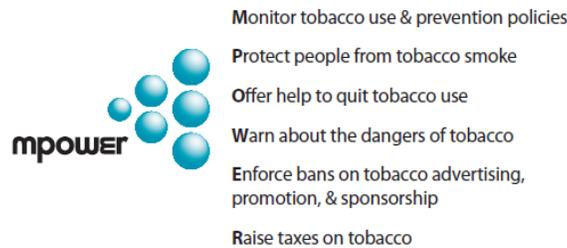


### BACKGROUND

The Global Adult Tobacco Survey (GATS) is the global standard protocol for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators. This household survey collects data on persons 15 years of age or older. In the Philippines, the Global Adult Tobacco Survey (GATS) was first conducted in 2009 and repeated in 2015. Both surveys used similar multistage stratified cluster sample designs to produce nationally representative data. There were 9,701 interviews conducted in 2009 with an overall response rate of 88.4%. In 2015, 11,644 interviews were conducted with an overall response rate of 92.1%. For additional information, refer to the GATS 2009 and 2015 Country Factsheets.

GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. It will also assist countries to fulfill their obligations under the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO has developed MPOWER, a package of six evidence-based demand reduction measures contained in the WHO FCTC that includes:



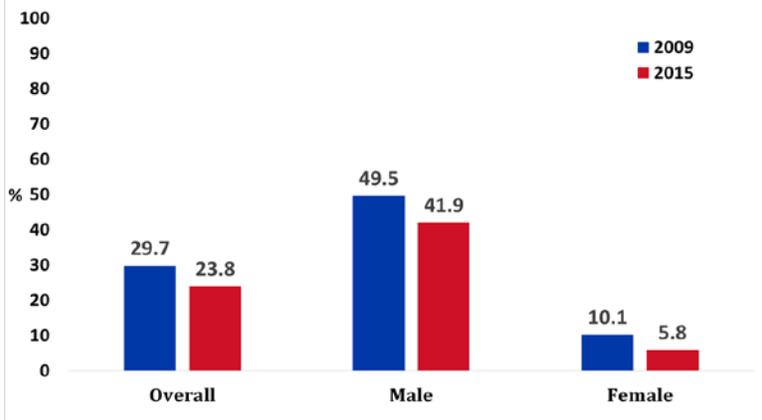
### KEY POLICY CHANGES

- Local governments developed new ordinances and amended existing ordinances to comply with obligations under the Framework Convention on Tobacco Control, driven by the Red Orchid Awards for 100% Tobacco Free Environments by the Department of Health
- Increased the tax on tobacco products in an incremental basis effective from January, 2013, by virtue of the SinTax Reform Law of 2012 which restructured the excise tax on alcohol and tobacco products. (<http://www.gov.ph/2012/12/19/republic-act-no-10351/>)
- Established graphic health information in billboards, posters and tarpaulins through policy issuances from the Department of Health (DOH AO 2010-0013).
- Department of Health developed the National Tobacco Control Strategy (2011-2016) and established partnerships with relevant government agencies and civil society partners to accelerate implementation of the Framework Convention on Tobacco Control ([http://www.wpro.who.int/philippines/publications/ntcs\\_final\\_revision01\\_6-20-12.pdf](http://www.wpro.who.int/philippines/publications/ntcs_final_revision01_6-20-12.pdf)).
- The Department of Health, Civil Service Commission and Land Transportation Franchising and Regulatory Board implemented a policy prohibiting smoking in or on the premises, buildings, and grounds of government agencies providing health, education and/or social welfare and development services such as hospitals, health centers, schools and universities, colleges among other public places. (<http://www.tobaccocontrol.org/files/live/Philippines/Philippines%20-%20CSC%20Memo%20Circular%20-%20national.pdf>)
- Local government units, in coordination with the Department of Health, implemented the total ban of tobacco advertising, promotion and sponsorship ([http://www.wpro.who.int/philippines/publications/ntcs\\_final\\_revision01\\_6-20-12.pdf](http://www.wpro.who.int/philippines/publications/ntcs_final_revision01_6-20-12.pdf)).

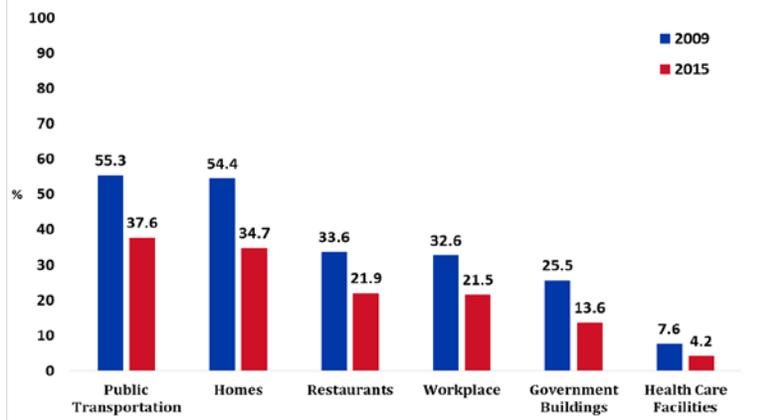
### KEY FINDINGS

- Tobacco use prevalence significantly decreased among adults from 29.7% in 2009 to 23.8% in 2015 (from 49.5% to 41.9% among males; from 10.1% to 5.8% among females). This represents a 19.9% relative decline of the tobacco use prevalence (15.3% decline for males; 42.8% decline for females).
- Exposure to secondhand smoke in homes and public places significantly declined. The largest drop in exposure to secondhand smoke occurred in government buildings from 25.5% in 2009 to 13.6% in 2015. In homes, the exposure declined from 54.4% in 2009 to 34.7% in 2015.
- The percentage of smokers who are interested in quitting and the percentage of smokers who made quit attempts in the last 12 months both increased significantly. However, the proportion of current smokers who were advised to quit by health care providers and the proportion of smokers who successfully quit in the past 12 months remained level from 2009 to 2015.
- The percentage of current smokers who thought of quitting smoking because of health warnings on cigarette packages increased significantly (37.4% in 2009 compared to 44.6% in 2015). The percentage of adults who noticed anti-cigarette smoking information at any location increased significantly (80.1% in 2009 to 83.2% in 2015).
- Exposure to any tobacco advertising, promotion, and sponsorship in the past 30 days decreased significantly from 74.3% in 2009 to 58.6% in 2015. Similarly, it decreased significantly at point of sale from 53.7% in 2009 to 40.5% in 2015.
- Among daily smokers, the average cigarette expenditure per month increased from Php336.3 (inflation adjusted) in 2009 to Php678.4 in 2015. Likewise, the average cost of a pack of 20 manufactured cigarettes almost doubled during the same period (Ph24.9 in 2009 to Php48.0 in 2015).

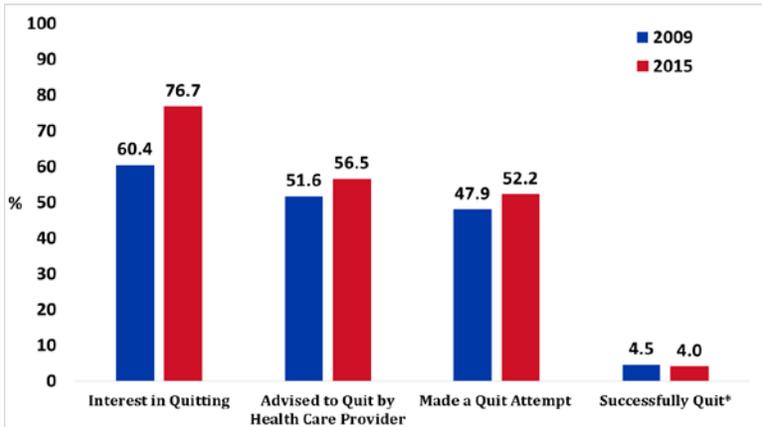
**m** Prevalence of current tobacco use by sex, Philippines 2009 and 2015



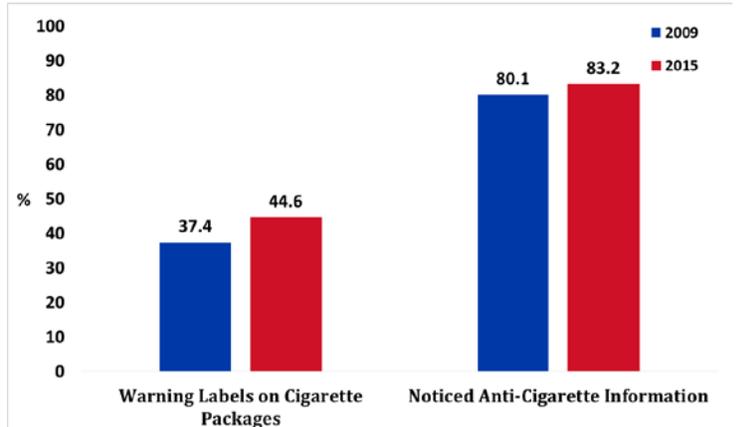
**p** Exposure to secondhand smoke in the past 30 days, Philippines 2009 and 2015



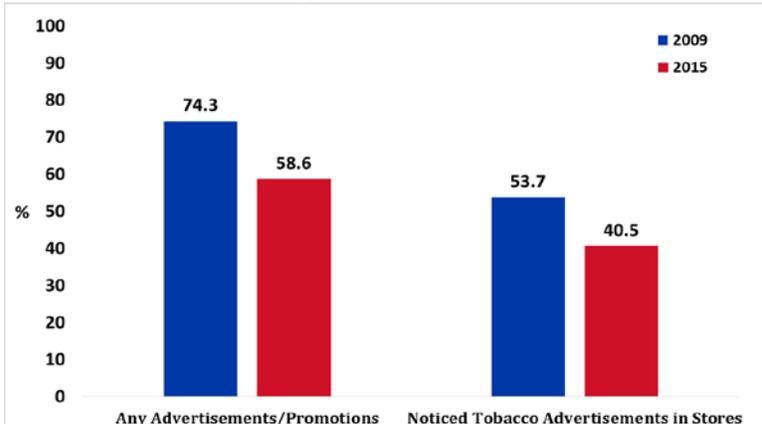
**o** Quit successes, quit attempts and interest in quitting, Philippines 2009 and 2015



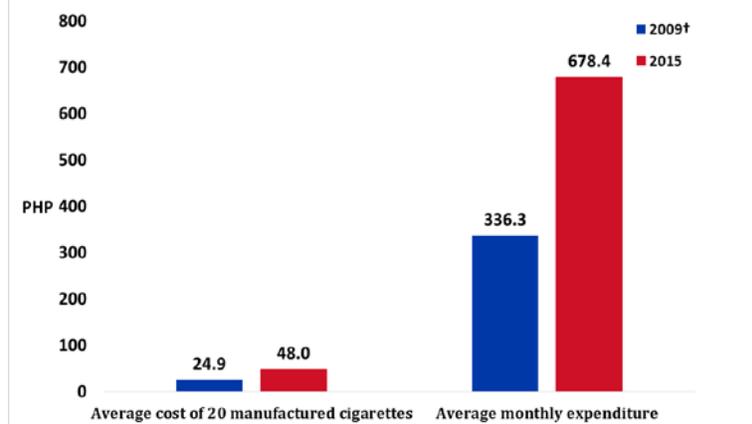
**w** Thought About Quitting Because of Warning Labels and Anti-cigarette Advertisements, Philippines 2009 and 2015



**e** Noticed any promotion, advertisements and sponsorship in the past 30 days and point of sale in stores, Philippines 2009 and 2015



**r** Average cost of 20 manufactured cigarettes and monthly expenditure, Philippines 2009 and 2015 (in pesos)



† GATS Philippines 2009 cost data were adjusted for inflation for direct

**NOTE:** Current use refers to daily and less than daily use. Adults refer to persons aged 15 years and older. Data have been weighted to be nationally representative of all non-institutionalized men and women aged 15 years and older. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups. All comparisons present in the graphs are significant at  $p < .05$ , unless otherwise noted (\*) as unchanged.

Financial support was provided by the Epidemiology Bureau of the Department of Health, Philippines and the Bloomberg Initiative to Reduce Tobacco Use through the CDC Foundation with a grant from the Bill & Melinda Gates Foundation. Technical assistance is provided by the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), the Johns Hopkins Bloomberg School of Public Health, and RTI International. Program support is provided by the CDC Foundation.