

## BACKGROUND

The Global Adult Tobacco Survey (GATS) is a global standard for systematically monitoring adult tobacco use and tracking key tobacco control indicators. This household survey collects data on persons 15 years of age or older. In Ukraine, GATS was first completed in 2010 and repeated in 2017. The GATS 2017 was implemented by the Kiev International Institute of Sociology in cooperation with the Ministry of Health of Ukraine and National Academy of Medical Sciences of Ukraine. Both surveys used similar multistage stratified cluster sample designs to produce nationally representative data. There were 8,173 interviews completed in the 2010 survey, with an overall response rate of 76.2 %. In 2017, 8,298 interviews were completed, with an overall response rate of 64.4 %. The temporarily occupied territories of the Autonomous Republic of Crimea, city of Sevastopol, and certain areas of Donetsk and Luhansk oblasts, were excluded from GATS 2017 survey. The 2010 results were recalculated for only the regions covered by the 2017 survey for the purposes of comparison. For additional information, refer to the GATS 2010 and 2017 Country Factsheets.

GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. It will also assist countries to fulfil their obligations under the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO has developed MPOWER, a package of six evidence-based demand reduction measures contained in the WHO FCTC that include:



- Monitor tobacco use & 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, & sponsorship
- Raise taxes on tobacco

## POLICY CHANGES

Ukraine is committed to tobacco control through active compliance with WHO FCTC requirements, and is making progress in curbing tobacco use and preventing the harms caused by tobacco use. Since 2010, many tobacco control laws and regulations have been adopted and implemented.

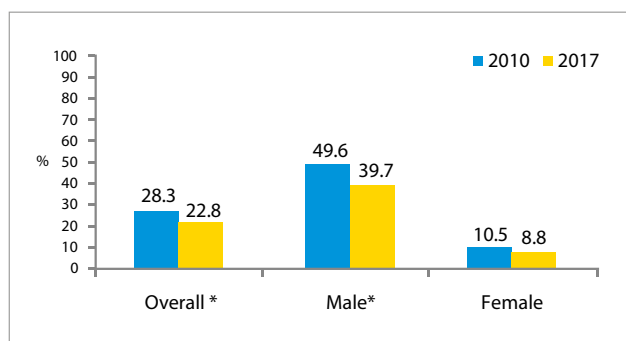
- Prohibited tobacco advertising (except on Internet), sponsorship and promotion, effective September 2012.
- Required graphic health warning on all cigarette packs, covering at least 50% of the pack surface area, effective October 2012.
- Prohibiting smoking in public places, including restaurants and cafés, effective December 2012; smoking in designated areas of workplaces are still allowed.
- Increased the price of tobacco through annual tobacco tax increases, effective 2014.

The country is considering larger graphic health warnings on cigarette packs (no less than 65 % of the pack surface area); regulation of e-cigarette sales, advertising and promotion; prohibition of flavored cigarettes, including menthol; prohibition of tobacco product displays at the points of sale; and expansion of current smoke-free policies to include 100 % smoke-free workplaces, hotels, dormitories, and railway stations.

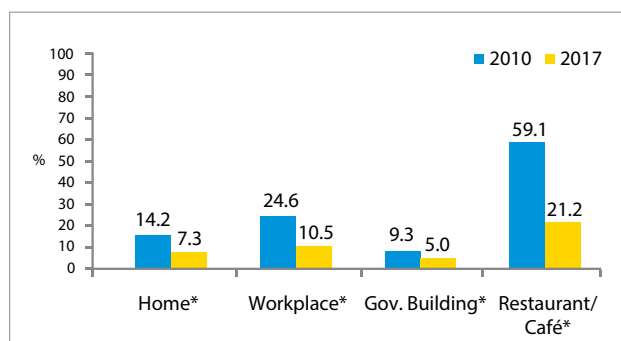
## KEY FINDINGS

- Prevalence of current tobacco smoking significantly decreased from 28.3% to 22.8%.
- Percentage of non-smokers exposed to secondhand smoke significantly decreased: at home, from 14.2% to 7.3%; at the workplace, from 24.6% to 10.5%, and at some public places (governmental buildings, from 9.3% to 5.0%; in restaurants and cafés, from 59.1% to 21.2%).
- Percentage of smokers who were asked if they smoked by health care providers was 43.4% in 2010 and 49.2% in 2017, which was not a statistically significant difference.
- Percentage of adults who noticed anti-cigarette information at any location significantly decreased from 66.8% to 52.7%.
- Percentage of current smokers who thought about quitting because of health warning labels on cigarette packs significantly decreased from 59.7% to 54.0%.
- Percentage of people who noticed any cigarette advertisement, sponsorship, or promotion significantly decreased from 46.3% to 25.0%.
- Inflation-adjusted median price for a pack of 20 manufactured cigarettes increased significantly from UAH 10.4 to UAH 17.5.

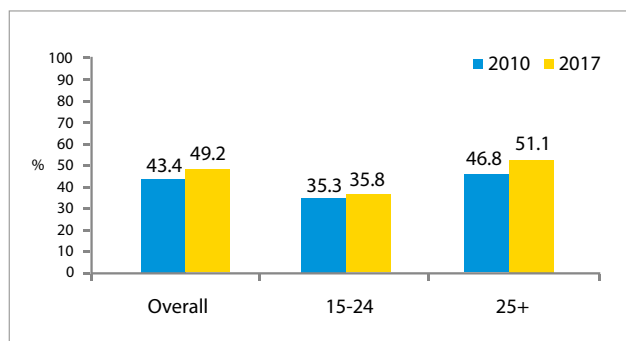
## **m** Prevalence of current tobacco smoking by gender, GATS Ukraine 2010 and 2017



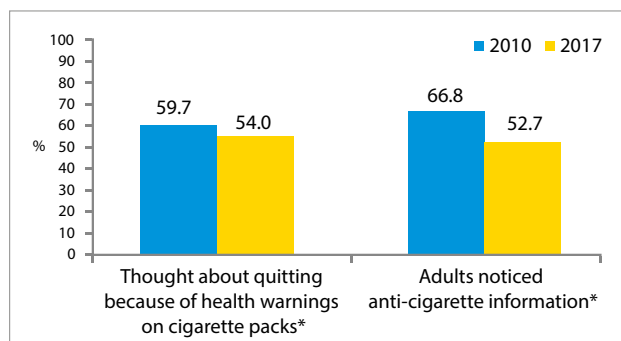
## **p** Non-smokers exposed to tobacco smoke at various places<sup>1</sup>, GATS Ukraine 2010 and 2017



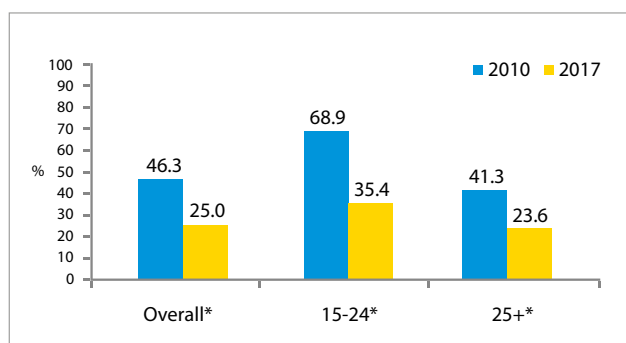
## **o** Smokers<sup>2</sup> asked by health care providers about smoking status by age group, GATS Ukraine 2010 and 2017



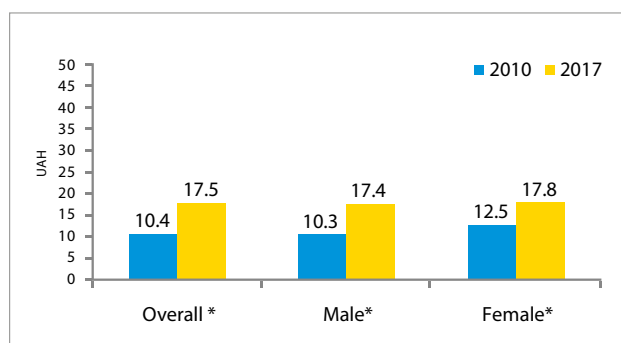
## **w** Current smokers thought about quitting because of health warnings on cigarette packs, and adults noticed anti-cigarette information, GATS Ukraine 2010 and 2017



## **e** Noticed any cigarette advertisement, sponsorship or promotion in the past 30 days by age group, GATS Ukraine 2010 and 2017



## **r** Median<sup>3</sup> amount spent on 20 manufactured cigarettes in Ukrainian Hryvnia by gender, GATS Ukraine 2010 and 2017



**NOTE:** Current use refers to daily and less than daily use. Adults refer to persons aged 15 years and older. Data were weighted to be nationally representative of all non-institutionalized men and women aged 15 years and older. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups. \*Denotes statistically significant differences (p-value <0.05) in estimates by year (2010 vs. 2017). <sup>1</sup>Among those who stayed or visited the places in the past 30 days. <sup>2</sup>Among those who visited health care providers in the past 12 months; smokers include current smokers and those who quit in the past 12 months. <sup>3</sup>2010 cigarette price was adjusted for inflation.

Financial support was provided by the Bloomberg Initiative to Reduce Tobacco Use through the CDC Foundation with a grant from Bloomberg Philanthropies. Technical assistance is provided by the U. S. Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), the Johns Hopkins Bloomberg School of Public Health, and RTI International. Program support is provided by the CDC Foundation.

The findings and conclusion in this fact sheet are those of the author(s) and do not necessarily represent the official position of the U. S. Centers for Disease Control and Prevention.