The WHO STEPwise approach to noncommunicable disease (NCD) risk factor surveillance is designed to help countries build and strengthen their surveillance capacity. The STEPS approach focuses on obtaining core data on the established risk factors that determine the major disease burden. It is sufficiently flexible to allow each country to expand on the core variables and risk factors, and to incorporate optional modules related to local or regional interests.

The STEPS survey of NCD risk factors in Ukraine was organized by the Ministry of Health of Ukraine and WHO within the scope of “Serving People, Improving Health”, a joint project of the World Bank and Ministry of Health of Ukraine. The STEPS survey in Ukraine makes an important and relevant contribution to the European Programme of Work, as it measures the prevalence of NCD risk factors, as well as the coverage and effectiveness of selected priority interventions. Conducted in Ukraine for the first time, the survey also provides data on behavioural and biological risk factors for NCDs across the country, needed to evaluate progress, set priorities, and plan policies, interventions and actions to protect Ukrainian people’s health and reduce the rate of mortality due to NCDs in coming years.

STEPS Methodology

STEPS uses a global standardized methodology. The instrument consists of the core module questions completed by all participating countries and optional module questions added by countries based on their priorities. In Ukraine, such additional questions were related to mental health, cervical and breast cancers, as well as injury and violence. Data collection for all three Steps (questionnaire, physical measurements, and biochemical measurements, each focused on different types of health-related information), was undertaken from July to November 2019. Behavioural information was collected in Step 1.

The survey was a population-based survey of adults aged 18-69 years. A multistage cluster sampling design was used to produce representative data for that age range. A total of 7,704 randomly selected households were approached, and 4,409 participants agreed to take part in the survey and provide information. The response rate was 57%.


This factsheet reports findings on self-reported tobacco use based on descriptive and bivariate analyses. All analyses were conditional on the variables labelled “AgeRange” (i.e., ages 18 through 69 years), “Sex” (i.e., males vs. females), and Valid (i.e., indicator for valid observations). All analyses were weighted using the variables PSU, Stratum, and WStep1, to account for complex sampling design and nonresponse.
### Highlights for Adults

#### Aged 18-69 Years Old

#### Tobacco and electronic cigarette use
- 35.4% overall, 51.0% of men and 19.3% of women currently used tobacco products (smoking, smokeless, and/or heated tobacco products).<sup>1</sup>
- 34.6% overall, 50.2% of men and 18.4% of women currently smoked cigarettes, cigars, cigars, pipes, cigarillos, or hookah.<sup>2</sup>
- 0.7% overall, 1.2% of men and 0.2% of women currently used smokeless tobacco.
- 7.6% overall, 9.5% of men and 5.7% of women currently used hookah.
- 2.6% overall, 3.4% of men and 1.8% of women currently used heated tobacco products.
- 3.0% overall, 5.0% of men and 1.0% of women currently used e-cigarettes.

#### Cessation in past 12 months
- 21.0% overall, 18.3% of men and 29.8% of women have tried to quit smoking.
- 37.6% of smokers were advised to quit smoking tobacco during a visit to a health care provider.
- 6.4% of hookah users were advised to stop using it during a visit to a health care provider.
- 23.1% of the users of heated tobacco products were advised to stop using them during a visit to a health care provider.
- None of the users of smokeless tobacco were advised to stop using it during a visit to a health care provider.
- 17.2% of the users of e-cigarettes were advised to stop using them during a visit to a health care provider.

#### Secondhand smoke
- 30.4% of adults who worked indoors were exposed to tobacco smoke from cigarettes, cigars, or pipes in enclosed areas at their workplace.
- 7.4% of adults who worked indoors were exposed to aerosol from heated tobacco products in enclosed areas at their workplace.
- 9.4% of adults who worked indoors were exposed to aerosol from e-cigarettes in enclosed areas at their workplace.
- 30.2% of adults were exposed to tobacco smoke from cigarettes, cigars, or pipes in their homes.
- 3.9% of adults had someone use heated tobacco products in their homes.
- 5.1% of adults had someone use e-cigarettes in their homes.

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<sup>1</sup> Numerator: those who reported currently using (i) cigarettes, cigars, pipes, cigarillos, (ii) heated tobacco products (e.g., IQOS, GLO), (iii) hookah, or (iv) smokeless tobacco (e.g., snuff and chewing tobacco) tobacco (responded “yes” to questions T1a, b, d, e, respectively), and excludes exclusive users of (v) e-cigarettes (question T1c). Denominator: total number of respondents with data available for all five products (i.e., observations with missing data on any of the five products were excluded). Exclusive e-cigarette users were identified from a summary score for total number of products used.

<sup>2</sup> Numerator: those who reported currently using cigarettes, cigars, pipes, cigarillos, or hookah. Denominator: total number of respondents.
### Tobacco Use

**Current Tobacco Users**

- **Overall % (95% CI)**: 35.4 (32.2 – 38.8)
- **Men % (95% CI)**: 51.0 (44.2 – 57.8)
- **Women % (95% CI)**: 19.3 (16.9 – 21.9)

**Daily Tobacco Users**

- **Overall % (95% CI)**: 84.8 (81.1 – 87.9)
- **Men % (95% CI)**: 88.7 (84.0 – 92.2)
- **Women % (95% CI)**: 74.0 (66.7 – 80.2)

**Current Users of Cigarettes, Cigars, Pipes, Cigarillos, or Hookah**

- **Overall % (95% CI)**: 34.6 (31.5 – 37.9)
- **Men % (95% CI)**: 50.2 (43.6 – 56.8)
- **Women % (95% CI)**: 18.4 (16.0 – 21.0)

**Current Users of Smokeless Tobacco (e.g., snuff and chewing tobacco)**

- **Overall % (95% CI)**: 0.7 (0.4 – 1.5)
- **Men % (95% CI)**: 1.2 (0.6 – 2.8)
- **Women % (95% CI)**: 0.2 (0.1 – 0.8)

**Current Users of Hookah**

- **Overall % (95% CI)**: 7.6 (6.0 – 9.7)
- **Men % (95% CI)**: 9.5 (6.9 – 12.9)
- **Women % (95% CI)**: 5.7 (4.2 – 7.5)

**Current Users of Heated Tobacco Products**

- **Overall % (95% CI)**: 2.6 (1.8 – 3.8)
- **Men % (95% CI)**: 3.4 (2.1 – 5.4)
- **Women % (95% CI)**: 1.8 (1.1 – 2.9)

### Electronic Cigarette Use

**Current e-Cigarette Users**

- **Overall % (95% CI)**: 3.0 (2.2 – 4.2)
- **Men % (95% CI)**: 5.0 (3.3 – 7.4)
- **Women % (95% CI)**: 1.0 (0.6 – 1.7)

### Cessation in the Past 12 Months

**Smokers who tried to quit smoking**

- **Overall % (95% CI)**: 21.0 (17.7 – 24.7)
- **Men % (95% CI)**: 18.3 (14.7 – 22.5)
- **Women % (95% CI)**: 29.8 (23.0 – 37.7)

**Rural Residents**

- **Overall % (95% CI)**: 19.5 (14.8 – 25.2)
- **Men % (95% CI)**: 19.4 (14.2 – 25.9)
- **Women % (95% CI)**: 19.8 (10.7 – 33.7)

**Urban Residents**

- **Overall % (95% CI)**: 21.8 (17.5 – 26.7)
- **Men % (95% CI)**: 17.7 (13.2 – 23.3)
- **Women % (95% CI)**: 33.8 (25.5 – 43.3)

**Advice to Quit During a Visit to a Health Care Provider**

- **Smokers were advised to quit smoking tobacco**
  - **Overall % (95% CI)**: 37.6 (31.0 – 44.7)
  - **Men % (95% CI)**: 38.2 (30.0 – 47.2)
  - **Women % (95% CI)**: 36.1 (27.9 – 45.2)

- **Users of smokeless tobacco were advised to stop using them**
  - Numerator: 0
  - Denominator: 0

- **Hookah users were advised to quit using it**
  - **Overall % (95% CI)**: 6.4 (3.4 – 12.0)
  - **Men % (95% CI)**: 8.2 (3.9 – 16.5)
  - **Women % (95% CI)**: 3.7 (1.3 – 9.7)

- **Users of heated tobacco products were advised to stop using them**
  - **Overall % (95% CI)**: 23.1 (11.3 – 41.4)
  - **Men % (95% CI)**: 33.3 (14.7 – 59.1)
  - **Women % (95% CI)**: 8.5 (2.7 – 23.7)

- **E-cigarette users were advised to stop using them**
  - **Overall % (95% CI)**: 17.2 (9.6 – 31.5)
  - **Men % (95% CI)**: 20.1 (9.4 – 37.8)
  - **Women % (95% CI)**: 7.4 (2.0 – 24.0)

### Secondhand Smoke

**Adults exposed to tobacco smoke from cigarettes, cigars, or pipes**

- **Overall % (95% CI)**: 30.2 (27.0 – 33.7)
- **Men % (95% CI)**: 34.3 (28.7 – 40.3)
- **Women % (95% CI)**: 26.0 (23.2 – 29.0)

**Adults exposed to aerosol of heated tobacco products**

- **Overall % (95% CI)**: 3.3 (2.8 – 5.5)
- **Men % (95% CI)**: 4.5 (2.9 – 6.8)
- **Women % (95% CI)**: 3.3 (2.1 – 5.1)

**Adults exposed to aerosol from e-cigarettes**

- **Overall % (95% CI)**: 5.1 (3.6 – 7.1)
- **Men % (95% CI)**: 7.1 (4.6 – 11.0)
- **Women % (95% CI)**: 2.9 (2.1 – 4.2)

### AT HOME

**Adults exposed to tobacco smoke from cigarettes, cigars, or pipes**

- **Overall % (95% CI)**: 30.4 (25.8 – 35.5)
- **Men % (95% CI)**: 42.5 (34.4 – 50.9)
- **Women % (95% CI)**: 18.1 (14.4 – 22.6)

**Adults exposed to aerosol from heated tobacco products**

- **Overall % (95% CI)**: 7.4 (5.1 – 10.5)
- **Men % (95% CI)**: 8.5 (5.1 – 13.8)
- **Women % (95% CI)**: 6.3 (4.0 – 10.0)

**Adults exposed to aerosol from e-cigarettes**

- **Overall % (95% CI)**: 9.4 (6.2 – 14.0)
- **Men % (95% CI)**: 13.1 (7.6 – 21.6)
- **Women % (95% CI)**: 5.5 (3.7 – 8.1)

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**Notes:**

- Numerators: those current users who reported using cigarettes, cigars, pipes, cigarillos, heated tobacco products, hookah, or smokeless tobacco on a daily basis (responded “yes” to questions T2a, b, d, e, respectively).
- Denominator: total number of current users.
- *** p < 0.001; ** p < 0.01; * p < 0.05; statistically significant difference by sex.
Recommendations

- Ensure strong government commitment to implement robust tobacco-control policies as outlined in the WHO Framework Convention on Tobacco Control, broadening the scope to cover novel and emerging nicotine and tobacco containing products and appropriately enforce them.

- To reduce use of existing and curb the increasing trend of new and emerging nicotine and tobacco containing products, relying on the country’s experience in increasing tobacco taxation, which has led to revenue increases and smoking reduction.

- Enforce implementation of existing laws on smoke-free environments, specifically in indoor public areas and workplaces.

- Encourage adoption and enforcement of voluntary smoke-free rules in homes, to further protect those who do not smoke.

- Implement strategies and interventions to build supportive environments for tobacco cessation efforts (e.g., through quitlines and use of mobile technology).

- Examine feasibility of expanding role of health care providers at all levels in advising on behavior change to quit tobacco use (e.g., during office visits, in health care facilities, including hospitals) and strengthening gender-responsive services.

- To increase capacity of the medical staff in delivering interventions on tobacco cessation, especially in rural areas, and to put in place professional cessation services.

- Expand population awareness of adverse effects of all types of tobacco products, including those containing nicotine.

- Support public health surveillance of existing, as well as novel and emerging nicotine and tobacco containing products.

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