Trends in der Nikotinnutzung in Deutschland

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Raucherbein

A randomised, blinded, trial of clopidogrel versus aspirin in patients at risk of ischaemic events (CAPRIE) Lancet 1996; 348: 1329–39

Characteristic	All patients		Stroke subgroup		MI subgroup		PAD subgroup	
	Clopidogrel (n=9599)	Aspirin (n=9586)	Clopidogrel (n=3233)	Aspirin (n=3198)	Clopidogrel (n=3143)	Aspirin (n=3159)	Clopidogrel (n=3223)	Aspirin (n=3229)
Mean (SD) age in years	62·5 (11·1)	62·5 (11·1)	64·5 (11·2)	64·7 (11·0)	58·6 (11·4)	58·3 (11·3)	64·2 (9·6)	64·4 (9·7)
% male	72	72	64	63	81	81	73	72
% white	95	95	91	91	96	98	98	98
Percentage of patients with a history of:								
Ischaemic stroke*	9	9	17	19	2	2	6	6
TIA/RIND	10	10	19	19	3	2	8	8
Diabetes mellitus	20	20	25	26	14	15	21	21
Hypertension	52	51	65	65	39	38	51	51
Hypercholesterolaemia	41	41	37	38	41	42	45	45
Angina (stable)	22	22	14	14	25	25	26	27
Angina (unstable)	9	9	3	3	17	17	6	6
Myocardial infarction*	17	16	13	11	17	17	21	21
Congestive heart failure	6	5	4	4	7	7	6	6
Cardiomegaly	5	4	6	5	4	3	4	4
Atrial fibrillation	4	4	4	4	5	5	4	4
Intermittent claudication*	5	4	8	8	6	5		
Current cigarette smoker	29	30	22	22	28	29	38	38
Ex cigarette smoker	49	49	43	44	51	50	53	52

*Not including the qualifying event; MI=myocardial infarction; PAD=peripheral arterial disease; TIA=transient ischaemic attack; RIND=reversible ischaemic neurological deficit.

Table 4: **Baseline characteristics**

Rivaroxaban with or without Aspirin in Stable Cardiovascular Disease.
NEJM 2017;377:1319-1330.

Table 1. Baseline Characteristics of the Participants.*

Characteristic	Rivaroxaban plus Aspirin (N=9152)	Rivaroxaban Alone (N=9117)	Aspirin Alone (N=9126)
Age — yr	68.3±7.9	68.2±7.9	68.2±8.0
Female sex — no. (%)	2059 (22.5)	1972 (21.6)	1989 (21.8)
Body-mass index†	28.3±4.8	28.3±4.6	28.4±4.7
Blood pressure — mm Hg			
Systolic	136±17	136±18	136±18
Diastolic	77±10	78±10	78±10
Cholesterol — mmol/liter	4.2±1.1	4.2±1.1	4.2±1.1
Tobacco use — no. (%)	1944 (21.2)	1951 (21.4)	1972 (21.6)

Rivaroxaban with or without aspirin in patients with stable peripheral or carotid artery disease: an international, randomised, double-blind, placebo-controlled trial. Lancet 2018; 391: 219–29

	Low-dose rivaroxaban plus aspirin (n=2492)	Rivaroxaban alone (n=2474)	Aspirin alone (n=2504)
Mean age, years	67·9 (8·45)	67·8 (8·49)	67·8 (8·47)
Sex			
Female	718 (29%)	674 (27%)	717 (29%)
Male	1774 (71%)	1800 (73%)	1787 (71%)
Mean body-mass index, kg/m²	28·3 (5·0)	28·4 (4·8)	28·4 (5·0)
Blood pressure			
Mean systolic blood pressure, mm Hg	138·9 (18·5)	138·6 (18·3)	138·6 (18·2)
Mean diastolic blood pressure, mm Hg	77·7 (10·1)	77·5 (10·2)	77·8 (10·3)
Smoking status			
Current	682 (27·4)	685 (27·7)	685 (27·4)
Former	1147 (46)	1154 (46·6)	1143 (45·6)
Never	663 (26·6)	635 (25·7)	676 (27)

Drug-Eluting Resorbable Scaffold versus Angioplasty for Infrapopliteal Artery Disease N Engl J Med 2024;390:9-19.

Table 1. Baseline Characteristics of the Patients.*

Characteristic	Scaffold (N=173)	Angioplasty (N=88)	Total (N=261)
Age — yr	73.3±9.9	71.1±10.4	72.6±10.1
Sex — no. (%)			
Male	117 (68)	61 (69)	178 (68)
Female	56 (32)	27 (31)	83 (32)
Race or ethnic group — no. (%)†			
White	98 (57)	56 (64)	154 (59)
American Indian or Alaska Native	0	1 (1)	1 (<1)
Asian	36 (21)	11 (12)	47 (18)
Black	21 (12)	11 (12)	32 (12)
Native Hawaiian or Pacific Islander	1 (1)	2 (2)	3 (1)
Declined or unable to disclose	18 (10)	7 (8)	25 (10)
Hispanic ethnic group — no. (%)†			
Hispanic or Latinx	31 (18)	12 (14)	43 (16)
Not Hispanic or Latinx	132 (76)	70 (80)	202 (77)
Declined or unable to disclose	10 (6)	6 (7)	16 (6)
Body-mass index‡	27.85±5.47	28.94±5.77	28.21±5.58
Risk factors — no. (%)			
Tobacco use	91 (53)	47 (53)	138 (53)
Hypertension	163 (94)	80 (91)	243 (93)
Hyperlipidemia	140 (81)	72 (82)	212 (81)
Diabetes mellitus	123 (71)	61 (69)	184 (70)

Original communication

Awareness of smoking cessation amongst German vascular surgeons

First national survey

Moritz Bischoff[1,a], Katrin Meisenbacher[1,a], Ulrich Rother[2,3], Livia Cotta[3], Hinrich Böhner[4], Martin Storck[5], and Christian-Alexander Behrendt[3,6,7]

[1] Department of Vascular and Endovascular Surgery, University Medical Centre Heidelberg, Germany

63 % der Gefäßchirurgen sehen die ambulanten Ärzte als Hauptverantwortliche für die Raucherentwöhnung, gefolgt von den Krankenkassen (26 %).

A meta-analysis of randomized controlled trials evaluating the efficacy of smoking cessation interventions in people with peripheral artery disease

(J Vasc Surg 2022;75:721-9.)

Shivshankar Thanigaimani, PhD,[a,b] Aaron Drovandi, PhD,[a,b] *and* Jonathan Golledge, MA, BA, BChir, MChir, FRCS, FRACS,[a,b,c] *Townsville, Queensland, Australia*

Conclusions:

Overall, previously tested smoking cessation interventions have not been effective in achieving smoking cessation in people with PAD. Further research is needed to develop and test interventions that can effectively help current smokers with PAD to quit.

A meta-analysis of the 6 studies including 268 participants who underwent different smoking cessation interventions and 290 control participants.

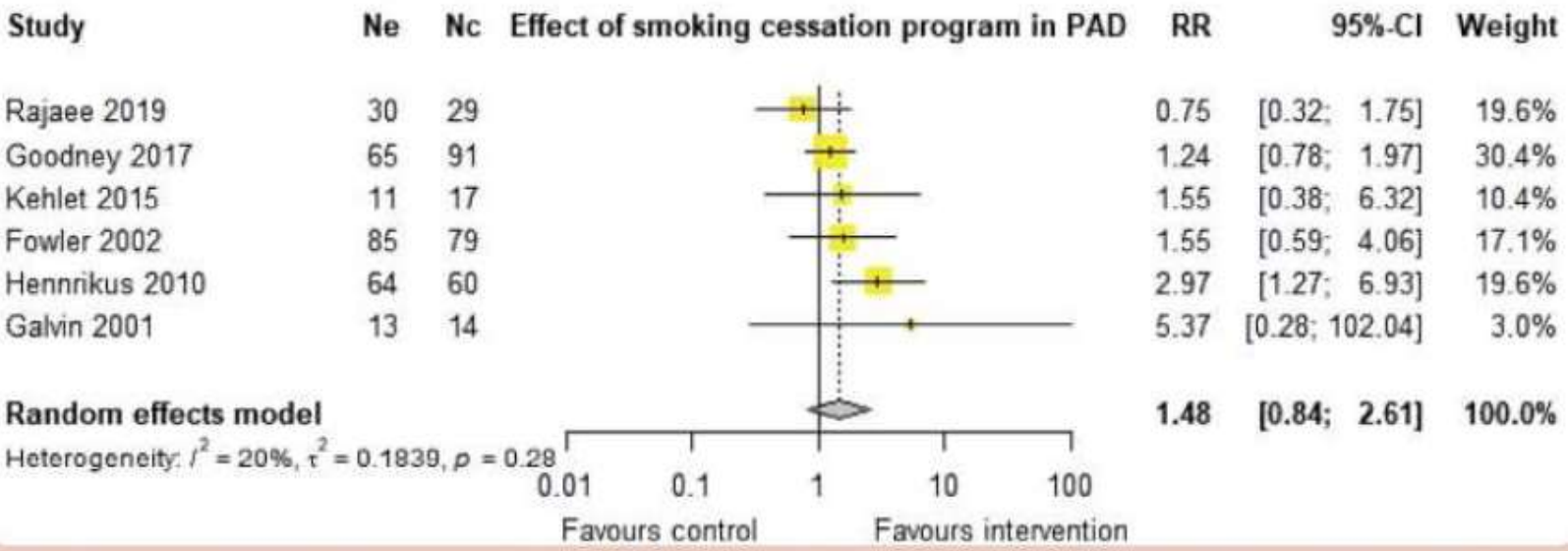


Fig 2. Forest plot suggesting no overall benefit of smoking cessation intervention programs in patients with peripheral artery disease (*PAD*). *CI*, Confidence interval; *RR*, risk ratio.

Großbritannien: E-Zigaretten als meistgewählte und effektive Methode zum Erreichen einer Zigarettenabstinenz

JAMA Network Open

Original Investigation | Public Health

Prevalence of Popular Smoking Cessation Aids in England and Associations With Quit Success

Sarah E. Jackson, PhD; Jamie Brown, PhD; Vera Buss, PhD; Lion Shahab, PhD

Key Points

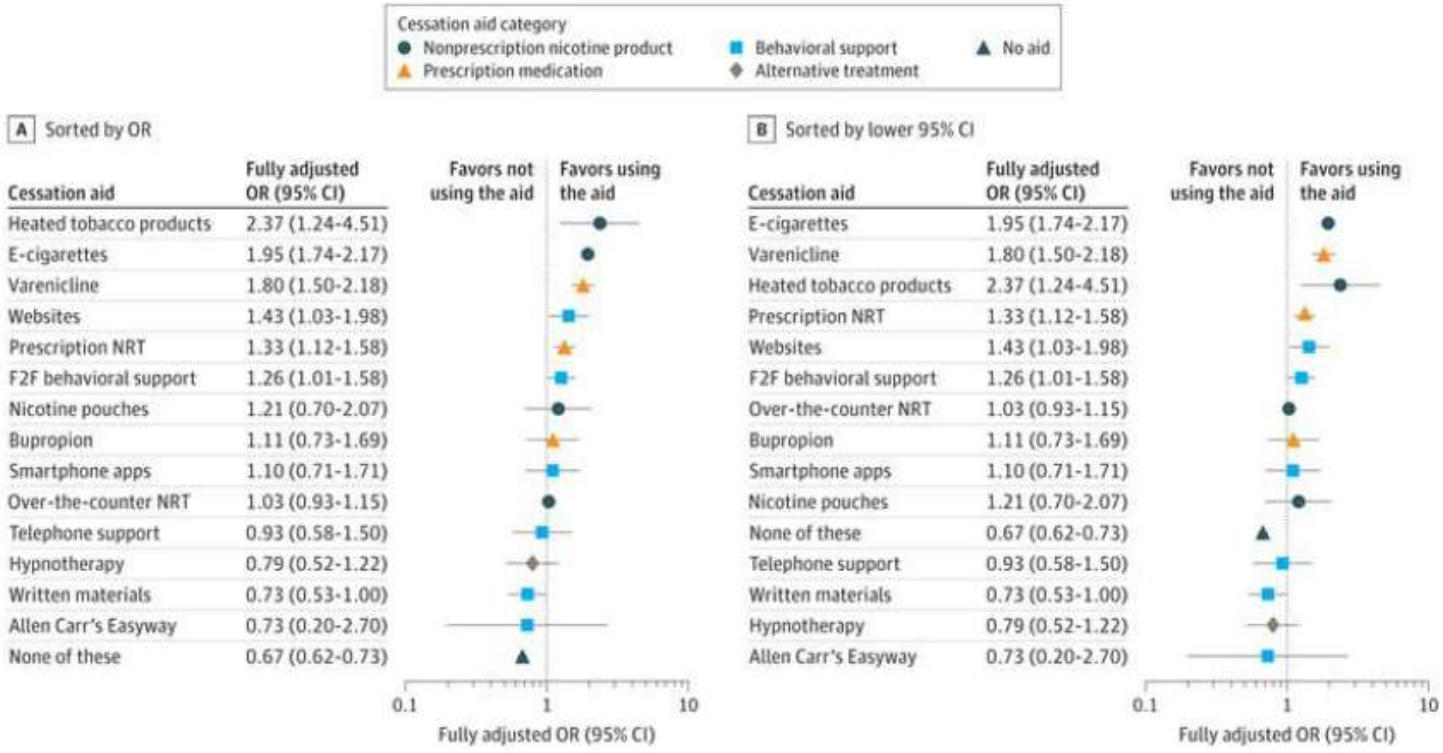
Question What methods are people using to stop smoking in England and to what extent are they associated with quit success?

Findings This survey study including 25 094 smokers aged at least 16 years found that e-cigarettes were both the most commonly used cessation aid (used in 40.2% of quit attempts in 2023-2024) and associated with the highest odds of successful cessation. By contrast, other aids found to be associated with increased odds of success in quitting smoking were used in less than 5% of quit attempts.

Meaning These findings suggest that quit success rates could be improved by encouraging people to use more effective methods.

Jackson SE, Brown J, Kock L, Shahab L. Prevalence and uptake of vaping among people who have quit smoking: a population study in England, 2013-2024. BMC Med. 2024 Nov 21;22(1):503. doi: 10.1186/s12916-024-03723-2. PMID: 39567975; PMCID: PMC11580220
DOI: 10.1001/jamanetworkopen.2024.54962.

Großbritannien: E-Zigaretten als meistgewählte und effektive Methode zum Erreichen einer Zigarettenabstinenz



Jackson SE, Brown J, Kock L, Shahab L. Prevalence and uptake of vaping among people who have quit smoking: a population study in England, 2013-2024. BMC Med. 2024 Nov 21;22(1):503. doi: 10.1186/s12916-024-03723-2. PMID: 39567975; PMCID: PMC11580220 DOI: 10.1001/jamanetworkopen.2024.54962.

Gefässchirurgie 2023 · 28:533–543
https://doi.org/10.1007/s00772-023-01039-8
Angenommen: 21. August 2023
Online publiziert: 16. Oktober 2023

CME

Zertifizierte Fortbildung

Raucherentwöhnung bei Patienten mit peripherer arterieller Verschlusskrankheit

Knut Kröger[1] · Sebastian Scheliga[2] · Mara Derissen[2] · Ute Habel[2] · Hinrich Böhner[3]

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[2] Klinik für Psychiatrie und Psychotherapie, RWTH Aachen, Aachen, Deutschland
[3] Klinik für Viszeral- und Gefäßchirurgie, Kath. St. Paulus Gesellschaft, Kath. Krankenhaus Dortmund-West und St. Rochus Hospital Castrop-Rauxel, Castrop-Rauxel, Deutschland

Deutschland – Studienvergleich

	Methodik	Stichprobe im Jahr 2023	Alter	Gewichtung	Signifikanzniveau
BZgA	Dual-Frame-Telefonbefragung (70 % Festnetz, 30 % Mobiltelefon)	Etwa 3.000 Jugendliche*	12-17 Jahre	Alter Geschlecht Region	$p < 0,05$
DAK	Anonymer online-Fragebogen im Klassenverbund	14.702 Schüler*innen	9-17 Jahre	Alter Geschlecht Schulform	$p < 0,05$
MoSyD	Anonymer online-Fragebogen im Klassenverbund	1.332 Schüler*innen	15-18 Jahre	Altersjahrgang Geschlecht Schulform	Von „nicht signifikant“ bis $p < 0,001$

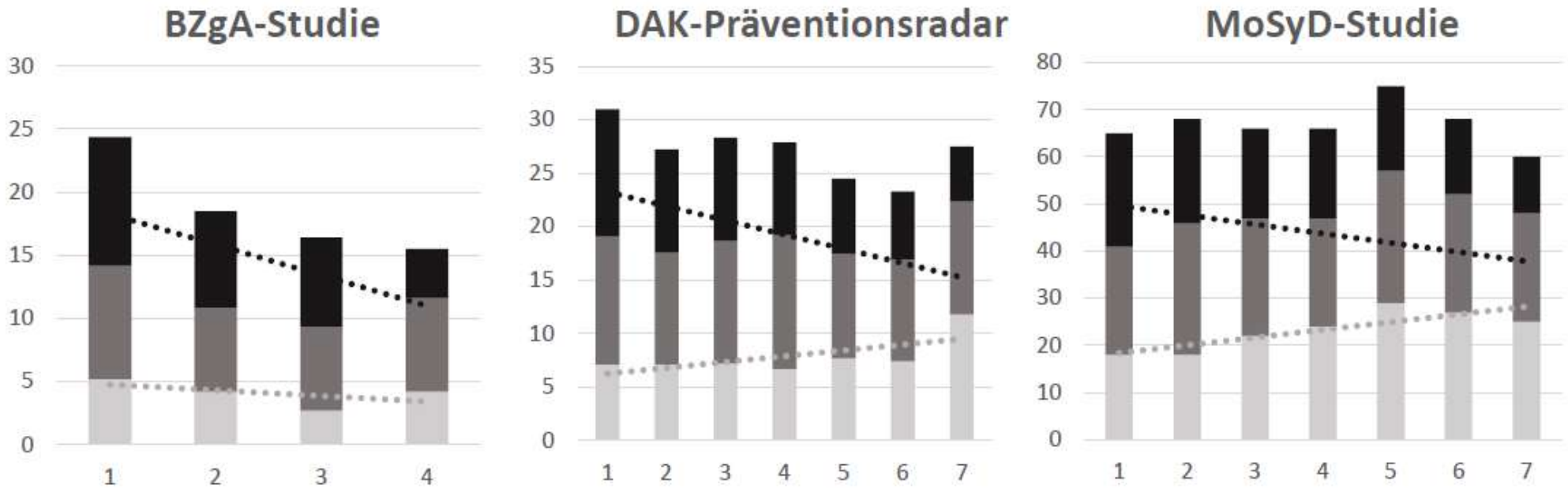
** BZgA-Studie: Die Anzahl der befragten 12- bis 17-jährige Jugendlichen variiert: 2018: n = 2.755; 2019: n = 2.735; 2021: n = 3.107; 2023: Daten liegen nicht vor*

Deutschland – Nutzungsprävalenzen 2017-2023

		Jahr	Zigarette	Shisha	E-Zigarette
BZgA	Lebenszeitprävalenz (%)	2018	20,4	23,8	12,4
		2021	17,1	17,9	13,1
		2023	16,7	k.A.	k.A.
	30-Tage-Prävalenz (%)	2018	9,0	10,2	5,1
		2021	6,6	7,1	2,4
		2023	7,4	3,9	3,9
DAK	Lebenszeitprävalenz (%)	2017	39	40,9	38,6
		2023	30,2	23,7	37,5
	30-Tage-Prävalenz (%)	2017	12	11,9	7,1
		2023	10,6	5,1	11,8
MoSyD	Lebenszeitprävalenz (%)	2017	40	50	49
		2023	23	28	42
	30-Tage-Prävalenz (%)	2017	23	24	23
		2023	23	12	25

Deutschland – Trends in der 30-Tage-Nutzung 2017 - 2023

	Shisha (S)	..... Trendlinie S+TZ
	Tabakzigarette (TZ)	
	E-Zigarette (EZ)	..... Trendlinie EZ



Anteile der 30-Tage- Prävalenz der Nutzung von Shisha (schwarz), Tabakzigarette (grau) und E-Zigarette (hellgrau). Trendlinien der Summe von Tabakzigarette und Shisha (dunkelgrau) und E-Zigarette (hellgrau). Darstellung als Aufsummierung ohne Berücksichtigung von Mehrfachnutzung („Dual Use", „Poly-use").

Joint smoking–vaping prevalence rates among American youth and young adults 2011–2022

- Brief Report | Open access | Published: 24 November 2024

- **Joint smoking–vaping prevalence rates among American youth and young adults 2011–2022**

- Brad Rodu & Nantaporn Plurphanswat

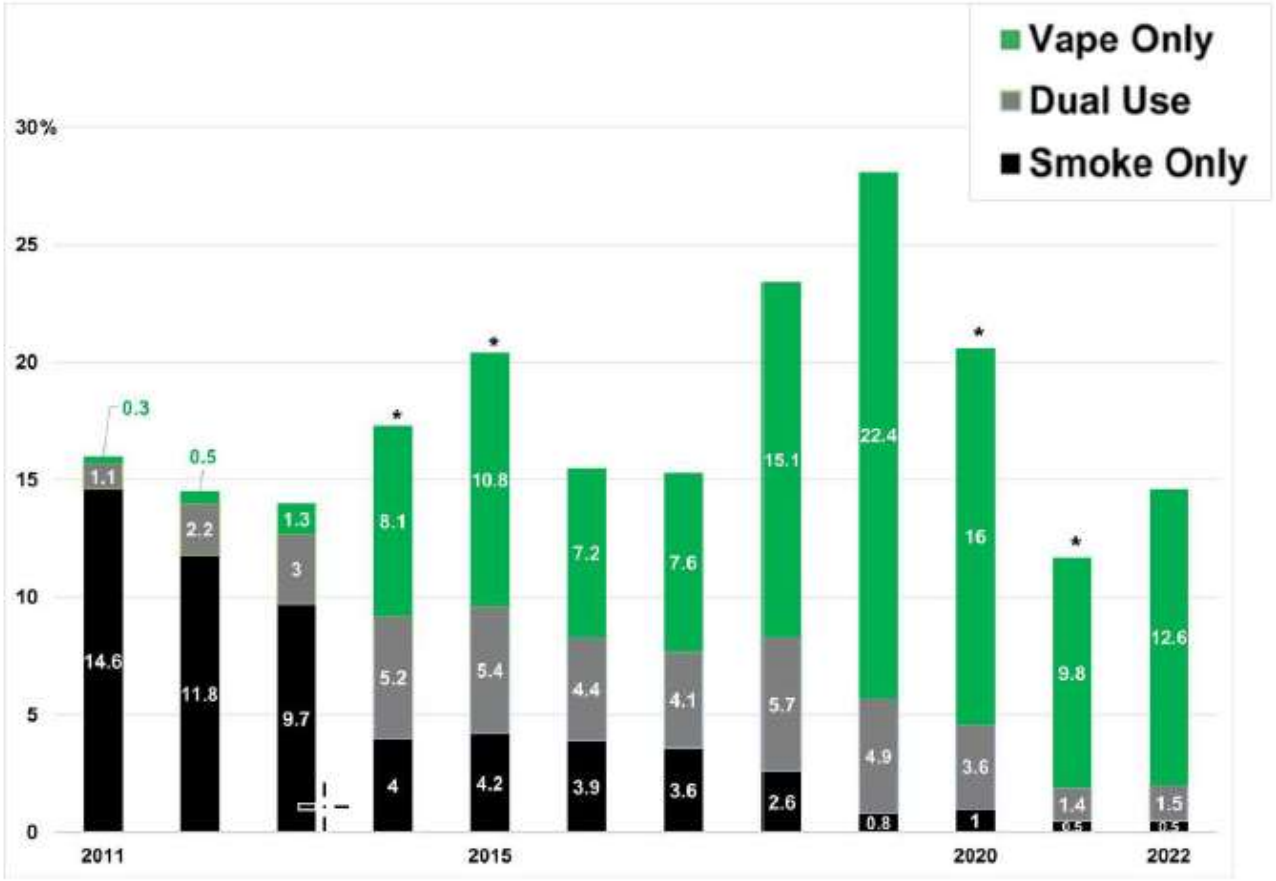
- *Harm Reduction Journal* **volume 21**, Article number: 209 (2024) Cite this article

- **Abstract**
- The Center for Disease Control and Prevention (CDC) annually tracks American youth and adult smoking prevalence using data from the National Youth Tobacco Survey (NYTS) and the National Health Interview Survey (NHIS). The NYTS and the NHIS began collecting information on vaping in 2011 and 2014 respectively. However, since those years the CDC has only reported smoking and vaping rates separately, which presents a long-term and important information gap, given the decade-long debate about whether e-cigarettes help people who smoke reduce or quit, and whether they are a gateway to youth smoking. This short report provides joint smoking and vaping prevalence rates for American high school students from 2011 to 2022 from the NYTS, and rates for American adults 18–44 years old over the same period from the NHIS. The results show that cigarette smoking declined sharply, especially in high schoolers and emerging young adults (18–20 years) while vaping increased substantially. In addition, the prevalence of vaping among people who formerly smoked also increased. The importance of these trends is highlighted by sharp increases in quit ratios among emerging and junior (21–24 years) young adults, who had historically low levels of quitting.

USA - Schüler

Fig. 1: Prevalence of Smoking and Vaping in the **Past 30 Days** Among **American High School students, NYTS 2011–2022**.

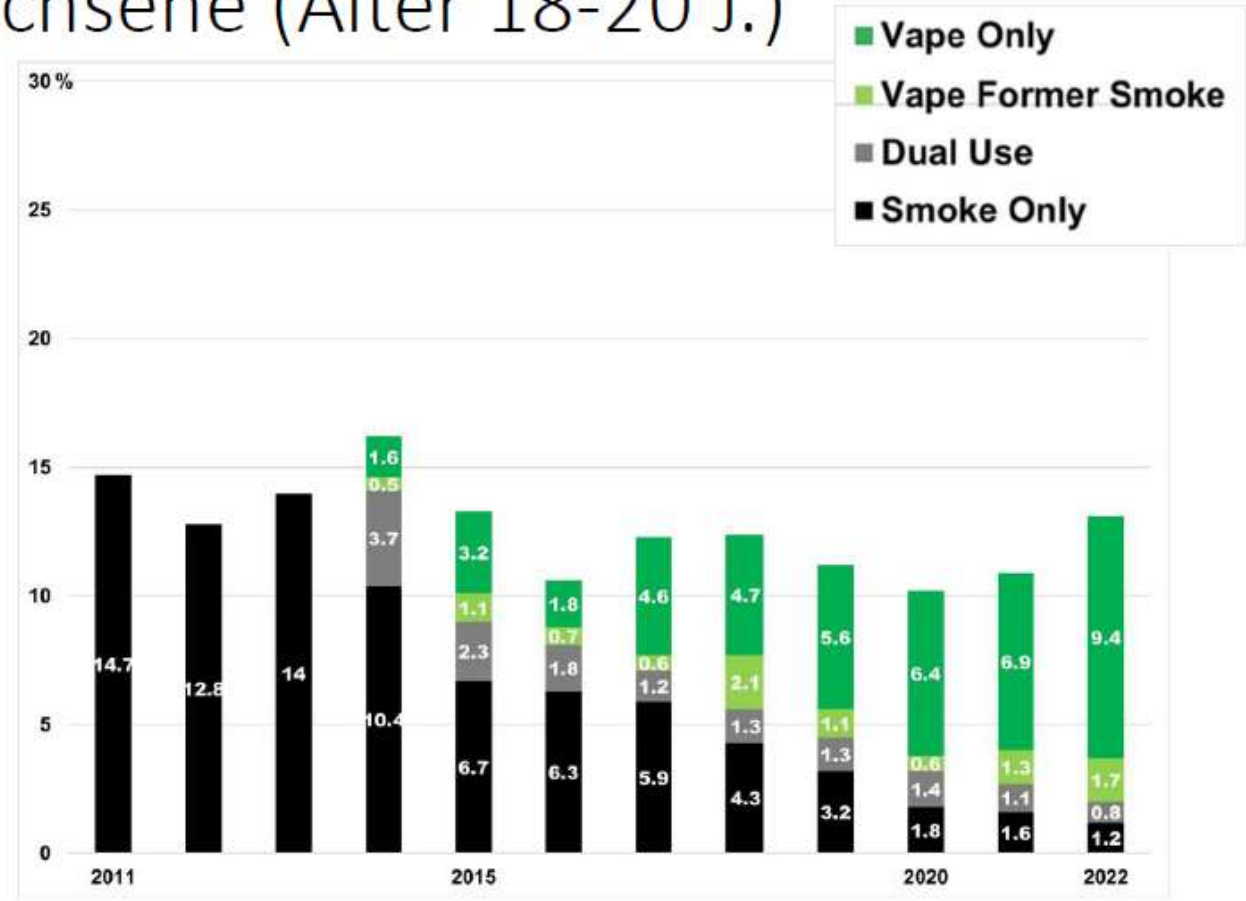
*See notes on survey methodology changes in the discussion



RODU, B., PLURPHANSWAT, N. 2024. Joint smoking–vaping prevalence rates among American youth and young adults 2011–2022. *Harm Reduct J* **21**, 209. https://doi.org/10.1186/s12954-024-01125-4

USA – Junge Erwachsene (Alter 18-20 J.)

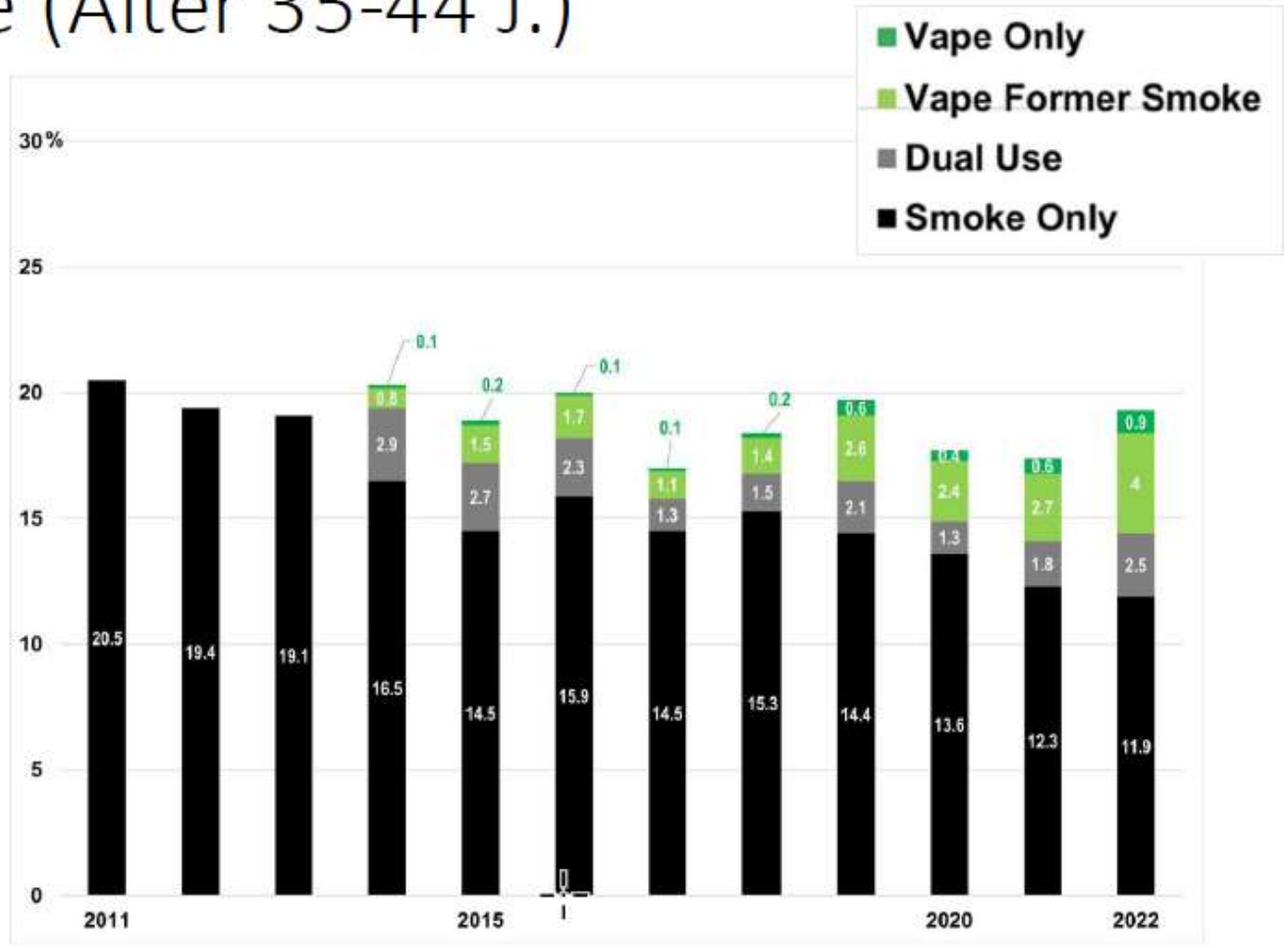
Fig. 2: Prevalence of Smoking and Vaping Among **American Emerging Young Adults (18–20 years)**, NHIS 2011–2022



RODU, B., PLURPHANSWAT, N. 2024. Joint smoking–vaping prevalence rates among American youth and young adults 2011–2022. *Harm Reduct J* **21**, 209. https://doi.org/10.1186/s12954-024-01125-4

USA – Erwachsene (Alter 35-44 J.)

Fig. 5: Prevalence of Smoking and Vaping Among **American Mid-Age Adults (35–44 years)**, NHIS 2011–2022



RODU, B., PLURPHANSWAT, N. 2024. Joint smoking–vaping prevalence rates among American youth and young adults 2011–2022. *Harm Reduct J* 21, 209. https://doi.org/10.1186/s12954-024-01125-4

USA – Historischer Tiefststand beim Rauchen unter Jugendlichen

U.S. FOOD & DRUG ADMINISTRATION

Youth Tobacco Product Use at a 25-Year Low, Yet Disparities Persist

October 17, 2024

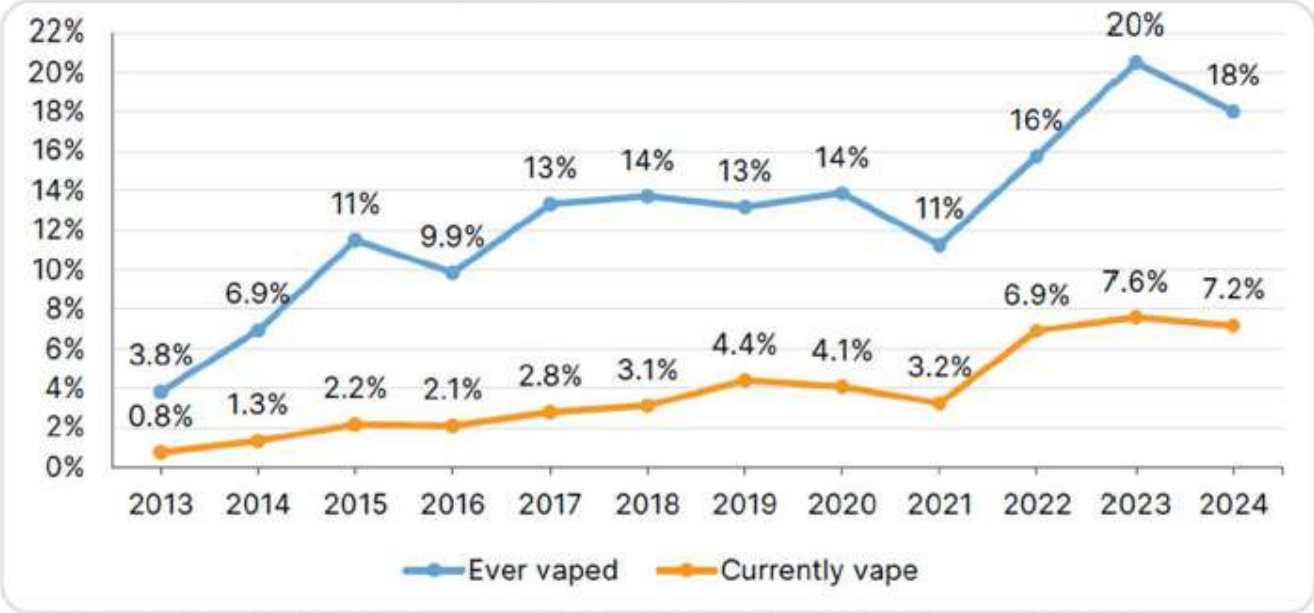
Current tobacco product use among U.S. middle and high school students has dropped to the lowest recorded level in 25 years. This is according to newly released data from the 2024 National Youth Tobacco Survey (NYTS). Within the past year alone, at least half a million fewer students are using tobacco products, contributing to this important progress.

In 2024, 2.25 million middle and high school students reported current use (use on one or more days during the past 30 days) of any tobacco product, compared to 2.80 million in 2023. This decline was largely attributable to the significant drop in the number of students who reported current e-cigarette use (2.13 million youth in 2023 compared to 1.63 million youth in 2024). Within the past year, a significant decline also occurred in current hookah use (290,000 in 2023 compared to 190,000 in 2024). Cigarette smoking reached the lowest level ever recorded by the survey, with only 1.4% of students reporting current use in 2024.

Youth Tobacco Product Use at a 25-Year Low, Yet Disparities Persist | FDA 17. OCT 2024

Großbritannien – E-Zigaretten unter Jugendlichen

Figure 1. Use of e-cigarettes by GB youth (11-17), 2013-2024



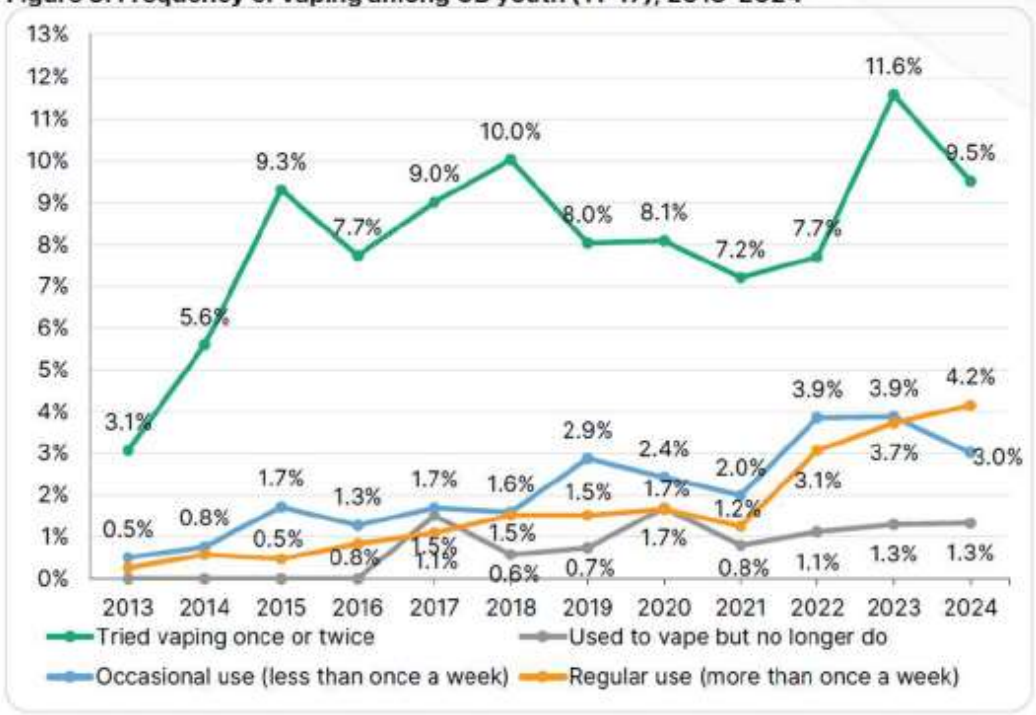
ASH Smokefree GB Youth Surveys, 2013-2024. *Unweighted base: All 11–17-year-olds (2013=1,895, 2014=1,817, 2015=1,834, 2016=1,735, 2017=2,151, 2018=1,807, 2019=1,982, 2020=2,029, 2021=2,109, 2022=2,111, 2023=2,028, 2024=2,574).*

The rates of vaping among 11–17-year-olds appear to have stabilised after a period of increase. The proportion of young people aged 11- 17 who have ever vaped has not significantly changed between 2023 (20%) and 2024 (18%) (Figure 1).

Action on smoking on health (ASH). ASH Fact Sheet - Use of vapes (e-cigarettes) among young people in Great Britain 2024 [cited 2025 10 March]. Available from: https://ash.org.uk/uploads/Use-of-vapes-among-young-people-in-Great-Britain-2024.pdf

Großbritannien – E-Zigaretten unter Jugendlichen

Figure 3. Frequency of vaping among GB youth (11-17), 2013-2024



ASH Smokefree GB Youth Surveys, 2013-2024. *Unweighted base: All 11–17-year-olds (2013=1,895, 2014=1,817, 2015=1,834, 2016=1,735, 2017=2,151, 2018=1,807, 2019=1,982, 2020=2,029, 2021=2,109, 2022=2,111, 2023=2,028, 2024=2,574)*

Those experimenting with vaping (trying once or twice) has not significantly changed between 2023 (11.6%) and 2024 (9.5%) (Figure 3).

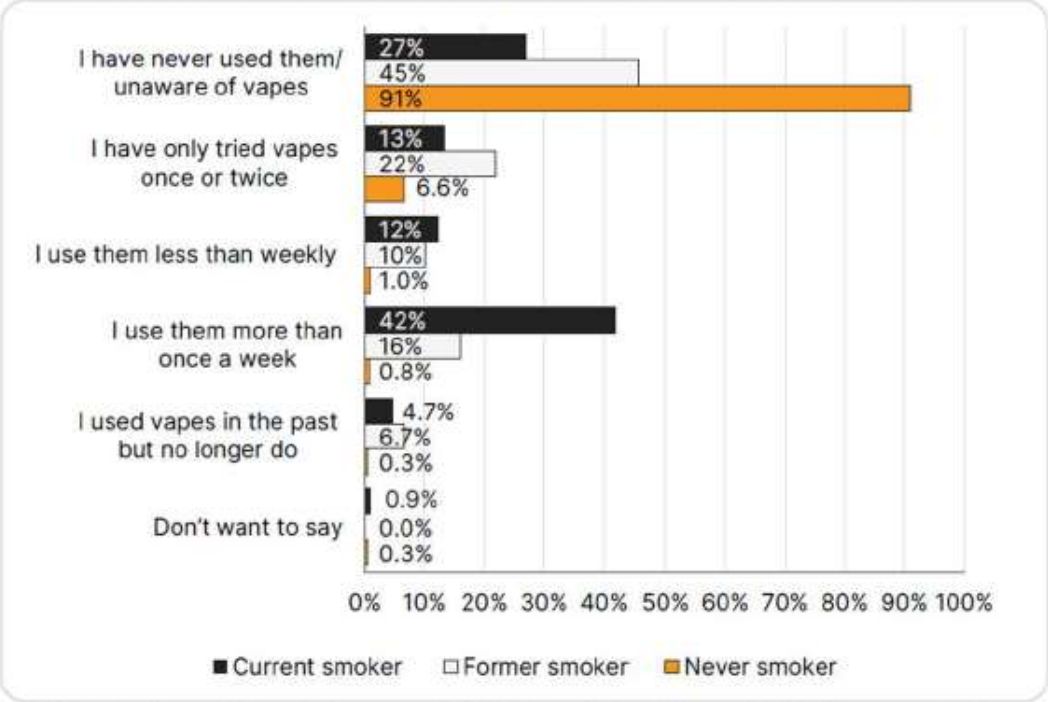
Experimentation (trying once or twice) grew significantly from 7.7% in 2022 to 11.6% in 2023 (Figure 3). This increase has not continued into 2024 (9.5%). Most (76%) of those who have never smoked but have vaped have only tried vaping once or twice.

Current vaping than doubled between 2021 (3.2%) and 2022 (6.9%) and has remained fairly static since (7.2% in 2024). **Regular use** has increased in since 2021 (1.2%), with 4.2% of 11–17-year-olds vaping more than weekly in 2024.

Action on smoking on health (ASH). ASH Fact Sheet - Use of vapes (e-cigarettes) among young people in Great Britain 2024 [cited 2025 10 March]. Available from: https://ash.org.uk/uploads/Use-of-vapes-among-young-people-in-Great-Britain-2024.pdf

Großbritannien – E-Zigaretten unter Jugendlichen

Figure 6. Use of e-cigarettes by smoking status, GB children (11-17), 2024



ASH Smokefree GB Youth Survey, 2024. *Unweighted base: All 11–17-year-olds (never smokers=2,043, former smokers =121, current smokers =138)*

Smoking and vaping

Use of vapes (e-cigarettes) remains much more common among current or former smokers with 90% of never smokers never having vaped, including those saying they are unaware of e-cigarettes. (Figure 6).

In total, 72% of current smokers and 55% of ex-smokers have ever used vapes. The proportion of never smokers who have ever tried vaping is 8.7%. However, never smokers account for four in ten (39%) children who have ever tried vaping, as the vast majority of children (81%) have never smoked a cigarette.

Current use of e-cigarettes among 11–17-year-olds is considerably higher among current smokers (54%) than former smokers (26%) or never smokers (1.8%).

Action on smoking on health (ASH). ASH Fact Sheet - Use of vapes (e-cigarettes) among young people in Great Britain 2024 [cited 2025 10 March]. Available from: https://ash.org.uk/uploads/Use-of-vapes-among-young-people-in-Great-Britain-2024.pdf

Großbritannien – Rauchen unter Jugendlichen

Percentage of regular smokers aged 11-15 by sex: 1982 – 2021, England[3]

Years	1982	1986	1990	1994	1998	2002	2006	2010	2011	2012	2013	2014	2016	2018	2021
Boys	11	7	9	10	9	9	7	4	4	4	3	3	2	2	1
Girls	11	12	11	13	12	11	10	6	5	4	4	4	3	2	1
Total	11	10	10	12	11	10	9	5	5	4	3	3	3	2	1

Percentage of 15-year-old regular smokers: 1982 - 2021, England[3]

Years	1982	1986	1990	1994	1998	2002	2006	2010	2011	2012	2013	2014	2016	2018	2021
Boys	24	18	25	26	19	20	16	10	11	10	8	6	6	5	4
Girls	25	27	25	30	29	26	24	14	11	10	8	9	7	5	3
Total	25	22	25	28	24	23	20	12	11	10	8	8	7	5	3

The proportion of children who have ever smoked continues to decline. In 2021, 12% of 11–15-year-olds (16% in 2018) had smoked at least once, the lowest proportion since the survey began in 1982 when 53% had tried smoking. In the past decade, the proportion of children who had ever smoked has halved from 25% in 2011 to 12% in 2021. The prevalence of regular smoking increases with age, from under 0.1% of 11-year-olds to 3.3% of 15-year-olds.

The decline in smoking has been most marked among older pupils. The proportion of 14-year-olds who smoked regularly fell from 7% in 2011 to 1% in 2021; among 15-year-olds, fell from 11% in 2011 to 3% in 2021.

Action on smoking on health (ASH). ASH Fact Sheet - Young People and Smoking 2024 [cited 2025 10 March]. Available from: https://ash.org.uk/uploads/Youth-Smoking-Fact-Sheet.pdf?v=1741882326

Fazit

1. Es gibt bestimmte Patientengruppen mit einem besonderen Abhängigkeitsproblem. Dazu gehören bei den Gefäßpatienten, die Patienten mit einer PAVK.
2. Ärzte, die sich mit diesen Patientengruppe beschäftigen, sollten in der Raucherentwöhnung besonders geschult sein.
3. Ein schadstoffreduzierter Nikotinkonsum könnte für diese Patienten, die nicht mit dem Rauchen aufhören wollen oder könne, ein wichtiger Weg sein.
4. Die Aussage, dass jeder, der sich für solche Produkte einsetzt, gleichzeitig die Jugend in die Nikotinsucht treibt, ist falsch.