

Reducing Tobacco Use in Ethiopia: Addressing Prevalence and Strengthening Control Policies



Executive Summary

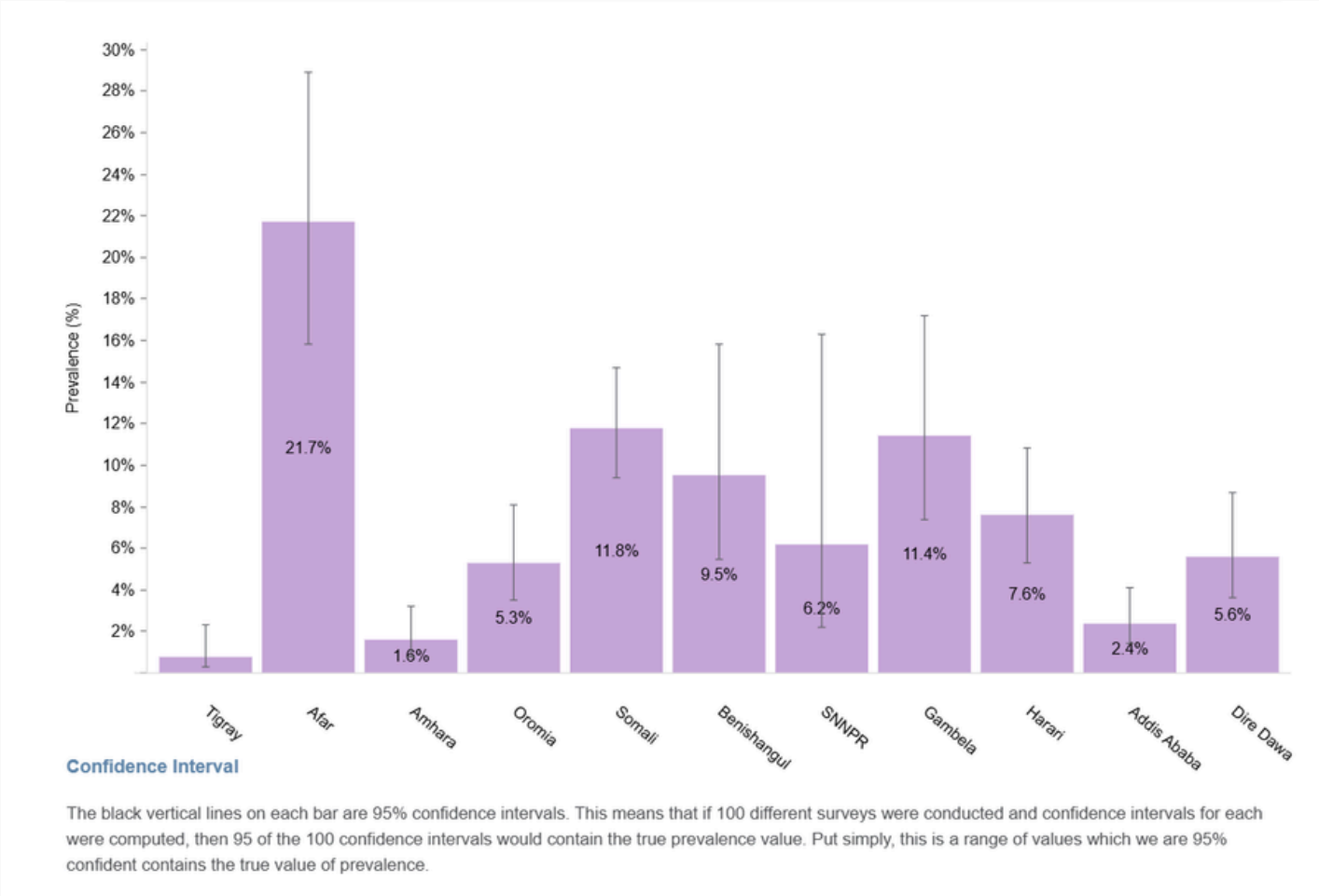
Tobacco use continues to be one of the biggest public health threats, with over 8 million tobacco-related deaths a year. In Ethiopia, the Global Adult Tobacco Survey (GATS) 2024 records that about 4.6% of the adult population (2.4 million adults aged 15 years and older), comprising 8.8% of men and 0.5% of women, consume tobacco products in Ethiopia. Smoked tobacco is the most commonly consumed tobacco product, with a prevalence of 7.7% among men, 6.3% among the older population (ages 45–64), and 8.1% among employed people. Evidence found that 38.4% of homeless people in the Southern Nations, Nationalities, and Peoples' Region (SNNPR) had smoked cigarettes at some point in their lives, and 17.1% were currently smoking every day.

While the overall prevalence has dropped from 5.0% in 2016 to 4.6% in 2024, Ethiopia can further reduce it by strengthening the implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC).

Prevalence of Tobacco Use

- • **Overall Tobacco use:** In 2024, 2.4 million people aged 15 and older in Ethiopia reported current tobacco use in any form, which is about 4.6% of the adult population, while the overall prevalence of current tobacco smoking is 4.0%.
- • **Gender disparities:** Current tobacco use among men (8.8%) is substantially higher than among women (0.5%). Among smoked tobacco users, 7.7% are men, while 0.4% are women. This disparity extends to adolescents (ages 13–19), with 3.7% of boys using tobacco compared to 1.3% of girls.
- • **Age pattern:** Tobacco use is higher among the older population (aged 65+ years) (7.8%) than young adults (aged 15–24 years), with a prevalence rate of 1.9%.
- • **Occupation:** Tobacco use is more prevalent among employed adults, with an estimated 2.7 million of them using tobacco in 2016.
- • **Homeless population:** About 38.4% of homeless people have smoked at some point in their lives, while 17.1% currently smoke daily.
- • **Regional States:** Across Ethiopia's eleven regional states, Afar, Somali, and Harari have higher smoking prevalence rates than other regions, at 21.7%, 11.8%, and 7.6%, respectively. (See Figure 1).
- • **Khat Chewing:** According to the 2015 NCD Steps survey, 15.8% of tobacco users in Ethiopia were khat chewers, with higher prevalence in rural areas (16.8% compared to 11.5% in urban areas) and among men (21.1% compared to 9.4% among women). Cigarette smoking prevalence was markedly higher among khat chewers (19.9%) compared to non-khat users (9.2%).

Figure 1: Prevalence of Tobacco Use in Ethiopia by Regional State



Source: Global Adults Survey (GATS), 2016

Trends in Tobacco Use (2016 - 2024)



- Overall Tobacco use:**
Between 2016 and 2024, overall adult tobacco use declined slightly from 5% to 4.6%.



- Current tobacco use:**
Current tobacco smoking increased from 3.7% to 4.0% between 2016 and 2024. This increase in adults who are currently smoking tobacco includes 3.2% of adults who are daily tobacco smokers.



- Gender trends:**
Over the period from 2016 to 2024, the following indicators of tobacco use among men all increased: current tobacco use rose modestly from 8.1% to 8.8%; current tobacco smoking from 6.2% to 7.7%; daily tobacco smoking from 5.2% to 6.2%; current cigarette smoking from 5.5% to 7.2%; and daily cigarette smoking from 4.6% to 5.7%. In contrast, prevalence among women either declined or remained stable over the same period, with current tobacco use falling from 1.8% to 0.5%, a drop that more than offset the rise among men and accounts for the overall decline in tobacco prevalence from 5.0% to 4.6%.



- **Age trends:**

Over the same period, tobacco use among those aged 65 years and above rose from 10.5% to 15.3% for men and from 5.9% to 7.4% for women. Among those aged 15–24 years, use increased slightly from 3.2% to 3.6% for men, while it declined from 2.4% to 1.9% for women.



- **Smokeless tobacco:**

In 2016, 2.6% of men aged 15 years and older reported using smokeless tobacco products, whereas in 2024 this amount declined to 1.8%.

Policy gaps and challenges



Despite progress in reducing overall tobacco use, Ethiopia still faces several critical gaps that hinder effective tobacco control:

- **Weak Enforcement of Existing Laws:**

Despite strong alignment with WHO Framework Convention on Tobacco Control (FCTC), enforcement of tobacco control laws in Ethiopia remains inconsistent, with continued exposure to secondhand smoke in public and institutional settings indicating gaps in compliance and monitoring.

- **Limited Cessation Support:**

Global Adult Tobacco Survey (GATS) findings indicate that smokers in Ethiopia aged 15 years and above who attempted to quit smoking in the prior 12 months decreased from 42.0% to 33.2%, with insufficient cessation services and lack of professional support contributing significantly to this decline.



- **Indoor Point of Sale:**

Despite legal restrictions, there's still exposure at the point of sale, particularly indoor points of sale, evident in about 40% non compliance. This exposure undermines public health efforts and increases the risk of youth initiation.

- **Data and Surveillance Gaps:**

Although the Global Adult Tobacco Survey (GATS) provides valuable data, ongoing surveillance and timely reporting are still needed to inform targeted interventions, particularly for adolescents, adult men, rural populations, and emerging products such as shisha and heated tobacco.

- **Gender and Regional Disparities:**

Tobacco use remains significantly higher among men and varies widely across regions, yet current policies are largely uniform and fail to target high-risk groups and high-prevalence areas, limiting their effectiveness.

- **Industry Interference:**

Tobacco industry activities continue to undermine control efforts, compounded by weak monitoring and enforcement.



Recommendations

- Using real images of Ethiopians affected by tobacco-related illnesses in pictorial health warnings can enhance their credibility and relatability, fostering stronger public reactions and greater awareness of tobacco risks.
- Establish a dedicated quitline service for tobacco cessation, distinct from the general line (952), staffed by trained counselors to deliver personalized guidance and improve access to support resources, as well as Integrate cessation support into primary healthcare facilities nationwide, providing affordable nicotine replacement therapy and counseling, with priority for men and high-prevalence communities
- Launch sustained public awareness campaigns to educate on tobacco harms and quitting benefits by implementing gender- and region-specific campaigns targeting men, high-prevalence areas, rural populations, adolescents, and khat-chewing communities to shift cultural norms and reduce tobacco use.
- Strengthen monitoring and enforcement of tobacco control laws, focusing on public places and retailers to minimize violations and safeguard public health. This can be achieved through routine inspections, particularly in high-prevalence regions such as Afar, Somali, and Gambela



- Train healthcare providers to integrate tobacco cessation counseling into routine visits, ensuring patients receive consistent, effective support.
- Prioritize the implementation of track-and-trace systems and joint customs-police patrols with cargo scanners at informal crossing points in regions with porous borders to block the smuggling of illicit tobacco products into the country.
- Strengthen Data and Surveillance Systems by conducting regular, disaggregated surveys to track prevalence, including emerging products like shisha and smokeless tobacco, using data to guide targeted interventions
- Combat Industry Interference: Monitor and regulate tobacco marketing, promotion, and illicit trade; establish clear conflict-of-interest policies for government and regulatory bodies to prevent industry influence.





For references and more information, visit the Prevalence page on Ethiopia's TCDI website:

<https://ethiopia.tobaccocontroldata.org/en/home/prevalence/>



Tobacco Prevalence

This page highlights disaggregated information on tobacco use in Ethiopia by gender, age, occupation, product, region and education.

[Read more](#)



Enforcement

This page analyses the extent to which tobacco control laws have been implemented in the country.

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Taxation

This page outlines the impact of tobacco taxes on tobacco prices, government revenue, consumer behaviour and debunks industry arguments against tobacco taxes.

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Tobacco Harm

This page provides information on morbidity and mortality from tobacco use and their associated costs, correlation between tobacco and NCDs and impact of tobacco use on the environment.

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Industry Interference

This page identifies the tactics used by the tobacco industry to interfere with tobacco control policy development and implementation in Ethiopia and provides recommendations.

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Cessation

This page discusses the cessation services available in Ethiopia, their effectiveness and best practices.

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Illicit Trade

This page provides information about the entry points to the market, price, the share of domestically produced and imported products, and debunk myths about illicit trade.

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