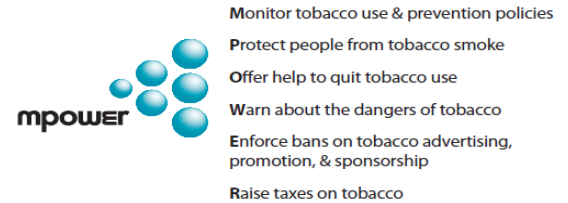


BACKGROUND

The Global Adult Tobacco Survey (GATS) is the global standard protocol for systematically monitoring adult tobacco use (smoking, smokeless, heated tobacco products) and tracking key tobacco control indicators. This household survey collects data on persons 15 years of age and older. In the Philippines, GATS surveys were conducted in 2009, 2015, and 2021. All three surveys used multistage stratified cluster sample designs to produce nationally representative data. In 2009, 9,701 interviews were conducted, with an overall response rate of 88.4%. In 2015, 11,644 interviews were conducted, with an overall response rate of 92.1%. In 2021, 18,708 interviews were conducted, with an overall response rate of 97.0%. For additional information, refer to the GATS Philippines 2009, 2015, and 2021 country fact sheets.

GATS enhances countries' capacity to design, implement, and evaluate tobacco control programs. It also assists countries in fulfilling their obligations under the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. The WHO FCTC also contains MPOWER, a package of six evidence-based demand reduction measures.



KEY POLICY CHANGES

- Between 2015 to 2021, the country enacted Republic Act No. 10351, RA No. 10963, and RA No. 11346, which resulted in increased tobacco taxes.
- The policies developed by the Office of the President, Civil Service Commission, Land Transportation Franchising and Regulatory Board, Department of Education, Commission on Higher Education, and the Department of Health supported smoke-free environments in government offices, public transportation, schools, universities, health care facilities, and other public places.
- Comprehensive tobacco control ordinances were developed and implemented by the local government units compliant with the WHO Framework Convention on Tobacco Control (FCTC). The Red Orchid Awards for 100% Tobacco-Free Environments by the Department of Health further enhanced the implementation of the ordinances.
- Republic Act No. 10643 mandated the issuance of three sets of templates of graphic health warnings on cigarette packages.
- The Department of Health developed a national coordinating mechanism to work with different government agencies, civil society, and specialty organizations to implement key articles of the FCTC.
- The policies on protection of the bureaucracy against tobacco industry interference guided the government agencies in developing and enforcing relevant policies using standards set by the FCTC.

KEY FINDINGS

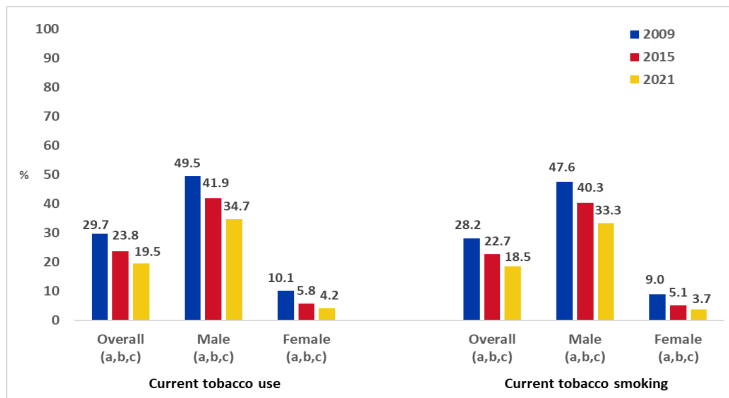
- Tobacco use prevalence among adults significantly decreased from 29.7% in 2009 to 23.8% in 2015 and then to 19.5% in 2021; this represents a 34.4% relative decline in tobacco use from 2009 to 2021 (19.9% from 2009 to 2015 and 18.2% from 2015 to 2021).
- Exposure to secondhand smoke in homes and various public places significantly declined. The exposure to secondhand smoke in public transportation declined from 55.3% in 2009 to 37.6% in 2015 and then to 12.2% in 2021. The exposure at home declined from 54.4% in 2009 to 34.7% in 2015 and 21.8% in 2021.
- The percentage of adults who smoked and were interested in quitting decreased significantly from 76.7% in 2015 to 63.7% in 2021. The percentage of adults who smoked and made quit attempts in the last 12 months decreased significantly from 52.2% in 2015 to 45.5% in 2021.
- The percentage of adults who currently smoked and thought of quitting smoking because of health warnings on cigarette packages increased significantly from 37.4% in 2009 to 43.7% in 2021. The percentage of adults who noticed anti-cigarette smoking information at any location decreased significantly from 82.7% in 2015 to 57.4% in 2021 and from 79.7% in 2009 to 57.4% in 2021.
- Exposure to any cigarette advertising, promotion, and sponsorship in the past 30 days decreased significantly from 74.3% in 2009 to 58.6% in 2015 and then to 46.7% in 2021. Similarly, in-store cigarette advertising or promotion decreased significantly from 57.6% in 2009 to 44.0% in 2015 and then to 35.2% in 2021.
- Among adults who smoked manufactured cigarettes, the average cigarette expenditure per month (inflation-adjusted) increased from Philippine Peso (Php) 400.00 in 2009 to Php 816.20 in 2015 and then to Php 1273.90 in 2021. These correspond to relative increases of 104.1% from 2009 to 2015, 56.1% from 2015 to 2021, and 218.0% from 2009 to 2021. Likewise, the average cost of a pack of 20 manufactured cigarettes increased from Php 29.60 in 2009 to Php 57.70 in 2015 and then to Php 107.80 in 2021. The relative increases in the cost of a pack of 20 manufactured cigarettes were 94.6% from 2009 to 2015, 86.9% from 2015 to 2021, and 263.8% from 2009 to 2021.
- Among adults aged 15-34 years who have ever smoked daily, the average age at daily smoking initiation was 17.3 years in 2009 and 17.5 years in 2015; it increased significantly to 19.5 years in 2021 (data not shown in figures).
- The percentage of adults who currently smoked and tried to quit smoking in the past 12 months because of the high price of cigarettes increased significantly from 55.5% in 2015 to 68.0% in 2021.



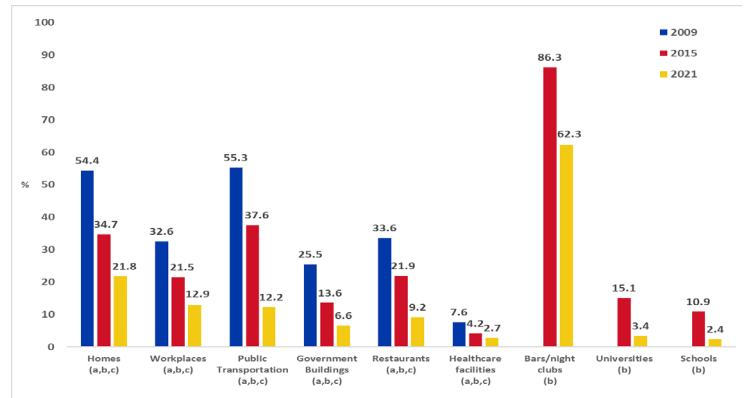
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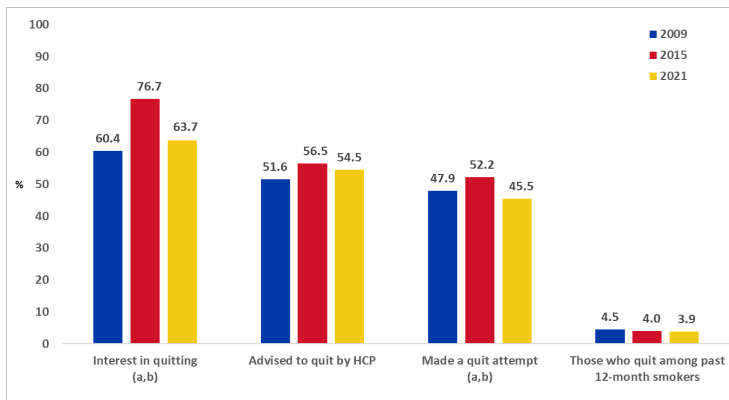
m Prevalence of current tobacco use¹ and current tobacco smoking by sex, Philippines 2009, 2015, and 2021



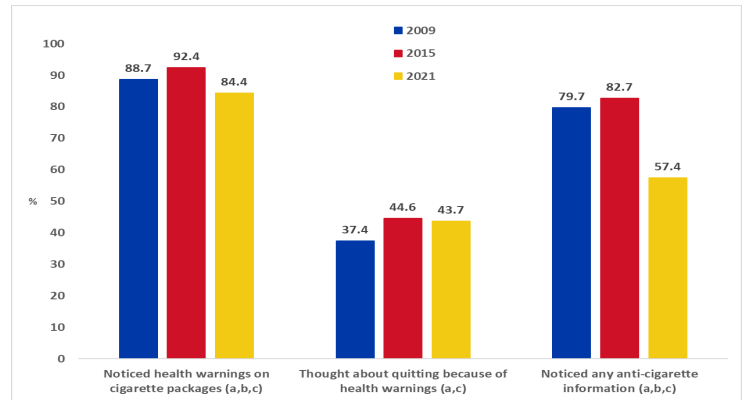
p Exposure to secondhand smoke inside various places², Philippines 2009, 2015, and 2021



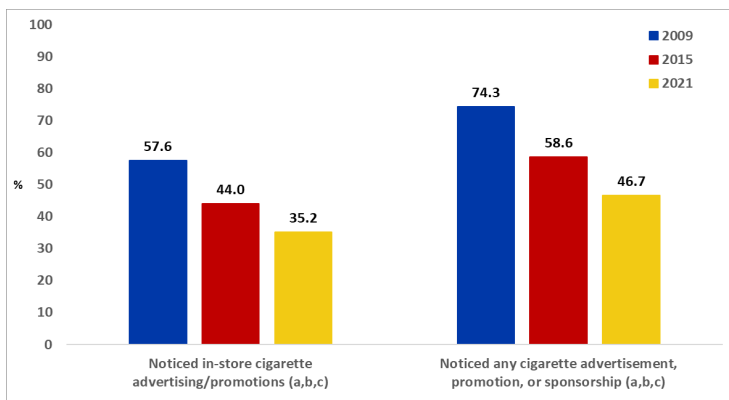
o Interest in quitting³, advice to quit by a healthcare provider^{4,5}, quit attempts⁴, and quit rate in the past 12-months⁶, Philippines 2009, 2015, and 2021



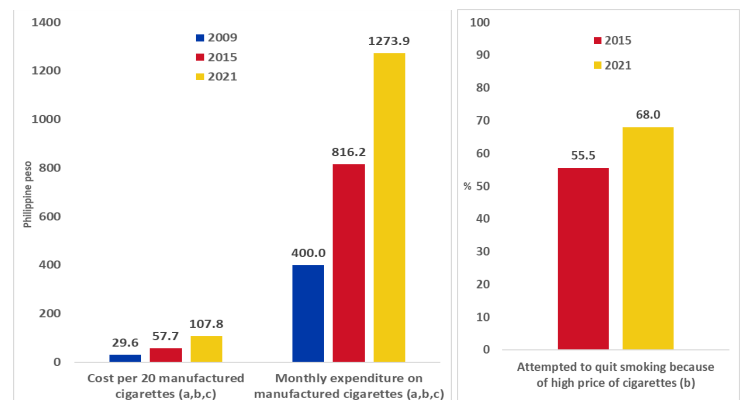
w Noticing and effects of cigarette package health warning labels and noticing anti-cigarette information during the past 30 days, Philippines 2009, 2015, and 2021



e Noticing in-store cigarette advertising/promotions⁷ and any cigarette advertisement, promotion, or sponsorship during the past 30 days, Philippines 2009, 2015, and 2021



r Average cost of 20 cigarettes and cigarette expenditure per month in Philippine pesos^{8,9}, and attempts to quit because of high price of cigarettes, Philippines 2009, 2015, and 2021



NOTES: ¹ Current tobacco use includes current tobacco smoking, smokeless tobacco use, and/or heated tobacco product use. Heated tobacco product use was included in the 2021 questionnaire but not in 2009 and 2015. ² Secondhand smoke indicators calculated as follows: Workplace: among those who work outside of the home who usually work indoors or both indoors and outdoors; Home: exposure to tobacco smoke at home at least monthly; For all other places: among those who visited in the past 30 days. Bars/night clubs, Universities, and Schools were not included in the 2009 questionnaire. ³ Current smokers who planned to or were thinking about quitting. ⁴ 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 Percentage of past 12-month smokers who quit smoking. ⁷ Includes those who noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold; cigarettes at sale prices; or free gifts or discount offers on other products when buying cigarettes. ⁸ Calculated among current manufactured cigarette smokers. ⁹ GATS Philippines 2009 and 2015 cost data were adjusted for inflation for direct comparison to 2021 using the Inflation Rate for Average Consumer Prices from the International Monetary Fund's World Economic Outlook Database.

A statistically significant relative change between two years ($p < 0.05$) is notated by the following: a = relative change between 2009 and 2015 is significant; b = relative change between 2015 and 2021 is significant; c = relative change between 2009 and 2021 is significant. The relative change can be interpreted as the percentage of the estimate in year 2 as it decreases or increases compared to year 1. 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 and older. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups. Results for prevalence estimates and averages are rounded to the nearest tenth (0.1) but relative changes are calculated using unrounded estimates.

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 Bloomberg Philanthropies. Technical assistance was provided by the U.S. 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 conclusions in this fact sheet are those of the author(s) and do not necessarily represent the official position of the CDC.