

GATS Objectives

The Global Adult Tobacco Survey (GATS) is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

GATS is a nationally representative survey, using a consistent and standard protocol across countries including the Philippines. 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 (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO developed MPOWER, a technical assistance package of selected demand reduction measures contained in the WHO/FCTC that include:



- Monitor tobacco use & 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, & sponsorship
- Raise taxes on tobacco

GATS Methodology

GATS uses a global standardized methodology. It includes information on respondents' background characteristics, tobacco use (smoking and smokeless), cessation, secondhand smoke, economics, media, and knowledge, attitudes and perceptions towards tobacco use. In the Philippines, GATS was conducted in 2015 as a household survey of persons 15 years of age or older implemented by the Philippine Statistics Authority (PSA), in coordination with the Department of Health (DOH). A multi-stage, geographically clustered sample design was used to produce nationally representative data. A total of 13,963 households were sampled. One individual was randomly chosen from each selected household to participate in the survey. Survey information was collected using handheld devices. The household response rate was 95.6%, the person-level response rate was 96.3%, and overall response rate was 92.1%. There were a total of 11,644 completed individual interviews.

GATS Highlights

TOBACCO USE

- 23.8% overall (16.6 million adults), 41.9% of men and 5.8% of women currently use tobacco.
- 22.7% overall (15.9 million adults), 40.3% of men and 5.1% of women currently smoke tobacco.
- 18.7% overall (13.1 million adults), 33.9% of men and 3.6% of women currently smoke tobacco daily.
- 21.5% overall (15.1 million adults), 38.9% of men and 4.2% of women currently smoke manufactured cigarettes.

CESSATION

- 76.7% of current smokers planned to or were thinking about quitting.
- 4.0% of those who smoked in the past 12 months successfully quit.
- 56.5% of smokers who visited a healthcare provider in the past 12 months were advised to quit smoking.

SECONDHAND SMOKE

- 21.5% of adults who worked indoors (3.6 million adults) were exposed to tobacco smoke in enclosed areas at their workplace.
- 34.7% of adults (24.0 million adults) were exposed to tobacco smoke at home.
- 86.3% of adults (3.3 million adults) were exposed to tobacco smoke when visiting bars and nightclubs.
- 37.6% of adults (2.0 million adults) were exposed to tobacco smoke when using public transportation.

ECONOMICS

- The average monthly expenditure for cigarettes was 678.4 pesos.
- 55.5% of current smokers attempted to quit smoking in the past 12 months because of the price of cigarettes.

MEDIA

- 44.0% of adults noticed cigarette marketing in stores where cigarettes are sold.
- 9.6% of adults noticed cigarette promotions on clothing or other items with cigarette brand name or logo.
- 39.1% of adults noticed anti-cigarette information on the radio.
- 63.7% of adults noticed anti-cigarette information on TV.
- 44.6% of current smokers thought about quitting because of warning labels.

TOBACCO USE

| | OVERALL(%) | MEN(%) | WOMEN(%) |
|--|------------|--------|----------|
| TOBACCO SMOKERS | | | |
| Current tobacco smokers | 22.7 | 40.3 | 5.1 |
| Daily tobacco smokers | 18.7 | 33.9 | 3.6 |
| Current cigarette smokers ¹ | 22.5 | 40.1 | 4.9 |
| Current manufactured cigarette smokers | 21.5 | 38.9 | 4.2 |
| Current water-pipe smoker | 0.4 | 0.7 | 0.2 |
| Average age at daily smoking initiation ² (in years) | 17.5 | 17.5 | 18.3 |
| Average number of cigarettes consumed per day by daily cigarette smokers | 11.0 | 11.2 | 8.6 |
| SMOKELESS TOBACCO USERS | | | |
| Current smokeless tobacco users | 1.7 | 2.7 | 0.7 |
| TOBACCO USERS (smoked and/or smokeless) | | | |
| Current tobacco users | 23.8 | 41.9 | 5.8 |

ELECTRONIC CIGARETTES

| | OVERALL(%) | MEN(%) | WOMEN(%) |
|---------------------------------------|------------|--------|----------|
| Ever heard of electronic cigarettes | 31.7 | 36.4 | 27.1 |
| Ever used electronic cigarettes | 2.8 | 4.5 | 1.1 |
| Current user of electronic cigarettes | 0.8 | 1.3 | 0.2 |

CESSATION

| | OVERALL(%) | MEN(%) | WOMEN(%) |
|--|------------|--------|----------|
| Former daily tobacco smokers (among ever daily smokers) ³ | 19.3 | 17.7 | 31.0 |
| Smokers who made a quit attempt in the past 12 months. ⁴ | 52.2 | 51.5 | 57.1 |
| Smokers who quit in the past 12 months ⁴ | 4.0 | 3.6 | 6.9 |
| Current smokers who are interested in quitting | 76.7 | 76.6 | 77.4 |
| Smokers advised to quit by a health care provider ^{4,5} | 56.5 | 58.1 | 48.8 |

SECONDHAND SMOKE

| | OVERALL(%) | MEN(%) | WOMEN(%) |
|---|------------|--------|----------|
| Adults exposed to tobacco smoke at the workplace ^{6,†} | 21.5 | 26.4 | 16.4 |
| Adults exposed to tobacco smoke in the following places: [†] | | | |
| Health care facilities ⁷ | 4.2 | 4.9 | 3.8 |
| Government buildings/offices ⁸ | 13.6 | 15.6 | 11.7 |
| Public transportation ⁹ | 37.6 | 39.9 | 35.5 |
| Bars/Nightclubs ¹⁰ | 86.3 | 88.9 | 78.9 |
| Restaurants ¹¹ | 21.9 | 26.8 | 17.0 |
| Schools ¹² | 10.9 | 12.7 | 9.6 |
| Adults exposed to tobacco smoke at home ¹³ | 34.7 | 39.0 | 30.3 |

ECONOMICS

| | OVERALL(%) | MEN(%) | WOMEN(%) |
|--|------------|--------|----------|
| Last purchased cigarettes in stores | 98.7 | 98.7 | 98.4 |
| Average monthly expenditure for cigarettes among cigarette smokers (in pesos) | 678.4 | 696.1 | 515.8 |
| Cost of 100 packs of manufactured cigarettes as a percentage of per capita Gross Domestic Product (GDP) [2015] ¹⁴ | 3.4 | 3.4 | 3.5 |
| Current smokers who attempt to quit in the past 12 months because of high price of cigarettes | 55.5 | 56.3 | 49.7 |
| Observed cigarette pack with tax stamp | 77.6 | 77.7 | 76.4 |
| Observed cigarette pack with health warnings | 76.5 | 77.3 | 69.3 |

MEDIA

| | OVERALL(%) | CURRENT SMOKERS(%) | NON-SMOKERS(%) |
|---|------------|--------------------|----------------|
| TOBACCO INDUSTRY ADVERTISING | | | |
| Adults who noticed any sponsorship or promotion of cigarettes [†] | 58.6 | 63.4 | 57.2 |
| Adults who noticed any advertisements or signs promoting cigarettes in stores ^{15,†} | 44.0 | 49.2 | 42.5 |
| Adults who noticed any cigarette promotions on clothing or other items with cigarette brand name or logo [†] | 9.6 | 11.3 | 9.2 |
| COUNTER ADVERTISING | | | |
| Current smokers who thought about quitting because of a warning label on cigarette packages [†] | 44.6 | 44.9 | 42.1 |
| | OVERALL(%) | CURRENT SMOKERS(%) | NON-SMOKERS(%) |
| Adults who noticed anti-cigarette smoking information on any media [†] | 83.2 | 82.2 | 83.5 |
| Adults who noticed anti-cigarette smoking information on the TV [†] | 63.7 | 63.4 | 63.7 |
| Adults who noticed anti-cigarette smoking information at health care facilities [†] | 57.9 | 56.4 | 58.3 |
| Adults who heard anti-cigarette smoking information on the radio [†] | 39.1 | 42.5 | 38.0 |

KNOWLEDGE, ATTITUDES & PERCEPTIONS

| | OVERALL(%) | CURRENT SMOKERS(%) | NON-SMOKERS(%) |
|---|------------|--------------------|----------------|
| Adults who believed smoking causes: | | | |
| Serious illness | 95.0 | 92.7 | 95.7 |
| Lung cancer | 96.4 | 94.2 | 97.0 |
| Heart attack | 85.7 | 82.0 | 86.8 |
| Stroke | 79.6 | 74.4 | 81.1 |
| Tuberculosis | 95.4 | 93.6 | 96.0 |
| Adults who believed that cigarettes are addictive | 90.8 | 88.8 | 91.3 |
| Adults who believed breathing other peoples' smoke causes serious illness in nonsmokers | 93.5 | 90.3 | 94.5 |

¹Includes manufactured cigarettes, hand-rolled cigarettes and kreteks. ²Among daily smokers age 15-34 years. ³Current non-smokers. ⁴Includes current smokers and those who quit in the past 12 months. ⁵Among those who visited a health care provider in past 12 months. ⁶Among those who work outside of the home who usually work indoors or both indoors and outdoors. ⁷Among those who visited health care facilities in the past 30 days. ⁸Among those who visited government buildings in the past 30 days. ⁹Among those who used public transportation in the past 30 days. ¹⁰Among those who visited bars or nightclubs in the past 30 days. ¹¹Among those who visited restaurants in the past 30 days. ¹²Among those who visited schools in the past 30 days. ¹³Smoking occurs in the home at least monthly. ¹⁴2015 GDP Per Capita: 139,695.146 from www.imf.org. ¹⁵Includes those who noticed cigarettes at sale prices; free gifts or discount offers on other products when buying cigarettes; or any advertisements or signs promoting cigarettes in stores where cigarettes are sold. [†]During the past 30 days.

NOTE: Current use refers to daily and less than daily use. Adults refer to persons aged 15 years or older. Data have been weighted to be nationally representative of all non-institutionalized men and women aged 15 years or older. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups.

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 was provided by the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and RTI International. Program support was provided by the CDC Foundation.

The findings and conclusion in this factsheet are those of the author(s) and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention.

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:



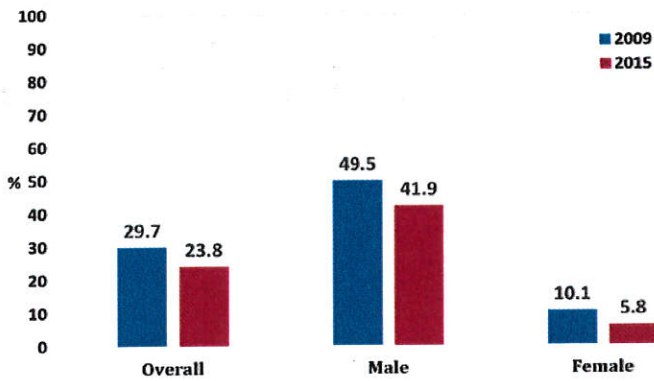
KEY POLICY CHANGES

- 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).
- 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.tobaccocontrolaws.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).

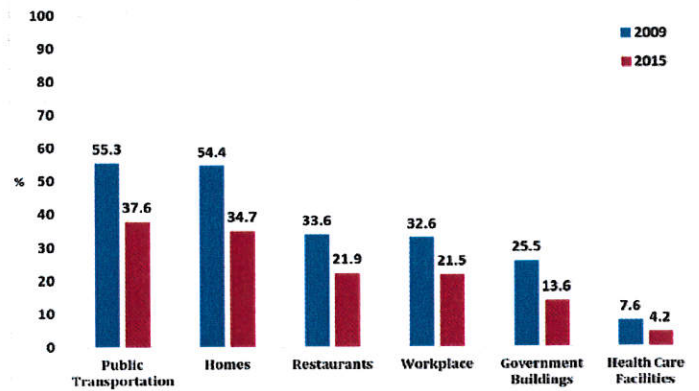
KEY FINDINGS

- 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).

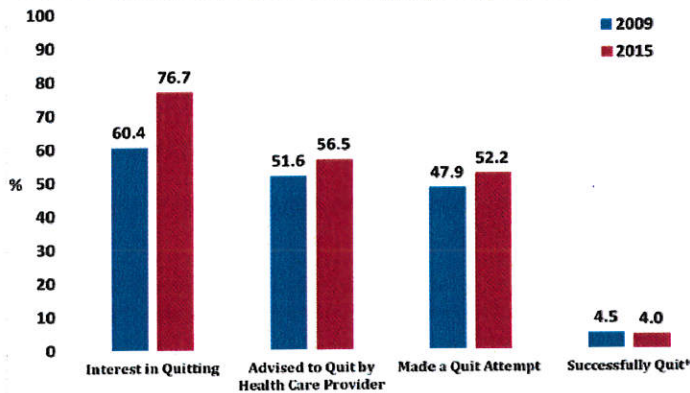
m Prevalence of current tobacco use by sex, Philippines 2009 and 2015



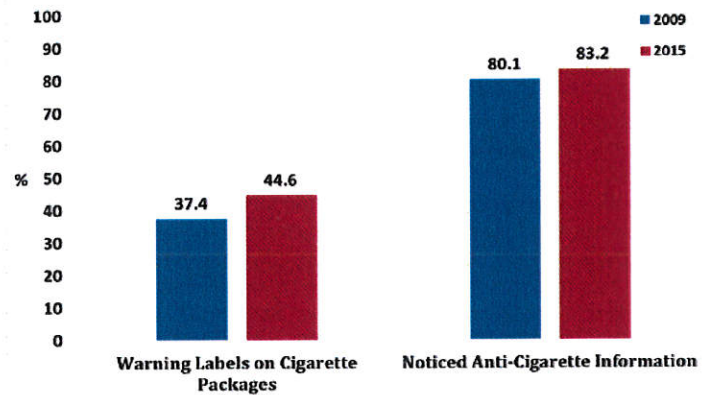
p Exposure to secondhand smoke in the past 30 days, Philippines 2009 and 2015



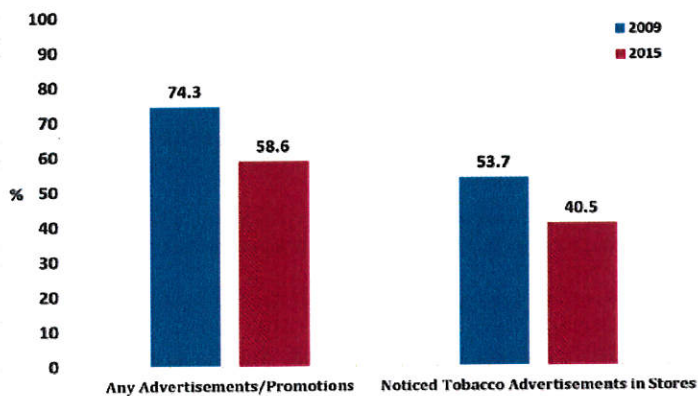
o Quit successes, quit attempts and interest in quitting, Philippines 2009 and 2015



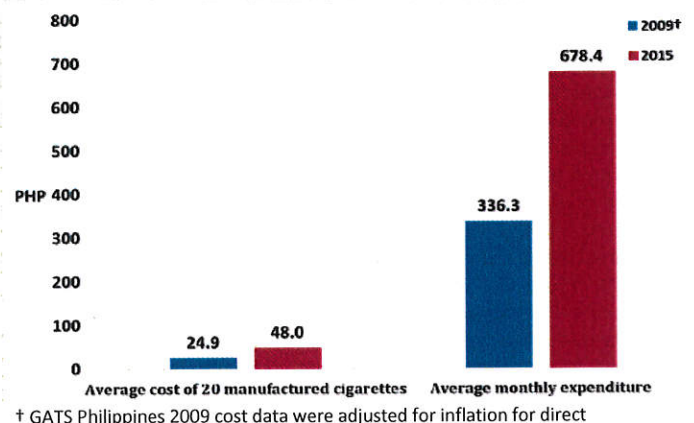
w Thought About Quitting Because of Warning Labels and Anti-cigarette Advertisements, Philippines 2009 and 2015



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)

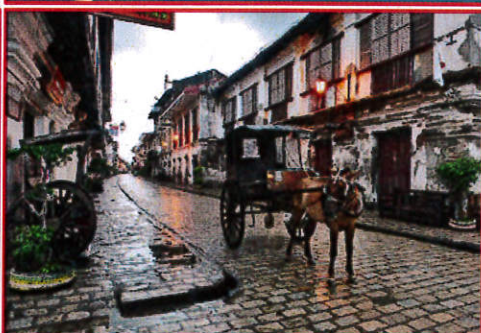
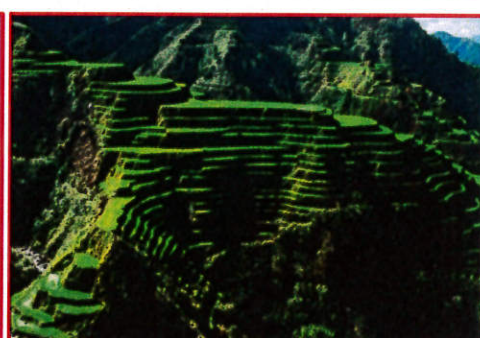
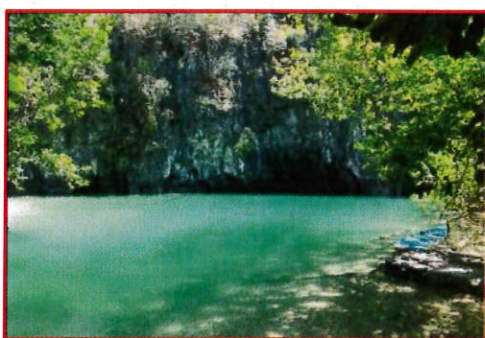


† GATS Philippines 2009 cost data were adjusted for inflation for direct

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.

GATS | Philippines



Global Adult Tobacco Survey: Executive Summary 2015



Republic of the Philippines
Department of Health
Kagawaran ng Kalusugan
ISO 9001:2008 CERTIFIED



REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY
SOLID • RESPONSIVE • WORLD-CLASS



**World Health
Organization**
Western Pacific Region



The mark "CDC" is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo to sell an endorsement by WHO or CDC of any particular product, service, or enterprise.

Introduction

Tobacco use is a major preventable cause of premature death and disease worldwide.¹ Globally, approximately 6 million people die each year from tobacco-related illnesses, and if current trends continue, this number is expected to increase to more than 8 million a year by 2030.² An efficient and systematic surveillance system is important to monitor tobacco use and evaluate tobacco prevention and control interventions.³

The Global Adult Tobacco Survey (GATS) is a nationally representative household survey used to monitor adult tobacco use (smoking and smokeless) and track key tobacco control indicators across countries. GATS was launched as part of the Global Tobacco Surveillance System (GTSS) and it was first implemented in the Philippines in 2009, and repeated in 2015. During the six year period between the two GATS surveys, the Philippines has made significant progress in reducing tobacco use and implementing various tobacco control initiatives, including: restructure of excise taxes to increase the tax on tobacco products on an incremental basis; development and implementation by local government units of tobacco ordinances compliant with the Framework Convention on Tobacco Control (FCTC); development of a recognition system “Red Orchid Awards for 100% Tobacco Free Environment” for local government units, government agencies and hospitals complying with FCTC obligations; placement of graphic health information on billboards, tarpaulins, and posters; development and implementation of the National Tobacco Control Strategy (2011-2016) to accelerate implementation of FCTC; implementation of 100% smoke free policies on the premises of government agencies, health facilities, educational institutions, public terminals, public conveyances and public places; and, implementation of the total prohibition of tobacco advertising, promotion, and sponsorship by local government units.

The Department of Health (DOH) and the Philippine Statistics Authority (PSA) collaborated in administering the 2009 and 2015 GATS surveys. The PSA was the lead agency in implementing the survey, while the DOH funded and coordinated the analyses and writing of the final report. Technical assistance was provided by the U.S. Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and RTI International. For the 2009 GATS, the Bloomberg Initiative to Reduce Tobacco Use provided the financial support. In 2015, 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.

Methodology

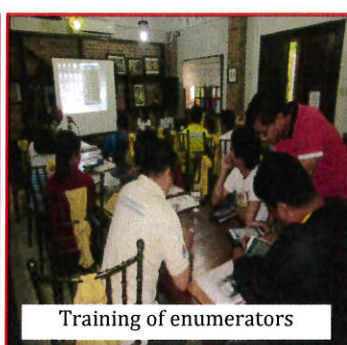
Similar to 2009, the 2015 GATS used a multistage geographically clustered sample design to collect nationally representative data on Filipinos aged 15 years or older. One individual was randomly chosen from each selected household to participate in the survey. In 2009, there were a total of 9,701 completed individual interviews, with an overall response rates of 88.4%. In 2015, there were a total of 11,644 completed individual interviews with an overall response rate of 92.1%.

GATS provides information on respondents’ background characteristics, tobacco use (smoking and smokeless), cessation, secondhand smoke exposure, economics, media, and knowledge, attitudes and perceptions towards tobacco use. GATS enhances countries’ capacity to design, implement and evaluate tobacco control programs. It will also assist countries to fulfill their obligations under the WHO FCTC to generate comparable data within and across countries.

WHO developed MPOWER⁴, a technical assistance package of six evidence-based tobacco demand reduction measures contained in the FCTC that includes:



Team which conducted the pretest



Training of enumerators



Data collection



Photos courtesy of Department of Health and Philippine Statistics Authority, Philippines.

Key Findings

GATS 2015

Tobacco Use: In 2015, 23.8% of all adults reported current tobacco use in any form [41.9% among men and 5.8% among women]. The prevalence of current tobacco use among all adults in urban areas was 22.1% and 25.3% in rural areas. Overall, 22.7% (15.9 million) of adults currently smoke tobacco [40.3% among men and 5.1% among women]. Overall, 18.7% (13.1 million) of adults currently smoke tobacco daily [33.9% among men and 3.6% among women].

Overall, daily cigarette smokers smoked an average of 11.0 cigarettes per day [11.2 among men and 8.6 among women]. The overall average age of initiating daily cigarette smoking among ever daily smokers aged 15-34 was 17.5 years old [17.5 years old among men and 18.3 years old among women].

Overall, 1.7% of adults reported current smokeless tobacco use [2.7% among men and 0.7% among women]. Overall, 21.5% of adults, or about 15 million, reported currently smoking manufactured cigarettes in 2015 [38.9% among men and 4.2% among women]. The overall proportion of former daily smokers among ever daily smokers was 19.3% [17.7% among men and 31.0% among women].

Smoking Cessation: In 2015, 7 in 10 (76.7%) current tobacco smokers were interested or planned to quit smoking tobacco. Among ever daily smokers, 19.3% quit smoking while 4.0% of those who smoked in the past 12 months recently quit smoking.

Exposure to Secondhand Smoke: An estimated 21.5% of adults (3.6 million adults) were exposed to tobacco smoke in enclosed areas at the workplace in the past month. In the past month, 34.7% of adults (24.0 million adults) were exposed to tobacco smoke at home. Among

those who visited public places in the past 30 days, 21.9% of adults visiting restaurants; and 37.6% of adults using public transportation reported being exposed to secondhand smoke.

Economics of Tobacco Smoking: Among daily cigarette smokers, average monthly cigarette expenditures were PhP 678.4 [PhP 696.1 among men and PhP 515.8 among women].

Advertising, Promotion, and Sponsorship: Among adults, 40.5% noticed cigarette marketing in stores where cigarettes are sold; 9.6% of adults noticed logos that promote cigarettes on clothing or other items.

Overall, 83.2% of adults noticed anti-cigarette smoking information at any location, with 39.1% of adults having noticed anti-cigarette smoking information on radio and 63.7% of adults having noticed anti-cigarette smoking information on TV.

Among current cigarette smokers, 44.6% thought about quitting smoking because of warning labels on cigarette packages.

Knowledge, Attitudes, and Perceptions: Among all adults, 95.0% believed that smoking causes serious illnesses: lung cancer (96.4%), tuberculosis (95.4%), heart attack (85.7%), and stroke (79.6%).

Similarly, 93.5% of all adults believed that breathing other people's smoke causes serious illness in non-smokers [90.3% among smokers and 94.5% among non-smokers].

Nearly all (97.2%) adults favored a complete prohibition of smoking in indoor workplaces and public places, with 98.0% of non-smokers and 94.5% of current smokers favoring the ban.

GATS 2009 to 2015

- 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 in tobacco use prevalence [15.3% decline for males; 42.8% decline for females].
- The prevalence of current cigarette smoking among adults significantly decreased from 27.9% in 2009 to 22.5% in 2015 [from 47.2% to 40.1% among men and from 8.8% to 4.9% among women].
- The percentage of current smokers who are interested in quitting (60.4% in 2009 to 76.7% in 2015) and the percentage of smokers who made quit attempts in the last 12 months (47.9% in 2009 to 52.2% in 2015) both increased significantly. However, the proportion of smokers who successfully quit in the past 12 months largely remained unchanged from 2009 (4.5%) to 2015 (4.0%).
- The percentage of current cigarette smokers who thought of quitting smoking because of health warnings on cigarette packages increased significantly from 37.4% in 2009 to 44.6% in 2015.
- There was a significant increase in the percentage of adults who noticed anti-cigarette smoking information at any location (80.1% in 2009 to 83.2% in 2015).

- Exposure to secondhand smoke (SHS) in homes (54.4% in 2009 to 34.7% in 2015) and in the workplace (32.6% in 2009 to 21.5% in 2015) declined significantly. Among all public places for which data were collected, the largest decline in exposure to SHS occurred in government buildings (25.5% in 2009 to 13.6% in 2015).
- Among daily smokers, average cigarette expenditures per month increased from PhP 336.3 in 2009 to PhP 678.4 in 2015, after adjusting for inflation. The average price of a pack of 20 manufactured cigarettes almost doubled, increasing from PhP 24.9 in 2009 to PhP 48.0 in 2015.
- Exposure to any cigarette advertising, promotion, or sponsorship in the past 30 days declined significantly from 74.3% in 2009 to 58.6% in 2015. Similarly, it declined significantly at the point of sale, from 53.7% in 2009 to 40.5% in 2015.

Conclusions¹

Between 2009 and 2015, the Philippines has made progress in protecting the public from exposure to SHS, reducing exposure to tobacco advertisements, promotion, and sponsorship, and increasing the price of tobacco products. The “Red Orchid Awards for 100% Tobacco Free Environment” (ROA), which was given to local government agencies, provided the impetus to implement FCTC at subnational levels. Over this period, average monthly cigarette expenditures and the average cost of a pack of manufactured cigarettes nearly doubled.

While the Philippines has reduced tobacco use since 2009, nearly a quarter of Filipinos continued to use tobacco in 2015. The MPOWER package outlines steps that can be taken to help end the tobacco epidemic. Periodic monitoring of tobacco use, evaluation of tobacco control interventions and continued vigilance on tobacco industry interference are important components in reducing tobacco use and tobacco related morbidity and mortality.

References

1. WHO report on the global tobacco epidemic, 2015. Raising taxes on tobacco. WHO, Geneva. Accessible at: http://www.who.int/tobacco/global_report/2015/report/en/.
2. WHO report on the global tobacco Epidemic, 2011: Warning about the dangers of tobacco. Accessible at: http://apps.who.int/iris/bitstream/10665/44616/1/9789240687813_eng.pdf.
3. Frieden, Thomas R, Bloomberg, Michael R. How to prevent 100 million deaths from tobacco. The Lancet, Vol. 369, Issue 9574, 1758-1761. Accessible at: [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(07\)60782-X.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(07)60782-X.pdf).
4. WHO MPOWER. Tobacco Free Initiative, WHO, Geneva. Accessible at: www.who.int/tobacco/mpower/en/.

¹The findings and conclusion in this executive summary are those of the author(s) and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention

Table 1: MPOWER Summary Indicators, GATS Philippines 2009 and 2015

| Indicator | 2009 | | | 2015 | | | Relative change | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----------------|--------|--------|
| | Overall | Male | Female | Overall | Male | Female | Overall | Male | Female |
| | | Percentage (95% CI) | | Percentage (95% CI) | | | Percentage | | |
| M: Monitor tobacco use and prevention policies | | | | | | | | | |
| Current tobacco user | 29.7 (28.5, 31.0) | 49.5 (47.5, 51.5) | 10.1 (9.0, 11.2) | 23.8 (22.9, 24.8) | 41.9 (40.3, 43.6) | 5.8 (5.1, 6.5) | -19.9* | -15.3* | -42.8* |
| Current tobacco smokers | 28.2 (27.0, 29.5) | 47.6 (45.7, 49.6) | 9.0 (8.0, 10.1) | 22.7 (21.7, 23.6) | 40.3 (38.7, 41.9) | 5.1 (4.5, 5.8) | -19.8* | -15.4* | -43.0* |
| Current cigarette smokers ¹ | 27.9 (26.8, 29.2) | 47.2 (45.3, 49.2) | 8.8 (7.8, 9.9) | 22.5 (21.5, 23.4) | 40.1 (38.5, 41.7) | 4.9 (4.3, 5.6) | -19.6* | -15.1* | -43.9* |
| Current manufactured cigarette smokers | 27.0 (25.8, 28.2) | 46.6 (44.7, 48.6) | 7.5 (6.5, 8.5) | 21.5 (20.6, 22.5) | 38.9 (37.3, 40.5) | 4.2 (3.7, 4.8) | -20.3* | -16.5* | -43.5* |
| Average number of cigarettes smoked per day (number) | 10.6 (10.1, 11.1) | 11.3 (10.7, 11.8) | 6.9 (6.1, 7.8) | 11.0 (10.5, 11.5) | 11.2 (10.7, 11.7) | 8.6 (6.9, 10.3) | 3.1 | -0.7 | 23.4 |
| Average age at daily smoking initiation (years) ² | 17.3 (17.0, 17.6) | 17.2 (16.9, 17.4) | 18.8 (17.7, 19.9) | 17.5 (17.3, 17.8) | 17.5 (17.2, 17.8) | 18.3 (17.2, 19.5) | 1.4 | 0.8 | -2.4 |
| Former smokers among ever daily smokers ³ | 21.5 (19.8, 23.4) | 20.9 (19.0, 22.8) | 25.0 (20.7, 29.7) | 19.3 (17.6, 21.1) | 17.7 (16.1, 19.5) | 31.0 (25.9, 36.6) | -10.2* | -14.9* | 24.1 |
| P: Protect people from tobacco smoke | | | | | | | | | |
| Exposure to secondhand smoke at home at least monthly | 54.4 (52.5, 56.3) | 58.1 (55.8, 60.3) | 50.6 (48.4, 52.8) | 34.7 (33.0, 36.4) | 39.0 (37.0, 41.2) | 30.3 (28.5, 32.2) | -36.2* | -32.8* | -40.1* |
| Exposure to secondhand smoke at work ^{4, †} | 32.6 (29.9, 35.5) | 38.8 (35.1, 42.7) | 26.2 (22.9, 29.8) | 21.5 (19.5, 23.6) | 26.4 (23.6, 29.5) | 16.4 (14.4, 18.5) | -34.3* | -32.0* | -37.5* |
| Exposure to secondhand smoke in public places ^{5, †} | | | | | | | | | |
| Government building/offices | 25.5 (23.3, 27.8) | 27.9 (25.3, 30.7) | 23.1 (20.6, 25.9) | 13.6 (11.9, 15.5) | 15.6 (13.5, 18.1) | 11.7 (10.0, 13.6) | -46.7* | -44.0* | -49.6* |
| Health care facilities | 7.6 (6.5, 8.9) | 8.0 (6.4, 10.0) | 7.3 (6.0, 8.9) | 4.2 (3.6, 4.9) | 4.9 (3.9, 6.2) | 3.8 (3.1, 4.6) | -44.4* | -38.7* | -48.5* |
| Restaurants | 33.6 (31.2, 36.1) | 38.4 (35.3, 41.5) | 28.6 (25.9, 31.4) | 21.9 (20.3, 23.6) | 26.8 (24.6, 29.2) | 17.0 (15.3, 18.8) | -34.8* | -30.1* | -40.7* |
| Public Transportation | 55.3 (53.3, 57.3) | 61.1 (58.6, 63.5) | 49.7 (47.3, 52.1) | 37.6 (35.8, 39.5) | 39.9 (37.6, 42.3) | 35.5 (33.5, 37.5) | -32.0* | -34.6* | -28.6* |
| O: Offer help to quit tobacco use | | | | | | | | | |
| Made a quit attempt in the past 12 months ⁶ | 47.9 (45.5, 50.3) | 46.7 (44.0, 49.4) | 53.9 (48.2, 59.4) | 52.2 (49.7, 54.6) | 51.5 (48.9, 54.2) | 57.1 (51.4, 62.6) | 9.0* | 10.3* | 6.0 |
| Advised to quit smoking by a health care provider ^{6, 7} | 51.5 (47.0, 56.0) | 53.3 (48.0, 58.5) | 45.6 (36.7, 54.8) | 56.5 (52.0, 60.8) | 58.1 (53.5, 62.6) | 48.8 (37.8, 59.9) | 9.7 | 9.1 | 7.1 |
| Attempted to quit smoking using a specific cessation method ⁸ : | | | | | | | | | |
| Pharmacotherapy | 5.9 (4.2, 8.3) | 5.9 (4.0, 8.5) | 6.2 (3.5, 10.8) | 12.4 (9.9, 15.3) | 13.1 (10.4, 16.3) | 7.5 (4.5, 12.3) | 109.2* | 123.4* | 22.1 |
| Counseling/advice | 12.3 (9.9, 15.0) | 12.8 (10.2, 15.8) | 10.0 (6.5, 15.2) | 13.6 (11.4, 16.2) | 13.4 (11.1, 16.1) | 15.1 (10.4, 21.5) | 11.3 | 5.2 | 51.0 |
| Interested or planning to quit smoking | 60.4 (57.5, 63.1) | 60.3 (57.4, 63.2) | 60.5 (53.7, 66.9) | 76.7 (74.5, 78.7) | 76.6 (74.2, 78.8) | 77.4 (72.4, 81.8) | 27.0* | 26.9* | 28.0* |
| Successful Quitters ⁹ | 4.5 (3.7, 5.6) | 4.2 (3.3, 5.3) | 6.3 (4.1, 9.6) | 4.0 (3.2, 5.0) | 3.6 (2.9, 4.5) | 6.9 (3.8, 12.2) | -12.3 | -14.3 | 8.9 |
| W: Warn about the dangers of tobacco | | | | | | | | | |
| Belief that tobacco smoking causes serious illness | 94.0 (93.1, 94.8) | 93.1 (91.9, 94.2) | 94.9 (94.0, 95.7) | 95.0 (94.1, 95.8) | 94.8 (93.8, 95.7) | 95.2 (94.2, 96.0) | 1.0 | 1.9* | 0.2 |
| Belief that breathing other peoples' smoke causes serious illness | 91.6 (90.7, 92.5) | 90.2 (88.9, 91.4) | 93.0 (91.9, 94.0) | 93.5 (92.5, 94.4) | 92.6 (91.2, 93.8) | 94.5 (93.5, 95.3) | 2.1* | 2.6* | 1.5* |
| Noticed anti-cigarette smoking information at any location [†] | 80.1 (78.3, 81.8) | 80.0 (78.0, 81.9) | 80.2 (78.2, 82.1) | 83.2 (81.5, 84.8) | 82.9 (80.8, 84.8) | 83.6 (81.8, 85.2) | 3.9* | 3.6* | 4.2* |
| Thinking of quitting because of health warnings on cigarette packages [†] | 37.4 (34.8, 40.0) | 37.9 (35.2, 40.6) | 34.6 (29.1, 40.5) | 44.6 (41.8, 47.4) | 44.9 (41.9, 47.9) | 42.1 (36.1, 48.3) | 19.4* | 18.6* | 21.6 |
| E: Enforce bans on tobacco advertising, promotion and sponsorship | | | | | | | | | |
| Noticed advertisements in stores where cigarettes are sold ^{9, †} | 53.7 (51.7, 55.7) | 58.3 (55.8, 60.7) | 49.3 (47.0, 51.5) | 40.5 (38.2, 42.8) | 43.2 (40.6, 45.8) | 37.8 (35.4, 40.2) | -24.7* | -25.8* | -23.3* |
| Noticed any cigarette advertisement, sponsorship or promotion [†] | 74.3 (72.4, 76.1) | 78.0 (75.9, 80.0) | 70.6 (68.4, 72.8) | 58.6 (56.1, 61.0) | 61.7 (59.0, 64.4) | 55.5 (52.9, 58.0) | -21.2* | -20.9* | -21.5* |
| R: Raise taxes on tobacco | | | | | | | | | |
| Average cigarette expenditure per month (Php) ¹⁰ | 336.3 (314.8, 357.8) | 355.8 (332.3, 379.3) | 213.6 (179.2, 248.1) | 678.4 (640.5, 716.4) | 696.1 (656.7, 735.6) | 515.8 (396.8, 634.8) | 101.7* | 95.6* | 141.4* |
| Average cost of a pack of manufactured cigarettes (Php) ¹⁰ | 24.9 (23.9, 25.9) | 25.1 (24.0, 26.1) | 23.5 (21.0, 26.1) | 48.0 (46.4, 49.5) | 47.8 (46.1, 49.4) | 50.2 (47.3, 53.2) | 92.4* | 90.6* | 113.5* |
| Last cigarette purchase was from a store ¹⁰ | 97.6 (96.7, 98.2) | 97.6 (96.6, 98.3) | 97.2 (94.4, 98.7) | 98.7 (98.0, 99.1) | 98.7 (98.0, 99.2) | 98.4 (95.6, 99.4) | 1.1* | 1.1* | 1.2 |

1. Includes manufactured cigarettes, hand-rolled cigarettes and kreteks. 2. Among daily smokers age 15-34 years. 3. Current non-smokers. 4. Among those who work outside of the home who usually work indoors or both indoors and outdoors. 5. Among those who visited the specific public places in the past 30 days. 6. Includes current smokers and those who quit in the past 12 months. 7. Among those who visited a health care provider in past 12 months. 8. Among all past year smokers (current and those that quit <12 months ago). 9. Includes those who noticed cigarettes at sale prices; free gifts or discount offers on other products when buying cigarettes; or any advertisements or signs promoting cigarettes in stores where cigarettes are sold. 10. Among current manufactured cigarette smokers. † During the past 30 days. Php - Philippine Pesos. * p < 0.05

The relative change (R) of the two estimates in the survey years 2009 (r2009) and 2015 (r2015) is calculated by R=(r2009 - r2015)/r2009, as a percentage. The relative changes are calculated using un-rounded prevalence estimates and might be different if calculated using rounded prevalence estimates shown in this table.

NOTE: Results for prevalence estimates, averages and 95% CIs are rounded to the nearest tenth (0.1).

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.



GATS PHILIPPINES EXECUTIVE SUMMARY - 2015

Date: 14 February 2017

