

BACKGROUND

The Global Adult Tobacco Survey (GATS) is a global standard protocol for systematically monitoring adult tobacco use and tracking key tobacco control indicators. This household survey collects data on persons 15 years of age or older. In Costa Rica, GATS was first conducted in 2015 and repeated in 2022. GATS 2022 was conducted by the Institute on Alcoholism and Drug Dependence (IAFA) under the coordination of the Ministry of Health. Both the 2015 and 2022 GATS used similar multistage stratified cluster sample designs to produce nationally representative data. For the 2015 survey, there were 8,607 interviews completed, with an overall response rate of 89.2%. In 2022, 8,011 interviews were completed, with an overall response rate of 85.5%. For additional information, refer to the GATS Costa Rica 2015 and 2022 country fact sheets.

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

KEY POLICY CHANGES

- The General Law for the Control of Tobacco and its Harmful Effects on Health (March 22, 2012) is the main legislation for tobacco control.
- Through Ministerial Directive DM-JM-3274-2018, the Minister of Health made it obligatory to cover the dispensers of tobacco products, located in the checkout boxes of shops.
- In 2018, by Resolution DM-JM-1593-2018, the Commission for the Regulation of Labeling of Tobacco Products was created, whose responsibility is to define health warning labels of tobacco products in Costa Rica annually.
- In 2018, a 'Letter of Understanding' was signed between the Ministry of Health and the Ministry of Science, Technology and Telecommunications (MICITT) with the purpose of creating a fund for the financing and promotion of research, technologies, and innovation in health, as well as the dissemination of its results for decision-making in tobacco control.
- In 2018, the Laboratory of Analysis of Composition and Emissions of Tobacco Products at the Costa Rican Institute of Research and Education in Nutrition and Health (INCIENSA) was established.
- In 2020, the Observatory for the Surveillance of Health Strategies and Interventions for the Fulfillment of Law 9028 (OVEIS) was established.
- In 2021, Law 10066 was enacted to regulate some aspects related to electronic nicotine delivery systems (ENDS), similar systems without nicotine (SSSN), and electronic devices that use heated tobacco and similar technologies.
- In 2021, 15 Comprehensive Drug Care Centers (IAFA), 34 Tobacco Cessation Clinics (CCSS), and a virtual assistant (mHealth Commission) were established.
- Definitions and implementation of information campaigns on Tobacco Control are ongoing.

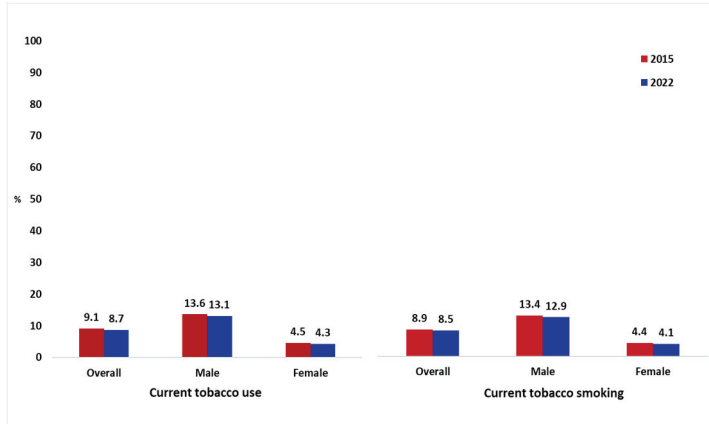
KEY FINDINGS

- Between 2015 and 2022, the prevalence of current tobacco use and current tobacco smoking did not change. Although there was a slight reduction in the percentages (9.1% in 2015 to 8.7% in 2022 and 8.9% in 2015 to 8.5% in 2022, respectively), these differences were not statistically significant.
- Among adults aged 20-34 years who have ever smoked on a daily basis, the average age at daily smoking initiation increased significantly from 16.1 years in 2015 to 18.0 years in 2022 (data not shown in figures).
- Regarding the use of electronic cigarettes, the percentage of people who ever heard of electronic cigarettes and ever used electronic cigarettes significantly increased from 47.5% in 2015 to 58.4% in 2022 and from 4.1% in 2015 to 6.5% in 2022, respectively. The prevalence of current use of electronic cigarettes remained stable (1.3% in 2015 and 1.6% in 2022) (data not shown in figures).
- Exposure to secondhand smoke in homes and various public places significantly declined. The prevalence of exposure to secondhand smoke in public transportation declined from 7.3% in 2015 to 3.9% in 2022. The prevalence of exposure at home among adults who did not smoke declined from 3.0% in 2015 to 2.3% in 2022 (data not shown in the figure). In addition, the prevalence of secondhand smoke exposure in the workplace declined from 6.3% in 2015 to 3.7% in 2022.
- Among adults who smoked in the past 12 months, there was no statistically significant difference between 2015 and 2022 for quit attempts in the last 12 months and receiving advice to quit smoking from a healthcare professional.
- Among those who currently smoked, the percentage of noticing health warnings on cigarette packages significantly decreased from 97.7% in 2015 to 82.0% in 2022 while the percentage of thinking about quitting because of warning labels did not change (55.4% in 2015 and 54.3% in 2022).
- The prevalence of exposure to any cigarette advertising, promotion, and sponsorship in the past 30 days increased significantly from 27.4% in 2015 to 49.2% in 2022. Similarly, the percentage of adults noticing any in-store cigarette advertising or promotion increased significantly from 14.9% in 2015 to 32.2% in 2022.
- The average amount spent on 20 manufactured cigarettes significantly increased from 1,479.8 Costa Rican colones in 2015 to 1,939.7 in 2022. This corresponds to a relative increase of 31.1%. However, the average cigarette expenditure per month among those who currently smoked manufactured cigarettes showed no significant difference.

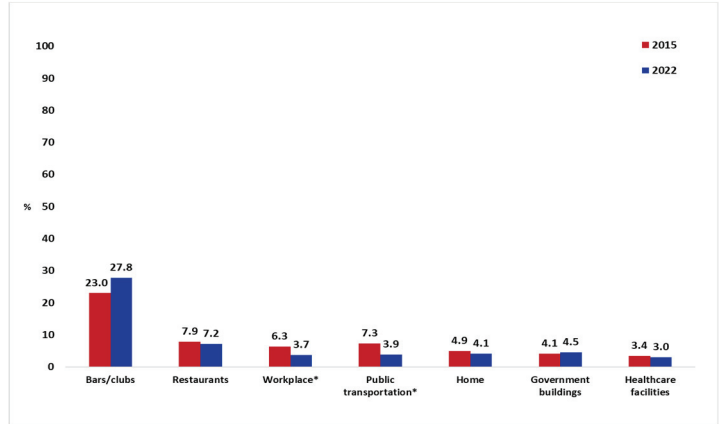


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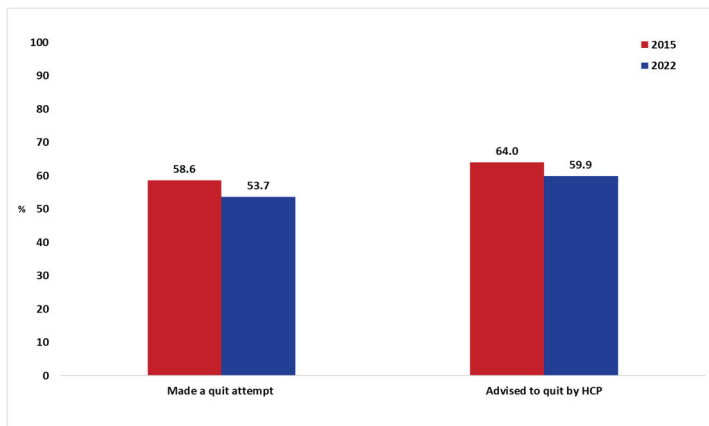
m Prevalence of current tobacco use¹ and current tobacco smoking by gender, Costa Rica 2015 and 2022



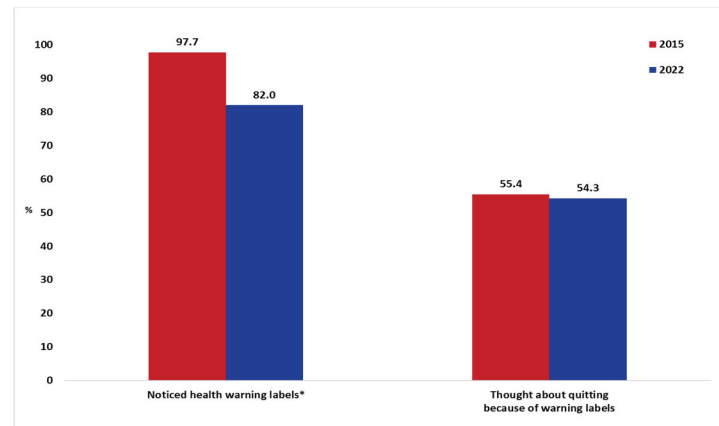
p Exposure to secondhand smoke inside various places², Costa Rica 2015 and 2022



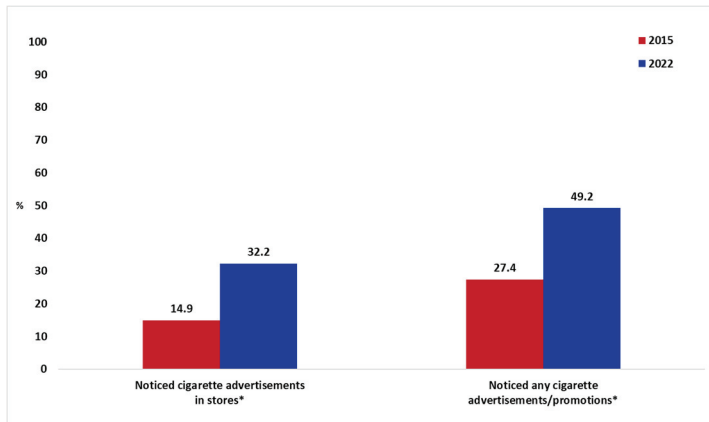
o Quit attempts and advice to quit by a healthcare provider among those who smoked in the past 12 months, Costa Rica 2015 and 2022



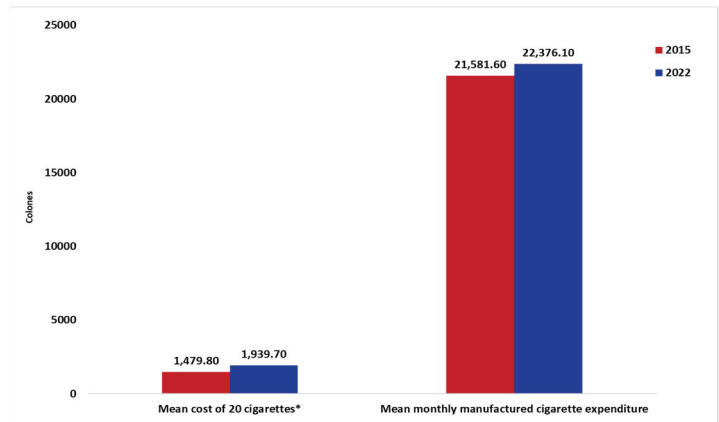
w Noticing and effects of cigarette package health warning labels in the past 30 days among adults who currently smoked, Costa Rica 2015 and 2022



e Noticing in-store cigarette advertising/promotions³ and any cigarette advertisement, promotion, or sponsorship during the past 30 days, Costa Rica 2015 and 2022



r Average (mean) cost of 20 manufactured cigarettes and cigarette expenditure per month in Costa Rican colones⁴, Costa Rica 2015⁵ and 2022



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 2022 questionnaire but not in 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. ³ 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. ⁴ Calculated among current manufactured cigarette smokers. ⁵ GATS Costa Rica 2015 cost data were adjusted for inflation for direct comparison to 2022 using the Inflation Rate for Average Consumer Prices from the International Monetary Fund's World Economic Outlook Database accessed on 26th January 2023.

* Indicates the relative change between the two years is statistically significant at $p < 0.05$. 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 un-rounded estimates.

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