Smoking and Drinking

The 14th e-bulletin of The Observatory of The General Secretariat for Gender Equality (GSGE) deals with the thematic area of Smoking and Drinking. More specifically, statistical data are presented for the following indicators:

- Percentage of smokers, by gender, age and consumption frequency. The indicator shows the smokers’ percentage, based on their smoking frequency.
- Percentage of persons that have consumed alcohol in the past 12 months, by gender, age and consumption frequency. The indicator shows the percentage of persons that consumed alcohol 12 months back from the day the research was conducted.

**SMOKING:**

Smoking is considered an aggravating factor for health, as it causes several diseases. This fact has led to the development of policies aiming to reduce tobacco consumption and ban smoking in public spaces and workplaces, in order to decrease passive smoking.

Smoking has been incriminated as the main cause of cancer. 30% of deaths by cancer are related to smoking. Lung cancer used to be mostly men’s disease. After the 2nd World War, as women smoking began to be accepted, the number women diagnosed with lung cancer started to increase. Since 1987, lung cancer has been the main cause of death for American women, surpassing even breast cancer. In fact, the number of women having died by lung cancer is higher than the number of women having died by breast cancer and colon cancer cumulatively.

In Greece, according to the Greek Statistical Authority’s Health Research, 4 out of 10 men (39,4%) and about 3 out of 10 women (26,4%) aged 15 years and over are smokers (on a daily basis or occasionally). The tobacco products mostly used by 98.3 of the smoking population are cigarettes (manufactured or hand rolled).
Figure 1: Frequency of smoking per gender (Greece, percentage distribution of population aged 15 years and over, 2014)

In comparison to 2009 data, there is a 4.6% decrease in daily smokers (2009: 31.9%, 2014: 27.3%) and a 0.7% decrease in occasional smokers (2009: 6.0%, 2014: 5.3%).

The consumption of tobacco products also tends to decrease, according to a research presented in the Journal of the American Medical Association.

Figure 2: Consumption of tobacco products trend per gender (Greece and worldwide, 1980-2012)
In a global level, Greece is placed in the highest ranks regarding the consumption of tobacco products, as depicted in the following graphs.

Figure 3: Daily consumption of cigarettes for everyday smokers, men and women (Greece, distribution of population aged 15 years and over, 2014)

Figure 4: Annual cigarette consumption world map, per person (2012)
However, what’s more interesting is the extremely high percentage of women smokers, compared to the global average, as depicted in graphs 2 and 5.

**Figure 5:** Percentages of smokers per gender (Greece and worldwide, 2011, 2012)

As depicted in the graph below, 1.5 million women die every year due to the consumption of cigarettes and tobacco products. 75% of these women live in countries with low or average income.

**Figure 6:** Annual deaths caused from tobacco use per gender (worldwide, 2010, prediction 2030)
In 2016, Regional Health Services, inspected 3.079 public places and imposed 159 penalties and 84 references, by applying the law N. 3868/2010.

At the same time, the General Secretariat for Public Health, in collaboration with the World Health Organization (WHO) and the European Respiratory Society (ERS), implements the educational program entitled “Quit Smoking Program”. This program contributes to the protection of public health and the development of prevention in primary healthcare, through the creation of a public educational network to assist quitting smoking. As Greece has high rates of smokers in the general population, the program is expected to have multiple benefits. However, given the fact that especially the rate of women smokers in Greece is very high compared to the global average, gender-sensitive policies should be applied.

**DRINKING:**

According to the World Health Organization (WHO), small or mediocre consumption of alcohol may protect from ischemic heart disease and diabetes. However, the positive result is reversed, when the consumption exceeds 40 grams per day for women or 60 grams per day for men. Higher consumption of alcohol increases the danger of ischemic heart disease up to 65% for men. It also causes tachycardia, hypertension, cardiac arrhythmias and alcoholic cardiomyopathy.

**Figure 7: Alcohol consumption frequency (Greece, distribution of population aged 15 years and over, 2014)**
In Greece, differences are observed between men and women, regarding the consumption of alcohol in daily basis. Specifically, 11.7% of men aged 15 years and over and 2.5% women of the same age group consume alcohol every day. According to 2010 data from the World Health Organization, 6.4% of men and 1.2% of women in Europe are addicted to alcohol. 12.6% of men and 2.9% of women suffer a drinking disorder.

Figure 8: Alcohol consumption frequency (Greece, distribution of population per age group, 2014)

Moving to adolescent and pre-adolescent drinking (ages 11-15), according to the University Mental Health Research Institute, 57.1% of boys and 49.6% of girls have drunk alcohol at least once in their lives. 10.8% of boys and 7.3% of girls have at least 3 drinks per occasion. 22.5% of boys and 18.7% of girls have been drunk at least once in their lives, while 6.5% of boys and 5.3% of girls had been drunk in the last month. Boys reported higher percentages of alcohol consumption than girls, with the exception of getting drunk: in this case, the percentages were similar. Through time, the consumption of alcohol in teenagers tends to decrease. Especially, from 2010 to 2014, the percentage of teenagers reporting recent consumption of alcohol reduced from 41.5% to 30%. This reduction appeared in all ages, although this is not valid for excessive consumption of alcohol. In the years 2002-2014, incidents of teenagers getting drunk were reduced from 24.4% to 20.6%, mostly in younger ages.

In order to eliminate the inequalities in health sector, the General Secretariat for Gender Equality has set 3 distinct objectives, as depicted in the National Action Plan for Gender Equality 2016-2020:

1. Include a gender perspective in health policies
2. Eliminate gender stereotypes in health and health services
3. Address health issues for women that belong in special population groups and suffer multiple forms of discrimination
The sources used are: Greek Statistical Authority, World Health Organization, American Medical Association, Ministry of Health, General Secretariat for Public Health, University Mental Health Research Institute.

Paratiritirio.isotita.gr is a special website of the General Secretariat for Gender Equality designed to include, analyze, process and diffuse statistical data and indicators for gender equality policies.

Its goal is mapping gender differentiations in 12 basic policy areas and the monitoring of any relevant trends and advances in Greece. Moreover, it includes 82 gender indicators based either on the Beijing Platform for Action or on specific national priorities and is followed by metadata.

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