Treatment is: an expensive intervention, impossible to plan, with moderate effectiveness

Prevention is: an investment, cheap, plannable, highly effective

CURE

PREVENTIO

Andrzej M. Fal
Prof. Dr. med.
Prof. h.c., MD, PhD, MBA, AAAAI

OECD

OECD Health Policy Studies

The Economic Benefit of Promoting Healthy Ageing and Community Care

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OECD

Analizy statystyczne
Statistical analyses

Prognoza ludności na lata 2023–2060

Population projection 2023–2060

Warszawa Warsaw 2023

OECD

Pensions at a Glance 2025

OECD and G20 Indicators

GUS

OECD

Health at a Glance 2025

OECD Indicators

Healthcare - the intersection of demography and economics

Leading "killers" – the most deadly diseases

We do not like to spend on preventive medicine

Risk factors we are trying to combat - the case of cigarettes

WORLD POPULATION

8,211,404,883

8,273,353,817   Current World Population

GOVERNMENT & ECONOMICS

$ 12,865,553,585

13,177,196,753   **($571,239,621,957)**

Public Healthcare expenditure today (this year)

$ 8,502,755,566

8,643,420,634   Public Education expenditure today

$ 3,513,073,626

3,507,961,476   Public Military expenditure today

https://www.worldometers.info/ (accessed 15.03.2025, 17.00

02.02.2026, 17.00)

World population growth, 1700-2100

⋀ Annual growth rate of the world population

◢ World population

2.3% in 1963

8 Billion in 2023

5 Billion in 1987

0.9% in 2023

2.5 Billion in 1950

2 Billion in 1925

1 billion in 1805

4% was the average population growth rate ween 10,000 BCE d 1700

0 million 700

- 0.1

1700 1750 1800 1850 1900 1950 2000 2050 2100

2023

Projection (UN Medium Fertility Variant)

Oceania

Africa

Asia

South America

North America

Europe

2000 2050 2100
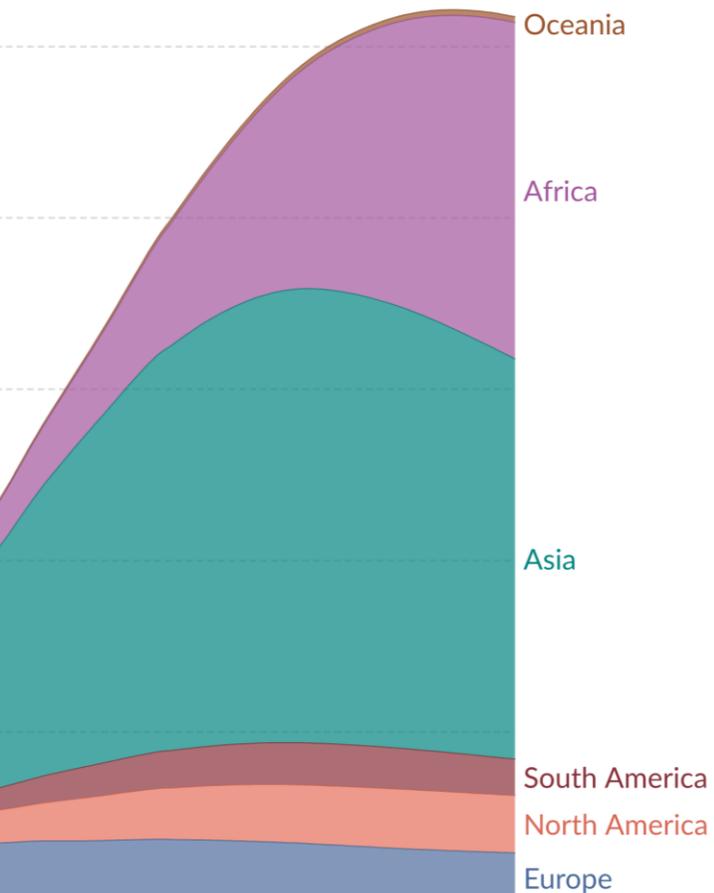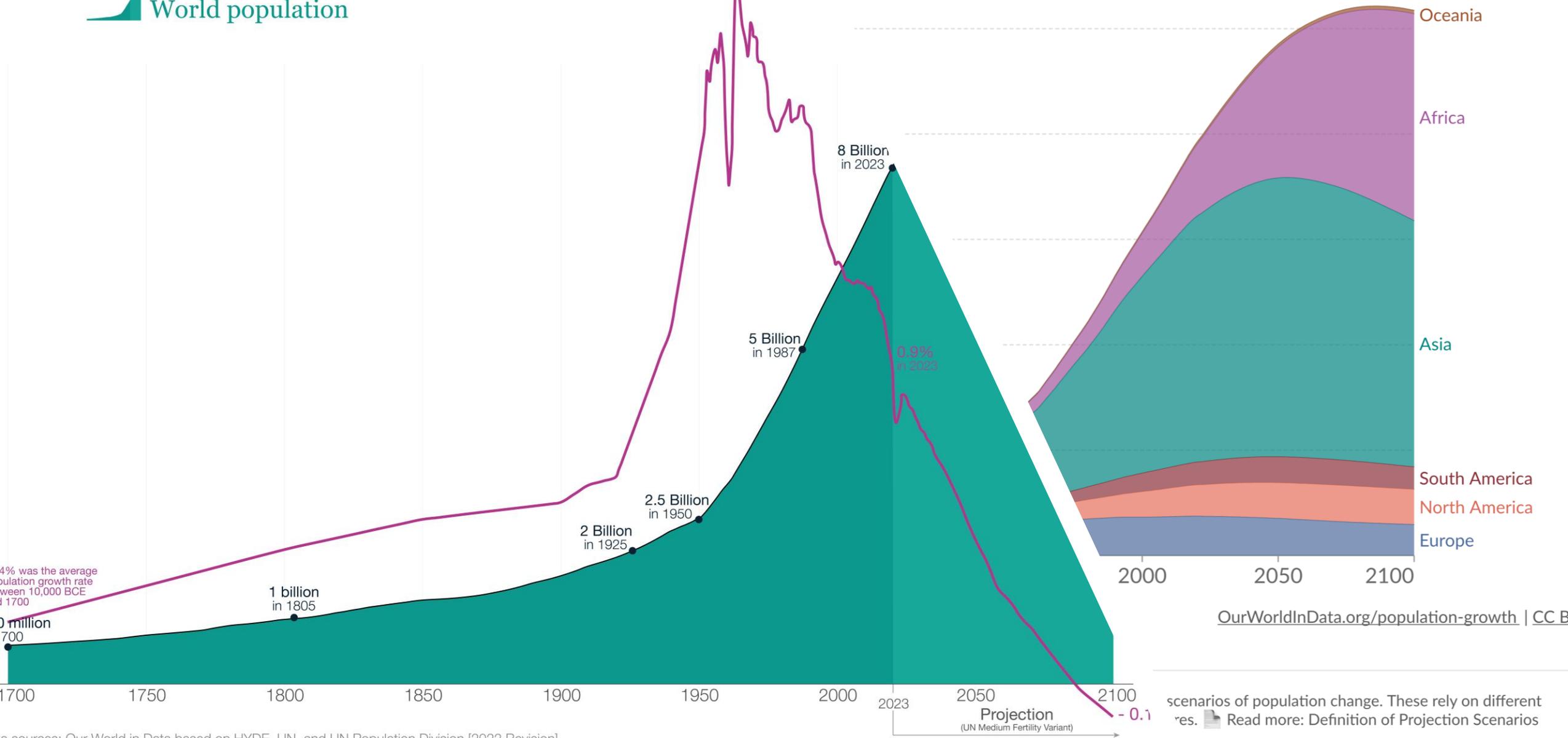
OurWorldInData.org/population-growth | CC B

scenarios of population change. These rely on different
es. 🗎 Read more: Definition of Projection Scenarios

Różnice wieku dożycia kobiet i mężczyzn w różnych częściach Europy

Differences in life expectancy in different parts of Europe
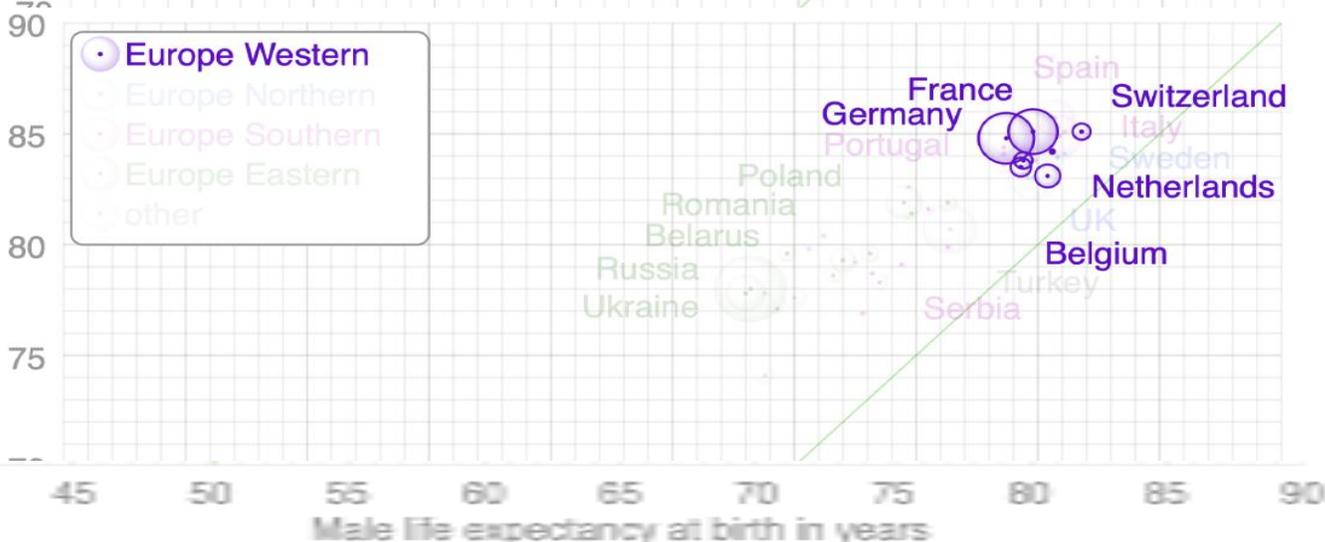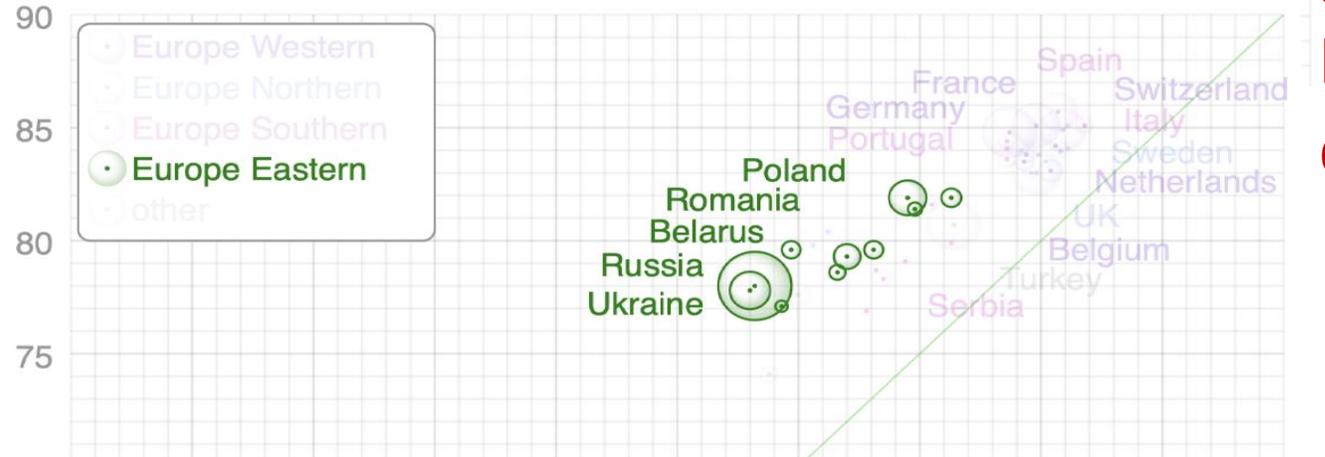
Piramidy wieku ludności w latach 1990, 2022 i prognoza na 2060 rok

Poland

Mężczyźni

Kobiety

100 lat i więcej

2022
1990
2060

3 fold increase >75y;
6 fold cost increase

Nadwyżka liczby kobiet nad liczbą mężczyzn

Nadwyżka liczby mężczyzn nad liczbą kobiet

2 fold decrease <10y

tys. 400 350 300 250 200 150 100 50 0   0 50 100 150 200 250 300 350 400 tys.
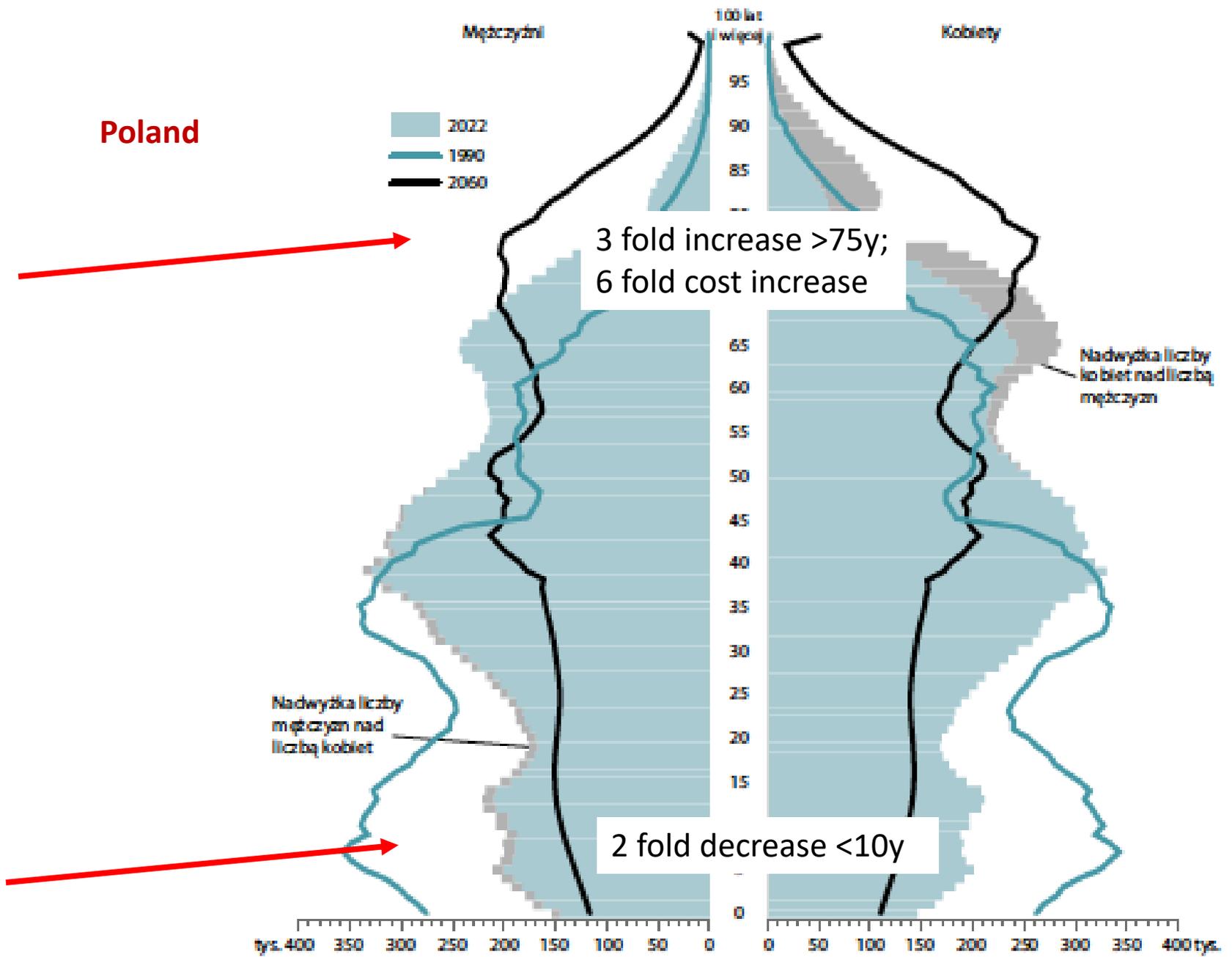
Projected old-age dependency ratio, 2100
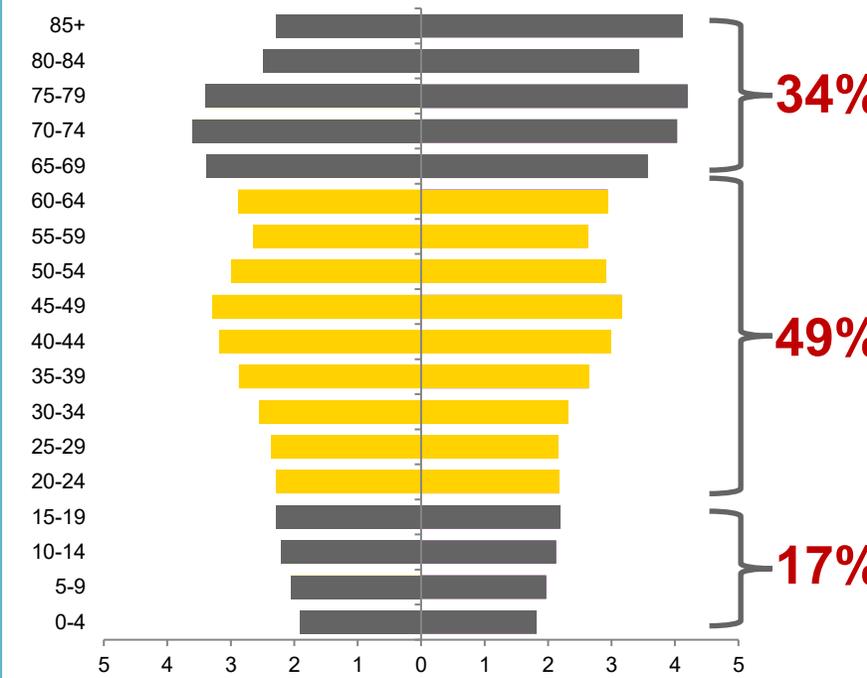
What Americans die from
and the causes of death the US media reports on

Our World in Data

Causes of death
in the US in 2023

Media coverage of these causes of death in 2023 in...

The New York Times

The Washington Post

Fox News

Causes of death in the US in 2023:

- Heart disease (29%)
- Cancer (27%)
- Accidents (7.8%)
- Stroke (7%)
- Lower respiratory diseases (6.3%)
- Alzheimer's disease (4.9%)
- Diabetes (4.1%)
- Kidney failure (2.4%)
- Liver disease (2.3%)
- Suicide (2.1%)
- COVID-19 (2.2%)
- Influenza/Pneumonia (2%)
- Drug overdose (1.8%)
- Homicide (<1%)
- Terrorism (<0.001%)

The New York Times:

- Heart disease (2.8%)
- Cancer (4.1%)
- Accidents (9.7%)
- Suicide (3.8%)
- COVID-19 (5.3%)
- Drug overdose (7.5%)
- Homicide (42%)
- Terrorism (18%)

The Washington Post:

- Heart disease (2.9%)
- Cancer (4.7%)
- Accidents (5.9%)
- Suicide (3.3%)
- COVID-19 (7.9%)
- Drug overdose (9.5%)
- Homicide (46%)
- Terrorism (12%)

Fox News:

- Heart disease (2.3%)
- Cancer (3.8%)
- Accidents (6.1%)
- Suicide (4.1%)
- COVID-19 (6.0%)
- Drug overdose (9.8%)
- Homicide (52%)
- Terrorism (11%)

Note: Based on the share of causes of death in the US and the share of mentions for each of the causes in the New York Times, the Washington Post, and Fox News. All values are normalized to 100%, so the shares are relative to all deaths caused by the 12 most common causes + drug overdoses, homicides, and terrorism. These causes account for more than 75% of deaths in the US. A "media mention" is a published article in one of the outlets which mentions the cause (e.g., "influenza") or related keywords (e.g., "flu") at least twice.

Data sources: Media mentions from Media Cloud (2025); deaths data from the US CDC (2025) and Global Terrorism Index.

CC BY

NCD Category		Approx. Annual Deaths
Cardiovascular diseases	Heart attack, stroke	≥19 million
Cancers	Lung, breast, colorectal, etc.	~10 million
Chronic respiratory diseases	COPD, asthma	~4 million
Diabetes	Type 1 & 2, diabetic kidney disease	>2 million

DISEASES
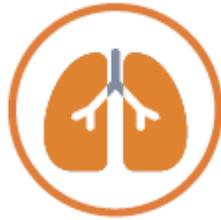
Cardiovascular Disease   Chronic Respiratory Diseases   Cancer   Diabetes   Mental and Neurological Conditions

RISK FACTORS

Unhealthy Diet   Tobacco Use   Harmful Use of Alcohol   Physical Inactivity   Air Pollution

Change in avoidable (preventable+treatable) mortality

Data from: https://www.oecd.org/en/publications/health-at-a-glance-2025_8f9e3f98-en/full-report/avoidable-mortality-preventable-and-treatable_e2e21c0b.html
(Accessed 02.02.2026)

At the age of 60...

Women

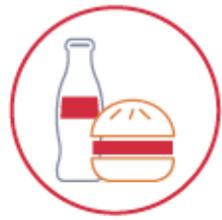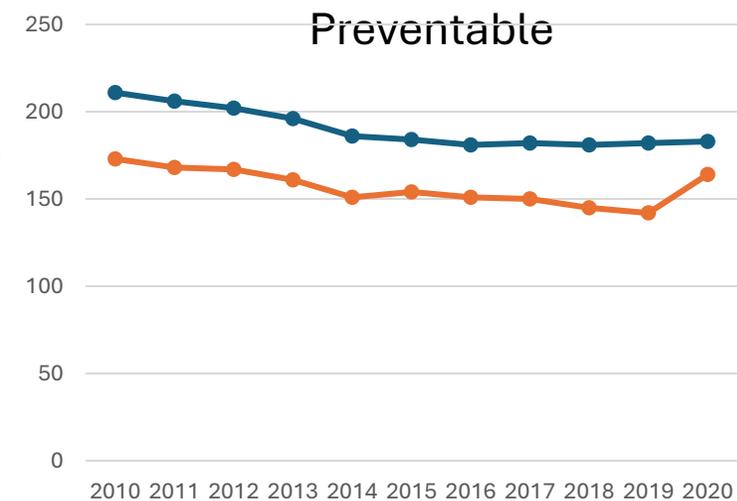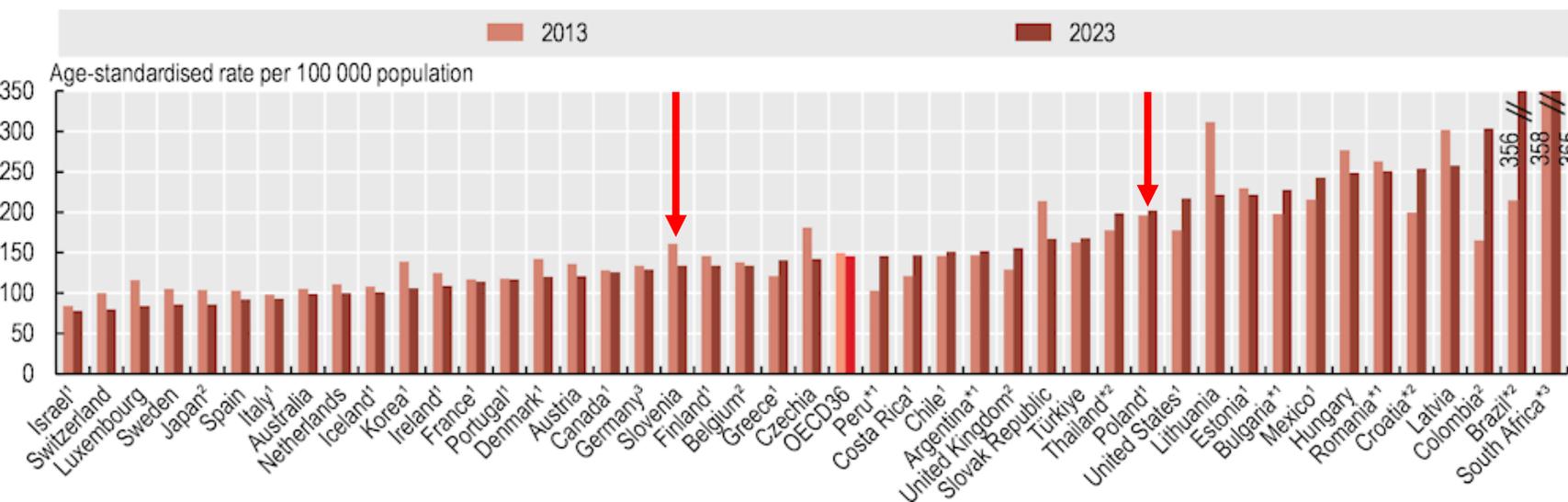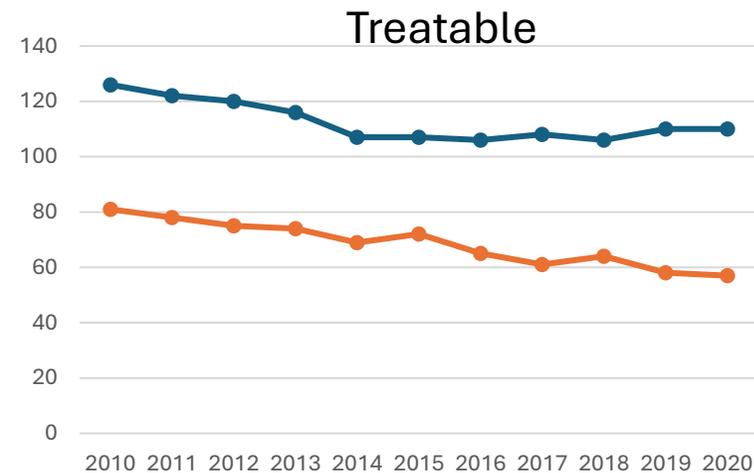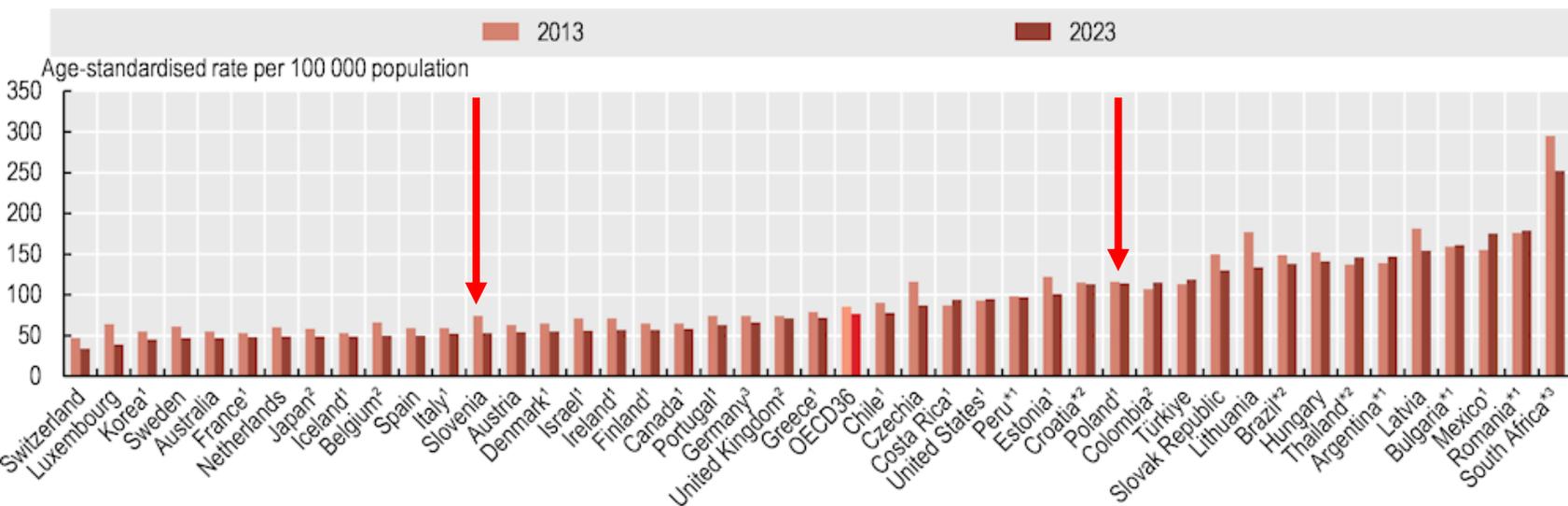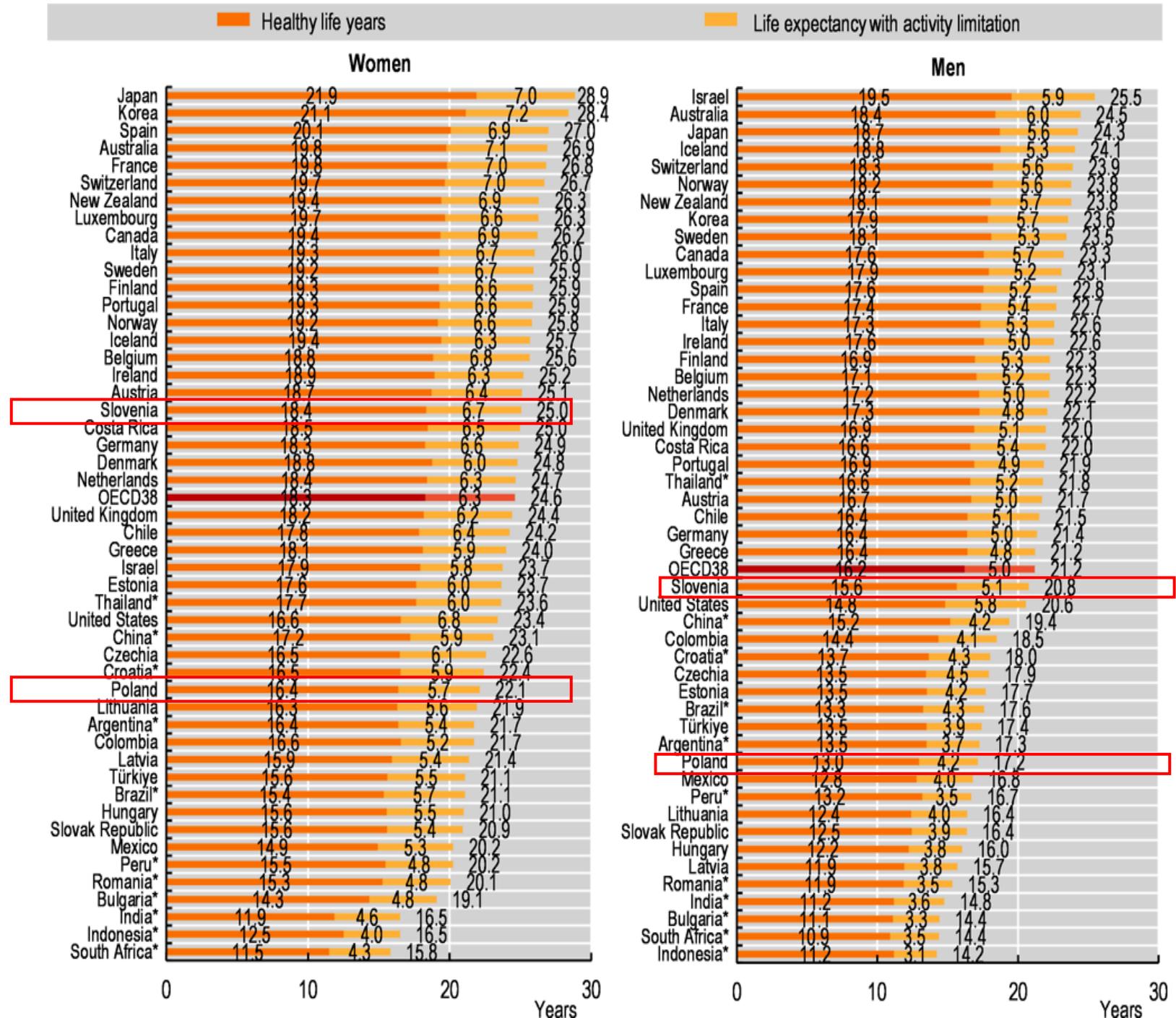|	Healthy life years	Life expectancy with activity limitation	Total
Japan	21.9	7.0	28.9
Korea	21.1	7.2	28.4
Spain	20.1	6.9	27.0
Australia	19.8	7.0	26.9
France	19.9	7.0	26.8
Switzerland	19.7	7.0	26.7
New Zealand	19.4	6.9	26.3
Luxembourg	19.7	6.6	26.3
Canada	19.3	6.9	26.2
Italy	19.3	6.7	26.0
Sweden	19.3	6.7	25.9
Finland	19.2	6.6	25.9
Portugal	19.3	6.6	25.9
Norway	19.2	6.6	25.8
Iceland	19.4	6.3	25.6
Belgium	18.8	6.8	25.6
Ireland	18.9	6.3	25.2
Austria	18.7	6.4	25.1
Slovenia	18.4	6.7	25.0
Costa Rica	18.5	6.5	25.0
Germany	18.3	6.6	24.9
Denmark	18.8	6.0	24.8
Netherlands	18.4	6.3	24.7
OECD38	18.3	6.3	24.6
United Kingdom	18.2	6.2	24.4
Chile	17.8	6.4	24.2
Greece	18.1	5.9	24.0
Israel	17.9	5.8	23.7
Estonia	17.6	6.0	23.7
Thailand*	17.7	6.0	23.6
United States	16.6	6.8	23.4
China*	17.2	5.9	23.1
Czechia	16.5	6.1	22.6
Croatia*	16.5	5.7	22.1
Poland	16.4	5.7	22.1
Lithuania	16.3	5.7	21.9
Argentina*	16.4	5.4	21.7
Colombia	16.6	5.2	21.7
Latvia	15.9	5.4	21.4
Türkiye	15.6	5.5	21.1
Brazil*	15.4	5.7	21.1
Hungary	15.6	5.5	21.0
Slovak Republic	15.6	5.4	20.9
Mexico	14.9	5.3	20.2
Peru*	15.5	4.8	20.2
Romania*	15.3	4.8	20.1
Bulgaria*	14.3	4.8	19.1
India*	11.9	4.6	16.5
Indonesia*	12.5	4.0	16.5
South Africa*	11.5	4.3	15.8

Men

	Healthy life years	Life expectancy with activity limitation	Total
Israel	19.5	5.9	25.5
Australia	18.4	6.0	24.5
Japan	18.7	5.6	24.3
Iceland	18.8	5.3	24.1
Switzerland	18.3	5.6	23.9
Norway	18.2	5.6	23.8
New Zealand	18.1	5.7	23.8
Korea	17.9	5.7	23.6
Sweden	18.1	5.3	23.5
Canada	17.6	5.7	23.3
Luxembourg	17.9	5.2	23.1
Spain	17.4	5.4	22.8
France	17.3	5.3	22.6
Italy	17.6	5.0	22.6
Ireland	16.9	5.3	22.3
Finland	17.2	5.0	22.3
Belgium	17.3	5.0	22.3
Netherlands	17.2	4.8	22.1
Denmark	16.9	5.1	22.0
United Kingdom	16.6	5.4	22.0
Costa Rica	16.9	4.9	21.9
Portugal	16.6	5.2	21.8
Thailand*	16.7	5.0	21.7
Austria	16.4	5.1	21.5
Chile	16.4	5.0	21.4
Germany	16.4	5.0	21.3
Greece	16.2	5.0	21.2
OECD38	15.6	5.1	20.8
Slovenia	14.8	5.8	20.6
United States	15.2	4.2	19.4
China*	14.4	4.1	18.5
Colombia	13.7	4.3	18.0
Croatia*	13.5	4.5	17.9
Czechia	13.5	4.2	17.7
Estonia	13.3	4.3	17.6
Brazil*	13.5	3.9	17.4
Türkiye	13.5	3.7	17.3
Argentina*	13.0	4.2	17.2
Poland	12.8	4.0	16.8
Mexico	13.2	3.5	16.7
Peru*	12.4	4.0	16.4
Lithuania	12.5	3.8	16.4
Slovak Republic	12.2	3.8	16.0
Hungary	11.9	3.8	15.7
Latvia	11.9	3.5	15.3
Romania*	11.2	3.6	14.8
India*	11.1	3.3	14.4
Bulgaria*	10.9	3.5	14.4
South Africa*	11.2	3.1	14.2
Indonesia*			

of people aged 65 or over reporting at least two chronic diseases

	Total	◇ Men	● Women

Czechia, Poland, Greece, Hungary, Croatia, Bulgaria, Germany, Lithuania, Portugal, Spain, Latvia, Romania, Finland, Estonia, EU, France, Cyprus, Belgium, Slovak Rep., Slovenia, Austria, Italy, Luxembourg, Denmark, Sweden, Malta, Netherlands

Top-left chart (USD PPP):

Country	Value
United States[1]	14885
Switzerland[1]	9963
Norway[1]	9393
Germany	9365
Netherlands	8436
Austria	8401
Luxembourg	8087
Sweden	7871
Ireland	7813
Belgium[1]	7750
Australia[1]	7469
France	7367
Canada	7301
Denmark	7071
Iceland	6770
United Kingdom	6747
Finland[1]	6655
New Zealand	6097
OECD38	5967
Japan[1]	5790
Slovenia	5527
Spain[1]	5346
Portugal	5212
Italy	5164
Czechia	5014
Korea	4797
Israel[1]	4352
Poland	4284
Lithuania	4259
Slovak Republic[1]	4021
Estonia	3768
Chile	3749
Greece	

Legend: Government/compulsory; Voluntary

Bottom-left chart (2014-19, %):

Country	Value
Latvia[1]	7.6 / 2.9
Korea	7.0 / 3.2
Lithuania	6.8 / 3.2
Poland	5.4 / 7.7
Estonia[1]	4.7 / 2.8
Chile	4.4 / 4.8
Slovenia	3.8 / 4.7
Iceland	3.6 / 2.3
Portugal	3.5 / 1.2
Türkiye[1]	3.3 / 10.2
Slovak Republic[1]	3.2 / 4.7
Czechia	3.2 / 2.4
Israel[1]	2.9 / 3.6
Ireland	2.8 / 2.9
Germany	2.8 / 1.6
Spain[1]	2.7 / 0.7
OECD38	2.7 / 2.5
United States[1]	2.8
Hungary	3.0
Colombia	2.4
Greece[1]	2.9
Canada	1.1
Australia[1]	2.0
United Kingdom	2.1
Switzerland	1.5
Belgium	

Legend: 2014-19

Right chart — NCD expenditure per 100,000 population (US$ millions, PPP adjusted):

Country	Value
United States of America	599
Switzerland	349
Austria	295
Germany	293
Norway	292
Luxembourg	286
Australia	278
Denmark	263
Canada	259
Ireland	258
Sweden	256
Belgium	253
France	252
Netherlands	241
United Kingdom	233
Iceland	232
Finland	224
New Zealand	224
Japan	219
Italy	209
OECD average	207
Spain	204
Portugal	188
Slovenia	184
Czechia	171
Republic of Korea	157
Greece	152
Lithuania	151
Estonia	144
Slovakia	131
Israel	128
Hungary	125
Latvia	121
Poland	120
Chile	119
Costa Rica	91
Colombia	59
Mexico	58
Turkey	56

1840 USD; 33%

1200 USD; 25%

Air Pollution

Tobacco Use

Unhealthy Diet and Nutrition

Healthcare - the intersection of demography and economics
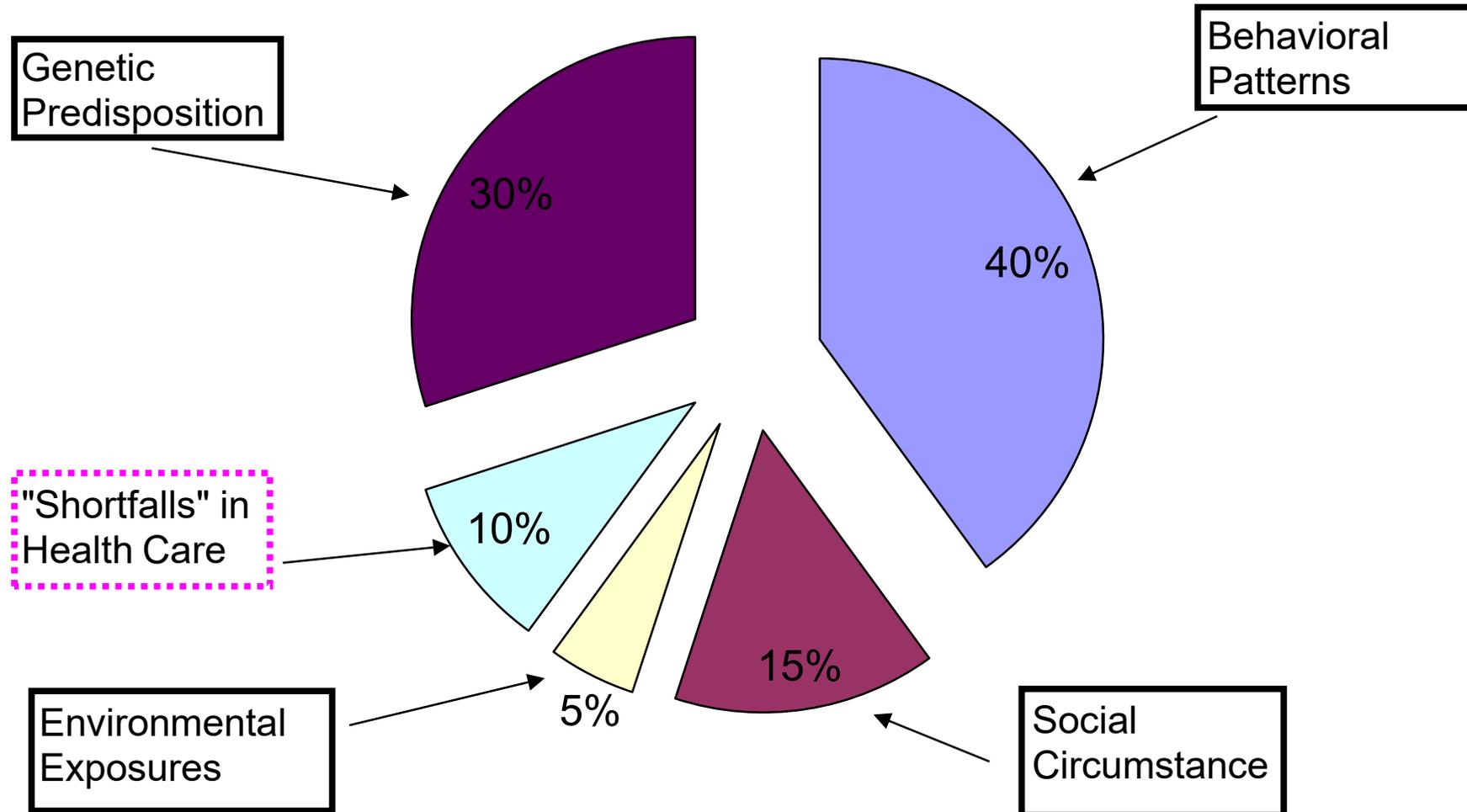
Leading "killers" – the most deadly diseases

We do not like to spend on preventive medicine

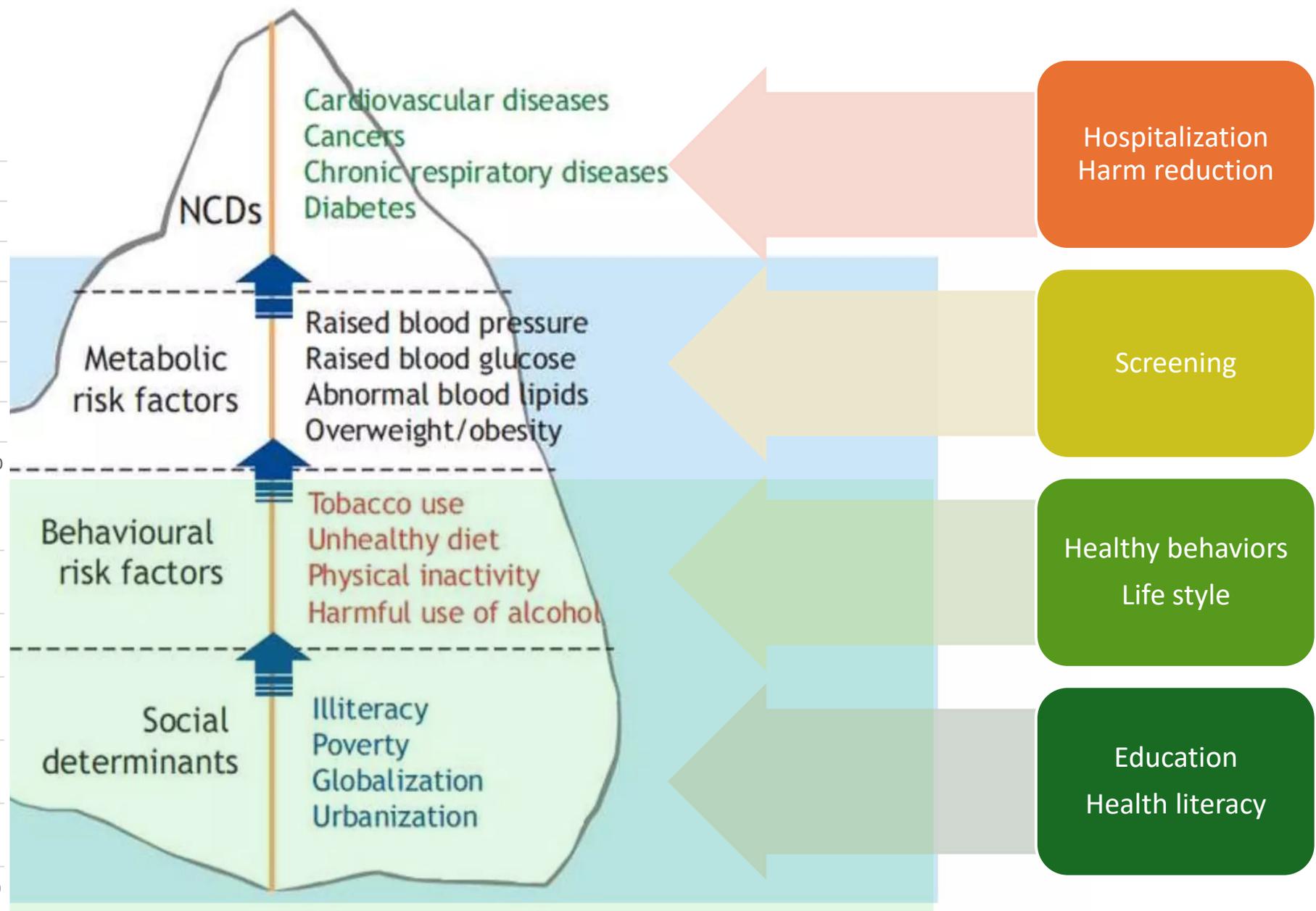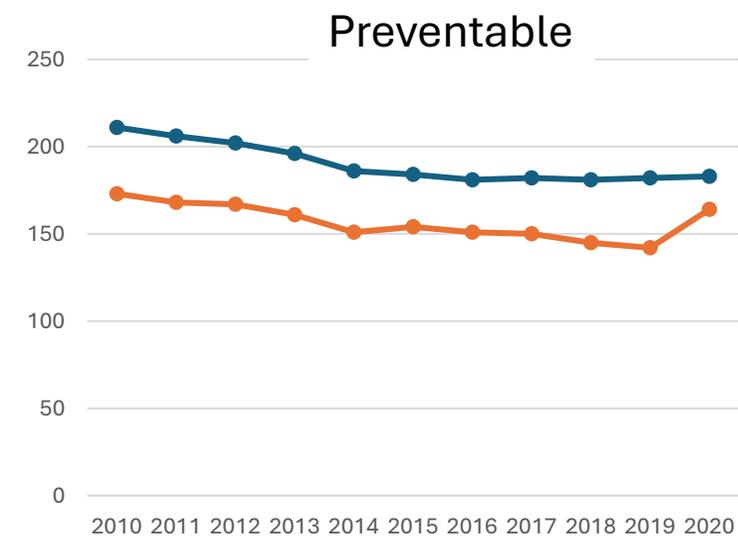Risk factors we are trying to combat - the case of cigarettes

Lalonde after 20 years

Genetic Predisposition — 30%

Behavioral Patterns — 40%

"Shortfalls" in Health Care — 10%

Environmental Exposures — 5%

Social Circumstance — 15%

McGinnis JM et al. The case for more active policy attention to health promotion. Health Affairs 2002:21(2);78-93. Project Hope
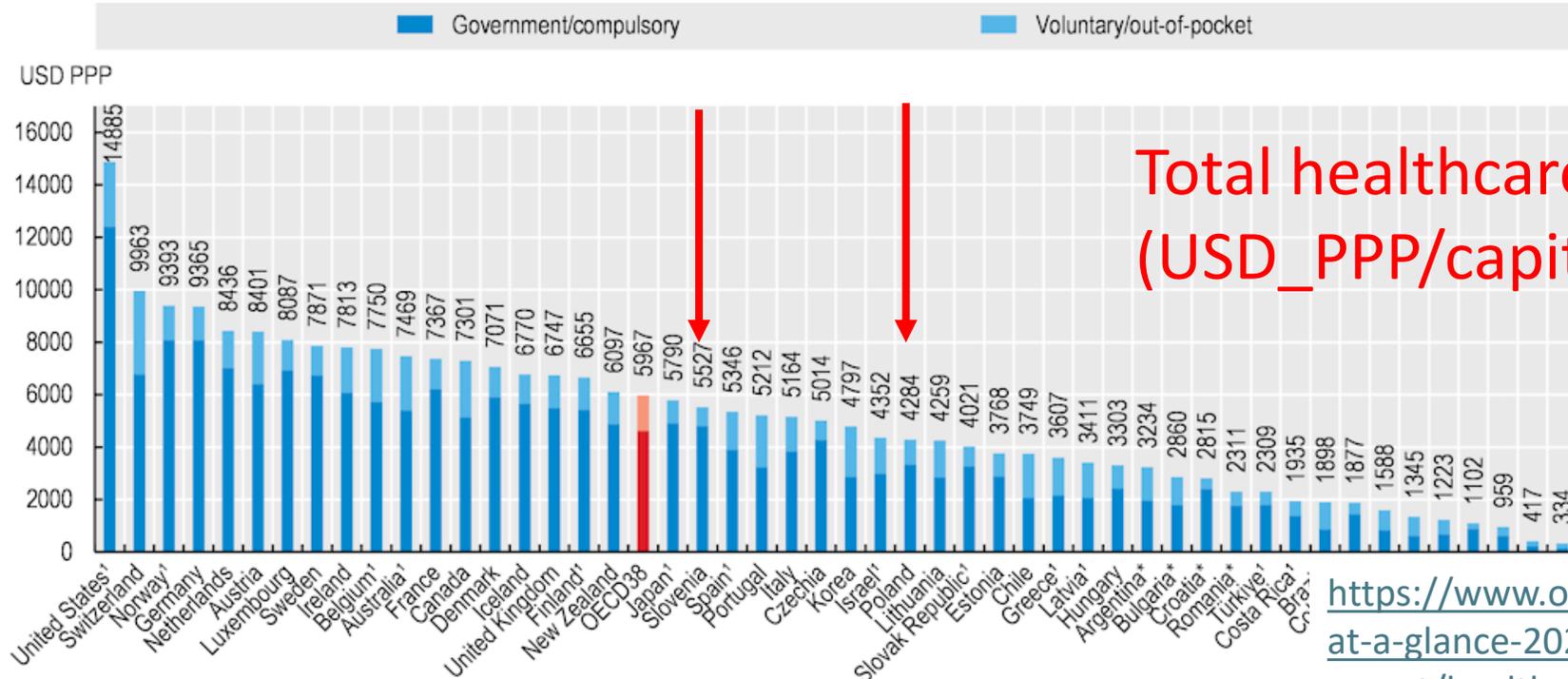
Total healthcare expenditure (USD_PPP/capita), 2024
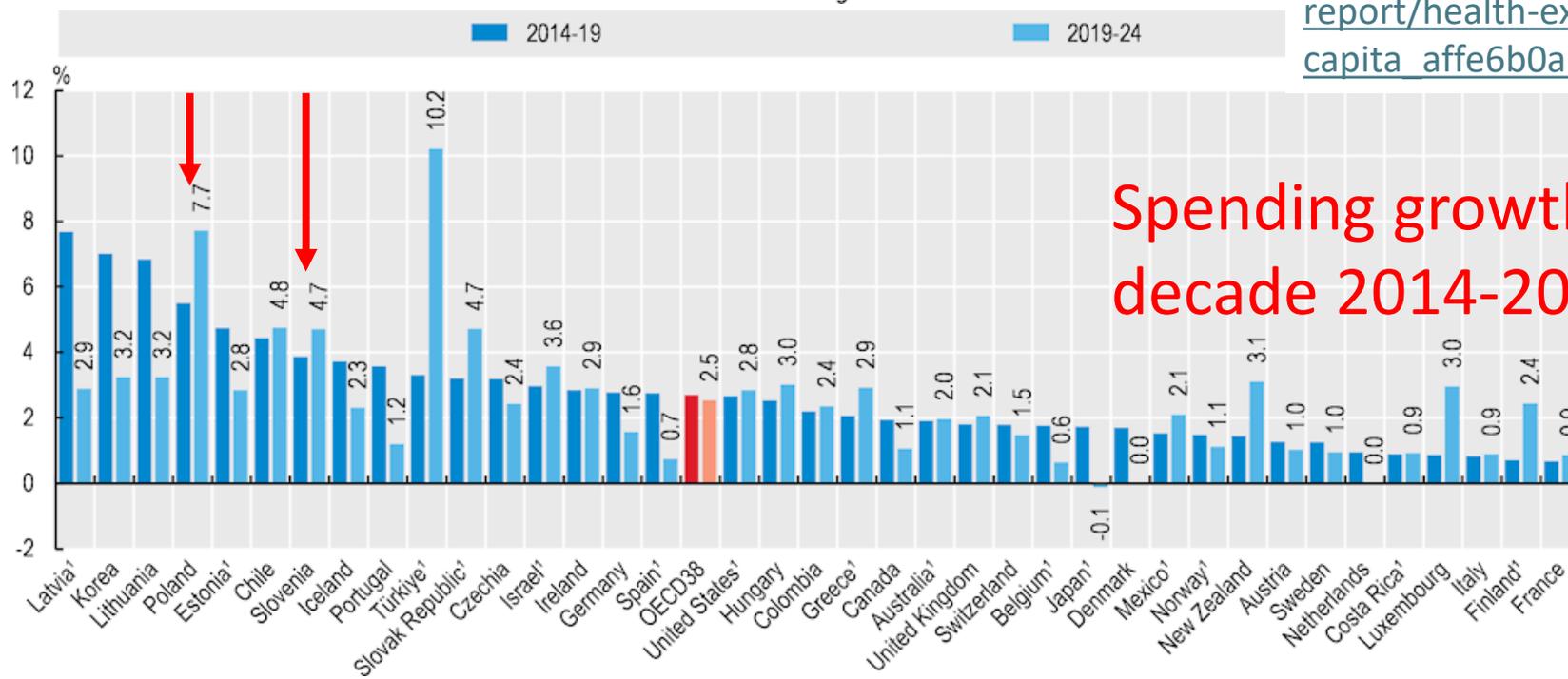
Spending growth during the decade 2014-2024

Expenditures on preventive healthcare, Euro/per capita, 2023
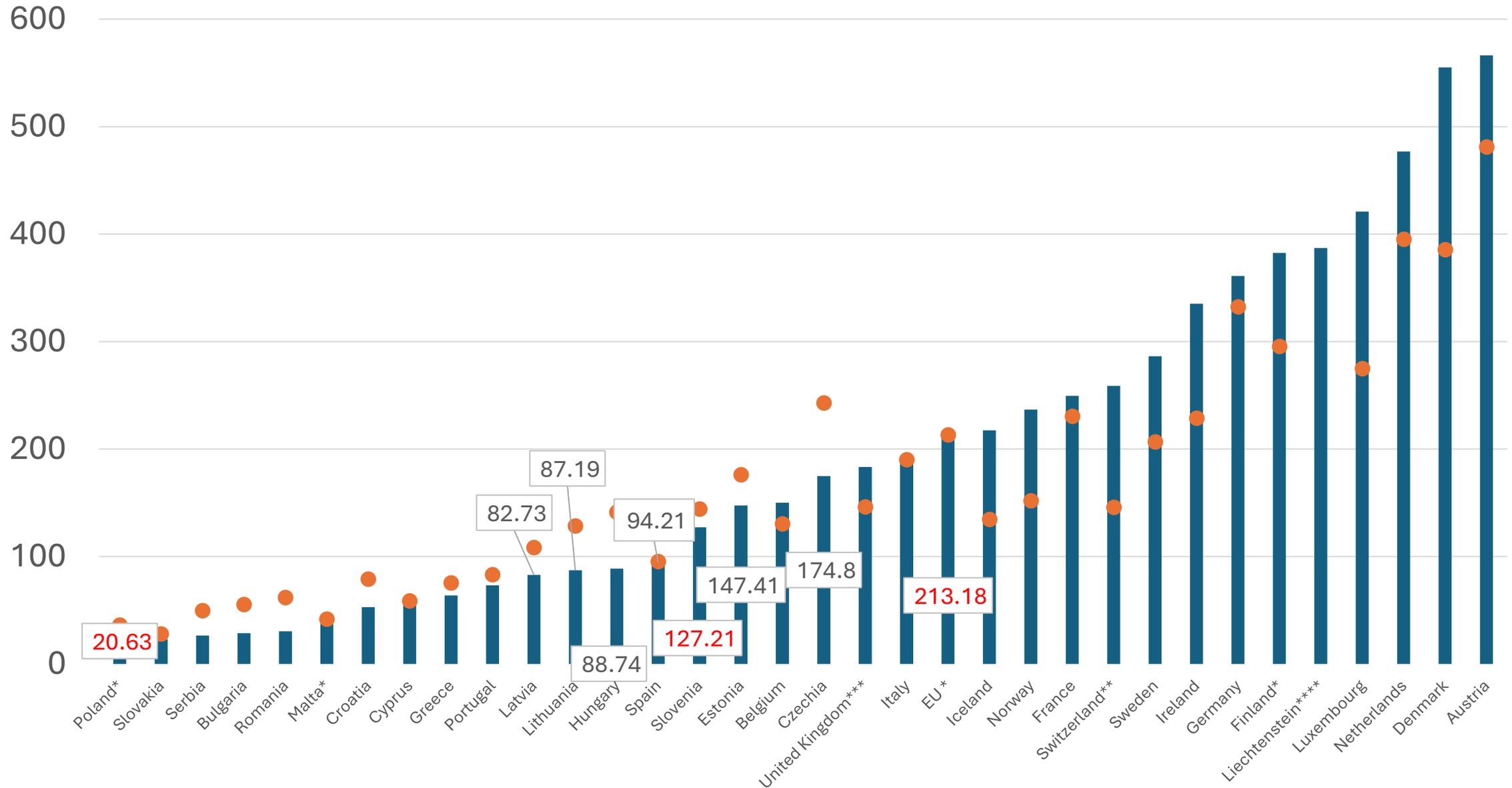
Chart legend: ■ € per inhabitant ● PPS per inhabitant

Data labels shown: 20.63, 82.73, 87.19, 88.74, 94.21, 127.21, 147.41, 174.8, 213.18

Countries (x-axis): Poland*, Slovakia, Serbia, Bulgaria, Romania, Malta*, Croatia, Cyprus, Greece, Portugal, Latvia, Lithuania, Hungary, Spain, Slovenia, Estonia, Belgium, Czechia, United Kingdom***, Italy, EU *, Iceland, Norway, France, Switzerland**, Sweden, Ireland, Germany, Finland*, Liechtenstein****, Luxembourg, Netherlands, Denmark, Austria

Source: Eurostat.

Invest **US$ 1** → 🚭 → Return **US$ 7.43**

Invest **US$ 1** → (no salt) → Return **US$ 12.82**

Invest **US$ 1** → (no alcohol) → Return **US$ 9.13**

Invest **US$ 1** → (physical activity) → Return **US$ 2.80**

Invest **US$ 1** → (heart health) → Return **US$ 3.29**
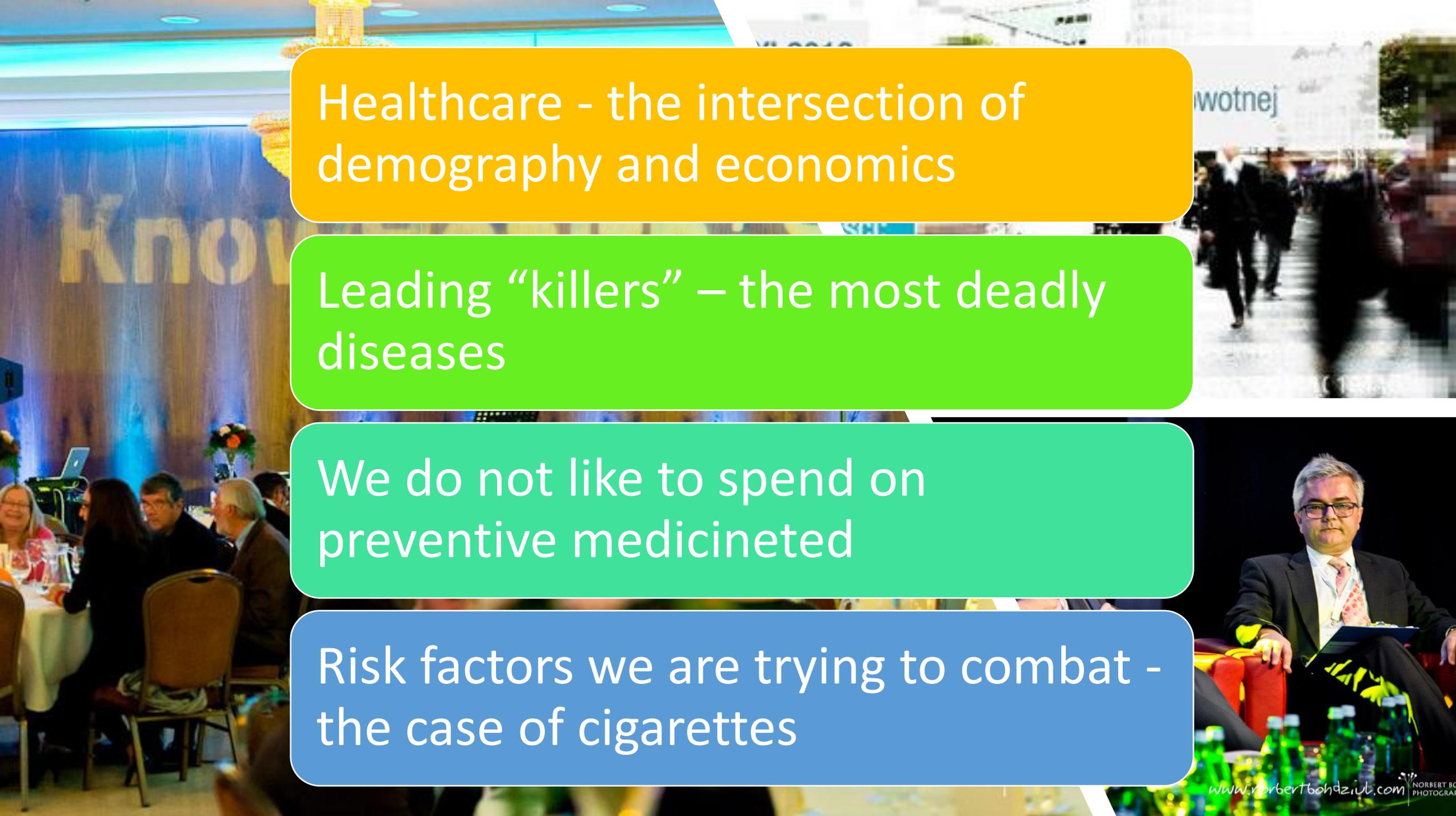
Invest **US$ 1** → (cancer ribbon) → Return **US$ 2.74**

The risk transition.
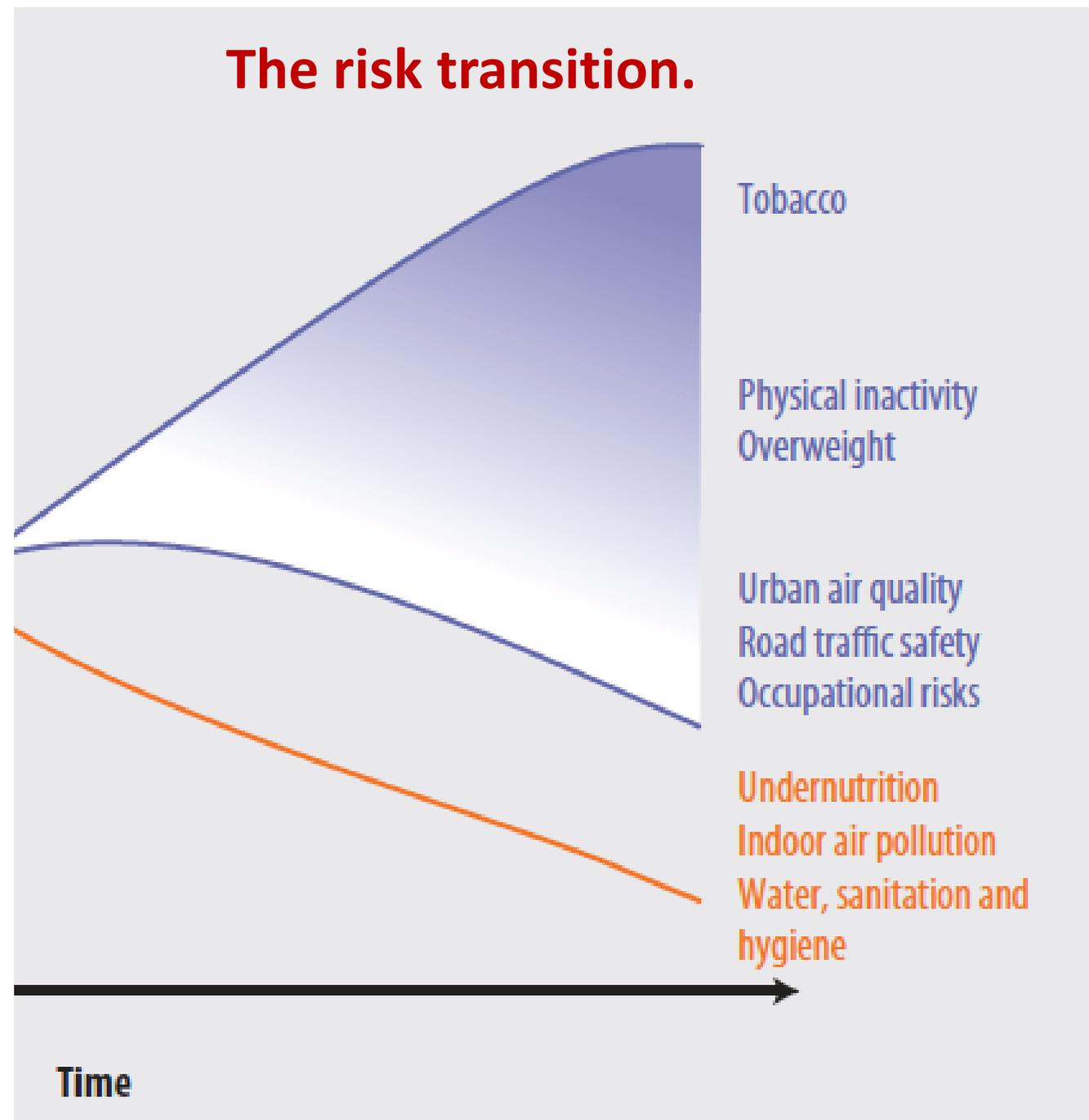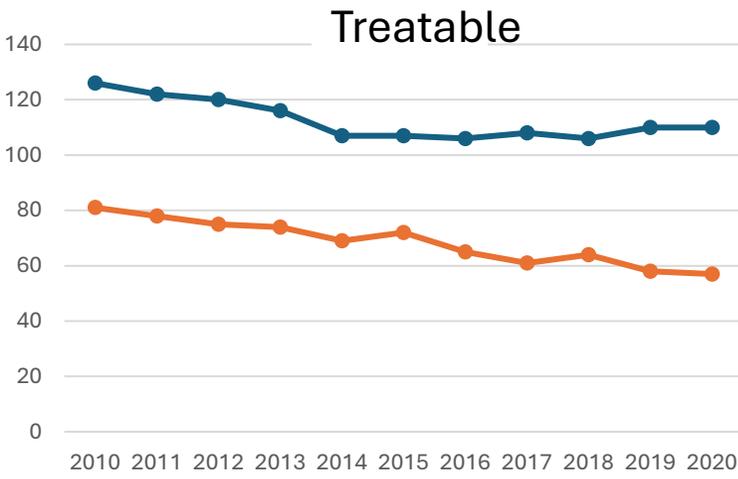
Tobacco

Physical inactivity
Overweight

Urban air quality
Road traffic safety
Occupational risks

Undernutrition
Indoor air pollution
Water, sanitation and hygiene

Time

Fig 3:

Healthcare - the intersection of demography and economics

Leading "killers" – the most deadly diseases

We do not like to spend on preventive medicineted

Risk factors we are trying to combat - the case of cigarettes

WHO global report on
trends in prevalence of tobacco use
2000–2024
and projections 2025–2030

Table 10: Status of tobacco use prevalence reduction target by WHO region, proportion of region's population in each category, 2024

WHO region	Proportion of region's population[a] living in countries that...					
	are likely to achieve a 30% relative reduction	are likely to achieve a decrease in prevalence but less than 30%	are unlikely to experience a significant change in prevalence	are likely to experience an increase in prevalence	did not have enough data for calculating a trend	were assessed in total
Global	46%	45%	3%	3%	3%	100%
African Region	57%	27%	0.2%	10%	6%	100%
Region of the Americas	71%	25%	—	0.04%	5%	100%
South-East Asia Region	90%	10%	0%	—	—	100%
European Region	17%	63%	18%	1%	1%	100%
Eastern Mediterranean Region	32%	30%	7%	16%	16%	100%
Western Pacific Region	11%	89%	—	0.002%	0.01%	100%

[a] Population figures are for all ages in 2024.

Table 13: Prevalence of current cigarette smoking and number of adolescents aged 13–15 years smoking cigarettes, by sex, by WHO region and by World Bank country income group

	Prevalence among persons aged 13–15 (%)			Estimated number of cigarette smokers aged 13–15 (millions)		
	Both sexes	Boys	Girls	Both sexes [a]	Boys	Girls
WHO region						
African Region	4.5	6.3	2.7	3.9	2.8	1.2
Region of the Americas	5.7	5.6	5.7	2.6	1.3	1.3
South-East Asia Region	3.4	4.9	1.9	3.3	2.4	0.8
European Region	8.4	8.2	8.7	2.9	1.4	1.5
Eastern Mediterranean Region	4.3	6.5	2.1	2.2	1.6	
Western Pacific Region	6.4	9.6	2.7	5.6	4.5	
Global	5.1	6.8	3.3	20.4	14.1	
World Bank country income group						
High-income countries	5.8	5.3	6.3	2.7	1.3	
Upper-middle-income countries	6.8	9.2	4.1	8.0	5.7	
Lower-middle-income countries	3.8	5.5	2.1	6.9	5.1	
Low-income countries	5.2	7.3	3.2	2.7	1.9	

The average estimates were constructed from surveys conducted in countries in the period 2014–2024 and applied to each country's United... population estimate in 2023.

[a] Totals may not tally due to rounding.

Table 14: Prevalence of smokeless tobacco use and number of users aged 13–15 years, by sex, by WHO region, and by World Bank country income group

	Prevalence among persons aged 13–15 (%)			Estimated number of smokeless tobacco users aged 13–15 (millions)		
	Both sexes	Boys	Girls	Both sexes [a]	Boys	Girls
WHO region						
African Region [b]	4.2	4.7	3.7	1.7	1.0	0.7
Region of the Americas	2.1	2.5	1.7	0.6	0.4	0.2
South-East Asia Region	4.2	4.8	3.6	3.5	2.1	1.4
European Region	2.9	3.4	2.3	0.5	0.3	0.2
Eastern Mediterranean Region			3.2	1.6	0.9	0.6
Western Pacific Region			1.7	2.1	1.4	0.7
Global			2.8	10.0	6.1	3.9
World Bank country income group						
High-income countries			1.8	0.6	0.4	0.2
Upper-middle-income countries			1.7	2.4	1.7	0.8
Lower-middle-income countries			3.4	5.8	3.4	2.4
Low-income countries			4.2	1.1	0.6	0.5

Table 16: E-cigarette use among adolescents aged 13–15 years

	Survey coverage (%)		Prevalence of current e-cigarette use among persons aged 13–15 (%)			Estimated number of e-cigarette users aged 13–15 (millions)		
	% of population aged 13–15 surveyed	% of countries with surveys	Both sexes	Boys	Girls	Both sexes [a]	Boys	Girls
WHO region								
African Region [b]	21	30	9.3	12.0	6.5	1.7	1.1	0.6
Region of the Americas	81	83	5.3	5.4	5.3	2.0	1.0	1.0
South East Asia Region [c]	4	20	13.6	16.1	10.9	0.5	0.3	0.2
European Region	86	89	14.3	13.6	15.0	4.2	2.0	2.1
Eastern Mediterranean Region	54	38	5.8	8.0	3.5	1.6	1.1	0.5
Western Pacific Region	100	82	5.4	7.5	3.0	4.8	3.5	1.3
Global	51	63	7.2	8.6	5.7	14.7	9.1	5.6
World Bank country income group								
High-income countries	97	86	10.0	9.2	10.8	4.6	2.2	2.4
Upper-middle-income countries	82	72	5.7	7.5	3.8	5.6	3.8	1.7
Lower-middle-income countries [d]	25	51	6.5	8.2	4.6	3.0	1.9	1.0
Low-income countries [e]	27	15	10.9	15.8	5.8	1.5	1.1	0.4

kadilci (redni in občasni kadilci skupaj)	2007	2014	2019
skupaj	24,9 %	24,2 %	23,2 %
moški	28,2 %	27,5 %	*25,0 %
ženske	21,7 %	21,1 %	21,5 %

Poland
Number of current smokers
Data from gsthr.org
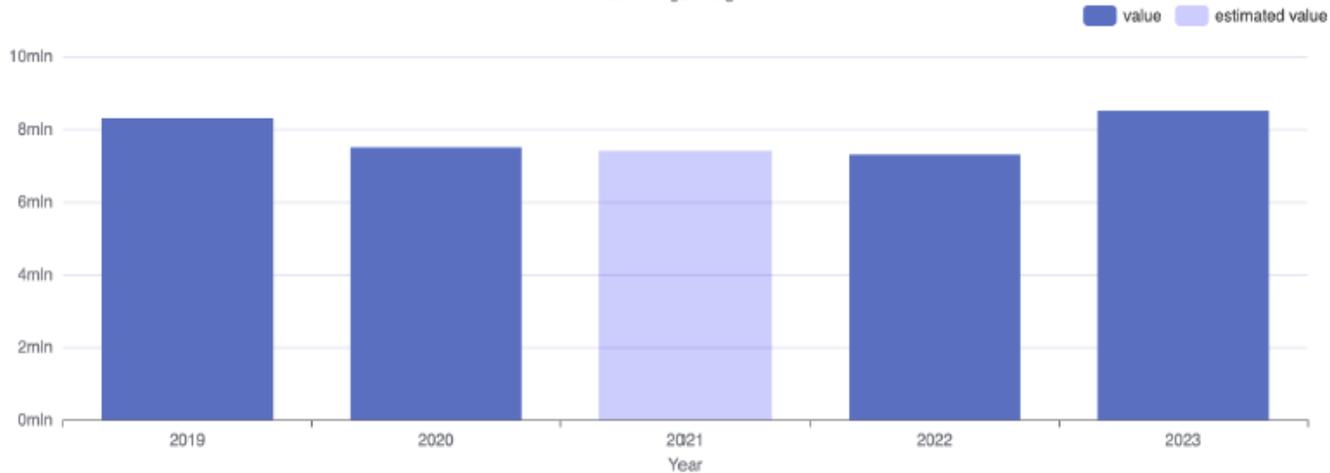
Year	Value	Reference/Comment
2019	8.3 million	1A
2020	7.5 million	1B
2022	7.3 million	1C A
	8.5 million	1D B

References:

1A 1. WHO global report on trends in prevalence of tobacco use 2000-2025, third edition. (2019). World Health Organization. https://www.who.int/publications/i/item/who-global-report-on-trends-in-prevalence-of-tobacco-use-2000-2025-third-edition. 2. Calculation based on population size data of people over 15 years of age (16+). Source of population data: World Population Prospects 2019 [Internet]. United Nations; 2019. (Department of Economic and Social Affairs, editor. Population Division). Report No.: Rev. 1. Available from: https://population.un.org/wpp/Download/Standard/Population/

1B 1. WHO. (2021). WHO global report on trends in prevalence of tobacco use 2000-202' edition (4th ed). World Health Organization. https://apps.who.int/iris/handle/10665 Calculation based on population size data of people over 15 years of age (16+). ' population data: World Population Prospects 2019 [Internet]. United Nations; 2' (Department of Economic and Social Affairs, editor. Population Division). R' Available from: https://population.un.org/wpp/Download/Standard/Popu'

Strategija za zmanjševanje posledic rabe tobaka

ZA SLOVENIJO BREZ TOBAKA

2022–2030

https://gsthr.org/countries/profile/pol/1/. Accessed 31.03.2025

WHO report on
the global tobacco
epidemic, 2025

Warning about the dangers of tobacco

World Health
Organization

mpower

m   **Monitor** tobacco use and prevention policies

p   **Protect** people from tobacco smoke

o   **Offer** help to quit tobacco use

w   **Warn** about the dangers of tobacco

e   **Enforce** bans on tobacco advertising, promotion and sponsorship

r   **Raise** taxes on tobacco

Between 2009 and 2019
the % of SHS exposure in Poland decreased:

👥	in the workplace -	19.2% to 6.5%.
⚙️	in transport services -	44.2% to 11.7%
🍸	in bar or pub -	39.4% to 7.0%
🍴	in restaurant -	25.9% to 4.6%
🏥	in healthcare & public agencies -	< 5%

We still have almost 30% of daily smokers.

Report – Polish Academy Of Science, Public Health Committee, April 2023

Jankowski M. et al. ERS, 2020

WHO report on the global tobacco epidemic, 2023

Country profile
Poland

World Health Organization
WHO report on the global tobacco epidemic, 2021

Country profile
Slovenia

This may not sound very optimistic, but in my opinion, despite winning many battles, we are losing the war

Summary

Compliance i
The methods

2021.

M					R			
MONITORING	SMOKE-FREE ENVIRONMENTS	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2012	
	6	↔			6	78.4%	NO	

MPOWER score colour key

Complete measure	Moderate measure	Minimal measure	No policy or weak measure	Not categorized/ No data

Affordability category

YES cigarettes became less affordable	NO cigarettes did not become less affordable	↔ no trend change in affordability of cigarettes

The colours are explained in more detail in the MPOWER legend on the last page of this document.
In all tables ". . ." means data are not available and "–" means data are not required.

MONITORING	SMOKE-FREE ENVIRONMENTS	CESSATION PROGRAMMES	HEALTH WARNINGS	MASS MEDIA	ADVERTISING BANS	TAXATION	CIGARETTES LESS AFFORDABLE SINCE 2010
	. . .				. . .	78.7%	↔

MPOWER score colour key

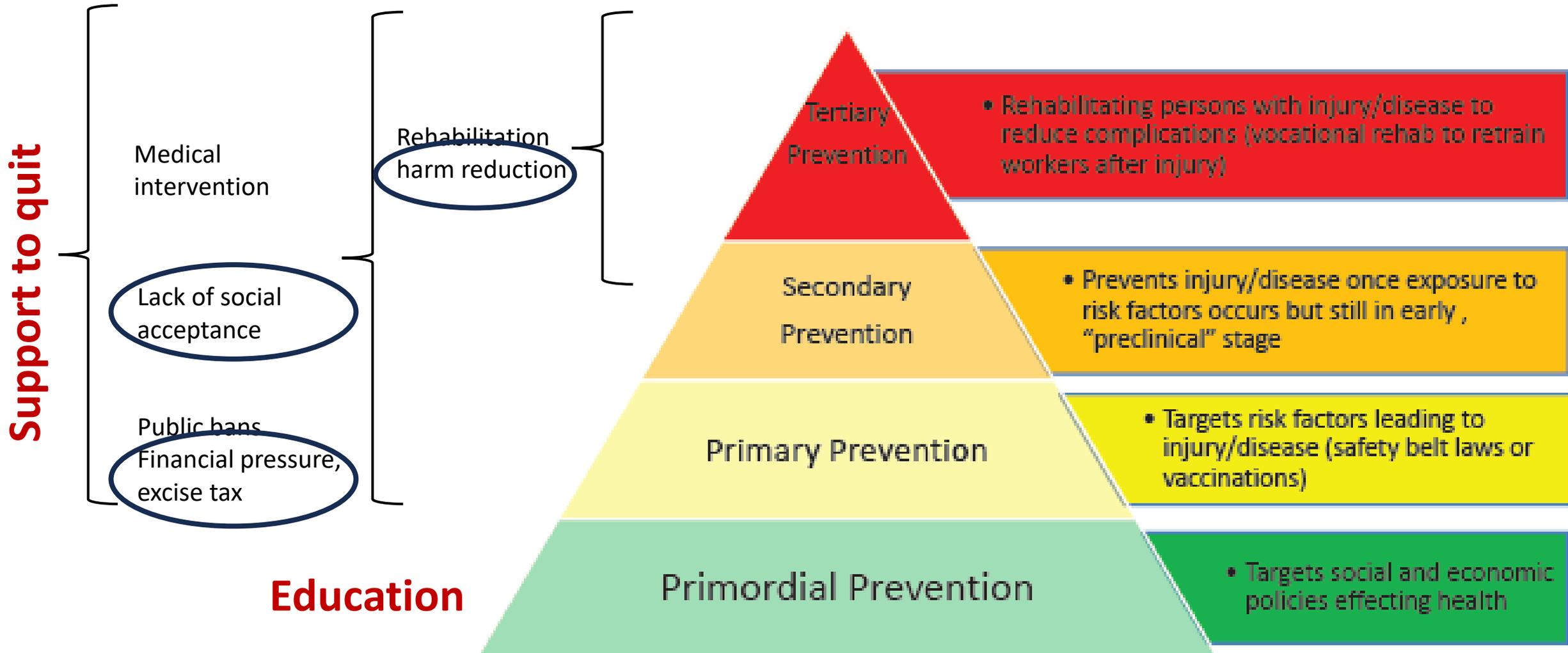| Complete measure	Moderate measure	Minimal measure	No policy or weak measure	Not categorized/ No data

Affordability category

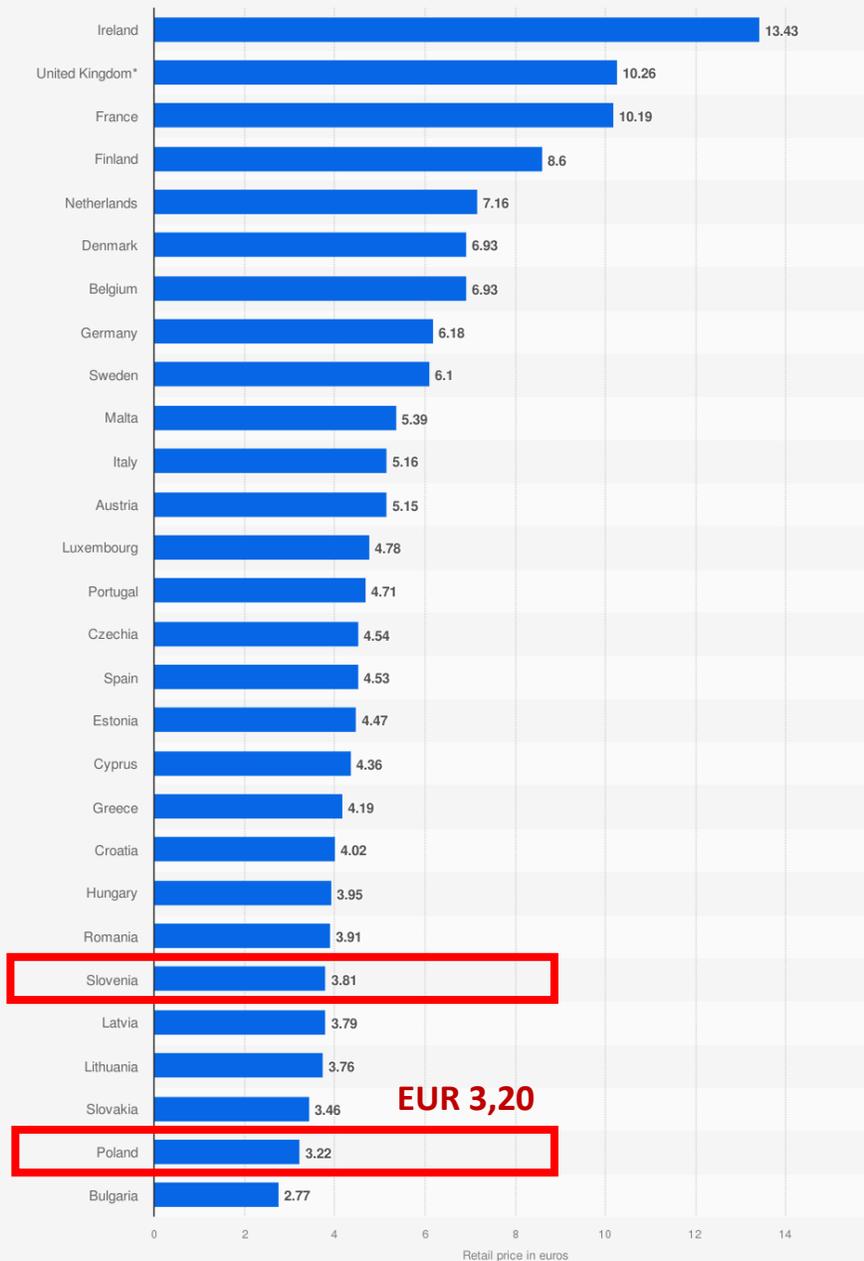| YES cigarettes became less affordable	NO cigarettes did not become less affordable	↔ no trend change in affordability of cigarettes

The colours are explained in more detail in the MPOWER legend on the last page of this document.
In all tables ". . ." means data are not available and "–" means data are not required.

Public health stages of prevention

Support to quit

Education

Medical intervention

Rehabilitation harm reduction

Lack of social acceptance

Public bans
Financial pressure, excise tax

- Tertiary Prevention — Rehabilitating persons with injury/disease to reduce complications (vocational rehab to retrain workers after injury)
- Secondary Prevention — Prevents injury/disease once exposure to risk factors occurs but still in early, "preclinical" stage
- Primary Prevention — Targets risk factors leading to injury/disease (safety belt laws or vaccinations)
- Primordial Prevention — Targets social and economic policies effecting health

Retail price of a pack of 20 cigarettes in European Union countries in 2022 (in euros)

Country	Retail price in euros
Ireland	13.43
United Kingdom*	10.26
France	10.19
Finland	8.6
Netherlands	7.16
Denmark	6.93
Belgium	6.93
Germany	6.18
Sweden	6.1
Malta	5.39
Italy	5.16
Austria	5.15
Luxembourg	4.78
Portugal	4.71
Czechia	4.54
Spain	4.53
Estonia	4.47
Cyprus	4.36
Greece	4.19
Croatia	4.02
Hungary	3.95
Romania	3.91
Slovenia	3.81
Latvia	3.79
Lithuania	3.76
Slovakia	3.46
Poland	3.22
Bulgaria	2.77

EUR 3,20

Share of individuals who currently smoke cigarettes, cigars, cigarillos or a pipe in selected European countries in 2020
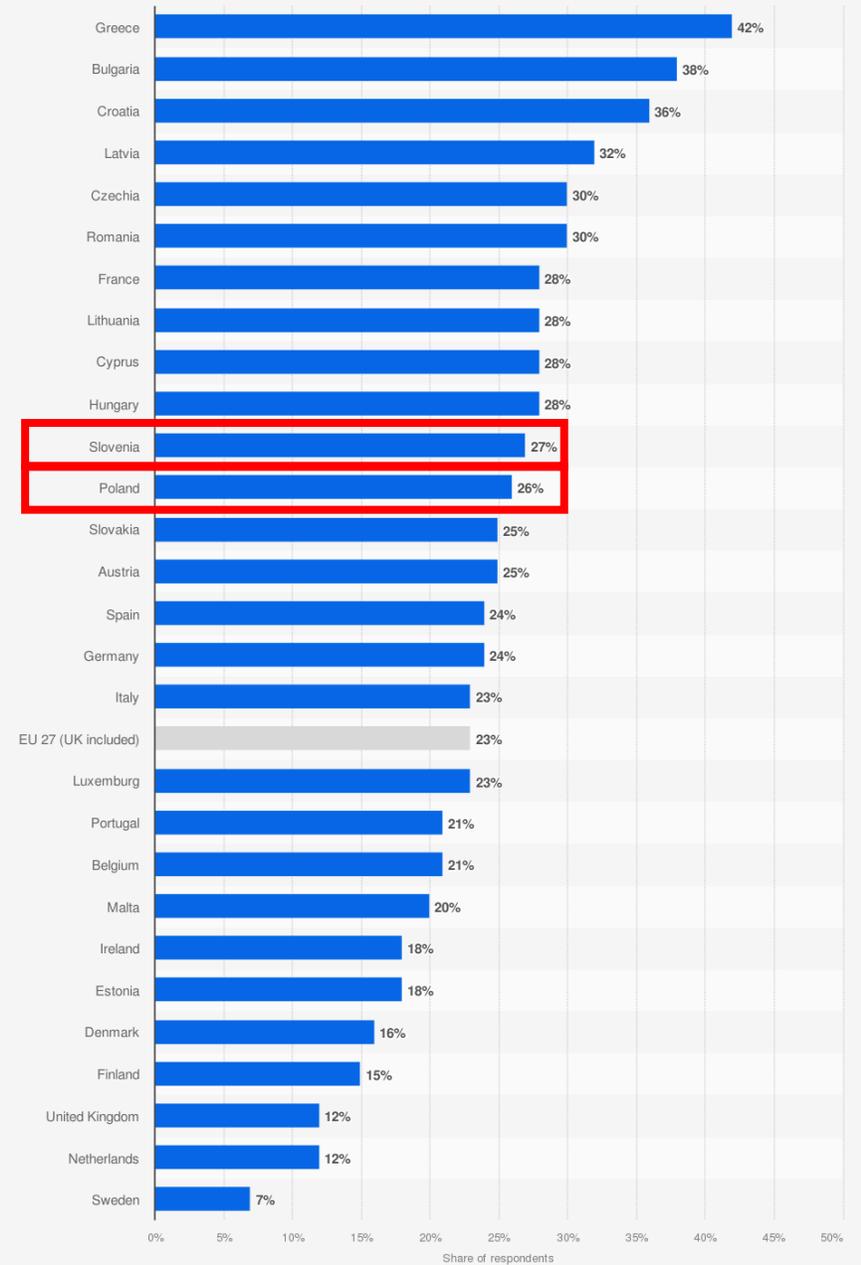
Country	Share of respondents
Greece	42%
Bulgaria	38%
Croatia	36%
Latvia	32%
Czechia	30%
Romania	30%
France	28%
Lithuania	28%
Cyprus	28%
Hungary	28%
Slovenia	27%
Poland	26%
Slovakia	25%
Austria	25%
Spain	24%
Germany	24%
Italy	23%
EU 27 (UK included)	23%
Luxemburg	23%
Portugal	21%
Belgium	21%
Malta	20%
Ireland	18%
Estonia	18%
Denmark	16%
Finland	15%
United Kingdom	12%
Netherlands	12%
Sweden	7%

Harm reduction is a public-health approach focused on **reducing the negative consequences of risky behaviors** rather than insisting that people stop those behaviors entirely. It's grounded in compassion, practicality, and evidence.

Core idea

- People don't always—or can't always—stop behaviors that carry risks. Harm reduction asks: *How can we make those behaviors safer so fewer people are harmed?*

Key principles

- **Meet people where they are.** No judgment, no pressure to quit—just support.

- **Focus on safety.** Reduce illness, injury, and death even if the behavior continues.

- **Respect autonomy.** People make their own choices; the goal is to support healthier ones.

Examples in practice

- Providing **clean needles** to prevent infections.

- Offering **naloxone** to reverse opioid overdoses.

- Introducing **less harmful** solutions.

- Encouraging **seatbelts**, **bike helmets**, or **condoms**—all classic harm-reduction tools.

- Giving **safer-use information** to reduce risks.

Prevention has been and remains **the most economically and medically effective** way to prevent diseases and their consequences.

An aging population will increase medical costs, especially those related to NCDs.

The primary **cause of NCD development is unhealthy lifestyles**, particularly five basic behavioral factors.

Slovenia and Poland are high-risk countries; both societies are aging rapidly, healthcare spending is lower than the EU average, and we struggle to control the epidemic of behavioral factors, including cigarette smoking.

Despite a good MPOWER rating, our countries have not been successful in combating cigarette smoking.

To objectify the data, **we must focus on long-term fiscal policy in public health and possibly on harm reduction tools**.

Because **harm reduction in the context of cigarette smoking is not universally accepted as beneficial, states should conduct research to finally clarify whether and which products can be considered less harmful** and whether their use by smokers in order to combat addiction is justified.