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

Slovenia

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

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, cafes, 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

<table>
<thead>
<tr>
<th>Health care facilities</th>
<th>Education facilities</th>
<th>Universities</th>
<th>Government facilities</th>
<th>Indoor offices &amp; workplaces</th>
<th>Restaurants</th>
<th>Cafes, pubs &amp; bars</th>
<th>Public transport</th>
<th>All other indoor public places</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
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</table>

- = completely smoke-free; - = not completely smoke-free.

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:
- 19.1% by increasing taxes on cigarettes to its current level of 52% to 75% and prevent much youth smoking
- 3.3% with more comprehensive smoke-free laws and stronger enforcement;
- 4.6% by increasing from a law level to a high-level mass media campaign;
- 4.5% by requiring strong, graphic health warnings added to tobacco products;
- 2.1% by increasing from minimal provision to a well-publicized and comprehensive tobacco cessation policy; and
- 2.8% by banning all forms of direct and indirect advertising to have a comprehensive ban on advertising, promotion and sponsorship that includes enforcement.

Source: WHO (4).

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Ethiopia STEPS Survey 2015

Tobacco Fact Sheet

The WHO STEPS 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 major NCD burdens, including tobacco use, harmful use of alcohol, unhealthy diet, insufficient physical activity, overweight and obesity, raised blood pressure, raised blood glucose, and abnormal lipid levels. Data from STEPS 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 activity.

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 15-44 years. A multistage cluster sampling design was used to produce representative data for the 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 9,901 adults participated in the Ethiopia STEPS survey. The overall response rate was 93.1%. A repeat survey is planned for 2020 to refine estimates.

Highlights

TOBACCO USE
- 8.2% of men, 0.7% of women, and 4.8% overall were current users of tobacco, in any form.
- 7.9% of men, 0.4% of women, and 4.2% overall were current smokers of tobacco.
- 1.1% of men, 0.4% of women, and 0.6% 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 (1,146 adults) were exposed to tobacco smoke at the workplace.
- 20.2% of adults (1,127 adults) were exposed to tobacco smoke at home.

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 source listed below.

For additional information, please contact:
WHO STEPS Team [stepes@who.int]
STEPS country focal point name: Abebe Abebe (Abebe@ethiopia)
Tobacco questions are drawn from the Tobacco Questions for Burden (TBQ) http://www.who.int/tobacco/publications/country_surveillance/tbg.pdf

Tobacco Use

<table>
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<tr>
<th>Tobacco Use</th>
<th>Overall % (95% CI)</th>
<th>Male % (95% CI)</th>
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<td>Current smokers</td>
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<td>Current non-smokers (cessation)</td>
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Tobacco and Economic Policy

- Local Currency (ETB) = 6.25 US Dollar
- Tobacco taxation in the country
- Tobacco taxation in the country

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

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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 non-smokers: 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
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