



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 China. 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. The WHO has developed MPOWER, a technical assistance package of six evidence-based policies that include:



- 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
- 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, second-hand smoke, economics, media, and knowledge, attitudes and perceptions towards tobacco use. In China, GATS was conducted in 2010 as a household survey of persons 15 years of age and older by China CDC. A multi-stage, geographically clustered sample design was used to produce nationally representative data. 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 97.5%, the response rates for individuals was 98.5% and the overall response rate was 96.0%. There were a total of 13,354 completed interviews.

GATS Highlights

Tobacco Use

- 52.9% of men, 2.4% of women, and 28.1% overall (301 million adults) currently smoke tobacco.
- Among ever daily smokers 20-34 years old, 52.2% started daily smoking before the age of 20.

Cessation

- 16.1% of current smokers plan to or are thinking about quitting in the next 12 months.
- 91.8% of ever smokers who tried to quit in the past 12 months did not use any quitting assistance.
- 33.1% of ever smokers who tried to quit before are still smoking.

Secondhand Smoke

- 7 in 10 nonsmoking adults were exposed to secondhand smoke in a typical week.
- 6 in 10 adults noticed smoking at the workplace.

Media

- Only 46.4% of adults noticed anti-cigarette smoking information on the television or radio.
- 19.6% of adults noticed any cigarette marketing.
- 7.4% of adults noticed cigarette marketing on the television.
- 63.6% of current smokers who noticed a warning label on cigarette packs did not think about quitting smoking.

Knowledge, Attitudes and Perceptions

- 22.1% of adults believe smoking causes stroke, heart attack, and lung cancer.
- 24.6% of adults believe exposure to tobacco smoke causes heart disease and lung cancer in adults and lung illnesses in children.

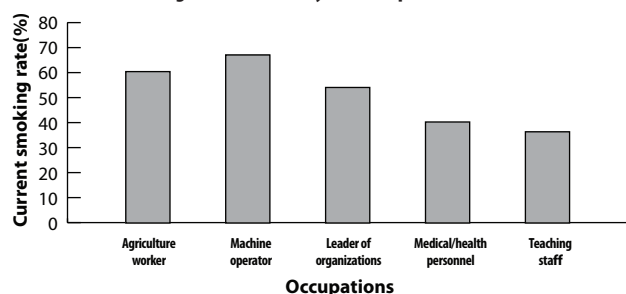




Tobacco Use

	OVERALL(%)	MEN(%)	WOMEN(%)
Current tobacco smokers	28.1	52.9	2.4
Age group 15-24	17.9	33.6	0.7
25-44	31.0	59.3	1.6
45-64	33.6	63.0	3.2
65+	22.7	40.2	6.7
Region Urban	26.1	49.2	2.6
Rural	29.8	56.1	2.2
Daily tobacco smokers	24.1	45.4	2.0
Manufactured cigarette smokers among current smokers ¹	94.8	95.4	80.5

Current smoking rate for males by five occupations, GATS China, 2010



Cessation

	OVERALL(%)	MEN(%)	WOMEN(%)
Current smokers who plan to or are thinking about quitting in the next 12 months	16.1	15.9	19.6
Smokers who made a quit attempt in the past 12 months ²	14.4	14.2	18.6
Ever smokers who tried to quit before but are still smoking	33.1	33.3	30.0
Smokers advised to quit by a health care provider in the past 12 months ^{2,3}	33.9	34.5	23.1
Smokers who tried to quit in the past 12 months who did not use any quitting assistance	91.8	91.8	91.1

Secondhand Smoke

	OVERALL(%)	MEN(%)	WOMEN(%)
Adults who noticed tobacco smoke at workplaces ^{4†}	63.3	71.1	53.2
Adults reporting tobacco smoking at home occurs at least monthly	67.3	70.5	63.9
Adults who noticed smoking occurred in:			
Health care facilities ⁵	37.9	41.2	35.2
Government buildings ⁵	58.4	62.6	50.7
Public transportation ⁵	34.1	36.4	31.5
Restaurants ⁵	88.5	91.8	83.3

Economics

50% of smokers spent RMB 5.0 Yuan or less on 20 manufactured cigarettes

The median amount spent on 100 packs of manufactured cigarettes as a percentage of 2009 per capita Gross Domestic Product (GDP) is 2.0% ⁶

Media

	OVERALL(%)	CURRENT SMOKERS(%)	NON-SMOKERS(%)
Adults who noticed cigarette marketing on TV [†]	7.4	8.1	7.2
Adults who noticed any cigarette marketing [†]	19.6	24.7	17.6
Adults who noticed anti-cigarette smoking information on the television or radio [†]	46.4	47.8	45.8
	OVERALL(%)	MEN(%)	WOMEN(%)
Current smokers who did not think about quitting after seeing a warning label on a cigarette pack [†]	63.6	63.7	58.5

Knowledge, Attitudes and Perceptions

	OVERALL(%)	CURRENT SMOKERS(%)	NON-SMOKERS(%)
Adults who believe smoking causes stroke, heart attack, and lung cancer	22.1	19.6	23.1
Adults who believe exposure to tobacco smoke causes heart disease and lung cancer in adults and lung illnesses in children	24.6	22.1	25.6
Adults who are aware that low tar cigarettes are as harmful as general cigarettes	14.0	10.7	15.2

¹ Percentage of manufactured cigarette smokers among current tobacco smokers. ² Includes current smokers and those who quit in past 12 months. ³ Among those who visited a health care provider in past 12 months. ⁴ Among those who work outside of the home who usually work indoors or both indoors and outdoors. ⁵ Among those who visited the place in the last 30 days. ⁶ 2009 statistical communiqués of economy and social development, China, 2010. [†] During the past 30 days.

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

Financial support is provided by Bloomberg Philanthropies and the Bill and Melinda Gates Foundation as part of the Bloomberg Initiative to Reduce Tobacco Use. 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.

