Tobacco smoking prevalence among migrants and non-migrants with Type 2 diabetes: a systematic review

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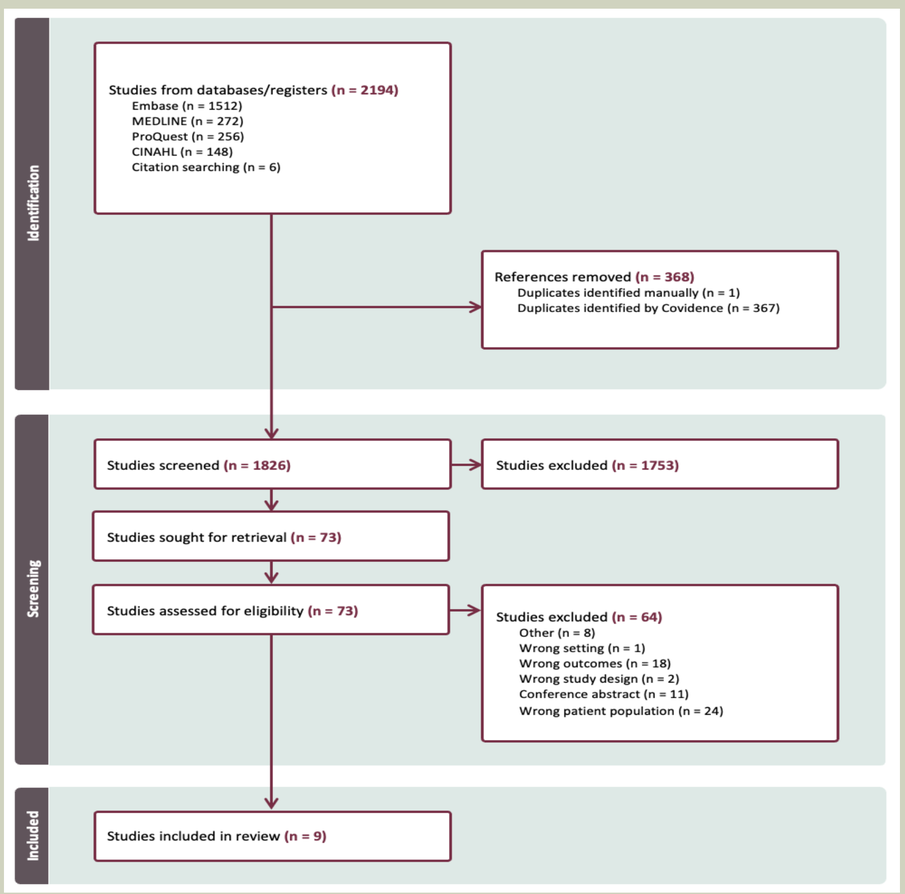
Introduction

Type 2 diabetes (T2D) has emerged as highly prevalent in migrants residing in predominantly English-speaking countries, yet there is little research on tobacco smoking behaviours. This systematic review compares tobacco smoking prevalence among migrants and non-migrants with T2D in five English-speaking countries.

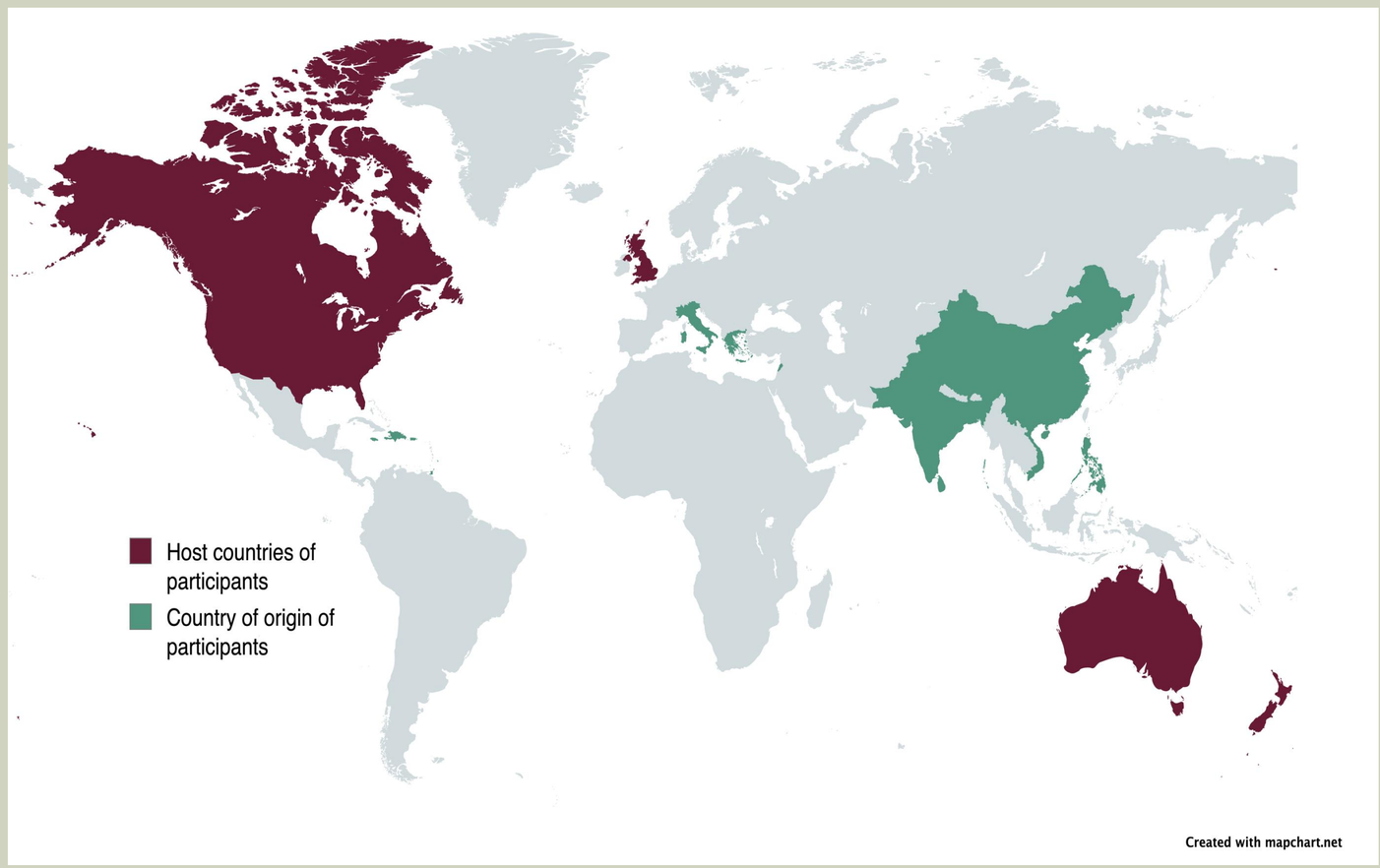
Methods

Five electronic databases were systematically searched for articles published in English from 1 January 2000 to 19 March 2026. Studies were included if they were conducted with adult migrants (aged ≥18 years) with T2D; provided data on tobacco smoking prevalence and employed quantitative or mixed methods conducted in Australia, the USA, the UK, New Zealand and Canada.



Results

The search yielded nine eligible studies with participants (n=34,207) from Australia, Canada, the UK and the USA only. The weighted prevalence of smoking was 16.7% in the migrant and 31.39% in the non-migrant populations. Except for one study, evidence consistently reported a lower smoking prevalence in migrant groups with T2D. Furthermore, a lower prevalence in migrant populations was found in studies involving higher proportions of female migrants. There was no clear link between smoking prevalence and other factors such as age, marital status, income and educational attainment among migrant groups.



Clinical Implications

Although tobacco smoking prevalence was lower among migrants than non-migrants, prevention remains important to sustain these lower rates and prevent future uptake. Smoking cessation support should also be maintained, particularly for subgroups with higher prevalence. Furthermore, potential gender differences in smoking behaviours among migrants with T2D suggest that interventions may need to be tailored for men and women to enhance effectiveness.

Conclusion

To gain a better understanding of tobacco smoking behaviours, further research is needed to consider factors such as changes in prevalence over the years, the country of origin, duration of residence in the host country, and age at arrival.

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