Global Adult Tobacco Survey

THE REPUBLIC OF KAZAKHSTAN 2019

Executive Summary
Second round

SOCIAL HEALTH INSURANCE PROJECT

World Health Organization
REGIONAL OFFICE FOR Europe

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

ABSTRACT

Globally, tobacco use remains one of the leading causes of premature death, killing over 8 million people a year.

More than 7 million deaths are the result of direct tobacco use, and around 1.2 million deaths are non-smokers being exposed to secondhand smoke. Kazakhstan ratified the WHO Framework Convention on Tobacco Control in 2006 and pledged to implement intersectoral measures to protect people from tobacco smoke through law and other measures. This executive summary presents the rationale, methodology, key results and conclusions from two rounds of the Global Adult Tobacco Survey carried out in Kazakhstan in 2014 and 2019. Full descriptions and results are presented in the main report.

CONTENTS

INTRODUCTION

Globally, tobacco use remains one of the leading causes of premature death, killing over 8 million people a year. More than 7 million deaths are the result of direct tobacco use, and around 1.2 million deaths are non-smokers being exposed to secondhand smoke *(1,2)*. In adults, tobacco use is the main risk factor for a range of chronic conditions and diseases, including various cancers, respiratory and cardiovascular diseases. Exposure to secondhand smoke also has many adverse health outcomes, including death *(3)*.

Children are more sensitive to the effects of secondhand tobacco-smoke exposure as they are at increased risk of developing acute respiratory illness, middle-ear infections, sudden infant death syndrome and behavioural disorders; later in life, they may develop heart disease and various types of cancers *(4)*.

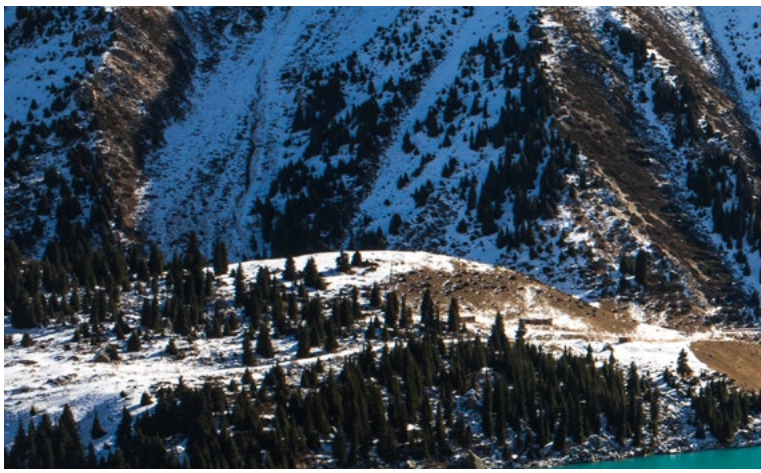
Tobacco users who develop chronic health conditions or die prematurely might deprive their families of income and hinder economic development. The total economic cost of tobacco use at global level is estimated at US$ 1.4 trillion in health-care costs and lost productivity each year, which is equivalent to 1.8% of the world's annual gross domestic product *(5)*.

Kazakhstan ratified the WHO Framework Convention on Tobacco Control (FCTC) *(6)* in 2006 and pledged to implement intersectoral measures to protect people from tobacco smoke through the Law of the Republic of Kazakhstan on Ratification of the WHO Framework Convention on Tobacco Control dated 25 November 2006 *(7)*.

Tobacco-control legislation in Kazakhstan for the period between two Global Adult Tobacco Survey (GATS) rounds (2014 to 2019) included the following measures: a partial ban on smoking in certain indoor public places; imposition of a minimum age of sale for tobacco products (18 years); requirements for packaging and labelling of tobacco products with pictorial health warnings covering 50% of both the front and back of tobacco packs; a partial ban on tobacco advertising, promotion and sponsorship; fines for individuals and businesses violating regulations of the tobacco-control legislation; and an annual increase in the minimum price of a pack of cigarettes and the excise tax on tobacco products. Additional information can be found elsewhere *(7–12)*.

National anti-tobacco campaigns and activities are carried out in Kazakhstan as part of the State Health Development Programmes of the Republic of Kazakhstan, which are reviewed every five years (the latest one is for 2020–2025) and define priorities for the prevention and monitoring of behavioural risk factors and noncommunicable diseases (NCDs) *(13,14)*.

To assess the extent and nature of tobacco consumption and level of implementation of tobacco-control policies, the Ministry of Health systematically monitors tobacco use and tracks key tobacco-control indicators, which are essential for evaluating existing tobacco-control measures and further strengthening tobacco-control policies as part of the country's obligations to the WHO FCTC.



METHODOLOGY

The GATS is a nationally representative household survey of adults aged 15 years or older that uses consistent and standard protocols across countries to allow for national and international comparisons. It aims to monitor tobacco use and key tobacco-control indicators using a standardized protocol that includes a questionnaire, sample design, and data-collection and management procedures.

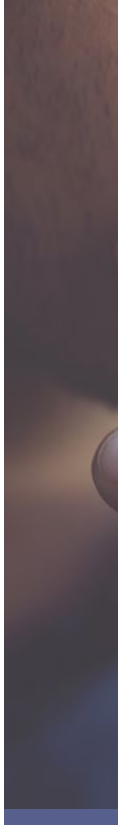
GATS 2019 was the second round of the baseline study implemented in Kazakhstan in 2014 *(15)*. The 2019 survey used a three-stage geographically clustered sampling design. A sample of 11 501 households was randomly selected within 371 sample settlements from the country's housing registry. In total, 10 677 respondents completed the survey, 5314 of whom were from urban and 5363 from rural areas, with 4791 males and 5886 females. The overall response rate was 95.5%.

The survey collected information on respondents' sociodemographic background, tobacco use (smoked, smokeless and heated tobacco products (HTPs)), use of electronic nicotine delivery systems (ENDS) (commonly named electronic cigarettes or e-cigarettes), cessation, secondhand smoke exposure, economics, media, and knowledge, attitudes and perceptions towards tobacco use. The data were collected by trained interviewers through face-to-face interviews using Android tablets. The electronic data-management system was used for data transmission and aggregation.

GATS 2019 was implemented under the supervision of the Ministry of Health of Kazakhstan by two organizations: the National Centre for Public Health of the Ministry of Health; and the Information Computing Centre of the Committee on Statistics of the Ministry of National Economy. The National Centre for Public Health was responsible for overall implementation of the GATS, while the Information Computing Centre took responsibility for sampling, fieldwork, electronic data collection and data aggregation.

Financial support was provided by the Bloomberg Initiative to Reduce Tobacco Use, a programme of Bloomberg Philanthropies, with support from the Ministry of Health of Kazakhstan within the framework of activities of the project "Social Health Insurance" under implementation of the World Bank contract dated 22 February 2019, No. SHIP-2.1/CS-05, "Consulting Services for the Institutional Development of Public Health Services, Monitoring and Management of Noncommunicable Diseases". Technical assistance was provided by the United States Centers for Disease Control and Prevention (CDC), WHO and RTI International. Programme support was provided by the CDC Foundation.

key findings



In 2019, **21.5%** (2.8 million) of the adult population aged 15 years or older (38.3% males and 6.4% females) in Kazakhstan reported **current tobacco use** in any form (smoked, smokeless and/or HTPs).

Tobacco use

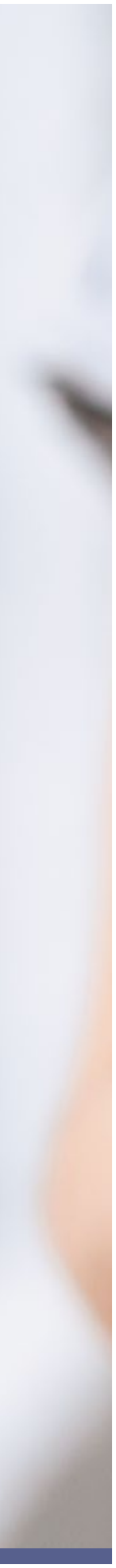
In 2019, 21.5% (2.8 million) of the adult population aged 15 years or older (38.3% males and 6.4% females) in Kazakhstan reported current tobacco use in any form (smoked, smokeless and/or HTPs) (Table ES.1).

Overall, 20.4% (2.7 million) of adults (36.5% males and 6.0% females) currently smoked tobacco, with 17.1% being daily tobacco smokers. One in 10 (9.6%) of young adults aged 15–24 were current tobacco smokers. Among all daily tobacco smokers, 57.5% reported smoking tobacco within the first 30 minutes after waking up. The average number of cigarettes smoked per day by daily cigarette smokers was 15.9 for males and 12.6 for females. Among ever tobacco smokers, the mean age of smoking initiation was 17.7 years, with no statistically significant differences by gender or residence.

Current use of smokeless tobacco was reported in 1.4% of the adult population aged 15 and older.

Waterpipe smoking

Overall, 1.2% of adults aged 15 years or older currently smoked waterpipe with tobacco (Table ES.1). The average duration of the last waterpipe session reported by current waterpipe tobacco users was 51.9 minutes. Among current waterpipe tobacco users, 86.5% shared the same pipe with others, and 40.2% mentioned that their



last session had taken place in a shisha bar, 24.3% in cafes or restaurants, 16.1% in bars or nightclubs, and 12.8% at home.

Heated tobacco products (HTPs)

Among adults aged 15 years or older, 24.8% had ever heard about HTPs and 3.9% had ever used them. Overall, 1.0% of adults currently used HTPs (Table ES.1). The main reasons reported for using HTPs were: enjoying using them (75.7%); avoiding returning to smoking tobacco (75.3%); believing they are less harmful than smoking tobacco (72.8%); being able to use them where smoking tobacco is not allowed (67.1%); and having likeable flavours (65.5%).

Electronic cigarettes

The percentage of adults aged 15 years or older who had ever heard about electronic cigarettes was 47.8%, and 8.5% have reported ever using them. Overall, 1.3% were current users (Table ES.1). The main reasons for using electronic cigarettes mentioned by current users were: the presence of likeable flavours (75.6%); the belief they are less harmful than smoking tobacco (72.7%); and enjoying using them (68.3%).

Cessation

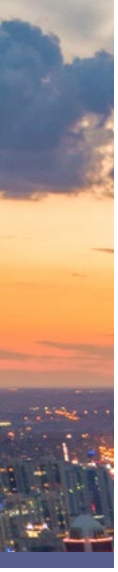
Overall, 32.1% of past-year tobacco smokers (current smokers and former smokers who had quit in the past 12 months) had made a quit attempt in the past 12 months (Table ES.1). Among past-year tobacco smokers who had visited health-care providers during the last 12 months, only half (57.9%) were asked about their smoking status and only 36.0% were advised to quit smoking (40.2% among males and 23.2% among females).

Among past-year tobacco smokers who had made a quit attempt in the past 12 months, 79.1% had tried without any assistance, 14.0% had used specific medication (nicotine replacement therapy or other prescribed medicines), 7.8% had switched to electronic cigarettes and 6.8% had switched to HTPs. Among current smokers, 35.2% were not interested at all in quitting smoking, 38.5% reported they were planning to quit someday but not in the next 12 months, and 18.2% stated they were planning to quit within the next 12 months.

The main reasons for quitting among recent former tobacco smokers were concern for their health (92.4%) and concern about the effect of secondhand smoke on others (65.1%). The cost of cigarettes was mentioned by 39.0% as a reason for quitting.

32.1%

of past-year tobacco smokers had **made a quit attempt** in the past 12 months



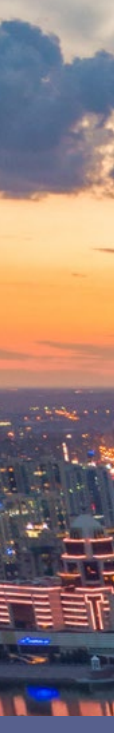
Overall exposure to **secondhand smoke** at home was reported by **9.1%** of adults.

Secondhand smoke

In 2019, 11.4% of adults aged 15 years or older who worked indoors were exposed to secondhand smoke at work (14.6% among males and 7.8% among females) (Table ES.1). Among 15–24-year-olds, 15.6% were exposed to secondhand smoke at work.

Overall exposure to secondhand smoke at home was reported by 9.1% of adults. The prevalence of exposure in urban and rural areas was 12.2% and 4.6% respectively. Among non-smokers, prevalence of exposure to secondhand smoke at home during the last 30 days was 4.9% (5.6% among females and 3.7% among males).

Percentage of adults aged 15 years or older who had visited various public places in the last 30 days and reported exposure to secondhand smoke were as follows: 1.2% in schools, 2.8% in health-care facilities, 4.9% in government buildings, 5.4% in colleges and universities, 9.0% on public transport, 18.3% in taxis, 21.6% in cafes, coffee shops or tea houses, 24.3% in restaurants, and 78.3% in bars and nightclubs (Table ES.1). Exposure to waterpipe smoke was reported by 14.7% of adults who had visited cafes, coffee shops and tea houses, 15.5% who had visited restaurants, and 71.5% who had visited bars and nightclubs in the last 30 days. Also, in the last 30 days, 3.8% reported exposure to electronic cigarette aerosol in restaurants; 3.7% in cafes, coffee shops, and tea houses; and 5.6% in bars and nightclubs. Exposure to HTP aerosol in the last 30 days was reported by 2.1% who visited restaurants; 2.1% cafes, coffee shops and tea houses; and 3.3% bars and nightclubs.



Economics

Overall, 84.7% of current smokers of manufactured cigarettes made their last purchase of cigarettes in stores and 8.4% did so in bazaars. The five most frequently purchased cigarette brands were: LD (19.5%), L&M (13.1%), Parliament (10.9%), Bond (10.1%) and Winston (8.6%). On average, current cigarette smokers spent 428 tenge to purchase a pack of 20 cigarettes. The average cigarette expenditure per month among current smokers of manufactured cigarettes was 8897.4 tenge (Table ES.1), with 56.6% of current users of HTPs spending 1001–10 000 tenge on HTPs in the past 30 days and 53.7% of current electronic-cigarette users spending 1001–6000 tenge on electronic cigarettes in the past 30 days.

Almost all – 99.0% – of current smokers bought filtered cigarettes during their last cigarette purchase and 75.8% of current cigarette smokers noted that the purchased cigarettes were labelled "light", "mild" or "low tar". Overall, 3.0% of current cigarette smokers purchased cigarettes as single sticks.

Among current cigarette smokers, 14.9% reported that they had spent money on cigarettes instead of household essentials in the last six months.[1]

Media

Overall, 61.8% of adults had noticed anti-cigarette-smoking information at any location during the previous 30 days (Table ES.1). Almost half (49.2%) of all adults had noticed anti-cigarette-smoking information on television or radio, 38.2% on the Internet and social media, and 30.6% in stores where cigarettes are sold.

Overall, 86.5% of current smokers had noticed health warnings on cigarette packages, but only 34.4% had thought about quitting due to warning labels.

Overall, 14.6% of adults had noticed an advertisement for smoking tobacco products in stores where tobacco is sold and 14.0% on the Internet and social media during the last 30 days. An advertisement for electronic cigarettes or HTPs had been noticed by 10.4% of adults on the Internet and social media and 6.7% in stores where tobacco is sold.

In total, 35.8% of all adults noticed any tobacco advertisement, sponsorship, or promotion of any tobacco or electronic cigarette product, and 21.3% of adults noticed any in-store advertising or promotion of any tobacco or electronic cigarette product.

1 Reported spending of money on cigarettes in the last six months resulted in people not having enough money for household essentials such as food.

87.6% of adults aged 15 years and older believed that smoking tobacco **causes serious illness**

Knowledge, attitudes and perceptions

Overall, 87.6% of adults aged 15 years and older believed that smoking tobacco causes serious illness (84.8% males and 90.0% females) (Table ES.1). Among current smokers, 78.9% believed so, compared to 89.8% of non-smokers.

In general, 70.0% of adults (54.9% of smokers and 73.9% of non-smokers) believed that exposure to secondhand smoke causes serious illness in non-smokers (66.2% among males and 73.5% among females).

Among adults, 62.2% believed that smoking waterpipe with tobacco causes serious diseases, and 56.4% were aware of its addictiveness. Overall, 72.2% believed that smokeless tobacco use causes serious illness.

Of all adults, 59.1% believed that using electronic cigarettes is addictive and 20.2% considered electronic cigarettes less harmful than regular cigarettes. Of the adult population who had ever heard of HTPs, 67.6% were aware that these products are addictive and 21.1% considered them less harmful than regular cigarettes.

A law that would prohibit smoking of any tobacco products in all indoor work and public places was supported by 73.4% of adults. In addition, 65.7% supported increasing taxes on tobacco products, 84.1% supported a total ban on tobacco advertisements and sponsorship, 81.9% supported a ban on displaying tobacco products at points of sale, 62.3% supported using plain packaging for cigarettes, and 95.9% supported banning the sale of tobacco products within 100 metres around schools.

GATS 2014 to 2019[2]

- The overall prevalence of current tobacco use (smoking, smokeless, and/or heated tobacco[3]) in Kazakhstan did not change significantly from 22.9% in 2014 to 21.5%, in 2019. A significant decrease among males, from 43.4% to 38.3% (an 11.8% relative decrease), and a significant increase among females, from 4.5% to 6.4% (a 42.3% relative increase), were observed over the 2014–2019 period.
- The prevalence of current tobacco smoking decreased significantly, from 22.4% in 2014 to 20.4% in 2019 (an 8.9% relative decrease). A significant decrease in current tobacco smoking prevalence was observed among males, from 42.4% in 2014 to 36.5% in 2019 (a 13.9% relative decrease); while among females it increased, from 4.5% in 2014 to 6.0% in 2019 (a 33.1% relative increase), but this change was not statistically significant.
- The number of cigarettes smoked per day by daily cigarette smokers did not significantly change (14.9 in 2014, 15.4 in 2019).
- The average age of daily smoking initiation among 20-34-year-old ever daily smokers significantly increased, from 18.6 years in 2014 to 19.8 in 2019 (a 6.4% relative increase).
- The percentage of former daily smokers among adults aged 15 years or older significantly increased from 3.1% in 2014 to 5.1% in 2019 (a 64.1% relative increase) and the percentage of smokers

2 MPOWER summary indicators – GATS Kazakhstan, 2014 and 2019 are presented in Table ES.2.
3 HTP use was included in the 2019 questionnaire but not in 2014.

42.3%

relative increase of **current tobaco use** among females

who made a quit attempt did not change significantly (29.5% in 2014, 32.1% in 2019). The overall percentage of smokers who received advice to quit from health-care providers decreased significantly, from 46.6% in 2014 to 36.0% in 2019.

- Exposure to secondhand smoke at home significantly decreased, from 13.8% in 2014 to 9.1% in 2019 (a 34.4% relative decrease). A significant decrease in exposure to secondhand smoke at the workplace was reported among adults who worked indoors, from 19.0% in 2014 to 11.4% in 2019 (a 40.2% relative decrease).

- Among those who had visited public places during the last 30 days, the overall prevalence of exposure to indoor secondhand smoke significantly decreased from 2014 to 2019 in the following places: government buildings (9.9% to 4.9%); health-care facilities (9.7% to 2.8%); public transport (18.1% to 9.0%); colleges and universities (24.1% to 5.4%); and schools (7.8% to 1.2%). A significant increase in exposure to secondhand smoke nevertheless was reported by those who visited bars and nightclubs, from 70.4% in 2014 to 78.3% in 2019, and there was no significant change among those who visited restaurants (27.6% in 2014, 24.3% in 2019).

- The average amount spent on 20 manufactured cigarettes by current smokers significantly increased from 346.3 tenge in 2014[4] to 428.0 tenge in 2019 (a 23.6% relative increase). The average cigarette expenditure per month among current smokers of manufactured cigarettes also significantly increased, from 6637.6 tenge in 2014[4] to 8897.4 tenge in 2019 (a 34.0% relative increase).

4 The 2014 estimates were adjusted to 2019 rates using the Inflation Rate for Average Consumer Prices from the International Monetary Fund's World Economic Outlook Database (October 2019).

- From 2014 to 2019, the percentage of adults who noticed anti-cigarette-smoking information on television significantly increased from 33.2% in 2014 to 48.7% in 2019, on billboards from 20.7% to 26.7%, and in any of the locations (including newspapers, television, radio and billboards) from 46.7% to 54.6%.
- The percentage of current cigarette smokers who noticed health warnings on cigarette packages decreased significantly, from 94.8% in 2014 to 86.5% in 2019. The proportion of current smokers who thought about quitting because of health warnings on cigarette packages also decreased significantly, from 51.3% in 2014 to 34.4% in 2019 (a 32.9% relative decrease).
- The overall percentage of adults who noticed any in-store tobacco advertising or promotion increased significantly, from 15.4% in 2014 to 21.3% in 2019 (a 38.0% relative increase).
- The percentage of adults who noticed any tobacco advertisements, promotion or sponsorship in the last 30 days increased significantly, from 25.7% in 2014 to 35.8% in 2019 (a 39.4% relative increase).
- The percentage of adults who believed that smoking causes serious illness significantly increased, from 84.9% in 2014 to 87.6% in 2019.
- The percentage of adults who believed that breathing other people's smoke causes serious illness in non-smokers decreased significantly, from 74.0% in 2014 to 70.0% in 2019 (a 5.4% relative decrease).

The percentage of adults who believed that smoking **causes serious illness** significantly increased

84.9% 2014

87.6% 2019

Conclusions[5]

The results from GATS 2019 could be used by policy-makers and tobacco-control experts in Kazakhstan to evaluate the effectiveness of implemented tobacco-control measures, identify existing gaps, facilitate development of strategic plans to further strengthen tobacco-control measures, and reduce tobacco-related morbidity and mortality in the country.

In 2019, 38.3% males and 6.4% females in Kazakhstan currently used tobacco in any form (smoking, smokeless and/or HTPs). No significant change in the overall prevalence of current tobacco use was observed from 2014 to 2019 (22.9% versus 21.5%), but a significant decrease among males (from 43.4% in 2014 to 38.3% in 2019) and a significant increase among females (from 4.5% in 2014 to 6.4% in 2019) was noticed over the period.

Rigorous enforcement measures on compliance with the partial smoking ban in certain indoor public places may have resulted in the significantly lower exposure to secondhand smoke in various public places, including workplaces and public transportation, from 2014 to 2019. However, there was no change in secondhand smoke exposure among those who visited restaurants (from 27.6% to 24.3%) and a significant increase among those who visited bars and nightclubs (from 70.4% to 78.3%).

5 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.

Cessation interventions integrated at different levels of the health-care system were aimed at increasing the likelihood of successful quitting. The overall proportion of smokers who had visited a health-care provider in the past 12 months and were advised to quit smoking, however, decreased significantly over time (from 46.6% in 2014 to 36.0% in 2019).

Large pictorial health warnings on cigarette packages increase awareness of the health risks related to tobacco use and also increase motivation to quit *(16)*. Among current tobacco smokers, 86.5% had noticed health-warning images on cigarette packages in 2019 (health-warning images cover 50% of the cigarette package), but the proportion of current smokers who thought about quitting due to health-warning images decreased significantly, from 51.3% in 2014 to 34.4% in 2019. This may suggest that the images have become stale.

Advertising and promotion of tobacco products maintain the social acceptability and impede efforts to raise people's awareness regarding the harms of tobacco use (*17,18*). Overall, 21.3% of adults in 2019 had noticed any in-store tobacco advertising or promotion, which is significantly higher than in 2014 (15.4%). The proportion of adults who had noticed any tobacco advertising, promotion and sponsorship also increased, from 25.7% in 2014 to 35.8% in 2019. Increased exposure to the promotion and advertising of tobacco products therefore could increase the likelihood of non-smokers, especially among younger adults and females, beginning to use them *(19,20)*.

The adjusted average cost for 20 cigarettes increased from 346.3 tenge in 2014 to 428.0 tenge in 2019. This was achieved through the annual increase in minimal retail price of cigarettes and taxes by the Government of Kazakhstan. Despite the price and tax increases, tobacco products in Kazakhstan remain largely affordable. Significantly increasing the prices of tobacco products is the most effective measure to reduce tobacco use and prevent initiation, particularly among young people (*21*). Further increasing the prices of tobacco products is supported by most of the Kazakhstan population (65.7%).

Table ES.1. MPOWER summary indicators – GATS Kazakhstan, 2019

		Gender		Residence	
Indicator	**Overall (%)**	**Male (%)**	**Female (%)**	**Urban (%)**	**Rural (%)**
M: Monitor tobacco use and prevention policies					
Current tobacco users (smoked, smokeless and/or heated tobacco products)					
Current tobacco smokers	20.4	36.5	6.0	22.8	16.9
Current cigarette smokers	19.9	35.7	5.7	22.3	16.4
Current manufactured cigarette smokers	19.8	35.5	5.7	22.2	16.3
Current smokeless tobacco users	1.4	2.7	0.1	1.1	1.8
Current heated tobacco product users	1.0	1.4	0.6	1.5	0.3
Average number of cigarettes smoked per day[a]	15.4	15.9	12.6	15.2	16.0
Average age at daily smoking initiation[b]	19.8	19.7	20.2	19.8	19.8
Former smokers among ever daily smokers	21.7	20.4	28.3	22.0	21.0
Current electronic cigarette users	1.3	2.0	0.6	1.7	0.8
P: Protect people from tobacco smoke					
Exposure to secondhand smoke at home at least monthly	9.1	10.5	7.8	12.2	4.6
Exposure to secondhand smoke at work[c]	11.4	14.6	7.8	11.7	10.8
Exposure to secondhand smoke in public places:[c,d]					
Government building/offices	4.9	5.8	4.1	4.1	5.9
Health-care facilities	2.8	3.9	2.3	2.4	3.5
Restaurants	24.3	26.7	22.2	29.0	17.3
Bars or nightclubs	78.3	78.3	78.4	79.3	75.0
Cafes, coffee shops or tea houses	21.6	23.6	19.8	24.8	13.9
Public transportation	9.0	9.3	8.9	10.1	6.1
Taxis	18.3	21.8	15.9	18.3	18.3
O: Offer help to quit tobacco use					
Made a quit attempt in the past 12 months[e]	32.1	31.1	37.5	30.8	34.7
Advised to quit smoking by a health-care provider[e,f]	36.0	40.2	23.2	35.1	39.3
Attempted to quit smoking using a specific cessation method:[e]					
Pharmacotherapy	14.0	12.0	22.9	15.9	10.6
Counselling/advice	7.1	7.1	7.0	7.3	6.7
Interest in quitting smoking at any time in the future[g]	56.7	56.1	60.3	56.4	57.5
W: Warn about the dangers of tobacco					
Belief that tobacco smoking causes serious illness	87.6	84.8	90.0	87.9	87.0
Belief that smoking causes stroke, heart attack and lung cancer	71.2	68.4	73.8	69.2	74.2
Belief that breathing other people's smoke causes serious illness	70.0	66.2	73.5	68.1	72.8
Noticed anti-cigarette smoking information at any location[c]	61.8	60.6	62.8	64.7	57.4
Thinking of quitting because of health warnings on cigarette packages[c,g]	34.4	33.7	38.3	32.9	37.5
E: Enforce bans on tobacco advertising, promotion and sponsorship					
Noticed smoking tobacco advertisements in stores where tobacco is sold[c]	14.6	15.8	13.5	17.7	10.0
Noticed smoking tobacco advertisements on television[c]	8.6	9.5	7.7	7.8	9.6
Noticed smoking tobacco advertisements on the Internet or social media[c]	14.0	14.9	13.2	16.6	10.2
Noticed any advertisement, promotion or sponsorship of any tobacco or electronic cigarette product[c,h]	35.8	39.1	32.8	41.5	27.4
R: Raise taxes on tobacco					
Average cigarette expenditure per month (Kazakhstan tenge)[i]	8897.4	9247.8	6941.5	8761.0	9164.9
Average cost of a pack of manufactured cigarettes (Kazakhstan tenge)[i]	428.0	426.2	441.9	431.6	421.4
Last cigarette purchase was from a store[i]	84.7	84.6	85.2	81.6	90.8

[a] Among current daily cigarette smokers. [b] Among respondents 20–34 years of age who are ever daily tobacco smokers. [c] In the last 30 days. [d] Among those who visited the place in the last 30 days. [e] Among past-year tobacco smokers (includes current smokers and those who quit in the past 12 months). [f] Among those who visited a health-care provider in the past 12 months. [g] Among current tobacco smokers. [h] Noticed any of the following: any advertisements of smoking tobacco products; any advertisements of electronic cigarettes or heated tobacco products; sports or music/theatre/art/fashion event sponsorships of any tobacco or electronic cigarette product; any promotion of any tobacco or electronic cigarette product. [i] Among current smokers of manufactured cigarettes.

Table ES.2. MPOWER summary indicators – GATS Kazakhstan, 2014 and 2019

	2014	2019	Relative change
Indicator	**Overall (%)**	**Overall (%)**	**Overall (%)**
M: Monitor tobacco use and prevention policies			
Current tobacco users (smoking, smokeless and/or heated tobacco products)	22.9 (21.2, 24.7)	21.5 (20.5, 22.6)	–6.1
Current tobacco smokers	22.4 (20.7, 24.2)	20.4 (19.4, 21.5)	–8.9*
Current cigarette smokers	22.2 (20.5, 24.0)	19.9 (18.9, 20.9)	–10.2*
Current manufactured cigarette smokers	22.2 (20.4, 24.0)	19.8 (18.8, 20.8)	–10.7*
The average number of cigarettes smoked per day[a]	14.9 (14.1, 15.8)	15.4 (14.9, 16.0)	3.4
The average age at daily smoking initiation[b]	18.6 (18.2, 19.0)	19.8 (19.5, 20.1)	6.4*
Former smokers among ever daily smokers	12.9 (10.9, 15.2)	21.7 (19.6, 23.9)	68.1*
Current electronic cigarette users	1.7 (1.2, 2.4)	1.3 (1.1, 1.6)	–22.2
P: Protect people from tobacco smoke			
Exposure to secondhand smoke at home at least monthly	13.8 (12.0, 16.0)	9.1 (8.2, 10.0)	–34.4*
Exposure to secondhand smoke at work[c]	19.0 (16.0, 22.5)	11.4 (10.1, 12.8)	–40.2*
Exposure to secondhand smoke in public places:[c,d]			
Government building/offices	9.9 (7.7, 12.7)	4.9 (3.7, 6.5)	–50.5*
Health-care facilities	9.7 (6.9, 13.5)	2.8 (2.1, 3.8)	–71.0*
Restaurants	27.6 (23.1, 32.6)	24.3 (21.7, 27.2)	–11.9
Bars or nightclubs	70.4 (64.0, 76.0)	78.3 (73.6, 82.4)	11.3*
Cafes, coffee shops or tea houses	29.7 (25.2, 34.6)	21.6 (19.2, 24.2)	–27.3*
Public transport	18.1 (15.2, 21.4)	9.0 (7.9, 10.3)	–50.0*
O: Offer help to quit tobacco use			
Made a quit attempt in the past 12 months[e]	29.5 (26.3, 32.9)	32.1 (29.6, 34.7)	8.8
Advised to quit smoking by a health-care provider[e,f]	46.6 (40.2, 53.1)	36.0 (31.8, 40.4)	–22.8*
Attempted to quit smoking using a specific cessation method:[e]			
Pharmacotherapy	23.4 (18.0, 29.9)	14.0 (11.4, 17.1)	–40.2*
Counselling/advice	10.2 (6.2, 16.4)	7.1 (5.1, 9.8)	–30.8
Interest in quitting smoking at any time in the future[g]	63.9 (59.9, 67.6)	56.7 (53.9, 59.5)	–11.1*
W: Warn about the dangers of tobacco			
A belief that smoking tobacco causes serious illness	84.9 (82.8, 86.7)	87.6 (85.7, 89.2)	3.2*
A belief that smoking causes stroke, heart attack and lung cancer	61.0 (58.2, 63.6)	71.2 (69.3, 73.1)	16.8*
A belief that breathing other people's smoke causes serious illness	74.0 (71.0, 76.8)	70.0 (68.0, 72.0)	–5.4*
Noticed anti-cigarette smoking information at any location[c,h]	49.5 (45.9, 53.2)	61.8 (59.1, 64.3)	24.7*
Thinking of quitting because of health warnings on cigarette packages[c,g]	51.3 (47.5, 55.1)	34.4 (31.9, 37.0)	–32.9*
E: Enforce bans on tobacco advertising, promotion and sponsorship			
Noticed smoking tobacco advertisements in stores where tobacco is sold[c]	14.0 (11.4, 17.1)	14.6 (13.2, 16.1)	4.0
Noticed smoking tobacco advertisements on television[c]	2.6 (1.9, 3.5)	8.6 (7.4, 9.9)	234.9*
Noticed smoking tobacco advertisements on the Internet or social media[c]	7.0 (5.7, 8.7)	14.0 (12.7, 15.4)	99.1*
Noticed any tobacco advertisement, promotion or sponsorship[c,i]	25.7 (22.5, 29.1)	35.8 (33.6, 38.0)	39.4*
R: Raise taxes on tobacco			
Average cigarette expenditure per month (Kazakhstan tenge)[j,k]	6637.6 (5865.6, 7409.6)	8897.4 (8571.9, 9223.0)	34.0*
The average cost of a pack of manufactured cigarettes (Kazakhstan tenge)[j,k]	346.3 (310.4, 382.2)	428.0 (423.6, 432.4)	23.6*
Last cigarette purchase was from a store	85.2 (81.9, 87.9)	84.7 (82.6, 86.6)	–0.6

Note: results for prevalence estimates/averages and 95% confidence intervals are rounded to the nearest tenth (0.1). The relative changes are calculated using unrounded prevalence estimates and might be different if calculated using rounded prevalence estimates shown in this table. * $p < 0.05$.

[a] Among current daily cigarette smokers. [b] Among respondents 20–34 years of age who are ever daily tobacco smokers. [c] In the last 30 days. [d] Among those who visited the place in the last 30 days. [e] Among past-year tobacco smokers (includes current smokers and those who quit in the past 12 months). [f] Among those who visited a health-care provider in the past 12 months. [g] Among current tobacco smokers. [h] In 2019, the questionnaire included two additional categories (Internet/social media and in stores where cigarettes are sold) that were not included in 2014. [i] For 2014, noticed any of the following: cigarette advertisements, cigarette sports sponsorships; cigarette promotions. For 2019, noticed any of the following: any advertisements for smoking tobacco products; any advertisements for electronic cigarettes or heated tobacco products; sports or music/theatre/art/fashion event sponsorships of any tobacco or electronic cigarette product; any promotion of any tobacco or electronic cigarette product. [j] Among current smokers of manufactured cigarettes. [k] GATS Kazakhstan 2014 cost data were adjusted for inflation for direct comparison to 2019 using the Inflation Rate for Average Consumer Prices from the International Monetary Fund's World Economic Outlook Database.

References

1. GBD compare – Viz Hub. In: Institute for Health Metrics and Evaluation [website]. Seattle (WA): Institute for Health Metrics and Evaluation; 2017 (https://vizhub.healthdata.org/gbd-compare/).

2. Tobacco: key facts. In: World Health Organization [website]. Geneva: World Health Organization; 2019 (https://www.who.int/news-room/fact-sheets/detail/tobacco).

3. The tobacco body. In: World Health Organization [website]. Geneva: World Health Organization; 2019 (https://www.who.int/publications-detail/tobacco-body).

4. WHO report on the global tobacco epidemic, 2009. Implementing smoke-free environments. Geneva: World Health Organization; 2009 (http://www.who.int/tobacco/mpower/2009/en/).

5. Tobacco: overview. In: World Health Organization [website]. Geneva: World Health Organization; 2019 (https://www.who.int/health-topics/tobacco).

6. WHO Framework Convention on Tobacco Control. Geneva: World Health Organization; 2003 (https://www.who.int/fctc/text_download/en/#:~:text=The%20WHO%20Framework%20Convention%20on,the%20highest%20standard%20of%20health).

7. The Law of the Republic of Kazakhstan on Ratification of the WHO Framework Convention on Tobacco Control dated 25 November 2006. Bulletin of the Parliament of the Republic of Kazakhstan 2006;19–20: art. 124 (http://adilet.zan.kz/rus/docs/Z060000193).

8. The code "Health of the People and Healthcare System" No. 193-1V. Kazakhstanskaya Pravda. 29 September 2009, 230–231:25974–5) (http://adilet.zan.kz/rus/docs/K090000193).

9. The Code of the Republic of Kazakhstan on Administrative Offenses dated 5 July 2014 No. 235-V. Kazakhstanskaya Pravda. 12 July 2014; 135:27756. (http://adilet.zan.kz/rus/docs/K1400000235#3239).

10. The Law of the Republic of Kazakhstan "On Advertising" dated December 19, 2003, No. 508-II. Bulletin of the Parliament of the Republic of Kazakhstan 2003;24: art. 174 (http://adilet.zan.kz/rus/docs/Z030000508).

11. The Decree of the Government of the Republic of Kazakhstan dated April 4, 2007, No. 260 "On Establishment of Minimum retail Prices for Filtered, Non-filtered Cigarettes and Papirosy". Kazakhstanskaya Pravda. 6 April 2007;51:25296. (http://adilet.zan.kz/rus/docs/P070000260).

12. The Code of the Republic of Kazakhstan dated December 25, 2017, No. 120-VI "On Taxes and Other Obligatory Payments to the Budget (Tax Code)" (as amended on 05/06/2020). Bulletin of the Parliament of the Republic of Kazakhstan 2020;9:32 (http://adilet.zan.kz/rus/docs/Z2000000324).

13. Decree of the President of the Republic of Kazakhstan dated January 15, 2016, No. 176 "On Approval of the State Health Development Program of the Republic of Kazakhstan "Densaulyk" for 2016–2019". Collection of Acts of the President of the Republic of Kazakhstan and the Government of the Republic of Kazakhstan 2018:57–58:305 (http://adilet.zan.kz/rus/docs/P1800000634).

14. Decree of the Government of the Republic of Kazakhstan dated December 26, 2019, No. 982 "On Approval of the State Program for the Development of Health of the Republic of Kazakhstan for 2020–2025. Kazakhstanskaya Pravda. 16 January 2020;10:29137 (http://adilet.zan.kz/rus/docs/P1900000982).

15. Ministry of Healthcare and Social Development of the Republic of Kazakhstan, World Health Organization, the Centers for Disease Control and Prevention, CDC Foundation. Global Adult Tobacco Survey (GATS). The Republic of Kazakhstan, 2014. Country report. Geneva: World Health Organization; 2014 (https://www.who.int/tobacco/surveillance/survey/gats/kaz_countryreport_en.pdf?ua=1).

16. Evidence brief. How large pictorial health warnings on the packaging of tobacco products affect knowledge and behaviour. Copenhagen: WHO Regional Office for Europe; 2014 (https://www.euro.who.int/en/health-topics/disease-prevention/tobacco/publications/2015/evidence-brief-how-large-pictorial-health-warnings-on-the-packaging-of-tobacco-products-affect-knowledge-and-behaviour).

17. Lee S, Ling PM, Glantz SA. The vector of the tobacco epidemic: tobacco industry practices in low- and middle-income countries. Cancer Causes & Control. 2012; 23 Suppl 1:117–29

18. Davis RM, Gilpin EA, Loken B, Viswanath K, A WM. The role of the media in promoting and reducing tobacco use. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2008 (https://cancercontrol.cancer.gov/sites/default/files/2020-06/m19_complete_0.pdf)

19. Lovato C, Watts A, Stead LF. Impact of tobacco advertising and promotion on increasing adolescent smoking behaviours. Cochrane Database Syst Rev. 2011(10): Cd003439. doi:10.1002/14651858.CD003439.

20. Samet JM, Yoon S-Y. Gender, women, and the tobacco epidemic. Geneva: World Health Organization; 2010 (https://www.who.int/tobacco/publications/gender/women_tob_epidemic/en/).

21. The economics of tobacco and tobacco control. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health; and Geneva, Switzerland: World Health Organization; 2017 (https://www.who.int/tobacco/publications/economics/nci-monograph-series-21/en/).

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