

EDITORIAL

Measuring progress in tobacco prevention and control: the role of surveillance

Nearly six million people worldwide die from tobacco-attributable causes every year, making tobacco the leading cause of preventable disease and death.¹ If current trends continue, tobacco use is expected to result in one billion deaths by the end of the century, most of these in low- and middle-income countries.² Cigarette smoking is the most common form of tobacco use in most countries, and the majority of adult smokers try their first cigarette before the age of 18.^{3,4}

To reduce the public health threat of tobacco use, the World Health Organization (WHO) has promoted the ratification of the WHO Framework Convention on Tobacco Control (FCTC) and developed demand reduction tools to help countries curb tobacco use (<http://www.who.int/fctc/reporting/en/>). Specifically, the “MPOWER” package advocates the following evidence-based strategies: **Monitor** tobacco use and prevention policies; **Protect** people from tobacco smoke; **Offer** help to quit tobacco use; **Warn** about the dangers of tobacco; **Enforce** bans on tobacco advertising, promotion, and sponsorship; and **Raise** taxes on tobacco.

The “Monitor” strategy can be used to guide tobacco prevention and control policies. One such policy is limiting access to cigarettes, which is an important way to curb the tobacco epidemic because it prevents smoking initiation among youth.³⁻⁵ In 2005, the year the FCTC took effect, 28 of 35 countries in the Americas had not implemented any of the MPOWER strategies.⁶ By the end of 2015, 6 of 35 countries had implemented at least four of the MPOWER strategies, and 15 of 35 countries had implemented one to three strategies.⁶ Uruguay, which has a strong track record of tobacco control and has implemented most of the MPOWER strategies, has seen rapid declines in cigarette smoking.⁷

Although some countries in the Americas have made great progress toward implementing the MPOWER strategies, more work is necessary to stem

the tobacco epidemic. Monitoring progress in tobacco use and prevention policies in a timely and accurate manner is a key part of this work. “To target interventions and monitor their effectiveness, countries need to systematically survey adult tobacco use,” says Dr. Thomas Frieden, director of the United States Centers for Disease Control and Prevention.⁸

The Global Tobacco Surveillance System (GTSS) (<http://nccd.cdc.gov/gtssdata>) is the largest public health surveillance system in the world and consists of the Global Youth Tobacco Survey (GYTS), Global Adult Tobacco Survey (GATS), Global School Personnel Survey (GSPS), Global Health Professional Student Survey (GHPSS), and Tobacco Questions for Surveys (TQS). With over 15 years of operating experience, the GTSS is positioned to monitor tobacco use globally and to measure the effect of country-level strategies. GTSS surveys have been implemented in over 185 countries worldwide, including over 20 countries in the Americas. Multiple countries have implemented two or more cycles of GYTS, GATS, or TQS. The GTSS is recognized as a very important source of reliable and comparable global tobacco control data. Countries use these data to make policy and programmatic decisions for tobacco prevention and control; GTSS can also complement other surveillance systems that countries have in place.

The articles in this journal supplement illustrate how public health practitioners use GTSS data and focus on tobacco prevention and control in the Americas. For example, “*Caída de la prevalencia del consumo de tabaco en jóvenes de Uruguay*” (“Decrease of youth tobacco consumption prevalence in Uruguay”) reports findings from GYTS data, and “*Quien deja de fumar y su disposición a pagar por cesación en Panamá*” (“Who stops smoking and their willingness to pay for cessation in Panama”) is based on GATS data. Other topics include monitoring tobacco use among youth, successes and challenges in

tobacco prevention and control, and an update on the WHO FCTC status for countries. These articles highlight the importance of GTSS data for measuring progress toward curbing the tobacco epidemic. The partners who work to ensure the availability of these consistent, high-quality data are critical to the future success of tobacco prevention and control efforts.

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References

1. World Health Organization. WHO Global Report: Mortality Attributable to Tobacco, 2012 [accessed on July 11, 2016]. Available at: http://apps.who.int/iris/bitstream/10665/44815/1/9789241564434_eng.pdf
2. Mathers CD, Loncar D. Projections of Global Mortality and Burden of Disease from 2002 to 2030. *PLoS Med* 2006; 3(11): e442. <https://doi.org/10.1371/journal.pmed.0030442>
3. Asma S, Mackay J, Song SY, Zhao L, Morton J, et al. The GATS Atlas, 2015. Atlanta, GA: CDC Foundation; 2015 [accessed on July 11, 2016]. Available at: http://www.cdc.gov/tobacco/global/gtss/tobacco_atlas/
4. US Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: a Report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2012. Available at: <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf>
5. DiFranza JR. Which interventions against the sale of tobacco to minors can be expected to reduce smoking? *Tobacco Control* 2012; 21:436-422.
6. Pan American Health Organization. Report on Tobacco Control for the Region of the Americas. WHO Framework Convention on Tobacco Control: 10 Years Later. Washington, DC: PAHO, 2016 [accessed on July 25, 2016]. Available at: http://www.paho.org/hq/index.php?option=com_content&view=article&id=11965%3A2016-regional-report-tobacco-control&catid=1279%3Apublications&Itemid=41962&lang=en
7. Frieden TR. Six components necessary for effective public health program implementation. *Am J Public Health* 2014; 104(1):17-22.
8. Frieden TR, Bloomberg MR. How to prevent 100 million deaths from tobacco. *Lancet* 2007; 369:1758-1761.

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