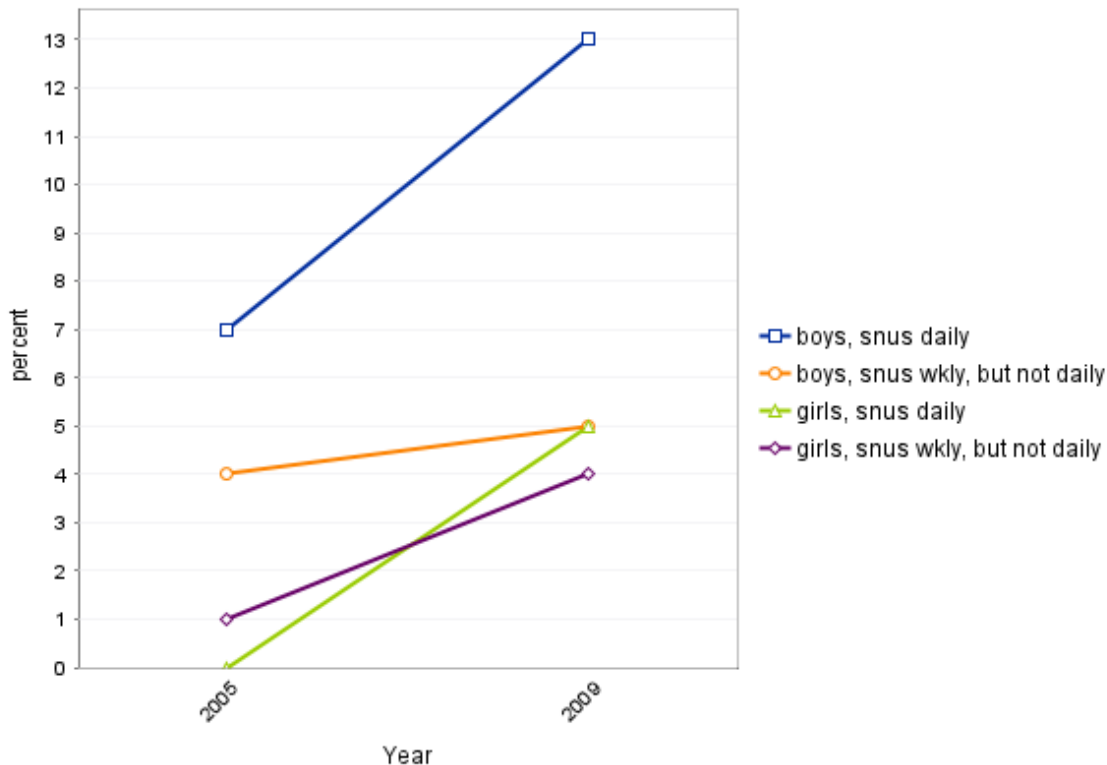


Figure 2. Proportion of 15-year olds boys and girls who use snus weekly or daily in Norway.
Source: HBSC, HEMIL-centre (University of Bergen).

Young adults, 16-24 years

Among young adults in the 16-24 year age range, the proportion of daily smokers is higher than among school-aged children. In this age group, the number of smokers has also fallen significantly in recent years, particularly among men. From the 2004-2006 period until 2010-2012, the percentage of daily smokers in this age group fell from 24 to 8 per cent for men and from 22 to 12 per cent for women.

The proportion of occasional smokers decreased from 16 to 11 per cent for women, while for men there was an increase from 15 to 16 per cent (Norwegian Directorate of Health/Statistics Norway). The statistics for 2012 show that 14 per cent of men and 11 per cent of women in the 16-24 year age group were occasional smokers.

For comparison, 43 per cent of women and 45 per cent of men smoked daily in the 16-24 year age group in 1973. In addition, 12-13 per cent were occasional smokers.

Adults 16-74 years : 26 per cent smoke daily or occasionally

The latest figures from 2011-2013 show that the proportions of daily and occasional smokers are similar among women and men. 16 per cent smoked daily in 2012. In addition, 11 per cent of men and 9 per cent of women smoked occasionally, according to figures from 2011-2013.

In the period 2010-12, when we look at different age groups, there are most daily smokers in the age group 45-54 years, with 21 per cent and 20 per cent among 56-64 year olds. There was little difference between men and women.

The proportion of male, adult smokers has decreased evenly since 1973, when more than half of adult men smoked daily. The proportion of daily smokers among women has fallen since 2001. The number of occasional smokers is more stable with around 10 per cent among both sexes. Figure 3 shows the trends for the proportion of daily smokers and occasional-smokers.

For comparison, in 1973-74, 52 per cent of men and 32 per cent of women smoked daily.

Interactive figure

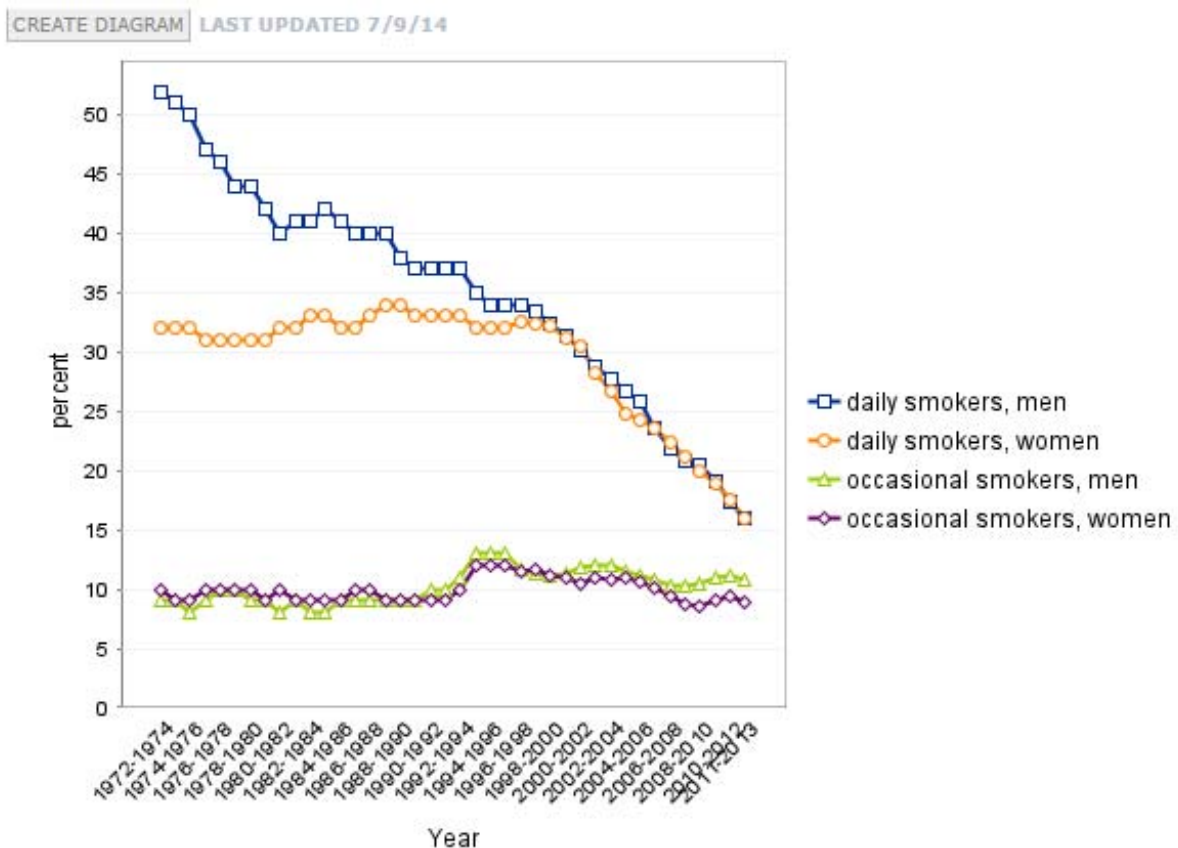


Figure 3. The proportion of women and men who smoke daily (top) has dropped significantly from 1973 to today. The proportion of occasional smokers is more stable with 10 per cent among both sexes (below). Three year average. Adults (16-74 years). Source: Statistics Norway/Norwegian Directorate of Health

County variations

The proportion of smokers varies from county to county, see figure 4 for daily smokers in the counties. The latest figures shown here are from 2009-2013. There were most daily smokers in Finnmark, at 27 per cent. The proportion of non-smokers here was 62 per cent.

The proportion of non-smokers was otherwise highest in Nord-Trøndelag (75 per cent). In most counties, the proportion of non-smokers was over 70 per cent.

Interactive figure

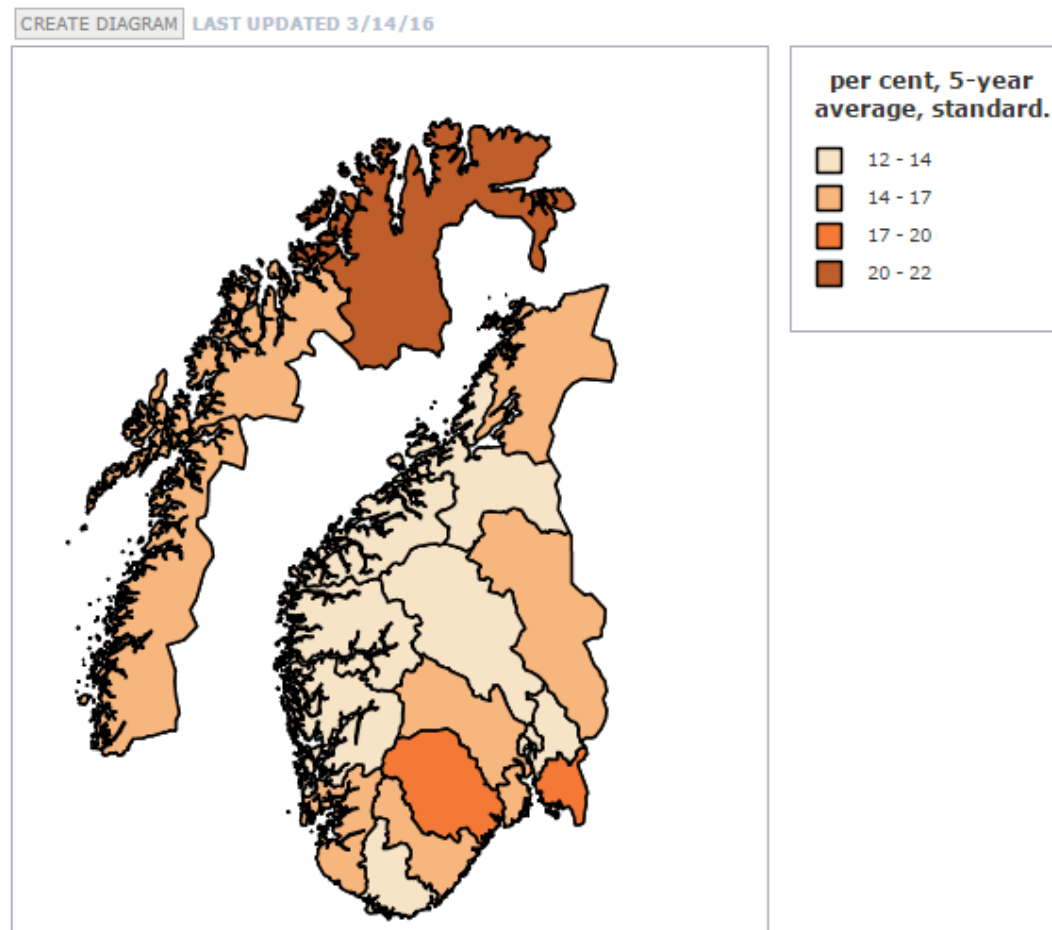


Figure 4. Proportion of daily smokers by county 2011-2015. Five year average. Adults (16-74 years). Source: Statistics Norway's travel- and holiday behaviour study

Smoking in pregnancy

In 2010, 19 per cent of pregnant women said that they smoked at the beginning and 7 per cent at the end of pregnancy. The youngest pregnant women smoked most. Of pregnant women under 20 years who gave information about smoking habits, 45 per cent smoked at the beginning and 20 per cent at the end of pregnancy. The 30-34 year age group smoked least, 16 and 5 per cent respectively, at the beginning and end of pregnancy.

Smoking information is recorded on the health card used in pregnancy check-ups if consent is given. In 2010, 85.5 per cent of pregnant women provided information about their smoking habits. We do not know the relation between smokers and non-smokers among the other 14.5 per cent. The information is registered by the Medical Birth Registry of Norway and is used for health monitoring and research (Norwegian Institute of Public Health, Medical Birth Registry of Norway, table 16).

Social differences:

Short education – earlier smoking debut

There is a marked social gradient for daily smoking – the shorter the education, the higher the proportion of daily smokers (figure 5). Occasional smokers are most widespread among those with a longer education. People with a short education start to smoke earlier, use more harmful tobacco products, are exposed to more passive smoking and quit smoking to a lesser degree than people with a longer education (Lund *et al*, 2005).

The social differences in smoking habits contribute to social health differences among adults. In particular, this applies to diseases such as lung cancer, chronic obstructive pulmonary disease (COPD) and cardiovascular diseases.

The socioeconomic differences seen in smoking habits of adults, also apply to young people. Adolescents with plans for vocational training and with self-reported poor family economy smoke more than other adolescents (Grøtvedt *et al*, 2008). Among children in 10th grade (about 16 years old) with low socioeconomic status, 15 per cent of boys and 21 per cent of girls smoked, whilst the respective figures for boys and girls with high socioeconomic status were five per cent and four per cent (Norwegian Directorate of Health, 2009).

Interactive figure

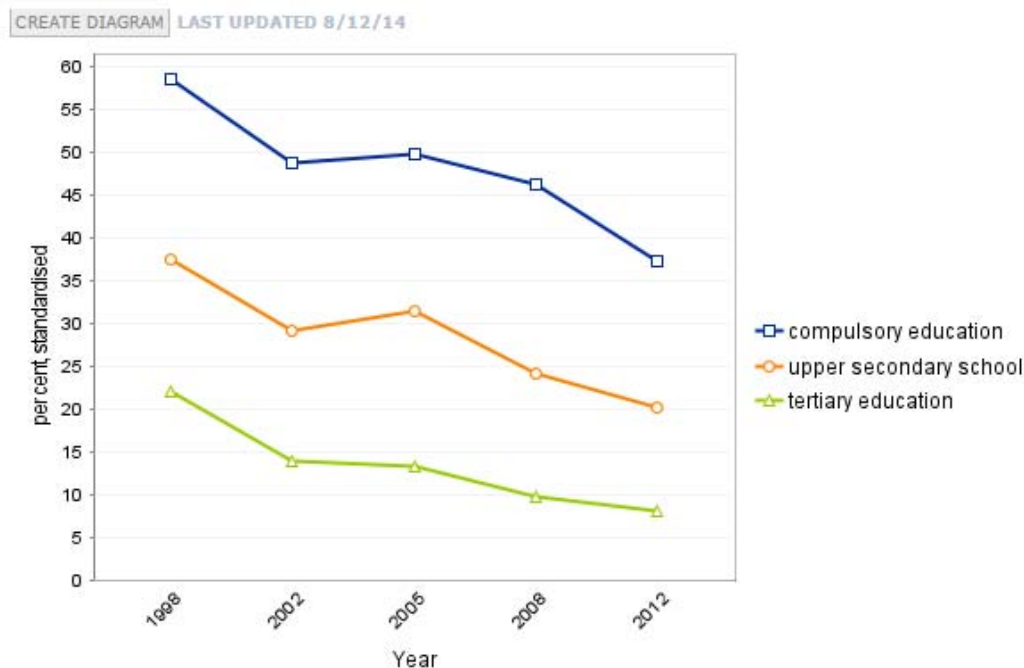


Figure 5. Daily smoking after highest completed education level, age group 25-44 years, 1998-2012. Source: Statistics Norway

Ethnic differences

There are large gender differences in smoking habits among immigrants. Few women from Pakistan, Sri Lanka and Vietnam that smoke (Kumar et al, 2008). The highest proportion of smokers can be found among men born in Turkey, Iran, Vietnam and Pakistan but the the proportion of smokers among Sri Lankan men is lower than among ethnic Norwegian men.

The same pattern applies to adolescent immigrants. There are fewer immigrant girls who smoke compared to ethnic Norwegian girls. For boys, the picture is different, with a higher proportion of smokers among immigrant adolescents (Grøtvedt et al, 2008).

Smokeless tobacco (snus)

Among adolescents it seems that snus use is overtaking smoking. Studies in secondary schools in six counties in 2000-2004 show that in total 21 per cent of boys and 4 per cent of girls in 10th grade used snus daily or occasionally (Source: Youth Studies). The study was repeated in Hedmark in 2009 and showed that the proportion had increased to 29 per cent of boys and 18 per cent of girls.

Figures for the whole country in 2012 showed that 25 per cent of men in the age group 16-24 years used snus daily and 11 per cent occasionally, 36 per cent combined. Among young

women, 14 per cent used snus daily and 8 per cent were occasional users (Statistics Norway).

In 2012, in the 16-74 age group, 14 per cent of men used snus daily and 6 per cent used it occasionally. The respected figures for women were 4 per cent daily and 2 per cent occasionally.

The number of tobacco users will be less than the combined proportions of smokers and snus users because some use both forms of tobacco

Snus and health

Snus does not cause the same health damage as smoking, but gives the same nicotine addiction.

Smoking and health

WHO has calculated that half of smokers die earlier than if they were non-smokers. Tobacco is a risk factor for six of the eight leading causes of death in the world today.

In Norway, the annual figures of deaths from smoking has decreased from 6700 in 2003 to approximately 5100 men and women in 2009, which is equivalent to 13 per cent of total deaths that year. On average, every person who dies of smoking loses 11 life years. Almost half of heavy smokers die before their 70th birthday. Cardiovascular diseases are the most frequent cause of death. Never-smokers live longest and seldom die before pensionable age. This comes from the Norwegian Institute of Public Health's report "How deadly is smoking?" (Norwegian Institute of Public Health report 2006:4 - in Norwegian only) with updates to 2009 figures.

Other reports show that smoking has consequences for health and affects disease risk and life quality. Amongst others, smoking is the most important cause of the respiratory disease COPD. Most smoking-related diseases and health damage first occur many years after the smoking debut.

Smoking in pregnancy can lead to reduced birthweight and therefore to less "robust" children. Interplay between genetic factors and smoking increases, among others, the risk that children are born with cleft palates (Norwegian Institute of Public Health report 2006:3).

International

WHO has calculated that 5.4 million people every year die of cardiovascular diseases, lung cancer and other diseases as a result of tobacco consumption. Use of tobacco is on the increase in poorer countries.

- [WHO report on the Global Tobacco Epidemic, 2008](#) (pdf)

In Denmark and Finland, 20-23 per cent of adult women and men smoke daily. In Sweden, the figures are somewhat lower at 13-15 per cent. Occasional smokers come in addition.

- [Figures from the WHO's database for the years 2002-2010](#)

In the other European countries the proportion of daily smokers varies, in some countries this is more than one in three.

In most countries schoolchildren begin to smoke at 11-13 years old and by 15-years of age, 16-18 percent have established a daily smoking habit, according to averages from WHO's HBSC-study. The earlier children try their first cigarette, the earlier they become daily smokers.

In Northern and Western Europe, girls smoke as often as or more often than boys. In the Nordic countries, Sweden has the lowest proportion of smokers among adolescents. Among 15-year olds, 4 per cent of boys and 6 per cent of girls smoked daily. In addition, 11 per cent of boys and 1 per cent of girls used snus daily, according to the Swedish part of the HBSC-study from 2005-06 (Danielson 2006). Snus is not legally sold in the EU, but Sweden has an exemption (Swedish National Institute of Public Health).

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