



# GLOBAL ADULT TOBACCO SURVEY (GATS)

EXECUTIVE SUMMARY  
UKRAINE 2017

## INTRODUCTION

Tobacco use is a major preventable cause of premature death and disease, killing more than 7 million people a year globally. More than 6 million of those deaths are the result of direct tobacco use, while around 890,000 are the result of non-smokers being exposed to secondhand smoke (World Health Organization, 2015).

To confront the tobacco epidemic, the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) was adopted in 2003 (WHO, 2005). FCTC is the first international legally binding public health treaty under the auspices of WHO in response to the global tobacco epidemic. It has been ratified by 181 countries, covering about 90% of the world population. A systematic and efficient surveillance system is critical to monitor tobacco use and evaluate tobacco prevention and control interventions (Frieden & Bloomberg, 2007).

The Global Adult Tobacco Survey (GATS) is a nationally representative household survey of people age 15 years or older that is used to monitor tobacco use (smoking and smokeless) and to track key tobacco control indicators. The use of a standard questionnaire, sampling methodology, and protocols in GATS makes comparison of survey results possible across countries.

GATS was first implemented in Ukraine in 2009–2010. Ukraine has since made progress in reducing tobacco use and adopted many key tobacco control initiatives including: prohibiting smoking completely in cafés, bars, restaurants, and health care and educational facilities; prohibiting tobacco advertisement (except on the internet), sponsorship and promotion; mandating graphic health warning labels on all cigarette packs; and implementing multiple tobacco tax increases (Krasovsky, 2013; Krasovsky et al., 2014).

This new round of GATS was conducted in 2016–2017, with Kiev International Institute of Sociology as the implementing agency in cooperation with the Ministry of Health of Ukraine and National Academy of Medical Sciences of Ukraine. Technical assistance was provided by the U.S. Centers for Disease Control and Prevention (CDC), the WHO, the Johns Hopkins Bloomberg School of Public Health, and RTI International. Program support was provided by the CDC Foundation. Financial support was provided by the Bloomberg Initiative to Reduce Tobacco Use through the CDC Foundation, with a grant from Bloomberg Philanthropies.

## METHODS

The GATS Ukraine 2017 adopted a survey design similar to the 2010 survey, as a household survey of persons 15 years of age and older. The sample used a multi-stage stratified clustering design. Voter precincts were used as the primary sampling units (PSU). A total of 14,800 households from 600 PSUs were sampled with 8,298 adults completing the survey. The household response rate was 67.5%, the individual response rate was 95.5%, and the overall response rate was 64.4%. GATS Ukraine 2017 data were compared to that from GATS Ukraine 2010. 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. These territories consist of 14.4% of the population in Ukraine. To allow for comparative analysis, the regions that were not covered by GATS Ukraine 2017 were also removed from the 2010 survey data.

GATS provides information on respondents' background characteristics, tobacco use (smoking and smokeless), tobacco cessation, secondhand smoke exposure, economics, media, and knowledge, attitudes and perceptions towards tobacco use. GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. It will also help countries to fulfill their obligations under the WHO FCTC to generate comparable data within and across countries.



WHO developed MPOWER, a technical assistance package of six evidence-based tobacco demand reduction measures contained in the FCTC that includes:



**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**

## KEY FINDINGS

### GATS 2017

#### *Tobacco Use*

In 2017, 23.0% (8.2 million) of all adults in Ukraine reported current tobacco use (self-reported current use of tobacco products on a daily or less than daily basis) in any form (40.1% of males and 8.9% of females). Overall, 22.8% of adults currently smoked tobacco (39.7% among males and 8.8% among females). Overall, 20.1% (7.2 million) of adults currently smoked tobacco daily (35.9% among males and 7.0% among females). Among daily tobacco smokers, 69.2% reported first smoking tobacco within 30 minutes after awakening. Among ever-daily tobacco smokers aged 18–34 years, smoking was initiated on average at 16.8 years of age, and 60.4% of tobacco smokers started smoking before age 18.

Overall, 22.8% of adults currently smoked cigarettes (39.6% among males and 8.8% among females). The average number of cigarettes smoked per day was 17.1 among daily cigarette smokers (18.2 for males and 12.6 for females). Among daily cigarette smokers, 90.5% smoked 10 or more cigarettes daily.

Overall, 0.7% of adults currently smoked waterpipe with tobacco, and 0.2% used smokeless tobacco.

#### *Electronic Cigarettes*

Overall, 50.9% of adults ever heard of electronic cigarettes. Overall, 6.4% of adults ever used electronic cigarettes, and 1.7% of adults were current users of electronic cigarettes.

#### *Smoking Cessation*

Almost two in five (39.2%) tobacco smokers (current and former smokers who quit in the past 12 months) had attempted to quit in the last 12 months. Among tobacco smokers who had made a quit attempt in the past 12 months, 6.2% used nicotine replacement pharmacotherapy, 5.3% used internet- and email-based support, 3.2%

used non-medication therapy, 2.3% used non-nicotine medications, 2.1% used counseling/advice, and 72.2% tried to quit without any assistance.

Among tobacco smokers who visited a health care provider (HCP) in the past 12 months, 49.2% were asked by a HCP if they smoked, and 39.4% were advised by a HCP to quit smoking.

Overall, 62.5% of current tobacco smokers (5.1 million) stated they were interested in quitting, and 6.7% stated they were ready to quit smoking within the next month.

### ***Secondhand Smoke Exposure***

Among adults who worked indoors, 14.3% were exposed to tobacco smoke in their workplace in the past 30 days. Overall, 13.0% of adults were exposed to tobacco smoke at home. Among non-smokers, 7.3% were exposed to tobacco smoke at home and 10.5% were exposed in their workplace.

Overall, 43.4% of people who visited bars and nightclubs, and 24.0% of people who visited restaurants reported exposure to tobacco smoke when visiting each respective location. Of all the public places included in the survey, tobacco smoke exposure was the lowest in healthcare facilities (3.7%).

### ***Economics***

Overall, 73.3% of current manufactured cigarette smokers made their last purchase in stores, with 22.2% stating the last purchase was from a kiosk and 2.8% stating it was from a street vendor.

Among manufactured cigarette smokers, 4.5% purchased non-filtered cigarettes, 83.4% purchased regular-filtered cigarettes, and 12.1% purchased slim-filtered cigarettes; 97.3% showed the interviewer cigarettes packs with warning labels in Ukrainian, 0.9% in Russian, 0.8% in Moldovan, 0.2% in other languages, and 0.7% with no health warnings.

### ***Advertising, Promotion, and Sponsorship***

Among all adults, 52.7% noticed anti-tobacco information during the last 30 days in various locations; 37.3% came across anti-tobacco information on TV, followed by posters in healthcare facilities (19.7%) and billboards (16.3%).

Among current tobacco smokers, 92.2% had noticed health warnings on cigarette packages during the past 30 days and more than half (54.0%) thought about quitting because of the warning labels.

Overall, 25.0% of adults noticed cigarette advertisement, sponsorship, or promotion during the last 30 days in various places. Overall, 13.7% of adults reported noticing cigarette advertising in stores where cigarettes were sold, followed by television (6.2%), cigarette pack inserts (5.8%), billboards (4.2%), and Internet (4.0%).

### ***Knowledge, Attitudes, and Perceptions***

Overall, 92.7% of adults believed that smoking could cause serious illnesses.

Overall, 85.5% believed inhaling secondhand smoke causes serious illnesses.



Overall, 53.7% of adults believed smoking a waterpipe with tobacco could cause serious illnesses; 11.5% mistakenly believed that some types of cigarettes were less harmful than others.

Overall, 72.0% of adults considered highlighted, enlarged, or specially decorated cigarette packs at the point of sale as a form of cigarette advertising.

Among all adults, 83.2% favored a complete smoke-free policy for indoor workplaces and public places. Overall, 81.3% believed that smoking should not be allowed in restaurants and cafés.

Overall, 21.0% of current tobacco smokers reported that they would quit smoking if the price of tobacco products sharply increased, and 25.8% reported that they would smoke less.

## CHANGES BETWEEN 2010 AND 2017

- Overall prevalence of tobacco use significantly decreased from 28.4% to 23.0% (from 49.9% to 40.1% among males, no significant change among females). This represents a 19.0% relative percent decline in tobacco use (19.7% relative percent decline for males).
- Overall prevalence of daily tobacco smoking significantly decreased from 25.0% to 20.1% (from 45.1% to 35.9% among males, no significant changes among females). This represents a 19.8% relative percent decline in tobacco smoking (20.5% relative percent decline for males).
- The percentage of tobacco smokers who made quit attempts in the past 12 months did not change significantly from 2010 to 2017. No change was observed in the percentage of smokers that were asked by a HCP if they smoked or in the percentage of smokers who were advised to quit by a HCP in the past 12 months.
- The percentage of adults exposed to secondhand smoke in the workplace significantly decreased from 31.9% to 14.3%. The percentage of adults who reported that smoking was not allowed in any indoor areas in their workplaces significantly increased from 44.9% to 62.0%.
- The percentage of adults exposed to secondhand smoke at home significantly decreased from 22.9% in 2010 to 13.0% in 2017.
- Among adults who visited restaurants and cafés in the past 30 days, the percentage of those who were exposed to tobacco smoke significantly decreased from 62.1% to 24.0%.
- After adjusting for inflation, the median price for a pack of 20 manufactured cigarettes significantly increased from 10.4 UAH in 2010 to 17.5 UAH in 2017, representing a relative price increase of 68.4%. The median price for 100 packs of 20 manufactured cigarettes in GDP per capita, as an index of cigarette affordability, was 2.1% in 2010 and 3.3% in 2017 (GDP per capita source: IMF, 2017).
- The percentage of adults who noticed anti-cigarette smoking information during the last 30 days significantly decreased from 66.8% in 2010 to 52.7% in 2017.
- The percentage of current smokers who noticed health warnings on cigarette package during the last 30 days (from 96.4% in 2010 to 92.2% in 2017), as well as the percentage of those having thought about quitting because of health warnings on cigarette packs (from 59.7% in 2010 to 54.0% in 2017), both significantly decreased.

- Exposure to any cigarette advertising, promotion, or sponsorship in the past 30 days declined significantly from 46.3% in 2010 to 25.0% in 2017. Similarly, significant declines were observed for both current smokers (from 60.3% in 2010 to 30.3% in 2017) and non-smokers (from 40.8% in 2010 to 23.4% in 2017).
- The overall percentage of adults who believed that certain types of cigarettes can be less harmful than others significantly decreased from 16.2% in 2010 to 11.5% in 2017.

## CONCLUSION\*

Between 2010 and 2017, Ukraine has implemented various tobacco control policies including: increasing tobacco taxes; prohibiting smoking completely in cafés, bars, restaurants, health care, and educational facilities; and prohibiting tobacco advertising (except on the internet), promotion, and sponsorship. The prevalence of current smoking among adults dropped by nearly 20% during this period. The median price for a pack of 20 cigarettes increased by almost 70%. Among adults, exposure to tobacco marketing, and exposure to secondhand smoke in the workplace, home, and public places have also significantly declined.

GATS is a tool to monitor the extent of tobacco epidemic, and to identify opportunities in preventing and reducing tobacco use in Ukraine. Continued commitment to the WHO FCTC by Ukraine would further prevent and reduce tobacco use. Examples of evidence-based activities include:

1. Adding tobacco questions to other surveys to complement the information provided by GATS and to offer more detail on uptake of all forms of tobacco use, especially novel tobacco product use and use among youths and young adults.
2. Evaluating the effectiveness of prohibitions on the marketing of tobacco products, and exploring effective ways to strengthen the enforcement of tobacco control policies, especially smoke-free laws and prohibitions on tobacco marketing.
3. Providing accessible low- or no-cost smoking cessation services at both national and local levels to assist in quitting tobacco.
4. Enhancing efforts to warn people about the risks of tobacco use through the implementation of evidence-based methods recommended by FCTC, which include adopting and rotating pictorial warnings that covers more than 50% of the main display areas on cigarette packs.
5. Increasing the price of tobacco and implementing WHO FCTC protocols to address illicit tobacco trade.
6. Implementing tobacco awareness campaigns based on communication theories developed for the purpose of behaviour change.

Although Ukraine has reduced tobacco use since 2010, over 8 million Ukrainians still use tobacco in 2017. Further implementation of the WHO FCTC could help end the tobacco epidemic. Monitoring tobacco use and evaluating tobacco control interventions are critical to reduce tobacco use and tobacco related morbidity and mortality.

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



## MPOWER SUMMARY INDICATORS

Indicator	2010			2017			Relative Changes		
	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female
<b>M: Monitor tobacco use and prevention policies</b>									
Current tobacco use	28.4 (27.2, 29.7)	49.9 (47.8, 52.0)	10.5 (9.2, 12.0)	23.0 (21.8, 24.3)	40.1 (38.2, 42.0)	8.9 (7.6, 10.3)	-19.0*	-19.7*	-15.8
Current tobacco smokers	28.3 (27.0, 29.5)	49.6 (47.6, 51.7)	10.5 (9.2, 12.0)	22.8 (21.6, 24.1)	39.7 (37.8, 41.6)	8.8 (7.6, 10.2)	-19.3*	-20.0*	-16.2
Current daily tobacco smokers	25.0 (23.8, 26.3)	45.1 (43.0, 47.2)	8.4 (7.1, 9.8)	20.1 (18.9, 21.3)	35.9 (33.9, 37.9)	7.0 (5.9, 8.2)	-19.8*	-20.5*	-16.6
Current cigarette smokers	28.0 (26.8, 29.2)	49.3 (47.2, 51.4)	10.3 (9.0, 11.7)	22.8 (21.5, 24.0)	39.6 (37.7, 41.6)	8.8 (7.6, 10.1)	-18.7*	-19.6*	-14.8
Current manufactured cigarette smokers	27.9 (26.6, 29.1)	49.0 (47.0, 51.1)	10.3 (9.0, 11.7)	22.6 (21.3, 23.8)	39.2 (37.3, 41.1)	8.8 (7.6, 10.1)	-19.1*	-20.1*	-14.8
Current smokeless tobacco users	0.2 (0.1, 0.5)	0.5 (0.2, 1.0)	0.0 (0.0, 0.1)	0.2 (0.1, 0.4)	0.4 (0.2, 0.9)	0.0 (N/A)	-27.4	-25.4	N/A
Average number of cigarettes smoked per day	16.9 (16.5, 17.4)	18.1 (17.6, 18.6)	11.8 (10.9, 12.8)	17.1 (16.7, 17.6)	18.2 (17.7, 18.7)	12.6 (11.7, 13.5)	1.0	0.5	6.5
Average age at daily smoking initiation among ever daily smokers 18-34 years	17.1 (16.9, 17.4)	16.8 (16.5, 17.1)	18.1 (17.5, 18.6)	16.8 (16.5, 17.1)	16.5 (16.1, 16.8)	17.7 (17.0, 18.4)	-1.9	-2.1	-1.8
<b>P: Protect people from tobacco smoke</b>									
Exposure to secondhand smoke at home at least monthly	22.9 (21.5, 24.4)	24.7 (22.9, 26.7)	21.4 (19.6, 23.4)	13.0 (11.7, 14.4)	15.9 (14.1, 18.0)	10.6 (9.2, 12.2)	-43.2*	-35.5*	-50.5*
Exposure to secondhand smoke at work <sup>†</sup>	31.9 (29.4, 34.6)	41.9 (38.5, 45.4)	22.0 (18.8, 25.6)	14.3 (12.5, 16.4)	20.8 (18.1, 23.8)	7.4 (5.8, 9.5)	-55.2*	-50.3*	-66.2*
Non-smokers exposed to secondhand smoke at home or workplaces	21.6 (20.0, 23.2)	19.8 (17.1, 22.7)	22.4 (20.5, 24.3)	10.4 (9.2, 11.8)	12.1 (10.2, 14.4)	9.5 (8.2, 11.0)	-51.5*	-38.7*	-57.5*
Exposure to secondhand smoke in public places among those who visited <sup>†</sup> :									
• Government building / offices	10.1 (8.6, 11.8)	12.9 (10.7, 15.5)	8.0 (6.2, 10.2)	4.9 (3.8, 6.2)	6.0 (4.2, 8.3)	4.1 (2.9, 5.8)	-51.5*	-53.9*	-48.1*
• Health care facilities	6.3 (5.1, 7.8)	7.9 (5.7, 10.8)	5.5 (4.1, 7.4)	3.7 (2.7, 4.9)	5.7 (3.7, 8.8)	2.7 (1.8, 4.0)	-41.7*	-27.5	-50.9*
• Restaurants / cafés	62.1 (58.9, 65.3)	64.3 (60.1, 68.2)	59.5 (53.9, 64.8)	24.0 (20.5, 27.9)	26.2 (21.7, 31.2)	21.5 (17.1, 26.7)	-61.3*	-59.2*	-63.9*
Believe smoking should not be allowed in restaurants or cafés	70.9 (69.1, 72.7)	65.0 (62.6, 67.3)	75.9 (73.6, 78.1)	81.3 (79.6, 82.9)	77.2 (74.8, 79.5)	84.7 (82.8, 86.3)	14.6*	18.8*	11.5*
<b>O: Offer help to quit tobacco use</b>									
Made a quit attempt in the past 12 months	41.0 (38.3, 43.8)	40.0 (37.1, 43.0)	44.6 (37.9, 51.5)	39.2 (36.3, 42.2)	37.2 (34.0, 40.6)	46.5 (38.9, 54.1)	-4.3	-7.0	4.2
Advised to quit smoking by a health care provider	33.0 (28.3, 38.1)	33.9 (28.8, 39.5)	30.4 (20.8, 42.0)	39.4 (33.3, 45.8)	40.9 (33.8, 48.4)	36.0 (25.0, 48.6)	19.4	20.5	18.4
Attempted to quit smoking using a specific cessation method:									
• Nicotine patch or gum	1.6 (0.9, 2.9)	1.5 (0.8, 2.9)	1.8 (0.5, 6.7)	6.2 (4.2, 9.1)	5.4 (3.5, 8.2)	8.6 (4.0, 17.5)	292.9*	259.5	367.4
• Counseling / advice	2.1 (1.2, 3.7)	2.2 (1.2, 4.0)	1.9 (0.5, 7.4)	2.1 (1.2, 3.5)	2.7 (1.5, 4.7)	0.2 (0.0, 1.5)	-3.8	21.5	-88.8*
Interest in quitting smoking	70.0 (67.3, 72.6)	68.8 (65.8, 71.7)	74.7 (66.6, 81.4)	62.5 (59.4, 65.4)	60.0 (56.7, 63.1)	72.0 (65.0, 78.1)	-10.8*	-12.9*	-3.6
<b>W: Warn about the dangers of tobacco</b>									
Believe that tobacco smoking causes serious illness	93.2 (92.3, 93.9)	91.5 (90.1, 92.6)	94.6 (93.5, 95.4)	92.7 (91.4, 93.8)	91.1 (89.5, 92.5)	94.0 (92.6, 95.1)	-0.5	-0.4	-0.6
Believe that smoking causes:									
• Strokes	79.0 (77.3, 80.6)	75.5 (73.2, 77.6)	81.9 (79.9, 83.7)	86.1 (84.6, 87.4)	83.6 (81.5, 85.4)	88.2 (86.5, 89.6)	9.0*	10.7*	7.7*
• Heart attacks	80.2 (78.7, 81.6)	76.8 (74.6, 78.9)	83.0 (81.2, 84.6)	86.7 (85.1, 88.2)	84.4 (82.3, 86.2)	88.7 (86.9, 90.3)	8.2*	9.8*	6.9*
• Lung cancer	91.2 (90.2, 92.1)	89.7 (88.3, 91.0)	92.5 (91.3, 93.5)	94.5 (93.5, 95.4)	92.8 (91.5, 93.9)	96.0 (94.9, 96.9)	3.6*	3.4*	3.8*
Belief that inhaling other peoples' smoke causes serious illness	86.2 (85.0, 87.3)	82.3 (80.6, 84.0)	89.4 (88.0, 90.7)	85.5 (84.1, 86.9)	81.9 (80.0, 83.7)	88.5 (86.9, 90.0)	-0.8	-0.5	-1.0
Noticed anti-cigarette smoking information at any location <sup>†</sup>	66.8 (64.8, 68.7)	66.4 (63.9, 68.8)	67.1 (64.6, 69.5)	52.7 (50.4, 54.9)	51.9 (49.2, 54.5)	53.3 (50.6, 56.0)	-21.1*	-21.9*	-20.5*
Thinking of quitting because of health warnings on cigarette packages	59.7 (56.1, 63.2)	58.5 (54.7, 62.3)	64.2 (56.6, 71.1)	54.0 (50.6, 57.5)	52.8 (49.2, 56.3)	58.7 (50.3, 66.5)	-9.5*	-9.8*	-8.6
<b>E: Enforce bans on tobacco advertising, promotion and sponsorship</b>									
Noticed any cigarette advertisement, sponsorship or promotion <sup>†</sup>	46.3 (44.2, 48.4)	53.3 (50.7, 55.8)	40.5 (38.1, 43.0)	25.0 (23.3, 26.8)	26.4 (24.1, 28.7)	23.9 (21.8, 26.1)	-46.0*	-50.5*	-41.1*
<b>R: Raise taxes on tobacco</b>									
Median cigarette expenditure per month	259.2 (247.2, 276.9)	280.4 (269.0, 297.7)	183.0 (157.4, 205.3)	450.9 (428.0, 456.2)	485.7 (461.6, 501.3)	272.4 (258.6, 302.1)	74.0*	73.2*	48.9*
Median price for a pack of 20 manufactured cigarettes	10.4 (10.4, 11.0)	10.3 (10.3, 10.5)	12.5 (11.4, 12.9)	17.5 (17.3, 17.9)	17.4 (17.2, 17.9)	17.8 (17.0, 18.0)	68.4*	68.3*	42.7*

Notes: <sup>†</sup> In the last 30 days. \* p<0.05. Results for prevalence estimates/averages and 95% CIs are rounded to the nearest tenth (0.1). The relative changes are calculated using un-rounded prevalence estimates and might be different if calculated using rounded prevalence estimates shown in this table.

N/A: Not Applicable.



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