

# GATS | COSTA RICA



## GLOBAL ADULT TOBACCO SURVEY: EXECUTIVE SUMMARY 2015



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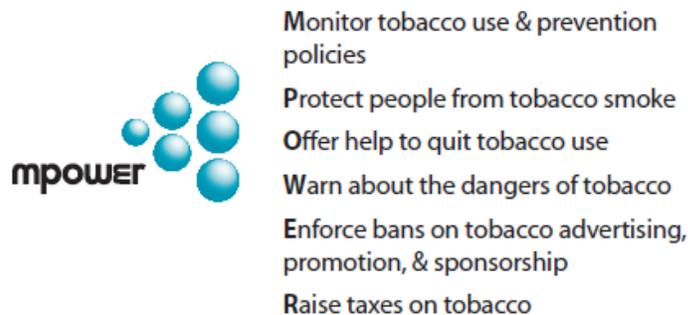
## EXECUTIVE SUMMARY

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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 Costa Rica was a nationally representative household survey of non-institutionalized men and women aged 15 years and older. The survey was designed to produce internationally comparable data for the country as a whole, and by gender and place of residence (urban/rural).

GATS Costa Rica was financed and conducted by the Ministry of Health. Technical assistance was provided by World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC).

GATS enhances a country's capacity to design, implement and monitor effective tobacco control programs and policies. It also fulfills Costa Rica's obligations under the WHO Framework Convention on Tobacco Control (WHO FCTC), ratified in August 2008, to generate tobacco use data that are comparable within and across countries. WHO has identified a set of six evidence-based tobacco control strategies, summarized by the acronym MPOWER, that are most effective in reducing tobacco use. These include:



## METHODOLOGY

GATS uses a standard survey protocol across countries. In Costa Rica, GATS was conducted in 2015 as a household survey of persons 15 years of age and older, and was the first stand-alone survey on tobacco use. A multi-stage stratified cluster design was used to obtain nationally representative data. Survey information was collected using electronic handheld devices. A total of 9,680 households were sampled, and one individual was randomly selected from each participating household to complete the survey. There were a total of 8,607 individual completed interviews. The overall response rate was 89.2%. The response rate in urban areas was 88.1% and in rural areas was 90.4%.

The survey collected information on background characteristics, tobacco use (smoking and smokeless), electronic cigarettes, cessation, secondhand smoke exposure, economic indicators, exposure to tobacco advertising and promotion, as well as knowledge, attitudes and perceptions towards tobacco use.

## TOBACCO USE

Tobacco use is one of the most common risk factors for non-communicable diseases (NCDs). According to the Costa Rica's Ministry of Health, 62% of disability-adjusted life year (DALYS) are lost due to NCDs. 15.6% of total deaths in Costa Rica are attributable to tobacco smoking.



This survey found that:

- 13.6% of men, 4.5% of women, and 9.1% overall (325.8 thousand adults) currently used tobacco.
- 13.4% of men, 4.4% of women, and 8.9% overall currently smoked tobacco; 9.6% and 7.1% in urban and rural areas, respectively. Overall, 8.7% of adults smoked manufactured cigarettes, which was the most preferred type of smoked tobacco product.
- 45.1% of daily smokers have their first smoke within 30 minutes of waking up.
- Overall, 5.8% of adults were daily tobacco smokers and 3.1% were occasional tobacco smokers. An estimated 4.5% and 6.3% of the rural and urban residents, respectively, were daily tobacco smokers.
- Among ever daily smokers aged 20 to 34 years, the average age of daily smoking initiation was 16.1 years; 31.7% initiated daily smoking before 15 years of age, 24.3% between 15-16 years, and 28.9% between 17-19 years.
- Overall, current smokeless tobacco use was 0.1%; 0.1% for men and 0.0003% for women.

## CESSATION

Tobacco cessation refers to the process of stopping the use of any tobacco products, with or without assistance. Tobacco products typically contains nicotine, which is highly addictive; therefore it is essential to strengthen health care systems to promote tobacco cessation. The National Health Care System in Costa Rica plays a key role in identification of tobacco use and providing access to cessation services.

The survey found that:

- Almost 6 in 10 past-year smokers (58.6%) attempted to quit smoking in the past 12 months.
- Of those who attempted to quit, 3.6% tried to quit using pharmacotherapy methods, 6.7% used counseling/advice, and 64.7% smokers attempted to quit without any assistance.
- Of past-year smokers who visited a healthcare provider in the past 12 months, only 64.0% were advised to quit smoking.
- 73.0% of current smokers planned to or were thinking about quitting.

## **SECONDHAND SMOKE**

Exposure to secondhand smoke (SHS) can also cause tobacco-related diseases. SHS is composed of 2 forms of smoke from burning tobacco: side stream smoke that comes from the lit end of a burning tobacco product such as a cigarette, pipe, or cigar; and mainstream smoke exhaled from the mouth of a smoker. According to Costa Rica's Tobacco Control Law 2012, smoking is prohibited in public and private spaces and places throughout the country. The survey examined information on SHS exposure at work, at home, or when visiting various public places in the past 30 days. The survey also obtained information on respondent's support for the countrywide law prohibiting smoking in various public places.

The survey found that:

- 6.3% of adults who worked indoors (65.3 thousand adults) were exposed to secondhand smoke in the workplace in the past 30 days.
- 4.9% of adults (178.9 thousand adults) were exposed to secondhand smoke at home at least monthly.
- 7.9% of adults (111.2 thousand adults) were exposed to secondhand smoke in restaurants in the past 30 days.
- 23.0% of adults (153.1 thousand adults) were exposed to secondhand smoke in bars or nightclubs in the past 30 days.
- 17.7% of adults (71.6 thousand adults) were exposed to secondhand smoke in universities in the past 30 days.
- Support for existing smoke-free laws was extremely high for the following public places: hospitals (99.2%), workplaces (98.5%), restaurants (98.6%), bars (94.6%), public transportation (99.1%), schools (94.4%), and universities (98.9%), places of worship (99.1%). Overall, 93.1% supported the laws for all of these public places.

## **ECONOMICS**

The survey examined economic aspects of tobacco use by current smokers of manufactured cigarettes, based on information from the most recent purchase. This information included source and type of last cigarette purchase, and expenditure on cigarettes.

The survey found that:

- The most common source of purchase of manufactured cigarettes was stores (80.7%), followed by duty-free shops (6.2%), and street vendors (5.4%).

- Furthermore, a significantly higher proportion of manufactured cigarette smokers between 15-24 years old purchased cigarettes from street vendors (14.8%) compared to smokers aged 25 years or older (3.1%).
- Current cigarette smokers spent an average of Colones<sup>1</sup> 19,370 per month on manufactured cigarettes.
- The average amount spent on 20 manufactured cigarettes was Colones 1,328 and the cost of 100 packs (or 2,000 sticks) of manufactured cigarettes as a percentage of per capita Gross Domestic Product (GDP) [2014] was 2.4%.

## **MEDIA**

Mass media plays an important role in the campaigns for and against tobacco products. It is an effective means of disseminating information on the dangers of tobacco use and the importance of discouraging their use. It is also used in the advertisement, sponsorship, and promotion of tobacco products.

Tobacco Advertisements, Promotion and Sponsorship (TAPS) are prohibited in Costa Rica through the 2012 Tobacco Control Law No. 9028, Article 12. Article 9 of the Costa Rican law obligates the use of graphic health warnings on the two main sides of the cigarettes package. GATS Costa Rica collected information about noticing both anti-smoking information and TAPS in the past 30 days.

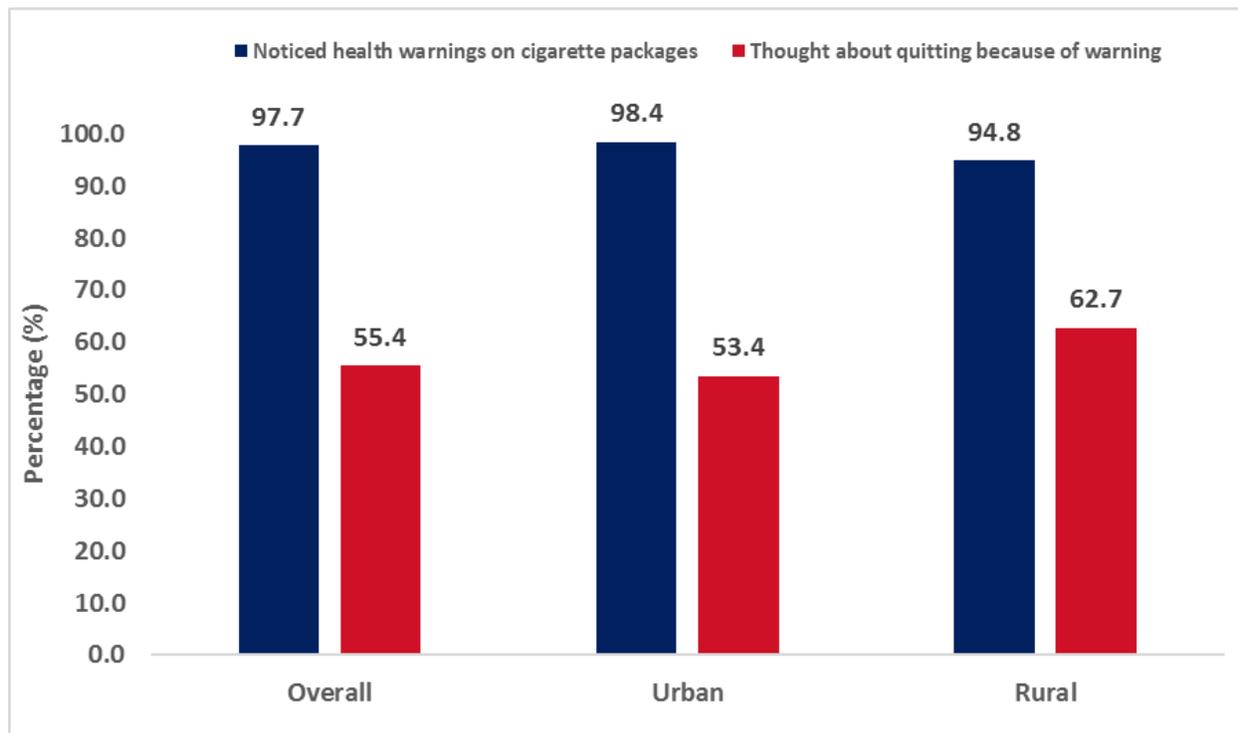
The survey found that:

- 72.3% of adults noticed anti-cigarette smoking information in any location in the past 30 days, and 66.1% of adults noticed these messages on television or radio.
- 27.4% of adults noticed any cigarette advertisement, promotion and sponsorship in the past 30 days.
- During the last 30 days, 97.7% of current smokers noticed health warnings on cigarette packages, and 55.4% of current smokers considered quitting because of the warning labels (Figure 1).

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<sup>1</sup> Costa Rica, local currency.

**Figure 1.** Percentage of current smokers who noticed health warnings on cigarette packages and considered quitting because of warning labels during the last month, by residence. GATS Costa Rica, 2015.



## KNOWLEDGE, ATTITUDES AND PERCEPTION

The survey provides information on respondent's knowledge, attitudes, and perceptions about the dangers of smoking and secondhand smoke exposure. Specifically, it asked if respondents believe that tobacco smoking causes serious illness and disease such as stroke, heart attack, lung cancer, high blood pressure, bladder cancer, throat cancer, stomach cancer, miscarriage, infertility, impotence, bone loss (osteoporosis), premature birth, and low birth weight.

Lastly, the survey collected information on awareness of the 2008 Tobacco Control Law and support for increasing taxes on tobacco products.

The survey found that:

- 97.8% of adults believed smoking causes serious illness.
- With respect to specific diseases, 98.2% of adults believed that smoking causes lung cancer, 94.8% chronic bronchitis, 93.9% tooth decay, 90.3% emphysema, 90.0% heart attack, 86.4% miscarriage, 71.2% stroke, 67.2% sexual impotence, 66.2% stomach cancer, 54.0% breast cancer, 47.5% hair loss, and 43.4% bladder cancer.
- 95.8% of adults (96.5% of women and 95.0% of men) believed that exposure to secondhand smoke causes serious illness in non-smokers.
- 85.1% of adults favored increasing taxes on tobacco products.

## RECOMMENDATIONS

GATS is the first comprehensive survey on tobacco use and tobacco-related behaviors conducted in Costa Rica. It provides essential information on key tobacco control indicators by gender and place of residence. GATS results describe the contextual environment for tobacco prevention and control in Costa Rica. Sustained tobacco prevention and control efforts are critical to minimize tobacco use and to prevent potential increases. The findings can inform public health policy, planning, and practice by providing data relevant to existing and future tobacco prevention and control interventions. As per the MPOWER strategy package, the following policy implications arise from the survey findings:

1. Raise awareness about the harmful effects of tobacco use and secondhand smoke exposure on health.
2. Continue enhancing the implementation of the *Tobacco Control and Harmful Effects on Health* law, including enforcement of smoke-free policies and restrictions on pro-tobacco advertising, to reduce tobacco use and reach the Smoke Free Country goal.
3. Enforce the law to ensure smoke-free places at work, restaurants, and public transportation, through the inter-institutional cooperation of the National Police, the municipalities, and the Ministry of Health.
4. Increase the number of sanitary Inspectors and adapt their work schedule for proper surveillance and enforcement of the law, with special emphasis on restaurants, bars, nightclubs.
5. Develop strategies to strengthen tobacco cessation programs already implemented by the Caja Costarricense de Seguro Social (CCSS) and Instituto sobre Alcoholismo y Farmacodependencia (IAFA) to guarantee universal access to all citizens.
6. Increase access to tobacco cessation medication in the national cessation program.
7. Strengthen surveillance and implementation of Article 12 of the law, which focuses on reducing pro-tobacco publicity, promotion, and sponsorship.
8. Develop a track and trace system to increase payment of taxes in all places of sale.

**Table: MPOWER Summary Indicators**

Indicator	Overall	Gender		Residence	
		Male	Female	Urban	Rural
<b>M: Monitor tobacco use and prevention policies</b>					
Current tobacco use	9.1	13.6	4.5	9.7	7.2
Current tobacco smokers	8.9	13.4	4.4	9.6	7.1
Current cigarette smokers	8.7	13.0	4.3	9.3	6.9
Current manufactured cigarette smokers	8.7	13.0	4.2	9.3	6.9
Current smokeless tobacco use	0.1	0.1	0.0	0.1	0.1
Average number of cigarettes smoked per day <sup>1</sup>	13.4	14.1	11.4	13.3	13.9
Average age at daily smoking initiation <sup>2</sup>	16.1	16.0	16.5	16.3	15.3
Ever heard of electronic cigarette	47.5	52.0	42.9	51.8	35.2
Current user of electronic cigarette	1.3	1.6	0.9	1.5	0.6
<b>P: Protect people from tobacco smoke</b>					
Exposure to secondhand smoke at home at least monthly	4.9	4.9	5.0	5.5	3.1
Exposure to secondhand smoke at work*	6.3	7.5	4.2	5.8	8.7
Exposure to secondhand smoke in public places†:					
Government building/offices	4.1	3.6	4.7	4.2	4.0
Health care facilities	3.4	3.2	3.6	3.5	3.3
Restaurants	7.9	8.1	7.7	8.1	7.2
Bars/Night Clubs	23.0	21.2	25.9	21.8	27.5
Schools	5.4	4.2	6.3	5.3	5.8
Universities	17.7	19.4	15.9	17.6	18.1
Public transportation	7.3	6.9	7.7	8.2	4.8
Support smoke-free laws in all public places <sup>3</sup>	93.1	92.7	93.5	92.6	94.4
<b>O: Offer help to quit tobacco use</b>					
Made a quit attempt in the past 12 months <sup>4</sup>	58.6	56.2	65.4	58.0	60.4
Advised to quit smoking by a health care provider <sup>4,5</sup>	64.0	60.6	70.5	63.0	68.0
Attempted to quit smoking using a specific cessation method <sup>4</sup> :					
Pharmacotherapy	3.6	4.2	2.2	4.1	1.9
Counseling/advice	6.7	6.6	6.9	7.5	4.0
Quit without assistance	64.7	64.8	64.6	64.1	66.8
Interest in quitting smoking <sup>5</sup>	73.0	72.9	73.6	73.9	69.6
<b>W: Warn about the dangers of tobacco</b>					
Belief that tobacco smoking causes serious illness	97.8	97.7	97.9	98.1	97.0
Belief that smoking causes:					
Strokes	71.2	71.5	71.0	71.9	69.4
Heart Attack	90.0	90.1	89.9	90.5	88.4
Lung Cancer	98.2	98.3	98.2	98.4	97.9
Belief that breathing other peoples' smoke causes serious illness	95.8	95.0	96.5	96.0	95.1
Noticed anti-cigarette smoking information at an location*	72.3	71.6	72.9	72.0	72.9
Thinking of quitting because of health warnings on cigarette packages* <sup>6</sup>	55.4	53.9	59.9	53.4	62.7
<b>E: Enforce bans on tobacco advertising, promotion and sponsorship</b>					
Noticed any cigarette advertisement, sponsorship or promotion*	27.4	27.4	27.4	28.7	23.8
<b>R: Raise taxes on tobacco</b>					
Average cigarette expenditure per month <sup>7</sup>	19,369.8	19,402.3	19,268.7	19,769.0	17,819.6
Average cost of a pack of manufactured cigarettes <sup>7</sup>	1,328.2	1,276.8	1,519.6	1,347.7	1,250.2
Source of last purchase <sup>7</sup>					
Street vendor	5.4	6.2	2.6	5.7	4.2
Duty-free shop	6.2	5.2	9.5	5.8	7.8
Store	80.7	81.4	78.1	80.8	80.3
Favor increase of taxes on tobacco products	85.1	83.8	86.5	85.1	85.2

1 Among current daily smokers

2 Among ever daily smokers aged 20-34 years

3 Support smoke free laws in the following places:hospitals, workplaces, restaurants, bars, public transportation, schools, universities and places of worship.

4 Among past-year smokers (includes current smokers and those who quit in the past 12 months)

5 Among those who visited a health care provider in past 12 months

6 Among current smokers

7 Among current smokers of manufactured cigarettes

\* In the last 30 days

† Among those who visited the place in the last 30 days.

\* In the last 30 days



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