

GATS Objectives

The Global Adult Tobacco Survey (GATS) is a 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 Romania. 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 has developed MPOWER, a package of selected demand reduction measures contained in the WHO FCTC:



- M**onitor tobacco use & prevention policies
- P**rotect people from tobacco smoke
- O**ffer help to quit tobacco use
- W**arn about the dangers of tobacco
- E**nforce bans on tobacco advertising, promotion, & sponsorship
- R**aise 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 Romania, GATS was conducted in 2011 as a household survey of persons 15 years of age and older by the National Institute of Public Health, National Statistical Training Center and TOTEM Communication under the supervision of the Romanian Ministry of Health and WHO Country Office. A multi-stage, geographically clustered sample design was used to produce nationally representative data. A total of 5629 households were sampled and one individual was randomly selected from each participating household to complete the survey. Survey information was collected electronically using handheld devices. There were a total of 4517 completed individual interviews with an overall response rate of 88.5%

GATS Highlights

TOBACCO USE

- 37.4% of men, 16.7% of women and 26.7% overall (4.8 million adults) currently smoked tobacco.
- Among current daily smokers, 69.5% had their first smoke within 30 minutes of waking.

CESSATION

- 37.8% of smokers made an attempt to quit in the last 12 months.
- 67.3% of smokers who visited health care provider in the past 12 months were advised to quit.
- 23.5% of current smokers planned to or were thinking of quitting in the next 12 months.

SECONDHAND SMOKE

- 35.4% of adults were exposed to tobacco smoke at home.
- 34.2% of adults were exposed to tobacco smoke at the workplace.
- Among those who visited restaurants or clubs and bars in the past 30 days, 86.6% of adults in restaurants and 94.4% of adults in bars and clubs reported being exposed to tobacco smoke.

MEDIA

- 76.7% of adults noticed anti-cigarette smoking information on the television.
- 24.3% of adults noticed cigarette marketing (other than in stores) or sporting event sponsorship.

KNOWLEDGE, ATTITUDES & PERCEPTIONS

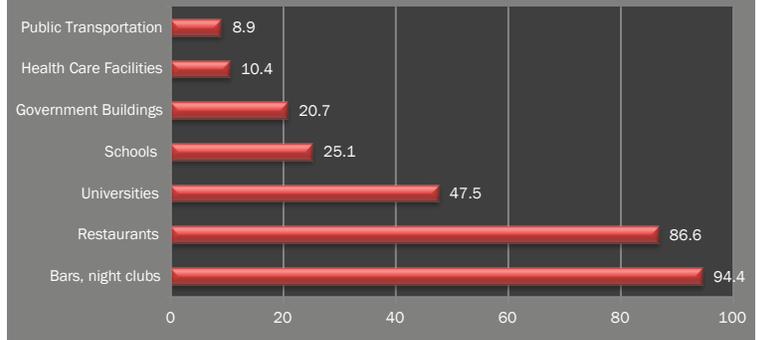
- 82.6% of adults believed that smoking causes stroke, heart attack, lung cancer and other cancers.
- 94.2% of adults believed that exposure to tobacco smoke causes serious illness in non-smokers.
- 61.7% of adults supported increasing taxes on tobacco products.



TOBACCO USE

	MEN (%)	WOMEN (%)	OVERALL (%)
Current tobacco smokers	37.4	16.7	26.7
Age group 15-24	30.5	14.3	22.6
25-44	48.2	23.8	36.3
45-64	38.8	18.1	28.0
65+	12.9	4.1	7.6
Manufactured cigarette smokers among current smokers	99.2	99.8	99.4
Average number of manufactured cigarettes smoked per day ¹	17.6	14.1	16.5

People Who Visited Public Places and Who Noticed Tobacco Smoking in the Public Places[†]



Time to First Smoke Upon Waking



ECONOMICS

Average amount spent on 20 manufactured cigarettes was 11.6 RON

Average amount spent in the last 30 days on manufactured cigarettes was 273.1 RON

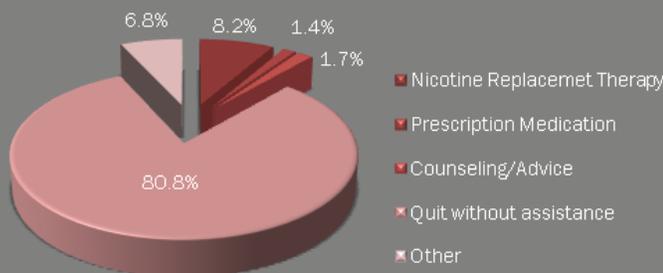
MEDIA

	CURRENT SMOKERS (%)	NON-SMOKERS (%)	OVERALL (%)
Adults who noticed anti-cigarette smoking information on the television [†]	75.1	77.3	76.7
Adults who noticed cigarette marketing in stores where cigarettes were sold ^{5,†}	45.8	25.8	31.2
Adults who noticed any cigarette advertisement/promotion (other than in stores), or sporting event sponsorship [†]	33.0	21.2	24.3

CESSATION

	MEN (%)	WOMEN (%)	OVERALL (%)
Smokers who made a quit attempt in past 12 months ²	36.1	41.2	37.8
Smokers advised to quit by a health care provider in past 12 months ^{2,3}	68.8	65.0	67.3

Use of Cessation Methods



SECONDHAND SMOKE

	NON SMOKERS (%)	OVERALL (%)
Adults exposed to tobacco smoke at the workplace ^{4,†}	29.2	34.2
Adults exposed to tobacco smoke at home at least monthly	24.4	35.4

KNOWLEDGE, ATTITUDES & PERCEPTIONS

	CURRENT SMOKERS (%)	NON-SMOKERS (%)	OVERALL (%)
Adults who believed smoking causes stroke, heart attack, lung cancer and other cancers	79.6	83.6	82.6
Adults who believed breathing other peoples' smoke causes serious illness in nonsmokers	90.7	95.4	94.2
Adults who favored increasing taxes for tobacco products	21.5	76.4	61.7
Adults who favored a complete ban on smoking in restaurants	44.6	81.9	72.0
Adults who favored a complete ban on smoking in bars	31.5	66.2	57.0

¹ By daily smokers of manufactured cigarettes. ² Includes current smokers and those who quit in the 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 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. [†] 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 the Bloomberg Initiative to Reduce Tobacco Use, a program of Bloomberg Philanthropies. 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.