TQS: Data Dissemination and Usage

Workshop on TQS
16-17 August 2017
Ankara, Turkey

Overview

- Data dissemination and release
- Examples of TQS reports and factsheets
- Further analysis & research
- Questions/Discussion

Data dissemination and release

Why is data dissemination important?

- Data produced by TQS enables tobacco control advocates to gain a clear understanding of:
  - The nature, magnitude, and distribution of tobacco use in the country
  - Knowledge, attitudes, and perceptions that influence use
  - The social and cultural context that influences use
- Data provides quantifiable evidence of tobacco use
- Data is a powerful tool for demonstrating the action needed to prevent and reduce tobacco use

Planning for the release of data

- Determine the goal of the TQS data dissemination
- Establish key partnerships
- Determine and highlight key messages
- Identify key audiences
- Develop dissemination tools
- Officially disseminate results/findings

TQS Dissemination Examples

Slovenia Tobacco Fact Sheet

TOBACCO CONTROL
FACT SHEET

Slovenia

Health impact of tobacco control policies in line with the WHO Framework Convention on Tobacco Control (WHO FCTC)

Based on the current level of adult smoking in Slovenia *(1)*, premature deaths attributable to smoking are projected to be more than 213 000 of the 427 000 smokers alive today (Table 1) and may increase in the absence of stronger policies.

TABLE 1.
Initial smoking prevalence and projected premature deaths

Smoking prevalence (%)		Smokers (n)	Projected premature deaths of current smokers (n)					
Male	Female	Total	Male[a]	Female[a]	Total[a]	Male[b]	Female[b]	Total[b]
27.5	21.1	427 088	119 048	94 496	213 544	77 381	61 423	138 804

[a] Premature deaths are based on relative risks from large-scale studies of high-income countries.
[b] Premature deaths are based on relative risks from large-scale studies of low- and middle-income countries.
Source: National Institute of Public Health *(1)*.

Key findings

Within 15 years, the effects of individual tobacco control policies when fully implemented in line with the WHO FCTC *(2)* are projected to reduce smoking prevalence by:

- 15.7% by increasing excise cigarette taxes from its current level of 62% to 75% and prevent much youth smoking;
- 7.7% with more comprehensive smoke-free laws and stronger enforcement;
- 6.3% by increasing from a low-level to a high-level mass media campaign;
- 4.5% by requiring strong, graphic health warnings added to tobacco products;
- 3.1% by increasing from minimal provision to a well-publicized and comprehensive tobacco cessation policy; and
- 2.8% by banning just some forms of direct and indirect advertising to have a comprehensive ban on advertising, promotion and sponsorship that includes enforcement.

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→ Monitor tobacco use

The prevalence of current adult smokers (15 years and older) was 24.2% in 2014 (men: 27.5%; women: 21.1%) *(1)*.

→ Protect people from tobacco smoke

Health care facilities and education facilities including universities in Slovenia are completely smoke free (Table 3). In government facilities, indoor offices, restaurants, cafés, pubs, bars, and public transport, designated smoking rooms with strict technical requirements are allowed under the current legislation. Smoking violations consist of fines on the establishment and the patron. Funds are dedicated for enforcement; however, no system is in place for citizen complaints and further investigations *(4)*.

TABLE 3.
Complete smoke-free indoor public places

Health care facilities	Education facilities except universities	Universities	Government facilities	Indoor offices & workplaces	Restaurants	Cafés, pubs & bars	Public transport	All other indoor public places
✓	✓	✓	⊖	⊖	⊖	⊖	⊖	⊖

Source: WHO (4).

✓ = *completely smoke-free;* ⊖ = *not completely smoke-free.*

Ethiopia Tobacco Fact Sheet

Ethiopia STEPS Survey 2015

Tobacco Fact Sheet

The WHO STEPwise approach to surveillance (STEPS) is a simple, standardized method for collecting, analyzing and disseminating data on non-communicable diseases (NCDs) and risk factors. Data are collected on the established risk factors and NCD conditions that determine the major NCD burden, including tobacco use, harmful use of alcohol, unhealthy diet, insufficient physical activity, overweight and obesity, raised blood pressure, raised blood glucose, and abnormal blood lipids. Data from STEPS survey can be used by countries to help monitor progress in meeting the global voluntary targets related to specific risk factors such as tobacco, alcohol, diet and physical inactivity. The tobacco indicators from STEPS can be used to evaluate and monitor existing tobacco-control policies and programs.*

The STEPS survey on NCD risk factors in Ethiopia was carried out from April to June, 2015. The STEPS survey in Ethiopia was a population-based survey of adults aged 15-69years.A multi stage cluster sampling design was used to produce representative data for that age range in Ethiopia .Survey information was collected electronically using handheld devices. The survey was implemented by the Ethiopian Public Health Institute. A total of 9,801 adults participated in the Ethiopia STEPS survey. The overall response rate was 95.7%. A repeat survey is planned for 2020 if funds permit.

Highlights

TOBACCO USE

- 8.2% of men, 0.7% of women, and 4.8% overall were current users of tobacco, in any form.
- 7.3% of men, 0.4% of women, and 4.2% overall were current smokers of tobacco.
- 1.1% of men, 0.4% of women, and 0.8% overall were current users of smokeless tobacco.

CESSATION

- 8 in 10 current smokers tried to stop smoking in the last 12 months.
- 2 in 10 current smokers were advised by a health care provider to stop smoking in the last 12 months

SECONDHAND SMOKE

- 12.6% of adults (1346 adults) were exposed to tobacco smoke at the workplace.
- 10.3% of adults (1227adults) were exposed to tobacco smoke at home.

MEDIA

- 2 in 10 adults noticed anti-cigarette smoking information on the television or radio.
- 3 in 10 current smokers thought about quitting because of warning labels on cigarette packages.
- Less than 1 (0.8%) in 10 adults noticed cigarette marketing in stores where cigarettes are sold.
- Less than 2 (1.5%) in 10 adults noticed cigarette promotions.

ECONOMICS

- Average monthly expenditure on manufactured cigarettes was 137.00 Birr

Data presented in this fact sheet relate only to selected tobacco indicators. Additional information on tobacco or other NCD risk factors from the survey is available from sources listed below.

For additional information, please contact:
WHO STEPS Team [Steps@who.int]
STEPS country focal point name: Abebe Bekele Belayneh; email: abebe1277belay@gmail.com
***Tobacco questions are drawn from the Tobacco Questions for Surveys(TQS)**
http://www.who.int/tobacco/publications/surveillance/tqs/en/

Results for adults aged 15-69 years	Overall % (95% CI)	Males % (95% CI)	Females % (95% CI)
Tobacco Use			
Current tobacco users(smoked and/or smokeless)[1]			
Current tobacco users	4.8 (4.0 – 5.5)	8.2 (6.9 – 9.5)	0.7 (0.4 – 1.0)
Current daily tobacco users	4.0 (3.3 – 4.7)	6.9 (5.8 – 8.1)	0.5 (0.3 – 0.7)
Current tobacco smokers			
Current tobacco smokers	4.2 (3.5 – 4.9)	7.3 (6.1 – 8.6)	0.4 (0.3 – 0.6)
Current cigarette smokers[2]	3.9 (3.2-4.6)	6.9 (5.7-8.2)	0.2 (0.1-0.3)
Current daily tobacco smokers	3.5 (2.8 – 4.1)	6.2 (5.0– 7.4)	0.2 (0.1 – 0.4)
Current daily cigarette smokers	3.3 (2.7-4.0)	6.0 (4.8-7.2)	0.1 (0.0-0.3)
Average age started tobacco smoking (years)	21.0 (19.9 – 22.0)	20.9 (19.8 – 22.0)	22.8 (19.1 – 26.5)
Average number of cigarettes smoked per day (among daily cigarette smokers)	8.6 (7.3-9.8)	8.6 (7.4-9.9)	5.4 (NA)
Current smokeless tobacco users			
Current smokeless tobacco users	0.8 (0.5 – 1.0)	1.1 (0.1 – 1.4)	0.4 (0.1 – 0.6)
Current daily smokeless tobacco users	0.6 (0.4-0.8)	0.8 (0.5-1.1)	0.3 (0.1-0.5)
Current non-users(smoked and/or smokeless)[1]			
Former tobacco users[3]	2.0 (1.6-2.4)	3.4 (2.6-4.1)	0.4 (0.2-0.5)
Former tobacco smokers[4]	1.8 (1.4-2.2)	3.1 (2.4-3.8)	0.2 (0.1-0.3)
Never users	93.2 (92.3-94.1)	88.5 (86.9-90.0)	98.9 (98.6-99.3)
Exposure to Second-hand smoke			
Adults exposed to second-hand smoke at home*	10.3 (8.6 – 12.0)	11.4 (9.3 – 13.6)	8.9 (7.3 – 10.5)
Adults exposed to second-hand smoke in the closed areas in their workplace*	12.6 (10.7– 14.5)	15.1 (12.6 – 17.6)	9.7 (8.0 – 11.4)
Tobacco Cessation			
Current smokers who tried to stop smoking in past 12 months	52.0 (44.9 – 59.0)	52.1 (44.9 – 59.3)	49.4 (28.1 – 70.8)
Current smokers advised by a health care provider to stop smoking in past 12 months[5]	17.2 (11.4 – 22.9)	17.1 (11.1 – 23.1)	18.5 (1.2 – 35.7)
Health Warnings			
Current smokers who thought about quitting because of a warning label*	79.5 (67.9 – 91.0)	79.8 (68.1 – 91.5)	58.4 (35.3 – 81.5)
Adults who noticed anti-cigarette smoking information on the television or radio*	18.1 (15.9-20.4)	21.6 (18.8-24.5)	13.9 (11.8-16.0)
Adults who noticed anti-cigarette smoking information in newspapers or magazines*	3.1 (2.4-3.7)	4.0 (3.0-5.0)	1.9 (1.2-2.5)
Tobacco Advertisement and Promotion			
Adults who noticed cigarette marketing in stores where cigarettes are sold*	0.8 (0.5 – 1.0)	1.1 (0.7 – 1.5)	0.4 (0.1 – 0.6)
Adults who noticed any cigarette promotions*†	1.5 (0.9-2.0)	2.0 (1.1-2.9)	0.8 (0.4-1.2)
Economics	**Local Currency in Birr (1 USD = 20 Birr)**		
Average amount spent on 20 manufactured cigarettes	15.30		
Average monthly expenditure on manufactured cigarettes	137.0 (**)		
Cost of 100 packs of manufactured cigarettes as a percentage of per capita Gross Domestic Product (GDP) [2015]¶	12.6 (**)		

1 Current use refers to daily and less than daily use. 2 Includes manufactured cigarettes and hand-rolled cigarettes. 3 Current non-users. 4 Current non-smokers. 5 Among those who visited a health care provider in past 12 months. 6 The per capita GDP Ethiopia = $600.283, IMF 2015 *During the past 30 days. † Promotions include free cigarette sample, cigarettes at sale prices, coupons for cigarettes, free gifts upon purchase of cigarettes, clothing or other items with cigarette brand name or logo and cigarette promotions in mail. Adults refer to persons age 15-69 years. Data have been weighted to be nationally representative of all men and women age 15-69 years. ** Confidence interval was not calculated. Technical and financial assistance for the survey was provided by the World Health Organization (WHO). The contents of this document are the sole responsibility of the authors.

WHO STEPS chronic disease risk factor surveillance
www.who.int/chp/steps

Malaysia TQS Report

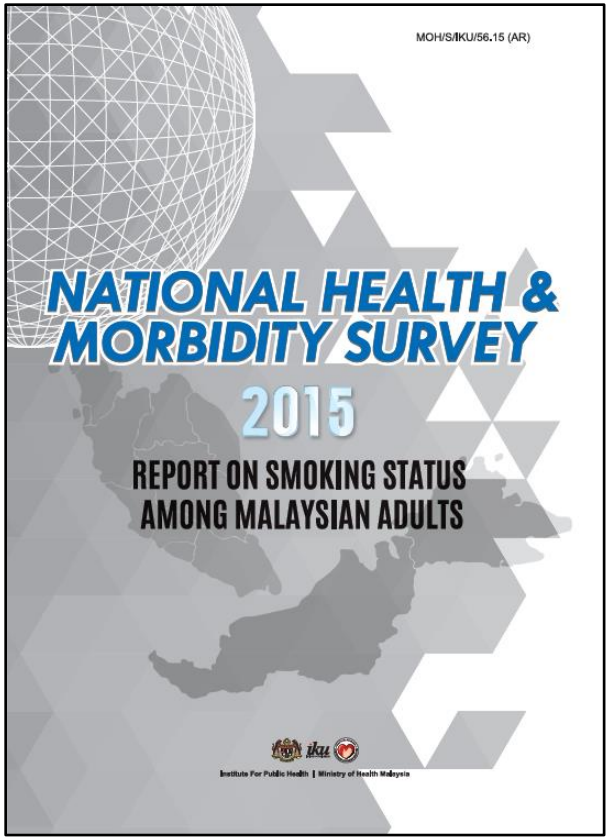


Table 1 Smoking Status by Gender

Smoking Status	Overall	Male	Female
	Percentage (95% CI)		
Current tobacco smoker	22.8(21.86,23.81)	43.0(41.38,44.6)	1.4(1.05,1.75)
Daily smoker	20.5(19.63,21.46)	38.8(37.25,40.35)	1.1(0.82,1.44)
Occasional smoker	2.3(2.02,2.6)	4.2(3.69,4.76)	0.3(0.16,0.46)
Occasional smoker, formerly daily	1.0(0.82,1.19)	1.8(1.49,2.2)	0.1(0.06,0.21)
Occasional smoker, never daily	1.3(1.1,1.55)	2.4(2,2.83)	0.2(0.08,0.33)
Current non-smoker	77.2(76.19,78.14)	57(55.4,58.62)	98.6(98.25,98.95)
Former smoker	2.4(2.11,2.71)	4.3(3.74,4.85)	0.4(0.27,0.6)
Former daily smoker	1.7(1.48,1.96)	3.2(2.74,3.65)	0.2(0.08,0.28)
Former occasional smoker	0.7(0.55,0.86)	1.1(0.86,1.4)	0.3(0.15,0.43)
Never smoker	74.8(73.75,75.8)	52.8(51.06,54.45)	98.2(97.82,98.58)

Monitoring of smoking prevalence is an integral part of smoking control as it will serve as indicator for the efficacy of anti-smoking policy and programmes. National Health and Morbidity Survey 2015 – Report on Smoking Status Among Malaysian Adults using Tobacco Question for Survey (TQS)‖ was the latest survey to determine the prevalence of smoking in Malaysia. The non-institution men and women aged 15 years and above were the target population. Two stages proportionate to size sampling was employed to select

Czech Republic TQS Report

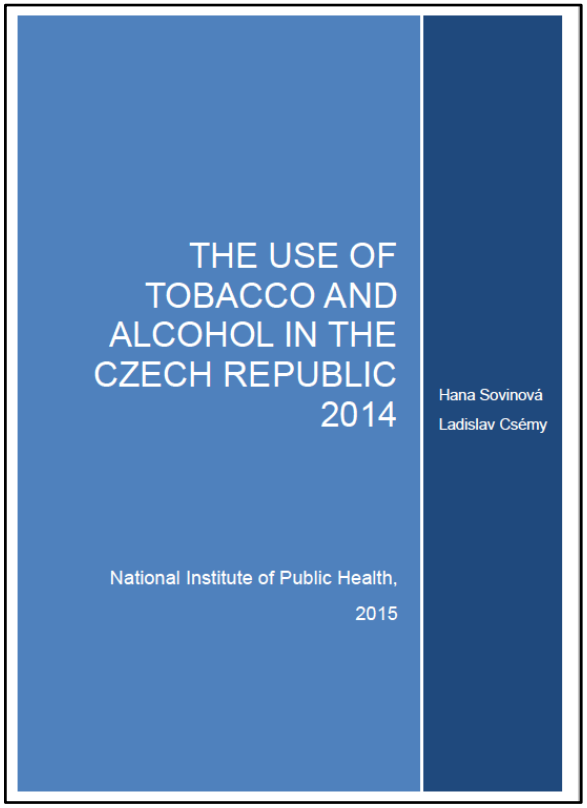


Table 1 Detailed summary of tobacco smoking products (Priority 1)

Range of smoking habits (in the last 30 days)	Total	Men	Women
	Percentage (95% CI)		
Current tobacco smokers	31.4 (29.3;33.6)	37.4 (34.2;40.7)	**25.8** (23.0;28.7)
Daily smokers	23.5 (21.6;25.5)	28.2 (25.3;31.3)	**19.0** (16.6;21.7)
Occasional smokers	8.0 (6.8;9.3)	9.2 (7.4;11.4)	6.8 (5.3;8.6)
Occasional smokers who used to smoke daily	3.2 (2.4;4.1)	4.0 (2.8;5.6)	2.4 (1.5;3.6)
Occasional smokers who have never smoked daily	4.8 (3.8;5.9)	5.1 (3.8;6.9)	4.4 (3.2;6.0)
Current smokers	68.6 (66.4;70.7)	62.6 (59.3;65.8)	**74.2** (71.3;77.0)
Ex-smokers	14.7 (13.1;16.4)	15.5 (13.2;18.1)	13.8 (11.7;16.3)
Daily ex-smokers	7.6 (6.4;8.9)	9.2 (7.4;11.4)	6.0 (4.6;7.8)
Occasional ex-smokers	7.1 (6.0;8.4)	6.3 (4.8;8.1)	7.8 (6.2;9.8)
Lifelong non-smokers	53.9 (51.6;56.2)	47.1 (43.8;50.5)	60.4 (57.1;63.5)

Tobacco questionnaire description

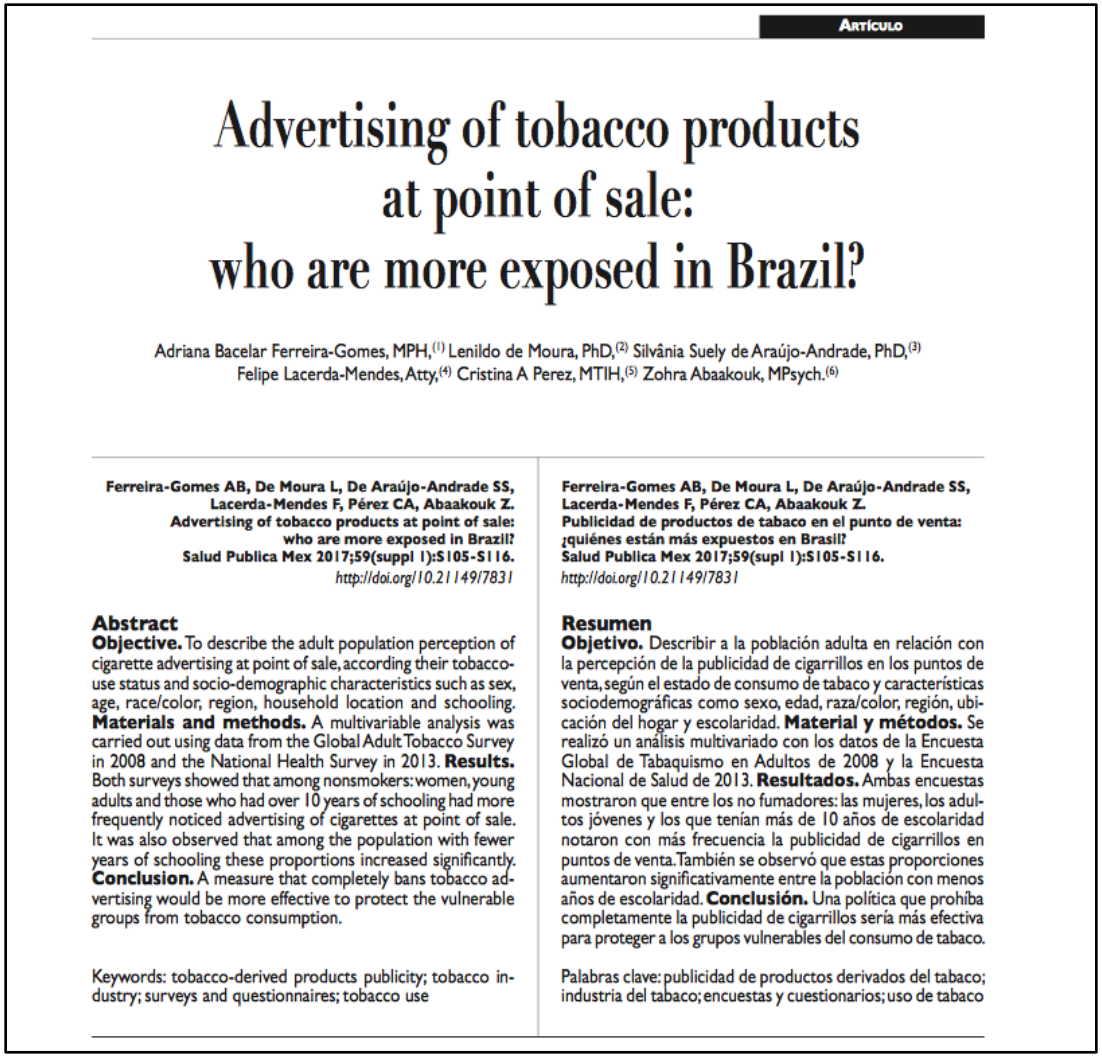
This part of the questionnaire form focused on tobacco consumption and comprised a total of 22 questions covering all of the six MPOWER priorities.

Further Analysis & Research

Publications

- TQS data can be combined with other data sources to draft manuscripts for publication
- Consider collaborating with in-country academic institutions and other partners
- Opportunity to disseminate results to an academic audience

Brazil GATS and TQS Publication



ARTÍCULO

Advertising of tobacco products at point of sale: who are more exposed in Brazil?

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Ferreira-Gomes AB, De Moura L, De Araújo-Andrade SS, Lacerda-Mendes F, Pérez CA, Abaakouk Z. Advertising of tobacco products at point of sale: who are more exposed in Brazil? Salud Publica Mex 2017;59(supp l):S105-S116.
http://doi.org/10.21149/7831

Abstract
Objective. To describe the adult population perception of cigarette advertising at point of sale, according their tobacco-use status and socio-demographic characteristics such as sex, age, race/color, region, household location and schooling. **Materials and methods.** A multivariable analysis was carried out using data from the Global Adult Tobacco Survey in 2008 and the National Health Survey in 2013. **Results.** Both surveys showed that among nonsmokers: women, young adults and those who had over 10 years of schooling had more frequently noticed advertising of cigarettes at point of sale. It was also observed that among the population with fewer years of schooling these proportions increased significantly. **Conclusion.** A measure that completely bans tobacco advertising would be more effective to protect the vulnerable groups from tobacco consumption.

Keywords: tobacco-derived products publicity; tobacco industry; surveys and questionnaires; tobacco use

Ferreira-Gomes AB, De Moura L, De Araújo-Andrade SS, Lacerda-Mendes F, Pérez CA, Abaakouk Z. Publicidad de productos de tabaco en el punto de venta: ¿quiénes están más expuestos en Brasil? Salud Publica Mex 2017;59(supl 1):S105-S116.
http://doi.org/10.21149/7831

Resumen
Objetivo. Describir a la población adulta en relación con la percepción de la publicidad de cigarrillos en los puntos de venta, según el estado de consumo de tabaco y características sociodemográficas como sexo, edad, raza/color, región, ubicación del hogar y escolaridad. **Material y métodos.** Se realizó un análisis multivariado con los datos de la Encuesta Global de Tabaquismo en Adultos de 2008 y la Encuesta Nacional de Salud de 2013. **Resultados.** Ambas encuestas mostraron que entre los no fumadores: las mujeres, los adultos jóvenes y los que tenían más de 10 años de escolaridad notaron con más frecuencia la publicidad de cigarrillos en puntos de venta. También se observó que estas proporciones aumentaron significativamente entre la población con menos años de escolaridad. **Conclusión.** Una política que prohíba completamente la publicidad de cigarrillos sería más efectiva para proteger a los grupos vulnerables del consumo de tabaco.

Palabras clave: publicidad de productos derivados del tabaco; industria del tabaco; encuestas y cuestionarios; uso de tabaco

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