



### GATS Objectives

The Global Adult Tobacco Survey (GATS) is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

GATS is a nationally representative survey, using a consistent and standard protocol across countries including [country]. GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. It will also assist countries to fulfill their obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. The WHO has developed MPOWER, a technical assistance package of six evidence-based policies that include:

- M**onitor tobacco use and prevention policies
- P**rotect people from tobacco smoke
- O**ffer help to quit tobacco use
- W**arn about the dangers of tobacco
- E**nforce bans on tobacco advertising, promotion, and sponsorship
- R**aise taxes on tobacco.

### GATS Methodology

GATS uses a global standardized methodology. It includes information on respondents' background characteristics, tobacco use (smoking and smokeless), cessation, second-hand smoke, economics, media, and knowledge, attitudes and perceptions towards tobacco use. In [country], GATS was conducted in 20XX as a household survey of persons 15 years of age and older by [country implementing agency]. A multi-stage, geographically clustered sample design was used to produce nationally representative data. One individual was randomly chosen from each selected household to participate in the survey. Survey information was collected using handheld devices. The household response rate was XX.X%, the person response rate was XX.X% and the overall response rate was XX.X%. There were a total of XXXXX completed interviews.

### GATS Highlights

#### Tobacco Use

- In [Country] XX.X% of men, XX.X% of women, and XX.X% overall (X million adults) currently smoke tobacco.
- XX.X% of men, XX.X% of women, and XX.X% overall (X million adults) currently use smokeless tobacco.

#### Cessation

- X in 10 current smokers plan to or are thinking about quitting.

#### Second-hand Smoke

- X million adults (XX.X% of adults) are exposed to tobacco smoke at the workplace.

#### Media

- XX.X% of adults noticed anti-cigarette smoking information on the television or radio.
- X in 10 adults have noticed cigarette marketing in stores where cigarettes are sold.
- X in 10 adults have noticed cigarette marketing (other than in stores) or sporting event sponsorship.

#### Knowledge, Attitudes and Perceptions

- XX.X% of adults believe smoking causes serious illness.





### Tobacco Use

<b>TOBACCO SMOKERS</b>	OVERALL(%)	MEN(%)	WOMEN(%)
Current tobacco smokers	XX.X	XX.X	XX.X
Daily tobacco smokers	XX.X	XX.X	XX.X
Current cigarette smokers <sup>1</sup>	XX.X	XX.X	XX.X
Daily cigarette smokers <sup>1</sup>	XX.X	XX.X	XX.X
Former daily tobacco smokers <sup>2</sup> (among all adults)	XX.X	XX.X	XX.X
Former daily tobacco smokers <sup>2</sup> (among ever daily smokers)	XX.X	XX.X	XX.X
<b>SMOKELESS TOBACCO USERS</b>	OVERALL(%)	MEN(%)	WOMEN(%)
Current smokeless tobacco users	XX.X	XX.X	XX.X
Daily smokeless tobacco users	XX.X	XX.X	XX.X
Former daily smokeless tobacco users <sup>3</sup> (among all adults)	XX.X	XX.X	XX.X
Former daily smokeless tobacco users <sup>3</sup> (among ever daily users)	XX.X	XX.X	XX.X
<b>TOBACCO USERS (SMOKED AND/OR SMOKELESS)</b>	OVERALL(%)	MEN(%)	WOMEN(%)
Current tobacco users	XX.X	XX.X	XX.X

### Cessation

	OVERALL(%)	MEN(%)	WOMEN(%)
Smokers who made a quit attempt in past 12 months <sup>4</sup>	XX.X	XX.X	XX.X
Current smokers who plan to or are thinking about quitting	XX.X	XX.X	XX.X
Smokers advised to quit by a health care provider in past 12 months <sup>4,5</sup>	XX.X	XX.X	XX.X
Smokeless users who made a quit attempt in past 12 months <sup>6</sup>	XX.X	XX.X	XX.X
Current smokeless users who plan to or are thinking about quitting	XX.X	XX.X	XX.X
Smokeless users advised to quit by a health care provider in past 12 months <sup>5,6</sup>	XX.X	XX.X	XX.X

### Second-hand Smoke

	OVERALL(%)	MEN(%)	WOMEN(%)
Adults exposed to tobacco smoke at the workplace <sup>7</sup>	XX.X	XX.X	XX.X

### Economics

	LOCAL CURRENCY
Average price of a pack of manufactured cigarettes (in local currency)	XX.X
	OVERALL(%)
Price of 100 packs of manufactured cigarettes as a percentage of per capita Gross Domestic Product (GDP)	XX.X

### Media

<b>TOBACCO INDUSTRY ADVERTISING</b>	OVERALL(%)	CURRENT SMOKERS(%)	NON-SMOKERS(%)
Adults who noticed cigarette marketing in stores where cigarettes are sold <sup>†</sup>	XX.X	XX.X	XX.X
Adults who noticed any cigarette marketing (other than in stores) or sporting event sponsorship <sup>†</sup>	XX.X	XX.X	XX.X
	OVERALL(%)	CURRENT SMOKELESS USERS(%)	NON-USERS(%)
Adults who noticed smokeless tobacco marketing in stores where smokeless tobacco is sold <sup>†</sup>	XX.X	XX.X	XX.X
Adults who noticed any smokeless tobacco marketing (other than in stores) or sporting event sponsorship <sup>†</sup>	XX.X	XX.X	XX.X
<b>COUNTER ADVERTISING</b>	OVERALL(%)	MEN(%)	WOMEN(%)
Current smokers who thought about quitting because of a warning label <sup>†</sup>	XX.X	XX.X	XX.X
	OVERALL(%)	CURRENT SMOKERS(%)	NON-SMOKERS(%)
Adults who noticed anti-cigarette smoking information on the television or radio <sup>†</sup>	XX.X	XX.X	XX.X
	OVERALL(%)	MEN(%)	WOMEN(%)
Current smokeless tobacco users who thought about quitting because of a warning label <sup>†</sup>	XX.X	XX.X	XX.X
	OVERALL(%)	CURRENT SMOKELESS USERS(%)	NON-USERS(%)
Adults who noticed anti-smokeless tobacco information on the television or radio <sup>†</sup>	XX.X	XX.X	XX.X

### Knowledge, Attitudes and Perceptions

	OVERALL(%)	CURRENT SMOKERS(%)	NON-SMOKERS(%)
Adults who believe smoking causes serious illness	XX.X	XX.X	XX.X
Adults who believe exposure to tobacco smoke causes serious illness in nonsmokers	XX.X	XX.X	XX.X
	OVERALL(%)	CURRENT SMOKELESS USERS(%)	NON-USERS(%)
Adults who believe smokeless tobacco use causes serious illness	XX.X	XX.X	XX.X

<sup>1</sup> Includes manufactured cigarettes, hand-rolled cigarettes and kreteks. <sup>2</sup> Current non-smokers. <sup>3</sup> Current non-users. <sup>4</sup> Includes current smokers and those who quit in past 12 months. <sup>5</sup> Among those who visited a health care provider in past 12 months. <sup>6</sup> Includes current smokeless users and those who quit in past 12 months. <sup>7</sup> Among those who work outside of the home who usually work indoors or both indoors and outdoors. <sup>†</sup> During the past 30 days.

NOTE: Current use refers to daily and less than daily use. Adults refer to persons age 15 years and older. Data have been weighted to be nationally representative of all non-institutionalized men and women age 15 years and older. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups.

[NOTE TO ANALYST: Smokeless tobacco indicators are to be reported only if they are of significance to a particular country. In addition, countries should add the prevalence of specific products with significant use in the "Tobacco Use" section (e.g., bidis in India, water pipe in Egypt).]

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**Appendix B: GATS Topics Fact Sheets (6)**

**Tobacco Use**

**Smoke-free Environments**

**Tobacco Cessation and Treatment**

**The Dangers of Tobacco Use**

**Tobacco Advertising, Promotion and Sponsorship**

**Taxes on Tobacco**

## Tobacco Use

Tobacco is the single most preventable cause of death in the world. Today, tobacco use causes one in ten deaths among adults worldwide – more than five million people a year.<sup>1</sup> By 2030, unless urgent action is taken, tobacco’s annual death toll will rise to more than eight million.<sup>1</sup>

The World Health Organization – Tobacco Free Initiative aims to reduce the global burden of death and disease caused by tobacco use. The first step in achieving this aim is to document the extent of tobacco use by monitoring the population. Yet, half of the countries in the world do not have even minimal information about tobacco use among youth and adults.<sup>1</sup> With accurate data, problems caused by tobacco can be understood and resources effectively allocated to counter this global epidemic.

[Country] launched the Global Adult Tobacco Survey (GATS) in [year]. GATS is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

### Tobacco Use in [Country].

Key findings:

*Highlight the key/most interesting findings related to tobacco use here.*

### Percentage of Adults (15 years and older) Who Use Tobacco, [Country], [Year]

*Insert data from GATS Overview Factsheet*

Type of Tobacco	Overall (%)	Men (%)	Women (%)
<b>Tobacco Smokers</b>			
Current tobacco smokers	xx	xx	xx
Daily tobacco smokers	xx	xx	xx
<b>Cigarette Smokers</b>			
Current cigarette smokers*	xx	xx	xx
Daily cigarette smokers*	xx	xx	xx
<b>Smokeless Tobacco Users</b>			
Current smokeless tobacco users	xx	xx	xx
Daily smokeless tobacco users	xx	xx	xx

\* Includes manufactured cigarettes, hand-rolled cigarettes and kreteks.

Refer to section 4 of country report for data to be inserted in next two tables:

**Age at Smoking Initiation among Ever Daily Smokers 20-34 years old (%), [Country], [Year]**

Age at initiation (years)	Overall (%)	Men (%)	Women (%)
Under 15 years old	XX	XX	XX
15-16 years old	XX	XX	XX
17-19 years old	XX	XX	XX
20+	XX	XX	XX

**Percentage of adults (15 years and older) Who Used to Smoke Daily (%), [Country], [Year]**

Characteristic	Former Daily Smoker (%)
Overall	XX
Gender	XX
Male	XX
Female	XX

Review the tables in section 4 of the country report to identify other results to include here. For example, if wide variations exist by gender, age, residence (urban/rural) and level of education, present the data in a table here.

**WHO Framework Convention on Tobacco Control (FCTC)**

[Country] ratified the Framework Convention on Tobacco Control on [date].

The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) includes a blueprint for countries to reduce both the supply of and the demand for tobacco. To help countries fulfill the promise of the FCTC, WHO has established MPOWER, a package of the most important and effective tobacco control policies to reduce tobacco use:

1. **Monitor Tobacco Use and Prevention Policies**
2. **Provide 100% Smoke-free Environments**
3. **Offer Tobacco Cessation & Treatment**
4. **Warn About the Dangers of Tobacco**
5. **Enforce Bans on Advertising, Promotion and Sponsorship**
6. **Raise Taxes on Tobacco**

1. World Health Organization (WHO). WHO Report on the global tobacco epidemic, 2008: The MPOWER package. Geneva: 2008. Available from:  
[http://www.who.int/entity/tobacco/mpower/mpower\\_report\\_full\\_2008.pdf](http://www.who.int/entity/tobacco/mpower/mpower_report_full_2008.pdf).

## Smoke-free Environments

There is no safe level of exposure to secondhand smoke.<sup>1</sup> Secondhand smoke contains over 4,000 chemicals and at least 69 carcinogens.<sup>2</sup> It is a cause of disease in non-smokers, including lung cancer, coronary heart disease, cardiac death in adults and a cause of disease in children as well.<sup>2</sup>

Only comprehensive smoke-free laws require 100% smoke-free environments in all work places and public places (with no exception) are effective at protecting everyone from the harms of secondhand smoke.<sup>1,3</sup> Currently, only 5% of the world's population is covered by comprehensive smoke-free laws.<sup>3</sup> Secondhand smoke is a serious threat to human health and effective action must be taken to reduce exposure.

[Country] launched the Global Adult Tobacco Survey (GATS) in [year]. GATS is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

### Tobacco Use, [Country], [Year]

*Insert data from GATS Overview Factsheet*

<b>Tobacco use among adults 15 years and older</b>	<b>Overall (%)</b>	<b>Men (%)</b>	<b>Women (%)</b>
Current tobacco smokers	XX	XX	XX
Current cigarette smokers*	XX	XX	XX
Current smokeless tobacco users	XX	XX	XX

\* Includes manufactured cigarettes, hand-rolled cigarettes and kreteks.

### Secondhand Smoke

Key findings:

*Highlight the key/most interesting findings related to exposure to secondhand smoke here.*

### Second-hand Smoke, [Country], [Year]

*Insert data from GATS Overview Factsheet*

<b>Second-hand smoke exposure</b>	<b>Overall (%)</b>	<b>Men (%)</b>	<b>Women (%)</b>
Adults exposed to second-hand smoke at the workplace*	XX	XX	XX
<b>Beliefs about second-hand smoke</b>	<b>Overall (%)</b>	<b>Current smokers (%)</b>	<b>Non-smokers (%)</b>
Adults who believe exposure to second-hand smoke causes serious illnesses in non-smokers	XX	XX	XX

\* During the previous 30 days

*Review the tables in section 6 of the country report to identify other results that you would like to present in a table here.*

### Smoke-free Legislation in [Country]

[Describe current secondhand smoke laws at national and subnational levels]

### WHO Framework Convention on Tobacco Control (FCTC)

[Country] ratified the Framework Convention on Tobacco Control on [date].

Article 8 of the FCTC requires Parties to adopt and implement effective measures providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

### **Key Messages**

- Smoke-free laws help guarantee the fundamental right to breathe clean air for all.
- Smoke-free laws protect the health of workers and non-smokers and encourage smokers to quit.
- The only effective way to protect people is to provide 100% smoke-free air. Designated smoking rooms and similar approaches do not work.<sup>3</sup>
- Smoke-free laws help the economy and do not harm businesses like restaurants and bars.<sup>4</sup>
- All countries regardless of income level can implement smoke-free laws effectively.

1. World Health Organization (WHO). Adoption of the guidelines for implementation of Article 8. Conference of the Parties to the WHO Framework Convention on Tobacco Control, second session, decision FCTC/COP2(7); 2007. Available from: [http://www.who.int/gb/fctc/PDF/cop2/FCTC\\_COP2\\_DIV9-en.pdf](http://www.who.int/gb/fctc/PDF/cop2/FCTC_COP2_DIV9-en.pdf).
2. U.S. Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General. Atlanta: Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006. Available from: <http://www.surgeongeneral.gov/library/secondhandsmoke/report/>.
3. World Health Organization (WHO). WHO Report on the global tobacco epidemic, 2008: The MPOWER package. Geneva: WHO; 2008. Available from: [http://www.who.int/entity/tobacco/mpower/mpower\\_report\\_full\\_2008.pdf](http://www.who.int/entity/tobacco/mpower/mpower_report_full_2008.pdf).
4. Scollo M, Lal A, Hyland A, Glantz S. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control*. 2003 Mar;12(1):13-20.

## Tobacco Cessation and Treatment

Among smokers who are aware of the dangers of tobacco, three out of four want to quit.<sup>1</sup> It is difficult for many tobacco users to quit on their own, and they benefit from help and support to overcome their dependence. However, 95% of the world's population does not have access to cessation services.<sup>2</sup> Currently, only about 5% of the countries that are parties to the Framework Convention on Tobacco Control (FCTC) offer a full range of cessation services and at least partial financial support.<sup>2</sup>

[Country] launched the Global Adult Tobacco Survey (GATS) in [year]. GATS is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

### Tobacco Use, [Country], [Year]

*Insert data from GATS Overview Factsheet*

<b>Tobacco use among adults 15 years and older</b>	<b>Overall (%)</b>	<b>Men (%)</b>	<b>Women (%)</b>
Current tobacco smokers	XX	XX	XX
Current cigarette smokers*	XX	XX	XX
Current smokeless tobacco users	XX	XX	XX

\* Includes manufactured cigarettes, hand-rolled cigarettes and kreteks.

### Tobacco Cessation

Key findings:

*Highlight the key/most interesting findings related to tobacco cessation here.*

### Tobacco Cessation, [Country], [Year]

*Insert data from GATS Overview Factsheet*

<b>Tobacco cessation</b>	<b>Overall (%)</b>	<b>Men (%)</b>	<b>Women (%)</b>
<b>Tobacco smokers</b>			
Smokers who made a quit attempt in previous 12 months*	XX	XX	XX
Current smokers who plan to or are thinking about quitting	XX	XX	XX
Smokers advised to quit by a health care provider in previous 12 months*. <sup>††</sup>	XX	XX	XX
<b>Smokeless tobacco users</b>			
Smokeless users who made a quit attempt in previous 12 months*	XX	XX	XX
Current smokeless users who plan to or are thinking about quitting	XX	XX	XX
Smokeless users advised to quit by a health care provider in previous 12 months*. <sup>††</sup>	XX	XX	XX

\* Includes those who quit in previous 12 months.  
<sup>††</sup> Among those who visited a health care provider in past 12 months.

*(Note: If there are variations between men and women, include gender data; otherwise just include % total)*

*Review the tables in section 5 of the country report to identify other results that you would like to present in a table here.*

### **Cessation services in [Country]**

[Describe cessation services such as quitlines, cessation services offered – in what % of country]

### **WHO Framework Convention on Tobacco Control (FCTC)**

[Country] ratified the Framework Convention on Tobacco Control on [date].

Article 14 of the FCTC requires parties to endeavor to create cessation programs in a range of settings, including diagnosis and treatment of nicotine dependence in national health programs, establishment of programs for diagnosis, counseling and treatment in health care facilities and rehabilitation centers, and collaboration with other countries to increase the accessibility of cessation therapies.

### **Key Messages**

- Three out of four smokers who understand the dangers of tobacco want to quit.
- Cessation services help smokers quit but are often unavailable.
- An effective tobacco cessation program should include a range of treatment methods to adequately assist smokers in quitting including integrating tobacco cessation into primary health care, establishing quit lines, and offering pharmacological treatment such as nicotine replacement therapy.
- Tobacco tax increases can fund cessation treatment that will save lives and greatly reduce the burden of disease.

<sup>1</sup> Jones JM. Smoking habits stable; most would like to quit. 18 July 2006. Gallup News Service. Available from: <http://www.gallup.com/poll/23791/Smoking-Habits-Stable-Most-Would-Like-Quit.aspx>.

<sup>2</sup> WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package. Geneva, World Health Organization, 2008.

## The Dangers of Tobacco Use

The tobacco industry spends billions of dollars internationally to market its deadly products through appealing advertising and distinctive packaging. The extreme addictiveness of tobacco and the full range of health dangers are not fully understood or appreciated by the public. Aggressive public education campaigns and pictorial warning labels can prevent smoking initiation among youth, encourage smokers to quit, and change the social context of tobacco use so that pro-tobacco messages are no longer dominant.<sup>1,2,3,4</sup>

[Country] launched the Global Adult Tobacco Survey (GATS) in [year]. GATS is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

### Tobacco Use, [Country], [Year]

Tobacco use among adults 15 years and older	Overall (%)	Men (%)	Women (%)
Current tobacco smokers	XX	XX	XX
Current cigarette smokers*	XX	XX	XX
Current smokeless tobacco users	XX	XX	XX

\* Includes manufactured cigarettes, hand-rolled cigarettes and kreteks.

### Awareness of the Dangers of Tobacco Use

Key findings:

*Highlight the key/most interesting findings related to awareness about the dangers of tobacco here.*

### Awareness of the Dangers of Tobacco Use, [Country], [Year]

*Insert data from GATS Overview Factsheet*

Awareness of dangers of tobacco use	Overall (%)	Current smokers (%)	Non-Smokers (%)
<b>Cigarettes*</b>			
Adults who noticed anti-cigarette smoking information on the TV or radio	XX	XX	XX
Adults who believe smoking causes serious illness	XX	XX	XX
Current smokers who thought about quitting because of a warning label <sup>††</sup>		XX	
<b>Smokeless tobacco</b>			
	Overall (%)	Current smokeless users (%)	Non-Users (%)
Adults who noticed anti-smokeless tobacco information on the TV or radio	XX	XX	XX
Adults who believe smokeless tobacco use causes serious illness	XX	XX	XX
Current smokeless tobacco users who thought about quitting because of a warning label <sup>††</sup>		XX	

* Includes manufactured cigarettes, hand-rolled cigarettes and kreteks.
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†† During the previous 30 days
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*Review the tables in section 8 of the country report to identify other results that you would like to present in a table here.*

### **Public Education and Warning Label Laws in [Country]**

[insert summary of laws on public education campaigns and warning labels]

### **WHO Framework Convention on Tobacco Control (FCTC)**

[Country] ratified the Framework Convention on Tobacco Control on [date].

Article 12 of the FCTC requires the adoption of legislative, executive, administrative, or other measures that promote public awareness and access to information on the addictiveness of tobacco, the health risks of tobacco use and exposure to smoke, the benefits of cessation, and the actions of the tobacco industry.

Article 11 of the FCTC requires parties to use large, clear health warnings. The article also requires parties to implement effective measures to ensure that tobacco product packaging and labeling do not promote a tobacco product by any means that are false, misleading, deceptive, or likely to create an erroneous impression about its characteristic, health effects, hazards, or emissions. These include terms such as “light,” “low tar,” and “mild.”

### **Key Messages**

- Tobacco is deadly and addictive.
- To ensure that the public is fully informed of tobacco’s harms and to counter the seductive images of tobacco portrayed by the tobacco industry, it is essential to:
  - Launch tobacco control media campaigns and other counter advertising activities. Media campaigns must be hard hitting, sustained over significant amounts of time and effectively counter the tobacco industry’s marketing and promotional tactics.
  - Place health warnings on all tobacco product packaging. Tobacco pack warnings should be clear, include graphic pictures of tobacco’s harms and cover at least 50% of all outer product covering.
  - Inform the public that terms such as “light” and “low” are misleading and deceptive because they do not reduce risk.

<sup>1</sup> Emery S, et al. Televised State-sponsored anti-tobacco advertising and youth smoking beliefs and behavior in the United States, 1999-2000, Archives of Pediatric and Adolescent Medicine. 2005;159:639-645.

<sup>2</sup> US Department of Health and Human Services, Reducing the Health Consequences of Smoking: 25 Years of Progress. A report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1989. Available from: <http://www.cdc.gov/tobacco/sgr/index.htm>.

<sup>3</sup> Goldman LK, Glantz SA. Evaluation of antismoking advertising campaigns. JAMA. 1998;279:772-7.

<sup>4</sup> Farrelly MC, Davis KC, Haviland L, Messeri P, Heaton CG. Evidence of a dose-response relationship between “truth” antismoking ads and youth smoking prevalence. American Journal of Public Health. 2005;95(3):425-431.

## Tobacco Advertising, Promotion and Sponsorship

To sell a product that kills up to half of all its users requires extraordinary marketing savvy. Tobacco manufacturers are some of the best marketers in the world – and increasingly aggressive at circumventing prohibitions on advertising, promotion and sponsorship that are designed to curb tobacco use.<sup>1</sup> Tobacco marketing and promotion are deceptive and misleading, weaken public health campaigns, and target specific populations such as women, youth, and minority groups.<sup>1,2,3</sup> Tobacco advertising, promotion and sponsorship entice young people to use tobacco, encourage smokers to smoke more, and decrease smokers’ motivation to quit.<sup>1,2,3</sup> Comprehensive bans on tobacco advertising, promotion and sponsorship can reduce tobacco use.<sup>4</sup>

[Country] launched the Global Adult Tobacco Survey (GATS) in [year]. GATS is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

### Tobacco Use, [Country], [Year]

<b>Tobacco use among adults 15 years and older</b>	<b>Overall (%)</b>	<b>Men (%)</b>	<b>Women (%)</b>
Current tobacco smokers	XX	XX	XX
Current cigarette smokers*	XX	XX	XX
Current smokeless tobacco users	XX	XX	XX

\* Includes manufactured cigarettes, hand-rolled cigarettes and kreteks.

### Exposure to Tobacco Marketing

Key findings:

*Highlight the key/most interesting findings related to tobacco marketing here.*

### Exposure to Tobacco Marketing in [Country], [Year]

*Insert data from GATS Overview Factsheet*

<b>Adults who noticed cigarette marketing</b>	<b>Overall (%)</b>	<b>Current smokers (%)</b>	<b>Non-Smokers (%)</b>
Cigarette marketing in stores where cigarettes are sold*	XX	XX	XX
Any other cigarette marketing (other than in stores) or sporting event sponsorship*	XX	XX	XX
<b>Adults who noticed smokeless tobacco marketing</b>	<b>Overall (%)</b>	<b>Current smokeless users (%)</b>	<b>Non-Users (%)</b>
Smokeless tobacco marketing in stores where smokeless tobacco is sold*	XX	XX	XX
Any smokeless tobacco marketing (other than in stores) or sporting event sponsorship*	XX	XX	XX

\* During the previous 30 days

*Review the tables in section 8 of the country report to identify other results that you would like to present in a table here.*

## **Advertising, Promotion and Sponsorship Laws in [Country]**

[insert summary of laws on tobacco advertising, promotion and sponsorship]

## **WHO Framework Convention on Tobacco Control (FCTC)**

[Country] ratified the Framework Convention on Tobacco Control on [date].

Article 13 of the FCTC requires a comprehensive ban on tobacco advertising, promotion and sponsorship within five years after ratification. National bans must also include cross-border advertising, promotion and sponsorship originating within a nation's territory.

### **Key Messages**

- Tobacco marketing and promotion entice young people to use tobacco, encourage smokers to smoke more, and decrease smokers' motivation to quit.
- Tobacco marketing and promotion increase tobacco consumption and sales.
- Comprehensive, enforced marketing and promotional bans reduce tobacco use.

1. World Health Organization (WHO). WHO Report on the global tobacco epidemic, 2008: The MPOWER package. Geneva: 2008. Available from:  
[http://www.who.int/entity/tobacco/mpower/mpower\\_report\\_full\\_2008.pdf](http://www.who.int/entity/tobacco/mpower/mpower_report_full_2008.pdf).
2. Warner KE. Selling smoke: Cigarette advertising and public health. Washington, D.C.: American Public Health Association; 1986.
3. Andrews RL, Franke GR. The determinants of cigarette consumption: A meta-analysis. *Journal of Public Policy and Marketing*. 1991;10:81-100.
4. Saffer H. Tobacco Advertising and Promotion. In: Jha P, Chaloupka F, editors. *Tobacco Control in Developing Countries*. New York: Oxford University Press, Inc.; 2000. p. 224. Available from:  
<http://www1.worldbank.org/tobacco/tcdc.asp>.

## Taxes on Tobacco

Increasing the price of tobacco through higher taxes is the single most effective way to decrease consumption and encourage tobacco users to quit.<sup>1</sup> A 70% increase in the price of tobacco could prevent up to a quarter of all smoking-related deaths worldwide.<sup>2</sup> Increasing tobacco taxes by 10% of retail price decreases tobacco consumption by 4% in high-income countries and by about 8% in low- and middle-income countries.<sup>2</sup> Note: if other economic data are available in [Country] incorporate here.

[Country] launched the Global Adult Tobacco Survey (GATS) in [year]. GATS is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

### Tobacco Use, [Country], [Year]

Tobacco use among adults 15 years and older	Overall (%)	Men (%)	Women (%)
Current tobacco smokers			
Current cigarette smokers*	xx	xx	xx
Current smokeless tobacco users	xx	xx	xx
* Includes manufactured cigarettes, hand-rolled cigarettes and kreteks.			

### Cigarette Prices

Key findings:

(highlight the key/most interesting findings related to tobacco pricing and taxes here)

### Cigarette Prices, [Country], [Year]

*Insert data from GATS Overview Factsheet*

Cigarette prices	Local currency
Average price of a pack of manufactured cigarettes	xx
	Overall (%)
Price of 100 packs of manufactured cigarettes as a percentage of per capita GDP	xx

*Review the tables in section 7 of the country report to identify other results to include here, for example, monthly cigarette expenditures.*

### Tobacco Taxes in [Country], [Year]

[Describe tobacco tax laws and tax information such as tax as a % of retail price]

### WHO Framework Convention on Tobacco Control (FCTC)

[Country] ratified the Framework Convention on Tobacco Control on [date].

Article 6 of the FCTC recommends parties take into account tax policies and price policies as a part of their overall national health policy. WHO recommends all governments raise tobacco taxes. All tobacco products should be taxed similarly and need to be regularly adjusted for

inflation. Taxes on cheap tobacco products should be equivalent to products that are more heavily taxed, such as cigarettes, to prevent substitution in consumption.

### Key Messages

- **Higher tobacco taxes save lives.** Increasing tobacco taxes decreases consumption and youth initiation.
- **Higher tobacco taxes help the young and the poor.** Youth and low income people are much more sensitive to the price of goods.<sup>3</sup> Tax increases help the poor stop using tobacco and allow them to reallocate their money to food, shelter, education and health care.
- **Higher taxes increase government revenue.** Tobacco tax increases do not reduce government revenues. Increasing tobacco taxes by 10% generally leads to increases in government tobacco tax revenues of nearly 7%.<sup>4</sup>
- **All tobacco products must be taxed and adjusted to account for inflation and consumer incomes.** Tobacco products in many countries have become more affordable over time. The most effective way to make tobacco products less affordable is to increase the retail price of cigarettes by increasing excise taxes. All products must be taxed at equivalent rates to prevent tobacco users from switching tobacco brands and types based on tax and price differences.

<sup>1</sup> WHO Tobacco Free Initiative. Building blocks for tobacco control: a handbook. Geneva: World Health Organization; 2004. Available from: [http://www.who.int/tobacco/resources/publications/tobaccocontrol\\_handbook/en/](http://www.who.int/tobacco/resources/publications/tobaccocontrol_handbook/en/).

<sup>2</sup> Jha P, et al. Tobacco Addiction. In: Jamison DT et al., eds. Disease control priorities in developing countries, 2nd ed. New York, Oxford University Press and Washington, DC: World Bank; 2006: 869–885. Available from: <http://www.dcp2.org/file/52/DCPP-Tobacco.pdf>.

<sup>3</sup> WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package. Geneva, World Health Organization, 2008.

<sup>4</sup> Sunley, et al. The design, administration, and potential revenue of tobacco excises. In: Jha P, Chaloupka FJ, eds. Tobacco control in developing countries. Oxford, Oxford University Press, 2000:409–426.

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## Appendix C: Media Release Template

FOR IMMEDIATE RELEASE:     **DATE**

CONTACT:     **NAME, NUMBER, EMAIL**

**COUNTRY'S** First Survey of Adult Tobacco Use Shows That **[insert key finding]**

### *Tobacco's Economic and Health Toll Can be Reduced by Implementing the Proven Measures in International Health Treaty*

**CITY, COUNTRY** – **ORGANIZATION** today released **COUNTRY'S** first Global Adult Tobacco Survey, a surveillance tool aimed at understanding tobacco use and trends in **COUNTRY**. The survey found that tobacco use and its toll in **COUNTRY** are significant, with more than **NUMBER** smokers in **COUNTRY**, and **INSERT ADDITIONAL STATISTIC ON USE**.

The report revealed additional important data that should guide policymakers in implementing measures to reduce tobacco use, including:

- **Include 3 or 4 bullet points highlighting the most interesting results from the report for your country.**

Globally, tobacco use causes one in ten deaths among adults worldwide – more than five million people a year. By 2030, unless urgent action is taken, tobacco's annual death toll will rise to more than eight million.

Yet there are proven methods to reduce tobacco's impact on **COUNTRY'S** citizens, and more than 164 nations, including [country] (if applicable) have committed themselves to doing so by ratifying the Framework Convention on Tobacco Control (FCTC), the world's first international treaty devoted entirely to public health. This treaty provides a road map for successfully reducing tobacco use if rigorously and fully implemented.

The World Health Organization released a report that identified a set of six cost-effective solutions that are mandated by the provisions of the FCTC, have been proven to reduce tobacco use and should be implemented in every nation. Called the MPOWER package, these solutions require nations to:

- **Monitor** tobacco use and assess the impact of tobacco prevention and cessation efforts;
- **Protect** everyone from secondhand smoke with laws that require smoke-free workplaces and public places;
- **Offer** help to every tobacco user to quit;

- Warn and effectively educate every person about the dangers of tobacco use with strong, pictorial health warnings and hard-hitting, sustained media campaigns to educate the public;
- Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorships and on the use of misleading terms such as “light” and “low-tar;” and
- Raise the price of tobacco products by increasing tobacco taxes.

“With **INSERT MOST HARMFUL STATISTIC FROM REPORT**, it is critical that our government places a priority on strong tobacco control legislation” said **NAME, TITLE, ORGANIZATION**. “We join the international health community in calling for **COUNTRY** to take action and effectively **IMPLEMENT OR ACCEDE TO** the international tobacco control treaty and reduce the deadly health and economic impacts of tobacco .”

**IF FCTC IS RATIFIED:** As one of the countries that has ratified the **FCTC, COUNTRY** has an international commitment to continue to implement and enforce the health treaty. **(INSERT COUNTRY SPECIFIC INFORMATION ON SUCCESSES OR CHALLENGES OF IMPLEMENTATION AND SPECIFIC PRIORITIES IN YOUR COUNTRY).**

**IF FCTC IS NOT RATIFIED:** As one of the few nations in the world that has not ratified the **FCTC, COUNTRY** is lagging behind the world in ensuring its citizens live healthy lives. As the government considers new legislation, it must place the health of its citizens over the interest of the tobacco industry. **INSERT COUNTRY SPECIFIC INFORMATION ON CHALLENGES TO FCTC RATIFICATION AND SPECIFIC COUNTRY CHALLENGES.**

Methodology:

GATS in **COUNTRY** was a household survey of persons 15 years of age and older conducted in 20XX by XXX. The survey includes information on background characteristics, tobacco smoking and smokeless tobacco use, cessation, secondhand smoke, economics, media, and knowledge, attitudes and perceptions toward tobacco use.

Additional Information:

**IF YOU HAVE WEB SITE, PLEASE INSERT**

Full Report: **INSERT LINK TO COUNTRY SPECIFIC GATS REPORT**

###

**INSERT PARAGRAPH ABOUT YOUR ORGANIZATION**

## Appendix D: Letter to the Editor Template

### **Government Should Fight for the Health of its Citizens**

To the Editor:

Re: **TITLE OF ARTICLE** article by **AUTHOR** on **TOPIC**

**ORGANIZATION** recently released the Global Adult Tobacco Survey. The survey has the latest data on the prevalence of adult tobacco use and key tobacco control indicators in **COUNTRY**. The report shows that in **COUNTRY**, **PREVALENCE** of **MEN/WOMEN** currently smoke tobacco. **PREVALENCE** of children are exposed to tobacco smoke at home at least weekly. Tobacco is the leading preventable cause of death, and the high smoking rates in **COUNTRY** clearly indicate that action needs to be taken to reduce the devastating health toll of tobacco.

The Framework Convention on Tobacco Control (FCTC) is the world's first international treaty devoted entirely to public health. This treaty identifies cost-effective solutions that, if rigorously and fully implemented, have been proven to reduce tobacco use, including raising taxes on tobacco and enforcing bans on tobacco advertising. **IF FCTC IS RATIFIED:** As one of the countries that has ratified the **FCTC**, **COUNTRY** has an international commitment to continue to implement and enforce the health treaty. **IF FCTC IS NOT RATIFIED:** As one of the few nations in the world that hasn't ratified the **FCTC**, **COUNTRY** is lagging behind the world in ensuring its citizens live healthy lives and should take into account their citizens' health as the government considers new legislation.

The data from the survey speaks for itself. Strong tobacco control laws are needed to protect our health. We call for the **COUNTRY** government to keep the interests of its citizens in mind over the interests of the tobacco industry.

**CONTACT NAME**

**ORGANIZATION**

## **Appendix E: Opinion Article Template**

### **Government Should Fight for the Health of its Citizens**

By **AUTHOR**

Tobacco is the single most preventable cause of death. In fact, tobacco use causes one in ten deaths among adults worldwide – more than five million people a year. Unless our government starts to fight for our health, **LOCAL STATISTICS ON TOBACCO TOLL**.

**ORGANIZATION** recently released the Global Adult Tobacco Survey. The survey includes the latest data on the prevalence of adult tobacco use and key tobacco control indicators in **COUNTRY**. The report shows that in **COUNTRY**, **PREVALENCE** of **MEN/WOMEN** currently smoke tobacco. **PREVALENCE** of children are exposed to tobacco smoke at home at least weekly. The high smoking rates in **COUNTRY** are troubling and clearly indicate that the government needs to take action to reduce the devastating health toll of tobacco.

More than 165 nations have made a commitment to reducing tobacco's impact on its citizens by joining the Framework Convention on Tobacco Control (FCTC). The FCTC is the world's first international treaty devoted entirely to public health and provides a road map for successfully reducing tobacco use if rigorously and fully implemented.

The FCTC includes cost-effective solutions that have been proven to reduce tobacco use and should be implemented in every country. The solutions include educating people about the dangers of tobacco, raising taxes on tobacco and enforcing bans on tobacco advertising. Implementing these methods helps combat the tobacco epidemic and protects citizens from the harmful effects of tobacco.

**IF FCTC IS RATIFIED:** As one of the countries that has ratified the **FCTC**, **COUNTRY** has an international commitment to continue to implement and enforce the health treaty. Doing so will continue to protect the health of **COUNTRY's** citizens and ensure that the current smoking trends do not continue to increase. **IF FCTC IS NOT RATIFIED:** As one of the few nations in the world that hasn't ratified the **FCTC**, **COUNTRY** is lagging behind the world in ensuring its citizens live healthy lives and should take into account their citizens' health as the government considers new legislation.

The effect that tobacco is having on the people of **COUNTRY** is startling and preventable. Strong tobacco control laws are needed to protect our health. We call for the **COUNTRY** government to keep the interests of its citizens in mind over the interests of the tobacco industry and to implement strong tobacco control laws.

## **Appendix F: Tips for Working with the News Media**

In order to make the most of the news media as a tool, advocates should understand how the media works and have an organized approach to working with it.

In order to be able to use the media as a tool for advocacy, it is important that the people working on GATS data dissemination know how to reach the right media contacts. Getting to know which media to reach out to involves:

- 1. Creating a media list** – A media list is a very important tool that includes the names, affiliations, and all the contact information for journalists covering the health or health policy issues. This information can be gathered by contacting media outlets. The list should be updated regularly because information can quickly go out of date as reporters change jobs and media outlets restructure or change formats. This is a task that may be best executed by a single media liaison.
- 2. Developing relationships with journalists** – Earned media coverage relies on journalists including the GATS perspective when reporting a story, whether it is through their coverage of a dissemination event, using GATS data materials that were prepared, or by contacting a partnering organization to comment on a developing story. The likelihood of getting the GATS perspective included in a story is increased when the journalist thinks that time spent talking to the GATS representative is helpful and informative to the development of their news story. Prior to launching dissemination efforts, advocates should cultivate relationships with journalists by calling them to introduce the group, to identify the global initiative to reduce tobacco use, and to establish themselves as tobacco control experts. This is another task that may be best executed by a single media liaison.

### **Get the Media to Pay Attention – Frame the Message Well**

Once the key messages and appropriate messengers are determined, GATS advocates should craft stories that are newsworthy by journalistic standards in order to garner media attention.

Although advocates think reducing tobacco use is important, a story will only be covered if reporters and other individuals with the authority to determine coverage find it interesting or significant. A successfully pitched story usually involves one or more of the following:

- **A timely story** – Consider whether the story has been reported elsewhere and if it concerns a current topic of interest to readers or viewers. For example, if a smokefree policy is being considered for adoption, stories based on GATS data on exposure to second-hand smoke would be timely because they provide current information on this topic of current interest.
- **A story about a breakthrough or milestone** – If a story involves new data, or something significant, or a “first,” it is likely to be considered newsworthy. GATS itself could be considered noteworthy since it will include new data that has been previously published.
- **A personal angle** – When stories are linked to a “human side,” they tend to be engaging for audiences and, therefore, attractive to news gatekeepers. For GATS data dissemination, the personal angle might involve tobacco use consequences as experienced by an average person.
- **A good visual** – News stories with good visuals and audio are likely to get covered in broadcast media such as television and radio. Depending on the message that the dissemination plan seeks to highlight, visuals might include examples of tobacco advertising, photos of workers exposed to second-hand smoke or patients suffering from tobacco-related illnesses, data charts, and graphs.

Before approaching the media, develop several story approaches angles that could be suggested to them. Once you speak with the reporter, obtain feedback on whether they find the story newsworthy.

### **Work Effectively with the News Media**

Providing timely and useful information to journalists strengthens an organization’s reputation as a credible and valuable source. Representatives to the media should be trained to approach each interview strategically.

Once advocates have done their research, introduced themselves to key reporters, and developed their media contact lists and messages, the next thing to do is to contact them with the story. When contacting a journalist, remember to:

- **Be respectful of a journalist’s time** – When calling a reporter, always ask if it a good time to talk. If it is not, ask when it might be good time to call back. For example, if the reporter has a 5 o’clock news show, 4:45 is not a good time to call. Be considerate of their deadlines and schedule.

- **Be specific and to the point** – Tell them why you are calling and, if you are suggesting a story idea, provide information that highlights the story’s newsworthiness.
- **Follow Up** – If you say you will call back or send information later, remember to do it.

It is good to train the individuals who will be called upon to speak to the media, both in how to work with the media and to stay on message. Every encounter with a journalist is an opportunity to educate, and it should be guided by strategic thinking. As such, though your spokesperson may be very comfortable speaking on tobacco control, it is still helpful to go over key messages and to prepare them with responses to likely questions. Also, provide them background on each reporter with whom they will be interacting. Training spokespeople is a task that could be performed by a media liaison, but in the absence of a media liaison, advocacy organizations that work regularly with the media may be able to provide such assistance.

**Develop a Media Kit:**

Media kits provide background information for reporters, making it easier for reporters and editors to do their job and have the correct data on hand. A GATS media kit should include basic information about the survey, relevant Fact Sheets, and contact information for the dissemination group. Media kits should be given to journalists when making initial contact with media professionals, at meetings with editorial boards, and at all media events.

**Standard Content of Media Kit  
for Meetings with Media**

- 1-page description of the Global Initiative
- GATS Country Fact Sheet and/or Topics Fact Sheets
- Contact Information for GATS