GTSS
Global Tobacco Surveillance System

The GATS Atlas
Global Adult Tobacco Survey
Acknowledgments

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"If you can't measure it, you can't manage it."

The global tobacco epidemic has now assumed pandemic proportions, with about 1.3 billion tobacco users and 6 million annual deaths from tobacco use. The epidemic also involves substantial healthcare, social, and economic costs across high-, middle-, and low-income countries.

In a marked advance over the last few decades, about 90 per cent of countries now collect data on the tobacco epidemic and are increasingly using systematic, comparable data-collection systems – thanks in no small part to the Global Tobacco Surveillance System (GTSS).

Prior to the initiation of the GTSS in 1999, there were no international, standardized surveys on the tobacco epidemic. Countries, in collaboration with the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention, have undertaken surveys to monitor tobacco use and tobacco control measures among youth and adults.

This Atlas highlights the findings from the Global Adult Tobacco Survey (GATS). It reflects the impact of the select demand-reduction strategies of the WHO Framework Convention on Tobacco Control (WHO FCTC), which are badged by WHO as MPOWER:

- **Monitor** tobacco use and prevention policies
- **Protect** people from tobacco smoke
- **Offer** help to quit tobacco use
- **Warn** about the dangers of tobacco
- **Enforce** bans on tobacco advertising, promotion, and sponsorship
- **Raise** taxes on tobacco

In the seven years since the publication of the first GTSS Atlas, enormous strides have been made in adult tobacco surveillance and monitoring. In 2007, GATS was in the planning stages, but by 2014 it has amassed data from 58 per cent of the world’s adult population. Repeat surveys are already indicating trends in adult tobacco-use behavior, and there are plans for the next few years to include new countries and undertake more repeat surveys. The Atlas outlines the many resources available for countries wishing to participate in such surveys. It will be an invaluable resource for governments, policy makers, public health practitioners, scholars, and students interested in tobacco control. Several publications have drawn upon the data, and it has been widely reported in the media. Most importantly, it has been utilized in the GATS countries themselves as a tool for informing and influencing decision makers, the general population, and the local media.

The surveys and the Atlas are successful examples of bringing a wide array of partners together: governments, researchers, donors, and international organizations. Only through this kind of cooperation and commitment can we overcome this epidemic.
The Global Adult Tobacco Survey (GATS) is part of the Global Tobacco Surveillance System (GTSS), the largest global public health surveillance system ever developed and maintained.

It is the ongoing, systematic collection, analysis, and interpretation of data, and is essential to the tracking of the epidemic, and the planning, implementation and evaluation of control measures.

The GATS Atlas paints an important landscape of tobacco use and of select tobacco control measures stipulated by the WHO Framework Convention on Tobacco Control, and branded by WHO under the acronym MPOWER. It includes an introduction to the GTSS, which, over 15 years, has facilitated the development, implementation, and evaluation of tobacco control programs and policies in countries around the world. This publication is an expansion of The GTSS Atlas, published in 2009, which focused on youth data from the Global Youth Tobacco Survey.

The GATS, supported by the Bloomberg Initiative to Reduce Tobacco Use, began in 2007 to systematically monitor adult tobacco use and key tobacco control measures, initially in 14 countries. It has already been expanded to 36 countries. The GATS Atlas covers the 22 countries for which data had been publicly released by the end of 2013. Two countries, Thailand and Turkey, have conducted the survey twice, providing trend data and thus the ability to evaluate progress. The GATS Atlas therefore illustrates the dynamics of tobacco use and tobacco control policies in countries representing 3 billion of the 5 billion adult population worldwide.

The Tobacco Questions for Surveys (TQS), a subset of key questions from GATS, was initiated in 2010 to generate comparable data by integrating a smaller number of standard tobacco questions into other national and subnational surveys. Examples from countries that have successfully integrated these questions, demonstrating a commitment to monitoring progress towards the global voluntary tobacco targets of a 30 per cent relative reduction by 2025, are presented in these pages.

This Atlas combines data and visuals to guide and encourage decision makers and public health practitioners to accelerate tobacco control. It aims to generate inquiry by not only providing a portrait of each country’s progress, but also enabling rigorous global and regional comparisons to be made. The central objective of this atlas is to make data visualization both simpler and more friendly, which we hope we have accomplished.

We thank the contributors, reviewers, and publishers for their tireless support and advice. Our sincere appreciation goes to the GATS Collaborative Group for their commitment and invaluable contributions to the initiative. We would also like to express our gratitude to country collaborators, interviewers, and respondents for being an integral and indispensable part of this initiative. Finally, this would not be possible without the support of Bloomberg Philanthropies and Bill & Melinda Gates Foundation.

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Part One

INTRODUCTION

Preamble

The Parties to this Convention … recognize that the spread of the tobacco epidemic is a global problem with serious consequences for public health that calls for the widest possible international cooperation and the participation of all countries in an effective, appropriate and comprehensive international response.
**SMOKING**

Tobacco smoking is the combustion of the tobacco leaves and inhaling of the smoke.

- Manufactured cigarettes, addictive by design, are the predominant form of tobacco products used globally. They consist of shredded or reconstituted tobacco, processed with chemicals and flavors and rolled into a paper.
  - **Most prevalent:** Worldwide

- Waterpipes, also known as shishas, narghile, hookah, or bubble-bubble, are smoked using an apparatus containing a basin of water, a hose, and a mouthpiece. Flavored tobacco is burned on a charcoal in a smoking bowl. The smoke is filtered through the water basin and inhaled through the hose and mouthpiece.
  - **Most prevalent:** Mediterranean region, North Africa and parts of Asia, now spreading globally

- Cigars are made of air-cured, fermented tobacco wrapped in a tobacco leaf. They are available in many sizes and shapes, from cigarette-sized cigarettes, double coronas, cheroots, stumpen, chatums, and dhanjulis.
  - **Most prevalent:** Worldwide

- Pipes are smoking devices made of briar, slate, or clay. Tobacco flakes are placed in the wider opening of the pipe and burned, with the smoke passed through the stem and inhaled through the narrower opening.
  - **Most prevalent:** Worldwide

- Electronic nicotine delivery systems (ENDS)/electronic non-nicotine delivery systems (ENNDS), of which electronic cigarettes are the most common prototype (also named vape pens, vape pipes, hookah pens, electronic hookahs, etc.), are devices that do not burn or use tobacco leaves but instead vaporize a solution the user then inhales. The main constituent of the solution, in addition to nicotine when nicotine is present, are propylene glycol, with or without glycerol and flavoring agents. ENDS/ENNDS solutions and emissions contain other chemicals, some of them considered to be toxicants.
  - **Most prevalent:** Europe, USA, now spreading globally

**SMOKELESS**

Smokeless tobacco is consumed through the mouth or nose, without combustion or burning.

- Snus is usually made from ground tobacco. After water and salt are added, the “tobacco meal” is heated at high temperatures and high humidity for 24 to 36 hours. The heating is reported to kill the bacteria originally present in the tobacco, which appears to reduce the formation of nitrile and TSNA markedly. In Sweden, smokeless tobacco manufacturers adhere to the Gothiatek standard, which required the removal of TSNA from snus. Flavors are added in the finishing stage of production. Snus is typically taken either as a pinch that is placed in the vestibular area of the upper jaw or in pre-packaged, portion-sized quantities (sachets).
  - **Most prevalent:** Denmark, Finland, Iceland, Norway, South Africa, Sweden

- Dry snuff is finely powdered fire-cured tobacco that is inhaled through the nose or taken by mouth.
  - **Most prevalent:** Brazil, Europe, South and Central Asia, Nigeria, South Africa, USA

- Dissolvables contain tobacco and numerous other agents that dissolve in the mouth and deliver nicotine via mucosal absorption. They are often brand extensions of popular cigarette brands. They are advertised for use in any situation where the user cannot smoke.
  - **Most prevalent:** USA

- Moist snuff is usually made from a mixture of fire-and-air-cured dark tobaccos. The cured tobacco is aged for at least one year before being taken for production. Moist snuff consumed in the American market is made from fine-cut tobacco, and the cutting sizes – fine, coarse or long cut – result in different types of products. After cutting, the tobacco is mixed with water and other ingredients and allowed to ferment in closed vessels at controlled pH and temperature for several weeks. After fermentation, further additives are mixed with the snuff to make it stable and to impart a desired flavor. Moist snuff is used in the USA mainly by placing it between the lower lip and teeth. An alternative is available in the form of sachets (like a tea bag) where moist snuff is packed into porous paper-like material. Other local moist products and varieties are ignik (commonly used in Alaska), khaini, nass or naswar, and sharmahn.
  - **Most prevalent:** South-East Asia, Saudi Arabia, South Africa, USA

**CHERRY**

Chewing tobacco varieties include betel quid, chimo, gutkha, loose-leaf, plug, toombak, twist. These products are placed in the mouth, cheek, or inner lip and chewed or sucked, or, in the case of powders, applied to the gums or teeth. Betel quid consists of tobacco, areca nut, slaked lime, and flavorings wrapped in a betel leaf. Varieties of chewing tobacco also include gundi, hogesoppu, kadapam, kadiipudi, khwam, mishii, patiwala, and zarda.

- **Most prevalent:** America, Africa, South East Asia (Bangladesh, India, Maldives, Myanmar, Nepal, Pakistan, Sri Lanka, Thailand), Western Pacific (Cambodia, Federal States of Micronesia, Lao, Malaysia, Palau, Viet Nam)

**MOIST SNUFF**

Moist snuff is usually made from a mixture of fire-and-air-cured dark tobaccos. The cured tobacco is aged for at least one year before being taken for production. Moist snuff consumed in the American market is made from fine-cut tobacco, and the cutting sizes – fine, coarse or long cut – result in different types of products. After cutting, the tobacco is mixed with water and other ingredients and allowed to ferment in closed vessels at controlled pH and temperature for several weeks. After fermentation, further additives are mixed with the snuff to make it stable and to impart a desired flavor. Moist snuff is used in the USA mainly by placing it between the lower lip and teeth. An alternative is available in the form of sachets (like a tea bag) where moist snuff is packed into porous paper-like material. Other local moist products and varieties are ignik (commonly used in Alaska), khaini, nass or naswar, and sharmahn.

- **Most prevalent:** South-East Asia, Saudi Arabia, South Africa, USA

**WATERPIPE**

Waterpipes, also known as shishas, narghile, hookah, or bubble-bubble, are smoked using an apparatus containing a basin of water, a hose, and a mouthpiece. Flavored tobacco is burned on a charcoal in a smoking bowl. The smoke is filtered through the water basin and inhaled through the hose and mouthpiece.

- **Most prevalent:** Mediterranean region, North Africa and parts of Asia, now spreading globally

**BIDIS**

Bidis are cigarettes consisting of sun-dried tobacco flakes rolled in a tendu or betel leaf, and tied with a string at one end.

- **Most prevalent:** South Asia (Bangladesh, India)

**CIGARS**

Cigars are made of air-cured, fermented tobacco wrapped in a tobacco leaf. They are available in many sizes and shapes, from cigarette-sized cigarettes, double coronas, cheroots, stumpen, chatums, and dhanjulis.

- **Most prevalent:** Worldwide

**DOCCY**

Dissolvables contain tobacco and numerous other agents that dissolve in the mouth and deliver nicotine via mucosal absorption. They are often brand extensions of popular cigarette brands. They are advertised for use in any situation where the user cannot smoke.

- **Most prevalent:** USA

**REPACK**

Repacks are cigarettes made from reconstituted tobacco, processed with chemicals used globally. They consist of shredded or reconstituted tobacco that is inhaled through the nose.

- **Most prevalent:** Worldwide

**Manufactured cigarettes**

Manufactured cigarettes, addictive by design, are the predominant form of tobacco products used globally. They consist of shredded or reconstituted tobacco, processed with chemicals and flavors and rolled into a paper.

- **Most prevalent:** Worldwide

**Waterpipes**

Waterpipes, also known as shishas, narghile, hookah, or bubble-bubble, are smoked using an apparatus containing a basin of water, a hose, and a mouthpiece. Flavored tobacco is burned on a charcoal in a smoking bowl. The smoke is filtered through the water basin and inhaled through the hose and mouthpiece.

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Cigars are made of air-cured, fermented tobacco wrapped in a tobacco leaf. They are available in many sizes and shapes, from cigarette-sized cigarettes, double coronas, cheroots, stumpen, chatums, and dhanjulis.

- **Most prevalent:** Worldwide

**Kretek**

Kretek is a clove-flavored cigarette, originally from Indonesia and available internationally. The clove contains eugenol, an anesthetic to lessen harshness of tobacco. Kretek also contain special flavoring called sauces, which are unique to each brand.

- **Most prevalent:** Indonesia

**Bidis**

Bidis are cigarettes consisting of sun-dried tobacco flakes rolled in a tendu or betel leaf, and tied with a string at one end.

- **Most prevalent:** South Asia (Bangladesh, India)

**Roll-your-own (RYO)**

Roll-your-own (RYO) cigarettes are hand-rolled using loose tobacco and a cigarette paper.

- **Most prevalent:** Asia, Europe, New Zealand

**Snus**

Snus is usually made from ground tobacco. After water and salt are added, the “tobacco meal” is heated at high temperatures and high humidity for 24 to 36 hours. The heating is reported to kill the bacteria originally present in the tobacco, which appears to reduce the formation of nitrile and TSNA markedly. In Sweden, smokeless tobacco manufacturers adhere to the Gothiatek standard, which required the removal of TSNA from snus. Flavors are added in the finishing stage of production. Snus is typically taken either as a pinch that is placed in the vestibular area of the upper jaw or in pre-packaged, portion-sized quantities (sachets).

- **Most prevalent:** Denmark, Finland, Iceland, Norway, South Africa, Sweden

**Dry snuff**

Dry snuff is finely powdered fire-cured tobacco that is inhaled through the nose or taken by mouth.

- **Most prevalent:** Brazil, Europe, South and Central Asia, Nigeria, South Africa, USA

**Moist snuff**

Moist snuff is usually made from a mixture of fire-and-air-cured dark tobaccos. The cured tobacco is aged for at least one year before being taken for production. Moist snuff consumed in the American market is made from fine-cut tobacco, and the cutting sizes – fine, coarse or long cut – result in different types of products. After cutting, the tobacco is mixed with water and other ingredients and allowed to ferment in closed vessels at controlled pH and temperature for several weeks. After fermentation, further additives are mixed with the snuff to make it stable and to impart a desired flavor. Moist snuff is used in the USA mainly by placing it between the lower lip and teeth. An alternative is available in the form of sachets (like a tea bag) where moist snuff is packed into porous paper-like material. Other local moist products and varieties are ignik (commonly used in Alaska), khaini, nass or naswar, and sharmahn.

- **Most prevalent:** South-East Asia, Saudi Arabia, South Africa, USA

**Dissolvables**

Dissolvables contain tobacco and numerous other agents that dissolve in the mouth and deliver nicotine via mucosal absorption. They are often brand extensions of popular cigarette brands. They are advertised for use in any situation where the user cannot smoke.

- **Most prevalent:** USA

**Chewing tobacco**

Chewing tobacco varieties include betel quid, chimo, gutkha, loose-leaf, plug, toombak, twist. These products are placed in the mouth, cheek, or inner lip and chewed or sucked, or, in the case of powders, applied to the gums or teeth. Betel quid consists of tobacco, areca nut, slaked lime, and flavorings wrapped in a betel leaf. Varieties of chewing tobacco also include gundi, hogesoppu, kadapam, kadiipudi, khwam, mishii, patiwala, and zarda.

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The WHO FCTC

As of December 2014, 180 World Health Organization (WHO) member states are parties to the WHO Framework Convention on Tobacco Control (WHO FCTC). The Conference of the Parties (COP) is the governing body of the WHO FCTC and is comprised of all Parties to the Convention. It keeps under regular review the implementation of the Convention, takes the decisions necessary to promote its effective implementation, and may also adopt protocols, annexes and amendments to the Convention. Regular sessions of COP are now held at two-year intervals.

Article 20.2 of the WHO FCTC states:
The Parties shall establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.

The WHO Report on the Global Tobacco Epidemic, 2013 states:
Monitoring tobacco use and tobacco control measures is critical to effectively addressing the epidemic and assessing the effects of global tobacco control. More than a quarter of countries, with 40% of the world’s population, regularly monitor tobacco use among adults and youth using nationally representative surveys, an increase of 14 countries (5% of world population) since 2007.

Main provisions
Research, surveillance and exchange of information
Protection against interference by tobacco industry
Regulation of:
- contents, packaging, and labeling of tobacco products
- prohibition of sales to and by minors
- illicit trade in tobacco products
- smoking at work and in public places

Reduction in consumer demand by:
- price and tax measures
- comprehensive ban on tobacco advertising, promotion and sponsorship
- education, training, raising public awareness and assistance with quitting
- support for economically viable alternative activities
- legislative action to deal with liability

Protection of the environment and the health of persons

The Global Tobacco Surveillance System aims to build country capacity to monitor, develop, implement, and evaluate WHO FCTC and, in particular, select demand-reduction measures badged by WHO under the acronym MPOWER.
In 2008, WHO identified six evidence-based tobacco control measures that are the most effective in reducing tobacco use. Known as MPOWER, they assist in the country-level implementation of effective measures to reduce the demand for tobacco as contained in the WHO FCTC. The six proven measures are:

**Monitor tobacco use and prevention policies**
Obtain nationally representative and population-based periodic data on key indicators of tobacco use for youth and adults

**Protect people from tobacco smoke**
Completely smoke-free environments in all indoor public spaces and workplaces, including restaurants and bars, or at least 90% of the population covered by complete subnational smoke-free legislation

**Offer help to quit tobacco use**
National quit-line, and both nicotine replacement therapy and some cessation services cost-covered

**Warn about the dangers of tobacco**
Large graphic health warnings on all tobacco packaging showing, in rotation, the harmful effects of tobacco use on health

**Enforce bans on tobacco advertising, promotion and sponsorship**
Ban on all forms of tobacco advertising, promotion and sponsorship

**Raise taxes on tobacco products**
Increase the price of tobacco products through higher tax (at least 75% of the retail price), making tobacco products progressively less affordable

**GATS TRACKING MPOWER**
Estimates for adults age 15 and above in 22 countries that have completed GATS 2008–13 (m: million; bn: billion)

- Current tobacco use: 875m
- Exposure to secondhand smoke in public places: 1.2bn
- Made an attempt to quit smoking in the past 12 months: 265m
- Current smokers considering quitting because of health warnings on cigarette packaging: 241m
- Awareness of tobacco advertising, sponsorship or promotion: 774m
- Average Purchasing Power Parity (PPP) cost paid per 20 manufactured cigarettes: International $2.7

**2.8 BILLION PEOPLE IN 54 COUNTRIES ARE COVERED BY EFFECTIVE TOBACCO USE SURVEILLANCE**

MONITORING TOBACCO USE
Highest achieving countries 2012

Monitoring tobacco use and prevention policies, protecting people from tobacco smoke, offering help to quit tobacco use, warning about the dangers of tobacco, enforcing bans on tobacco advertising, promotion and sponsorship, and raising taxes on tobacco products are the six evidence-based tobacco control measures that are the most effective in reducing tobacco use. Known as MPOWER, they assist in the country-level implementation of effective measures to reduce the demand for tobacco as contained in the WHO FCTC. The six proven measures are:

**Monitor tobacco use and prevention policies**
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Ban on all forms of tobacco advertising, promotion and sponsorship

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Increase the price of tobacco products through higher tax (at least 75% of the retail price), making tobacco products progressively less affordable

GATS IS AN IMPORTANT TOOL TO STRENGTHEN MONITORING, AND IS A GOLD STANDARD FOR CONDUCTING HIGH-QUALITY SURVEILLANCE
The Global Tobacco Surveillance System (GTSS) is a global standard to monitor youth and adult tobacco use and key tobacco control policies. GTSS comprises Global Youth Tobacco Survey (GYTS), Global Adult Tobacco Survey (GATS) and Tobacco Questions for Surveys: A Subset of Key Questions from GATS (TQS).

GTSS Plan

Survey Implementation
- questionnaire
- sampling procedures
- survey administration

Conduct Survey

Data Analysis
- data analysis
- report writing

Data Release

GTSS Overview: GYTS and GATS

GTSS comprises Global Youth Tobacco Survey (GYTS) of tobacco use and key tobacco control policies.

The Global Tobacco Surveillance System (GTSS) is a global standard to monitor youth and adult tobacco use and key tobacco control policies. GTSS comprises Global Youth Tobacco Survey (GYTS), Global Adult Tobacco Survey (GATS) and Tobacco Questions for Surveys: A Subset of Key Questions from GATS (TQS).

GYTS

Methodology
Nationally representative school-based survey of students aged 13 to 15 years.

Multistage sample design with schools selected proportional to enrollment size.

Self-administered and anonymous.

Limitations
Self-reported

Samples restricted to students in schools

Questionnaire Topics
- background characteristics
- tobacco use (smoking and smokeless)
- cessation
- secondhand smoke
- media
- knowledge, attitudes, and perceptions
- economics
- school policy (GYTS only)

GATS

Methodology
Nationally representative household survey of persons age 15 years and above.

Multistage, geographically clustered, probability-based sample design for cross-sectional estimates by gender and residence.

Face-to-face electronic data collection.

Limitations
Self-reported

Samples restricted to persons living in non-institutionalized households (military barracks, dormitories excluded).

Repeat survey every 3 – 5 years

Implement programs/policies

Track, evaluate and modify programs

Data to Action
- use of GTSS data to inform evidence-based tobacco control policies and interventions and enhance program capacity

GLOBAL YOUTH TOBACCO SURVEY
as of November 2014

Implemented original GYTS protocol 1999–2011
Also implementing revised GYTS protocol 2012–14

No survey conducted
Not applicable

GLOBAL ADULT TOBACCO SURVEY
as of November 2014

Survey complete
Now implementing
No survey conducted
Not applicable

INTRODUCTION
**GTSS Overview: TQS**

TQS (Tobacco Questions for Surveys) is a list of 22 survey questions, grouped according to the MPOWER measures derived from GATS. They can be included in national, sub-national, and international surveys to promote data comparability within and across countries over time.

The three tobacco-smoking prevalence questions should be included for all surveys that measure tobacco use. Additional questions can then be selected to cover key topics, or all the questions can be incorporated, as appropriate. TQS is available in Arabic, Chinese, English, French, Russian, Spanish, and Portuguese.

The information obtained from the tobacco questions can be used to evaluate and monitor existing tobacco-control policies and programs, as well as to inform development and implementation of new interventions at community, sub-national and national levels.

**AS OF 2014, 47 COUNTRIES HAVE INTEGRATED TQS. THE TARGET IS TO APPLY TQS IN 70 COUNTRIES BY 2016**

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**TQS GLOBAL ALLIANCE AIMS TO PROMOTE THE INTEGRATION OF TQS INTO SURVEYS**

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**TQS GLOBAL ALLIANCE:**

- CDC
- CINDI
- Organization of American States
- SESRIC
- STARS
- UNODC
- USAID
- World Health Organization
- World Bank Group

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**INTEGRATION OF TQS**

- completed
- not integrated
- not applicable
GATS Coverage

22 GATS COUNTRIES
- 3 billion adults represented
- 380,400 household interviews
- 3,200 handheld devices used
- 3,300 fieldworkers trained
- 2,000 fieldwork days

INTRODUCTION

6 GATS COUNTRY SURVEY CONDUCTED
as of November 2014

GLOBAL ADULT TOBACCO SURVEY CONDUCTED
as of November 2014

data released
data not released as of November 2014

year survey completed
number of interviews
response rate
Part Two

Monitor use and policies

Article 20: Research, surveillance and exchange of information

Parties undertake to develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control.

Each Party shall promote and encourage research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke.
Current tobacco use refers to the use of any tobacco product, smoking or smokeless. Overall, current tobacco use prevalence ranges from 43% in Bangladesh to 6% in Panama and Nigeria among GATS countries to date.

Prevalence is much higher among men than women. For men, 12 countries have a prevalence of 40% or above. For women, eight countries have a prevalence lower than 5%. The men-to-women ratio of prevalence of tobacco use was highest in Egypt (38:1) and in Asian countries such as Malaysia (22:1) and China (27:1), and was lowest in Argentina, Brazil, Greece, Poland, and Uruguay (all were less than 2:1).

People who use tobacco daily make up the majority of users in all countries except Mexico.

MEXICO SHOWS THE GREATEST DIFFERENCE BETWEEN MALE CURRENT AND DAILY TOBACCO USERS
There are 879 million current tobacco users, including 721 million men and 158 million women in the 22 countries. Egypt has the highest ratio of men to women tobacco users at 61:1. China has the largest number of tobacco users, with 288 million men and 13 million women, followed by India with 197 million men and 78 million women. Estimates for Turkey are for current tobacco smoking only, as Turkey did not measure smokeless tobacco use.
The prevalence of tobacco use (smoking and smokeless) generally increases into young adulthood or middle age and then declines, mainly due to tobacco users quitting or dying. However, this trend is less obvious in Asian countries, particularly India, Bangladesh, and Thailand, where prevalence is highest among adults age 65 and above.

In most Asian countries a higher proportion of people in the older age groups use tobacco than in the younger age groups.

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10 Smoking: Prevalence

- Most of the tobacco consumed throughout the world is in the form of smoking tobacco, such as manufactured cigarettes, hand-rolled cigarettes, cigars, pipes, waterpipes, kreteks, and bidis. Overall, the prevalence of current tobacco smoking ranges from 39% in Russian Federation to 4% in Nigeria. Among men, 11 GATS countries have a prevalence of 40% or above. For women, 11 countries have a prevalence of more than 5%.

- With the exception of Bangladesh and India, most smokers smoke cigarettes, particularly manufactured cigarettes. Men commonly smoke bidis in India and Bangladesh. The use of the waterpipe is relatively high in Viet Nam, Egypt, Turkey, Russian Federation, and Ukraine.

- Prevalence of smoking is generally much higher for men than women in every GATS country. The male-to-female prevalence ratio for smoking is highest in Egypt (76:1) and lowest in Poland and Uruguay (both less than 2:1). The majority of current smokers are daily smokers in all countries except for Mexico.

PREVALENCE OF SMOKING IS GENERALLY MUCH HIGHER FOR MEN THAN WOMEN IN EVERY GATS COUNTRY

PREVALENCE OF SMOKING

Among adults age 15 and above 2008–13
30.0% or more
20.0% – 29.9%
10.0% – 19.9%
less than 10.0%

CURRENT TOBACCO SMOKING
Among adults age 15 and above 2008–13

SMOKING AMONG MALES AND FEMALES
Age 15 and above 2008–13

Current smoking

Male
Female

Daily smoking

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The overwhelming use of smokeless tobacco globally is in India and Bangladesh. Across 21 countries (Turkey did not measure smokeless tobacco use), there are 248 million smokeless tobacco users, of which 232 million are from India and Bangladesh. In India, the prevalence is 33% among men and 18% among women, compared with 26% (men) and 28% (women) in Bangladesh. Smokeless tobacco use is also noticeable among Egyptian men and Thai women at 4% and 6%, respectively.

### Monitor

#### Smokeless: Prevalence

The overwhelming use of smokeless tobacco by women in low- and middle-income countries is of smokeless tobacco in India and Bangladesh.

**Current smokeless tobacco use among adults age 15 and above, 2008–13**

- 18.0% or more
- 1.0% – 6.5%
- 0.0% – 0.9%

Turkey did not measure smokeless tobacco use.

**Number of smokeless tobacco users among males and females, age 15 and above, 2009**

- India: 135 million
- Bangladesh: 71 million
- Male
- Female

**Smokeless tobacco use among males and females, age 15 and above, 2008–13**

- Male
- Female
Dual use refers to an individual using both smoking and smokeless tobacco products on either a daily or less than daily basis. Dual use is highest among men who use tobacco. It is highest in Bangladesh (22%), India (19%), and Egypt (9%). It is highest among women who use tobacco in Egypt (25%), Nigeria (9%), and Panama (9%).

Turkey did not measure smokeless tobacco use.

57 million adults are users of both smoking and smokeless tobacco products.
AGE OF DAILY SMOKING INITIATION

Age of daily smoking initiation reflects patterns of initiation among young adults. The average age at which people start smoking daily varies between men and women, with women starting at a slightly older age than men. Smokers in Asia and Africa tend to start smoking daily at a later age compared with those in Europe and Latin America.

WOMEN START SMOKING ON A DAILY BASIS AT A SLIGHTLY OLDER AGE THAN MEN IN MOST GATS COUNTRIES EXCEPT IN ARGENTINA, INDIA, AND QATAR

AVERAGE AGE AT WHICH SMOKING STARTS
On a daily basis among ever daily smokers age 20 to 34
2008–13
16.0 – 16.9 years
17.0 – 17.9 years
18.0 – 18.9 years
19.0 – 19.5 years

AVERAGE AGE AT WHICH MALES AND FEMALES START DAILY SMOKING
2008–13

* The data for women are not reported in some countries due to the small sample size.
Giving up smoking, even late in life, can result in significant improvements in health and life expectancy. Lifelong smokers lose, on average, 10 years of life, and quitting by age 40, 50, or 60 results in average gains of 9, 6, and 3 years of life, respectively.

The quit ratio (the percentage of former daily smokers among ever daily smokers) is an important indicator of the impact of tobacco control policies and programs. In seven countries (Bangladesh, China, Egypt, India, Indonesia, Malaysia, and Russian Federation), the quit ratio is less than 20% for men. It exceeds 40% in Brazil and Uruguay for both men and women.

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People who smoke 20 or more cigarettes per day are usually considered heavy smokers. Overall, more than 50% of daily cigarette smokers fall into this category in eight countries. In all countries except for India, there are more heavy smokers among men than women.

The average number of cigarettes smoked per day ranges for men from 6 in India to 21 in Greece. For women, it ranges from 7 in Philippines and India to 17 in Greece.

The data for women are not reported in some countries due to the small sample size.
Part Three

PROTECT FROM SECONDHAND SMOKE

Article 8: Protection from exposure to tobacco smoke

Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.

Each Party shall adopt and implement … measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

1.2 BILLION ARE EXPOSED TO SECONDHAND SMOKE IN PUBLIC PLACES IN 22 GATS COUNTRIES
Exposure to Smoke: Public Places

There is no safe level of secondhand smoke (SHS). In all countries except for Argentina, Egypt, Philippines, and Uruguay, exposure to SHS is highest in restaurants among the four public venues. The lowest exposure is found in healthcare facilities, except in Brazil, China, and Romania.

There is consistent evidence that smoking bans reduce exposure in public places including in restaurants, pubs, and workplaces.

Implementing and enforcing comprehensive smoke-free policies are the most effective strategies for reducing exposure and helping smokers quit. These policies offer the potential to influence social norms regarding smoking.

PREVALENCE OF EXPOSURE
To secondhand smoke in public places in the past 30 days 2008–13

- Government buildings
- Healthcare facilities
- Restaurants
- Public transportation

Exposure to SHS in public places is lowest in Uruguay, the only country prohibiting smoking in all public places at the time of the surveys.
In total, 392 million adults are exposed to secondhand smoke (SHS) in their workplace. In Bangladesh, China, and Egypt, 60% or more of adults who work indoors have been exposed to SHS at their workplace.

Smoking bans have been implemented in various settings to protect employees from the harmful effects of SHS and assure both health and economic benefits. In addition, smoke-free policies help facilitate smoking cessation and assure economic benefit.

### CHINA HAS THE SMOKIEST WORKPLACES WITH A QUARTER OF A BILLION WORKERS EXPOSED TO SECONDHAND SMOKE
1.5 billion people are exposed to secondhand smoke (SHS) at home in the 22 GATS countries. In China, nearly three-quarters of a billion people (717 million) are exposed, almost equalling the combined number in the remaining 21 countries. Implementing smoke-free policies helps facilitate cessation and adoption of voluntary rules for smoke-free homes that especially protect children.

ENCOURAGING VOLUNTARY ADOPTION OF RULES FOR SMOKE-FREE HOMES COULD REDUCE EXPOSURE AND HELP CURRENT SMOKERS QUIT.
Article 14: Demand reduction measures concerning tobacco dependence and cessation
Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.

205 MILLION PEOPLE MADE AN ATTEMPT TO QUIT SMOKING IN THE PAST 12 MONTHS IN 22 GATS COUNTRIES
The time to first tobacco use after waking up is indicative of nicotine dependence. In 12 countries, 50% or more of tobacco users use their first tobacco within 30 minutes of waking. This ranges from 26% (Mexico) to 76% (Greece) among men, and 17% (Malaysia) to 64% (Greece, Nigeria, Romania) among women.

More men than women use tobacco within 30 minutes of waking up in most countries, except in Argentina, China, Egypt, Mexico, Nigeria, Qatar, and Romania.
Self-reported intention to quit smoking predicts future smoking abstinence. In 18 of the 21 GATS countries, the majority of current smokers are interested in quitting. In Argentina, Malaysia, Mexico, and Uruguay, more than 70% of current smokers intend to quit smoking.

Among men, quitting intention ranges from 42% (China, Egypt) to 77% (Uruguay). Among women, quitting intention ranges from 34% (China) to 83% (Malaysia).

*The data for women were not reported in some countries due to the small sample size.

Brazil data not available.
The percentage of those who had attempted to quit smoking in the previous 12 months was measured among current smokers, and former smokers who had quit in the previous 12 months. In only three countries (Mexico, Thailand, Viet Nam), 50% or more of smokers tried to quit smoking during the past 12 months. Among men, the lowest percentages are found in China (14%), Greece (17%), Russian Federation (29%), and Indonesia (30%). Among women, the percentages range from 19% in China to 57% in Mexico.

Of those who attempt to quit, between 2% (Egypt, Ukraine) and 26% (Indonesia) use pharmacotherapy as a cessation aid, and between 2% (Romania, Turkey) and 16% (Qatar) seek counselling/advice.
Healthcare providers (HCP) inquiring about patients’ tobacco use and advising tobacco users to quit can increase cessation rates. Among smokers who have visited a healthcare provider in the past 12 months, the percentage of those who are asked about their smoking status ranges from 35% in Viet Nam to 84% in Greece, and those who are advised to quit smoking ranges from 17% in Mexico to 72% in Greece.
Part Five

Article 11: Packaging and labelling of tobacco products
Each Party shall ... ensure that ... each unit packet and package of tobacco products and any outside packaging and labelling ... carry health warnings describing the harmful effects of tobacco use ...

Article 12: Education, communication, training and public awareness
Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools ...

241 MILLION ARE CONSIDERING QUITTING BECAUSE OF HEALTH WARNINGS ON CIGARETTE PACKAGING IN 22 GATS COUNTRIES
Beliefs about Dangers

The percentage of those who believe that smoking causes heart attack ranges from 39% in China to 95% in Egypt, and for stroke from 27% in Nigeria to 99% in Argentina.

The majority of adults from all 22 countries are aware that smoking causes lung cancer, ranging from 73% in Nigeria to 99% in Argentina.

The majority in all 22 countries also believe that secondhand smoke causes serious illness in non-smokers.

ONLY 14% OF ADULTS IN CHINA BELIEVE THAT LOW-TAR CIGARETTES ARE AS HARMFUL AS GENERAL CIGARETTES

LESS THAN ONE-QUARTER OF ADULTS IN CHINA BELIEVE THAT SMOKING CAUSES STROKE, HEART ATTACK, AND LUNG CANCER

94% OF ADULTS IN RUSSIAN FEDERATION KNOW THAT CIGARETTES CAUSE AN ADDICTION

DANGERS OF SMOKING
Percentage of adults age 15 and above who believe smoking causes specific conditions 2008–13

Smoke Heart attack Lung cancer

DANGERS OF SECONDHAND SMOKE
Percentage of adults age 15 and above who believe secondhand smoke causes serious illness in non-smokers 2008–13

WARN
Impact of Health Warnings

Effective health warnings on tobacco packaging deliver important messages to both users and non-users. They can encourage users to think about quitting, prevent relapse and deter non-users from initiating use by increasing their awareness of the associated health risks.

The percentage of current smokers in the 22 GATS countries who notice health warnings on cigarette packaging and think about quitting as a result ranges from 15% in Greece to 67% in Thailand.

16 GATS COUNTRIES HAVE GRAPHIC HEALTH WARNINGS ON THEIR PACKAGING

16 Graphic health warnings on cigarette packaging are required under the Framework Convention on Tobacco Control, which came into force in 2005.

AUSTRALIA IS THE ONLY COUNTRY THAT HAS ADOPTED STANDARDIZED (PLAIN) PACKAGING

AUSTRALIA

BRAZIL

EGYPT

INDIA

INDONESIA

URUGUAY

Arabic

English

French

Spanish

Urdu

Vietnamese
Anti-tobacco messages in the mass media, either describing the dangers of smoking cigarettes or encouraging people to quit smoking, have proven to reduce smoking prevalence.

In all 22 GATS countries, except Nigeria and Qatar, television is the media venue where the highest percentages of adults notice anti-cigarette messages in the previous 30 days. Viet Nam, Turkey, and Malaysia have the highest percentages for television. Malaysia also has the highest for newspapers/magazines, billboards, and radio.
Part Six

ENFORCE MARKETING BANS

Article 13: Tobacco advertising, promotion and sponsorship

Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products.

Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship ... [or] shall apply restrictions on all tobacco advertising, promotion and sponsorship.
Cigarette Advertising

Exposure to tobacco advertising, promotion and sponsorship (TAPS) is associated with the initiation of tobacco use among young people and continuation of use among current tobacco users. Some or all forms of tobacco advertising are banned in many countries.

Only four countries, Egypt, Thailand, Turkey, and Viet Nam have bans at the point of sale, and in these countries there are also relatively low levels of exposure to cigarette advertising in stores. The four major venues (newspapers/magazines, billboards, television, stores) are presented; additional data were also collected on posters, public transportation, and public walls.

IN FOUR COUNTRIES—ARGENTINA, INDONESIA, PHILIPPINES, AND RUSSIAN FEDERATION—OVER 40% OF PEOPLE NOTICE POINT-OF-SALE CIGARETTE ADVERTISING IN STORES

IMPACT OF ADVERTISING

Percentage of adults age 15 and above noticing cigarette advertising in newspapers/magazines on billboards on television in stores

<table>
<thead>
<tr>
<th>Country</th>
<th>2008–13</th>
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<td>Vietnam</td>
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</table>

Data are not available for all media channels in some countries as they did not ask those questions.
A comprehensive ban on all tobacco advertising, promotion and sponsorship (TAPS) activities significantly reduces exposure to smoking cues. Cigarette promotion and sponsorship by the tobacco companies, through brand extensions, product placements, etc., circumvent government restrictions on TAPS.

**Cigarette Promotion**

**IMPACT OF CIGARETTE PROMOTION**

Percentage of adults age 15 and above noticing cigarette promotion 2008–13

- Branded clothing
- Free cigarette samples
- Sponsorship of sporting events

Data are not available for all media channels in some countries as they did not ask those questions.

**NEARLY ONE-THIRD OF ADULTS IN INDONESIA NOTICE SPONSORSHIP OF SPORTING EVENTS BY CIGARETTE COMPANIES**
Article 6: Price and tax measures to reduce the demand for tobacco

Parties recognize that price and tax measures are an effective and important means of reducing tobacco consumption.

Each Party should ... adopt or maintain ... measures which may include: implementing tax policies and, where appropriate, price policies, on tobacco products so as to contribute to ... reducing tobacco consumption.

RAISE PRICES

PPP $2.7 is the average cost of 20 manufactured cigarettes across 22 GATS countries
Increasing the price of tobacco through tax increases is the single most effective way to decrease tobacco use. Higher prices encourage current users to quit and prevent youth from starting. After adjusting for differences in country-level purchasing powers, the average cost of a pack of 20 manufactured cigarettes is $2.7 among 22 GATS countries.

Cigarette prices are still very low in countries with large populations, such as Bangladesh, Brazil, China, Egypt, Indonesia, Philippines, Russian Federation, and Viet Nam. The majority of the world’s population lives in countries with affordable cigarette prices due to low taxes on cigarettes.
The average monthly expenditure on manufactured cigarettes among current smokers across 22 GATS countries is PPP $50.2. Monthly expenditure on cigarettes constitutes more than 5% of the monthly GDP per capita in 14 out of 22 GATS countries. It is more than 10% in Bangladesh, Nigeria, and Romania.

EXPENDITURE ON CIGARETTES
Average monthly expenditure on manufactured cigarettes 2008–13

The values are given in international or Purchasing Power Parity dollars (PPP $), which reflect the cost of living within each country and enable comparisons to be made between countries.

RAISE PRICES

> SMOKERS IN COUNTRIES WITH A RELATIVELY LOW INCOME SPEND A HIGHER PROPORTION OF THEIR INCOME ON CIGARETTES

PROPORTION OF GDP SPENT ON CIGARETTES
Average monthly expenditure on manufactured cigarettes as percentage of monthly GDP per capita 2008–13

- 10.0% or more
- 5.0% – 9.9%
- less than 5.0%

10.0% or more
5.0% – 9.9%
less than 5.0%
Part Eight

TRACKING PROGRESS

Article 20: Research, surveillance and exchange of information
Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.

Quotes from Country Partners

“GATS assists countries to track tobacco control policies. With this important tool, we can invest our resources where most needed for saving lives.”
Brazil

“We are eagerly looking forward to repeating GATS in 2015.”
China

“GATS is a huge catalyst for guiding tobacco control policies in India. It has provided us with vital data on all aspects of tobacco control.”
India

“We are proud to continue the systematic monitoring of tobacco use by incorporating GATS/TQS questions into our National Health and Morbidity Survey in 2015.”
Malaysia

“The capacity of the Romanian health system to implement such surveys at a national scale was definitely improved after GATS. We are sure to use this experience for other health surveys as well.”
Romania

“GATS is a best-practice project for transferring the body of knowledge from global to local: ‘think globally, act locally’.”
Thailand

“GATS is an integral part of tracking the NCD targets. It is very important for Ukraine that GATS helped the country be a part of a global network; the sum is greater than its parts.”
Ukraine
In Thailand, the Global Adult Tobacco Survey was first conducted in 2009 and repeated in 2011. Both surveys used similar multistage stratified cluster sample designs to produce nationally representative data. Thailand historically has had strong tobacco control laws that were successful in reducing smoking prevalence. Further reduction will only occur with strengthened enforcement of current laws and with introduction of stronger measures.

**NO SIGNIFICANT CHANGES OCCURRED IN OVERALL SMOKING PREVALENCE BETWEEN 2009 AND 2011**

**PREVALENCE OF CURRENT SMOKING**

<table>
<thead>
<tr>
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<tr>
<td>Male</td>
<td>45.6%</td>
<td>46.6%</td>
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<tr>
<td>Female</td>
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<td>17.6%</td>
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</table>

**EDUCATION LEVEL**

Percentage of current manufactured cigarette smokers who purchased new inexpensive cigarette brand 2011

- Less than primary: 14.3%
- Primary: 10.5%
- Secondary: 9.6%
- University: 4.9%

**CURRENT SMOKERS WHO THOUGHT OF QUITTING BECAUSE OF GRAPHIC HEALTH WARNING ON PACKAGING DECREASED FROM 67.0% IN 2009 TO 62.6% IN 2011**

**QUIT ATTEMPTS AMONG SMOKERS**

In the past 12 months

- Male: 60.6% in 2009, 42.6% in 2011
- Male: 67.0% in 2009, 64.8% in 2011

**QUIT ATTEMPTS DECLINED FROM 49.8% IN 2009 TO 36.7% IN 2011**

**CURRENT SMOKERS WITH LESS EDUCATION ARE MORE LIKELY TO PURCHASE INEXPENSIVE CIGARETTE BRANDS INTRODUCED BY THE THAILAND TOBACCO MONOPOLY FOLLOWING A 2009 TOBACCO TAX INCREASE**

**TOP THREE MOST EFFECTIVE GRAPHIC HEALTH WARNINGS**

Influencing current smokers to want to quit and non-smokers to not want to start 2011

- Smoking causes oral cancer
- Smoking causes laryngeal cancer
- Smoking causes lung cancer

**NOTICED CIGARETTE ADVERTISEMENTS**

In stores where cigarettes were sold in the past 30 days among adults

- Male: 6.7% in 2009, 6.7% in 2011
- Male: 18.2% in 2009, 14.5% in 2011
- Male: 24.5% in 2009, 18.5% in 2011
In Turkey, GATS was first conducted in 2008 and repeated in 2012. Both surveys used similar multistage stratified cluster sample designs to produce nationally representative data. Turkey is the first country to attain the highest level of achievement in all six MPOWER measures, and is continuing its commitment to implement strong tobacco control policies in order to further accelerate these encouraging trends.

**Turkey Implemented Graphic Health Warnings in 2010 Leading to an Increase in People Thinking About Quitting**

Thinking of Quitting
Because of noticing health warnings on cigarette packaging

- **2008**
- **2012**

- Overall: 46.3% to 53.0%
- Male: 46.4% to 51.6%
- Female: 46.3% to 57.5%

**Quit Attempts Among Smokers**
In the past 12 months and cessation methods used

- **2008**
- **2012**

- Quit attempts: 44.8% to 46.0%
- Pharmacotherapy: 9.3% to 13.6%
- Counseling/advice: 1.8% to 8.0%

**1.2 Million Fewer People in Turkey Smoked Cigarettes in 2012 Than in 2008**

**Top Three Most Effective Graphic Health Warnings**
Among current smokers

1. Smoking causes fatal lung cancer
2. Smoking when pregnant harms your baby
3. Smokers die younger

**Surveillance and Monitoring of Tobacco Use and Prevention Policies**

- **2008**
- **2012**

- Exposures to second-hand smoke in the past 30 days

- Homes: 36.9% to 38.3%
- Workplace: 15.6% to 16.5%
- Public transport: 10.2% to 11.3%
- Government buildings: 6.5% to 12.9%
- Restaurants: **56.9%**

"In Turkey, GATS was first conducted in 2008 and repeated in 2012. Both surveys used similar multistage stratified cluster sample designs to produce nationally representative data. Turkey is the first country to attain the highest level of achievement in all six MPOWER measures, and is continuing its commitment to implement strong tobacco control policies in order to further accelerate these encouraging trends."

Dr. Mehmet Muezzinoglu, Ministry of Health, Republic of Turkey
INTEGRATION OF TQS as of November 2014

32 Integrating TQS: Sustainable Surveillance

TQS (Tobacco Questions for Surveys) is a list of 22 survey questions grouped according to the MPOWER classification that ensures consistency in reporting results with GATS. It offers flexibility through seamless integration into national and international surveys or as a standalone module. TQS also increases the pool of reliable results and quality estimates. Four countries have implemented GATS and TQS into their national surveys, demonstrating that the results can be used to track trends and improve comparability over time.

COUNTRY SURVEYS INCORPORATING TQS as of November 2014

- ARGENTINA
  - National Risk Factor Survey (NRF)
  - WHO Health Assessment
  - Health Literacy Survey
- ARMENIA
  - WHO Health Assessment
  - Global Adult Tobacco Survey, 2008
- BANGLADESH
  - National Risk Factor Survey (NRF)
  - WHO Health Assessment
  - Global Adult Tobacco Survey, 2008
- BURKINA FASO
  - Global Adult Tobacco Survey, 2010
  - NCD Risk Factor Surveillance, 2011
- CAMEROON
  - Global Adult Tobacco Survey, 2010
  - NCD Risk Factor Surveillance, 2011
- CHINA
  - Global Adult Tobacco Survey, 2009
  - Reproductive Health Survey, 2011
- COOK ISLANDS
  - Global Adult Tobacco Survey, 2010
  - Behavioral Risk Factor Surveillance, 2011
- CROATIA
  - Health Interview Survey
- CZECH REPUBLIC
  - Multiple Indicator Cluster Survey (MICS)
- EL SALVADOR
  - National Population Health Survey
- GHANA
  - Global Adult Tobacco Survey, 2010
  - NCD Risk Factor Surveillance, 2011
- HUNGARY
  - European Health Interview Survey
- KAZAKHSTAN
  - Global Adult Tobacco Survey, 2008
  - Global Adult Tobacco Survey, 2010
  - NCD Risk Factor Surveillance, 2008
- MALDIVES
  - WHO STEPS
- MONGOLIA
  - Multiple Indicator Cluster Survey (MICS)
- MOLDOVA
  - WHO STEPS
- NIGERIA
  - WHO STEPS
- NORTHERN IRELAND
  - WHO STEPS
- NORTHERN CYPRUS
  - WHO STEPS
- OMAN
  - WHO STEPS
- PALESTINIAN TERRITORIES
  - WHO STEPS
- PERU
  - WHO STEPS
- PHILIPPINES
  - WHO STEPS
- RUSSIAN FEDERATION
  - Global Adult Tobacco Survey, 2009
  - Reproductive Health Survey, 2011
- SOUTH AFRICA
  - Global Adult Tobacco Survey, 2008
  - Global Adult Tobacco Survey, 2010
  - NCD Risk Factor Surveillance, 2008
- TURKEY
  - Global Adult Tobacco Survey, 2009
  - Reproductive Health Survey, 2011
- UZBEKISTAN
  - Global Adult Tobacco Survey, 2009
  - Reproductive Health Survey, 2011

TQS IS A COST-EFFECTIVE AND SUSTAINABLE OPTION TO MONITOR THE TOBACCO EPIDEMIC

Turkey: Prevalence of tobacco smoking among adults age 15 and above
- Global Adult Tobacco Survey, 2008
- National Health Survey, 2010

Russian Federation: Prevalence of tobacco smoking among adults age 18 and above
- Global Adult Tobacco Survey, 2009
- Reproductive Health Survey, 2011

Bangladesh: Prevalence of tobacco use among adults age 25 and above
- Global Adult Tobacco Survey, 2009
- NCD Risk Factor Survey, 2010
The four main non-communicable diseases (NCDs) – cancers, diabetes, and cardiovascular and chronic lung diseases – kill three out of every five people.

Tobacco use is the single risk factor shared by the four major NCDs.

In November 2012, WHO Member States agreed on a global monitoring framework which includes a set of voluntary global targets that will achieve the global NCD mortality reduction goal. A key target is to achieve a 30% relative reduction in current tobacco use among people of age 15 and above by 2025.

The projections for 2025 are illustrated for four selected countries (Brazil, China, India, and Russian Federation) based on the GATS 2008–10 data and United Nations (UN) population estimates.

TARGET: A 30% RELATIVE REDUCTION IN TOBACCO USE PREVALENCE BY 2025

Number of current tobacco users
Number of non-tobacco users
Number of averted tobacco users if target met

30% target reduction in tobacco-use prevalence
Baseline data (2008–10) reported from GATS.
2025 country population data from UN projections.

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Number of non-tobacco users
Number of averted tobacco users if target met

30% target reduction in tobacco-use prevalence
Baseline data (2008–10) reported from GATS.
2025 country population data from UN projections.
Article 20: Research, surveillance and exchange of information

Each Party shall ... promote and strengthen ... training and support for all those engaged in tobacco control activities, including research, implementation and evaluation.

Part Nine
REGIONAL HIGHLIGHTS

Quotes from Country Partners

"GATS was a breakthrough in providing the first nationally representative tobacco figures, which supported the planning of evidence-based national tobacco control strategies."

Egypt

"The GATS process allowed access to internationally renowned experts in survey design and public health policy – a unique capacity building experience."

Greece

"GATS enriched our national data on tobacco to enable us to update tobacco control policies."

Indonesia

"GATS allows comparisons between countries, and strengthens technical cooperation on tobacco control."

Panama

"GATS provided a baseline to help refine and accelerate our tobacco control strategies."

Qatar

"GATS provided a clear picture of the country status and the impact of tobacco control policies in different population groups. Only by knowing our needs can we plan an effective response."

Uruguay

"Strong partnerships were central to the successful implementation of GATS in our country, and the data obtained have been instrumental in the development of our national tobacco control policy."

Viet Nam
WHO African Region

country implementing GATS: not applicable
country has completed GATS: not applicable

WHO Eastern Mediterranean Region

NIGERIA

2012

6% of adults use tobacco – the lowest prevalence among all 22 GATS countries

29% of adults are exposed to secondhand smoke in restaurants

17% of adults are exposed to secondhand smoke in enclosed workplaces

SURVEY INTERVIEW IN PROGRESS IN NIGERIA.

CIGARETTES ARE CHEAP RELATIVE TO BASIC NECESSITIES

PREVENTION POLICIES ARE CRITICAL TO KEEP PREVALENCE LOW

NIGERIA HAS THE LOWEST PREVALENCE OF TOBACCO USE AMONG ALL 22 GATS COUNTRIES: 6% OVERALL

Survey interview in progress in Nigeria.

EGYPT

2009

19% of adults currently smoke tobacco

3% of adults are shisha smokers

A typical smoker in Egypt spends more than 9% of monthly GDP per capita on cigarettes

CIGARETTES CHEAPEST IN REGION EVEN THOUGH CIGARETTE TAXES INCREASED SIGNIFICANTLY IN 2010 TO COMPRISE ABOUT 65% OF RETAIL SALE PRICE

Survey interview in progress in Egypt. For cultural reasons, only female interviewers conducted surveys with female respondents.

REGIONAL HIGHLIGHTS

98 99

NIGERIA HAS THE LOWEST PREVALENCE OF TOBACCO USE AMONG ALL 22 GATS COUNTRIES: 6% OVERALL

98% The 98% response rate to the survey was the highest among 22 GATS countries

98% Of those who attempt to quit smoking, the highest percentage seek counseling/advice from healthcare professionals

BAN ON ELECTRONIC CIGARETTES IN PHARMACIES AS OF 2012

Survey interview in progress in Qatar.
### Regional Highlights: Americas

#### MEXICO
- **2009**
- Only GATS country where fewer than half of male current tobacco users are daily users.
- **Lowest** percentage of current users who use tobacco within 30 minutes of waking.
- **81%** of adults are exposed to secondhand smoke in bars and night clubs.
- **MEXICO CITY ADOPTED SMOKE-FREE LEGISLATION IN 2008, PROHIBITING SMOKING IN ALL ENCLOSED PUBLIC PLACES AND WORKPLACES INCLUDING BARS AND RESTAURANTS**
- **SINCE GATS, THERE HAVE BEEN CONSECUTIVE TOBACCO TAX RAISES IN 2010 AND 2011**
- **100%** of adults believe smoking causes lung cancer.
- **99%** of adults support national laws prohibiting smoking in all enclosed workplaces.

#### PANAMA
- **Self-funded GATS, 2013**
- **Lowest** percentage of male smokers among 22 GATS countries.
- **64%** More than half of current smokers are thinking about quitting.
- **CURRENT COMPREHENSIVE LAW REQUIRES: SMOKE-FREE PUBLIC PLACES, BAN ON TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP, AND GRAPHIC HEALTH WARNINGS ON CIGARETTE PACKAGING**

#### BRAZIL
- **Co-funded GATS, 2008**
- Effective graphic health warnings on cigarette packaging, with 65% of current smokers thinking about quitting as a result of seeing them.
- **60%** Lowest male quit ratio.
- **24%** Cigarette price increased 74% from 2006 to 2013, following a 116% increase in excise tax per pack.
- **FIRST COUNTRY TO BAN THE TERMS “LIGHT” AND “MILD” FROM CIGARETTE PACKAGING**
- **GATS was integrated** into the national health survey.

#### URUGUAY
- **2009**
- Graphic health warnings cover 80% of front and back of cigarette packaging.
- **Lowest** percentage of adults exposed to secondhand smoke in all public places among 22 GATS countries.
- **76%** Highest percentage of smokers intending to quit smoking.
- **THE 2005 TOBACCO CONTROL LAW BANS SMOKING IN ALL PUBLIC PLACES, AND ALL FORMS OF TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP EXCEPT POINT-OF-SALE ADVERTISING AND DISPLAY OF THE PRODUCT**

#### ARGENTINA
- **2012**
- **99%** of adults believe smoking causes lung cancer.
- **47%** of non-smokers are exposed to secondhand smoke in indoor places.
- **92%** of adults support national laws prohibiting smoking in all enclosed workplaces.
- **THE 2011 NATIONAL TOBACCO CONTROL LAW REQUIRES GRAPHIC HEALTH WARNINGS AND A COMPREHENSIVE BAN ON TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP**

Not yet a party to the WHO FCTC.
KAZAKHSTAN
61% of adult men use tobacco, the second highest among 22 GATS countries.
59% of adults are exposed to tobacco advertising, promotion, and sponsorship.

Between 2008 and 2010, tobacco tax increased more than five fold.

GATS data were used to support the passage of a comprehensive tobacco control law in 2013, banning point-of-sale advertising and selling cigarettes in kiosks.

Women smokers smoke an average of 17 cigarettes per day – highest among 22 GATS countries.

Highest percentage of smokers being asked about smoking status (84%) and advised to quit (72%) by a healthcare professional.

Highest female smoking prevalence (26%).

Lowest percentage of smokers thinking about quitting because of health warnings on cigarette packaging.

84% of non-smokers support laws prohibiting smoking in restaurants.

61% of adult men use tobacco, the second highest among 22 GATS countries.

51% of non-smokers who visit restaurants, coffee shops, and bistros are exposed to secondhand smoke.

NEW LAW MANDATED HEALTH WARNINGS ON PACKAGING OF ALL SMOKING TOBACCO PRODUCTS SINCE GATS.

RUSSIAN FEDERATION
61% of adult men use tobacco, the second highest among 22 GATS countries.
59% of adults are exposed to tobacco advertising, promotion, and sponsorship.
73% of current smokers support comprehensive laws on tobacco advertising, promotion, and sponsorship.

GATS data were used to support the passage of a comprehensive tobacco control law in 2013, banning point-of-sale advertising and selling cigarettes in kiosks.

First country in the world to achieve the highest level of achievement in MPOWER measures.

Repeated the GATS survey in 2012.

The prevalence of manufactured cigarette smoking declined by 15% from 2008 to 2012, following a 42% increase in cigarette prices after a tax raise in 2010.

SINCE 2008, LAWS HAVE BEEN PASSED TO PROHIBIT SMOKING IN PUBLIC PLACES, FURTHER RESTRICT TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP AND MANDATE GRAPHIC HEALTH WARNINGS ON PACKAGING OF TOBACCO PRODUCTS.
CURRENT TOBACCO USERS
Percentage of people age 15 and above
in each state
2009–10

<table>
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<tr>
<th>State</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>ANDAMAN AND NICOBAR ISLANDS</td>
<td>15.0% – 29.9%</td>
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<tr>
<td>ANDHRA PRADESH</td>
<td>30.0% – 44.9%</td>
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<td>MADHYA PRADESH</td>
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<tr>
<td>THAILAND</td>
<td>30% of men smoke manufactured cigarettes and 27% smoke hand-rolled cigarettes</td>
</tr>
<tr>
<td>2009, Co-funded GATS repeat survey, 2011</td>
<td></td>
</tr>
</tbody>
</table>

A law to increase the size of the health warning on the front of packaging from 50% of area to 85% was passed in 2014

Has a comprehensive tobacco control law in place

Tobacco taxes fund the tobacco control programs

Repeated the GATS survey in 2011

37 Regional Highlights: South-East Asia

REGIONAL HIGHLIGHTS

Co-funded GATS

Highest number of smokeless tobacco users (266 million) among 22 GATS countries

Enforcement of the national comprehensive tobacco control law needs further strengthening

National, regional, and state-specific estimates are available

THAILAND
2009, Co-funded GATS repeat survey, 2011

30% of men smoke manufactured cigarettes and 27% smoke hand-rolled cigarettes

A law to increase the size of the health warning on the front of packaging from 50% of area to 85% was passed in 2014

Has a comprehensive tobacco control law in place

Tobacco taxes fund the tobacco control programs

Repeated the GATS survey in 2011

INDONESIA
2011

87% Highest male smoking prevalence among 22 GATS countries

78% Highest percentage of adults exposed to secondhand smoke at home

Highest percentage of adults noticing cigarette company sponsorship of sporting events and cigarette advertisements on TV, billboards and in stores

Since GATS, the 2012 legislation has restricted outdoor tobacco advertising and sponsorship

Not yet a party to the WHO FCTC

REGIONAL HIGHLIGHTS

INDIA
2010

Co-funded GATS

Highest number of smokeless tobacco users (266 million) among 22 GATS countries

Enforcement of the national comprehensive tobacco control law needs further strengthening

National, regional, and state-specific estimates are available

BANGLADESH
2009

43% Highest tobacco use prevalence among 22 GATS countries

27% Highest percentage of women using tobacco predominantly smokeless

29% Highest percentage of women using tobacco (29%) — predominantly smokeless

21% of men are bidi smokers

Survey interview in progress in Bangladesh.

Survey interview in progress in India.

Survey interview in progress in Indonesia.

> FROM JUNE 2014, GRAPHIC HEALTH WARNINGS ARE REQUIRED TO COVER 40% OF CIGARETTE PACKAGING

> FROM JUNE 2014, GRAPHIC HEALTH WARNINGS ARE REQUIRED TO COVER 40% OF CIGARETTE PACKAGING

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21% of men are bidi smokers

Survey interview in progress in India.

Survey interview in progress in India.

Survey interview in progress in India.
Regional Highlights: Western Pacific

**China**
- Largest number of tobacco users in the world (301 million)
- Largest number of adults exposed to secondhand smoke at work (246 million) and home (717 million)
- Lowest percentage among 22 GATS countries of adults aware of the harms of secondhand smoke

**Philippines**
- Highest percentage of men who smoke waterpipe among 22 GATS countries
- 85% of adults are exposed to secondhand smoke in restaurants
- 85% of adults noticing anti-cigarette information on TV
- 55% of smokers who attempted to quit
- Comprehensive ban on tobacco advertising, promotion and sponsorship

**Malaysia**
- Highest percentage of adults noticing anti-cigarette information on the radio, billboards and in newspapers/magazines
- Lowest percentage of female tobacco users who use tobacco within 30 minutes of waking up
- Highest quit intention among women

**Regional Highlights**
- Survey interview in progress in China.
- The 2012 Sin Tax Reform Act significantly increased tobacco taxes
- Comprehensive Tobacco Control Law bans all forms of direct and indirect tobacco advertising and mandates graphic health warnings to cover 50% of cigarette packaging

**Regional Details**
- CHINA
  - 2010
  - Largest number of tobacco users in the world (301 million)
  - Largest number of adults exposed to secondhand smoke at work (246 million) and home (717 million)
  - Lowest percentage among 22 GATS countries of adults aware of the harms of secondhand smoke

- VIET NAM
  - 2010
  - Highest percentage of men who smoke waterpipe among 22 GATS countries
  - 85% of adults are exposed to secondhand smoke in restaurants
  - 85% of adults noticing anti-cigarette information on TV
  - 55% of smokers who attempted to quit

- Malasyia
  - 2011
  - Highest percentages among 22 GATS countries of adults noticing anti-cigarette information on the radio, billboards and in newspapers/magazines
  - Lowest percentage of female tobacco users who use tobacco within 30 minutes of waking up
  - Highest quit intention among women
  - Comprehensive ban on tobacco advertising, promotion and sponsorship
Part Ten

DISSEMINATION

Article 20: Research, surveillance and exchange of information

Parties shall ... cooperate with the World Health Organization in the development of general guidelines or procedures for defining the collection, analysis and dissemination of tobacco-related surveillance data.

Quotes from Country Partners

“GATS assists countries to not only monitor, but accurately monitor, tobacco control policies”

Argentina

“GATS has been a useful instrument in furthering the activities on Tobacco Control”

Bangladesh

“GATS data were instrumental to the national tobacco control policy”

Mexico

“Nigeria aims to use the findings to strengthen our national tobacco control plan and for the eventual elimination of tobacco as a public health risk factor”

Nigeria

“Without GATS data we were shooting in the dark. We can now invest our resources where most needed for saving lives”

Philippines

“The information from GATS continues to increase the effectiveness of health policies and to reduce the smoking epidemic, thereby promoting the health of Poles”

Poland

“GATS findings were instrumental in justifying the adoption of a new strong law on tobacco control, protecting people from exposure to tobacco smoke and the consequences of tobacco consumption”

Russian Federation
**DATA COORDINATING CENTER**

- **Function**
  CDC is the designated Data Coordinating Center (DCC) and depository of the GTSS data, including GATS at an international level. The DCC provides data management, quality assurance, standardization, and data repository functions, as well as data sharing, release, and dissemination.

- **GATS Comprehensive Standard Protocol**
  The standard guidelines, manuals, and technical assistance are available to countries to ensure systematic GATS implementation.

- **Public Use Datasets**
  All GATS data, with the exception of any confidential information, are publicly available, along with the codebook, one year after the release of the country report by the national government.

- **Interactive Web Application**
  Data can be accessed from various GTSS surveys. Data can be tracked by country, region, and MPOWER indicators at http://apps.nccd.cdc.gov/gtssdata

**WEBSITES**

GATS comprehensive standard protocol, fact sheets, country reports and datasets are available at www.who.int and www.cdc.gov. Each WHO regional website also hosts respective country information.
The Global Adult Tobacco Survey started in 2007, as part of the Global Tobacco Surveillance System. As of 2014, data are available covering 58% of the world’s population in 22 countries.
<table>
<thead>
<tr>
<th>Country (survey year)</th>
<th>Number of interviews</th>
<th>Response rate (%)</th>
<th>Population of adults age 15 and above (in millions)</th>
<th>Prevalence of current tobacco use (%)</th>
<th>Number of current tobacco users (in millions)</th>
<th>Prevalence of daily tobacco use (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>overall</td>
<td>overall</td>
<td>overall</td>
<td>overall</td>
<td>overall</td>
<td>overall</td>
</tr>
<tr>
<td>Argentina (2012)</td>
<td>6,645</td>
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<td>13.1</td>
<td>14.5</td>
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<td>Brazil (2008)</td>
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<td>25.3</td>
<td>24.3</td>
<td>19.7</td>
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<td>86.2</td>
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<td>10.0</td>
<td>8.0</td>
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<tr>
<td>Mexico (2009)</td>
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<td>32.8</td>
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<td>16.0</td>
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<td>Nigeria (2012)</td>
<td>9,765</td>
<td>89.1</td>
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<td>40.8</td>
<td>5.5</td>
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<td>88.4</td>
<td>3.7</td>
<td>1.3</td>
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<td>6.3</td>
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<td>Philippines (2009)</td>
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<td>61.3</td>
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<td>Poland (2010)</td>
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<td>32.3</td>
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<td>Qatar (2013)</td>
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<td>25.6</td>
<td>27.0</td>
<td>27.2</td>
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<td>54.2</td>
<td>26.3</td>
<td>27.0</td>
<td>26.9</td>
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<td>90.9</td>
<td>51.2</td>
<td>25.1</td>
<td>26.1</td>
<td>31.2</td>
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<td>26.9</td>
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<td>18.2</td>
<td>21.8</td>
<td>28.9</td>
</tr>
<tr>
<td>Uruguay (2009)</td>
<td>5,581</td>
<td>95.2</td>
<td>2.5</td>
<td>1.2</td>
<td>1.3</td>
<td>25.0</td>
</tr>
<tr>
<td>Viet Nam (2010)</td>
<td>9,925</td>
<td>92.7</td>
<td>64.3</td>
<td>31.3</td>
<td>33.1</td>
<td>25.0</td>
</tr>
</tbody>
</table>

For precision, the number of decimal places may vary, depending on the indicator and country.
<table>
<thead>
<tr>
<th>Country (survey year)</th>
<th>Pattern of tobacco use among current users (%)</th>
<th>Prevvalence of current smokeless tobacco use (%)</th>
<th>Average age of daily smoking initiation among ever daily smokers age 20 – 34</th>
<th>Average number of cigarettes smoked per day among current daily smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Smoked only</td>
<td>Smokeless only</td>
<td>overall male female</td>
<td>overall male female</td>
</tr>
<tr>
<td>Argentina (2012)</td>
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<td>0.1</td>
<td>0.1</td>
<td>0.2</td>
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<td>Bangladesh (2009)</td>
<td>27.2</td>
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<td>27.9</td>
<td>26.5</td>
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<td>Brazil (2008)</td>
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<td>0.3</td>
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<td>China (2010)</td>
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<td>0.0</td>
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<td>4.1</td>
<td>0.3</td>
<td>0.5</td>
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<tr>
<td>Greece (2013)</td>
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<td>0.2</td>
<td>0.3</td>
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<tr>
<td>India (2010)</td>
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<td>32.9</td>
<td>18.4</td>
<td>23.5</td>
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<tr>
<td>Indonesia (2011)</td>
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<td>1.5</td>
<td>1.9</td>
<td>1.5</td>
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<td>0.6</td>
<td>0.6</td>
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<td>2.9</td>
<td>0.9</td>
<td>1.0</td>
</tr>
<tr>
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<td>1.0</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Philippines (2009)</td>
<td>1.9</td>
<td>2.7</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Poland (2010)</td>
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<td>1.0</td>
<td>0.1</td>
<td>0.5</td>
</tr>
<tr>
<td>Qatar (2013)</td>
<td>0.7</td>
<td>1.3</td>
<td>0.0</td>
<td>1.8</td>
</tr>
<tr>
<td>Romania (2011)</td>
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<td>0.4</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Russian Federation (2009)</td>
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<td>1.0</td>
<td>0.2</td>
<td>0.7</td>
</tr>
<tr>
<td>Thailand (2009)</td>
<td>3.9</td>
<td>1.3</td>
<td>6.3</td>
<td>10.6</td>
</tr>
<tr>
<td>Thailand (2011)*</td>
<td>3.2</td>
<td>1.1</td>
<td>5.2</td>
<td>7.8</td>
</tr>
<tr>
<td>Turkey (2006)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Turkey (2012)*</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
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<td>Ukraine (2010)</td>
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<td>0.0</td>
<td>0.2</td>
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<tr>
<td>Uruguay (2009)</td>
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<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Viet Nam (2010)</td>
<td>1.3</td>
<td>0.3</td>
<td>2.3</td>
<td>0.4</td>
</tr>
</tbody>
</table>

- : Data not available.
~: Indicates estimate based on less than 25 unweighted cases and has been suppressed.
*: Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

For precision, the number of decimal places may vary, depending on the indicator and country.
**Monitor use and policies**

**Percentage distribution of cigarettes smoked per day among current daily smokers (%)**

<table>
<thead>
<tr>
<th>Country (survey year)</th>
<th>1 – 10</th>
<th>11 – 19</th>
<th>20 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>overall</td>
<td>male</td>
<td>female</td>
</tr>
<tr>
<td>Argentina (2012)</td>
<td>45.0</td>
<td>34.1</td>
<td>62.0</td>
</tr>
<tr>
<td>Bangladesh (2009)</td>
<td>78.3</td>
<td>78.2</td>
<td>–</td>
</tr>
<tr>
<td>Brazil (2008)</td>
<td>52.2</td>
<td>48.6</td>
<td>57.8</td>
</tr>
<tr>
<td>China (2010)</td>
<td>29.9</td>
<td>29.1</td>
<td>58.4</td>
</tr>
<tr>
<td>Egypt (2009)</td>
<td>11.8</td>
<td>11.5</td>
<td>–</td>
</tr>
<tr>
<td>Greece (2013)</td>
<td>21.2</td>
<td>15.9</td>
<td>32.0</td>
</tr>
<tr>
<td>India (2010)</td>
<td>88.4</td>
<td>88.9</td>
<td>82.1</td>
</tr>
<tr>
<td>Indonesia (2011)</td>
<td>37.5</td>
<td>36.4</td>
<td>72.9</td>
</tr>
<tr>
<td>Malaysia (2011)</td>
<td>48.6</td>
<td>48.0</td>
<td>–</td>
</tr>
<tr>
<td>Mexico (2009)</td>
<td>7.7</td>
<td>7.4</td>
<td>81.9</td>
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<tr>
<td>Nigeria (2012)</td>
<td>76.5</td>
<td>77.4</td>
<td>–</td>
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<tr>
<td>Panama (2013)</td>
<td>49.7</td>
<td>44.0</td>
<td>66.9</td>
</tr>
<tr>
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<td>65.9</td>
<td>86.4</td>
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<td>49.4</td>
</tr>
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<td>33.8</td>
<td>25.1</td>
<td>58.0</td>
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<td>Thailand (2009)</td>
<td>55.8</td>
<td>54.5</td>
<td>78.1</td>
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<td>Thailand (2011)*</td>
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<td>57.0</td>
<td>76.3</td>
</tr>
<tr>
<td>Turkey (2000)</td>
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<tr>
<td>Uruguay (2009)</td>
<td>47.6</td>
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<tr>
<td>Viet Nam (2010)</td>
<td>61.2</td>
<td>59.8</td>
<td>72.3</td>
</tr>
</tbody>
</table>

--- Data not available.
*: Indicates estimate based on less than 25 unweighted cases and has been suppressed.
*: Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

--- For precision, the number of decimal places may vary, depending on the indicator and country.

--- Data not available.
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--- For precision, the number of decimal places may vary, depending on the indicator and country.
### Offer help to quit

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage of current smokers using cessation aid in past 12 months (%)</th>
<th>Percentage of smokers attempting to quit in past 12 months (%)</th>
<th>Number of smokers attempting to quit in past 12 months (in millions)</th>
<th>Country</th>
<th>Percentage of current smokers using cessation aid in past 12 months (%)</th>
<th>Percentage of smokers attempting to quit in past 12 months (%)</th>
<th>Number of smokers attempting to quit in past 12 months (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina (2012)</td>
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<td>47.3</td>
<td>14.9</td>
<td>Bangladesh (2009)</td>
<td>56.0</td>
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<td>2.5</td>
<td>Brazil (2006)</td>
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<td>China (2010)</td>
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<td>33.9</td>
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<td>China (2010)</td>
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<td>40.6</td>
<td>3.3</td>
<td>Egypt (2009)</td>
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*: Data not available.

~: Indicates estimate based on less than 25 unweighted cases and has been suppressed.

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PART 4 OFFER HELP


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