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 Thailand. 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, secondhand smoke, economics, media, and knowledge, attitudes and perceptions towards tobacco use. In Thailand, GATS was conducted in 2009 as a household survey of persons 15 years of age and older by Ministry of Public Health, Mahidol University, and National Statistical Offices, A multistage, 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 97.9%, the person response rate was 96.2% and the overall response rate was 94,2%. There were a total of 20,566 completed interviews.

GATS Highlights

Tobacco Use

- 45.6% of men, 3.1% of women, and 23.7% overall (12.5 million adults) currently smoke tobacco.
- 29.6% of men, 1.1% of women, and 15.0% overall (7.9 million adults) currently smoke manufactured cigarettes.
- 27.0% of men, 1.8% of women, and 14.1% overall (7.4 million adults) currently smoke hand-rolled cigarettes.
- 46.4% of men, 9.1% of women, and 27.2% overall (14.3 million adults) are current tobacco users (smoked and/or smokeless).

Cessation

- · 6 in 10 current smokers plan to or are thinking about quitting.
- 5 in 10 smokers made a quit attempt in the last 12 months.

Second-hand Smoke

- 3.3 million workers (27.2% of workers) are exposed to tobacco smoke at the workplace.
- 20.5 million adults (39.1% of adults) are exposed to tobacco smoke in the home.

Media

- 74.4% of adults noticed anti-cigarette smoking information on the television.
- 1 in 10 adults has noticed cigarette marketing in stores where cigarettes are sold.
- 7 in 10 Current smokers who thought about quitting because of a warning label.

Knowledge, Attitudes and Perceptions

98.6% of adults believe smoking causes serious illness.







Global Adult Tobacco Survey (GATS)

Tobacco Use

| TOBACCO SMOKERS | OVERALL(%) | MEN(%) | WOMEN(%) |
|--|------------|--------|----------|
| Current tobacco smokers | 23.7 | 45.6 | 3.1 |
| Daily tobacco smokers | 20.3 | 39.2 | 2.4 |
| Current manufactured cigarette smokers | 15.0 | 29.6 | 1.1 |
| Daily manufactured cigarette smokers | 11.3 | 22.4 | 0.8 |
| Current hand-rolled cigarette smokers | 14.1 | 27.0 | 1.8 |
| Daily hand-rolled cigarette smokers | 12.4 | 24.0 | 1.4 |
| Former daily tobacco smokers ¹ (among all adults) | 8.9 | 16.7 | 1.4 |
| Former daily tobacco smokers ¹ (among ever daily smokers) | 28.8 | 28.4 | 34.4 |
| 01101/F1 F00 F0D1 000 | | | |
| SMOKELESS TOBACCO USERS | OVERALL(%) | MEN(%) | WOMEN(%) |
| Current smokeless tobacco users | 3.9 | 1.3 | 6.3 |
| Daily smokeless tobacco users | 3.4 | 0.9 | 5.8 |
| Former daily smokeless tobacco users (among all adults) | 0.6 | 0.4 | 0.7 |
| Former daily smokeless tobacco users² (among ever daily users) | 13.8 | 27.8 | 11.0 |
| | | | |
| TOBACCO USERS (SMOKED AND/OR SMOKELESS | OVERALL(%) | MEN(%) | WOMEN(%) |
| Current tobacco users | 27.2 | 46.4 | 9.1 |

Cessation

| | OVERALL(%) | MEN(%) | WOMEN(%) |
|---|------------|--------|----------|
| Current smokers who plan to or are thinking about quitting | 60.0 | 60.5 | 52.9 |
| Smokers who made a quit attempt in past 12 months ³ | 49.8 | 49.9 | 47.4 |
| Smokers who were advised to quit by a health care provider in past 12 months ^{3,4} | 51.9 | 52.3 | 48.7 |
| Current smokeless tobacco users who plan to or are thinking about quitting | 24.0 | 37.4 | 21.3 |
| Smokeless tobacco users who made a quit attempt in past 12 months ⁵ | 21.5 | 31.6 | 19.5 |
| Smokeless tobacco users who were advised to quit by a health care provider in past 12 months ^{4,5} | 18.7 | 14.1 | 19.4 |

Second-hand Smoke

| | OVERALL(%) | MEN(%) | WOMEN(%) |
|---|------------|--------|----------|
| Adults exposed to tobacco smoke at the workplace ^{6†} | 27.2 | 34.9 | 18.9 |
| Adults exposed to tobacco smoke in the home ⁷ | 39.1 | 43.4 | 35.1 |
| Adults exposed to tobacco smoke in public transportation [†] | 6.3 | 5.1 | 7.5 |
| Adults exposed to tobacco smoke at restaurants [†] | 9.0 | 10.8 | 7.2 |
| Adults exposed to tobacco smoke at outside market [†] | 53.5 | 54.4 | 52.7 |

Economics

| Average price of a pack of manufactured cigarettes 44.7 OVERALL(%) Price of 100 packs of manufactured cigarettes as a | | BAHT |
|---|---|------------|
| Price of 100 packs of manufactured cigarettes as a | Average price of a pack of manufactured cigarettes | 44.7 |
| i i | | OVERALL(%) |
| percentage of per capita Gross Domestic Product (GDP) 3.4 | Price of 100 packs of manufactured cigarettes as a percentage of per capita Gross Domestic Product (GDP) ⁹ | 3.4 |

Media

| TOBACCO INDUSTRY ADVERTISING | OVERALL(%) | CURRENT SMOKERS(%) | NON- SMOKERS (%) |
|---|------------|-----------------------|------------------------|
| Adults who noticed cigarette marketing in stores where cigarettes are sold [†] | 6.7 | 6.6 | 6.7 |
| Adults who noticed any cigarette sporting event sponsorship [†] | 1.1 | 1.4 | 1.0 |
| | | | |
| COUNTER ADVERTISING | OVERALL(%) | MEN(%) | WOMEN(%) |
| Current smokers who thought about quitting because of a warning label ^{8†} | 67.0 | 67.8 | 55.5 |
| | OVERALL(%) | CURRENT SMOKERS(%) | NON- SMOKERS % |
| Adults who noticed anti-cigarette | | | |

Knowledge, Attitudes and Perceptions

| | OVERALL(%) | CURRENT SMOKERS(%) | NON- SMOKERS % |
|--|------------|---------------------------------|----------------------|
| Adults who believe smoking causes serious illness | 98.6 | 97.3 | 99.0 |
| Adults who believe exposure to tobacco smoke causes serious illness in non-smokers | 94.9 | 93.1 | 95.5 |
| Adults who think smoking hand-rolled cigarettes is less harmful than manufactured cigarettes | 39.7 | 41.2 | 39.2 |
| | OVERALL(%) | CURRENT SMOKELESS USERS % | NON- USERS % |
| Adults who believe smokeless tobacco use causes serious illness | 71.1 | 62.0 | 71.5 |

¹ Current non-tobacco smokers. ² Current non-smokeless tobacco users. ³ Includes current smokers and those who quit in past 12 months. ⁵ Among those who visited a health care provider in past 12 months. ⁵ Includes current smokeless users and those who quit in past 12 months. ⁶Among those who work outside of the home who usually work indoors or both indoors and outdoors. Includes homes where smoking occurs daily, weekly, monthly, or less than monthly.

Bayaring label in Thailand means pictorial health warning. During the past 30 days.

Estimate GDP per capita (May 25, 2009) 131,426 Baht. Available from: http://www.nesdb.go.th/Portals/0/eco_datas/economic/eco_state/2_52/Press%20Thai%20Q2-

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.



