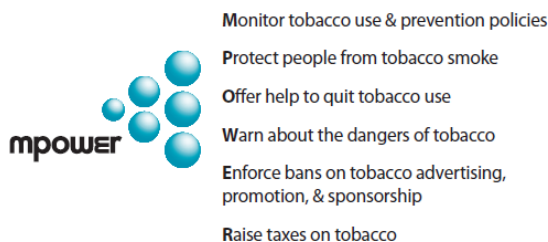


BACKGROUND

The Global Adult Tobacco Survey (GATS) is a global standard protocol for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators. GATS is a nationally representative household survey that collects data on persons 15 years of age and older. In Mexico, GATS was implemented by the National Institute of Public Health (INSP) under the coordination of the National Commission against Addictions (CONADIC), Ministry of Health (SSA). In Mexico, GATS was first conducted in 2009 and repeated in 2015. Both surveys used multistage stratified cluster sample designs to produce nationally representative data. A total of 13,617 interviews were conducted in 2009 (overall response rate of 82.5%) and 14,664 interviews were conducted in 2015 (overall response rate of 82.7%).

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. In addition, GATS data allow countries to monitor the WHO's MPOWER package, which is comprised of six evidence-based demand reduction measures contained in the WHO FCTC:



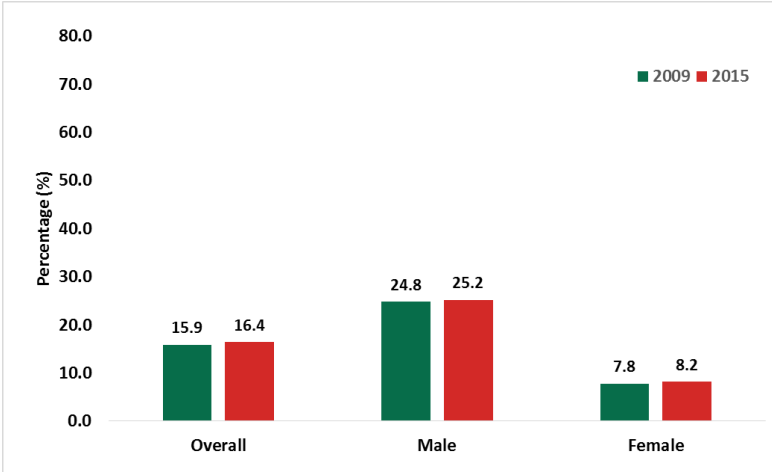
HIGHLIGHTS

- Current smoking prevalence remained unchanged from 2009 to 2015 (overall, 15.9% to 16.4%; male, 24.8% to 25.2%; females, 7.8% to 8.2%).
- On average, current daily smokers smoked fewer cigarettes per day; 7.7 in 2015 compared to 9.3 in 2009.
- Between 2009 and 2015, there were significant¹ reductions in secondhand smoke exposure (SHS) in government buildings (17.0% to 14.1%) and restaurants (29.6% to 24.6%). However, while there was a significant decline, SHS exposure remained high in bars and nightclubs (81.2% to 72.7%). There were no changes in exposure to SHS in public transport from 2009 to 2015 (24.2% vs 24.7%).
- There was a significant¹ reduction in secondhand smoke exposure at home from 17.3% in 2009 to 12.6% in 2015.
- Quit attempts among past-year smokers² in the past 12 months increased significantly¹ from 49.9% in 2009 to 56.9% in 2015.
- The proportion of current smokers who noticed health warnings on cigarette packages increased significantly¹ from 84.5% in 2009 to 93.4% in 2015. The proportion of current smokers who thought about quitting because of warning labels increased significantly¹ from 32.9% in 2009 to 43.2% in 2015.
- The proportion of adults who noticed tobacco advertising in stores where cigarettes are sold decreased from 36.5% in 2009 to 32.0% in 2015. At the same time, the proportion of adults who noticed any tobacco advertising, sponsorship, or promotions decreased from 56.5% to 53.1%.
- The average price per 20 manufactured cigarettes increased from MXP 43.0³ in 2009 to MXP 46.7 in 2015.

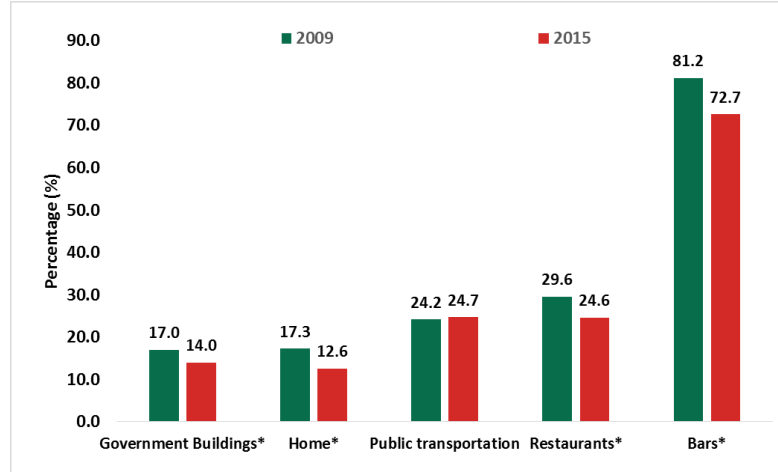
KEY MESSAGES

- Smoking prevalence among adults in Mexico remains unchanged around 16.0%. However, daily smokers consume fewer cigarettes per day in 2015 than in 2009 (7.7 cigarettes vs 9.3). Strengthening and effective implementation of strategies articulated in the General Law for Tobacco Control and the WHO Framework Convention on Tobacco Control (FCTC) provisions could contribute to reductions in tobacco use.
- Secondhand smoke exposure declined in some public places, but remained high in other public places, particularly those frequented by young people such as bars and restaurants. The adoption of a 100% smoke-free law for all enclosed public places, including public transportation, hospitality venues, and workplaces could protect Mexicans from the dangers of secondhand smoke.
- In 2015, more past-year smokers in Mexico made a quit attempt as compared to 2009. Increased cessation support through greater promotion of tobacco cessation and integration of tobacco dependence treatment into the health care system and other settings, including provision of free or low cost pharmacotherapy, may help smokers quit.
- The proportion of current smokers who noticed health warnings on cigarette packages increased significantly¹ from 84.5% in 2009 to 93.4% in 2015. Pictorial health warnings on cigarette packages were implemented in 2010. Increasing the size of pictorial health warnings and enhancing the visual impact of the warning labels by printing them on both the front and back of packs may bring a greater awareness of the harmful health effects of tobacco use and contribute to quit intentions.
- Mexico experienced a reduction in exposure to tobacco industry marketing; however, strengthening the General Law for Tobacco Control to prohibit all tobacco advertising, promotion, and sponsorship could prevent smoking initiation and continued use of tobacco products.

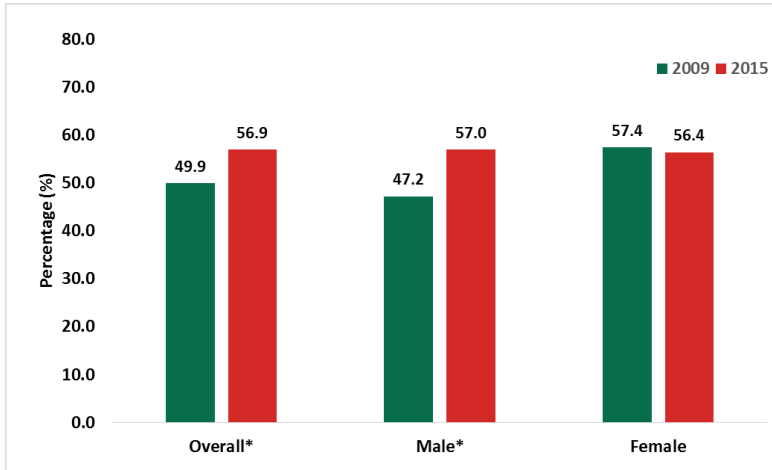
m Prevalence of current tobacco smoke by gender, Mexico 2009 and 2015



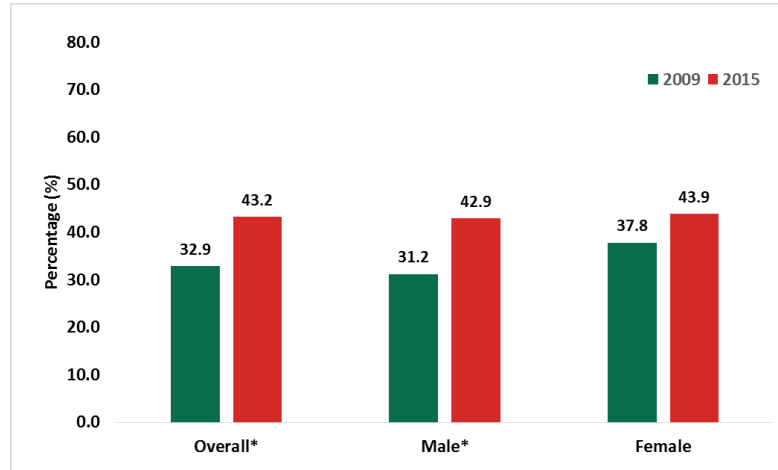
p Exposure to secondhand smoke at home and in public places⁴ in the past 30 days, Mexico 2009 and 2015



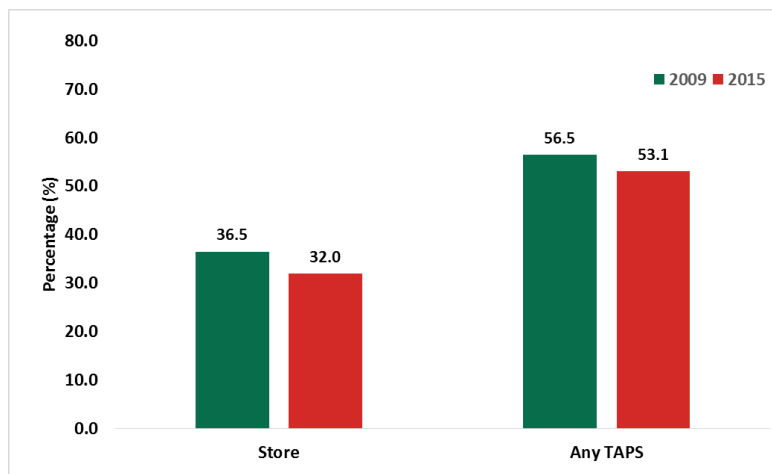
o Quit attempts among smokers in the past 12 months by gender, Mexico 2009 and 2015



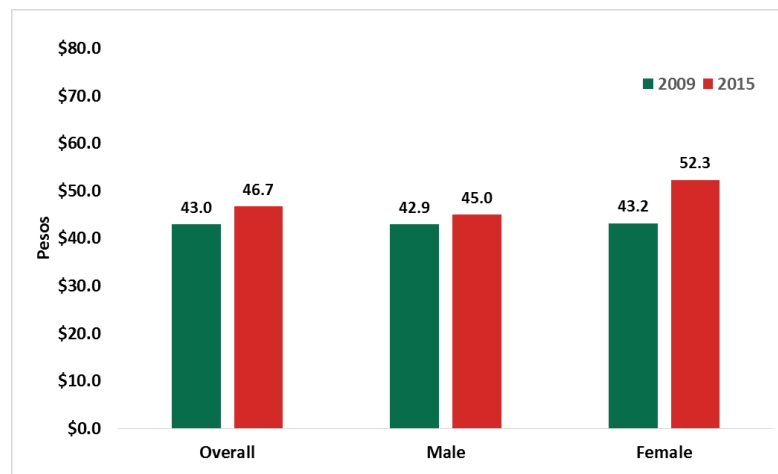
w Thought About Quitting Because of Warning Labels, Mexico 2009 and 2015



e Noticed cigarette advertisements in stores and noticed any TAPS⁵ in the past 30 days, Mexico 2009 and 2015



r Average cost of 20 manufactured cigarettes in pesos³, Mexico 2009 and 2015



Footnotes: ¹ Z-test was used to test significant relative change for the indicators from GATS 2008 to GATS 2015 ($p < 0.05$). ² Includes current smokers and those who quit in the past 12 months. ³ Average cost of 20 manufactured cigarettes in 2009 was adjusted for inflation for direct comparison to 2012. ⁴ Among those who visited the places in past 30 days. ⁵ Tobacco Advertising, Promotion and Sponsorship. All comparison presented in the graphs that are significant are denoted by an asterisk (*).

NOTE: Current use refers to daily and less than daily use. Adults refer to persons aged 15 years and 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. Financial support is provided by the CONADIC, Ministry of Health, Mexico [2015] and the Bloomberg Initiative to Reduce Tobacco Use through the CDC Foundation with a grant from Bloomberg Philanthropies [2009] and [2015]. 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.