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Tobacco in Ukraine: national survey of knowledge, attitudes and behavior

*A survey of Ukrainian population by
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Foreword

Ukraine

Ukraine is a large Eastern European country whose population was around 52 million inhabitants in 1994 and is now less than 47 million. This record decrease in population over recent years is mainly accounted for by premature mortality. This explains the call for urgent research to discover the role of those factors that might lie behind the current decline in the population.

There can be no doubt that tobacco use is one of the factors that cause large scale premature death. The tobacco-related death toll in Ukraine is estimated by Peto et al.¹ to be around 100 000 deaths per year.

Tobacco use in Ukraine

Tobacco is used in Ukraine mainly in the form of manufactured cigarettes.

Smoking prevalence among Ukrainian men is among the highest in the world, 67%, and as this report shows, it is still increasing, especially among poorly-educated and lower-paid men in smaller settlements. Smoking prevalence among women, 20%, is increasing as well, but the highest rates are among the more highly educated and more affluent women in large cities.

Estimated annual quantities of cigarettes used by Ukrainian population are growing as well. The report estimates the tobacco market in Ukraine on the level of 84 billion sticks (4.2 billion packs), worth between 8-9 billion UAH. This is much higher than estimates made in late 1990-s.

Action to reduce tobacco use

Legislative measures aimed to reduce tobacco use in Ukraine cannot yet be called comprehensive. Tobacco tax increases are lower than the rate of inflation. Tobacco advertising is restricted on TV, radio and some other media, but outdoor advertising, point of sale promotion and other ways to advertise cigarettes are still widely used. A comprehensive advertising ban is far from being agreed by the Parliament. Several other measures have been either enacted (like smoke-free policies in public and work places) or planned for the future (like labeling and packing information) thanks to the law adopted in autumn 2005. However, the enforcement of these measures is still a challenge.

It is hoped that this report will be used as a baseline by which future surveys will be able to measure improvements gained by the tobacco control measures enforced in Ukraine.

¹ Peto R. Mortality from smoking in developed countries 1950-2000, 2nd ed. Oxford, Oxford University Clinical Trial Service Unit (<http://www.ctsu.ox.ac.uk/~tobacco/>)

Key findings

Smoking prevalence

- The overall prevalence of current smoking among the adult population of Ukraine is 41% (15,5m people), while 9% are former smokers (3,4m), and 50% (18,8m) are non-smokers.

- **Among Ukrainian men**, 67% are current smokers, 15% are former smokers and 18% are non-smokers. Fewer than one in ten (9%) of Ukrainian men have never smoked.

Smoking prevalence is lower among better-educated men, those living in larger cities and those with a higher income. It is higher among those men with lower education, lower income and who live in smaller settlements.

- **Among Ukrainian women**, 20% are current smokers, 4% are former smokers and 76% are non-smokers. Nearly six in ten (58%) of Ukrainian women have never smoked.

For women, the smoking prevalence distribution is the opposite of that among men: more educated, more affluent women and those who live in larger cities smoke at higher rates than less educated women with lower income levels in more rural settings. This may be a sign of a growing tobacco epidemic among Ukrainian women.

- The highest smoking prevalence among men is 75% in the East and 68% in the North, while the lowest smoking prevalence is in the Kiev city (61%). As for women, smoking prevalence in the West and North (12-14%) is almost half that found in the East and South and Kiev city (23-26%).
- Though the rates of smoking differ greatly between men and women, the ratio of current smokers to former smokers is the same for men and women and is about 5:1.

Smoking initiation

- Half of men who have ever smoked had their first cigarette under 15 years of age; and half of women who ever smoked had their first cigarette under 17 years of age. Higher levels of early smoking initiation were revealed in the 1930-1945 male birth cohort, and among both males and females born after 1975.
- Early smoking initiation is much higher among current and former smokers than among those who have only experimented with cigarettes and then stopped.

Consumption

- The average number of cigarettes smoked per day by male smokers is 16, and by female smokers, it is 11 cigarettes per day.
- A majority of male smokers use regular-strength cigarettes and a majority of women smokers use light cigarettes. Smoking low-tar (“light”) cigarettes is more prevalent among those who smoke 1-10 cigarettes per day than among heavier smokers.
- Nearly three-quarters (72%) of smokers usually buy their cigarettes in single packs. A majority of smokers purchase cigarettes that cost between 1-2 UAH. Men are more likely to smoke cheaper cigarettes and women are more likely to smoke more expensive cigarettes.

- Monthly expenditure on tobacco is significantly higher in those who smoke light rather than regular strength cigarettes (45UAH vs. 38UAH). Light smokers (1-10 a day) spend on average 22UAH per month, medium smokers (11-20 a day) spend 48UAH and heavy smokers (21+ a day) spend 90UAH.
- Current annual volume of the Ukrainian market for cigarettes is an estimated 84 billion sticks (4.2 billion packs), worth between 8-9 billion UAH.
- The proportion of “illegal” cigarettes in the market is estimated to be about 5%.

Environmental tobacco smoke exposure

- A majority of the population (53%) perceive themselves to be exposed to environmental tobacco smoke (ETS) on at least a daily basis. Prevalence of ETS exposure declines with age, and this decline is the greatest for former smokers. ETS exposure is more prevalent in larger cities than in towns and villages, and for people with higher incomes compared to lower ones.
- Six in ten (61%) households either have no smokers or require people to smoke outdoors. In 20% of households smoking takes place on the stairs, balcony etc. In 19% of households smoking takes place inside the house. Household smoking restrictions are predominantly accounted for by the smoking status of respondents. When smoking status is controlled, males report stricter household smoking restrictions than females.
- About one third of workplaces in Ukraine have no smoking restrictions and another third have specific places for smoking. One in five (20%) respondents report that the specific places for smoking are also used by non-smokers, and 17% report that smoking is totally banned. Workplaces with strict smoking restrictions are more frequently reported by women and non-smokers.
- A large majority of smokers report that they smoke at home (85%), in the street (75%), and at their workplace (55%). In bars, restaurants and cafes, 42% of smokers would usually smoke; in public places, 22%; and in educational institutions, 7%. Male smokers find it easier to smoke at their workplace, in the street, and in public places. Female smokers more frequently smoke at home, in bars, restaurants and cafes. Living in larger cities and having higher income levels are both associated with being more likely to smoke in public places.
- Only 30% of survey participants reported that they always ask smokers not to smoke in their presence or around their children and other family members. Men and current smokers were less likely to make this request. Older people were more likely than younger people to make this request.

Quitting smoking

- While smoking prevalence is significantly different for men and women, in quitting behavior they have much in common. As in every country in the world, a clear majority of Ukrainian smokers want to quit smoking. On average 69% male smokers and 65% female smokers report a desire to quit smoking. This proportion is substantially higher in younger age groups and declines with age.
- Among male smokers, 66% report having made some attempts to quit and among female smokers attempts to quit were reported by 60%.

- The results of quit attempts in terms of the longest period of not smoking did not differ for male and female smokers, but were strongly associated with the level of nicotine dependence.
- Among former smokers, 39% reported more than 10 years since quitting, 20% - from 5 to 10 years, 26% - from 1 to 5 years, 7% - from 6 to 12 months, 7% - from 1 to 6 months, 2% - less than a month.
- About a quarter of current smokers report that they need smoking cessation help (24% - males, 29% - females).
- Health workers participation in smoking cessation is unsatisfactorily low. No participation by health care workers was reported by 69% of smokers; 25% responded that their doctor had recommended they should stop smoking and only 2% were offered help.
- A majority of current smokers expect to smoke in five years. But 32% hope to stop smoking. This proportion increases to 41-45% among those with low nicotine dependence and who smoke up to 10 cigarettes per day.
- Non-smokers do not expect to start smoking in five years. Three percent of ex-smokers expect to relapse.

Tobacco-related knowledge

- Overall, knowledge of key smoking related health problems is low: only 44% know cardiovascular disease is associated with smoking, only 39% consider tobacco addictive, only 28% know that smoking harms the unborn baby, only 28% know that passive smoking can cause disease and death, and only 10% know that smoking causes impotence.
- Non-smokers and ex-smokers had better tobacco-related knowledge than current smokers.
- In general, the best informed were people in age groups 45-74; women were better informed about tobacco than men; more educated people were better informed than less educated; unskilled workers and inhabitants of villages were the least informed people; however the poorest people were better informed than the most affluent.

Sources of information regarding tobacco

- Almost half of the population (48%) gets information regarding tobacco from TV, 28% from newspapers, 18% from magazines. People also get information through communication with friends and colleagues (13%), from radio (10%), health workers (10%), family members (8%), classes in school or other educational institutions (4%), Internet (1%). One quarter of the population still report that they receive no information regarding tobacco.
- Most of these sources reach younger population more effectively; only radio and health workers are mentioned by different age groups to a similar extent.
- Women get tobacco-related information from magazines more frequently than men. By contrast, men are more likely to get information from friends, colleagues, family members and Internet.
- The only source equally mentioned disregarding gender, age and education is radio.

- In larger cities, people read magazines containing tobacco-related information and use Internet. On the other hand, radio and communication with health workers are more widely used sources of information for towns and villages. TV, newspapers and other sources are used to the same extent everywhere.
- Non-smokers more frequently report school classes as sources of information compared to current and former smokers.

Tobacco-related problems

- Perception of tobacco-related problems is mostly determined by smoking status. Current smokers are concerned about their inability to quit smoking. Non-smokers are concerned about exposure to environmental tobacco smoke, smoking by family members, the impact of tobacco smoke on their children, and how to prevent children smoking. Former smokers are more concerned about smoking by their friends and colleagues.
- The youngest respondents are concerned about inability to protect themselves against ETS exposure and about how to stop smoking. Older people become more worried about children ETS exposure and children smoking.
- An overwhelming majority of the population (94%) including current smokers (90%) considers tobacco smoke is harmful and supports smoke-free policies (96%).

Tobacco control policies

- Survey participants reported that they most frequently encountered outdoor advertising, ads on TV, point of sale advertising, ads in printed media and advertising goods. Tobacco ads are more frequently seen by younger age groups and by men. Inhabitants of smaller settlements report less outdoor advertising but they report more TV and point of sale advertising. A majority of the population (57%) supports a total ban on tobacco advertising; this support is more frequently expressed by non-smokers, ex-smokers, older age groups, and poorer sections of the population.
- Nearly one in three (30%) thinks that it is necessary to increase tobacco taxes and to introduce earmarked levies; 15% responded that it is needed to introduce earmarked levies based on existing taxes on tobacco products; 22% think there is no need to change current taxes on tobacco products; and 7% prefer a reduction in current taxes on tobacco products.
- Among those who expressed opinion on the issue, an increase in tobacco tax is supported by 21% of smokers, 45% of ex-smokers and 59% of non-smokers.
- In the case of a tobacco price increase, 27% of smokers expect to smoke less and 14% of smokers expect to give up smoking.
- Most respondents support the need for detailed information about health impact of smoking on tobacco packs. This measure is supported by 86% of population. Non-smokers (90%), ex-smokers (87%) and current smokers willing to quit (84%) are best supporters of this measure.

Smoking behavior

Smoking prevalence

Smoking prevalence and gender

Smoking prevalence has been categorized according to the WHO recommended description of smoking status, which comprises never smokers, experimenters (who have smoked fewer than 100 cigarettes or a comparable quantity of tobacco in their life), daily smokers, occasional smokers, ex-smokers, reducers (ever daily smokers who currently smoke occasionally). The results are presented in Table 1.

Table 1. Prevalence of smoking by gender² (%)

Smoking status	All	Males	Females
Daily smokers	37,4	62,3	16,7
Reducers	2,2	3,0	1,6
Occasional smokers	1,6	1,5	1,6
Ex-smokers	9,0	14,8	4,2
Experimenters	14,4	9,9	18,1
Never smokers	35,5	8,6	57,8
<i>Base</i>	<i>2238</i>	<i>1014</i>	<i>1224</i>

Daily smokers constitute the largest smoking status group among Ukrainian men (62%). The second largest group is ex-smokers (15%), while experimenters and never smokers constitute 10% and 9% respectively.

Among Ukrainian women, 58% report never having smoked. Experimenters and daily smokers are about the same proportion of the adult female population (18% and 17% respectively).

Table 2 presents the same data as Table 1 in the simpler categories of current smokers (daily smokers + reducers + occasional smokers), ex-smokers and non-smokers (experimenters + never smokers).

Table 2. Prevalence of smoking by gender (%)

Smoking status	All	Males	Females
Current smokers	41,1	66,8	19,9
Ex-smokers	9,0	14,8	4,2
Non-smokers	49,9	18,4	75,9
<i>Base</i>	<i>2239</i>	<i>1014</i>	<i>1225</i>

² Weighted data. Larger number of women than men here is accounted for by larger proportion of women than men in Ukrainian population.

The overall prevalence of current smoking among the adult population (15 years and older) of Ukraine is 41% (15,5m people), while 9% are former smokers (3,4m), and 50% (18,8m) are non-smokers.

Table 3. Approximate numbers in smoking status groups by gender and age (millions)

Smoking status	All	Males	Females
Daily smokers	14,1	10,7	3,4
Reducers	0,8	0,5	0,3
Occasional smokers	0,6	0,3	0,3
Ex-smokers	3,4	2,5	0,9
Experimenters	5,4	1,7	3,7
Never smokers	13,4	1,5	11,9
<i>Total</i>	<i>37,7</i>		

Source: calculations of 15+ population based on data from National Census 2001

Smoking prevalence and age

Smoking prevalence varies significantly³ by both age and gender in Ukraine. Male smoking prevalence is almost 70% in the 15-59 age groups and is lower in men aged 60 and older. In the older age groups there are more ex-smokers among men than in younger age groups (ranging from 9% in the 15-29 age group to 35% in the 75+ age group).

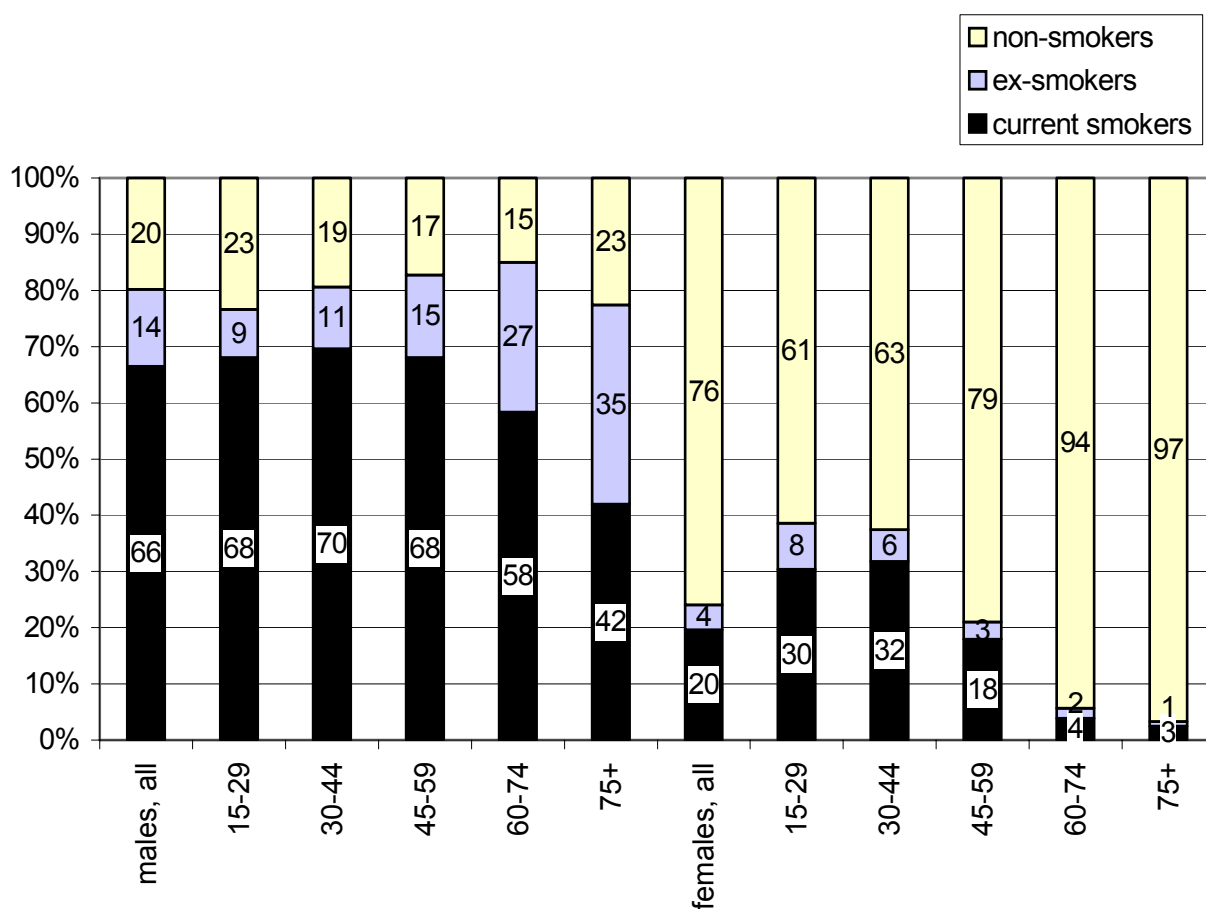
Female smoking prevalence is around 30% in the 15-44 age groups and much lower in older groups. A slightly higher proportion of young women have given up smoking than women in the older age groups (Table 4 and Fig. 1).

Table 4. Prevalence of smoking by gender and age (%)

	Males						Females					
	All	15-29	30-44	45-59	60-74	75+	All	15-29	30-44	45-59	60-74	75+
Current smokers	66	68	70	68	58	42	20	30	32	18	4	3
Ex-smokers	14	9	11	15	27	35	4	8	6	3	2	1
Non-smokers	20	23	19	17	15	23	76	61	63	79	94	97
<i>Base</i>	<i>967</i>	<i>316</i>	<i>309</i>	<i>191</i>	<i>120</i>	<i>31</i>	<i>1272</i>	<i>293</i>	<i>315</i>	<i>262</i>	<i>282</i>	<i>120</i>

³ Unless otherwise stated, only statistically significant differences are discussed in this report.

Figure 1. Age distribution of smoking prevalence by gender and age (%)



Smoking prevalence and level of education

The level of education achieved is an important factor associated with smoking prevalence. Education-prevalence associations are different for men and women (Table 5).

Among men with a university education, smoking prevalence is the lowest (52%), and the proportion of former smokers and non-smokers is the highest when compared with graduates of schools and colleges.

By contrast, among women with a university education, the proportion of current smokers is the highest (27%) and the proportion of non-smokers is the lowest (66%) compared to other education level groups.

Both among men and women with primary and secondary education, lower smoking prevalence may be accounted for by older age.

Table 5. Prevalence of smoking by gender and level of education (%)

	All	Primary	Secondary	High	College	University
Males						
Current smokers	66	60	64	72	71	52
Ex-smokers	14	30	9	11	12	19
Non-smokers	20	11	27	17	18	29
Base	967	57	66	429	228	187
Females						
Current smokers	20	2	13	21	22	27
Ex-smokers	4	1	1	4	6	6
Non-smokers	76	96	86	75	72	66
Base	1268	167	79	440	330	252

Smoking prevalence and level of income

The association between income level and smoking prevalence in Ukraine is different from that traditionally seen in most developed countries.

Though smoking prevalence is the highest (78%) among men in a ‘very low income’ group and the lowest (47%) among men with ‘upper middle’ income, this trend is not clear across all income groups for men or for women.

Smoking among women with a higher level of education and a higher income in Ukraine is more prevalent than among less educated and poorer groups.

Table 6. Prevalence of smoking by gender and level of income (%)

	All	Income level				
		Very low	Low	Lower middle	Middle	Upper middle
Males						
Current smokers	66	78	67	73	64	47
Ex-smokers	14	8	13	11	15	19
Non-smokers	20	14	19	16	21	34
Base	941	37	163	180	529	32
Females						
Current smokers	19	18	15	16	22	40
Ex-smokers	4	2	2	3	6	2
Non-smokers	76	80	83	81	72	57
Base	1258	50	267	277	622	42

Smoking prevalence and type of settlement

As with level of education, the association between the type of settlement and smoking prevalence varies by gender.

Among men, smoking prevalence is highest among the inhabitants of the smallest towns and villages. Conversely, smoking prevalence among women is highest in the largest cities and the lowest in villages.

Table 7. Prevalence of smoking by type of settlements (%)

	All	City >1m inhabitants	City	Town	Village
Males					
Current smokers	66	64	65	69	69
Ex-smokers	14	13	13	16	13
Non-smokers	20	23	22	15	18
<i>Base</i>	<i>967</i>	<i>231</i>	<i>271</i>	<i>185</i>	<i>280</i>
Women					
Current smokers	20	29	25	17	7
Ex-smokers	4	7	6	2	2
Non-smokers	76	64	69	81	91
<i>Base</i>	<i>1272</i>	<i>346</i>	<i>329</i>	<i>230</i>	<i>367</i>

Regional differences in smoking prevalence

Six regions in Ukraine were surveyed: Center (Dnepropetrovsk, Kirovograd, Poltava, Sumy, Cherkassy oblasts), East (Donetsk, Lugansk, Kharkiv oblasts), Kiev city, North (Kiev, Vinnitsa, Zhitomir, Khmelnytsky, Chernigiv oblasts), South (Crimea, Odessa, Mykolaiv, Kherson, Zaporizhya oblasts), West (Volyn, Rivne, Lviv, Ternopil, Ivano-Frankivsk, Chernivtsy, Zakarpattya oblasts).

Table 8. Prevalence of smoking by gender and region (%)

	Ukraine	East	West	North	South	Center	Kiev city
Males							
current smokers	67	75	63	68	63	66	61
ex-smokers	15	14	19	13	16	11	13
non-smokers	19	11	18	18	21	23	27
<i>Base</i>	<i>1013</i>	<i>206</i>	<i>199</i>	<i>180</i>	<i>188</i>	<i>184</i>	<i>56</i>
Females							
current smokers	20	23	14	12	26	19	26
ex-smokers	4	2	5	3	7	3	7
non-smokers	76	75	81	84	68	77	67
<i>Base</i>	<i>1226</i>	<i>282</i>	<i>217</i>	<i>179</i>	<i>242</i>	<i>236</i>	<i>70</i>

The survey results show that the highest smoking prevalence among men is 75% in the East and 68% in the North.

As for women, smoking prevalence in the West and North (12-14%) is almost half that found in the East and South and Kiev city (23-26%).

Figure 2. Prevalence of male smoking by region

(dark blue – 61-63%, blue – 64-66%, green – 67-69%, yellow – 70-72%, red – 73-75%)

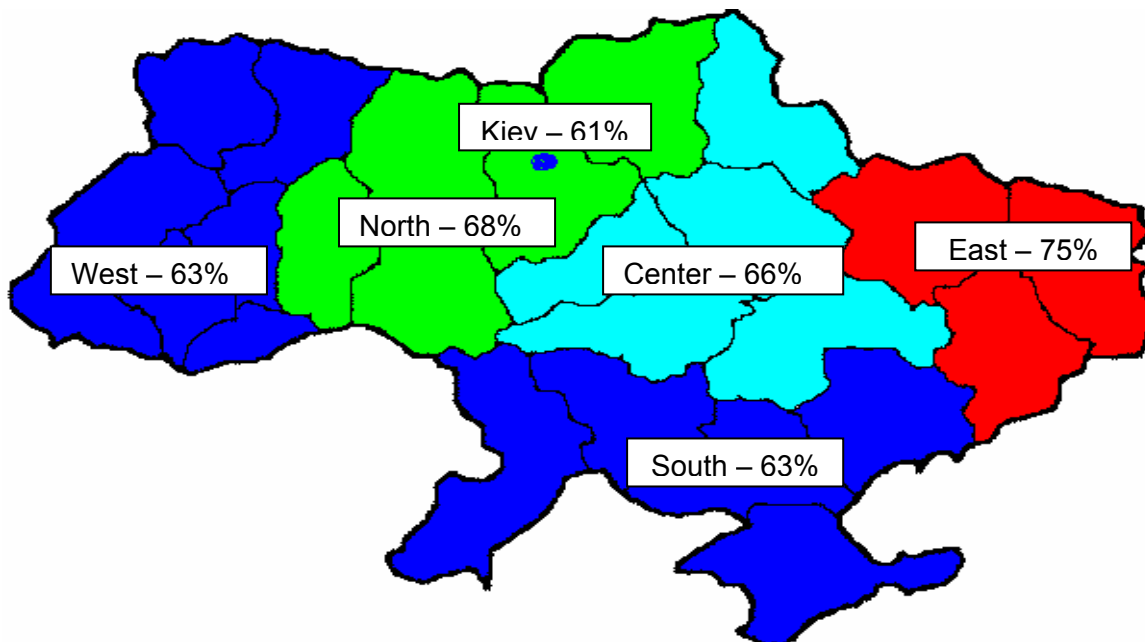
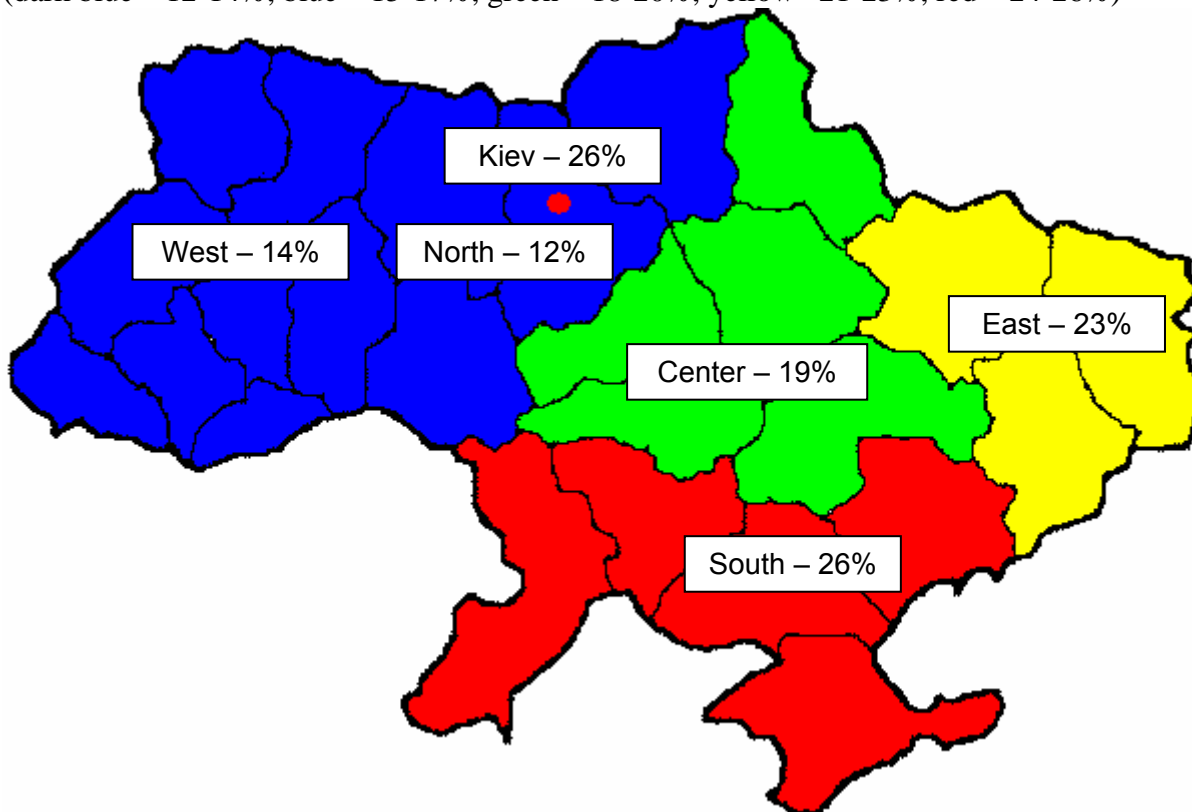


Figure 3. Prevalence of female smoking by region

(dark blue – 12-14%, blue – 15-17%, green – 18-20%, yellow – 21-23%, red – 24-26%)

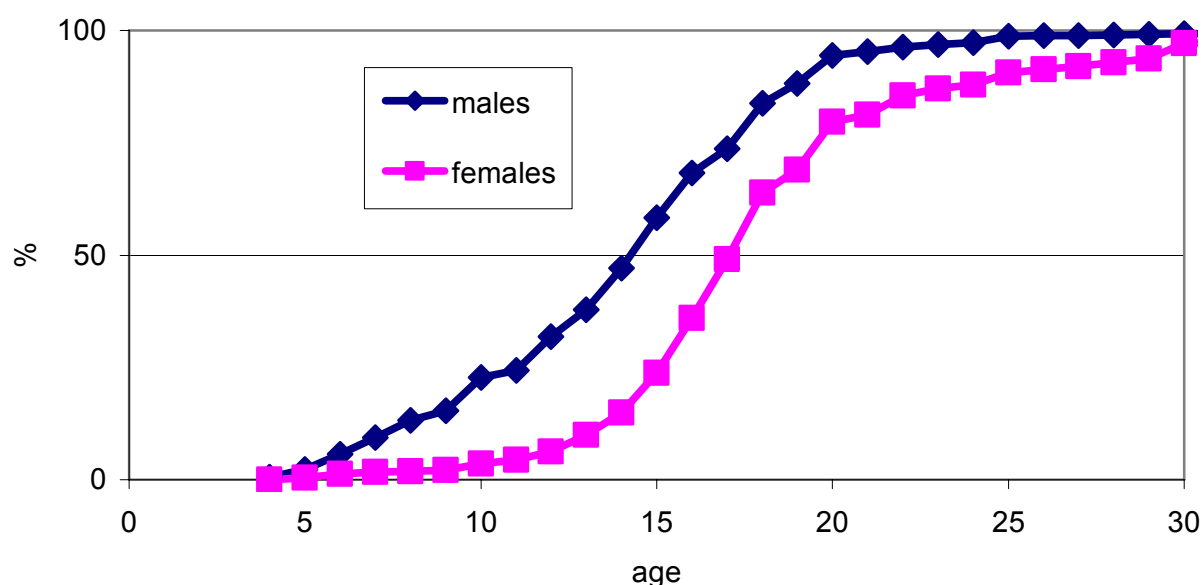


Smoking initiation

Smoking initiation among males starts earlier and develops faster than among females. The most intensive period of taking up smoking for men takes place from 5 to 20 years old with its peak at the age of 15. For women the most intensive uptake of smoking takes place between 14 and 20 years old with its peak at age 17.

After 20 years of age, smoking initiation continues but at a much lower rate.

Figure 4. Cumulative curve of smoking initiation among ever-smokers by gender and age (%)



Dynamic of smoking initiation

As seen in Figure 4 above, about half of men who have ever smoked, smoke their first cigarette under the age of 15 years. In Table 9, the proportion of men and women who smoked their first cigarette under the age of 15 years is shown by different age groups.

For male smoking initiation, two waves are seen. In the 60-74 year age group, 42% of men reported having their first cigarette under the age of 15 years. These are men born between 1930 and 1945 who had access to cheap tobacco during and after the World War II. Before and after this period, early smoking initiation was slightly lower.

Nearly half (47%) of young Ukrainian men (15-29 years old) report having started smoking under the age of 15 years.

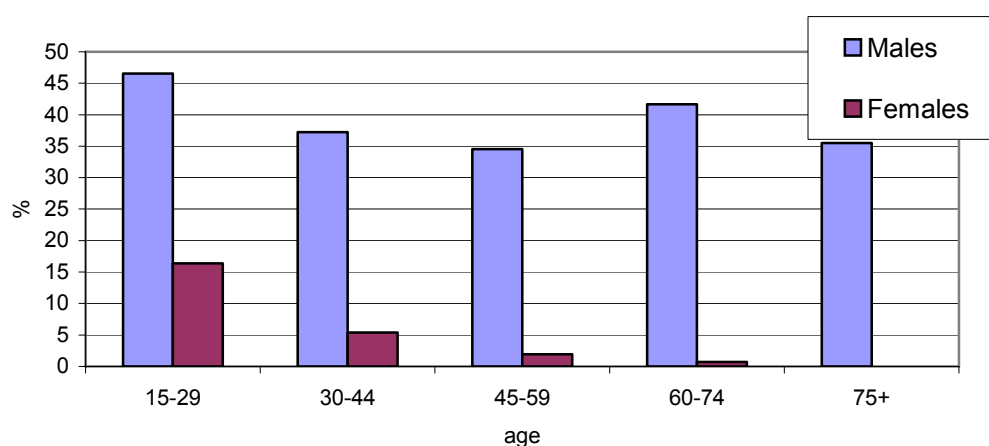
One in six (16%) of young Ukrainian women (15-29 years old) report having started smoking under the age of 15 years. This is three times higher than in the next older age group (30-44) and much higher than in all older age groups.

The trend for both males and females shows the earlier uptake of smoking during recent years compared to previous decades.

Table 9. Proportion who smoked their first cigarette under 15 years old by gender and age (%)

	All	Age groups				
		15-29	30-44	45-59	60-74	75+
Males						
%	40	47	37	35	42	35
Base	967	316	309	191	120	31
Females						
%	6	16	5	2	1	
Base	1272	293	315	262	282	120

Figure 5. Proportion who smoked their first cigarette under 15 years old by gender and age (%)



Smoking initiation and current smoking status

When smoking initiation is compared for different smoking status groups it is obvious that those who are current or former smokers are significantly more likely to have started smoking under 15 years old than those who only experimented with smoking and then stopped.

Table 10. Proportion of smoking initiation under 15 years by smoking status

	All	Current smokers	Ex-smokers	Experimenters
Males				
%	40	44	45	23
Base	967	643	133	191
Females				
%	6	13	18	3
Base	1272	250	56	966

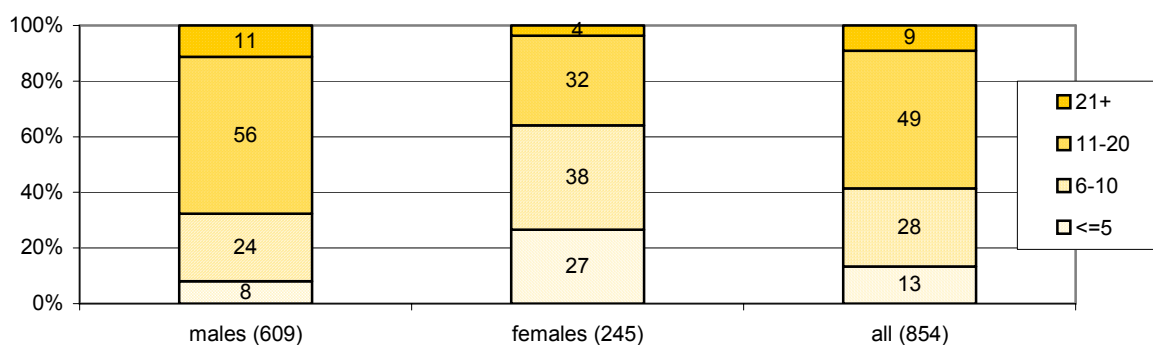
Tobacco consumption

Consumption and gender

Consumption patterns vary between men and women. A majority of male smokers (56%) report smoking 11-20 cigarettes per day. Among female smokers, 38% smoke 6-10 cigarettes per day, 32% smoke 11-20 cigarettes per day, and 27% smoke fewer than 5 cigarettes per day.

The average number of cigarettes smoked per day by male smokers is 16, and by female smokers the average is 11 per day. Gender is the only characteristic, which accounts for significant differences in consumption patterns. Neither type of settlement, income level, education level, nor number of children in the family accounts for significant differences in number of cigarettes smoked.

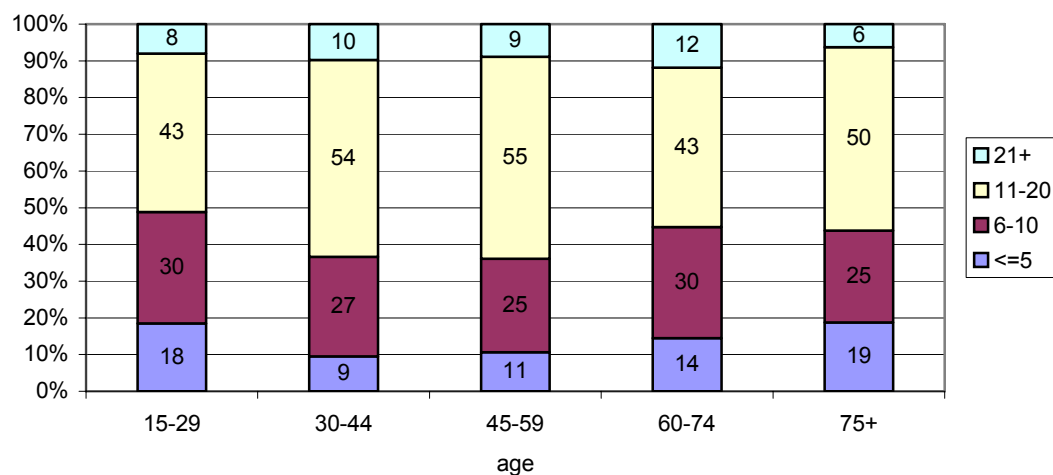
Figure 6. Number of cigarettes smoked daily by current smokers by gender



Consumption and age

There were some differences in cigarette consumption by age group. Smokers aged 30-59 consume slightly more cigarettes per day than those in both younger and older age groups, but these differences were not significant.

Figure 7. Number of cigarettes smoked daily by current smokers by age



2.3.3 Types of tobacco products used

None of the respondents reported using any sort of smokeless tobacco or smoking a pipe.

More than 99% of all smokers smoked only ready-made cigarettes. Smoking hand-rolled cigarettes was limited to male smokers, and only 1% of them smoked hand-rolled cigarettes. These smokers were mainly 60-74 years old.

Table 11. Proportion of smokers using different tobacco products by gender and age (%)

	All	15-29	30-44	45-59	60-74	75+
Males						
Regular cigarettes	61	44	62	75	81	85
Light cigarettes	38	57	37	24	16	15
Mentholated cigarettes	1	0	2	1		
Hand-rolled cigarettes	1	0	0	1	4	
Cigars	1	0	1	1		
<i>Base</i>	629	208	211	128	69	13
Females						
Regular cigarettes	30	27	29	36	35	33
Light cigarettes	68	71	70	66	67	67
Mentholated cigarettes	3	2	4	2	0	0
Hand-rolled cigarettes	0	0	0	0	0	0
Cigars	0	0	0	0	0	0
<i>Base</i>	247	86	100	47	11	3

For both men and women, the proportion of smokers who prefer light cigarettes is higher among light smokers than in medium smokers and heavy smokers.

Table 12. Proportion of smokers who use regular or light cigarettes by consumption level (%)

	All	Light smoker (1-10 cig/day)	Medium smoker (11-20 cig/day)	Heavy smoker (>20 cig/day)
Males				
Regular	61	58	63	65
Light	39	43	38	33
<i>Base</i>	609	197	343	69
	All	Light smoker (1-10 cig/day)	Medium smoker (11-20 cig/day)	Heavy smoker (>20 cig/day)
Females				
Regular	31	25	42	33
Light	67	75	52	67
<i>Base</i>	245	157	79	9

Among male smokers, 61% use regular cigarettes and 38% smoke low-tar or light cigarettes, though in the youngest age group 57% smoke light cigarettes.

Among female smokers, in all age groups, a majority smokes light cigarettes. Mentholated cigarettes are not widely used and were reported by only 3% of female smokers and 1% of male smokers. Cigars are smoked by 1% of male smokers.

Purchase of tobacco products

Amount of tobacco products purchased at one time

Nearly three-quarters (72%) of smokers usually buy their cigarettes in single packs (see Table 13).

The preferred quantity of cigarettes to purchase at a time is related to the usual level of consumption. The higher the level of consumption, the more likely smokers are to report buying several packs at a time or a carton of 10 packs. Nearly one in three of heavy smokers (those who smoke more than 20 cigarettes a day) purchase cigarettes in cartons and a further third usually buy several packs of cigarettes at a time.

Among light smokers there is a difference between male and female smokers: women are more likely than men to buy one pack or single cigarettes, and men are more likely to buy several packs at a time.

Younger smokers are more likely to buy one pack or single cigarettes and older smokers are more likely to buy several packs of cigarettes at a time.

Table 13. Proportion of smokers buying different quantities of cigarettes by consumption level (%)

What amount of cigarettes do you usually buy?	Daily consumption level			All
	Light smoker (1-10 cig/day)	Medium smoker (11-20 cig/day)	Heavy smoker (>20 cig/day)	
One to several sticks	4	0	1	2
A pack (20 cigarettes)	84	68	38	72
Several packs (< 10)	6	12	31	11
Carton of 10 packs	6	20	30	15
<i>Base</i>	352	427	77	856

Price of cigarettes and tobacco expenses

A majority of smokers purchase cigarettes that cost between 1-2 UAH. Men are more likely to smoke cheaper cigarettes and women are more likely to smoke more expensive cigarettes.

Table 14. Proportion of smokers buying cigarettes at different prices by gender (%)

	Gender		All
	Male	Female	
< 1 UAH	20	4	16
1-2 UAH	58	49	56
2,1-3 UAH	14	31	19
3,1-4 UAH	6	8	7
> 4 UAH	1	8	3
<i>Base</i>	<i>650</i>	<i>239</i>	<i>889</i>

Both for men and women, the price of cigarettes smoked is strongly associated with the use of light or regular cigarettes. Smokers who use light cigarettes are more likely to report paying higher prices.

Monthly expenditure on tobacco is significantly higher in those who smoke light rather than regular cigarettes (45UAH cf. 38UAH). Understandably, expenditure is significantly influenced by the level of consumption: light smokers spend on average 22UAH per month, medium smokers spend 48UAH and heavy smokers spend 90UAH.

Volume of tobacco market in Ukraine

Analysis of statistical data of the age and gender structure of the Ukrainian population together with these survey data regarding smoking prevalence, level of consumption, price of cigarettes, shows that the total annual volume of the Ukrainian market for cigarettes is an estimated 84 billion sticks (4.2 billion packs), worth between 8-9 billion UAH. The method used to arrive at these estimates is described in ‘Economics of tobacco control in Ukraine from the public health perspective’, Kiev, 2002 (<http://adic.org.ua/adic/reports/econ/ch-3/3-3.htm>)

Volume of bootlegged or smuggled tobacco in Ukraine

Respondents were asked to show their current cigarette pack to the researchers conducting the survey. They then noted a number of features: brand, price paid, health warning, excise stamp etc. An overwhelming majority (94.3%) of all the survey packs were “legal”: having an excise stamp (or signs that it had been removed) and a health warning in Ukrainian.

In a small number of cases (37), respondents produced “illegal” cigarette packs. This small number does not allow for detailed analysis, however some rudimentary observations can be reported:

- A majority of “illegal” cigarette packs had Russian excise stamps (indicating that they were bootlegged from Russia);
- Over half of “illegal” cigarette packs were found in the Eastern part of Ukraine (regions close to the Russian border);

- Almost all “illegal” cigarette packs were bought in small food stores, kiosks or from street vendors (not in supermarkets/large stores).

Table 15. Proportion of packs shown with or without an excise stamp (%)

	Is there an excise stamp on the pack or signs that it was removed?			
		Yes	No	Total
The health warning language	Ukrainian	94,3	1,2	95,6
	Russian	3,8	0,2	4,1
	Moldavian	0,4	0,0	0,4
	Total	98,5	1,5	100,0

Taking into account the respondents’ level of consumption, the proportion of “illegal” cigarettes in the market was estimated to be about 5%.

Summary of smoking behavior

Two out of three Ukrainian men (66%) and one out of five Ukrainian women (20%) are current smokers. Ex-smokers constitute 14% of the male population and 4% of the female population.

Men and women in Ukraine have different patterns of smoking. For both men and women, smoking prevalence is the highest in 15-44 age group and is lower in older age groups.

Male smoking pattern. Smoking prevalence is lower among better educated males, those living in larger cities and those with a higher income and it is higher among those men with lower education, lower income and who live in smaller settlements. Male smoking prevalence is highest in the East of Ukraine (73%) and lowest in Kiev city (61%).

Female smoking pattern. For women, the smoking prevalence distribution is the opposite of that among men: more educated, more affluent women and those who live in larger cities smoke at higher rates than less educated women with lower income levels in more rural settings. This may be a sign of a growing tobacco epidemic among Ukrainian females. Female smoking prevalence in the West and North (12-14%) is almost half that in other regions (23-26%).

Though the rates of smoking differ greatly between men and women, the ratio of current smokers to former smokers is the same for men and women and is about 5:1.

Half of male ever-smokers smoked their first cigarette under 15 years of age; and half of female ever-smokers smoked their first cigarette under 17 years of age. Higher levels of early smoking initiation were revealed in the 1930-1945 male birth cohort, and among both males and females born after 1975.

Early smoking initiation is much higher among current and former smokers than among those who only experimented with cigarettes and then stopped.

The average number of cigarettes smoked per day by male smokers is 16, and by female smokers, it is 11.

This survey did not provide any evidence of smokeless tobacco or pipe use in Ukraine.

A majority of male smokers use regular-strength cigarettes and a majority of female smokers use light cigarettes. Smoking light cigarettes is more prevalent among those who smoke 1-10 cigarettes per day than among heavier smokers.

Nearly three-quarters (72%) of smokers usually buy their cigarettes in single packs. A majority of smokers purchase cigarettes that cost between 1-2 UAH. Men are more likely to smoke cheaper cigarettes and women are more likely to smoke more expensive cigarettes.

Monthly expenditure on tobacco is significantly higher in those who smoke light rather than regular cigarettes (45UAH vs. 38UAH). Understandably, expenditure is significantly influenced by the level of consumption: light smokers spend on average 22UAH per month, medium smokers spend 48UAH and heavy smokers spend 90UAH.

The volume of the Ukrainian market for cigarettes is an estimated 84 billion sticks (4.2 billion packs), worth between 8-9 billion UAH.

The proportion of “illegal” cigarettes in the market is about 5%.

Further research questions regarding smoking prevalence

- Has male smoking prevalence decreased in the cities and among more educated and affluent groups, or has it increased in less educated and lower income groups?
- What factors can account for the differences in female smoking prevalence in different regions of Ukraine?

Further research questions regarding smoking initiation

- What is the level of consumption and quitting history of people who started smoking at different ages?
- Is the age of first cigarette or the age of daily smoking initiation more predictive of future smoking behavior?
- What are the differences between young people who have recently taken up smoking and those who have not smoked in terms of their beliefs, sources of information, smoking restrictions in their households and workplaces?

Further research questions regarding level of cigarette consumption

- Is level of consumption associated with age of first cigarette or age of daily smoking initiation?
- Is level of consumption influenced by household and workplace smoking restrictions, advertising, beliefs and information?
- Is level of consumption associated with attitude to tobacco control regulations?

Further research questions regarding types of tobacco products

- Which beliefs, information, regulation factors influence the choice of light or regular cigarettes?
- Is light cigarette use associated with smoking initiation or quitting history or other peculiarities of smoking behavior?

Environmental tobacco smoke exposure

Level of exposure

ETS exposure and smoking status

A majority of the Ukraine population (53%) perceive themselves to be exposed to environmental tobacco smoke (ETS) on at least a daily basis.

Obviously, current smokers are more likely to be exposed to tobacco smoke than former smokers and non-smokers. Daily smokers are exposed to their own tobacco smoke on a daily basis and can also be exposed to tobacco smoke by other smokers to different degrees.

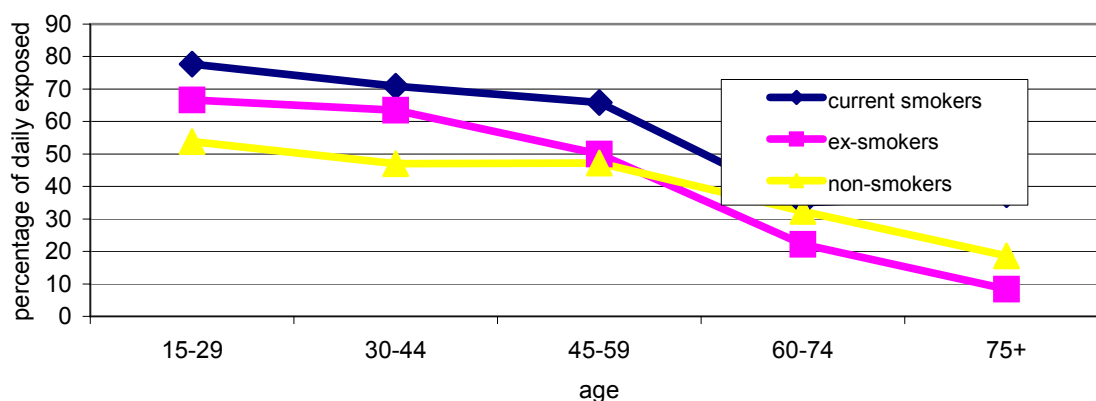
ETS exposure and age

ETS exposure is strongly associated with age. The older the respondents, the lower the likelihood that they are exposed to ETS.

Table 16. Perceived daily exposure to ETS by smoking status and age (%)

	All	Age groups				
		15-29	30-44	45-59	60-74	75+
Current smokers	68	78	71	66	35	38
<i>Base</i>	<i>878</i>	<i>300</i>	<i>309</i>	<i>173</i>	<i>80</i>	<i>16</i>
Ex-smokers	50	67	63	50	22	8
<i>Base</i>	<i>187</i>	<i>51</i>	<i>52</i>	<i>36</i>	<i>36</i>	<i>12</i>
Non-smokers	42	54	47	47	32	19
<i>Base</i>	<i>1135</i>	<i>251</i>	<i>253</i>	<i>235</i>	<i>278</i>	<i>118</i>

Figure 8. Perceived daily exposure to ETS by smoking status and age (%)



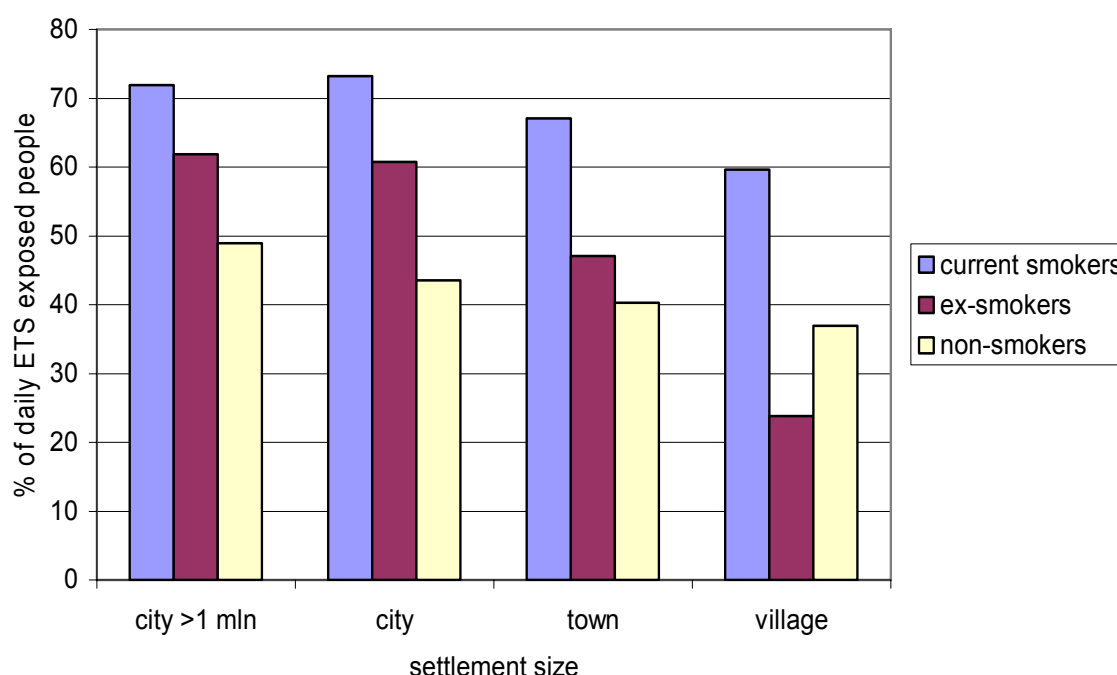
ETS exposure and type of settlement

The likelihood of experiencing ETS exposure varies between different types of settlements. The overall association was that people in larger settlements like cities were exposed to a greater extent than in smaller ones. The inhabitants of villages were the least likely to consider themselves exposed to tobacco smoke.

Table 17. Proportion reporting daily exposure to ETS by smoking status and type of settlement (%)

	All	Type of settlement			
		City >1m inhabitants	City	Town	Village
Current smokers	68	72	73	67	60
Base	878	246	250	164	218
Ex-smokers	50	62	61	47	24
Base	187	55	56	34	42
Non-smokers	42	49	44	40	37
Base	1135	270	278	211	376

Figure 9. Proportion reporting daily exposure to ETS by smoking status and type of settlement (%)



ETS exposure and income level

The perception of ETS exposure was associated with respondents' income level. The higher the income, the more likely they were to report ETS exposure. This association was especially pronounced for ex-smokers.

Table 18. Proportion reporting daily exposure to ETS by smoking status and income level (%)

	All	Income level				
		Very low	Low	Lower middle	Middle	Upper middle
Current smokers	68	59	60	65	73	71
<i>Base</i>	857	37	149	174	466	31
Ex-smokers	50	25	32	48	55	71
<i>Base</i>	185	4	28	27	119	7
Non-smokers	42	40	39	41	44	38
<i>Base</i>	1121	43	246	251	547	34

Household smoking restrictions

Respondents were asked to specify if there are any restrictions on smoking in their households and answered as follows:

“There are no smokers in the household” - 33%

“Family members and guests smoke only outdoors” - 28%

“Smoking takes place on the stairs, balcony etc.” - 20%

“Smoking is limited to certain parts of the house or flat” - 13%

“Smoking is not restricted” - 6%.

Gender differences in reporting household smoking restrictions

There are some differences in household restrictions reported by male and female respondents. Women report more frequently than men that there are no smokers in the household. Men report more frequently than women that, in their households, smoking takes place either outdoors or on the stairs, balcony etc., or that smoking is not restricted in their households.

Table 19. Proportion reporting different types of household restrictions by gender (%)

	All	Gender	
		Males	Females
There are no smokers in the household	33	24	39
Family members and guests smoke only outdoors	28	33	25
Smoking takes place on the stairs, balcony etc.	20	22	18
Smoking is limited to certain premises of the house or flat	13	12	13
Smoking is not restricted	6	8	5
<i>Base</i>	2233	964	1269

In general, women report strict smoking restrictions more frequently than men. Married men and women observe more strict restrictions on smoking than single and divorced people.

Those households where there are no smokers or where smoking takes place only outdoors are referred to as households with strict smoking restrictions in comparison with those which do not offer protection against ETS.

Smoking status and household smoking restrictions

As expected, current smokers practice strict household smoking restrictions least frequently (45% of male smokers and 25% of female smokers), and non-smokers most frequently (86% of male non-smokers and 75% of female non-smokers).

It is important to note here that in case of the same smoking status males report strict household smoking restrictions more frequently than females and this is true for all types of smoking status.

Overall though, females are still more likely to report strict restrictions simply because of much greater proportion of non-smokers among females.

Table 20. Proportion reporting strict household restrictions by smoking status and gender (%)

	All	Smoking status		
		Current smokers	Ex-smokers	Non-smokers
Males	58	45	80	86
<i>Base</i>	<i>964</i>	<i>641</i>	<i>133</i>	<i>190</i>
Females	64	25	48	75
<i>Base</i>	<i>1269</i>	<i>250</i>	<i>56</i>	<i>963</i>

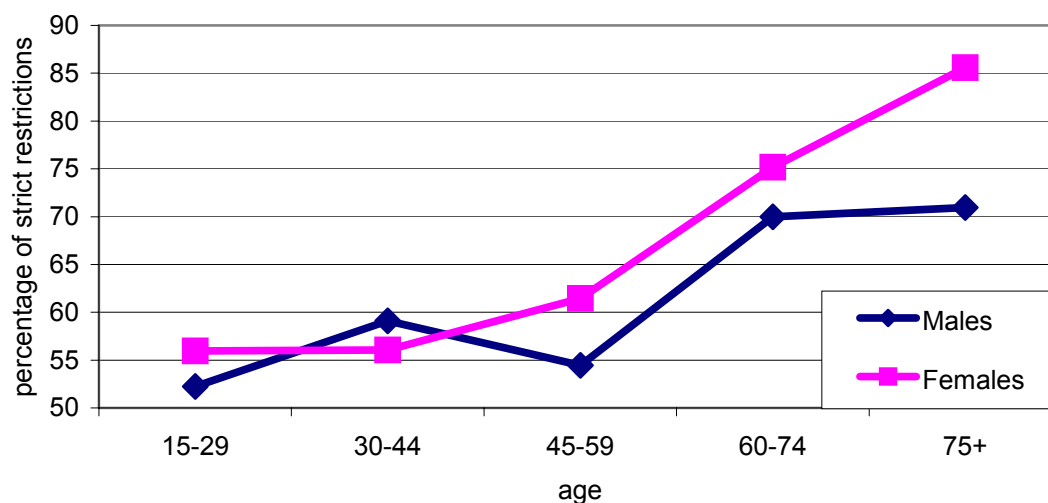
Age differences in household smoking restrictions

Table 21 below shows that a higher proportion of older respondents report strict smoking restrictions in the household, especially respondents older than 60 years.

Table 21. Proportion reporting strict household restrictions by gender and age (%)

	All	Age groups				
		15-29	30-44	45-59	60-74	75+
Males	58	52	59	54	70	71
<i>Base</i>	<i>964</i>	<i>314</i>	<i>308</i>	<i>191</i>	<i>120</i>	<i>31</i>
Females	64	56	56	61	75	86
<i>Base</i>	<i>1269</i>	<i>293</i>	<i>314</i>	<i>262</i>	<i>282</i>	<i>118</i>

Figure 10. Proportion reporting strict household restrictions by gender and age (%)



Type of settlement and household restrictions

Generally speaking, in smaller settlements there are more smoking restrictions than in larger ones.

When different regions of Ukraine are compared, inhabitants of the capital – Kiev city – report strict household smoking restrictions least frequently (46% and 57% male and female respectively).

Table 22. Proportion reporting strict household restrictions by gender and type of settlement (%)

	All	Type of settlement			
		City >1m inhabitants	City	Town	Village
Males	58	43	46	62	77
Base	964	231	269	185	279
Females	64	55	51	72	80
Base	1269	346	329	229	365

Number of children and household smoking restrictions

Among current smokers, there is a strong association between household smoking restrictions and number of children. If there are two or more children in the household, the likelihood of strict restrictions (55%) increased dramatically compared to households with one child (40%) or no children (37%).

Workplace smoking restrictions

Respondents were questioned about smoking restrictions in their workplace. Nearly one in six (17%) reported that smoking is either totally banned or there are no smokers; 34% responded that smoking is restricted to particular places in the premises; 20% said that places allocated for smoking are used by non-smokers; and 30% reported absolutely no restrictions on smoking.

Workplace smoking restrictions and smoking status

The smoking status of respondents and workplace smoking restrictions they face are related to each other. Current smokers are more likely than ex-smokers and non-smokers to report unrestricted smoking in their workplace and less likely to have a workplace smoking ban. By contrast, non-smokers are more likely to report that nobody smokes where they work and less likely to report that smoking is unrestricted, than ex-smokers and current smokers.

Table 23. Different levels of workplace smoking restrictions by smoking status (%)

	All	Smoking status		
		Current smokers	Ex-smokers	Non-smokers
Smoking is either totally banned or there are no smokers	17	9	21	24
Smoking is restricted to particular places in the premises	34	33	32	35
Places allocated for smoking are also used by non-smokers	20	20	19	20
No restrictions on smoking at all	30	38	28	21
<i>Base- those who reported workplace smoking regulations</i>	<i>1329</i>	<i>641</i>	<i>119</i>	<i>569</i>

Workplace smoking restrictions and gender

Women are more likely to report that smoking is totally banned at their workplace while men are more likely to respond that smoking is not restricted at all.

Table 24. Different levels of workplace smoking restrictions by gender (%)

	All	Gender	
		Males	Females
Smoking is either totally banned or there are no smokers	17	11	23
Smoking is restricted to particular places in the premises	34	33	35
Places allocated for smoking are also used by non-smokers	20	19	21
No restrictions on smoking at all	30	37	21
<i>Base - those who reported workplace smoking regulations</i>	<i>1329</i>	<i>700</i>	<i>629</i>

Workplace smoking restrictions and regions of Ukraine

Smoking restrictions at workplaces differ between the regions of Ukraine. Here and below regions are considered the following way: Crimea, Center (Vinnitsa, Khmelnytsky, Kirovograd, Poltava, Cherkassy oblasts), East (Dnepropetrovsk, Donetsk, Zaporizhzhya, Lugansk, Kharkiv oblasts), Kiev city, North (Kiev, Sumy, Zhitomir, Chernigiv oblasts), South (Odessa, Mykolaiv, Kherson oblasts), West (Volyn, Rivne, Lviv, Ternopil, Ivano-Frankivsk, Chernivtsy, Zakarpattia oblasts).

Most frequently strict smoking restrictions were reported by respondents from the East and least frequently by respondents from the South.

Table 25. Different levels of workplace smoking restrictions by regions of Ukraine (%)

	All	Region						
		West	Center	North	East	South	Crimea	Kiev city
Smoking is either totally banned or there are no smokers	17	23	15	18	19	9	11	13
Smoking is restricted to isolated premises	34	27	32	30	41	28	38	36
Places for smoking are visited by non-smokers	20	22	20	20	14	30	15	21
Absence of smoking restrictions	30	28	33	32	26	33	36	30
<i>Base - those who reported workplace smoking regulations</i>	<i>1329</i>	<i>209</i>	<i>179</i>	<i>166</i>	<i>333</i>	<i>126</i>	<i>53</i>	<i>263</i>

Places where smokers usually smoke

A clear majority of smokers report that they usually smoke at home (85%), in the street (75%) and at their workplace (55%). Smokers also report smoking in bars, restaurants and cafes (42%), in public places (22%) and in educational institutions (7%).

Male smokers find it easier to smoke at their workplaces, in the street and in public places.

By contrast, female smokers are more likely to smoke at home, in bars, restaurants and cafes.

Table 26. Proportion of smokers reporting smoking in specific places by gender (%)

	All	Gender	
		Males	Females
At home	85	83	88
In the street	75	82	56
In workplace	55	59	46
In bars, restaurants and cafés	42	38	53
In public places	22	26	14
In educational institutions	7	6	9
<i>Base</i>	<i>876</i>	<i>629</i>	<i>247</i>

The respondents' type of settlement was associated with smoking in certain places. In larger cities it is more typical to smoke in the street than it is in villages.

Table 27. Proportion of smokers reporting smoking in specific places by type of settlement (%)

	All	Type of settlement			
		City >1m inhabitants	City	Town	Village
On the street	75	83	71	79	67
In bars, restaurants and cafés	42	50	45	45	28
In educational institutions	7	9	8	8	3
<i>Base</i>	<i>876</i>	<i>245</i>	<i>254</i>	<i>159</i>	<i>218</i>

Income level and smoking in public places were found to be associated. More affluent people were more likely to report that they smoke at their workplace, and in educational institutions.

Table 28. Proportion of smokers reporting smoking in specific places by income level (%)

	All	Income level				
		Very low	Low	Lower middle	Middle	Upper middle
In workplace	56	27	49	58	59	63
In bars, restaurants and cafés	42	22	28	38	48	69
In educational institutions	7	0	4	5	8	22
<i>Base</i>	<i>853</i>	<i>37</i>	<i>148</i>	<i>173</i>	<i>463</i>	<i>32</i>

Individual behavior in relation to tobacco smoke exposure

Respondents were asked to specify how they usually behave if somebody smokes nearby. Do they object and ask people to stop smoking near themselves, their children or other family members? Options were 'always' (30%), 'according to the situation' (30%), 'rarely or never' (40%).

For further consideration the second and the third options are considered together as 'sometimes or never'.

Objections to being exposed to smoke and gender

There is a significant difference between men and women concerning their reactions to other people smoking nearby. While 41% of women responded that they always ask smokers to stop smoking near them and their children or other family members, only 16% of men do so.

Table 29. Different reactions to smoking nearby by gender (%)

	All	Gender	
		Males	Females
Yes, always	30	16	41
Sometimes or never	70	84	59
<i>Base</i>	<i>2147</i>	<i>930</i>	<i>1217</i>

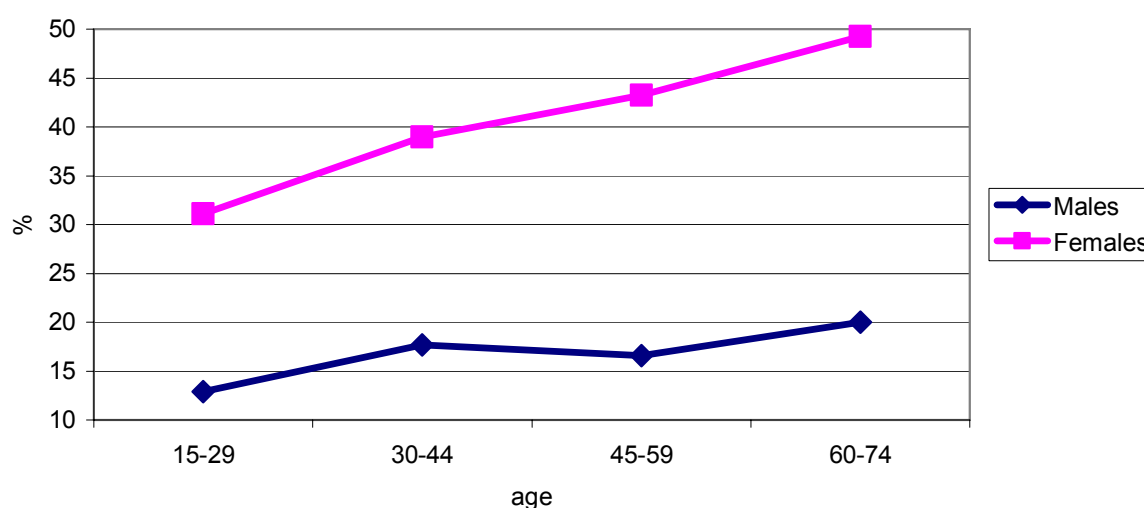
Objections to being exposed to smoke and age

The proportion of those who always ask people not to smoke around them increases with age. This trend is more pronounced for women (increasing from 31% to 49%) than for men (13% to 23%).

Table 30. Proportion who always ask smokers not to smoke near them by gender and age (%)

	All	Age groups				
		15-29	30-44	45-59	60-74	75+
Males	16	13	18	17	20	23
<i>Base</i>	<i>930</i>	<i>302</i>	<i>300</i>	<i>187</i>	<i>115</i>	<i>26</i>
Females	41	31	39	43	49	43
<i>Base</i>	<i>1217</i>	<i>286</i>	<i>308</i>	<i>252</i>	<i>270</i>	<i>101</i>

Figure 11. Proportion who always ask smokers not to smoke near them by gender and age (%)



Objections to being exposed to smoke and smoking status

Not surprisingly, the likelihood of asking people not to smoke nearby is significantly related to smoking status.

The proportion of current smokers, both male and female, who always ask people not to smoke nearby is considerably lower than for ex-smokers or non-smokers.

Table 31. Proportion who always ask smokers not to smoke near them by gender and smoking status (%)

	All	Smoking status		
		Current smokers	Ex-smokers	Non-smokers
Males	16	12	23	25
Base	930	617	128	185
Females	41	16	45	47
Base	1217	245	56	916

Summary of ETS exposure

The majority of the population (53%) perceive themselves to be exposed to environmental tobacco smoke (ETS) on at least a daily basis. When ETS exposure on several days a week is taken into account as well as daily exposure, 74% of ex-smokers and 65% of non-smokers report being exposed. Prevalence of ETS exposure declines with age, and this decline is the greatest for former smokers. ETS exposure is more commonly reported in larger cities than in towns and villages, and by people with higher income compared to lower ones.

Six in ten (61%) households either have no smokers or require people to smoke outdoors. In 20% of households smoking takes place on the stairs, balcony etc. In 19% of households smoking takes place inside the house. Household smoking restrictions are predominantly accounted for by the smoking status of respondents. When smoking status is controlled, males report stricter household smoking restrictions than females.

About one third of workplaces in Ukraine have no smoking restrictions and another third have specific places for smoking. One in five (20%) respondents report that the specific places for smoking are also used by non-smokers, and 17% report smoking is totally banned. Workplaces with strict smoking restrictions are more frequently reported by women and by non-smokers.

The majority of smokers reported that they usually smoke at home (85%), in the street (75%), and at their workplace (55%). In bars, restaurants and cafes, 42% of smokers would usually smoke; in public places, 22%; and in educational institutions, 7%. Male smokers find it easier to smoke at their workplace, in the street, and in public places. Female smokers more frequently smoke at home, in bars, restaurants and cafes. Living in larger cities and higher income levels are both associated with being more likely to smoke in public places.

Only 30% of survey participants responded that they always ask smokers not to smoke in their presence or around their children and other family members. Males and current smokers were less likely to make this request. Older people were more likely to address smokers with this request than younger people.

Further research questions regarding ETS exposure

- Which factors influence ETS exposure of daily smokers?
- Are the lower rates of ETS exposure reported by older ex-smokers accounted for by their personal behavior or by household and workplace smoking restrictions?

Further research questions regarding household smoking restrictions

- Who defines the level of smoking restrictions in households and who follows the rules?
- Which beliefs, information, etc. influence smoking restrictions in households?
- Do workplace smoking restrictions influence household restrictions?
- What are the peculiarities of smoking behavior of smokers in non-smoking households?
- What is the profile of non-smokers in those households where smoking is least restricted?

Further research questions regarding workplace smoking restrictions

- Do workplace smoking restrictions influence the smoking status of the workers or do people choose workplaces according to their smoking status?
- What is the difference between the smoking and quitting behavior of smokers who work in workplaces with different level of restrictions?
- Is cigarette consumption associated with the workplace smoking restrictions?

Further research questions regarding places where smokers are able to smoke

- What is the association between reported household and workplace smoking restrictions and the profile of places where smokers actually smoke?

Further research questions regarding personal protective behavior

- Which beliefs help people to object to people smoking nearby?
- Do household and workplace smoking restrictions increase the probability of active protective behavior against involuntary exposure to smoke?

Quitting smoking

As it was shown in Smoking prevalence section, ex-smokers constitute only 9% of the adult population, which is one-fifth of the proportion of current smokers (40%). So only every sixth smoker in Ukraine has managed to stop smoking and this proportion is similar for both male and female smokers.

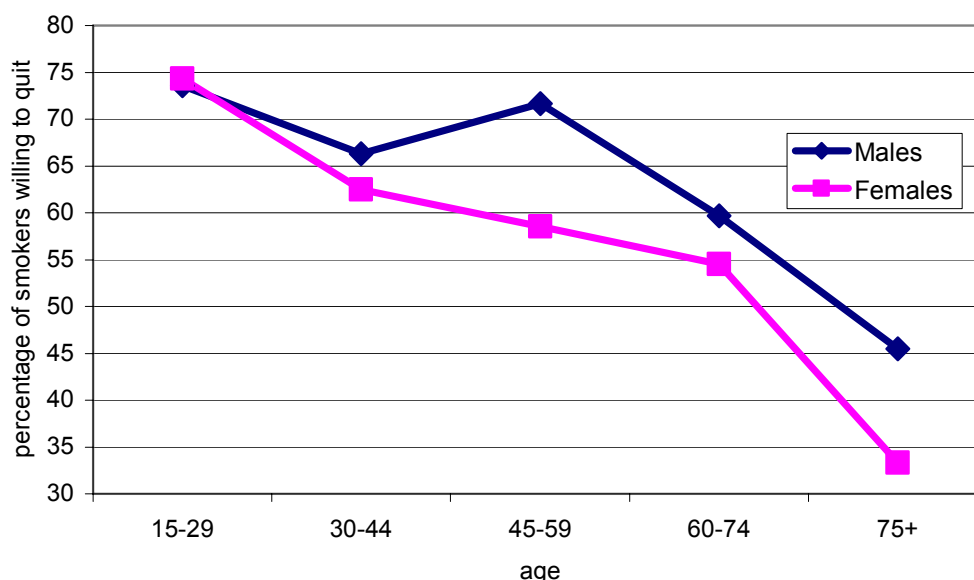
Desire to quit smoking

As in every country in the world, a majority of Ukrainian smokers want to quit smoking. On average (see Table 32), 69% of male smokers and 65% of female smokers report a desire to quit smoking. This desire is substantially higher in younger age groups and declines with age.

Table 32. Proportion of smokers who want to quit smoking by gender and age (%)

	All	Age groups				
		15-29	30-44	45-59	60-74	75+
Males	69	74	66	72	60	45
Base	551	178	187	113	62	11
Females	65	74	63	59	55	33
Base	217	74	88	41	11	3

Figure 12. Proportion of smokers who want to quit by gender and age (%)



Prior attempts to quit smoking among current smokers

The proportion of those smokers who have already tried to quit smoking is high, and it is close to the percentage of those who want to quit. Among male smokers, 66% report some

previous attempts to quit smoking while 69% reported a desire to quit. Among female smokers, previous attempts to quit are reported by 60% smokers while 65% want quit.

Desire and attempts to quit smoking

While it should be noted that those who want to quit and those reporting prior efforts to quit are not necessarily the same people, the table below shows there is a clear correlation. Among those wanting to quit, only 18% of male smokers and 16% of female smokers had not already tried to quit. Among those who say they do not wish to stop smoking, a minority had made one or more attempts to quit before the survey.

Table 33. Proportion of smokers who have made quit attempts by gender and desire to quit

Attempts to quit smoking	Males			Females		
	All	Desire to quit smoking		All	Desire to quit smoking	
		Yes	No		Yes	No
No attempts	34	18	68	40	16	83
1-2 attempts	39	47	23	38	52	12
3+ attempts	27	35	10	23	32	5
<i>Base</i>	<i>550</i>	<i>377</i>	<i>173</i>	<i>217</i>	<i>141</i>	<i>76</i>

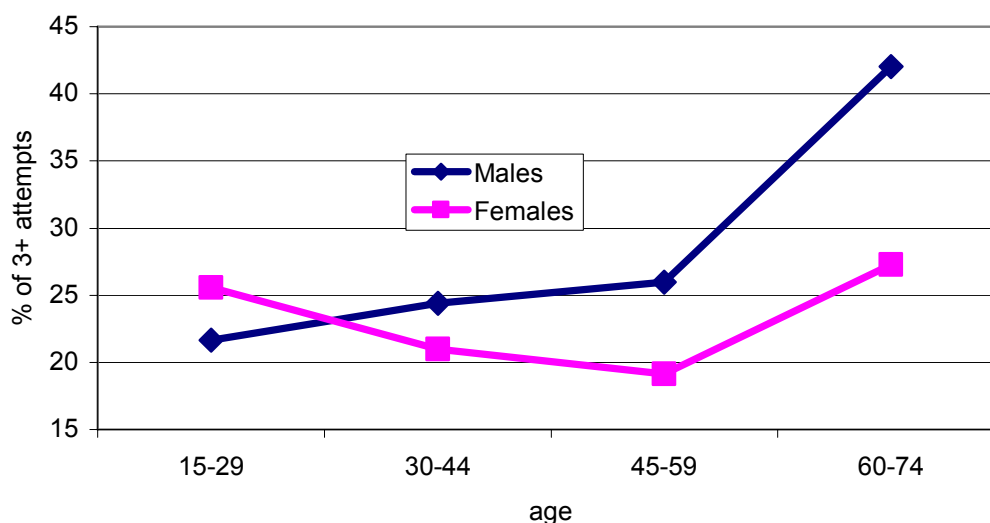
Gender, age and attempts to quit smoking

Nearly twice as many male smokers aged 60 to 74 years (42%) report three or more attempts to quit as in the group aged 15 to 29 years (22%). Among female smokers who have tried three or more times to quit, there is little difference between age groups.

Table 34. Proportion of smokers reporting three or more attempts to quit by gender and age (%)

	All	Age groups				
		15-29	30-44	45-59	60-74	75+
Males	26	22	24	26	42	15
<i>Base</i>	<i>626</i>	<i>208</i>	<i>209</i>	<i>127</i>	<i>69</i>	<i>13</i>
Females	22	26	21	19	27	
<i>Base</i>	<i>247</i>	<i>86</i>	<i>100</i>	<i>47</i>	<i>11</i>	<i>3</i>

Figure 13. Proportion of smokers reporting three or more attempts to quit by gender and age (%)



Type of settlement and attempts to quit smoking

For both male and female smokers, the likelihood of trying to quit three or more times was reported most frequently in villages and least frequently in large cities.

Table 35. Proportion of smokers reporting three or more attempts to quit by gender and type of settlement (%)

	All	Type of settlement			
		City >1m inhabitants	City	Town	Village
Males	26	13	27	25	34
Base	626	144	172	121	189
Females	22	13	24	32	37
Base	247	101	82	37	27

When different regions of Ukraine are compared, the highest proportion of smokers with three or more attempts to quit was found in Crimea, both for male smokers (52%) and female smokers (50%). The lowest proportion was found in Kiev city (11% for men and 15% for women).

Table 36. Proportion of smokers reporting three or more attempts to quit by gender and region (%)

	All	West	Center	North	East	South	Crimea	Kiev city
Males	26	33	32	13	29	22	52	11
Base	626	105	100	79	173	51	23	95
Females	22	19	29	32	21	15	50	15
Base	247	26	21	22	82	27	16	53

Level of nicotine dependence

Nicotine dependence was measured by taking into account the time of first cigarette per day and the level of consumption.

Time of first cigarette

Nearly one in three (30%) smokers report smoking their first cigarette just after waking up; 18% start smoking within the first half-hour; 20% within the first hour after waking up; and 18% start to smoke later but before midday.

The percentage of male smokers who smoke early in the morning is higher than the percentage of female smokers (75% cf. 57%).

Table 37. Proportion of smokers reporting different times for first cigarette by gender (%)

	All	Gender	
		Males	Females
Wake up in the night to smoke	3	3	1
Smoke just after waking up	30	32	26
Smoke within first half-hour after waking up	18	20	13
Smoke within one hour after waking up	20	20	17
Smoke first cigarette before midday	18	16	21
Smoke first cigarette in the afternoon	3	2	7
Smoke first cigarette in the evening	2	1	4
Time of first cigarette differs	5	4	8
Do not smoke daily	2	2	3
<i>Base</i>	<i>873</i>	<i>626</i>	<i>247</i>

As Table 38 shows, time of first cigarette and level of consumption are related to each other. Smoking within one hour after waking up or earlier is associated with smoking more than 10 cigarettes daily, and smoking first cigarette later was associated with a lower level of consumption.

To simplify further consideration of the issue, those smokers who smoke more than 10 cigarettes a day and start smoking within the first hour or earlier have been classified as highly dependent and those who smoke less and start later have been classified as having a lower level of dependence.

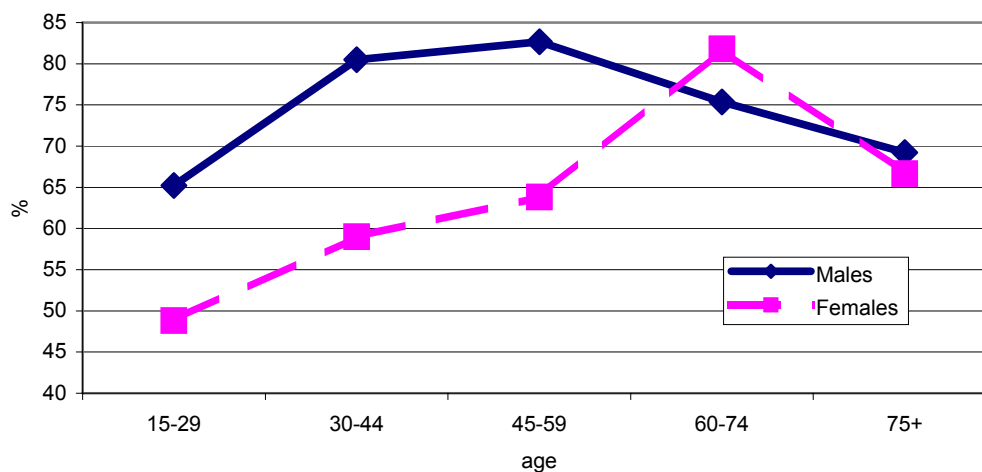
Table 38. Proportion of smokers reporting different times for first cigarette by consumption level (%)

	All	Heavy, medium or light smoker		
		Light smoker (1-10 cig/day)	Medium smoker (11-20 cig/day)	Heavy smoker (20+ cig/day)
Wake up in the night to smoke	3	0	4	6
Smoke just after waking up	30	14	39	56
Smoke within first half-hour after waking up	18	13	22	23
Smoke within one hour after waking up	20	20	21	10
Smoke first cigarette before midday	18	30	10	4
Smoke first cigarette in the afternoon	3	7	1	
Smoke first cigarette in the evening	2	5		
Time of first cigarette differs	5	8	3	
Do not smoke daily	1	3		
<i>Base</i>	<i>852</i>	<i>352</i>	<i>422</i>	<i>78</i>

Nicotine dependence and socio-demographic variables

There is a clear association between the level of nicotine dependence and age for male smokers. In age groups 30-74, more than 75% of male smokers are highly nicotine dependent. After 75 years of age, this level is lower. This could be because either males of this birth cohort started to smoke later and did not develop as high level of dependence or because heavy smokers have higher mortality rates and do not survive.

Figure 14. Proportion of highly nicotine dependent smokers by gender and age (%)



The proportion of highly dependent male smokers is extremely high in the East (82,8%), South (82,4%), and in Crimea (87,0%). Education level, type of settlement and income level were not significantly associated with the level of nicotine dependence.

Duration of non-smoking among current smokers

Smokers who reported prior attempts to quit smoking were asked to characterize the results of these attempts in terms of the longest period of not smoking. These results were similar for male and female smokers.

Table 39. Proportion of smokers reporting duration of prior quit attempts by gender (%)

Duration of not smoking	All	Gender	
		Males	Females
Several hours	6	6	5
Several days	23	23	23
Several weeks	22	24	16
Several months	34	33	38
Several years	16	15	18
<i>Base</i>	<i>543</i>	<i>397</i>	<i>146</i>

Nicotine dependence and duration of not smoking

As would be expected, the duration of previous quit attempts was associated with the level of nicotine dependence. The duration of quit attempts for several days was more typical for highly dependent smokers, while quit attempts lasting several weeks, months or years were more probable among smokers with lower dependence.

Table 40. Proportion of smokers reporting duration of prior quit attempts by level of nicotine dependence (%)

Duration of not smoking	Low dependence	High dependence	All
Several hours	3	7	6
Several days	12	28	23
Several weeks	23	21	21
Several months	40	32	34
Several years	22	13	16
<i>Base</i>	<i>147</i>	<i>394</i>	<i>541</i>

Duration of not smoking among ex-smokers

Those who reported ever smoking daily were asked to specify the duration of not smoking after having quit.

In general, 39% of ex-smokers reported more than 10 smokefree years since quitting, 20% - from 5 to 10 years, 26% - from 1 to 5 years, 7% - from 6 to 12 months, 7% - from 1 to 6 months, 2% - less than month.

Gender differences in duration of not smoking

Men were more likely than women to report longer periods of not smoking. This difference probably can be explained by age difference between male and female smokers and longer duration of the tobacco epidemic among men.

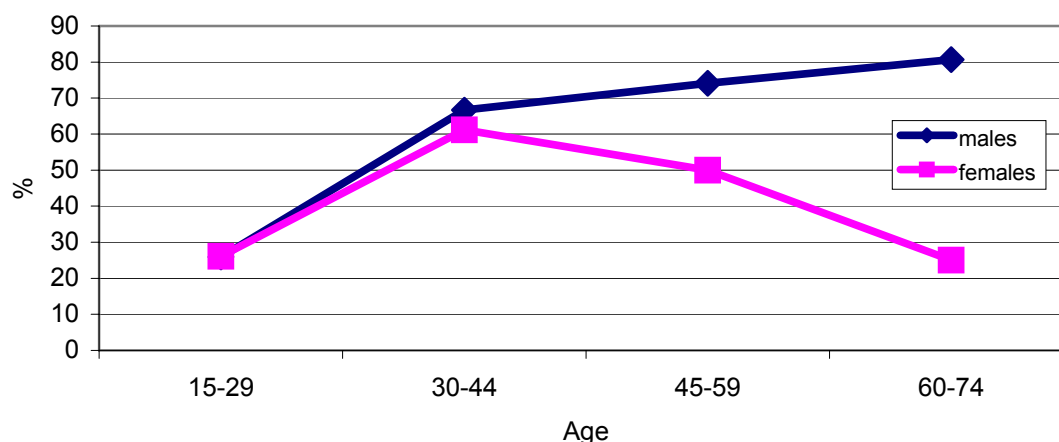
Table 41. Proportion of ex-smokers reporting duration of not smoking by gender (%)

Time since quitting smoking	All	Gender	
		Males	Females
Less than one month	2	2	
1-6 months	7	5	11
6-12 months	7	5	9
1-5 years	26	21	37
5-10 years	20	20	19
10+ years	39	46	24
Base	183	129	54

Age of ex-smokers and time since quitting smoking

As smoking is highly prevalent among men of all age groups, a substantial proportion of them have tried to quit smoking, and many report quite a long time since they have stopped smoking. The proportion of those who have stopped smoking for five or more years increases with age.

Figure 15. Proportion of ex-smokers who stopped smoking more than 5 years ago by gender and age (%)



For women, there is no clear association between age and the proportion of those who have been ex-smokers for a long time. This is probably a sign of the recent development of the tobacco epidemic among women.

Perceived need for help to stop smoking

This question was posed to all respondents and concerned either themselves or their family members who smoke and need help in smoking cessation.

Understandably, the proportion of smokers who say they are in need of help to stop smoking, both in males (24%) and females (29%), was higher than those ex-smokers (17-25%) and non-smokers (20-21%) who identified the need for help on behalf of others.

Table 42. Proportion reporting the need for smoking cessation help for themselves or their family members by gender and smoking status (%)

	All	Smoking status		
		Current smokers	Ex-smokers	Non-smokers
Males	22	24	17	20
Base	890	587	127	176
Females	23	29	25	21
Base	1145	232	53	860

Health workers participation in smoking cessation

All smokers were asked if their doctor has in any way addressed the smoking issue with them. More than two-thirds of smokers (69%) reported no such involvement by health care workers; while 25% responded that their doctor had recommended that they stop smoking and only 2% had received an offer of help. This distribution was the same for both male and female smokers.

Table 43. Proportion of smokers reporting involvement of health professionals in cessation by gender (%)

	All	Gender	
		Males	Females
None of the doctors have ever addressed the smoking issue	69	68	71
Doctor asked if I smoke but did not recommend I should stop	4	4	4
Doctor asked and recommended I should stop smoking	25	26	23
Doctor asked, recommended I should stop and proposed help in smoking cessation	2	2	2
Base	872	625	247

Preferred way of quitting smoking

Smokers were asked to assess different ways of quitting smoking if they were to consider trying. A clear majority (77%) would rely on willpower. Among other methods opted for are nicotine replacement therapy (10%), other medicines (10%), smoking cessation specialist advice (7%), doctor's advice (6%), self-help literature (2%), and advice from a pharmacist (1%). The percentages of smokers opting for a telephone line, internet services or using a diary were negligible.

Table 44. Proportion of smokers who would use different types of smoking cessation support by gender (%)

	All	Gender	
		Males	Females
Willpower	77	79	72
Doctor's advice	6	5	8
Advice from a pharmacist	1	0	2
Advice from a smoking cessation specialist	7	7	7
Group meetings	1	1	1
Self-help literature	2	2	2
Nicotine replacement therapy	10	8	15
Special medicines	10	8	14
<i>Base</i>	<i>876</i>	<i>629</i>	<i>247</i>

Intention to smoke or not to smoke in five years

Survey participants were asked whether they expect to smoke in five years or not.

The overwhelming majority of ex-smokers and non-smokers expect not to smoke in five years, though ex-smokers are more doubtful about this than non-smokers.

A majority of current smokers expect to smoke in five years. But 32% expect to stop smoking.

Table 45. Proportion who expect to smoke or not to smoke in five years by smoking status (%)

	All	Smoking status		
		Current smokers	Ex-smokers	Non-smokers
No	47	12	86	93
Rather no	15	20	11	7
Rather yes	18	32	1	0
Yes	20	36	2	0
<i>Base</i>	<i>1033</i>	<i>568</i>	<i>170</i>	<i>295</i>

Level of cigarette consumption and intention to smoke in five years among current smokers

When current smokers are divided into groups according to their level of consumption, light smokers (who smoke 10 cigarettes per day or less) significantly differed from those who smoke more: 41% of light smokers expect not to smoke in five years while only 26% of medium and heavy smokers expect not to be smoking.

Table 46. Proportion of smokers who expect to smoke or not to smoke in five years by consumption level (%)

	All	Heavy, medium or light smoker		
		Light smoker (1-10 cig/day)	Medium smoker (11-20 cig/day)	Heavy smoker >20 cig/day
Expect not to smoke in 5 years	32	41	26	26
Expect to smoke in 5 years	68	59	74	74
<i>Base</i>	<i>539</i>	<i>211</i>	<i>275</i>	<i>53</i>

Level of nicotine dependence and intention to smoke in five years among current smokers

Similarly, a higher proportion of current smokers with low nicotine dependence (45%) expects not to smoke in five years than more highly dependent smokers (27%).

Table 47. Proportion of smokers who expect to smoke or not to smoke in five years by level of nicotine dependence (%)

	All	Low dependence	High dependence
Expect not to smoke in 5 years	32	45	27
Expect to smoke in 5 years	68	55	73
<i>Base</i>	<i>554</i>	<i>152</i>	<i>402</i>

Summary of quitting smoking

While smoking prevalence is significantly different for men and women, in quitting behavior they have much in common. As in every country in the world, a majority of Ukrainian smokers wants to quit smoking. On average, 69% male smokers and 65% of female smokers report a desire to quit smoking. This proportion is substantially higher in younger age groups and declines with age.

Among male smokers, 66% reported some attempts to quit and among female smokers attempts to quit were reported by 60%.

The results of quit attempts in terms of the longest period of not smoking did not differ for male and female smokers, but were strongly associated with the level of nicotine dependence.

Among former smokers, 39% reported more than 10 years since quitting, 20% - from 5 to 10 years, 26% - from 1 to 5 years, 7% - from 6 to 12 months, 7% - from 1 to 6 months, 2% - less than a month.

About a quarter of current smokers have reported they need smoking cessation help (24% - males, 29% - females).

Health workers participation in smoking cessation is unsatisfactorily low. No participation by health care workers was reported by 69% of smokers, 25% responded that their doctor had recommended to stop smoking and only 2% were offered help.

A majority of current smokers expect to smoke in five years. But 32% hope to stop smoking. This proportion increases to 41-45% among those with low nicotine dependence and who smoke up to 10 cigarettes per day.

Non-smokers do not expect to start smoking in five years. Three percent of ex-smokers expect to relapse.

Further research questions regarding desire and attempts to quit smoking

- How strong is the desire to stop smoking among those smokers who never tried to quit? Among those who already made quit attempts?
- What is the profile of those smokers who express the desire to quit but do not report any prior attempts to do so? What can strategies can be developed to help them?
- What is the profile of those smokers who have already tried to stop smoking but do not wish to do so any more? How they can be helped?
- Are regional peculiarities of quitting behavior (i.e. in Crimea) are associated with access to additional information?
- Which information factors are associated with better outcomes of quit attempts (age and nicotine dependence controlled)?

Further research questions regarding smoking cessation help

- What are the factors associated with high demand for smoking cessation services?
- Do smokers who receive interventions by health workers make more quit attempts and achieve better success rates?
- What are the education and information factors associated with readiness of smokers to use medicines and counseling for quitting smoking?

Knowledge about tobacco-related harm

The level of knowledge of respondents was tested by means of presenting several statements, some of which were true and some that contained widespread myths regarding tobacco. Respondents marked the assumptions they considered true.

‘People have the right to work in a smoke-free environment’

A majority of people (58%) agrees with this idea. This belief is more prevalent among women than men. The higher the level of education of respondents, the greater the proportion of those who think that smoke-free workplaces are natural. Managers, executives, professionals were the groups with highest (67%) level of agreement with this statement. People living in villages were least likely to agree (50%).

Table 48. Proportion who consider that people have the right to work in a smoke-free environment by gender (%)

	All	Gender	
		Males	Females
%	58	54	60
Base	2239	967	1272

Table 49. Proportion who consider that people have the right to work in a smoke-free environment by education level (%)

	Education				All
	Primary	Secondary	College	University	
%	49	56	59	67	58
Base	369	869	558	439	2235

Table 50. Proportion who consider that people have the right to work in a smoke-free environment by type of settlement (%)

	All	Type of settlement			
		City >1m inhabitants	City	Town	Village
%	58	60	59	64	50
Base	2239	577	600	415	647

‘Light and ultra-light cigarettes are less harmful than regular ones’

Altogether 14% of the population believes that ‘light’ cigarettes are less harmful than regular strength cigarettes. Agreement with this erroneous statement was highly correlated with age.

The younger the respondent, the greater the proportion of those regarding this statement as true. Males chose it twice as frequently as females.

When regions of Ukraine were compared, the highest proportion of those who believe light cigarettes are less harmful was found in the South (25%), the lowest in the North (9%) and in Kiev city (8%).

Self-employed people and agricultural workers were the groups with highest level of agreement (23-25%). There is a trend towards a higher level of agreement among people on higher income levels.

Table 51. Proportion who regard light cigarettes less harmful by age (%)

	All	Age groups				
		15-29	30-44	45-59	60-74	75+
%	14	21	16	12	7	3
Base	2239	609	624	453	402	151

Table 52. Proportion who regard light cigarettes less harmful by gender (%)

	All	Gender	
		Males	Females
%	14	20	10
Base	2239	967	1272

Table 53. Proportion who regard light cigarettes less harmful by region (%)

	All	Region of Ukraine						
		West	Center	North	East	South	Crimea	Kiev city
%	14	18	13	9	15	25	15	8
Base	2239	364	326	290	598	197	98	366

Table 54. Proportion who regard light cigarettes less harmful by income level (%)

	All	Level of income				
		We barely make ends meet	We have only enough for food and basic necessities	We have enough to live on, but we can't afford to buy durable goods (TV, refrigerator, etc.)	We are doing well enough but can't yet afford more expensive items (apartment, car)	We can afford anything we want
%	14	16	12	15	18	29
Base	2193	215	911	803	247	17

'Tobacco contains substances which cause addiction'

On average, 39% of the population believes that tobacco is addictive. More educated and younger people are more likely to agree with this statement.

Table 55. Proportion who believe that tobacco contains substances which cause addiction by age (%)

	All	Age groups				
		15-29	30-44	45-59	60-74	75+
%	39	42	38	41	38	28
<i>Base</i>	2239	609	624	453	402	151

Table 56. Proportion who believe that tobacco contains substances which cause addiction by education level (%)

	All	Education			
		Primary	Secondary	College	University
%	39	33	38	45	40
<i>Base</i>	2235	369	869	558	439

'Smoking causes only lung cancer and respiratory diseases'

First of all, the majority of respondents (62%) do not think that the tobacco impact is limited to lung cancer and respiratory diseases. The proportion of people who incorrectly believe this statement is true is greater among women, and among people in older age groups. People with university education are least likely to agree with this statement. People who report higher income level are also better informed. Unemployed people and agricultural workers were least informed groups (45-46%).

Table 57. Proportion who think that smoking causes only lung cancer and respiratory diseases by age (%)

	All	Age groups				
		15-29	30-44	45-59	60-74	75+
%	38	33	37	41	43	43
<i>Base</i>	2239	609	624	453	402	151

Table 58. Proportion who think that smoking causes only lung cancer and respiratory diseases by gender (%)

	All	Gender	
		Males	Females
%	38	36	40
<i>Base</i>	2239	967	1272

Table 59. Proportion who think that smoking causes only lung cancer and respiratory diseases by education level (%)

	All	Education			
		Primary	Secondary	College	University
%	38	43	37	43	32
Base	2235	369	869	558	439

Table 60. Proportion who think that smoking causes only lung cancer and respiratory diseases by income level (%)

	All	Level of income				
		We barely make ends meet	We have only enough for food and basic necessities	We have enough to live on, but we can't afford to buy durable goods (TV, refrigerator, etc.)	We are doing well enough but can't yet afford more expensive items (apartment, car)	We can afford anything we want
%	38	38	44	37	26	18
Base	2193	215	911	803	247	17

'Passive smoking can cause diseases and death'

Understanding of passive smoking as a possible cause of diseases and death is low (28%), but grows with age. Women are more aware of this fact than men. The least informed were the following social groups: self-employed people (17%), people in military service (18%), managers of enterprises (22%), pupils and students (23%), disabled people (23%).

Table 61. Proportion who know that passive smoking can cause diseases and death by age (%)

	All	Age groups				
		15-29	30-44	45-59	60-74	75+
%	28	24	28	30	33	25
Base	2239	609	624	453	402	151

Table 62. Proportion who know that passive smoking can cause diseases and death by gender (%)

	All	Gender	
		Males	Females
%	28	24	31
Base	2239	967	1272

‘Smokers more frequently get Parkinson’s disease’

This statement was proposed to check if certain groups of respondents blame smoking without knowing its real dangers. In fact, international research shows that Parkinson’s disease is among the very few diseases that are less prevalent in smokers than in the general population. Fewer than one in ten respondents (9%) agreed with this statement. There was no difference between men and women. More educated people agree with this statement more frequently than less educated people.

Table 63. Proportion who think that smokers more frequently get Parkinson’s disease by education level (%)

	All	Education			
		Primary	Secondary	College	University
%	9	5	8	10	12
Base	2235	369	869	558	439

‘Smokers have greater risk of impotence’

Awareness of this fact is extremely low. Only 10% of the population knows that smoking is associated with erectile dysfunction. This knowledge is higher among people with college or university education. The least informed are the following social groups: farmers (0%), registered unemployed (4.5%), unskilled workers (6%), retired people and housewives (9%).

Table 64. Proportion who know that smoking causes impotence by education level (%)

	All	Education			
		Primary	Secondary	College	University
%	10	7	9	12	12
Base	2235	369	869	558	439

‘Smokers can easily quit if they want to’

This belief is not very widely held: only 11% of respondents agreed with it.

Among other social groups, farmers (20%), and housewives (19%), unemployed people (17-18%) most frequently believe that quitting smoking is easy.

‘Children of smoking mothers have a greater risk of being born underweight and of suffering various diseases’

Overall, only 28% of the population is aware of this problem. Women have a significant advantage in knowledge over men.

When regions of Ukraine are compared, the highest proportion agreeing with this statement was found in Crimea (42%), and the lowest in Kiev (22%).

The most informed were managers of enterprises (44%), pupils and students (34%), housewives (33%), entrepreneurs (self-employed people) (32%), professionals with college or university education (31%), and disabled people (31%).

Table 65. Proportion who are aware that children of smoking mothers have a greater risk of being born underweight and of suffering various diseases by gender (%)

	All	Gender	
		Males	Females
%	28	23	32
Base	2239	967	1272

Table 66. Proportion who are aware that children on smoking mothers have a greater risk of being born underweight and of suffering various diseases by region (%)

	All	Region of Ukraine						
		West	Center	North	East	South	Crimea	Kiev city
%	28	24	24	26	35	34	42	22
Base	2239	364	326	290	598	197	98	366

‘It is safe to smoke for a few years if you quit later’

Only 7% of respondents agree with this incorrect statement, but it is significantly more prevalent among men than women. People on a higher level of income are more frequently misinformed than those on a lower income.

Table 67. Proportion who believe that it is safe to smoke for a few years if you quit later by gender (%)

	All	Gender	
		Males	Females
%	7	10	4
Base	2239	967	1272

Table 68. Proportion who believe that it is safe to smoke for a few years if you quit later by income level (%)

	All	Level of income				
		We barely make ends meet	We have only enough for food and basic necessities	We have enough to live on, but we can't afford to buy durable goods (TV, refrigerator, etc.)	We are doing well enough but can't yet afford more expensive items (apartment, car)	We can afford anything we want
%	7	4	7	6	9	24
Base	2193	215	911	803	247	17

‘Smoking causes cardiovascular diseases’

Almost half of the population agrees that cardiovascular diseases are related to smoking. Older people and women are more aware of this than young people and men.

The least informed are unskilled workers (27%), housewives (32%), managers (33%), unemployed (36%), people in military service (36%), and pupils and students (37%).

At the same time, a higher level of income is associated with lower level of understanding about the harm tobacco does to the cardiovascular system.

Table 69. Proportion who know that smoking causes cardiovascular diseases by age (%)

	All	Age groups				
		15-29	30-44	45-59	60-74	75+
%	44	36	43	46	54	49
Base	2239	609	624	453	402	151

Table 70. Proportion who know that smoking causes cardiovascular diseases by gender (%)

	All	Gender	
		Males	Females
%	44	40	47
Base	2239	967	1272

Table 71. Proportion who know that smoking causes cardiovascular diseases by income level (%)

	All	Level of income				
		We barely make ends meet	We have only enough for food and basic necessities	We have enough to live on, but we can't afford to buy durable goods (TV, refrigerator, etc.)	We are doing well enough but can't yet afford more expensive items (apartment, car)	We can afford anything we want
%	44	54	44	43	39	29
Base	2193	215	911	803	247	17

Sum of correct answers

To summarize the level of knowledge and its association with other variables, a total score of correct answers was calculated for every respondent. The score varied from 1 to 11 and was recoded into three levels.

In general, the best informed were people in age groups 45-74; women were better informed about tobacco than men; and more educated people were better informed than those less well educated. Unskilled workers and inhabitants of villages were the least informed people; in the Central part of Ukraine the scores were the lowest; the poorest people were better informed

than the most affluent people. Furthermore current smokers had the lowest score, non-smokers had the highest, and ex-smokers were in the middle.

Table 72. Proportion of correct answers by gender (%)

	All	Gender	
		Males	Females
1-5 correct answers	28	34	24
6 correct answers	32	32	33
7-11 correct answers	40	34	44
Base	2239	967	1272

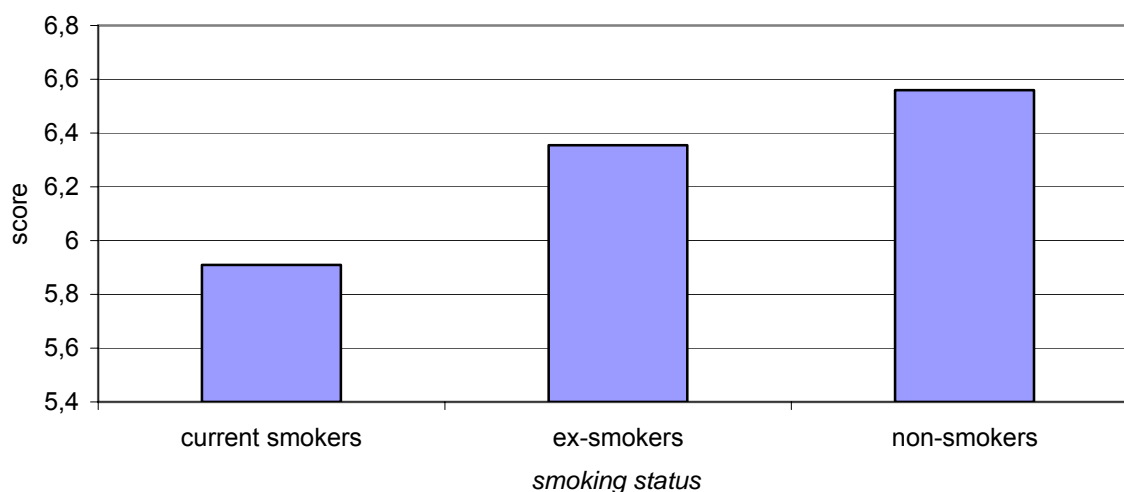
Table 73. Proportion of correct answers by education level (%)

	All	Education			
		Primary	Secondary	College	University
1-5 correct answers	28	29	30	29	23
6 correct answers	32	41	32	28	30
7-11 correct answers	40	30	38	42	47
Base	2235	369	869	558	439

Table 74. Comparison of sums of correct answers by smoking status (%)

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Min	Max
					Lower Bound	Upper Bound		
Current smokers	893	5,91	1,52	0,051	5,81	6,01	1	10
Ex-smokers	189	6,35	1,59	0,12	6,13	6,58	3	11
Non-smokers	1157	6,56	1,54	0,045	6,47	6,65	2	11
All	2239	6,28	1,57	0,0331	6,22	6,35	1	11

Figure 16. Mean score of correct answers by smoking status



Summary of tobacco-related knowledge

On average, knowledge of key smoking related health problems is low: only 44% know cardiovascular diseases are associated with smoking, only 39% consider tobacco addictive, only 28% know that smoking harms the unborn baby, only 28% know that passive smoking can cause diseases and death, and only 10% know that smoking causes impotence.

Non-smokers and ex-smokers had better tobacco-related knowledge than current smokers.

In general, the best informed were people in age groups 45-74, women were better informed about tobacco than men, more educated people were better informed than less educated, unskilled workers and inhabitants of villages were the least informed people, the poorest people were better informed and the most affluent the least informed.

Further research questions regarding tobacco-related information

- What kind of knowledge is associated with smoking initiation and quitting behavior in different age and gender groups?
- How widespread are certain myths in different regions of Ukraine?
- Is there an association between access to certain sources of information and beliefs concerning tobacco health impact?

Sources of tobacco-related information

There are three major sources of information on tobacco-related issues for the majority of the Ukrainian population. Almost half of the population (48%) gets information regarding tobacco from TV, 28% from newspapers, and 18% from magazines. People also get information through communication with friends and colleagues (13%), from the radio (10%), health workers (10%), family members (8%), classes in school or other educational institutions (4%), Internet (1%). One quarter of the population reports that they receive no information regarding tobacco.

Age and tobacco-related information

Most of these sources are more frequently cited by the younger population. Only radio and health workers are mentioned by different age groups to a similar extent. The result is that in older age groups, significantly more people report that they get no information on tobacco and this proportion reaches 44% in the oldest age group 75+.

Table 75. Proportion who report getting tobacco-related information by source and age (%)

	Total	Age groups				
		15-29	30-44	45-59	60-74	75+
Television	48	50	51	49	44	29
Newspapers	28	28	32	28	24	17
Magazines	18	23	23	16	8	7
Communication with friends or colleagues	13	17	16	9	8	7
Radio	10	9	10	12	11	10
Health workers	10	9	12	9	9	7
Communication with family members	8	12	8	8	5	3
Classes in school or other education	4	12	2	1	1	
Internet	1	2	1	1		
No information	25	18	19	28	36	44
<i>Base</i>	<i>2239</i>	<i>609</i>	<i>624</i>	<i>453</i>	<i>402</i>	<i>151</i>

Gender differences in sources of tobacco-related information

Several sources of information appear to reach males or females more effectively. Women get tobacco-related information from magazines more frequently than men. By contrast, men get information from friends, colleagues, family members and Internet to a greater extent.

Table 76. Proportion who report getting tobacco-related information by source and gender (%)

	All	Gender	
		Males	Females
Magazines	18	15	20
Communication with friends or colleagues	13	16	11
Communication with family members	8	10	7
Internet	1	2	1
<i>Base</i>	2239	967	1272

Education level differences in getting tobacco-related information

Most sources of information are used more frequently by people with higher levels of education. This association is most obvious for TV, newspapers, magazines, communication with friends, colleagues, health workers, and use of Internet. Thus the lower the level of education, the greater is the probability that a respondent gets no information regarding tobacco.

The only source equally mentioned, taking into account gender, age and education, is radio.

Table 77. Proportion who report getting tobacco-related information by source and education level (%)

	All	Education			
		Primary	Secondary	College	University
Television	48	38	48	49	52
Newspapers	28	17	29	29	34
Magazines	18	7	16	20	28
Communication with friends or colleagues	13	8	13	13	17
Health workers	10	7	8	11	13
Internet	1	1	1	2	3
No information	25	37	24	25	19
<i>Base</i>	2235	369	869	558	439

Type of settlement and sources of tobacco-related information

Magazines with tobacco-related information are more widely read in larger cities, and the same is true for the Internet.

On the other hand, radio and communication with health workers are better used sources of information for towns and villages. TV, newspapers and other sources are used to the same extent everywhere.

Table 78. Proportion who report getting tobacco-related information by source and type of settlement (%)

	All	Type of settlement			
		City >1m Inhabitants	City	Town	Village
Magazines	18	21	21	20	11
Radio	10	7	10	10	13
Health workers	10	6	9	12	13
Internet	1	2	3	0	0
<i>Base</i>	<i>2239</i>	<i>577</i>	<i>600</i>	<i>415</i>	<i>647</i>

Sources of information related to smoking status

Two sources of information were correlated to smoking status. Current smokers more frequently report that their friends and colleagues are sources of tobacco-related information. Non-smokers more frequently report school classes as sources of information compared to current and former smokers.

Table 79. Proportion who report getting tobacco-related information by source and smoking status (%)

	All	Smoking status		
		Current smokers	Ex-smokers	Non-smokers
Communication with friends and colleagues	13	17	15	10
School classes	4	3	2	5
<i>Total</i>	<i>2239</i>	<i>893</i>	<i>189</i>	<i>1157</i>

Summary of sources of tobacco-related information

Almost half of the population (48%) gets information regarding tobacco from TV, 28% from newspapers, and 18% from magazines. People also get information through communication with friends and colleagues (13%), from radio (10%), health workers (10%), family members (8%), classes in school or other educational institutions (4%), and the Internet (1%). Still, one quarter of the population reports that they receive no information regarding tobacco.

Most of these sources reach the younger population more effectively than older people. Only radio and health workers are mentioned by different age groups to similar extent.

Women get tobacco-related information from magazines more frequently than men. By contrast, men are more likely to get information from friends, colleagues, family members and the Internet.

Most sources of information are better used by people with higher level of education. This association is most obvious for TV, newspapers, magazines, communication with friends, colleagues, health workers, and use of the Internet. Thus the lower the level of education, the greater the probability that a respondent receives no information regarding tobacco.

The only source equally mentioned, taking into account gender, age and education, is radio. In larger cities, people read magazines with tobacco-related information and use the Internet. On the other hand, radio and communication with health workers are better used sources of information for towns and villages. TV, newspapers and other sources are used to the same extent everywhere.

Current smokers more frequently report that their friends and colleagues are sources of tobacco-related information. Non-smokers more frequently report school classes as a source of information compared to current and former smokers.

Further research questions regarding sources of information

- Are certain beliefs widespread in some regions related to more active use of certain sources of information?
- Which sources are most used by smokers wanting to quit?

Attitude to tobacco-related problems and tobacco control measures

Perception of tobacco-related problems

Survey participants were asked: How does smoking affect you? They were provided with a selection of possible responses and invited to choose one or more.

Around one in four (26%) expressed no concern about the issue while 25% responded that they worry about their own smoking and the difficulty of quitting; 23% expressed concern about preventing smoking by children; 19% worry about smoking by family members; 18% worry about their own passive smoking; 16% are concerned about their friends' smoking; and 12% worry about the impact on cigarette smoke on their children.

Smoking status and perception of tobacco-related problems

Current smokers were more likely to be concerned about their own smoking and inability to quit. Non-smokers are more likely to be concerned about exposure to environmental tobacco smoke, the impact of tobacco smoke on their children, and prevention of smoking by children.

Former smokers are more likely to be concerned about smoking by their friends and colleagues. Ex-smokers were also the ones who most frequently stated that smoking is not an issue for them.

Table 80. Proportion expressing concern about specific smoking-related problems by smoking status (%)

	All	Smoking status		
		Current smokers	Ex-smokers	Non-smokers
I smoke and I've tried giving up smoking without any success	25	62	4*	0
I find myself inhaling tobacco smoke regularly from people who smoke	18	12	20	23
My family has smokers and I worry about the impact of smoking on their health and mine	19	9	20	27
My friends smoke and I worry about the impact of smoking on their health and mine	16	10	22	20
My colleagues smoke and I worry about the impact of smoking on their health and mine	9	5	14	10
I worry about the impact of cigarette smoke on my child	12	10	10	14
I worry about how to prevent smoking among children	23	16	25	28
I am professionally involved in the issue of smoking	3	4	2	2
I worry about other smoking-related issues	2	1	4	2
I am not concerned about this issue	26	20	32	30
<i>Base</i>	2239	893	189	1157

* People who were ex-smokers according to their answers to other questions may have selected this statement to emphasize that quitting smoking was difficult for them.

Gender and perception of tobacco-related problems

There was a considerable gender difference in perception of most tobacco-related problems. Men are more concerned about smoking of their friends and colleagues. This difference was significant in the group of non-smokers.

Women are concerned about smoking by their family members to a greater extent than men, and this is true for all smoking status groups. Women who are current and former smokers are more concerned than men about the ETS impact on the health of their children, and non-smoking women worry about how to prevent smoking initiation by their children.

Table 81. Proportion expressing concerns about specific tobacco-related problems by gender and smoking status (%)

	Current smokers		Ex-smokers		Non-smokers	
	Male	Female	Male	Female	Male	Female
My family has smokers and I worry about the impact of smoking on their health and mine	7	15	16	29	9	30
My friends smoke and I worry about the impact of smoking on their health and mine	9	11	21	23	30	18
My colleagues smoke and I worry about the impact of smoking on their health and mine	5	6	16	11	17	9
I worry about the impact of cigarette smoke on my child	9	14	6	20	11	15
I worry about how to prevent smoking among children	15	19	23	30	21	29
<i>Base</i>	<i>643</i>	<i>250</i>	<i>133</i>	<i>56</i>	<i>191</i>	<i>966</i>

Age difference in perception of tobacco-related problems

Three groups of problems were associated with certain age groups. Problems that are more important for young people and become less important with age are the problems of personal smoking, ETS exposure, smoking by friends and colleagues.

Problems related to children are not so important for the youngest group. People aged 30-44 are concerned about their children, ETS exposure and the impact on their health. The problem of preventing smoking initiation is most important for the 30-74 age groups.

Table 82. Proportion expressing concern about specific tobacco-related problems by age (%)

	All	Age groups				
		15-29	30-44	45-59	60-74	75+
I smoke and I've tried giving up smoking without any success	25	31	32	25	14	5
I find myself inhaling tobacco smoke regularly from people who smoke	18	22	18	21	15	10
My friends smoke and I worry about the impact of smoking on their health and mine	16	23	15	17	11	5
My colleagues smoke and I worry about the impact of smoking on their health and mine	9	9	11	12	3	1
I worry about the impact of cigarette smoke on my child	12	10	21	10	7	6
I worry about how to prevent smoking among children	23	15	29	25	25	20
I am not concerned about this issue	26	23	21	23	33	50
<i>Base</i>	2239	609	624	453	402	151

Perception of passive smoking

The general attitude to ETS exposure was studied by means of the following question:

Do you consider other people's cigarette smoke harmful or harmless to you?

- Harmless – 3%;
- Somewhat harmless – 3%;
- Somewhat harmful – 17%;
- Harmful – 77%.

The attitude to ETS is best predicted by smoking status. While 68% of current smokers consider it definitely harmful, the percentage is 78% for ex-smokers and 84% for non-smokers.

Table 83. Proportion who consider ETS harmful or harmless by smoking status (%)

	All	Smoking status		
		Current smokers	Ex-smokers	Non-smokers
Harmless	3	6	1	1
Somewhat harmless	3	5	4	1
Somewhat harmful	17	22	16	14
Harmful	77	68	78	84
<i>Base</i>	2163	835	183	1145

Attitude to smoke-free policies

A survey question as to whether non-smokers' rights should be protected by means of a legal ban of smoking in public places got an overwhelmingly positive response (96%). Support for this proposition was higher among non-smokers (98%) and ex-smokers (97%) compared with current smokers, who nevertheless strongly support the idea (92%).

Summary of perceived tobacco-related problems

Perception of tobacco-related problems is mostly determined by smoking status. Current smokers are concerned about their inability to quit smoking. Non-smokers are concerned about exposure to environmental tobacco smoke, smoking by family members, impact of tobacco smoke on their children, prevention of children smoking. Former smokers are more concerned about smoking by their friends and colleagues.

The youngest respondents are concerned about inability to protect themselves against ETS exposure and about how to stop smoking. Older people become more worried about children ETS exposure and children smoking.

The vast majority of the population (including current smokers) considers tobacco smoke is harmful and support smoke-free policies.

Further research questions regarding perceived tobacco-related problems

- How are perceived problems translated into behavior?
- Which other factors are important to determine whether a person concerned with a certain tobacco-related problem starts to change behavior?

Tobacco advertising and its regulation

Brands and their producers

Respondents were asked to identify the three cigarette brands they most frequently encountered in advertising. The list of brands mentioned by more than 1% of respondents is presented in Table 84. The most frequently noticed brands are Marlboro, LM, Bond and Winston.

Table 84. Tobacco advertisements most frequently noticed in Ukraine by brand

Brands	Number of mentions	%
Marlboro	447	17
LM	401	15
Bond	298	11
Winston	236	9
Прилуки особливі	210	8
Camel	172	6
Next	156	6
Monte Carlo	112	4
Chesterfield	109	4
Прима Люкс	90	3
Прима оптима	84	3
LD (Ligget-Ducat)	66	2
Parliament	36	1
R1	36	1
Прима срібна	31	1
Davidoff	30	1
Kent	29	1
More	28	1
Karelia slims	24	1
Lucky strike	22	1
Мagna	18	1

Ways and means of advertising

Many types of advertising have been used for tobacco products. The most widely noticed has been outdoor advertising (46% of respondents have reported to have observed it), 23% mentioned ads on TV, 12% in shops, bars and restaurants, 9% in printed media (newspapers and magazines), 8% are familiar with promotional items.

Age and probability of tobacco advertising encountered

All types of advertising were more frequently reported by respondents in younger age groups. For instance, outdoor advertising was reported by 65% of those 15-29 years old and by 15% of people older than 75.

Table 85. Proportion having encountered specific types of tobacco advertising by age (%)

	All	Age groups				
		15-29	30-44	45-59	60-74	75+
Outdoor advertising	46	65	55	42	21	15
TV	23	29	23	21	20	11
Point of sale	12	18	15	9	6	3
Printed media	9	11	12	7	3	4
Promotional items	8	11	11	6	3	4
<i>Base</i>	<i>2239</i>	<i>609</i>	<i>624</i>	<i>453</i>	<i>402</i>	<i>151</i>

Gender differences in perception of tobacco advertising

There were gender differences regarding three types of advertising. Men were significantly more likely than women to report seeing outdoor advertising (54% vs. 41%), point of sale advertising (16% vs. 9%), and promotional items (10% vs. 7%).

Table 86. Proportion having encountered specific types of tobacco advertising by gender (%)

	Total	Gender	
		Males	Females
Outdoor ads.	46	54	41
Point of sale	12	16	9
Promotional items	8	10	7
<i>Base</i>	<i>2239</i>	<i>967</i>	<i>1272</i>

Tobacco advertising perception by inhabitants of different types of settings

While outdoor advertising is the most widespread type of advertising, and most seen by people from every type of settlement, it is still more prevalent in larger cities. Thus people from other smaller settlements are more likely to notice other types of advertising, such as TV, point of sale advertising and promotional items.

Table 87. Proportion having encountered specific types of tobacco advertising by type of settlement (%)

	All	Type of settlement			
		City >1m inhabitants	City	Town	Village
Outdoor advertising	46	56	59	44	28
TV	23	16	23	25	28
Point of sale	12	5	13	17	15
Promotional items	8	6	12	7	8
<i>Base</i>	<i>2239</i>	<i>577</i>	<i>600</i>	<i>415</i>	<i>647</i>

Regional differences in tobacco advertising

There was no regional difference in outdoor tobacco advertising. Still other types of advertising were reported to a different extent in the different regions of Ukraine. TV advertising was reported more often in the West, North and Crimea. Point of sale advertising was more reported in Crimea as was advertising in newspapers and magazines. Promotional items are more frequently reported in the Center and in Crimea. Radio advertising, which is actually prohibited in Ukraine, in most regions is reported by 1-3% across most of Ukraine, but by 7% in the West.

Sums of percentages calculated at the bottom of Table 88 show that the fewest advertisements are seen in Kiev (28% vs. 55% on average). At the same time, the scores are much higher in the West (76%), Crimea (76%), and the North (66%).

Table 88. Proportion having encountered specific types of tobacco advertising by region (%)

	All	Region of Ukraine						
		West	Center	North	East	South	Crimea	Kiev city
TV	23	34	17	30	21	22	28	15
Point of sale	12	16	17	16	12	11	17	2
Printed media	9	11	5	9	9	11	15	6
Promotional items	8	9	16	9	5	7	14	3
Radio	3	7	1	3	1	3	1	2
Sum of %	55	76	56	66	48	54	76	28
<i>Base</i>	<i>2239</i>	<i>364</i>	<i>326</i>	<i>290</i>	<i>598</i>	<i>197</i>	<i>98</i>	<i>366</i>

Frequency of encountering tobacco advertising

Respondents were asked how much they noticed advertising for tobacco products within the last six months and responded as follows: 22% - very rarely, 31% - rarely, 39% - frequently, 9% - very frequently.

Younger people noticed more advertising than older people, men were more exposed than women, higher educated people noticed more advertising than people with lower levels of education, more advertising was seen in larger cities than in towns and villages.

Attitude to tobacco advertising regulations

A majority of those who responded to the question about tobacco advertising restrictions are in favor of a total advertising ban (57%). Only 3% responded that some additional tobacco advertising should be allowed.

Smoking status and tobacco advertising regulation

Among current smokers, 22% think that current restrictions of advertising are enough and 43% consider a total advertising ban is necessary. Among ex-smokers these groups are 18% and 59%, and among non-smokers 8% and 67% respectively.

Table 89. Proportion in favor of different tobacco advertising regulations by smoking status (%)

	All	Smoking status		
		Current smokers	Ex-smokers	Non-smokers
Advertising tobacco products should be completely banned	57	43	59	67
Advertising should be banned in most forms (media, billboards/light boxes, public transit)	12	13	13	12
More severe restrictions should apply than currently, but such advertising should not be banned altogether	14	18	8	11
Current restrictions are adequate	14	22	18	8
Advertising tobacco products should be allowed on radio and television	3	5	2	2
<i>Base</i>	<i>2026</i>	<i>815</i>	<i>166</i>	<i>1045</i>

Socio-demographic associates of attitude to tobacco advertising

In all smoking status groups, support for a total ban on tobacco advertising grows with age.

While among ex-smokers and non-smokers, women are more supportive of totally banning tobacco advertising, among current smokers, males are more in favor of an ad ban.

Table 90. Proportion in favor of different tobacco advertising regulations by smoking status and gender (%)

	Total	Gender	
		Males	Females
Current smokers			
Totally ban	43	45	36
Restrict or keep	57	55	64
<i>Base</i>	<i>815</i>	<i>582</i>	<i>233</i>
Ex-smokers			
Totally ban	59	57	64
Restrict or keep	41	43	36
<i>Base</i>	<i>166</i>	<i>113</i>	<i>53</i>
Non-smokers			
Totally ban	67	62	69
Restrict or keep	33	38	31
<i>Base</i>	<i>1045</i>	<i>177</i>	<i>868</i>

Among non-smokers, the poorer the respondents, the higher their level of support for a total ban on advertising.

Summary of tobacco advertising issues

Survey participants reported that they most frequently encountered outdoor advertising, ads on TV, point of sale advertising, ads in printed media and promotional items. Tobacco ads are more frequently seen by younger age groups and by men. Inhabitants of smaller settlements report less outdoor advertising but they report more TV and point of sale advertising. A majority of the population supports a total tobacco advertising ban. This support is more frequently expressed by non-smokers, ex-smokers, older age groups, and poorer sections of the population.

Further research questions regarding tobacco advertising

- Is tobacco advertising exposure associated with smoking behavior and level of consumption?
- Is attitude to a tobacco advertising ban associated with attempts to quit smoking?

Attitudes to tobacco taxation

Earmarked tobacco taxation and attitude to it

Survey participants were asked the following question: A number of countries have introduced special taxes on tobacco products. Revenues from these taxes are channeled to finance healthcare, health insurance, tobacco control measures, or help to those who want to quit smoking. Which of the following steps do you think Ukraine should take?

Around four in ten (41%) of those who expressed their opinion agree that it is necessary to introduce extra taxes and raise the level of general taxes on tobacco products, 21% responded that such levies should be introduced based on existing taxes on tobacco products, 23% think there is no need to change current taxes on tobacco products, 16% propose reducing current taxes on tobacco products.

The attitude of current smokers to tax increases was certainly less favorable compared to non-smokers and ex-smokers.

Table 91. Proportion supporting different steps on tobacco taxation by smoking status (%)

	All	Smoking status		
		Current smokers	Ex-smokers	Non-smokers
Introduce extra taxes for this and raise the level of general taxes on tobacco products	30/41*	18/21	32/45	39/59
Introduce such taxes based on existing taxes on tobacco products	15/20	14/18	15/20	15/22
No need to change current taxes on tobacco products	22/28	35/42	22/26	12/16
Reduce current taxes on tobacco products	7/11	14/20	7/9	2/4
No opinion	26	20	26	31
<i>Base</i>	<i>2237/1632</i>	<i>920/707</i>	<i>200/138</i>	<i>1117/787</i>

* Data shown both as a percentage of the whole sample/those who expressed opinion

Association with all other socio-demographic variables was not significant when smoking status was taken into account.

Anticipated reaction of smokers to possible cigarette price increase

Smokers were asked to respond the following question: If the price for tobacco products were to rise significantly (say, double), you would ...

- Continue to smoke as before (43%)
- Switch to cheaper products (16%)
- Start smoking less (27%)
- Give up smoking (14%).

Gender and reaction to price increase

Women smokers could be expected to smoke less or to give up smoking in response to a significant price increase. Male smokers could be expected to smoke as before or to switch to cheaper tobacco products.

Table 92. Anticipated reaction of smokers to significant price increase by gender (%)

	All	Gender	
		Males	Females
Continue to smoke as before	43	45	40
Switch to cheaper products	16	18	12
Start smoking less	27	24	33
Give up smoking	14	13	16
<i>Base</i>	<i>765</i>	<i>550</i>	<i>215</i>

Level of income and anticipated reaction to price increase

Two types of reactions are seemingly associated with income level. Smokers with a lower level of income tend to expect to switch to cheaper cigarettes, while more affluent respondents expect to smoke as before.

Table 93. Anticipated reaction of smokers to significant price increase by income level (%)

	All	Level of income				
		We barely make ends meet	We have only enough for food and basic necessities	We have enough to live on, but we can't afford to buy durable goods (TV, refrigerator, etc.)	We are doing well enough but can't yet afford more expensive items (apartment, car)	We can afford anything we want
Continue to smoke as before	44	37	43	45	45	60
Switch to cheaper products	16	22	19	15	10	
Start smoking less	27	22	24	29	31	20
Give up smoking	13	19	14	12	13	20
<i>Base</i>	<i>756</i>	<i>78</i>	<i>278</i>	<i>304</i>	<i>86</i>	<i>10</i>

Summary of tobacco taxation issues

Nearly one-third (30%) think that it is necessary to increase tobacco taxes and to introduce earmarked levies, 15% would introduce earmarked levies based on existing taxes on tobacco products, 22% think there is no need to change current taxes on tobacco products, and 7% would reduce current taxes on tobacco products.

Among those who expressed opinion on the issue, an increase in tobacco taxes is supported by 21% of smokers, 45% of ex-smokers and 59% of non-smokers.

In the case of a tobacco price increase, 27% of smokers expect to smoke less and 14% of smokers expect to give up smoking. Women smokers are more likely to smoke less or to give up smoking while male smokers are more likely to smoke as before or to switch to cheaper tobacco products. People with a lower level of income tend to expect they will switch to cheaper cigarettes, and more affluent respondents expect to smoke as before.

Further research questions regarding tobacco taxation

- What is the profile of those smokers who support tobacco tax increases?

Perception of tobacco sales to minors and its regulation

One question was asked about who should control tobacco sales to minors. In the Table 94 various agencies are listed. Six out of ten (60%) consider that owners of sales outlets should control tobacco sales to minors; 38% think this is an obligation of the authorities; 26% say the health services; 18% suggest the police; 14% say customer support services; 5% propose parents, and 5% do not have an answer.

Table 94. Proportion suggesting specific bodies or people to control sales of tobacco products to minors (%)

	%
Owners of the sales outlets	60
Authorities	38
Health services	26
Police	18
Customer support services	14
Parents	5
Do not know	5
<i>Base</i>	2239

Smoking status and attitude to controlling sales to minors

There are some differences in opinions according to smoking status. Current smokers are more likely to suggest ‘owners of the sales outlets’ or say they ‘do not know’.

Both non-smokers and ex-smokers more frequently propose the authorities as responsible for sales to minors. Non-smokers more frequently suggest the police.

Table 95. Proportion suggesting specific bodies or people to control sales of tobacco products to minors by smoking status (%)

	All	Smoking status		
		Current smokers	Ex-smokers	Non-smokers
Owners of the sales outlets	60	64	54	59
Authorities	38	34	41	40
Police	18	15	15	21
Do not know	5	7	5	4
<i>Base</i>	2239	893	189	1157

Summary of sales to minors regulation

The reaction of respondents to the question regarding tobacco sales to minors shows which bodies are known to the population and whom they expect to be most active in tobacco control implementation.

Health warnings

A large majority of the population (86%) believes that it is necessary to place on tobacco packs detailed information concerning the health impact of smoking.

Smokers are less interested in this information compared to ex-smokers and non-smokers. When smokers' willingness to quit was controlled for, it was obvious that those who want to quit consider health warnings as a substantial help in smoking cessation.

Table 96. Proportion who agree that detailed health warnings are needed by smoking status (%)

	All	Smoking status		
		Current smokers	Ex-smokers	Non-smokers
%	86	81	87	90
Base	2082	833	175	1074

Table 97. Proportion of smokers who agree that detailed health warnings are needed by interest in quitting (%)

	All	Would you like to quit smoking?	
		Yes	No
%	80	84	73
Base	717	485	232

Summary of health warnings issues

The majority of respondents support the need for detailed information about health impact of smoking on tobacco packs. This measure is supported by 86% of population. Non-smokers (90%), ex-smokers (87%) and current smokers willing to quit (84%) are best supporters of this measure.

Appendix 1. Technical report

Process summary

A study called “The Public Policy Campaign to Strengthen Tobacco Control” was carried out by the Kyiv International Institute of Sociology 5–28 June 2005. The fieldwork related to this study was carried out 3–20 June 2005.

The main parts of this study included developing a questionnaire and the accompanying tools, selecting and training interviewers, field work that consisted of interviews with respondents) and oversight of the interviewers’ work, encoding, inputting, and control of the data.

The quota-based sampling developed for this study is representative of Ukraine as a whole, divided into six regions.

The survey was carried out in 100 settlements (PSU) across all Ukrainian oblasts and the Autonomous Republic of Crimea.

The fieldwork yielded 2,252 questionnaires. The objective of sampling was 2,240 questionnaires, including 400 additional respondents who were smokers. 94 interviewers participated in the field study under this project.

8% of the interviews were subject to controls that included a review of interviewers’ journals, quality checks, and carrying out interviews in specific households. After a field review, 12 questionnaires were withdrawn from the overall group.

Three qualified specialists encoded the questionnaires. During the encoding process, these specialists checked that the questionnaires were properly filled in. Seven typists keyed in the data in the questionnaires. During data input, the operators applied 37 logical conditions to control the data. As a result of this process, one more questionnaire was withdrawn from the set.

The final set consisted of 2,239 questionnaires.

A comparison of demographic categories with data from the 2001 All-Ukrainian Census to evaluate representativeness revealed a discrepancy of less than 5%.

Preparing the questionnaire

The initial version of the questionnaire in the Ukrainian language was developed on the basis of standard questions provided by the customer. The KIIS version was then submitted to the customer for approval. After negotiating with the customer, the final version of the questionnaire was prepared and translated into the Russian language.

Sampling

The structure and application of sampling

The main purpose of the sampling was to bring it as close as possible to simple random sampling, that is, to a sampling that has the same probability of including an adult Ukrainian in the survey. This sampling is a four-stage sampling of respondents, which is random in the first three stages, leading to a quota-based selection at the final stage.

The sampled population represents Ukrainian citizens aged 15 and older who permanently reside on Ukrainian territory, are not doing military service, and are not imprisoned or residing medical facilities (hospitals and other medical institutions).

Given the main objective of building nationwide samplings of respondents, the study used multilevel, rated sampling. Ukraine's territory was divided into six regions:

Table 98. Division of Ukraine by regions

Region	Territories
East	Donetsk, Kharkiv, Luhansk
West	Chernivtsi, Ivano-Frankivsk, L'viv, Rivne, Ternopil, Volyn, Zakarpattia
North	Chernihiv, Kyiv, Sumy, Vinnytsia, Zhytomyr
South	Crimea, Kherson, Mykolayiv, Odesa, Zaporizhzhia
Center	Cherkasy, Dnipropetrovsk, Khmelnytskyi, Kirovohrad, Poltava
Kyiv	The City of Kyiv

To get representative data in every regions, the researchers planned the same number of interviews in each of these regions: 300 respondents + an additional set of 67 respondents who were smokers.

In each region, respondents were divided according territory in proportion to the population of that particular territory. Within each territory, all settlements were rated by size and type (rural, sub-urban, urban). The likelihood that any settlement would get into this sampling was relative to its population. The researchers then did a random selection of post offices in each separate settlement or group of settlements. Afterwards, postal areas were randomly selected in each post office. Initial addresses were selected within each postal area. The researchers next randomly selected respondents, controlling the size of the groups according to quota-based objectives.

Evaluating sampling error

The quality of sampling was controlled externally by comparing the data received to official statistics. To evaluate margins of error in the data, the researchers compared the results of the survey with data from the 2001 All-Ukrainian Census.

On the whole, the correspondence between the sampling and statistical data is satisfactory. Divergence as to sex and age is no more than 2%. The highest discrepancy was registered in terms of regions because the initial division by region was not proportional to the population.

Table 99. Ukrainian citizens aged 15 and over by region, type of settlement, sex, and age

	Statistics	Final set	Difference	Set after weighting	Difference
Sex					
Male	45.3	43.2	-2.1	45.3	0.0
Female	54.7	56.8	2.1	54.7	0.0
Age groups					
15–29	26.8	27.3	0.5	26.8	0.0
30–44	25.9	27.9	2.0	25.9	0.0
45–59	21.7	20.2	-1.5	21.7	0.0
60+	25.6	24.7	-0.9	25.6	0.0
Type of settlement					
Urban	68.0	71.0	3.0	68.3	0.3
Rural	32.0	29.0	-3.0	31.7	-0.3
Region					
Eastern	21.8	16.6	-5.1	21.7	-0.1
Western	19.0	16.6	-2.5	19.0	-0.1
Northern	15.7	17.3	1.6	15.9	0.1
Southern	19.1	16.6	-2.5	19.1	0.0
Central	18.8	16.6	-2.2	18.8	0.1
The City of Kyiv	5.6	16.3	10.7	5.6	0.0

Source of data: Derzhkomstat, the state statistics committee of Ukraine; “Quantity and Territorial Distribution of the Population of Ukraine” according to the 2001 All-Ukrainian Census, Kyiv, 2003.

To get representative data that covered the country’s population as a whole, we recommended applying weights that were built on the basis of three variables: sex, age and region of residence.

Maximum real sampling error

Since the researchers used quota-based selection, it is difficult to calculate the sampling error. The theoretical sampling error of a simple random sampling at the level of 0.954 is:

$$\Delta = 1 / \sqrt{n}$$

The theoretical sampling error for sample size of 2,040 respondents is therefore:

$$\Delta = 2.12\%.$$

The standard value for design effect with random sampling in studies undertaken by the Kyiv International Institute of Sociology is 1.5. Assuming that quota-based sampling does not contain systemic deviations, the sampling error for this study is therefore 3.4%, taking design effect into account.

Organizing the interview process

The KIIS interviewer network is structured as follows:

The Network Coordinator is responsible for the overall management of 24 groups of interviewers who permanently reside in oblast capitals and Crimea.

The Team Leaders of 24 groups of interviewers (24) form groups of interviewers, manage the process of field work in their oblasts, carry out primary quality control over the completion of field documents, and submit these documents to KIIS.

Interviewers (135) hold interviews in various locations after they have been briefed for a specific study and instructed as to the general rules for the selection of respondents and the running of the interviews.

Supervisors (8 field control groups) are specially trained to carry out field control of the interviewers' work.

The interviewers are briefed according to a standard procedure used by the KIIS for similar studies. In this instance, the briefing was divided into two stages: first the team leaders were briefed and, in turn, they did the briefings at the local level. During the second stage, those questions that emerged among team leaders and interviewers during the local training and after they had familiarized themselves with samples of field documents were answered by phone by the polling network coordinator.

Field work

Fieldwork began 3 June 2005 and ended 20 June 2005. 100% of interviews were carried out according to the project schedule. During the fieldwork, interviewers collected 2,252 questionnaires. 94 interviewers participated in the field study within this project.

Checking the work of the interviewers

The work of the interviewers was checked in two ways:

- reviewing the interviewers' journals;
- checking the quality of the interviews and the fact that they had taken place in specific households.

8% of the interviews were subjected to checking.

Field control was carried out by groups of specially trained supervisors. The interviewers' journals were the instrument used to verify the correct selection of respondents. A questionnaire specially developed by the supervisor was used to verify the quality of the interviews and the fact that they had taken place with specific respondents.

Field control was carried out in 14 locations in 14 oblasts. The supervisors oversaw the activities of 14 interviewers and examined 172 questionnaires. Based on field control, 12 questionnaires were removed from the set because it could not be confirmed that a specific respondent had been interviewed.

Table 100. Questionnaires that were subject to withdrawal from the set, by oblast

Oblast	Specific questionnaires that included errors and were subject to withdrawal from the set
Volyn	2405, 2406
Dnipropetrovsk	2648, 2657, 2650
Zakarpattia	2472, 2476, 2477, 2478, 2480, 2475
L'viv	2349

Data encoding, inputting and processing

Encoding

The process of encoding and editing the questionnaires was carried out as follows:

- incoming questionnaires were registered, assigned unique codes (numbered), checked for the correct completion of the interviewer's section, that is, information that could be confirmed by or recovered from interviewers' journals was checked;
- the correct completion of questionnaires was verified: correct sequences, proper understanding of survey logic, analysis of interviewer mistakes;
- the correct completion of questionnaires was then verified from the viewpoint of information being checked, such as the number in the sequence, the name of the location, the date of the interview, the sex and age of the respondent—again, information that could be confirmed by or recovered from interviewer journals.

Data input and logic check

A team of 7 operators entered 2,252 questionnaires into the OSA software package. As a result, operators established a data set that was representative for six Ukrainian regions.

After data was input using 37 logical conditions, the final questionnaire set was subject to a logic check and purging. Four types of data quality control were used:

- a check that the number of each questionnaire was unique, that certain mandatory information (sex, age, oblast, and so on) was provided;
- a logic check of the correct completion of the questionnaire and correct sequences;
- a check for logical inconsistencies;
- a check of the limits of key variables (age and so on).

At each stage of the check using the formulated logical conditions, researchers singled out questionnaires that were suspected of containing errors. The hard copy of each questionnaire was examined and, if necessary, corrections were made in the questionnaire and in the data set.

As a result of the logic check, one questionnaire was removed from the set (1574).

Preparing the final data set

The final data set was organized according to four additional conditions:

- 4 age groups;

- 6 regions;
- type of settlement (rural/urban);
- weight variable.

Open-ended questions were also encoded.

Appendix 2. Questionnaire

THIS SECTION SHOULD BE FILLED OUT BY THE INTERVIEWER AFTER THE INTERVIEW

10. TIME INTERVIEW ENDED: _____ HOURS _____ MINUTES

11. DATE OF INTERVIEW: DAY _____ June

12. WHERE WAS THE INTERVIEW CARRIED OUT?

AR Crimea	1	Zaporizhzhia oblast	10	Sumy oblast	19
Kyiv	2	Ivano-Frankivsk oblast	11	Ternopil oblast	20
Kyiv oblast	3	Kirovohrad oblast	12	Kharkiv oblast	21
Vinnitsia oblast	4	Luhansk oblast	13	Kherson oblast	22
Volyn oblast	5	L'viv oblast	14	Khmelnyskiy oblast	23
Dnipropetrovsk oblast	6	Mykolayiv oblast	15	Cherkasy oblast	24
Donetsk oblast	7	Odesa oblast	16	Chernivtsi oblast	25
Zhytomyr oblast	8	Poltava oblast	17	Chernihiv oblast	26
Zakarpattia oblast	9	Rivne oblast	18		

13. TYPE/SIZE OF LOCATION

City, population 1mn or more	1	Town, population 20,000–49,000	4
City, population 100,000–999,000	2	Town, population under 20,000	5
City, population 50,000–99,000	3	Village	6
		Rural area	7

14. COUNTY _____

15. LOCATION _____

16. INTERVIEWER: FIRST NAME/PATR./LAST NAME _____ SIGNATURE _____

17. TEAM-LEADER: FIRST NAME/PATR./LAST NAME _____ SIGNATURE _____

D. DEMOGRAPHIC PROFILE

D1. Sex

Male	1	Female	2
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D2. Age _____

D3. Marital status

single	1	common law marriage	4
married	2	divorced	5
widower/widow	3	separated	6

D4. How many people, including yourself, live with you? _____

D5. How many are children under 17? _____

D6. Education

Primary education (less than 9 grades)	1
Basic education (full 9 grades)	2
Secondary education (technical-vocational school, high school (11 grades), other)	3
Some post-secondary education (technical school, post-secondary institution of Level I-II accreditation)	4
Degree (post-secondary institution of Level III-IV accreditation)	5

D7. What is your MAIN occupation?

President of company or organization	1	Farm worker	9
Manager of company division	2	Farmer, farm leaser	10
Entrepreneur	3	Student, pupil	11
Specialist, post/specialized secondary education	4	Housewife	12
Military, SBU, police officer	5	Pensioner	13
Skilled worker	6	Unemployable (including disabled)	14
Civil servant	7	Unemployed (unregistered)	15
Unskilled laborer	8	Registered unemployed	16

D8. Estimate the material standing of your family, based on the provided scale.

PROVIDE CARD D8.

Very low	1	Higher than average	5
Low	2	High	6
Lower than average	3	Very high	7
Average	4	Don't know / hard to say	8

D9. Which of the following statements applies the most to you?

PROVIDE CARD D9.

We barely make ends meet	1	We are doing well enough but can't yet afford more expensive items (apartment, car)	4
We have only enough for food and basic necessities	2	We can afford anything we want	5
We have enough to live on, but we can't afford to buy durable goods (TV, refrigerator, etc.)	3	Don't know / hard to say	6

D10. What is the average monthly income of your family (including all income and benefits received by all family members)? UAH _____ We have no income ...0 Don't know/hard to say ...1 No answer...2

D11. Do you have your own mobile telephone?

Yes	1
No	2

QUESTIONS FOR THE UKRAINIAN NATIONAL POLL ON SMOKING

Number of this survey in sequence

INTERVIEW BEGAN _____:



A. A set of questions on smoking for all respondents

A1. How does smoking affect you? Look at the card and select ALL options that match.

CARD A1. YOU MAY CHOOSE SEVERAL OPTIONS.

I smoke and I've tried giving up smoking without any success	1
I find myself inhaling tobacco smoke regularly from people who smoke	2
My family has smokers and I worry about the impact of smoking on their health and mine	3
My friends smoke and I worry about the impact of smoking on their health and mine	4
My colleagues smoke and I worry about the impact of smoking on their health and mine	5
I worry about the impact of cigarette smoke on my child	6
I worry about how to prevent smoking among children	7
I am professionally involved in the issue of smoking	8
I worry about other smoking-related issues, namely	9
I am not concerned about this issue	10

A2. Select those statements on the card that you believe to be true.

CARD A2. YOU MAY CHOOSE SEVERAL OPTIONS.

People have the right to work in a smoke-free environment	1
Light and extra-light cigarettes are safer than regular ones	2
Tobacco contains substances that cause addiction	3
Smoking causes only lung cancer and respiratory diseases	4
Passive smoking, that is, inhaling the smoke produced by a burning cigarette, can lead to illness and even death	5
Smokers suffer from Parkinson's disease more often than non-smokers	6
Smokers run an increased risk of developing impotence	7
Smokers can easily give up smoking, as long as they want to	8
Mothers who smoke more often give birth to babies that are smaller-than-average and suffer from a variety of diseases	9
It's OK to smoke for a few years if you give up eventually	10
Tobacco smoke causes heart and circulatory diseases	11

A3. Name three cigarette brands whose ads you have noticed lately more often than other brands.

CODE ACCORDING TO THE CODING LIST.

0. I haven't noticed any cigarette ads

A4. Where do you notice advertisements for tobacco products? CARD A4

Television	1	Promotional items (pens, lighters, etc.)	5
Radio	2	Bars / restaurants / shops	6
Outdoor ads / posters	3	Other / Don't know / do not remember	7
Newspapers / magazines	4		

A5. In the last six months, how often have you noticed items that advertise smoking?

Very rarely	1	Often	3	Don't know / hard to say	5
Rarely	2	Very often	4		

A6. How do you think the advertisement of tobacco products should be regulated? CARD A6

Advertising tobacco products should be completely banned	1
Advertising should be banned in most forms (media, billboards/light boxes, public transit)	2
More severe restrictions should apply than currently, but such advertising should not be banned altogether	3
Current restrictions are adequate	4
Advertising tobacco products should be allowed on radio and television	5
Don't know / hard to say	6

A7. Do you find yourself inhaling other people's smoke? CARD A7

Almost never or rarely	1	Almost daily	3	Don't know/ hard to say	5
Several times a week	2	Regularly, several hours a day	4		

A8. Do you consider other people's cigarette smoke harmful or harmless to you?

Harmless	1	Somewhat harmful	3	Don't know/ hard to say	5
Somewhat harmless	2	Harmful	4		

A9. Do you think the rights of non-smokers should or should not be protected by banning smoking in public places (public transit, schools, playfields, stadiums, discos, and so on)?

Yes, they should be protected by law	1	No, they don't have to be protected by law	2	Don't know/ hard to say	3
--------------------------------------	---	--	---	-------------------------	---

A10. Do you normally ask people not to smoke in your presence or in the presence of your children or other family members?

Always	1	Depending on the situation	2	Rarely or never	3	Don't know/ hard to say	4
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A11. At the place where you work or study, ...

Smoking is absolutely forbidden or nobody smokes	1
Smoking is allowed in special places that are isolated from the rest of the premises	2
Smoking is allowed in special places, but non-smokers also have to use those places	3
Smoking is not restricted	4
I DO NOT STUDY AND DO NOT WORK	5
Don't know / hard to say	6

A12. In your residence (house or apartment),...

There are no smokers	1
Family members and guests smoke outside only	2
Family members and guests smoke on the staircase, balcony or other places that allow cigarette smoke to enter the apartment	3
Family members and guests smoke in designated places: a specific room, the kitchen or the toilet	4
Smoking is allowed anywhere	5

Don't know / hard to say	6
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A13. A number of countries have introduced special taxes on tobacco products. Revenues from these taxes are channeled to finance healthcare, health insurance, anti-smoking activities, or assistance to those who want to quit smoking. Which of these steps do you think Ukraine should take? CARD A13

Introduce extra taxes and raise the level of general taxes on tobacco products	1
Introduce such taxes based on existing taxes on tobacco products	2
No need to change current taxes on tobacco products	3
Reduce current taxes on tobacco products	4
Don't know / hard to say	5

A14. Do you think that detailed and varied information about the impact of smoking on health should be printed on cigarette packs?

Yes	1	No	2	Don't know/ hard to say	3
-----	---	----	---	----------------------------	---

A15. From what sources do you normally receive information about tobacco products, their impact on human health and political efforts to regulate this issue?

CARD A15. YOU MAY SELECT SEVERAL OPTIONS.

Newspapers	1	Lessons at school or other educational institution	6		
Magazines	2	Medical workers	7		
Radio	3	Contact with family members	8		
Television	4	Contact with friends or colleagues	9		
Internet	5	I don't get this kind of information	10	Don't know/ hard to say	11

A16. Do you or any of your relatives who smoke need professional help to give up smoking?

Yes	1	No	2	Don't know/ hard to say	3
-----	---	----	---	----------------------------	---

A17. Who should enforce the ban on selling cigarettes to minors? SEVERAL RESPONSES.

Store owners	1	Consumer protection services	5
Police	2	Other (indicate)	6
Government bodies	3	Don't know	7
Healthcare services	4		

A18. Have you ever smoked at least one cigarette or a part of a cigarette?

Yes	1	No	2	→ SKIP TO SECTION D
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A19. Have you smoked more or less than 100 cigarettes or their equivalent over your entire life?

More	1	Less	2	Don't know/ hard to say	3
------	---	------	---	----------------------------	---

A20. Have you ever smoked on a daily basis?

Yes	1	No	2	→ SKIP TO QUESTION A23
-----	---	----	---	------------------------

A21. When did you start smoking daily? When I was _____. Don't know / hard to say ...3

A22. If you were smoking every day but stopped doing so, how much time has passed since then? ONLY ONE RESPONSE.

Less than 1 month	1	5 to 10 years	5
1 to 6 months	2	10 years and more	6
6 to 12 months	3	I still smoke every day	7
1 to 5 years	4	Don't know/ hard to say	8

A23. When did you smoke your first cigarette? When I was ____. Don't know / hard to say ...3

A24. Do you think you will be smoking in five years?

No	1	More than likely yes	3	Don't know/ hard to say	5
More than likely no	2	Yes	4		

A25. AT THE MOMENT, do you smoke every day, occasionally, or not at all?
ONLY ONE RESPONSE.

Daily	1	Occasionally	2	I don't smoke at all	3
→ TO SECTION B			→ TO SECTION D		

B. QUESTIONS FOR THOSE WHO SAID THEY CURRENTLY SMOKE

B1. Indicate ALL the places where you are able to smoke. CARD B1

At home	1	In bars, restaurants, cafes	4
At work	2	On the street	5
At school	3	In public places	6

B2. Would you like to give up smoking?

Yes	1	No	2	Don't know / Hard to say	3
-----	---	----	---	--------------------------	---

B3. Have you tried to give up smoking?

No	1	Once or twice	2	Three times and more	3
→ MOVE TO QUESTION B5					

B4. How long was the longest time that you did not smoke?

Several hours	1	Several months	4
Several days	2	Several years	5
Several weeks	3	Don't know / Hard to say	6

B5. If you wanted to give up smoking, which of these methods would you chose?

CARD B5. YOU MAY SELECT SEVERAL OPTIONS.

My own willpower	1	Self-help literature	7
Consulting with a doctor	2	Internet sites and mailings	8
Consulting with a pharmacist	3	Keeping a diary	9
Consulting with a smoke addiction specialist	4	Non-prescription nicotine substitutes	10
Group work	5	Special medication	11
Smokers' help-line	6	Other (specify)	12
		Don't know / don't want to quit smoking	13

B5. Has your doctor talked to you about quitting smoking?

No doctor has ever talked to me about this	1
My doctor asked me about smoking, but did not suggest quitting	2
My doctor asked me about smoking and recommended giving it up	3
My doctor asked me about smoking, recommended giving it up, and offered help	4

B6. How much do you spend on tobacco products a month? _____ UAH. Don't know / Hard to say ...99

B7. If the price for tobacco products were to rise significantly (say, double), you would ...

Continue to smoke as before	1		
Switch to cheaper products	2		
Start smoking less	3		
Give up smoking	4	Don't know / Hard to say	5

B8. When do you smoke your first cigarette (cigar, pipe) of the day? CARD B8.

I don't smoke every day	1	During the morning	6
I wake up at night to have a smoke	2	During the afternoon	7
I smoke in the morning, right after waking up	3	In the evening	8
Within 30 minutes of waking up	4	It's different on different days	9
About an hour after waking up	5		

B9. What tobacco products do you consume? YOU MAY SELECT SEVERAL OPTIONS.

Regular cigarettes	1	IF THE RESPONDENT SELECTED AT LEAST ONE OF THESE OPTIONS → MOVE TO SECTION C
Light cigarettes / with low nicotine content	2	
Menthol cigarettes	3	
Smoking tobacco – hand-rolled cigarettes	4	IF THE RESPONDENT DOES NOT SMOKE CIGARETTES → SKIP TO SECTION E
Pipe	5	
Cigars	6	
Chewing tobacco	7	
Snuff	8	
Homemade tobacco	9	

C. QUESTIONS ABOUT CIGARETTES

C1. How many cigarettes do you usually buy?

Singles	1	A carton of 10 packs	3	Several packs (fewer than 10)	5
A pack of 20	2	Don't know	4	Other	6

C2. How many cigarettes do you usually smoke in a day?

WRITE DOWN _____ AND CODE _____

5 or less	1	21 or more	4
6-10	2	Don't know	5
11-20	3		

C3. What brand of cigarettes do you usually smoke? CODE RESPONSE ACCORDING TO TABLE.

1 _____ 2 _____ 3 _____

C4. What is the average price for a pack of the cigarettes that you normally smoke?

WRITE DOWN _____ hryvnia _____ kopiyka AND CODE THE PRICE ACCORDING TO THESE RANGES.

Less than UAH 1	1	From UAH 3.10 to UAH 4	4
From UAH 1 to UAH 2	2	More than UAH 4	5
From UAH 2.10 to UAH 3	3	Don't know / Hard to say	6

C5. Show the pack of cigarettes that you have right now. When did you buy this pack? (INTERVIEWER: NOTE THE NUMBER OF CIGARETTES STILL IN THE PACK. NOTE THE DATE AND TIME OF PURCHASE)

DATE OF PURCHASE: DAY (APPROXIMATELY) _____ MONTH _____
 HAS NO PACK ...99 REFUSED TO SHOW PACK ...100

C6. At what time (approximately) did you buy this pack of cigarettes? TIME OF THE DAY _____

C7. How much did this pack of cigarettes cost? NOTE _____ hryvnia _____ kopiyka

INTERVIEWER: LOOK AT THE CIGARETTE PACK AND NOTE THE FOLLOWING:

BRAND _____ CODE ACCORDING TO TABLE

NUMBER OF CIGARETTES IN PACK _____

1) DOES THE PACK HAVE AN EXCISE STAMP (OR SIGNS THAT ONE HAS BEEN TORN OFF):

Yes	1
No	2

2.) IN WHAT LANGUAGE IS THE WARNING ABOUT THE HARMFUL IMPACT OF SMOKING ON HEALTH?

Ukrainian	1
Russian	2
Moldovan	3
English	4
Other. WRITE DOWN THE WARNING CAREFULLY	5

C8. Where did you buy this pack?

At a stand	1	Other (indicate) _____	5
In a grocery store	2	Got for free	6
In a shopping mall	3	Don't know	7
From street vendor	4		

IF PACK HAS NO SIGNS OF AN EXCISE STAMP OR THE WARNING IS NOT PRINTED IN UKRAINIAN:

C9. How often do you buy THIS KIND of cigarette (no excise stamp or no health warning printed in Ukrainian)? CARD C9

Most of the time or all the time	1		
About half the time	2		
Less than half the time (about every third or fourth pack)	3		
Very rarely or this is the first time	4	Don't know / Hard to say	5

Number of this survey in sequence

16. INTERVIEWER: FIRST NAME/PATR./LAST NAME _____ SIGNATURE

