

## **Smoking habits and antismoking strategies in Austria**

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In Austria lung cancer in females increased over the last 20 years. Incidence and mortality in birth cohorts show a first peak of lung cancer in males, who had started their smoking career as young males during World War I or II, presumably as soldiers. The starting point for lung cancer increase in females seems to have been the coincidence of economic revival with new marketing strategies of the tobacco industry, abusing feminism. The decrease of lung cancer in males is associated with increasing rates of exsmokers and reduction of occupational exposures. The continuing increase in women shows failure of prevention and cessation. From smoking prevalence we predict an even more dramatic rise in the future. While mean age at cancer death increased, age at death from lung cancer decreased in women. Lung cancer in men is still falling; however, a rise is expected in both sexes due to smoking initiation at younger age. Prevalence of daily smokers decreased in men from 39% in 1972 to 28% in 2007, while in females the prevalence nearly doubled (from 10 to 19%) during the same period of time.

In Austria child poverty is only 6.2% (OECD 12.4%), but youth has worryingly high rates of suicide and risk behaviors. Austrians at age 15 smoke (at least once a week) more frequently (27%) than any other children in the OECD (average 17%). Children still have free access to smoking rooms. In 2006 state revenues from cigarette consumption of minors in Austria amounted to 60 million Euro, but nothing was invested into tobacco prevention. Up to now the fight against business interest of the tobacco industry has been mainly left to volunteers, such as [www.aerzteinitiative.at](http://www.aerzteinitiative.at) and several groups of health professions (e.g. pneumologists) and self-help organizations (e.g. cancer patients). We estimated that up to 61% of non lung cancer cases in Austria could be attributable to active and passive smoking.

The majority of the population favors smokefree rooms, but the tobacco industry influences key persons, who copied tobacco legislation from Spain, without regulation of small restaurants and ineffective separations. Government data on satisfaction were contradictory to results of independent research. We hope that an EU directive will protect all workplaces and thereby also the health of waiters, guests and children. For global success of FCTC it is necessary to enforce article 5.3 and article 8 and make the tobacco industry lose its base in central Europe.