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**CENTERS FOR DISEASE CONTROL
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WORLD HEALTH ORGANIZATION**

**GLOBAL ADULT TOBACCO SURVEY (GATS)
VIET NAM 2015**

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EXECUTIVE SUMMARY

Tobacco use is associated with many non communicable diseases such as cardiovascular disease, cancers, chronic respiratory diseases and diseases of the digestive tract. Globally, nearly 6 million persons die every year from tobacco-related diseases[1]. In Viet Nam, according to the Global Adult Tobacco Surveys (GATS) conducted in Viet Nam in 2010, the prevalence of smoking among adults aged 15 years and older was 23.8%, with a higher percentage among males (47.4%) than females (1.4%). About 73.1% and 55.9% of adults reported exposure to secondhand smoke at home and at the workplace, respectively. Despite such high levels of tobacco exposure in Viet Nam, the total tax on cigarettes remains low at 41.6% of the retail price.

Viet Nam signed the Framework Convention on Tobacco Control on August 8, 2003 and ratified it on 11 November 2004. In 2012, the Law on Prevention and Control of Tobacco Harms was enacted which significantly strengthened tobacco control policies in Viet Nam. The new law established smoke-free places, application of graphic health warning labels, instituted a comprehensive ban on tobacco advertising, promotion and sponsorship, and established a first ever Viet Nam tobacco control fund.

The Global Tobacco Adult Survey (namely GATS) is the global standard for systematically monitoring adult tobacco use (including tobacco smoked and smokeless products) and tracking key tobacco control indicators. GATS was launched in January 2007, financed by the Bloomberg Initiative to Reduce Tobacco Use. GATS partners include the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the CDC Foundation, the Johns Hopkins Bloomberg School of Public Health (JHSPH), and in-country partners. In the first round of GATS, it is implemented in 15 countries and the second round of conduction in 6 countries.

In Vietnam, the first round of GATS was conducted in 2010. The GATS results were effectively used for evidence based policy development and interventions of tobacco control program. Aimed at timely update the indicators of tobacco control program in Vietnam, the second round of GATS was conducted in 2015 to evaluation the status of tobacco use among adult more than 15 aged and to support for advocacy and policy development, as well as to propose the proper interventions in the coming time.

OBJECTIVES

The main objectives of the GATS 2015 were:

1. To update information on tobacco use and other related information of MPOWER
2. To support in monitoring the trend of tobacco use in Viet Nam in comparison with GATS 2010.
3. To support in evaluating and purposing the interventions of tobacco control program in Viet Nam.

The survey design requirements for this study were developed so that precise estimates could be generated for the entire country as well as for two analysis groups defined by urban/rural areas and gender.

METHODOLOGY

The GATS 2015 Viet Nam was designed to be a nationally representative survey of all non-institutionalized men and women age 15 and older. The sample size was calculated to obtain reliable estimates of key variables for gender by urban/rural areas. A two stage random systematic sampling method was used. In the first stage of sampling, the primary sampling unit (PSU) was an enumeration area (EA). On average, each EA in urban areas had 133 households and each EA in the rural had 120 households. The sample frame consisted of 15% of a master sample of all of Viet Nam that consists of 170,000 EAs. The sample for GATS 2015 of Viet Nam was selected using a stratified random sample using probability proportional to size approach. To aim for completing 8000 interviews, the final sample included a total of 315 EAs in urban areas and 342 EAs in rural areas. At the second stage of sampling, to target 4,100 people for each stratum of urban and rural, 10% of households in each EA were selected. Thus, 15 households from the selected urban EA and 14 households from the selected rural EA were chosen using simple systematic random sampling. The total number of households that completed an interview for GATS 2015 was 9,206 (4,543 households in urban areas and 4,663 households in rural areas). One eligible household member from each participating household was then randomly chosen for the individual interview. A total of 8,996 individual interviews were completed and the overall response rate was 95.8%.

The GATS 2015 Viet Nam used a questionnaire that consisted of core questions and specific questions for Viet Nam. The questionnaire consisted of ten

sections, including (1) Background characteristics, (2) Tobacco smoking (3) Electronic cigarettes; (4) Smokeless tobacco; (5) Cessation (6) Secondhand smoke; (7) Economics; (8) Media; (9) Knowledge, attitudes and perceptions; and (10) Observation of pictorial graphic health warnings on cigarette packs.

The Viet Nam Steering Committee on Smoking and Health (VINACOSH) of the Ministry of Health was the lead agency while the General Statistics Office of Viet Nam conducted the data collection. Hanoi Medical University involved in data analysis and writing report. The World Health Organization Office in Viet Nam involved in monitoring and provided assistance and other technical supports. All the interviews were conducted in Vietnamese and Samsung Galaxy tablets were used to record the survey data. Data were analyzed using SPSS version 22, weight were used in all calculations.

MAIN FINDINGS

1. Tobacco Use

In 2015, the prevalence of current smoking among adult more than 15 years old in Vietnam was 22.5%, approximately 15,6 millions. In which, 45.3% in male. 1.1% in female. There were 15.6 million people who currently smoked tobacco in Viet Nam. Of those overall current smokers, 85.3% smoked on a daily basis, 80.6% smoked cigarettes, 29.8% smoked traditional water pipes, and 0.4% smoked shisha water pipes. The proportion of current smokeless tobacco use was 1.4% overall (0.8% of males and 2.0% of females). The proportion of adults who had ever used an electronic cigarette and current electronic cigarette users were 1.1% and 0.2%, respectively.

About 75.9% of daily cigarette smokers smoked 10 cigarettes or more per day; 37.6% smoked 20 cigarettes or more per day. The average age at daily smoking initiation was 18.8 years for men. Among current daily smokers, 63.0% had their first cigarette of the day within 30 minutes after waking up. The prevalence of former smokers among ever smokers was 29.0%.

In comparison with the GATS 2010 in Viet Nam, GATS 2015 found The overall prevalence of current smoking in 2015 was reduced insignificantly (22.5% in 2015 vs. 23.8% in 2010); Among males, 45.3% in 2015 vs. 47.4% in 2010 and among females, 1.1% in 2015 vs. 1.4% in 2010).

2. Secondhand Smoke (SHS)

In 2015, about 42.6% of those who worked indoors were exposed to SHS at indoor workplaces in the past 30 days (54.4% among males and 29.9% among females). Among non-smoking workers, the prevalence of SHS exposure at indoor workplaces was 36.8% overall (47.7% among males and 29.9% among females).

About 59.9% of adults age 15 years and above were exposed to SHS at home (65.2% among males and 55% among females). Among non-smokers, the prevalence of exposure to SHS at home was 53.5% (51.3% among males and 54.6% among females).

Among adults who had visited various public places in the past 30 days, the highest rate of smoking occurrence was in bars/cafes/tea shops (89.1%) followed by restaurants (80.7%). The rates of smoking occurring in government offices, health facilities, and public transportation were 30.9%, 18.4% and 19.4%, respectively. The rates of exposure to smoking in schools and universities were 16.1% and 37.9%, respectively.

In comparison with GATS 2010 in Viet Nam, GATS 2015 found significant lower prevalence of secondhand smoking at all places. The largest improvement was found at the universities (30.3% relative decline) and public transportation (43.6% relative decline).

3. Cessation

In 2015, about 29% of those who have ever smoked have quit smoking. Among current smokers, 5.2% reported they are planning to quit within the next month, 12.6% are thinking to quit within the next 12 months, and 35.9% will quit sometime in the future but not in the next 12 months. 39.6% of past-year smokers (current smokers and those who quit < 12 months ago) made an attempt to quit in the past 12 months.

Among past-year smokers who had visited a healthcare provider (HCP) during the previous 12 months, 45.6% were asked if they smoked tobacco and 40.5% of them received advice from the HCP to quit smoking. In the past 12 months, 3.0% of past-year smokers used nicotine replacement therapy to try and quit smoking, 17.3% used regular chewing gum, and 0.3% used prescription medications. Only 2.3% of past-year smokers sought counseling advice to help them stop smoking. Among those who attempted to quit in the past 12 months, the most common reasons stated were “adverse health effects of smoking” (87.2%), followed by “family or friends against

smoking” (57.9%), “high costs of smoking” (53.4%), “smoking restrictions in indoor public places” (28.5%), and “society looking down upon smoking” (17.3%).

In comparison with GATS 2010, GATS 2015 found:

- No change in the rate of smokers who quit smoking.
- Significantly higher rates of smokers being asked about their smoking status by a healthcare provider (HCP) (45.6% in 2015 vs. 34.9% in 2010) and smokers being advised to quit smoking by the HCP (40.5% in 2015 vs. 29.7% in 2010). No changes were found with regards to the use of prescribed medications for trying to quit (0.3% in 2015 vs. 0.4% in 2010).

4. Economics

In 2015, the average amount of money spent on a pack of 20 manufactured cigarettes was VND 11,819 (around US \$0.48). The average yearly cigarette expenditure per cigarette smoker was VND 2,656,549 (132.8 USD). The average cost of 100 packs of manufactured cigarettes as a percentage of Gross Domestic Product (GDP) per capita was 2.5%.

In comparison with GATS 2010, GATS 2015 found although, after adjusting for inflation, the average amount spent on a pack of 20 manufactured cigarettes was lower (11,819 VND in 2015 vs. 12,700 VND in 2010, at the 2015 price). The cost of 100 manufactured cigarettes as a percentage of Gross Domestic Product (GDP) per capita tended to be lower (2.50% in 2015 vs. 2.7% in 2010).

5. Media

In 2015, the percentage of adults who reported noticing any kind of cigarette advertisements, sponsorships or promotions in public places or the media in the past 30 days was 16.6% (males 19.6% and females 13.8%; age 15-24 19.8% and age 25+ 15.7%; urban 23.3% and rural 13.2%).

In the past 30 days, 75.3% of adults had noticed anti-cigarette smoking information, either broadcast through the media or displayed in public places at any location. Television was mentioned by the largest number of adults (64.5%), followed by billboards (26.8%), local radio or loudspeakers (21.1%), internet (16.8%) and posters (16.3%).

In the past 30 days, 91.1% of current smokers noticed health warnings on cigarette packs, and 48.5% percent of current smokers thought about quitting because of the health warnings.

About 73.8% observed cigarettes packages had a graphic health warning

In comparison with GATS 2010, GATS 2015 found no change in the rate of adults who reported noticing any kind of cigarette advertisements, sponsorships or promotions in the past 30 days (16.6% in 2015 vs. 16.9% in 2010). There was a significant decrease in the rate of younger adults (age 15-24) who noticed any kind of cigarette advertisements, sponsorships or promotions in the past 30 days (19.8% in 2015 vs. 25.3% in 2010).

6. Knowledge, Attitudes and Perceptions

In 2015, almost all adults (95.9%) believed that tobacco smoking causes serious illness. The percentages of adults who were aware that smoking causes the following diseases were: lung cancer (96.6%), stroke (71.5%), and heart attack (69.1%). Around 61.2% of adults believed that smoking causes all three of these diseases.

About 90.3% of adults (87% of current smokers and 91.3% of current non-smokers) believed that breathing SHS could cause serious illnesses to non-smokers.

82.6% overall (85% males and 80.3% females) indicated they were aware about the penalties for violating smoke-free rules. During 30 days prior to the survey, the proportion of smokers who reported they smoked in places where they were not allowed to smoke was 4.1%. Among these smokers who reported violating smoke-free rules, only 0.8% were punished by authorities, 6.2% were reminded about the smoke-free rules by authorities, and 20.9% were reminded about the smoke-free rules by other people.

In comparison with GATS 2010, GATS 2015 found an improvement in the knowledge of adults about the harms of tobacco smoking as well as the harms of exposure to SHS.

CONCLUSIONS

GATS Viet Nam 2015 provided national estimates of tobacco use and related information according to the strategies for tobacco control under WHO MPOWER guidelines. GATS 2015 allowed comparisons with findings from GATS 2010 of Viet Nam. The launch of the Law on Prevention and Control of Tobacco Harms in Viet Nam took effective since 2013 together with the implementation of several supporting legal documents and guidelines have been leading to significantly positive changes in tobacco control. However, there are number of issues that need more attention and efforts. Specifically, GATS 2015 found that:

1. The prevalence of indoor secondhand smoke (SHS) exposure in most places significantly declined from 2010 to 2015, including the home (from 73.1% to 59.9%), workplace (from 55.9% to 42.6%), school (from 22.3% to 16.1%), and in public transportation (from 34.4% to 19.4%).
2. The rates of smokers being asked about their smoking status by a healthcare provider (HCP) and smokers being advised to quit smoking by the HCP significantly increased (from 34.9% to 45.6% and from 29.7% to 40.5% respectively).
3. There was a clear improvement in the public's awareness about the danger of smoking and secondhand smoke.
4. The proportion of smokers who noticed health warnings on cigarette packages remained high (91.1% in 2015).

Some difficulties and challenges for tobacco control program in Vietnam:

1. The overall prevalence of current smoking in 2015 was reduced insignificantly (22.5% in 2015 vs. 23.8% in 2010).
2. There is the significant decline of second hand smoke in different public places, but these rates are still high.
3. There was a significant decrease in the rate of younger adults (age 15-24) who noticed any kind of cigarette advertisements, sponsorships or promotions in the past 30 days (from 25.3% in 2010 to 19.8% in 2015). They are the target group of tobacco industry, however, the overall rate of adults who noticed any kind of cigarette advertisements, sponsorships is unchanged.
4. The cost of 100 manufactured cigarettes as a percentage of Gross Domestic Product (GDP) per capita remained unchanged (2.50% in 2015 vs. 2.7% in 2010).
5. There is no change in the rate of smokers who quit smoking (29.3% vs 29% respectively). However, the rate of smokers who tried to quit smoking has significantly declined from 55.3% to 39.6%.

RECOMMENDATIONS

There were several improvements found when measuring the indicators of tobacco control. However, a non-significant decrease in the current tobacco smoking prevalence indicates that more efforts are needed to continue to reduce the harms caused by tobacco smoking. An action plan should be developed to effectively implement WHO MPOWER guidelines which include the following:

- 1. Monitor tobacco use and prevention policies:** Continuous monitoring of tobacco use and related indicators is very important to provide information and evidence for precise and on time interventions at different levels.
- 2. Protect people from tobacco smoke:** There has been much improvement in implementing smoke-free policies resulting in significant reduction of SHS exposure. However, exposure to SHS remains high at home, at workplaces, and public places especially high rates at restaurants (80.7%). Smoke-free laws should be strengthened with effective enforcement measures with special focus in the hospitality sector such as restaurants, bars, and coffee/tea shops. 100% smoke-free policies in public areas can reduce involuntary SHS exposure indoors.
- 3. Raise taxes on tobacco:** The tax has been increased that equivalent to 41.6% of retail price. A slight tobacco tax increase hasn't impacted the tobacco price so it should be increased to reduce/limit the affordability of tobacco products. Increasing the price of tobacco products is an evidence-based strategy proven to reduce consumption while increasing the state revenue.
- 4. Enforce bans on tobacco advertising, promotion, and sponsorship:** Monitoring and comprehensive enforcement on tobacco advertising, promotion, and sponsorship (TAPS) should be continuously fostered to protect youth from TAPS exposure.
- 5. Warn about the dangers of tobacco:** Communication activities should continue to be strengthened to sustain and increase public awareness about the dangers of tobacco use. Pictorial health warnings (PHWs) have been implemented for 2 years already, so the rotation of a new set of PHWs with a stronger impact should be implemented as soon as possible to increase the effects. Increasing the size of the PHWs should also be considered in learning the lesson learnt of regional country
- 6. Offer help to quit tobacco use:** Quit attempts among smokers is low. To encourage and support smokers to quit, an effective cessation program should be established and strengthened in the entire nation, especially the inclusion of various services such as cessation hot lines and community based consultancy services.

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