Last update : 23/11/2026

Metadata – Tobacco use

Description	**Adults** : Proportion of the population aged 15 years and over reporting to smoke on a daily basis (smoking includes the consumption of cigarettes, cigars, and pipes). **Adolescents** : - Proportion of adolescents aged 11-18 reporting having ever consumed tobacco in their lifetime. - Proportion of adolescents aged 11-18 reporting to consume tobacco recently.
Rationale	Tobacco use is considered to be one of the biggest public health threats. It is by far the main risk factor for a number of chronic diseases, including lung cancer and cardiovascular diseases. It is also one of the most preventable causes of morbidity and mortality in the world today. Urgent action is necessary; otherwise, according to the WHO, the number of people dying from tobacco use worldwide each year will increase by a quarter by 2030. This indicator is one of the ECHI indicators [1] and is also considered an important indicator of health promotion outcome [2]. In 2022, nearly one adolescent in ten aged 11 to 18 smoked recently (in the 30 days preceding the survey).
Primary Data source	**Adults** Sciensano: Health Interview Surveys, Belgium 1997-2001-2004-2008-2013-2018-2023/2024 **Adolescents** For adolescents, two distinct HBSC (Health behaviour in School-aged Children) surveys are conducted in Belgium: – HBSC in the French community (conducted by the Université libre de Bruxelles - SIPES) – HBSC in the Flemish community (conducted by the University of Ghent) For international comparisons among adolescents, the HBSC international report published by the World Health Organization was used.
Indicator source	**Adults** Sciensano for the Belgian HIS; **Adolescents** HBSC French community 2006-2022 HBSC Flemish community 2006-2022 HBSC international report 2021/2022
Periodicity	Every 3-5 years (HIS-EHIS) Every 4 years (HBSC)
Calculation/ technical definitions	**Adults** Percentage (weighted percentage, according to the survey design) of people aged 15 years and older participating in the Health Interview Survey (HIS) reporting that they smoke every day. The indicator is derived from the combination of 2 questions of the HIS; there were slight changes between the different surveys, but those did not impact the comparability of the indicator over time.

1997 and 2001: TA.01: Do you smoke? Yes, every day; Yes, from time to time; No.

2004: TA.01: Have you ever smoked at least 100 cigarettes, or the equivalent amount of tobacco, in your lifetime? Only when the answer is 'yes', the next question is asked.TA.02: Do you smoke at the moment? Yes, every day; Yes, from time to time; No.

2008: TA01: idem; TA.05: Do you smoke at all nowadays? Yes, daily; Yes, occasionally; Not at all.

2013: TA01: idem; TA.06: Do you smoke at all nowadays? Yes, daily; Yes, occasionally; Not at all.

2018: TA.02: Have you ever smoked at least 100 cigarettes, or the equivalent amount of tobacco, in your lifetime? TA.06: Do you smoke at all nowadays? Yes, daily; Yes, occasionally; Not at all.

2023-2024: TA.03: Have you ever smoked at least 100 cigarettes, or the equivalent amount of tobacco, in your lifetime? TA.06: Do you smoke at all nowadays? Yes, daily; Yes, occasionally; Not at all.

Direct age-standardisation was made using the Belgian population 2023.

Adolescents

Lifetime consumption: during the survey, adolescents aged 11-18 were asked the age at which they had first used tobacco. The sex distribution of the age at which students first experimented with tobacco, among those who reported having used tobacco in their lifetime, can thus be described.

To assess recent tobacco consumption, adolescents were asked: " How many days they had smoked cigarettes in the last 30 days? Response options were never, 1–2 days, 3–5 days, 6–9 days, 10–19 days, 20–29 days and 30 days (or more). Findings presented here show the proportions reporting recent use (1–2 days or more in the last 30 days).

Limitations for adolescents:

The questions from the HBSC survey are self-reported by participants, which may introduce bias in the responses.

- Statistical analyses were weighted to improve the representativeness of estimates for the study's target population. In the French Community, individual weighting coefficients were calculated taking into account three elements:
- the probability of schools being included in the initial sample ;
- the variation in response rates according to school characteristics: region or province, educational network, socio-economic index (only in the Brussels-Capital Region) and total number of pupils;
- differences observed between students who took part in the survey and those in the reference population in terms of region, school year, gender (only in French-speaking Belgium) and educational orientation (from secondary 3 onwards). In the Flemish Community, the weighting factor was calculated based on the effective composition of the population by year of study, gender and type of education.

In the Flemish Community, the data were also weighted. The weighting factor was calculated based on the composition of the population by grade, gender, and type of education of the year of the last survey (2022).

However, since the two communities apply weighting based largely on similar characteristics, the results are comparable [4-5].

	• The HBSC survey collects data through questionnaires completed by students, drawn from a sample of schools that were randomly selected from the full-time education schools. The data used for the French Community covers students from Wallonia and the Brussels-Capital Region, while the Flemish Community only includes schools from Flanders and not those from the Brussels-Capital Region [4-5]. • For adolescents, prevalence are also presented according to the type of education in which they are enrolled. However, the classification of types of education differs slightly from one community to another. In the French Community, three types of education are distinguished: general education, which also includes transitional technical education; qualifying technical education; and vocational education. In the Flemish Community, three categories are also used: general education, technical education, which also includes artistic education, and vocational education [4-5].
International comparability	**Adults** Availability: No, pending the new EHIS results. **Adolescents** Availability: Yes, the HBSC is realized across 50 countries and regions. Comparability: The HBSC international standard questionnaire enables the collection of common data across participating countries. These data allow cross-national comparisons.

Metadata – Use of e-cigarette

Description	**Adults**: Proportion of the population aged 15 years and over reporting to use at least once a week an e-cigarette. **Adolescents** : - Proportion of adolescents aged 11-18 reporting having ever used e-cigarette in their lifetime. - Proportion of adolescents aged 11-18 reporting to consume e-cigarette recently.
Rationale	Electronic cigarettes were first developed as a mean to quit smoking tobacco. Nowadays, the range of products has broadened, vaping has become a fashion trend, and teenagers start using electronic cigarettes before smoking tobacco. It is still too early to assess the long term health effects of this practice, but it is advised that non-smokers do not start vaping. The proportion of adolescents who had recently used e-cigarettes increased between 2018 and 2023-2024, and more of them use e-cigarettes than cigarettes.
Primary Data source	**Adults** Belgium: Sciensano, Health Interview Surveys, 2018 **Adolescents** For adolescents, two distinct HBSC surveys are conducted in Belgium: – HBSC in the French community (conducted by the Université libre de Bruxelles - SIPES)

	– HBSC in the Flemish community (conducted by the University of Ghent) For international comparisons among adolescents, the HBSC international report published by the World Health Organization was used.
Indicator source	**Adults** Sciensano for the Belgian HIS; **Adolescents** HBSC French community 2018-2022 HBSC Flemish community 2018-2022 HBSC international report 2021/2022
Periodicity	Every 3-5 years (HIS-EHIS) Every 4 years (HBSC)
Calculation/ technical definitions	**Adults** Percentage (weighted percentage, according to the survey design) of people aged 15 years and older participating in the Health Interview Survey (HIS) reporting that they use at least once a week an e-cigarette. This indicator is based on the answer to the following question. If people reported one of the 2 first answers, they were considered as users of e-cigarette. EC02: Are you currently using e-cigarettes? 1. Yes, every day 2. Yes, once a week or more, but not daily 3. Yes, once a month or more but not each week 4. Yes, less than monthly 5. No, not at all Direct age-standardisation was made using the Belgian population 2018. **Adolescents** The HBSC surveys are filled by students between the 5th grade of primary to the 6th grade of secondary in the classroom. 2 distinct surveys are taking place in the French-speaking school system and in the Dutch-speaking school system. [4-5] Lifetime consumption: during the survey, adolescents aged 11-18 were asked the age at which they had first used e-cigarette. The sex distribution of the age at which students first experimented with tobacco, among those who reported having used e-cigarette in their lifetime, can thus be described. To assess recent e-cigarette consumption, adolescents were asked: " How many days they had smoked e-cigarettes in the last 30 days? Response options were never, 1–2 days, 3–5 days, 6–9 days, 10–19 days, 20–29 days and 30 days (or more). Findings presented here show the proportions reporting recent use (1–2 days or more in the last 30 days). Limitations for adolescents: • The questions from the HBSC survey are self-reported by participants, which may introduce bias in the responses. • Statistical analyses were weighted to improve the representativeness of estimates for the study's target population. In the French Community, individual weighting coefficients were calculated taking into account three elements: - the probability of schools being included in the initial sample ;

	- the variation in response rates according to school characteristics: region or province, educational network, socio-economic index (only in the Brussels-Capital Region) and total number of pupils; - differences observed between students who took part in the survey and those in the reference population in terms of region, school year, gender (only in French-speaking Belgium) and educational orientation (from secondary 3 onwards). In the Flemish Community, the weighting factor was calculated based on the effective composition of the population by year of study, gender and type of education. In the Flemish Community, the data were also weighted. The weighting factor was calculated based on the composition of the population by grade, gender, and type of education of the year of the last survey (2022). However, since the two communities apply weighting based largely on similar characteristics, the results are comparable. [4-5] • The HBSC survey collects data through questionnaires completed by students, drawn from a sample of schools that were randomly selected from the full-time education schools. The data used for the French Community covers students from Wallonia and the Brussels-Capital Region, while the Flemish Community only includes schools from Flanders and not those from the Brussels-Capital Region. [4-5] • For adolescents, prevalence are also presented according to the type of education in which they are enrolled. However, the classification of types of education differs slightly from one community to another. In the French Community, three types of education are distinguished: general education, which also includes transitional technical education; qualifying technical education; and vocational education. In the Flemish Community, three categories are also used: general education, technical education, which also includes artistic education, and vocational education. [4-5]
International comparability	**Adults** Availability: No, pending the new EHIS results. **Adolescents** Availability: Yes, the HBSC is realized across 50 countries and regions. Comparability: The HBSC international standard questionnaire enables the collection of common data across participating countries. These data allow cross-national comparisons.

References

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