In Thailand, the Global Adult Tobacco Survey (GATS) was first conducted in 2009 and repeated in 2011. GATS is a global standard protocol for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators. This household survey collects data on persons 15 years of age and older. It was jointly implemented by the Department of Disease Control, Ministry of Public Health, National Statistical Office and Mahidol University. Both the 2009 and 2011 surveys used similar multistage stratified cluster sample designs to produce nationally representative data. The 2009 survey had 20,566 interviews with an overall response rate of 94.2%. The 2011 survey had 20,606 interviews with an overall response rate of 96.3%. For additional information, refer to the GATS 2009 and 2011 Thailand Factsheets. All comparisons present in this factsheet are significant at p<.05 unless otherwise indicated as unchanged.

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’s (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO has developed MPOWER, a package of six evidence-based demand reduction measures contained in the WHO FCTC:

- Monitor tobacco use & 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, & sponsorship
- Raise taxes on tobacco

**Highlights**

- Overall tobacco use remained unchanged from 27.2% in 2009 to 26.9% in 2011.
- Quit attempt in the past 12 months declined from 49.8% in 2009 to 36.7% in 2011 among current smokers; however, the advice by the health care providers to quit increased from 51.9% in 2009 to 55.8% in 2011.
- The proportion of current smokers who thought of quitting because of a pictorial health warning (PHW) on the packages decreased from 67.0% in 2009 to 62.6% in 2011 (8 in 10 PHWs have been used more than 5 years).
- Prevalence of exposure to secondhand smoke at home increased from 33.2% in 2009 to 36.0% in 2011.
- Proportion of adults who noticed tobacco advertising, promotion and sponsorship increased from 17.8% in 2009 to 25.7% in 2011.
- Proportion of adults who noticed cigarette advertising in stores increased from 6.7% in 2009 to 18.2% in 2011.
- Among current smokers of manufactured cigarettes, 10.0% purchased the new inexpensive brands that were introduced in the market by the Thailand Tobacco Monopoly (TTM) following the 2009 tobacco tax increase.
- Percentage of current manufactured cigarette smokers aged 15-17 years who last purchased cigarettes in single sticks remained unchanged and was still high (84.3% vs 88.3%).

**Key Messages**

- Tobacco use remains high. Thailand has strong tobacco control laws and needs to continue to close legal loopholes and ensure strong enforcement of their current laws to ensure tobacco use goes down.
- Strong tobacco control policies must be applied to hand-rolled cigarettes and reduce male smoking rates.
- Point of sale advertising remains high and strong enforcement is needed.
- Exposure to secondhand smoke at public places and workplaces remains high. Enforcement of the smoke-free laws in those places must be increased.
- New cheaper brands, which are more affordable to disadvantaged people (less educated and low income), must be prevented from entering the market and sales of single sticks banned.
Prevalence of Current Tobacco Use by Gender, Thailand 2009 and 2011

Prevalence of Current Tobacco Smoking Among Men by type of Cigarette, Thailand 2009 and 2011

Noticed Cigarette Advertisements in Stores where Cigarettes are sold in the past 30 days by Age, Thailand 2009 and 2011

Current Smokers Purchased the New Inexpensive Brand by Education, Thailand 2011

Quitting Attempts among Smokers in Past 12 Months by Age †, Thailand 2009 and 2011

**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. All comparisons present in this factsheet are significant at p<.05 unless otherwise indicated as unchanged.

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