

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 Mexico, GATS surveys were conducted in 2009, 2015, and 2023 by the National Institute of Public Health, Mexico (INSP) under the coordination of the National Commission on Mental Health and Addictions (CONASAMA), Ministry of Health (SALUD), Mexico. All three surveys used multistage stratified cluster sample designs to produce nationally representative data. In 2009, 13,617 interviews were conducted with an overall response rate of 82.5%. In 2015, 14,664 interviews were conducted with an overall response rate of 82.7%. In 2023, 13,263 interviews were conducted with an overall response rate of 87.2%. For additional information, refer to the GATS Mexico 2009, 2015, and 2023 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 CHANGES¹

In 2008, the General Law for Tobacco Control (LGCT) went into effect, defining the current legal framework for the control, promotion, and surveillance of tobacco products, as well as protection against exposure to tobacco smoke. In 2009, the Regulation of the General Law for Tobacco Control (RLGCT) was published, which regulates the prohibition of smoking in enclosed public spaces, including restaurants, bars, and workplaces. Between 2008 and 2015, 15 local 100% smoke-free laws were approved.

In 2022, Mexico amended the LGCT, expanding protection from exposure to combustible tobacco smoke and emissions from novel and emerging tobacco and nicotine products. Likewise, advertising, promotion, and sponsorship of tobacco products, including point-of-sale displays, were totally banned. In 2022, the regulation of the reform of the GLTC was approved and entered into force in February 2023.

Since 2010, through secretariat agreements, graphic health warnings on cigarette packs have been adopted in compliance with Article 11 of the WHO FCTC.

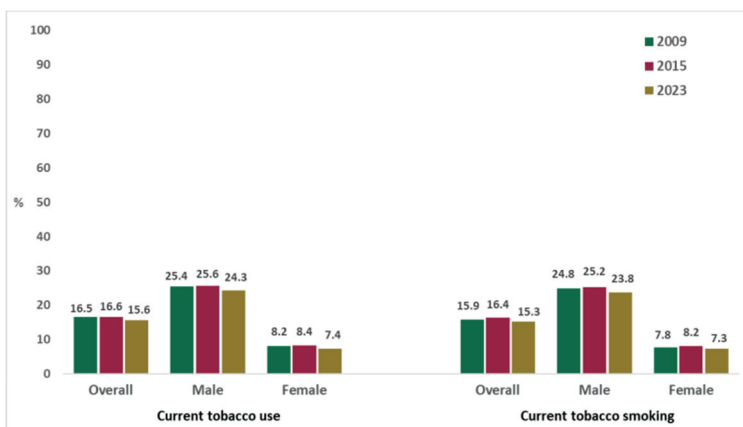
Regarding the tax on tobacco products, in 2009, the Special Tax on Production and Services (STPS) law was modified, introducing a fixed component to the tax structure, which was increased from 0.06 to 0.35 pesos per cigarette in 2011. In 2019, the tax was automatically adjusted for inflation in accordance with Article 6 of the WHO FCTC.

Regarding the prohibition of novel and emerging tobacco products, in 2020 a decree was published amending the Tariff of the Law of General Import and Export Taxes, which established the prohibition of import and export of such devices. At the end of 2021, a new amendment to such tariff became effective, which includes solutions, mixtures, cartridges and/or detachable units of tobacco. In 2022 a presidential decree was issued to reinforce the prohibition for the circulation and commercialization in the interior of the Republic. In May 2022, the Special Tax on Products and Services (IEPS) was issued consolidating such prohibitions.

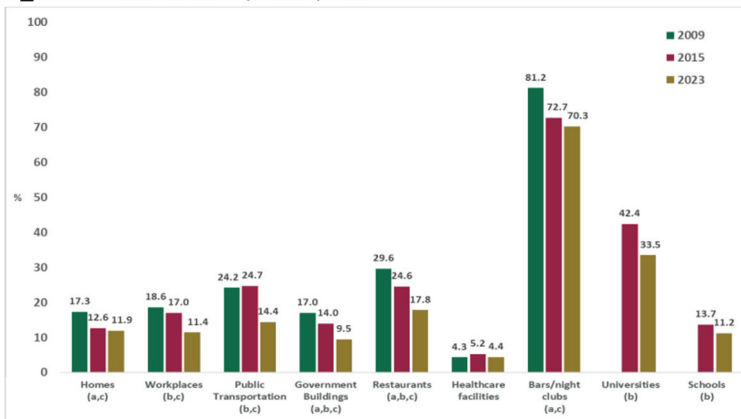
KEY FINDINGS

- The prevalence of current tobacco use among Mexican adults remained unchanged from 2009 to 2023 (overall, 16.5% vs. 15.6%; men, 25.4% vs. 24.3%; and women, 8.2% vs. 7.4%). There was also no change in the prevalence of current tobacco smoking over the same period (overall, 15.9% vs. 15.3%; men, 24.8% vs. 23.8%; and women, 7.8% vs. 7.3%).
- Between 2009 and 2023, there was a significant decrease in exposure to secondhand smoke in homes (17.3% vs. 11.9%) and public spaces, including workplaces (18.6% vs. 11.4%), public transportation (24.2% vs. 14.4%), government buildings (17.0% vs. 9.5%), restaurants (29.6% vs. 17.8%), and bars/nightclubs (81.2% vs. 70.3%). In addition, between 2015 and 2023, a significant decrease in exposure to tobacco smoke was also observed in universities (42.4% vs. 33.5%) and schools (13.7% vs. 11.2%). Even though exposure to tobacco smoke decreased in bars/nightclubs and universities, it remained high in 2023 (70.3% and 33.5%, respectively).
- From 2009 to 2023, there was a significant increase in receiving advice to quit smoking by health care professionals (from 17.3% to 42.3%) among adults who smoked in the past 12 months.
- From 2015 to 2023, both the proportions of adults who currently smoked tobacco who observed health warnings on cigarette packs and those who thought about quitting smoking because of the warnings decreased from 93.4% to 86.6% and 43.2% to 34.6%, respectively.
- From 2009 to 2023, the proportion of people who observed cigarette advertising or promotions at points of sale decreased from 39.5% to 25.4%. Similarly, the proportion of people who observed any type of cigarette advertising, promotion, or sponsorship decreased from 56.5% to 42.6%.
- The average cost of 20 manufactured cigarettes and monthly expenditure on manufactured cigarettes did not change from 2009 to 2023.

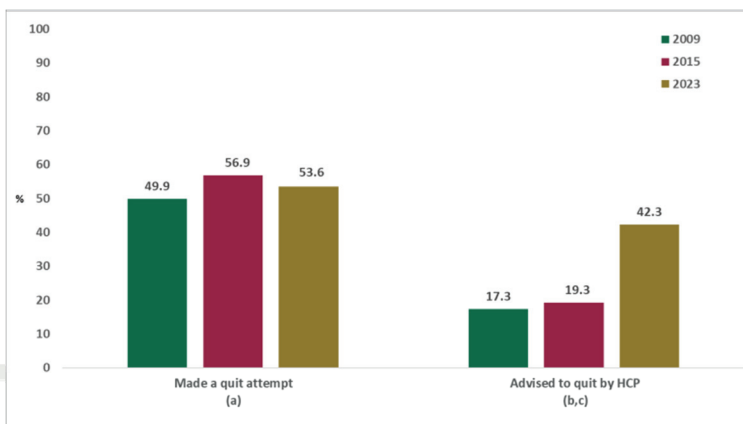
m Prevalence of current tobacco use¹ and current tobacco smoking by gender, Mexico 2009, 2015, 2023



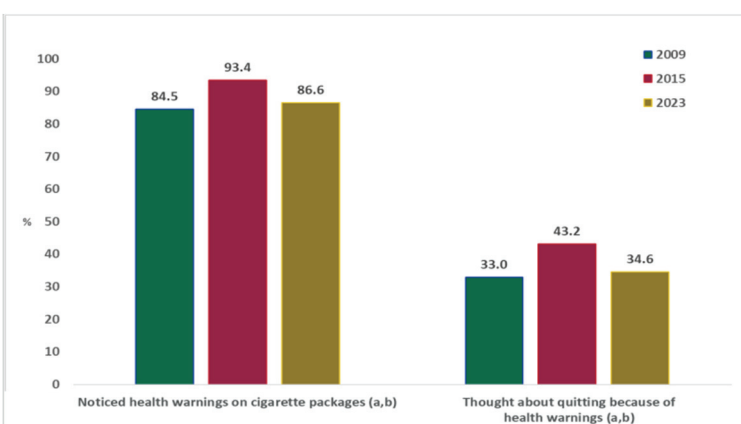
p Exposure to secondhand smoke inside various places², Mexico 2009, 2015, 2023



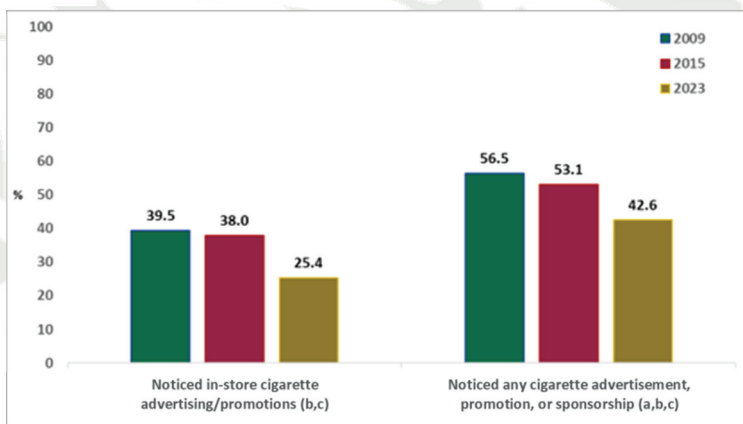
o Quit attempts and advice to quit by a healthcare provider among those who smoked in the past 12 months, Mexico 2009, 2015, 2023



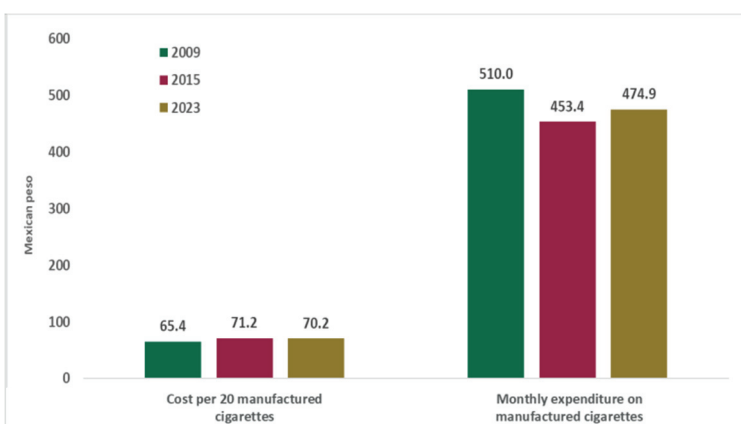
w Noticing and effects of cigarette package health warning labels in the past 30 days among current smokers, Mexico 2009, 2015, 2023



e Noticing in-store cigarette advertising/promotions³ and any cigarette advertisement, promotion, or sponsorship



r Average (mean) cost of 20 manufactured cigarettes and cigarette expenditure per month in Mexican pesos⁴, Mexico 2009, 2015, 2023



¹ The publications in the Diario Oficial de la Federación can be consulted in the following repository: <https://www.gob.mx/salud/conadic/documentos/micrositio-sobre-control-de-tabaco?idiom=es>

NOTES: 1 Current tobacco use includes current tobacco smoking, current smokeless tobacco use, and/or heated tobacco product use. Heated tobacco product use was included in the 2023 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. 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 Mexico 2009 and 2015 cost data were adjusted for inflation for direct comparison to 2023 using the Inflation Rate for Average Consumer Prices from the International Monetary Fund's World Economic Outlook Database accessed on 21 August 2023.

A statistically significant relative change between two years ($p < 0.05$) is noted by the following: a = relative change between 2009 and 2015 is significant; b = relative change between 2015 and 2023 is significant; c = relative change between 2009 and 2023 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 un-rounded estimates.

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