GATS| Ethiopia

GLOBAL ADULT TOBACCO SURVEY: EXECUTIVE SUMMARY 2016

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World Health Organization

EXECUTIVE SUMMARY

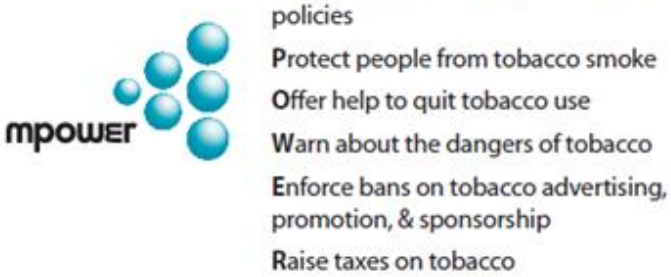
Introduction

Tobacco use is a major preventable cause of premature death and disease worldwide (1). Globally, more than 7 million people die each year from tobacco-related illnesses (more than 6 million from direct tobacco use and approximately 890,000 non-smokers being exposed to secondhand smoke) (1), and if current trends continue, this number is expected to increase to more than 8 million a year by 2030 (2). An efficient and systematic surveillance system is important to monitor tobacco use and evaluate tobacco prevention and control interventions (3). Monitoring and tracking of tobacco use and policies provides a foundation of effective tobacco control policy development and implementation (4).

The Global Adult Tobacco Survey (GATS) is a nationally representative household survey of people age 15 years or older that is used to monitor adult tobacco use and to track key tobacco control indicators across countries. The use of a standard GATS protocol including standard questionnaire, and sampling methodology allows countries to generate survey results that are comparable across countries.

Ethiopia GATS was implemented by Ethiopia Public Health Institute (EPHI) in collaboration with the Ethiopian Food, Medicine, Health Care Administration and Control Authority (FMHACA), CSA, FMOH and the World Health Organization (WHO) country office. Technical assistance for the implementation of the survey was provided by the WHO, the U.S. Centers for Disease Control and Prevention (CDC), and RTI International. Program support was provided by the CDC Foundation. Financial support for Ethiopia GATS was provided by the CDC Foundation with a grant from the Bill & Melinda Gates Foundation.

GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. It also assists countries to fulfill their obligations under the WHO FCTC to generate comparable data within and across countries. In addition, it allows countries to implement the WHO MPOWER policy package. WHO MPOWER is a technical package developed to assist countries in implementing selected demand reduction measures contained in the WHO Framework Convention on Tobacco Control (FCTC) (5). The six MPOWER evidence-based measures contained in the FCTC;



.Methodology

The Ethiopia GATS 2016 was a household survey designed to collect nationally representative data on Ethiopians age 15 years or older. The survey used a standardized questionnaire, and multistage geographically stratified cluster sample design, data collection, and management procedures. Electronic handheld devices were used for data collection and management. One individual was randomly chosen from each selected household to participate in the survey. There were a total of 10,150 completed individual interviews, with an overall response rate of 93.4%

GATS provided information on respondents' background characteristics, tobacco use (smoking and smokeless), and tobacco cessation, exposure to secondhand smoke, economics, media, knowledge, attitudes, and perceptions.

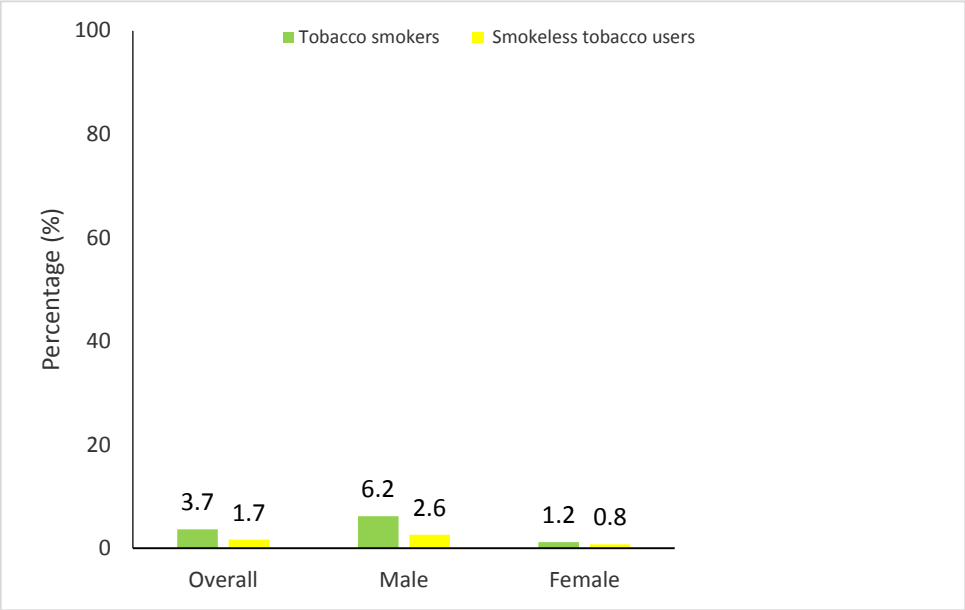
Key Findings

Tobacco Use: In 2016, 5.0% (3.4 million) of adults currently use tobacco products (8.1% among men and 1.8% among women; 3.8% in urban areas and 5.3% in rural areas). Overall, 3.7% (2.5 million) of adults (6.2% among men and 1.2% among women) currently smoked tobacco. Overall 3.2% of adults (2.2 million) smoked tobacco daily (5.2% among men and 1.1% among women) and 0.5% (350,000) smoked tobacco occasionally (0.9% among men and 0.1% among women). Among daily tobacco smokers, 46.9% smoked their first tobacco within 30 minutes of waking up. Among males who were ever-daily tobacco smokers aged 20 to 34 year old, 50.0% started smoking daily before the age of 20 years.

Among all adults, 2.7% (1.9 million) (5.3% among men and 0.2% among women) currently smoked manufactured cigarettes. Overall, 2.2% of adults smoked cigarettes daily. On average, current daily manufactured cigarette smokers smoked 10.3 cigarettes per day (10.8 cigarettes per day in urban areas and 10.1 cigarettes per day in rural areas).

Overall, 1.7% of adults were current smokeless tobacco users (1.1 million) [2.6% among men and 0.8% among women] (Figure 1). The prevalence of current daily smokeless tobacco use was 1.5% and for occasional smokeless tobacco use was 0.2%.

Figure 1. Type of Tobacco Use by Gender, Ethiopia GATS, 2016



Smoking Cessation: In 2016, 42.0%of current smokers (Current and former tobacco smokers who quit in past 12 months) made a quit attempt in the past 12 months. Among tobacco smokers who made a quit attempt in the past 12 months, 75.9% tried to do so without any assistance.

Among tobacco smokers who visited a health care provider (HCP) in the past 12 months, 56.0% were asked by HCP if they smoked, and 53.0% were advised to quit,

Overall, 45.2% of current smokers were planning to or were thinking about quitting, and 12.9% state they were ready to quit smoking within the next month.

Exposure to Secondhand Smoke: Among adults who worked indoors or both indoors and outdoors, 29.3% (6.5 million) were exposed to secondhand smoke in their workplace in the past 30 days (Non-smokers, 27.1% or 5.7 million adults). Overall, 12.6% (8.4 million) of adults were exposed to secondhand smoke at home. Among non-smokers, 9.9% (6.3 million) were exposure to secondhand smoke at home.

Among adults who visited public places in the past 30 days, levels of exposure to secondhand smoke were as follows: 60.4% in bars and nightclubs, 31.1% in restaurant 19.7% in government buildings, and 11.4% in public transportation and in 7.0% in health-care facilities.

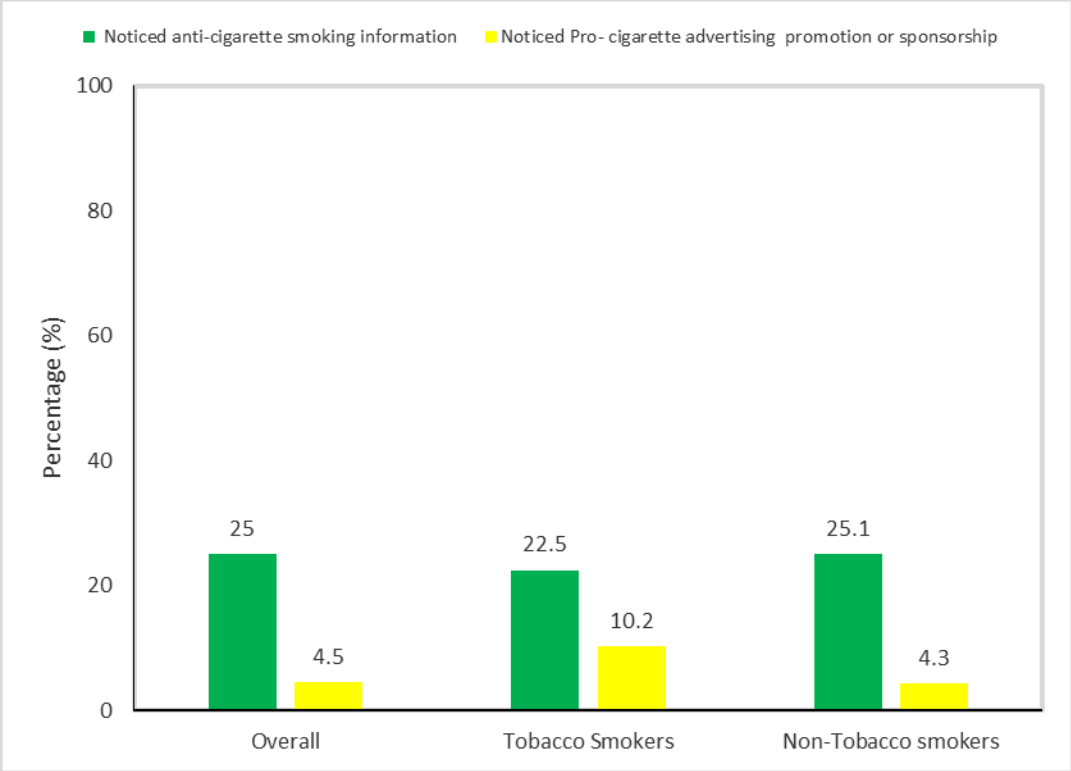
Economics of Tobacco Smoking: The top manufactured cigarettes brand purchased by current cigarette smokers was Nyala (overall: 87.2%; rural 92.0%, urban 78.2%). Among daily cigarette smokers, the median monthly cigarette expenditure was ETB 150.1 (ETB = Ethiopian Birr). The median amount spent on a pack of 20 manufactured cigarettes among daily cigarette smokers was ETB 18.4, and the average cost of 2000 manufactured cigarettes (100 packs) as a percentage of per capita Gross Domestic Product (GDP) [2016] was 11.3%.

Media: Overall, 25.0% of adults (22.5% among current smokers and 25.1% among non-smokers) noticed anti-cigarette smoking information in any location, with 20.3% of adults having noticed anti-cigarette smoking information on television or radio.

Among current tobacco smokers, 41.8% noticed health warnings on cigarette packages; 23.3% thought about quitting because of the warning labels on packages.

Overall, 4.5% of adults noticed any cigarette advertising, promotion or sponsorship in the past 30 days [10.2% among smokers and 4.3% among non-smokers]. Overall, 1.3% of adults noticed sale price on cigarettes (5.3% among current smokers). Among young current smokers (15-24 years), 13.6% noticed sale price on cigarettes.

Figure 2 Type of Tobacco Use by Gender, Ethiopia GATS, 2016



Knowledge, Attitudes, and Perceptions: Overall, 88.0% (72.1% among current smokers and 88.6% among non-smokers) believed that smoking causes serious illness: lung cancer (81.8%), heart attack (69.5%), stroke (39.8%), bone loss (37.9%), bladder cancer (34.0%) and premature birth (32.6%).

Overall, 76.0% of adults believed breathing other people smoke causes serious illness in non-smokers.

Overall, 4.0% of adult have ever heard of electronic cigarettes, and 0.2% had ever used electronic cigarettes.

Conclusion*

Ethiopia GATS 2016 was the first national household survey focusing on tobacco use in the country. GATS provides critical information on tobacco use and key tobacco control indicators, which can be used to inform policy makers and the tobacco control community for effective tobacco control. Key activities that could be aligned with Ethiopia GATS results include:

- Tobacco use is relative low in Ethiopia but the country is at risk of tobacco epidemic given the shift in the tobacco industry towards targeting low- and middle-income countries, particularly Africa, Asia, and Eastern Europe, to recruit new users (5). Periodic monitoring of tobacco use, evaluation of tobacco control interventions and continued vigilance on tobacco industry interference are important components in preventing and reducing tobacco use and tobacco related morbidity and mortality.

- Exposure to secondhand smoke is prevalent in various public places including bars/night clubs, restaurants, government offices, universities, schools and public transport. Although the 2015 Tobacco Control Directive prohibits smoking in public places in the country, however, it provides for exceptions for smoking designated rooms and areas (6). Address the exceptions and with a comprehensive smoke-free policy for all public places in accordance with WHO FCTC Article 8, may offer increased protection from exposure to secondhand smoke in various public places in the country (7).

  About four in ten (42.0%) of current smokers (Current and former tobacco smokers who quit in past 12 months) attempted to quit in the past 12 months, but among these, three quarters (75.9%) did so without assistance. Providing cessation support to smokers who want to quit may help them successfully quit. Although provision of dependence treatment may be costly, there are is evidence of low cost- or no-cost smoking cessation services that may be provided to smokers that are interested in quitting at both national and local levels (8).
- Less than half of the smokers noticed the health warning messages on cigarette packages, with only about one-quarter (23.3%) thinking about quitting after seeing the message. However, enhancing the health warning messages on cigarette packages may be enhanced in line with WHO FCTC Article 11 to encourage smokers to quit, and prevent nonsmokers from starting to smoke (9).
- Exposure to cigarette marketing in regular media channels, such as television and radio, was low in Ethiopia. Virtually all forms of tobacco advertising and promotion in Ethiopia are

prohibited by the Tobacco Control Directive with the exception of point of sale display which is unclear (6). The prohibition aligns with WHO FCTC Article 13 guidelines (10). However, GATS showed that about one in five of adults noticed any cigarette advertisement, sponsorship, or promotion. This may call for a need to explore effective ways to strengthen the enforcement of the law that prohibit cigarette marketing in the country.

- The median amount spent on 20 manufactured cigarettes by a current daily cigarette smoker in Ethiopia is 18.4 Ethiopian Birr (ETB). The average cost of 2000 manufactured cigarettes (100 packs) as a percentage of per capita Gross Domestic Product (GDP) [2016] was 11.3%. WHO recommends increasing taxes on tobacco as an effective way to reduce tobacco use (11). WHO recommends that tobacco excise taxes account for at least 70% of the retail prices of tobacco products (11). Increasing the price of tobacco through tobacco excise taxes may encourage smokers to quit and prevent initiation among young people (11).

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Table 1. MPOWER Summary Indicators – GATS Ethiopia, 2016.

Indicator	Overall	Gender		Residence	
		Male	Female	Urban	Rural
M: Monitor tobacco use and prevention policies					
Current tobacco use	5.0	8.1	1.8	3.8	5.3
Current tobacco smokers	3.7	6.2	1.2	3.4	3.8
Current cigarette smokers	2.9	5.5	0.2	3.2	2.8
Current manufactured cigarette smokers	2.7	5.3	0.2	3.2	2.6
Current smokeless tobacco use	1.7	2.6	0.8	0.4	2.1
Average number of cigarettes smoked per day[1]	26.0	26.3	17.8	41.3	20.8
Average age at daily smoking initiation[2]	17.3	18.1	13.3	18.2	16.9
Former smokers among ever daily smokers	26.1	25.3	30.1	38.4	21.9
P: Protect people from tobacco smoke					
Exposure to secondhand smoke at home at least monthly	12.6	12.7	12.5	9.0	13.8
Exposure to secondhand smoke at work*	29.3	31.6	26.0	33.1	27.9
Exposure to secondhand smoke in public places†:					
Government building/offices	19.7	21.2	17.1	18.8	20.2
Health care facilities	7.0	7.9	6.3	8.5	6.4
Restaurants	31.1	30.9	31.6	35.8	28.2
Public transportation	11.4	11.8	11.0	13.0	10.6
O: Offer help to quit tobacco use					
Made a quit attempt in the past 12 months[3]	42.0	47.4	14.0	60.3	36.4
Advised to quit smoking by a health care provider[3,4]	53.0	55.6	44.8	78.6	43.1
Attempted to quit smoking using a specific cessation method[3]:					
Pharmacotherapy	3.1	3.3	0.0	4.2	2.5
Counseling/advice	14.7	13.4	37.0	22.2	10.8
Interest in quitting smoking[5]	68.7	74.5	38.9	80.3	65.4
W: Warn about the dangers of tobacco					
Belief that tobacco smoking causes serious illness	88.0	90.9	85.1	93.7	86.2
Belief that smoking causes stroke, heart attack, and lung cancer	36.1	39.3	32.9	41.0	34.6
Belief that smoking causes strokes	39.8	43.4	36.2	45.2	38.1
Belief that smoking causes heart attacks	69.5	73.4	65.6	80.6	66.0
Belief that smoking causes lung cancer	81.8	86.2	77.3	91.9	78.5
Belief that breathing other peoples' smoke causes serious illness	75.9	80.0	71.8	87.2	72.3
Noticed anti-cigarette smoking information at any location*	25.0	27.4	22.5	38.3	20.7
Thinking of quitting because of health warnings on cigarette packages*,[5]	23.3	27.4	2.2	35.1	19.9
E: Enforce bans on tobacco advertising, promotion and sponsorship					
Noticed any cigarette advertisement, sponsorship or promotion*	4.5	5.3	3.6	6.9	3.7
R: Raise taxes on tobacco					
Average cigarette expenditure per month (*Ethiopian Birr*)[6]	525.6	533.8	292.5	520.3	527.8
Average cost of a pack of manufactured cigarettes (*Ethiopian Birr*)[6]	39.2	39.7	23.2	38.3	39.5
Last cigarette purchase was from a store[6]	6.0	6.2	0.0	13.5	3.0

Notes:

[1] Among current daily smokers

[2] Among ever daily smokers

[3] Among past-year smokers (includes current smokers and those who quit in the past 12 months)

[4] Among those who visited a health care provider in past 12 months

[5] Among current smokers

[6] Among current smokers of manufactured cigarettes

* In the last 30 days

† Among those who visited the place in the last 30 days.

--Indicates estimates based on less than 25 unweighted cases and has been suppressed.

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