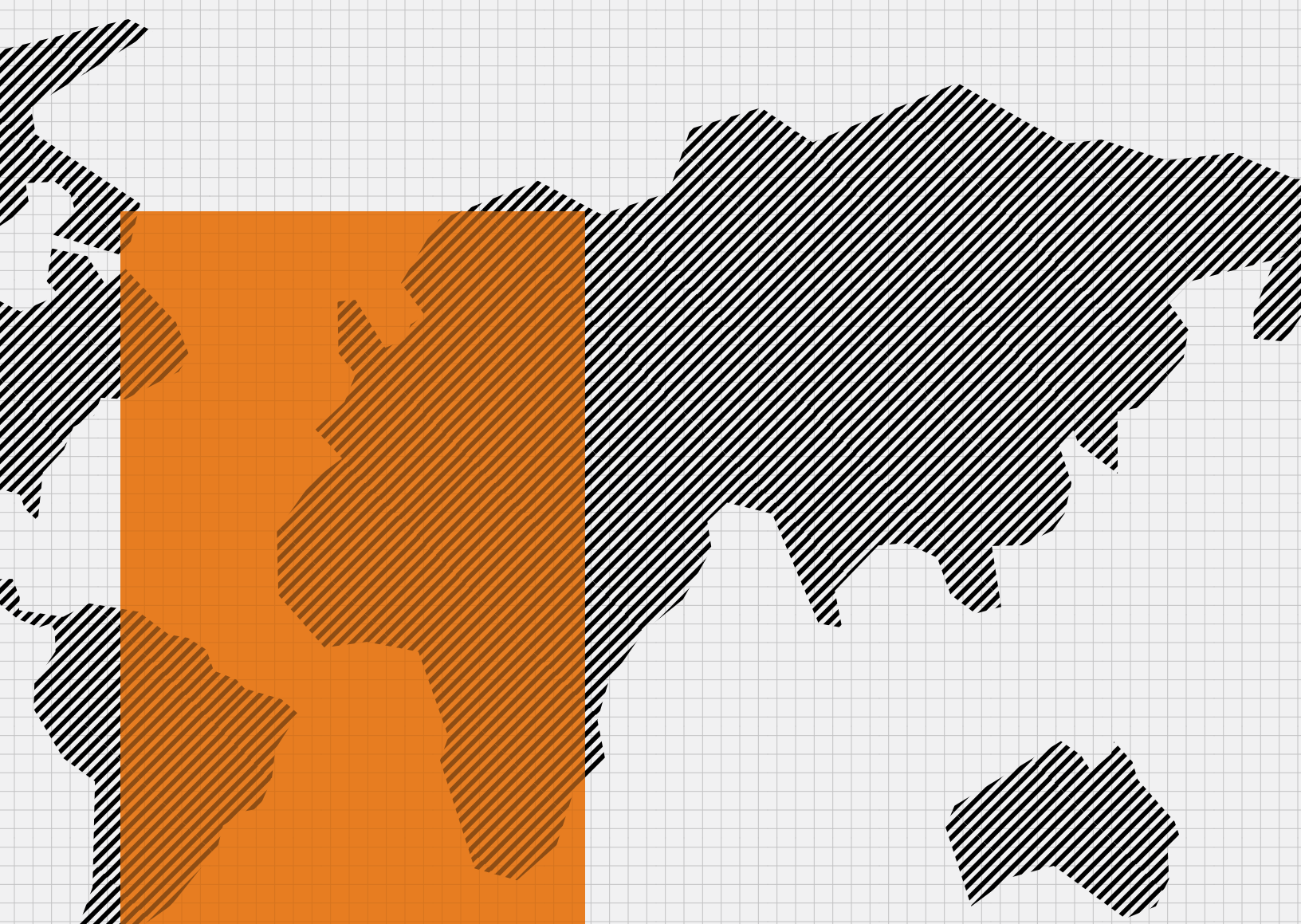
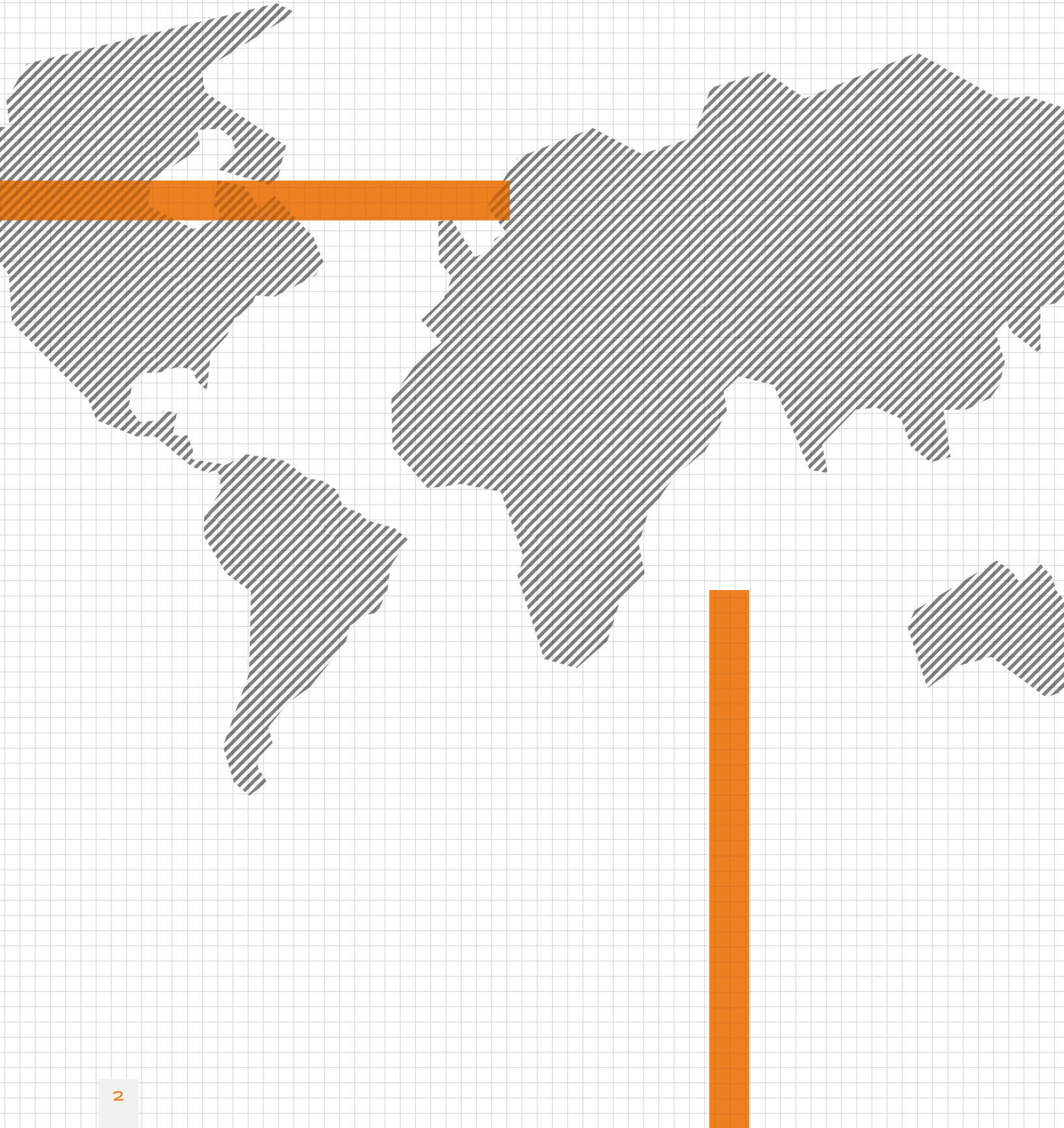


GLOBAL ADULT TOBACCO SURVEY

GATS URUGUAY 2017

URUGUAY INE Instituto Nacional de Estadística

Ministerio de SALUD



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The Ministry of Public Health wishes to acknowledge the enormous commitment and experience of the GATS Uruguay Technical Committee, whose dedication and hard work made the entire GATS process possible and ensured the high quality of the survey.

PREFACE

The World Health Organization (WHO) has determined that noncommunicable diseases (NCDs) represent one of the greatest challenges in this century, with great impact on the health and quality of life of the world's population.

In planning health policies, tobacco control is one of the preventive measures with the greatest impact on NCDs. There is abundant evidence of the benefits of giving up smoking, both for individuals and their environment.

The smoking epidemic is a global problem, with serious public health consequences. It calls for the broadest possible international cooperation and collaboration among all countries, to join forces to meet the targets of the 2030 Sustainable Development Goals (SDGs).

As a result of this situation, WHO and World Health Assembly decided to formulate the first international public health treaty, the WHO Framework Convention on Tobacco Control (WHO FCTC).

Uruguay ratified the WHO FCTC in September 2004, and in 2005 put in place a comprehensive set of measures, as mandated by the Convention.

In 2009, the first Global Adult Tobacco Survey (GATS) was conducted to evaluate the impact of the Convention's implementation; results showed there were significant positive health, environmental, and economic effects.

The WHO FCTC is an effective tool for curbing the smoking epidemic and counteracting the serious consequences of tobacco use, and it has proved to be a cost-effective and accessible strategy for any country, regardless of income level.

Tobacco control strategies are central to Uruguay's health policies. In addition to implementing nearly all of the main measures of the Framework Convention, it is vital that measures that have already been implemented be maintained and strengthened.

The second GATS survey was conducted in 2017 to assess progress on the priority concerns highlighted in the initial survey. Between the first and second survey, bans were put in place on all advertising, promotion, and sponsorship of tobacco products, taxes on tobacco were raised, the Protocol to Eliminate Illicit Trade in Tobacco was ratified, and the relevant regulatory mechanisms were strengthened. As a result of these efforts, GATS 2017 showed a continuing decline in the prevalence of tobacco consumption, along with a substantial improvement in some of the priority areas highlighted in 2009.

Lastly, the cultural changes achieved in the wake of the tobacco control policy provide support for maintaining these positive outcomes. Specifically, smoking is no longer considered socially acceptable.

In presenting these findings, we wish to express our appreciation to the people and institutions that have made this research possible. We are confident that worldwide progress on implementing the WHO FCTC will speed efforts to achieve a healthier world, with greater equity for all of its inhabitants.

Dr. Jorge Basso
Minister of Public Health

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INTRODUCTION

In September 2004, Uruguay ratified the World Health Organization (WHO) Framework Convention on Tobacco Control (WHO FCTC). In March 2005, the National Tobacco Control Program was created, under the aegis of the Ministry of Public Health and, nearly simultaneously, a set of measures was implemented, consistent with the recommendations in the WHO FCTC.

Article 20.2 of the WHO FCTC states the need for systematic monitoring of tobacco use, in a way that ensures the comparability of country results. Consistent with this mandate, Uruguay in 2016 repeated the Global Adult Tobacco Survey (GATS), first conducted in 2009. GATS was developed by the Centers for Disease Control and Prevention (CDC), in Atlanta, and WHO, as part of the World Tobacco Surveillance System (GTSS).

The second Uruguay GATS made it possible to measure changes in tobacco use, and to analyze the impact of measures to control tobacco use, particularly in areas highlighted by the findings of the 2009 survey.

GATS is a representative national-level survey conducted among people 15 years of age and older. Using a standardized questionnaire, it assesses the prevalence of tobacco use, while employing key indicators to evaluate the principal measures contained in the FCTC.

As in 2009, the Ministry of Public Health selected the National Statistics Institute (INE) to oversee implementation of GATS in Uruguay.

METHODOLOGY

GATS is a representative national-level survey that polls people 15 years of age and older. It randomly selects one member of each household in the sample to participate in the survey. Between November 2016 and February 2017, Uruguay's 19 departments (provinces) were visited. The sample comprised a total of 6,240 households; 4,966 interviews were conducted, with an overall response rate of 89.4%.

As in 2009, GATS obtained information on the prevalence of tobacco use, exposure to environmental tobacco smoke, knowledge and attitudes about tobacco, cessation of use, economic implications, and exposure to advertising, in addition to key sociodemographic characteristics of the people surveyed.

FINDINGS

Tobacco use

In 2017, 21.6% of those surveyed (25.6% of men and 18.0% of women) reported that they currently smoked some form of tobacco. The prevalence of current tobacco use in adults was 22.9% in Montevideo and 20.7% in the rest of the country. Overall, 18.3% (21.5% of men and 15.3% of women) currently smoked on a daily basis.

Broken down by age group, the prevalence of current tobacco use was 14.6% in the 15- to 24-year-old population, 29.0% in the 25-44 age group, 26.0% in the 45-64 age group, and 9.0% among people 65 years of age and older.

Disaggregated by educational level,[1] the prevalence of current consumption was 24.1% among people with a grade school education, 27.1% among those who had completed secondary basic, 23.6% among those who had completed secondary school, and 14.2% among those with a tertiary education.

Cigarettes were the main form of tobacco smoked (total prevalence 21.4%), including manufactured cigarettes (18.4%) and hand-rolled cigarettes (5.9%).

Overall, daily smokers smoked an average of 15.2 cigarettes per day (men 16.7 and women 13.4). Among those who had always smoked daily, the average age at which daily cigarette smoking began was 16.3 years (16.3 years for men and 16.2 for women). Among those who always smoked on a daily basis, the proportion who had quit was 45.7% (48.1% of men and 42.3% of women).

Cessation of tobacco use

In 2017, 45.9% of those who had smoked in the previous 12 months tried to quit. In all, 78.6% of smokers[2] who had visited a health provider in the previous 12 months had been asked whether they smoked, 52.0% were advised to quit, and 18.2% received guidance or support to do so. Of current smokers who attempted to quit during the previous 12 months and former smokers who had quit less than 12 months before, 91.2% made the attempt without any type of assistance.

Of current smokers, 10.3% were planning to or thinking about quitting in the next month, 22.4% were thinking of quitting in the next 12 months, and 40.2% were expecting to quit smoking at some future time, but not in the next 12 months.

Exposure to environmental tobacco smoke

According to the survey, 11.1% of adults were exposed to tobacco smoke at work in enclosed areas during the previous 30 days. By educational level, 16.1% of those with primary school education, 15.9% with secondary basic education, 6.8% with secondary education, and 4.3% with tertiary education were exposed to tobacco smoke at work.

Overall, 20.0% were exposed to tobacco smoke in the home at least once a week. By educational level, among those experiencing such exposure, 22.3% of respondents had primary education, 16.9% had completed secondary education, 16.7% had secondary basic education, and 12.7% had tertiary education.

Among people who had visited public areas during the previous 30 days, 19.5% were exposed to environmental tobacco smoke in bars, pubs, or discotheques, 11.3% in colleges or universities, 6.1% in public transportation environments; 6.0% in schools; 2.9% in government buildings; 2.8% in restaurants; and 2.2% at health care facilities.

Tobacco economics

Among cigarette smokers, average monthly spending on manufactured cigarettes was $1,849.80 Uruguayan pesos ($2,053.50 for men and $1,621.70 for women).

More than half of all smokers of manufactured cigarettes (56.0%) purchased their cigarettes at stores. cenes.

Advertising, promotion, and sponsorship

In total, 16.8% of adults had seen cigarette advertising in stores where cigarettes are sold (18.5% of men and 15.4% of women). By age group, the figures were 29.9% in the 15- to 24-year-old age group, 16.9% in the 25-44 age group, 13.0% in the 45-64 age group, and 8.2% in the group 65 years of age and older.

In the previous 30 days, 34.5% of respondents had seen some form of cigarette advertising, promotion, or sponsorship.

1 Educational level was reported only for respondents 25 years of age and older

2 Among current and former smokers who had been abstaining for less than 12 months.

By age group, the figures were 49.5% in the 15- to 24-year-old age group, 34.8% in the 25-44 age group, 30.9% in the 45-64 age group, and 22.9% in the 65-year-old and older age group.

Among current smokers, 95.7% had seen health warnings on cigarette packages; 42.9% had thought about quitting as a result of the warnings on packages.

Knowledge, attitudes, and perceptions

According to the survey, 97.5% of people believed that smoking causes serious illness. Those who believed it causes various illnesses cited the following: lung cancer (97.8%), heart attack (91.5%), low birthweight (83.3%), premature birth (81.2%), stroke (76.5%), and bladder cancer (36.3%).

Similarly, 92.4% of the respondents (90.6% of smokers and 92.9% of non-smokers) believed that breathing other people's smoke causes serious illness in non-smokers.

Among those who believed that smoking causes serious illness, 21.2% did not know that light, ultralight, mild, and mentholated cigarettes are as detrimental to health as regular cigarettes.

Sixty-four-point-two percent (62.4%) of adults believed that smokeless tobacco causes serious illness, while 43.4% believed that electronic cigarettes are less dangerous to health than normal cigarettes.

GATS FROM 2009 TO 2017

Tobacco use declined significantly among men during this period: from 30.7% in 2009 to 25.6% in 2017. Among women, 19.8% reported current tobacco use in 2009 versus 18.0% in 2017 – not a statistically significant difference.

The greatest reduction in the prevalence of tobacco use was seen in 15- to 24-year-olds, where it fell from 24.7% to 14.6%, representing a 40.9% decline. By educational level, the greatest decline (33.4%) was seen in the population with a tertiary education (21.3% in 2009 versus 14.2% in 2017).

Among daily smokers, the average number of cigarettes smoked daily declined among the 15- to 24-year-old age group, from 13.3 in 2009 to 10.5 in 2017 (a decline of 21.4%), while among the population with a tertiary education this number dropped from 14.5 in 2009 to 11.6 in 2017 (a decline of 19.8%).

By type of cigarette smoked, the greatest decline was in hand-rolled cigarettes (from 8.1% in 2009 to 5.9% in 2017), representing a decline of 27.2%.

Exposure to environmental tobacco smoke (ETS) in homes, workplaces, and public places fell significantly between 2009 and 2017. In homes, exposure to ETS (on a weekly, or more frequent, basis) fell from 29.2% to 20.0%, a decline of 31.5%. In the workplace (in the 30 days prior to the response date), exposure to ETS fell from 16.5% to 11.1%, a decline of 32.8%. The greatest drop in exposure to ETS in public places (in the 30 days prior to the response date) occurred in colleges and universities, where it fell from 27.5% to 11.3%, a 58.8% decrease.

The proportion of smokers who were asked by health care workers whether they smoked, were advised to quit, or reported that they had received guidance to quit from health workers, remained unchanged between 2009 and 2017.

The percentage of current smokers who noticed health warnings on cigarette packages or considered quitting as a result of those health warnings remained unchanged between 2009 and 2017. The only significant change among current smokers who considered quitting as a result of the health warnings occurred in the 15-to-24 age group, where the figure fell from 53.2% in 2009 to 38.3% in 2017, representing a decline of 28.0%.

There was a significant reduction in the percentage of adults who reported seeing some form of tobacco advertising, sponsorship, or promotion in the previous 30 days: from 44.3% in 2009 to 34.5% in 2017, a decline of 22.1%. Although the viewing of tobacco advertising, sponsorship, and promotion diminished in all age groups, the smallest reduction (19.1%) occurred in the 15-to-24 age group.

The percentage of people who saw cigarette advertising in businesses fell from 20.9% in 2009 to 16.8% in 2017, a decline of 19.4%.

Among current smokers of manufactured cigarettes, the average cost of a pack of 20 cigarettes remained approximately the same as the 2009 price ($106.10 inflation-adjusted Uruguayan pesos in 2009 to $105.00 Uruguayan pesos in 2017). Average monthly spending on cigarettes also showed no significant change ($1740.1 inflation-adjusted Uruguayan pesos in 2009, $1849.8 Uruguayan pesos in 2017).

The percentage of adults who did not know that light, ultralight, mild, and mentholated cigarettes are as detrimental as regular cigarettes dropped from 24.7% in 2009 to 21.2% in 2017, a decline of 14.3%.

CONCLUSIONS

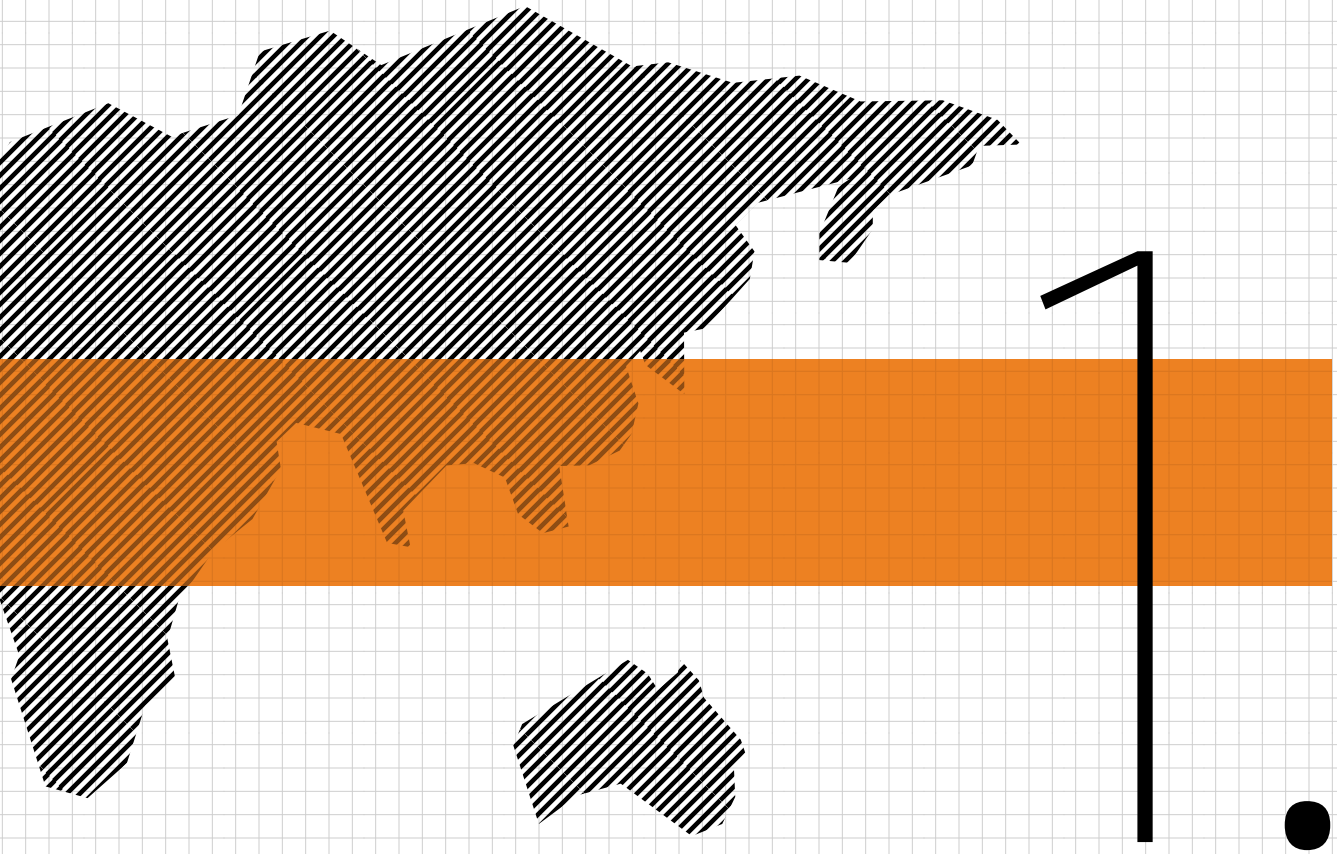
After Uruguay ratified the WHO FCTC in 2004, a comprehensive set of tobacco control measures was implemented. This included smoke-free environments without exception, health warnings covering 80% of the two main faces of cigarette packages, the requirement that each brand have a standardized format, a broad ban on tobacco advertising, promotion, and sponsorship, along with treatment for tobacco dependence at all health care facilities.

In the period between the two GATS surveys, additional measures were implemented in the country, including the total prohibition of tobacco advertising, promotion, and sponsorship (with elimination of the previous point-of-sale exception), a prohibition on exhibiting tobacco products at points of sale, ratification of the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products, adoption of the National Smoking Cessation Strategy, and stronger inspection mechanisms to ensure compliance with tobacco control policies.

Between 2009 and 2017, Uruguay made progress with reducing the prevalence of tobacco use, especially in the 15- to 24-year-old population; protecting the population from exposure to environmental tobacco smoke; reducing exposure to tobacco advertising, promotion, and sponsorship; and increasing knowledge and perception of the fact that light, ultralight, mild, and mentholated cigarettes, as well as regular cigarettes, are harmful to health.

Although Uruguay has brought down tobacco use since 2009, more than one out of five Uruguayans continued to smoke tobacco as of 2017, and there was no significant reduction among women, pointing to the need for advances in tobacco control policy. Similarly, stronger efforts are needed to reduce exposure to tobacco smoke in bars, pubs, and discotheques, improve the efforts of health workers to help smokers quit, and reduce young people's exposure to tobacco advertising. Fuller implementation of WHO FCTC could help put an end to this epidemic. Regular monitoring of tobacco use, and evaluation of tobacco control interventions are essential for reducing tobacco consumption and its associated morbidity and mortality.

INTRODUCTION



1.

1. INTRODUCTION

Tobacco use is the leading preventable cause of premature death and disease, and is responsible for more than seven million deaths a year worldwide. Tobacco-associated illnesses cause more deaths than HIV/AIDS, malaria, and tuberculosis combined, and continue to be a growing threat to health worldwide (1).

In order to reduce overall disease burden and mortality and protect present and future generations from the devastating health, social, environmental, and economic consequences of tobacco use and from the effects of second-hand exposure to tobacco smoke, the World Health Organization (WHO) has promoted the Framework Convention on Tobacco Control (FCTC) (2). To date, it has been ratified by 181 countries.

In 2006, WHO and the United States Centers for Disease Control and Prevention (CDC) agreed to conduct monitoring of tobacco use among adults, through the Global Adult Tobacco Survey (GATS), using a standardized protocol that provides for comparability between countries.

The survey is included in the Global Tobacco Surveillance System (GTSS); its findings provide useful information for countries to formulate and implement effective tobacco control interventions.

In 2009, Uruguay was invited to participate in this survey, having demonstrated a strong commitment to tobacco control. The survey was conducted again in 2016. The Ministry of Public Health (MSP) was designated as the coordinating agency, while the National Statistics Institute (INE) served as the implementing agency, with support from the CDC and the Pan American Health Organization / World Health Organization (PAHO/WHO).

A GATS Technical Committee was formed to oversee implementation of the different stages of the study, with representatives from various institutions involved in tobacco control: the Ministry of Public Health (MSP), through the National Tobacco Control Program; the National Statistics Institute (INE); PAHO/WHO; the Medical School of the University of the Republic; the Honorary Commission to Combat Cancer (CHLCC); the National Resources Fund (FNR); and the Uruguayan Tobaccology Society (SUT).

1.1 TOBACCO CONTROL POLICIES IN URUGUAY

In 2000, an important partnership was initiated between State agencies and civil society, acting at various governmental and political levels, to establish a consensus on tobacco control.

Efforts to coalesce and empower the tobacco control movement in Uruguay paved the way for the signing of the WHO FCTC in June 2003, and for its ratification in September 2004, making Uruguay one of the 40 countries to initially ratify the Convention, and the first country in South America to do so.

In 2004, the MSP appointed an Interinstitutional Advisory Commission, and in 2005 created the National Tobacco Control Program, which serves as the national focal point.

Since ratifying the Framework Convention, Uruguay has developed comprehensive legislation, based on the Convention's recommendations and directives.

Employing a work model that includes participation by all concerned stakeholders, steady progress on tobacco control policy has been achieved. This has led to a distinct change in the social conception of the problem, with increased awareness, particularly on the part of non-smokers, concerning the right not to be exposed to environmental tobacco smoke, as well as an awareness, among smokers, of the importance of honoring existing rules and restrictions on smoking.

WHO adopted the MPOWER strategy (3) for implementation of the FCTC, which includes six measures for effectively confronting the smoking epidemic:

M	**ONITOR**
Monitor tobacco use and prevention policies;	
P	**ROTECT**
Protect people from tobacco smoke;	
O	**FFER**
Offer help to quit tobacco use;	
W	**ARN**
Warn about the dangers of tobacco;	
E	**NFORCE**
Enforce bans on tobacco advertising, promotion, and sponsorship; and	
R	**AISE**
Raise taxes on tobacco.	

The current tobacco control scenario in Uruguay, based on the FCTC and the set of MPOWER measures, is described below.

Implementation of WHO FCTC.
Provisions related to the MPOWER package.

1.1.1.
M – MONITORING TOBACCO USE AND PREVENTION POLICIES

Article 20 of the FCTC: "Research, surveillance and exchange of information. Paragraph 2: The Parties shall establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate."

1.1.1.1.
Tobacco use in adults

After comprehensive implementation of the measures, the first GATS survey (2009) showed the prevalence of current smokers to be 25.0% (30.7% among men and 19.8% among women) (4), representing a considerable reduction compared with the previous figures of more than 30%, which had been stable for decades.

The INE Continuous Household Surveys (known by its Spanish acronym ECH) of 2011 and 2014, which included three GATS questions to gauge changes during the period between GATS surveys, found the prevalence of current smokers to be 23.9% and 22.2%, respectively.

1.1.1.2.
Tobacco use in young people

With respect to the prevalence of tobacco use among young Uruguayans, the National Drug Board conducted two types of surveys:

a) a) The Global Youth Tobacco Survey (GYTS) surveyed students ages 13 to 15, in 2006 and 2014 (5).

b) b) The National Survey on Secondary Basic School Drug Use, surveyed young people ages 13 to 17, in 2003 (6), 2005, 2007, 2009, 2011, and 2014 (7).

According to the information collected, prevalence of smoking among young people declined from 30.2% in 2003 (6) to 8.2% (GYTS) (5) and 9.2% (National Survey on Secondary Basic School Drug Use) in 2014 (7).

1.1.1.3.
Mortality attributable to tobacco use

Uruguay's epidemiological profile is similar to that of developed countries, with cardiovascular diseases and cancer – both directly associated with tobacco consumption – being the leading causes of death. A study conducted in 2016 points to tobacco use as responsible for 14.5% of deaths each year, and 104,015 years of healthy life lost in Uruguay (8).

The National Cancer Registry, and the Epidemiological Surveillance Area of CHLCC found reduced incidence of lung cancer in men, with a continuing increase among women, a group in which the disease is currently growing at an age-standardized rate of 3.6% annually, ranking as the third leading cause of cancer deaths among women (9).

1.1.1.4.
Research on tobacco-smoke air pollution

On 1 March 2006, Uruguay became a smoke-free country. There were studies before and after that date to evaluate exposure to second-hand smoke and air pollution. In one case, nicotine in the air in public places was measured; in another, the number of breathable particles suspended in the air was measured. In both cases, before and after measurements showed a reduction of over 90% (10, 11).

In 2016, a study on second-hand tobacco smoke in vehicles, conducted in the city of Montevideo, found that tobacco was smoked in 12% to 19% of vehicles. In 29.2% of cases, an adult other than the driver was exposed to the smoke, and in 4.6% of cases, children were exposed (12).

1.1.1.5.
Economic studies

As part of the set of tobacco control measures that Uruguay implemented beginning in 2005, tobacco taxes were increased until 2010, increasing the price of the product. Between 2010 and 2014, there was no tax increase; given the rise in household income, tobacco products became more widely accessible in this period. In 2015 tax increases were re-instituted, with a consequent rise in prices and a reduction in consumption, leading to historically low tobacco use in Uruguay in 2016 (13).

1.1.2.
Protecting people from exposure to tobacco smoke

Article 8 of the FCTC: *"Protection from exposure to tobacco smoke: 1. Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability. 2. Each Party shall adopt*

and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places." (FCTC).

In March 2006, Uruguay became the first country in the Region of the Americas to be totally smoke-free in all public spaces and workplaces, without exception, with sanctions imposed for noncompliance; the GATS 2009 survey found a high level of compliance with the standard.

Since then, enforcement of these standards has been strengthened. In 2013, the "21st of October Cooperative" was created by former tobacco industry workers who had lost their source of employment with the closing of Philips Morris Uruguay; they became the inspection arm of the National Tobacco Control Program, adding their efforts to those of the Ministry of Health staff. In the context of the global agreement, this has exemplified the workforce transformation referred to in Article 17 of the FCTC.

After 2009, the work focused on research and prevention of exposure to second-hand smoke in homes and vehicles.

A study on the impact of prohibitions on smoking in closed spaces found a 22% reduction in hospital admissions for acute myocardial infarction following implementation of the Tobacco Smoke Free Environments (TSFE) initiative (14). Another study, published in 2015, found a 15% reduction in emergency-room visits for bronchiospasm following implementation of this measure (15).

1.1.3.
O – Offering help for quitting tobacco use

Article 14 of the FCTC. "Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence."

In Uruguay, current regulations call for diagnosis and treatment of tobacco dependence to be included in all of the country's health services, both public and private (16), in addition to specifying mandatory implementation of the recommendations in the National Guide (17).

In 2014, the MSP approved the National Strategy for Cessation of Tobacco Use (18), the objectives of which center on optimizing care at the primary care level, increasing access to specialized units, and registration and monitoring of the units. The strategy also promotes cessation of smoking among health professionals and vulnerable populations. It sets forth the need to update the National Guide to Addressing Smoking, and to provide health professionals with training on quitting, in addition to establishing a free, proactive Quitline.

1.1.4.
W – Warning about the dangers of tobacco

Article 11 of the FCTC. "1. Each Party shall, within a period of three years after entry into force of this Convention for that Party, adopt and implement, in accordance with its national law, effective measures to ensure that: (a) tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular tobacco product is less harmful than other tobacco products. These may include terms such as 'low tar', 'light', 'ultra-light', or 'mild'; and (b) each unit packet and package of tobacco products and any outside packaging and labelling of such products also carry health warnings describing the harmful effects of tobacco use, and may include other appropriate messages. These warnings and messages: (i) shall be approved by the competent national authority, (ii) shall be rotating, (iii) shall be large, clear, visible and legible, (iv) should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas, (v) may be in the form of or include pictures or pictograms."

At present, health warnings occupy 80% of the two main faces and one of the lateral sides of packages, reading in their entirety: "This product contains nicotine, tar, and carbon monoxide," without specifying quantities.

Furthermore, a single presentation for each brand is required, preventing the use of different colors or symbols to evade the prohibition on presenting one product as being less harmful than another.

These measures prompted litigation against Uruguay, in 2010, by Philips Morris International, before the International Center for Settlement of Investment Disputes (ICSID), ending in 2016 with a result favorable to Uruguay (19).

More recently, in December 2018, the National Parliament passed a plain packaging law (20), which will enter into force in January 2020, and will apply not only to cigarettes but to all tobacco products.

1.1.5.
E – Enforcing bans on tobacco advertising, promotion, and sponsorship

Article 13 of the FCTC. "Advertising, promotion, and sponsorship of tobacco. 1. Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products. 2. Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include, subject to the legal environment and technical means available to that Party, a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory. In this respect, within the period of five years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21."

On 25 July 2014, the Executive Branch promulgated Law 19,244 (21), which prohibits all advertising, promotion, sponsorship, and exhibition of tobacco products, without exception, eliminating the potential for advertising at points of sale.

1.1.6.
R – Raising taxes on tobacco

Article 6 of the FCTC. "1. The Parties recognize that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons. 2. Without prejudice to the sovereign right of the Parties to determine and establish their taxation policies, each Party should take account of its national health objectives concerning tobacco control and adopt or maintain, as appropriate, measures which may include: (a) implementing tax policies and, where appropriate, price policies, on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption; and (b) prohibiting or restricting, as appropriate, sales to and/or importations by international travelers of tax- and duty-free tobacco products."

Between the time of the two GATS surveys, the Executive Branch increased the tobacco-specific tax on five occasions: February 2010 (22), December 2014 (23), June 2015 (24), January 2016 (25), and December 2016 (26).

OBJECTIVES

2.

2. OBJECTIVES

The objectives of the GATS survey are to:

· Systematically monitor tobacco use (in all of its forms) in the population 15 years of age and older, as well as monitoring certain key indicators, in a nationally representative sample.

· Monitor implementation of the tobacco control policies recommended in the FCTC and delineated in the MPOWER package.

METHODOLOGY

3.

3. METHODOLOGY

3.1 GATS TECHNICAL COMMITTEE

A national technical committee was formed, composed of the MSP and INE coordinators and representatives from the Medical School of the University of the Republic, the Honorary Commission to Combat Cancer, the National Resources Fund, and the Uruguayan Tobaccology Society. The group participated in adapting the questionnaire and training field staff, held discussions on the data, and prepared the fact sheet and final report.

3.2 DESIGN OF THE QUESTIONNAIRE

The 2017 GATS incorporated modifications of the 2009 survey, following proposals by the GATS Technical Committee and exchanges with the CDC and PAHO/WHO.
As in 2009, GATS 2017 obtained information on:

- the prevalence of tobacco use; exposure to second-hand smoke;
- knowledge and attitudes about tobacco;
- quitting tobacco use;
- economic factors (in regard to manufactured cigarettes and hand-rolled cigarettes);
- exposure to advertising and promotion; and
- key sociodemographic characteristics of the people interviewed (sex, age, educational level, and comfort level of the respondent's dwelling).

In addition to questions on the 2009 survey, the 2017 survey asked about:

- knowledge concerning, and use of, electronic cigarettes;
- issues regarding comfort in the home, and educational level of the head of household, in order to help classify respondents according to the index of socioeconomic level (27) normally used in the country, without altering the socioeconomic indicator used in 2009.

The final form, proposed jointly by the INE and MSP, which reflects the aforementioned changes from the 2009 survey, was approved by the Questionnaire Review Committee.

3.3 SAMPLING DESIGN

3.3.1. Eligibility

People 15 years of age and older living in private homes in any part of the national territory were eligible to participate in the GATS.

3.3.2 Sampling design

GATS participants are selected at random, using the sampling frame employed in the 2011 census. The design was aimed at providing reliable estimates of the different indicators addressed by GATS, both at the national level and disaggregated by sex.
The GATS design is random, stratified, cluster sampling, with several stages of selection.
Unlike the previous (2009) survey, the GATS 2017 sample did not provide for making estimates, with acceptable levels of accuracy, for rural areas.

3.3.2.1 Stratification

Stratification divided the country into urban and rural areas. For the capital of the country (Montevideo), households were grouped in five socioeconomic strata. Those strata were used by the Continuous Household Survey (ECH), which is conducted by the INE on an ongoing, continuous basis. For the rest of the country, localities were classified by their population size, according to data from the 2011 census, producing four strata:

i) Localities with over 20,000 people
ii) Localities with 5,000 to 20,000 people
iii) Localities with 1,000 to 5,000 people
iv) Localities with less than 1,000 people

In addition, a rural stratum was formed for the entire country (without considering the department in which a rural locality was situated). Lastly, localities in the metropolitan area formed a separate stratum.

3.3.2.2 Sample selection

The sample was selected randomly, independent of stratum, in four stages of selection. In the first stage, census segments (primary sampling units, PSUs) were selected without a replacement, with probability proportional to the size (PPS) as a function of the number of private households indicated by the 2011 census. In the second stage, four census areas were selected (secondary sampling units, SSUs) within the PSUs included in the first stage, also with probability proportional to size (PPS). In the third stage, 10 households (the third sampling unit, TSU) were selected in each selected SSU, with the same selection probability. Finally, in situ, an eligible person (final sampling unit, FSU) was selected at random (via an electronic survey device) to answer the survey

3.3.2.3 Sample size

The theoretical sample size was 6,240, taking account of the fact that the aim was to obtain approximately 5,600 cases (people eligible to answer the survey). The increase in sample size reflected the rates of eligibility and response obtained in the INE surveys of households and individuals. The theoretical sample was divided randomly into subsamples or replicates. The replicates were used until the sample sizes for each stratum were reached. Since the replicates are constructed at random, the fact that one is used or not used does not affect the randomness of the sample.

The following table shows the distribution of sample sizes for each of the sample's strata:

Stratum	Description	Sample size
1	Montevideo Bajo	440
2	Montevideo Medio Bajo	520
3	Montevideo Medio	680
4	Montevideo Medio Alto	640
5	Montevideo Alto	320
6	Metropolitan area	640
7	Localities of over 20,000 pop.	1,440
8	Localities of 5,000 to 20,000 pop.	680
9	Localities of 1,000 to 5,000 pop.	400
10	Localities of less than 1,000 pop.	160
11	Rural	320
Total		**6,240**

Table 1. Distribution of sample sizes for each stratum

3.3.2.4 Rate of response for households and individuals

Not all dwellings originally selected in the sample were eligible to participate in GATS. The table below shows the final status of each household and individual selected in the sample. This information is an essential input for calculating the total response rates for households and individuals.

	Urban		Rural		Total	
	n	%	n	%	n	%
Selected Households						
Complete (HC)	4892	82.6	237	74.1	5129	82.2
Complete – No one eligible	0	0.0	0	0.0	0	0.0
Incomplete (HINC)	0	0.0	0	0.0	0	0.0
Nobody home (HNH)	181	3.1	25	7.8	206	3.3
Refused (HR)	71	1.2	2	0.6	73	1.2
Unoccupied	506	8.5	37	11.6	543	8.7
Address not a dwelling	140	2.4	2	0.6	142	2.3
Other (HO) Other unlisted result	130	2.2	17	5.3	147	2.4
Total households selected	5920	100	320	100	6240	100
Household Response Rate (HRR) (%)[1]	**92.8%**		**84.3%**		**92.3%**	
Selected Person						
Completed (PC)	4743	97.0	223	94.1	4966	96.8
Incomplete (PINC)	1	0.0	0	0.0	1	0.0
Not eligible	0	0.0	0	0.0	0	0.0
Not at home (PNH)	76	1.6	10	4.2	86	1.7
Refused (PR)	31	0.6	4	1.7	35	0.7
Disabled (PI)	37	0.8	0	0.0	37	0.7
Other (PO) Other unlisted result	4	0.1	0	0.0	4	0.1
Total number of sampled persons	4.892	100	237	100	5.129	100
Person-level Response Rate (PRR) (%)[2]	**97.0%**		**94.1%**		**96.8%**	
Total Response Rate (TRR) (%)[3]	**89.9%**		**79.4%**		**89.4%**	

Table 2. Final status of selected households and individuals in the sample, by place of residence (without weighting)

[1]The response rate for households was 92.3% and is defined as: $HRR = \frac{HC + HINC + HNS + HNH + HR + HO}{HC} \times 100$

[2]The response rate for individuals was 96.8% and is defined as: $PRR = \frac{PC + PINC + PNH + HNH + PR + PI + PO}{PC} \times 100$

[3]The total response rate was 89.4% and is defined as: $TRR = \frac{HRR \times PRR}{100}$

3.3.3 Weighting

The sample data were weighted so as to obtain estimates at the national level, broken down by sex. The final weighting factors are the result of a series of adjustments, which are detailed below.

3.3.3.1 Determination of the original weighting factors

The first stage consisted of determining the original weighting factors, those based on the sampling design (i.e., the inverse of the probability of selecting an eligible person in the sample) for the entire theoretical sample.

3.3.3.2 Adjustment for unknown eligibilit

Regardless of the efforts made to create the sampling frame, there will be dwellings within the frame and in the sample whose eligibility is unknown – in other words, where evidence is not available to determine whether the dwelling is occupied. For various reasons, it may be impossible to determine the eligibility of a dwelling; for example, when a dwelling in the country cannot be located (no address specified), or if, after several attempts, it proves impossible to make contact, in which case there is no basis for determining eligibility.

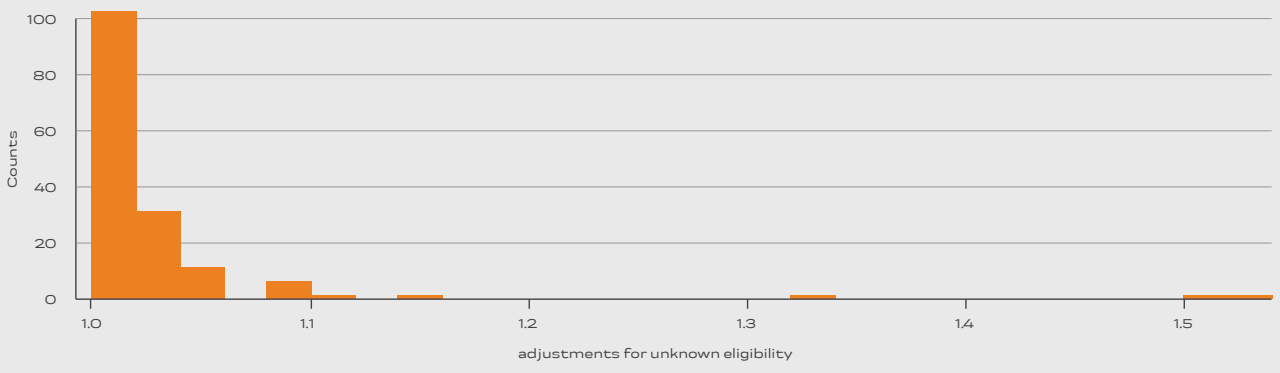
The adjustment for unknown eligibility tends to be fairly simple, given the little information available about dwellings with unknown eligibility. The method used to calculate the adjustment for unknown eligibility consisted of distributing the sum of the weighting factors of the dwellings whose eligibility was unknown among those whose eligibility (or ineligibility) is known. This adjustment was made at the PSU (census segment) level.

The adjustment for unknown dwelling eligibility i belonging to any PSU b *is given by*

$$a_{1b} = \frac{\sum_{s_b} d_{0i}}{\sum_{s_{b,CE}} d_{0i}}$$

where s_b indicates the sample in the PSU b and $s_{b,CE}$ the part of the sample belonging to the PSU b where the eligibility of dwellings is known.

The following figure shows distribution of the adjustments for unknown eligibility.



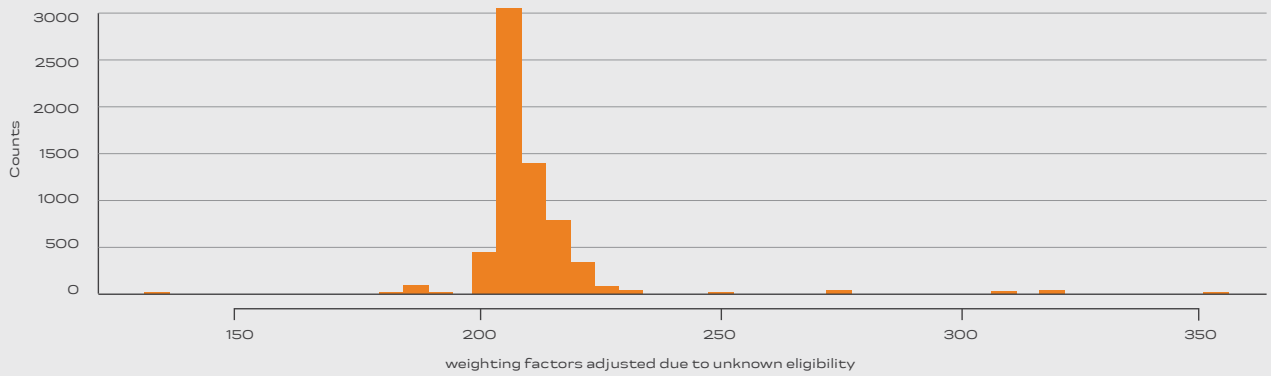
The weighting factor for the dwelling i belonging to any PSU b adjusted for unknown eligibility is given by:

$$d_{1i} = a_{1b} \times d_{0i}$$

Figure 1. Distribution of the adjustments for unknown eligibility

The figure below shows the distribution of weighting factors adjusted due to unknown eligibility d_1

Figure 2. Distribution of weighting factors adjusted due to unknown eligibility



3.3.3.3 Adjustment for non-response

Two adjustments were made for non-response, one for households and one for individuals.

Adjustment for non-response at the household level

The adjustment for non-response (NR) for households was made by creating NR classes or post-strata, similar to the adjustment used for unknown eligibility. For this case, the classes of non-response were defined at the SSU (census area) level.

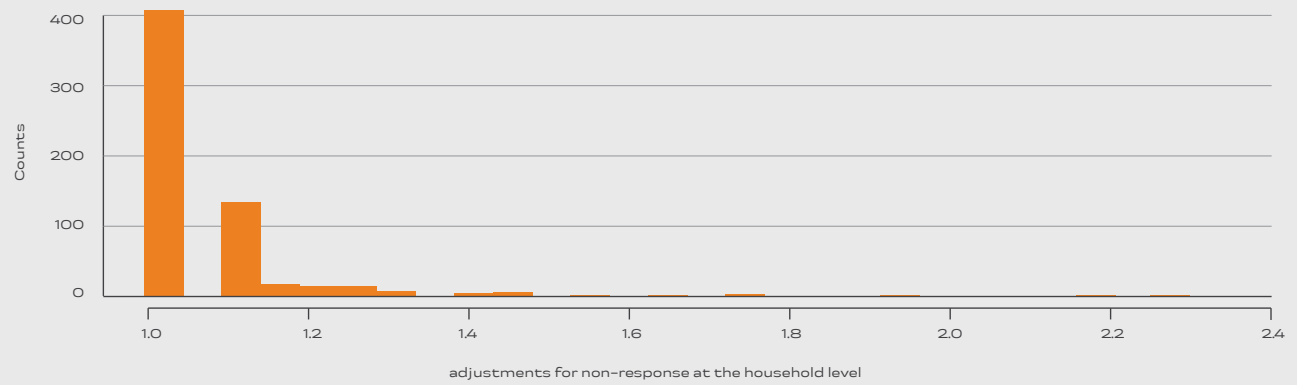
Let $S_{c,ER}$ be the responding eligible households belonging to SSU c, and $S_{c,E}$ the households of the sample whose eligibility is unknown and that also belong to SSU c. The non-response adjustment for the households in SSU c is calculated using the weighting factors adjusted for unknown eligibility (d_1), and it is defined that:

$$a_{2c} = \frac{\sum s_{c,E} d_{1i}}{\sum s_{j,ER} d_{1i}}$$

Adjustments greater than 2.5 were not permitted, in order to avoid increasing the standard errors (SE) of the estimates as a result of an increase in the variability of the weighting factors.

The figure below shows distribution of the adjustments for unknown eligibility.

Figure 3. Distribution of adjustments for non-response at the household level.

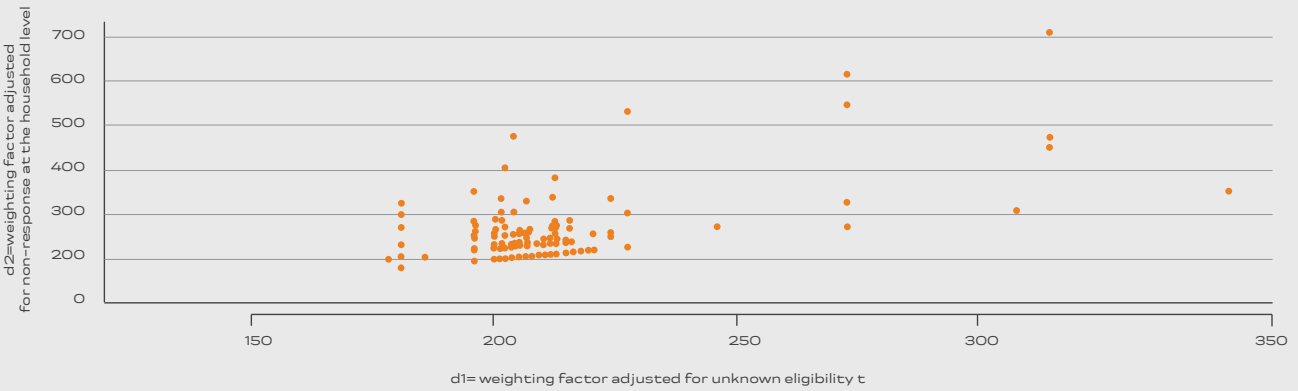


Lastly, the weighting factor of the household i belonging to SSU c adjusted for NR is defined as:

$$d_{2i} = a_{2c} \times d_{1i}$$

The figure below shows the weighting factors d_1 with respect to weighting factors d_2

Figure 4. Weighting factors d1 with respect to weighting factors d2



3.3.3.4. Determination of the weighting factors for individuals (interviewees)

The weighting factor of person j belonging to the household i is determined as:

$$w_{ij} = d_{2i} \times M_i$$

where M_i is the number of people in the household i who are eligible to participate in the GATS.
Below is a table showing the summary statistics for the weighting factors W_{ij} segmented by design stratum, while the two figures below show the distribution of those weighting factors at the overall level and disaggregated by stratum.

Table 3. Summary statistics for the weighting factors (wij) segmented by design stratum

Stratum	Description	Minimum	First Quartile	Median	Average	Third Quartile	Maximum
1	Montevideo Bajo	205	410	431	574	683	2128
2	Montevideo Medio Bajo	196	392	424	482	595	1763
3	Montevideo Medio	200	217	401	430	601	1265
4	Montevideo Medio Alto	205	216	411	410	474	1437
5	Montevideo Alto	202	227	404	430	501	1415
6	Metropolitan area	204	408	419	487	613	1429
7	Localities over 20,000 pop.	200	257	400	456	600	1801
8	Localities between 5,000 and 20,000 pop.	202	336	414	476	605	1344
9	Localities between 1,000 and 5,000 pop.	213	308	436	518	638	1542
10	Localities under 1,000 pop.	129	321	452	516	651	1804
11	Rural	196	392	447	533	671	2354

3.3.3.5 Adjustment for non-response of individuals

Subsequently, the weighting factors w_{ij} were adjusted for non-response (NR). The NR adjustment was made by creating NR classes, or post-strata, and adjusting the original weighting factors of the eligible individuals who responded. The adjustment was made by the inverse of the weighted response rate within the non-response class to which the respondent belongs. The non-response classes are created based on the interaction of three variables: sex, age, and an indicator of whether the person is a smoker. The following table shows the weighted response rates (RR) and the adjustments $(a3)$ for each class defined.

Table 4. Weighted response rates and adjustments for each class

	Age	Men		Women	
		$a_3 = \frac{1}{RR}$	Weighted response rate (RR)	$a_3 = \frac{1}{RR}$	Weighted response rate (RR)
Non-smoker	15 to 24	1.0585	0.9447	1.0419	0.9597
	25 to 34	1.0251	0.9755	1.0528	0.9498
	35 to 44	1.0304	0.9705	1.0147	0.9855
	45 to 54	1.0248	0.9758	1.0234	0.9772
		1.0462	0.9558	1.0402	0.9614
Smoker	15 to 24	1.1407	0.8767	1.1005	0.9087
	25 to 34	1.1004	0.9087	1.0298	0.9710
	35 to 44	1.0841	0.9225	1.0721	0.9328
	45 to 54	1.1352	0.8809	1.0000	1.0000
	55 and above	1.0137	0.9865	1.0176	0.9827

The weighting factor of person j belonging to the household i adjusted for non-response is defined as:

$$w_{ij}^{nr} = a_3 \times wij$$

3.3.3.6 Calibration of the weighting factors

Finally, the weighting factors adjusted for non-response were adjusted (calibrated) to population counts using calibration techniques (incomplete post stratification raking).

The objective of the calibration is to obtain a new system of weighting factors w_{ij}^{*} that are "close to" the weighting factors adjusted for non-response. However, when weighting factors w_{ij}^{*} are used to estimate the totals of the auxiliary variables, they reproduce those totals precisely. The principal benefits of the calibration are:

- reduction of the standard errors (SE) of the estimates;
- possible reduction of bias due to coverage problems;
- reduction of the bias caused by non-response
- comparability with other information sources.

The control variables used for the calibration adjustment were: sex, age bracket, educational level, and region. The population counts of such variables come from the Continuous Household Survey of the same reference year as the GATS.

The calibrated weighting factor of person j belonging to household i is defined as:

$$w_{ij}^{*} = g_{ij} \times w_{ij}^{nr}$$

where g_{ij} is the adjustment from the calibration.

The graphs below show the distribution of the adjustment factors from the calibration g_{ij} and a scatter diagram of the weighting factors, adjusted for non-response, with respect to the calibrated weighting factors.

Figure 5. Distribution of calibration adjustment factors (g)

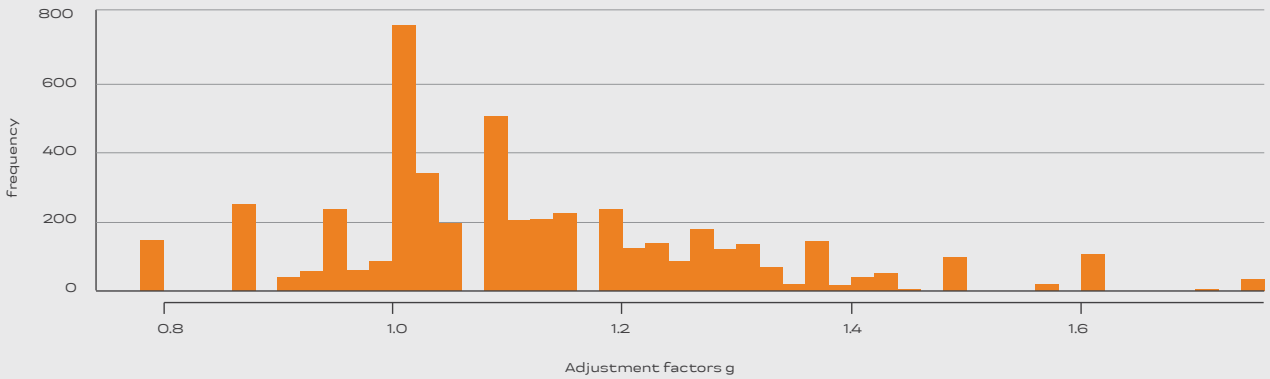


Figure 6. Weighting factors adjusted for non-response

3.3.3.7 Variability of the final weighting factors

Lastly, the overall variability of the weighting factors obtained was evaluated. For this purpose, the design effect due to the weighting, or Kish effect (Kish, 1965, 1992), was calculated; this represents the increased variability of the estimates due to using different weighting factors rather than the same weighting factor for all cases. The Kish effect was 1.37.

3.4 INE WORK TEAM

Center in charge: *Department of Sociodemographic Studies, of the Division of Statistics and Sociodemographics (INE).*

Office team: Consisting of the Project Coordinator, an expert from the survey area, and someone from the Review and Quality Control area

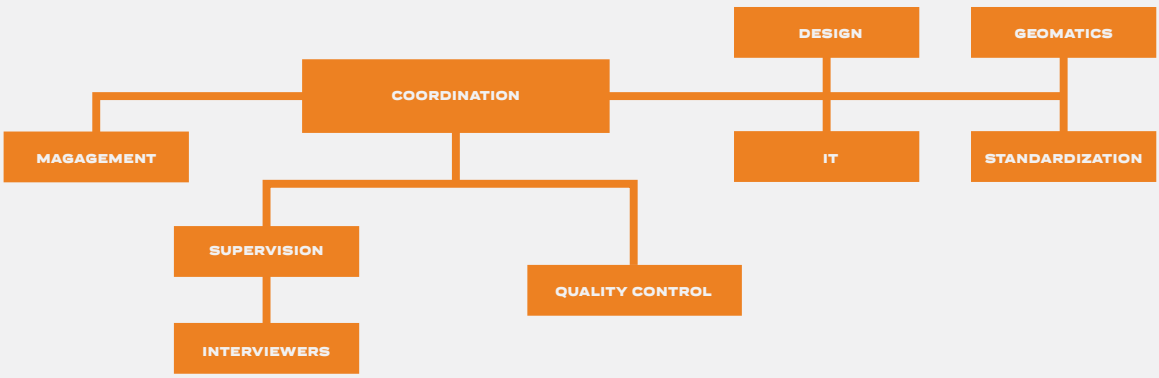
Al equipo de oficina se le sumó personal de carácter temporal (cuatro personas), quienes asistieron en las tareas de revisión de datos y control de calidad.

Field team: This was made up of 55 interviewers (hired on a temporary basis) and two supervisors (belonging to the INE staff, with experience in fieldwork and supervision).

Support centers: IT, Geomatics, Administration, Design, and Standardization.

In all, the statistical operation demanded approximately 75 people from the Institute.

Chart. Organizational chart of the INE work team



3.5 PILOT PHASE

In September 2016, a pilot for GATS 2017 was conducted. The proposal for the pilot study was prepared by INE, in close consultation with the GATS Uruguay Technical Committee.

The objective of the pilot was to test the following components:

Form: Test interviewees' comprehension of the questions and the correct flow of questions.
Tablet: Confirm that the electronic device faithfully reflects the finalized form, in terms of the questions, response categories, and logical flows.
Data transmission: Confirm accurate receipt and sending of information.
Interviewer performance: Test correct comprehension of the form, of the visits, and sending of data.
Manuals: Assess possible modifications or improvements to the manuals.
Field procedures: Identify and evaluate problems in the data collection and management process.
Timing: Time needed to complete the form and number of visits needed to conduct the survey with the selected interviewee.

The pilot survey was directed to people 15 years of age or older residing in private homes in Montevideo.

Since the purpose of the pilot phase was to test the form, field logistics, and tablet operation, rather than to provide input for adjusting sample sizes based on eligibility and non-response rates, areas with totally different demographics were selected. Thus, one area in the low socioeconomic stratum, one in the middle, and one in the highest socioeconomic stratum were selected.

A total of 31 cases were completed during four weeks of work, with two interviewers operating in the field. One of the interviewers was part of the team that had worked, in the office, on planning and organizing the survey, and later worked as a supervisor in the final phase of the survey.
When the pilot survey was complete, an effort was made to gather the interviewers' impressions of the effectiveness of the form and of the interviewees' understanding of it.

3.6 FIELD WORKT

3.6.1 Recruitment of interviewers

INE was responsible for hiring the interviewers, who were selected on the basis of a list of priority factors presented in a national appeal; education beyond the secondary basic level was specified, as well as experience in surveying households or individuals, and an aptitude for using portable computer equipment.

The final selection of field workers for the GATS project was based on a test of knowledge of the survey (objectives and concepts), field procedures (survey protocols and map reading), and management of the electronic device.

The work team and substitute interviewers were selected based on personal qualities and background, and on the test to determine knowledge of the survey.

3.6.2 Features of the training

To ensure accurate data collection, a field staff training plan was carried out over three eight-hour working days in November 2016, with members of the Technical Committee, CDC, and PAHO-WHO attending.

The general purpose of the training was to orient personnel on the survey procedures; the interview process; the survey's objectives, concepts, and definitions; use of the mobile electronic device; and the confidentiality of the collected information (pursuant to Law No. 16,616, concerning the National Statistics System) (21).

In the training, the INE GATS coordinator and MSP's National Tobacco Control Program were responsible for covering the conceptual aspects of the form; the fieldwork (procedures and recommendations) was covered by the field supervisors; and the section on use of the devices was led by the INE IT staff with support from the CDC representative.

At the end of the training, a test was administered individually to evaluate general knowledge. The grading of the test was deemed to be the moment for actual selection of the field personnel.

3.6.3 Type of interview and respondent

The survey interviews were conducted in person throughout the country and recorded on electronic devices. The information on the personal response form was collected through direct interviews with individuals selected randomly from household members 15 years of age or older. Respondents answered for themselves.

3.6.4 Field work

The team in the field was composed of 55 interviewers and two supervisors, one of the latter working in Montevideo and the metropolitan area, the other covering the rest of the country. The process managed to place at least one interviewer in each of the country's departments.

The fieldwork lasted from 17 November 2016 to 16 March 2017. The interviewers made 20,000 visits to homes in this period, providing 4,966 valid forms (the final sample).

3.6.5 Field work results

For various reasons, not all of the dwellings in the sample that were originally selected were eligible to participate in GATS (dwellings unoccupied, under construction, or seasonal). Also, the sample includes dwellings for which it was impossible to determine eligibility, since they could not be located in the field (inadequate specifications in the census frame, difficulty in accessing the area, etc.).

The following table shows the final status of each case:

Table 5. Final status of each case	
Code	No. of cases
Eligible and responding (carried out)	4,966
Eligible nonresponding (rejection, non-response, only household surveyed)	401
Ineligible (housing unoccupied, under construction, or seasonal)	730
Unknown eligibility (inadequate specifications in the census frame, difficulty accessing the area, etc.)	143
Total	6,240

3.7 VALIDATION OF THE INFORMATION

3.7.1 Review of the database

The process of checking the consistency of the information and cleaning the database began two weeks after the survey was begun.

The survey's Review and Quality Control area submitted one hundred percent of the cases to a process of pre-validation. This involved an exhaustive review of each case sent by the interviewer, using a routine procedure that included examining 80 warning signs. These did not necessarily indicate errors in the information but called for double-checking data that were atypical or that stood out in some way.

In cases where warnings signs were detected, the information was confirmed or corrected by consulting the interviewer and then communicating with the household.

3.7.2 Telephone oversight

Telephone oversight by personnel charged with monitoring consistency and coherence (checking for warning signs) was conducted for 2,715 cases, in order to assess matters such as: interviewee's knowledge of the survey; type of interview (in-person or by telephone); duration of the interview; how the interviewer introduced himself/herself and how he/she treated the interviewee; number of members of the household 15 years of age and older; and basic characteristics of the interviewee (age, sex, employment status, and whether currently a smoker).

Households were re-contacted in 55% of cases to confirm the interviewer's visit and verify protocols and certain key questions.

3.7.3 Clean-up and completion of the database

Once the field work was completed and the database review, quality control, and coding were conducted, steps were taken to:

- Generate a new key variable;
- Remove geographic identification of the dwellings interviewed;
- Eliminate people's names;
- Label variables and their values;
- Assign frequencies to each variable in the database in order to confirm ranges, numbers of cases, and labels for questions and values; and
- Generate a set of tabulated cases in order to compare estimates of certain key GATS variables with those in the first quarter of the 2017 Continuous Household Survey.

The variables or indicators monitored were:

- Prevalence of tobacco use. In 2017, when the ECH collected information on tobacco use, it employed the same language as did the GATS question.
- Economic activity status.
- Educational level.
- Socioeconomic level.

RESULTS

4.

4. RESULTS

4.1. TOBACCO USE

4.1.1. Prevalence of use

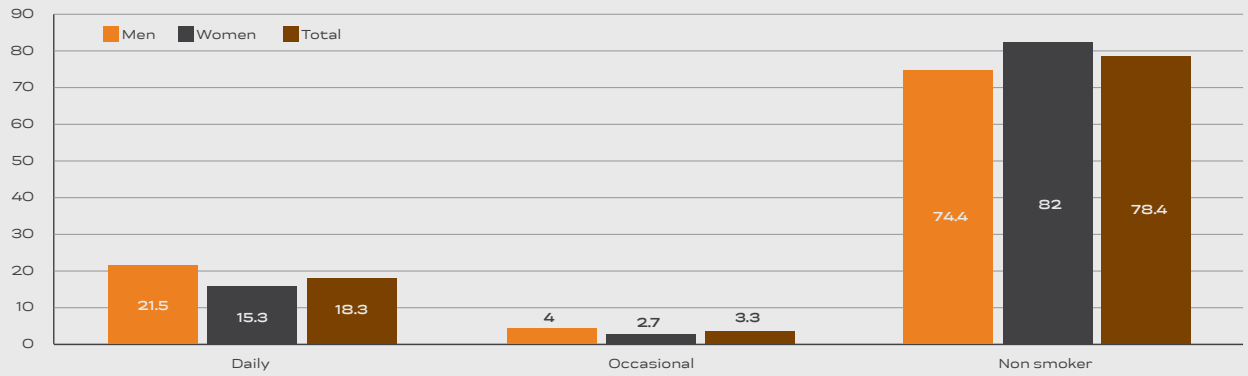
Table 6 shows the prevalence of tobacco use among adults 15 years of age and older in Uruguay, indicating that 21.6% of people currently smoked, either daily or occasionally, of which 25.6% were men and 18.0% women. Thus, approximately 600,000 people 15 years of age and older were current smokers. The prevalence of tobacco use among men was approximately 40% higher than among women.

Table 6. Distribution of people by sex, according to tobacco use

TOBACCO USE	SEX		TOTAL % (CI 95%)
	MEN % (CI 95%)	WOMEN % (CI 95%)	
Fumador actual	25.6 (23.5, 27.8)	18.0 (16.4, 19.7)	21.6 (20.3, 23.0)
Non-smoker	74.4 (72.2, 76.5)	82.0 (80.3, 83.6)	78.4 (77.0, 79.7)
Total	100.0	100.0	100.0

The majority of current smokers (> 90%) were daily smokers. The prevalence of daily smoking was 21.5% for men and 15.3% for women, while occasional smokers consisted of 4.0% men and 2.7% women (Figure 7).

Figure 7. Prevalence of tobacco use by type of consumption and sex



Tables 7a, 7b, and 7c show the prevalence of daily smokers, occasional smokers, and non-smokers by age group and sex. Among daily smokers, both men and women, the highest prevalence was in middle age. The sex-related difference in prevalence was significant only in the oldest age group.

Table 7a. Distribution of daily smokers by sex, according to age			
Daily smoker			
AGE (years)	Men % (CI 95%)	Women % (CI 95%)	Total % (CI 95%)
15 - 24	13.4 (9.1, 19.3)	6.9 (4.0, 11.7)	10.3 (7.7, 13.7)
25 - 44	27.0 (24.1, 30.2)	21.0 (17.9, 24.4)	23.9 (21.8, 26.3)
45 - 64	27.1 (23.1, 31.6)	21.0 (18.2, 24.1)	23.9 (21.4, 26.5)
65 y más	11.5 (8.7, 14.9)	5.5 (4.0, 7.5)	8.0 (6.5, 9.9)
Total	**21.5 (19.6, 23.6)**	**15.3 (13.8, 16.9)**	**18.3 (17.1, 19.5)**

Table 7b. Distribution of occasional smokers by sex, according to age			
Occasional smoker			
AGE (years)	Men % (CI 95%)	Women % (CI 95%)	Total % (CI 95%)
15 - 24	5.0 (2.4, 9.9)	3.7 (2.0, 6.8)	4.4 (2.7, 7.0)
25 - 44	6.2 (4.6, 8.1)	4.0 (2.8, 5.6)	5.0 (4.0, 6.4)
45 - 64	2.1 (1.2, 3.6)	2.0 (1.3, 3.2)	2.1 (1.5, 2.9)
65 y más	1.3 (0.6, 2.9)	0.7 (0.3, 1.8)	1.0 (0.5, 1.7)
Total	**4.0 (3.1, 5.2)**	**2.7 (2.1, 3.5)**	**3.3 (2.8, 4.0)**

Table 7c. Distribution of non-smokers by sex, according to age			
Non-smokers			
AGE (years)	Men % (CI 95%)	Women % (CI 95%)	Total % (CI 95%)
15 - 24	81.6 (75.1, 86.7)	89.4 (84.3, 92.9)	85.4 (81.6, 88.5)
25 - 44	66.8 (63.4, 70.0)	75.1 (71.6, 78.2)	71.0 (68.5, 73.4)
45 - 64	70.8 (66.5, 74.7)	77.0 (73.8, 79.9)	74.1 (71.4, 76.6)
65 y más	87.3 (83.5, 90.3)	93.8 (91.7, 95.4)	91.0 (89.0, 92.7)
Total	**74.4 (72.2, 76.5)**	**82.0 (80.3, 83.6)**	**78.4 (77.0, 79.7)**

Table 8 shows the distribution within the group of non-smokers, with 16.8% of people 15 years of age and older (21.8% of men and 12.2% of women) being former daily smokers; in absolute numbers, this would mean that some 460,000 people who previously smoked on a daily basis successfully quit smoking. The findings indicate that approximately 45.0% of men and 61.7% of women never smoked.

Table 8. Distribution of non-smokers by sex, according to type of previous use

TYPE OF TOBACCO USE	SEX		TOTAL
	MEN % (CI 95%)	WOMEN % (CI 95%)	
Former daily smoker	21.8 (20.0, 23.6)	12.2 (10.8, 13.8)	16.8 (15.7, 17.9)
Former occasional smoker	7.6 (6.2, 9.3)	8.1 (7.0, 9.4)	7.9 (6.9, 8.9)
Never smoked	45.0 (42.7, 47.4)	61.7 (59.5, 63.8)	53.7 (52.1, 55.4)

4.1.2. Type of product

The vast majority of smokers in Uruguay smoke cigarettes, whether manufactured or hand rolled. The prevalence of consumption of commercial cigarettes in the general population was 20.2% among men and 16.8% among women.

Of smokers, 79.2% of men and 93.1% of women smoked manufactured cigarettes. Twice as many men as women (35.4% versus 17.1%) smoked hand-rolled cigarettes. In all, 4.8% of smokers (7.4% of men and 1.4% of women) used tobacco products other than cigarettes, including chewing tobacco, pipes, cigars, and water pipes.

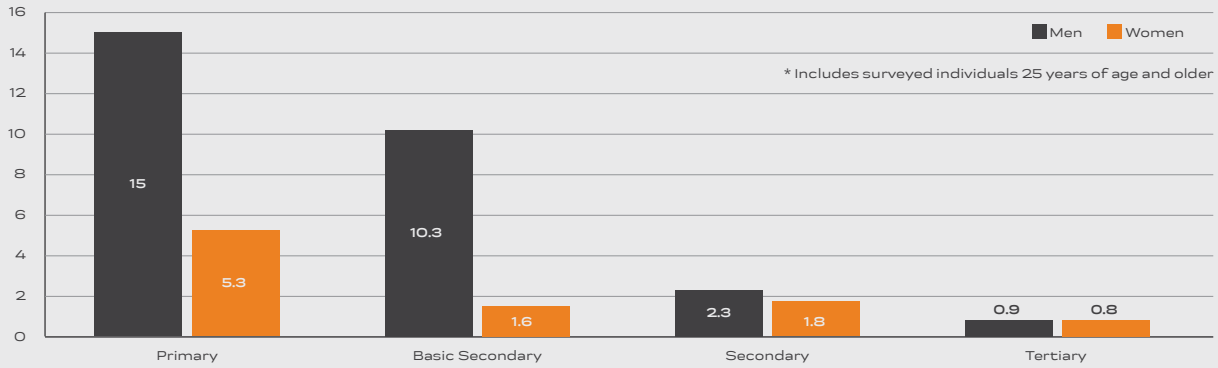
Table 9 describes the prevalence, by sex, of the different tobacco products used by current smokers.

Table 9. Prevalence, by sex, of different tobacco products used by current smokers

TYPE OF PRODUCT	SEX		TOTAL
	MEN	WOMEN	
Manufactured	20.2 (18.3, 22.4)	16.8 (15.3, 18.4)	18.4 (17.2, 19.7)
Hand-rolled	9.0 (7.5, 10.8)	3.1 (2.3, 4.1)	5.9 (5.0, 6.9)
Smokeless tobacco	0.3 (0.1, 1.0)	0.0 (0.0, 0.1)	0.1 (0.0, 0.5)

The distribution, according to educational level, of the prevalence of any type of product smoked showed greater use among people with a primary education (29.7%) than among those with a tertiary education (16.1%); this difference was more pronounced in the case of hand-rolled cigarettes. There was an inverse relationship between consumption of hand-rolled cigarettes and educational level. In men 25 years of age and older with a primary education, the prevalence of consumption of hand-rolled cigarettes was 15.0%, while among those with a tertiary education it was 0.9%.

Figure 8. Smoking of hand-rolled cigarettes, by sex and educational level*



4.1.3. 3 Intensity of consumption

According to the survey, the average number of cigarettes smoked by daily smokers was 15.2. Men smoked a significantly greater number than women:16.7 versus 13.4.

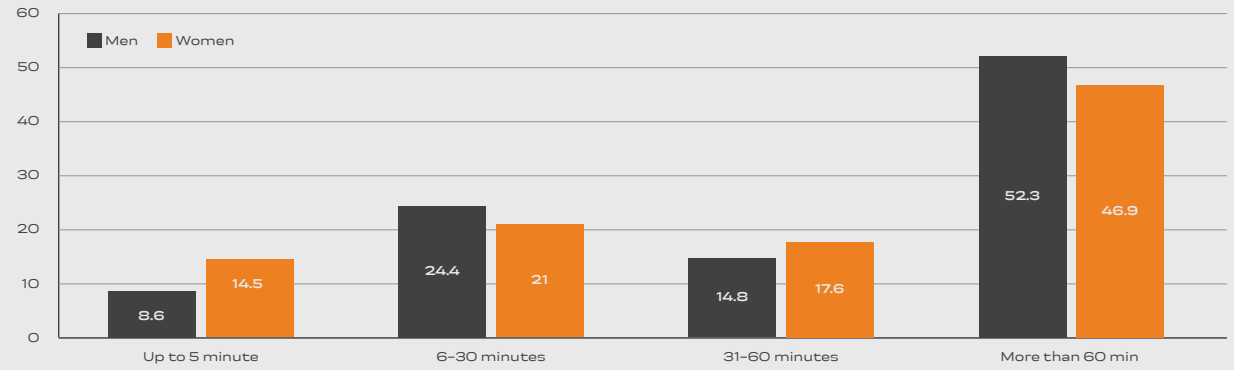
4.1.4. Age at which smoking began

Among current daily smokers between the ages of 20 and 34, the average age at which smoking began was 16.3 years. This age group was used because it made it possible to establish current patterns for the initiation of smoking. Notably, 89% of daily smokers began their daily smoking before the age of 20.

4.1.5. Indicator of dependence

The amount of time between waking up and smoking the first cigarette is an indicator of the level of nicotine dependence in smokers. The data indicated that 34.1% of smokers smoked their first cigarette in the first 30 minutes after waking. Figure 9 shows the distribution, by sex, of the amount of time between waking and smoking the first cigarette for daily smokers. A greater proportion of men than women do so within 60 minutes of waking (52.3% versus 46.9%), but the difference is not significant.

Figure 9. Distribution of daily smokers, by sex, according to the amount of time between waking and lighting the first cigarette



The prevalence of tobacco use among different socioeconomic segments of the population, measured in terms of the Index of Socioeconomic Level (INSE 2012), showed a higher prevalence of use in the lower socioeconomic segments of the population (25.9%) than in the middle (21.1%) and high (17.1%) segments. This tendency is present both in Montevideo and in the rest of the country, though the differences are less pronounced in the rest of the country.

Figure 10. Tobacco use according to Index of Socioeconomic Level (INSE)

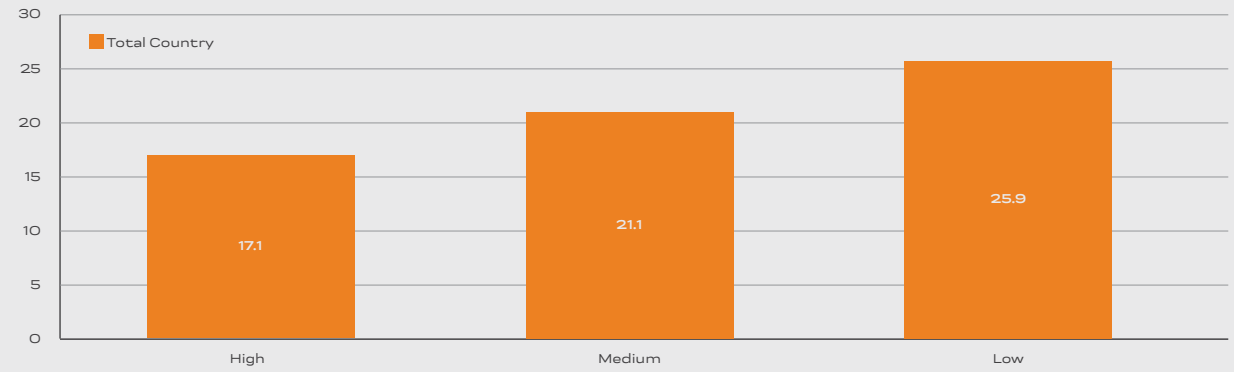
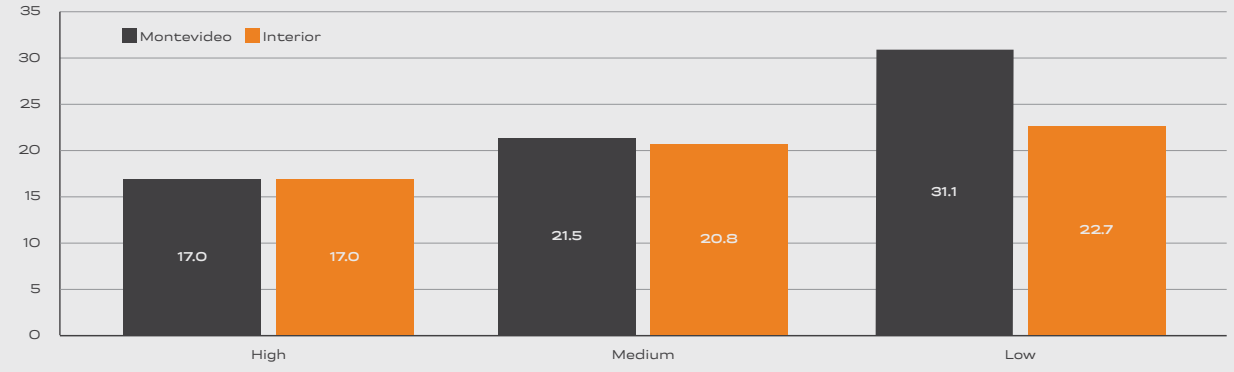


Figure 11. Tobacco use according to Index of Socioeconomic Level (INSE), by place of residence



4.1.6. Electronic cigarettes

Although the existence of electronic cigarettes is quite widely known in the population (45.3%), their use is only marginal (0.2%). These devices are more widely known among residents of Montevideo who have a tertiary education. Their use is highest in the younger age groups (Table 10), with no difference between sexes.

Table 10. Use of electronic cigarettes by age and educational level

Demographic characteristics	Has heard of them % (CI 95%)	Has used them at some point	Currently uses them
AGE			
15-24	48.4 (43.0, 53.9)	4.2 (2.8, 6.3)	0.5 (0.1, 1.6)
25-44	52.8 (49.4, 56.1)	4.2 (3.2, 5.6)	0.2 (0.1, 0.5)
45-64	44.6 (41.3, 48.1)	2.7 (1.8, 3.9)	0.1 (0.0, 0.4)
65+	29.1 (25.8, 32.6)	0.6 (0.2, 1.5)	0.2 (0.0, 0.9)
EDUCATIONAL LEVEL			
Primary	25.8 (23.1, 28.7)	1.3 (0.2, 2.2)	0.0 (0.0, 0.2)
Secondary basic	48.7 (45.0, 52.5)	2.9 (1.8, 4.6)	0.2 (0.0, 0.8)
Secondary	62.4 (58.9, 65.9)	5.3 (3.8, 7.3)	0.3 (0.1, 1.0)
Tertiary	71.0 (67.1, 74.6)	4.2 (2.9, 6.2)	0.4 (0.1, 1.3)
TOTAL	**45.3 (42.7, 47.9)**	**3.1 (2.6, 3.8)**	**0.2 (0.1, 0.5)**

4.2. CESSATION

4.2.1. Smoking cessation rate

Table 11 shows the percentage of previous daily smokers who quit – known as the "cessation rate" (former daily smokers/former daily smokers + current daily smokers x 100). The cessation rate was 45.7% (48.1% for men and 42.3% for women). No difference was found in the rate according to place of residence; however, there was a correlation with educational level, with a higher cessation rate among those with a tertiary education.

Table 11. Cessation rate by sex and educational level

Demographic characteristics	CESSATION RATE CESSATION* % (CI 95%)
SEX	
Men	48.1 (44.5, 51.6)
Women	42.3 (38.3, 46.4)
EDUCATIONAL LEVEL	
Primary	48.1 (44.6, 51.8)
Secondary basic	42.0 (36.1, 48.1)
Secondary	45.2 (39.8, 50.7)
Tertiary	61.3 (54.8, 67.5)
TOTAL	**45.7 (43.1 – 48.3)**

$$*\text{Cessation rate} = \frac{\text{former daily smokers}}{\text{former daily smokers + current daily smokers}}$$

Of smokers 15 years of age and older, 45.9% tried to quit during the previous year. The proportion of people attempting to quit was greater among women, among those living outside of Montevideo, and in the 15- to 24-year-old age group.

4.2.2. Health-team intervention

Among smokers who had a tertiary education, 73.6% visited a health facility during the last year, while among those who had a primary education, 49.9% visited a health facility.

Of these, 78.6% were asked whether they smoked, 52.0% were advised to quit smoking, and 18.2% received guidance from health personnel on quitting. These figures did not vary significantly by sex (Table 12), place of residence, or educational level.

Table 12. Percentage of smokers, by sex, who attempted to quit, and who received medical advice on quitting

SEX	BEHAVIOR			
	Attempted to quit smoking % (CI 95%)	Was asked whether he/she was a smoker** % (CI 95%)	Was advised to quit smoking** % (CI 95%)	Received guidance from health personnel % (CI 95%)
Men	42.6 (37.2, 48.2)	79.2 (73.3, 84.0)	50.1 (43.4, 56.8)	16.6 (12.0, 22.4)
Women	50.0 (45.2, 54.8)	78.0 (72.8, 82.4)	53.9 (48.4, 59.2)	19.9 (15.8, 24.7)
Total	**45.9 (42.5, 49.3)**	**78.6 (74.9, 81.8)**	**52.0 (47.5, 56.3)**	**18.2 (15.2, 21.7)**

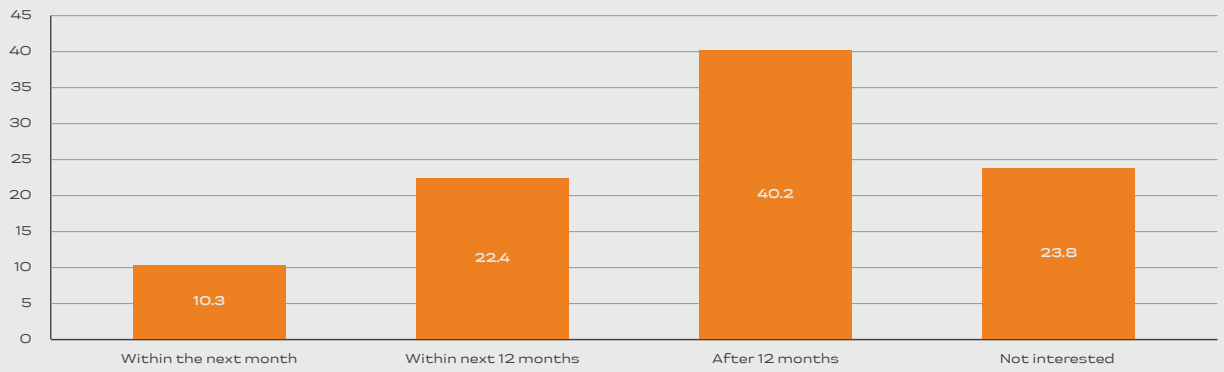
* Includes current and former smokers who quit less than one year ago.
** Was asked/advised by health personnel, in the previous 12 months.

With regard to the methods used to quit, there was a notable difference in the use of specific pharmacotherapy between those with a tertiary education (28.7%) and those with a primary education (8.1%).

4.2.3. Motivation

Figure 12 shows the distribution of motivation for quitting tobacco use among smokers 15 years of age and older. Over 70% expressed interest in quitting. The highest percentage (40.2%) had thought about quitting someday but did not foresee doing so in the next 12 months. Smokers' interest in quitting did not vary significantly by sex or place of residence, with one exception: interest in "quitting in the next month" was greater among those living outside of Montevideo (12.5%) than among those living in Montevideo (7.4%). Almost half of current smokers (49.9%) said they knew where to find help for quitting.

Figure 12. Distribution of current smokers (15 years of age and older) according to interest in quitting



4.3. EXPOSURE TO TOBACCO SMOKE

4.3.1. Workplace exposure

Of people who worked indoors, 11.1% were exposed to tobacco smoke at work in the last 30 days (Table 13), with more men than women exposed at work (15.9% versus 6.6%).

Table 13. Percentage of people exposed to tobacco smoke at work* within the general population and among non-smokers, by sex and age

		Total population % (CI 95%)	Non-smokers % (CI 95%)
Sex	Men	15.9 (13.5, 18.8)	14.2 (11.4, 17.5)
	Women	6.6 (5.1, 8.6)	5.7 (4.2, 7.8)
Age	15-24	11.7 (7.5, 17.7)	11.2 (6.6, 18.3)
	25-44	12.3 (10.2, 14,8)	10.7 (8.3, 13.6)
	45-64	9.5 (7.2, 12.4)	7.7 (5.3, 10.9)
		7.0 (3.4, 13.6)	6.4 (2.8, 13.7)
TOTAL		**11.1 (9.7, 12.7)**	**9.6 (8.0, 11.4)**

* In the last 30 days, among those working outside the home in indoors settings. Does not include those working outdoors.

4.3.2. Exposición en lugares cerrados de uso público

Table 14 shows the percentage of people who were exposed to tobacco smoke while visiting a public space in the last 30 days. A small percentage of those who visited public buildings (2.9%), medical facilities (2.2%), and restaurants (2.8%) reported having been exposed to tobacco smoke during their visits. The highest exposure levels occurred in colleges and universities (11.3%), as well as in bars, pubs, and discotheques (19.5%).

Table 14. Percentage of people exposed to tobacco smoke in public spaces in the last 30 days, according to sociodemographic characteristics

Demographic characteristics		EXPOSURE TO TOBACCO SMOKE IN...					
		Public buildings % (CI 95%)	Health care facilities % (CI 95%)	Restaurants % (CI 95%)	Public transportation % (CI 95%)	Colleges and universities % (CI 95%)	Bars, pubs, discotheques % (CI 95%)
TOTAL		**2.9 (2.2, 3.9)**	**2.2 (1.6, 3.0)**	**2.8 (1.9, 4.1)**	**6.1 (5.0, 7.4)**	**11.3 (8.1, 15.5)**	**19.5 (16.7, 22.8)**
Sex	Men	3.1 (2.0, 4.8)	2.4 (1.5, 4.0)	2.2 (1.2, 4.0)	6.6 (5.0, 8.6)	15.2 (9.8, 22.8)	21.6 (17.5, 26.4)
	Women	2.8 (1.8, 4.2)	2.1 (1.5, 3.0)	3.3 (2.1, 5.2)	5.7 (4.4, 7.4)	8.1 (4.8, 13.3)	16.9 (13.1, 21.6)
Age group	15-24	2.7 (1.1, 6.4)	3.1 (1.4, 6.8)	5.9 (3.5, 9.8)	7.1 (4.7, 10.7)	11.5 (6.2, 20.3)	33.7 (27.8, 40.2)
	25-44	3.6 (2.3, 5.7)	2.5 (1.5, 4.0)	1.6 (0.9, 2.8)	8.0 (6.2, 10.4)	13.9 (9.2, 20.3)	14.3 (11.0, 18.4)
	45-64	2.7 (1.8, 4.1)	2.2 (1.4, 3.5)	2.2 (1.2, 4.1)	4.8 (3.5, 6.6)	4.8 (2.1, 10.8)	5.3 (3.0, 9.0)
	65+	1.9 (0.8, 4.4)	1.3 (0.6, 2.5)	1.6 (0.6, 3.9)	2.7 (1.6, 4.4)	-----	10.0 (4.7, 19.8)
Area	Montevideo	3.6 (2.3, 5.6)	2.4 (1.5, 3.9)	3.6 (2.2, 5.7)	7.3 (5.6, 9.4)	13.8 (9.2, 20.0)	18.0 (14.4, 22.3)
	Outside of Montevideo	2.5 (1.7, 3.7)	2.1 (1.4, 3.1)	2.1 (1.1, 4.0)	4.7 (3.5, 6.2)	7.9 (4.5, 13.5)	20.9 (16.6, 25.9)
Educational level	Primary	3.2 (1.9, 5.3)	2.0 (1.3, 3.0)	0.4 (0.1, 2.7)	3.1 (2.2, 4.3)	-----	18.8 (11.8, 28.6)
	Secondary basic	2.6 (1.3, 4.8)	1.9 (0.9, 3.9)	2.6 (1.3, 5.3)	4.7 (3.0, 7.3)	3.7 (0.5, 22.8)	6.4 (3.5, 11.3)
	Secondary	2.7 (1.5, 4.6)	2.4 (1.1, 5.0)	1.8 (0.8, 3.7)	9.3 (6.7, 12.8)	13.1 (8.2, 20.4)	10.2 (7.1, 14.4)
	Tertiary	3.5 (2.1, 5.9)	1.9 (1.1, 3.5)	2.1 (1.2, 3.7)	9.1 (6.5, 12.6)	13.1 (7.9, 20.9)	9.8 (6.7, 14.1)

4.3.3. Exposure in the home

Overall, 20% of people 15 years of age or older said they smoked inside the home at least once a week. Differences by age and sex are shown in Table 15.

Table 15. Percentage of people exposed to tobacco smoke in the home, according to sex and age groups

Sex	Men	20.3 (18.2, 21.7)
	Women	19.8 (17.7, 22.0)
Age group	15-24	25.5 (21.7, 29.8)
	25-44	20.2 (17.9, 22.7)
	45-64	21.3 (19.1, 23.7)
	65+	11.7 (9.8, 14.0)
TOTAL		**20.0 (18.4, 21.7)**

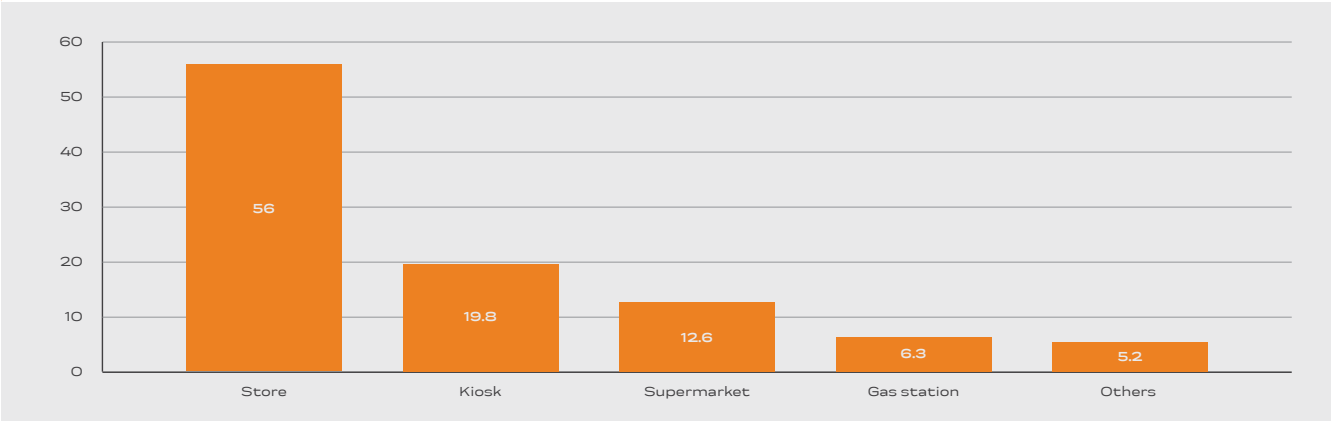
According to the findings, nearly 60% of people 15 years of age or older lived in a home with at least one smoker. A smaller proportion of people 65+ years old lived in homes with smokers (43.9%) than did people in the 15- to 24-year-old age group (67.2%).

4.4. ECONOMICS

4.4.1. Place of purchase

Over half (56.0%) of those who smoked commercially-produced cigarettes made their last cigarette purchase at a store, followed by 19.8% whose most recent purchase was at a kiosk or stand; 12.6% made their purchase at a supermarket, while 6.3% did so at a service station (Figure 13).

Figure 13. Place where last cigarette purchase was made



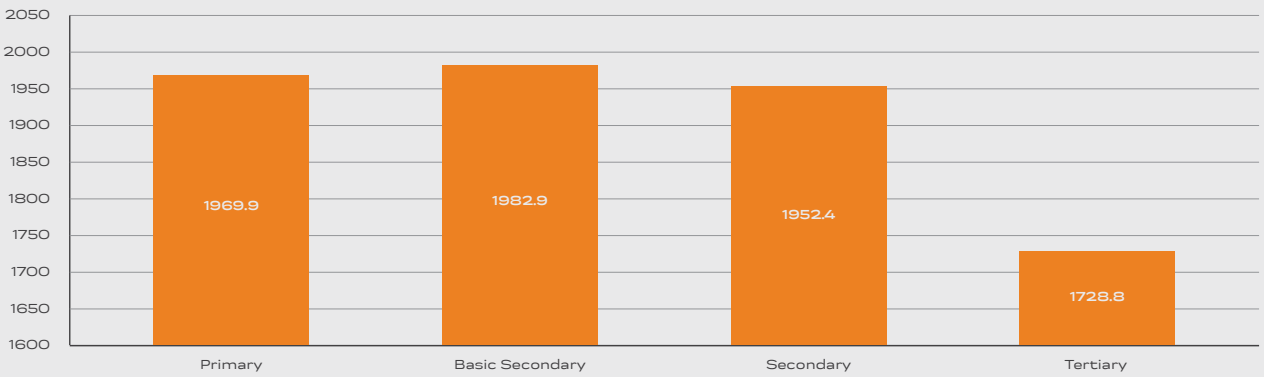
Purchase patterns do not show significant variations by sex or age. Residents living outside of Montevideo were more likely to purchase cigarettes at a store (65.6%) than were residents of Montevideo (44.3%).

4.4.2 – Prices of tobacco products

In Uruguay, the average price of a pack of 20 cigarettes was $125 at the time of the survey (January 2017), while the average price of 20 hand-rolled cigarettes was $25.40.[1]

At the time of the survey, smokers of manufactured cigarettes spent an average of $1,849.80 per month, while smokers of hand-rolled cigarettes spent an average of $507.30 per month. Among smokers of manufactured cigarettes, the average amount spent did not vary significantly based on level of education (Figure 14).

Figure 14. Average monthly spending on manufactured cigarettes, by educational level



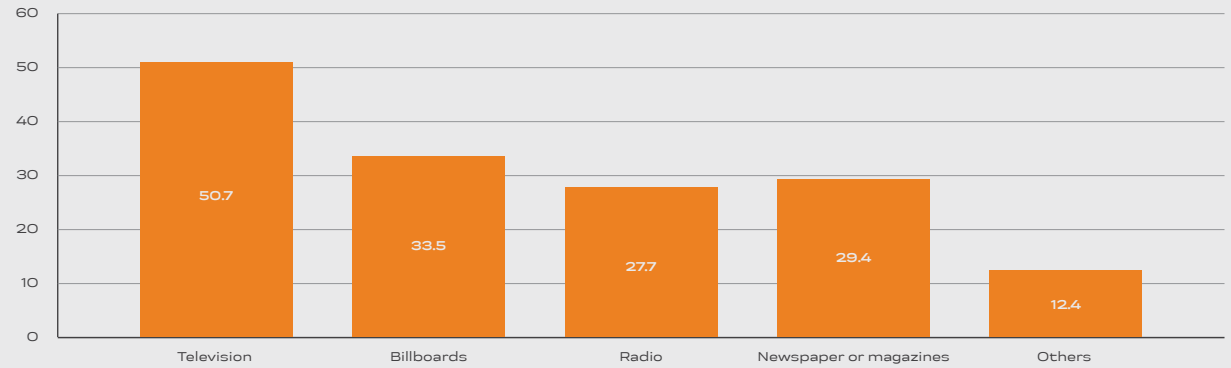
1 The average price of 20 hand-rolled cigarettes was calculated based on a package of tobacco containing 45 grams of tobacco, with each package containing an average of 55 cigarettes.

4.5. THE MEDIA

4.5.1. Antismoking information

Overall, according to the findings, 68.0% of people had seen antismoking information in one place or another. While there was no notable difference between smokers and non-smokers in where such information was viewed, or based on sex or age, place of residence did make a difference. More of those living outside Montevideo had seen antismoking information than those living in Montevideo (71.6% versus 62.6%). Figure 15 shows the places where people saw antismoking information.

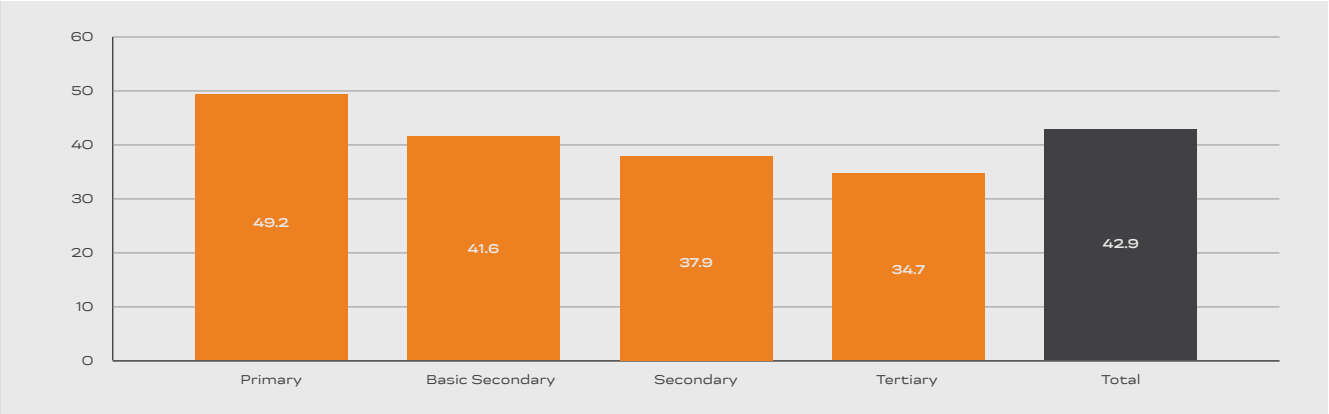
Figure 15. Percentage of people who saw antismoking information in the last 30 days, by communications medium



4.5.2. Health warnings

Findings showed that, among smokers, 95.7% had seen health warnings on cigarette packages in the last 30 days. Of these, 42.9% thought about quitting as a result of the health warnings; of people with lower educational levels who saw the warnings, nearly 50% thought about quitting (Figure 16).

Figure 16. Percentage of smokers who thought about quitting smoking due to health warnings, by educational level



4.5.3. Tobacco advertising

Overall, 16.8% of people saw cigarette advertisements at businesses. Among various age groups, the 15- to 24-year-old age group reported the greatest exposure to such advertisements. Exposure to cigarette advertising on the Internet was greater among non-smokers than among current smokers (9.7% versus 6.7%) (Table 16).

Table 16. Percentage of people who saw advertising for tobacco products, according to demographic characteristics

Demographic characteristics		Saw advertising in businesses % (CI 95%)	Saw advertising on the Internet % (CI 95%)	Saw any type of advertising, promotion, or sponsorship % (CI 95%)
Total		**16.8 (14.9, 19.0)**	**9.0 (7.7, 10.5)**	**34.5 (31.6, 37.5)**
Sex	Men	18.5 (16.0, 21.3)	8.7 (7.2, 10.6)	37.0 (33.5, 40.6)
	Women	15.4 (13.2, 17.8)	9.3 (7.7, 11.1)	32.1 (28.9, 35.5)

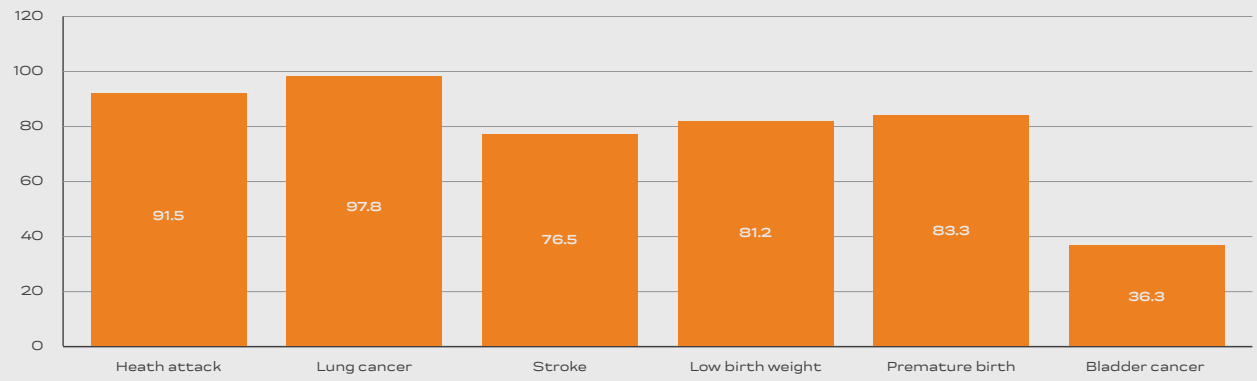
Age group	15-24	29.9 (24.9, 35.5)	18.1 (14.3, 22.7)	49.5 (43.5, 55.6)
	25-44	16.9 (14.7, 19.5)	10.2 (8.5, 12.1)	34.8 (31.4, 38.4)
	45-64	13.0 (10.9, 15.6)	5.4 (4.1, 6.9)	30.9 (27.5, 34.4)
	65+	8.2 (6.4, 10.4)	2.5 (1.6, 3.9)	22.9 (19.6, 26.5)
Region	Montevideo	18.8 (16.2, 21.7)	8.7 (6.9, 10.9)	36.9 (33.6, 40.5)
	Rest of the country	15.5 (12.9, 18.6)	9.2 (7.5, 11.2)	32.8 (28.6, 37.2)

4.6. KNOWLEDGE, ATTITUDES, AND PERCEPTIONS

4.6.1. Knowledge about the health consequences of tobacco use

According to the findings, the vast majority (over 90%) of people 15 years of age or older believed that smoking causes serious illness, in particular heart attacks and lung cancer. There was less knowledge, however, about the relationship between smoking and other pathologies (Figure 17).

Figure 17. Percentage of people who believed that smoking causes serious illness



4.6.2. Knowledge about the health consequences of exposure to environmental tobacco smoke

According to the findings, over 90% of the population believed that breathing environmental tobacco smoke causes serious health problems in non-smokers. No significant differences by age, sex, educational level, and place of residence were detected. With regard to smokeless tobacco, only 64.2% of people believed that its consumption causes serious illness.

4.6.3. Knowledge about the health risk involved in light, ultralight, mild and mentholated cigarettes

Of those who believed that smoking causes serious illness, 21.2% did not know that light, ultralight, and mild cigarettes are as harmful as common cigarettes, and 16.0% were unaware of this fact in relation to mentholated cigarettes, with lack of knowledge greater among people 65 years of age and older (Figure 18a).

Figure 18b shows that, in general, people with a primary education were significantly less likely to have this information concerning light, ultralight, and mild cigarettes.

Figure 18a. Percentage of people,* by age, who did not know that mentholated, light, ultralight, and mild cigarettes are as harmful as common cigarettes

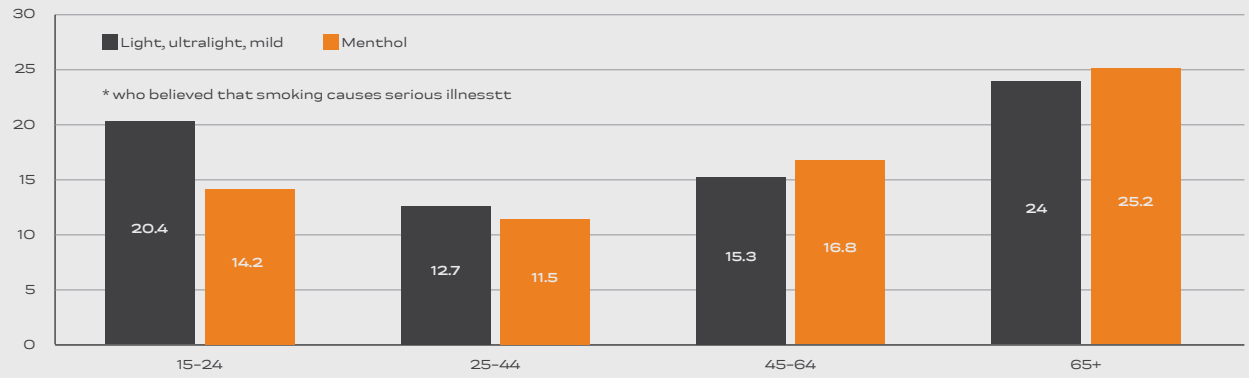
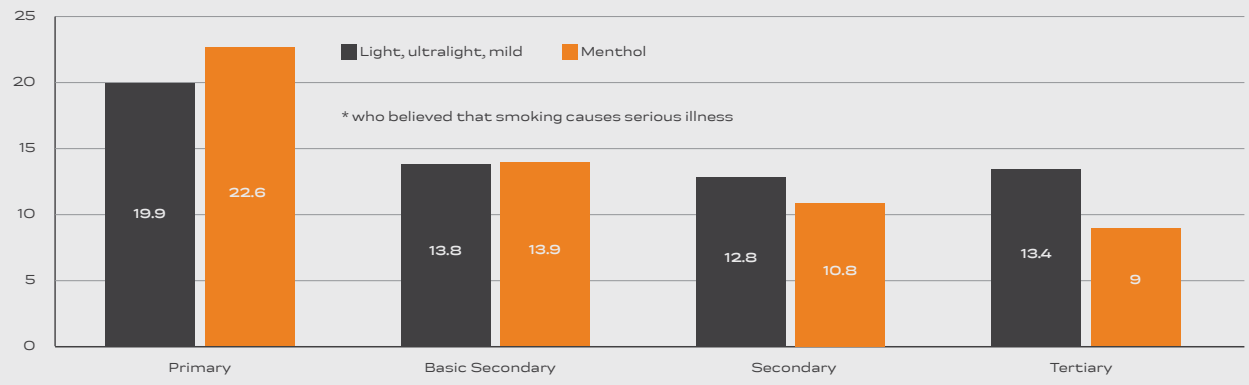


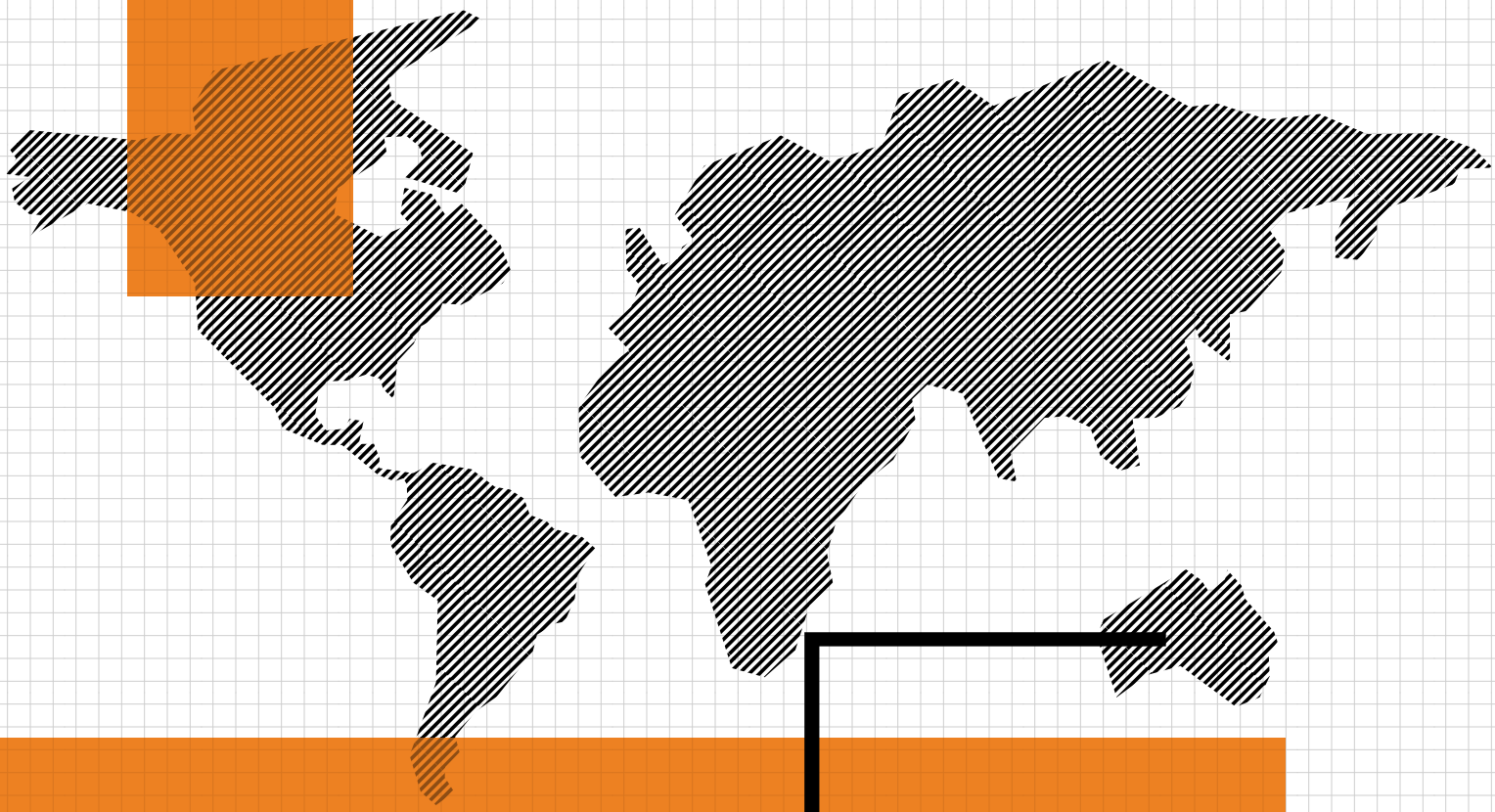
FIgure 18b. Percentage of people,* by educational level, who did not know that mentholated, light, ultralight, and mild cigarettes are as harmful as regular cigarettes



4.6.4. Addictiveness

According to the findings, most people believed that cigarettes are addictive, with no significant differences, in belief, by sex, age, place of residence, or whether the person was a smoker or nonsmoker. There was a slight difference based on educational level, but the overall prevalence of knowledge about addictiveness was above 90%.

COMPARATIVE FINDINGS 2009–2017



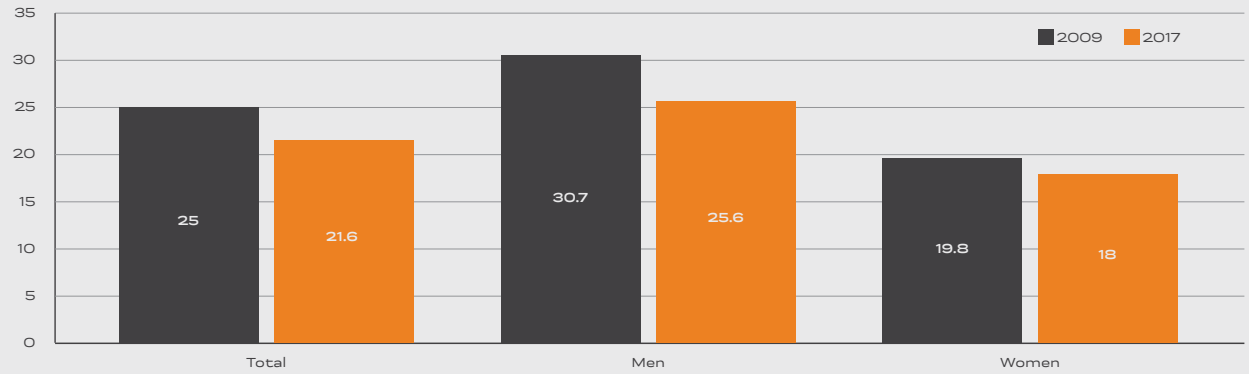
5.

5. COMPARATIVE FINDINGS: 2009-2017

5. 1 TOBACCO USE

Comparison of the 2017 and 2009 findings shows a decline of 13.6% in the prevalence of **current smokers**. The decline in men, which was significant, was greater than in women (Figure 19).

Figure 19. 2009-2017 comparison. Prevalence of tobacco use, by sex



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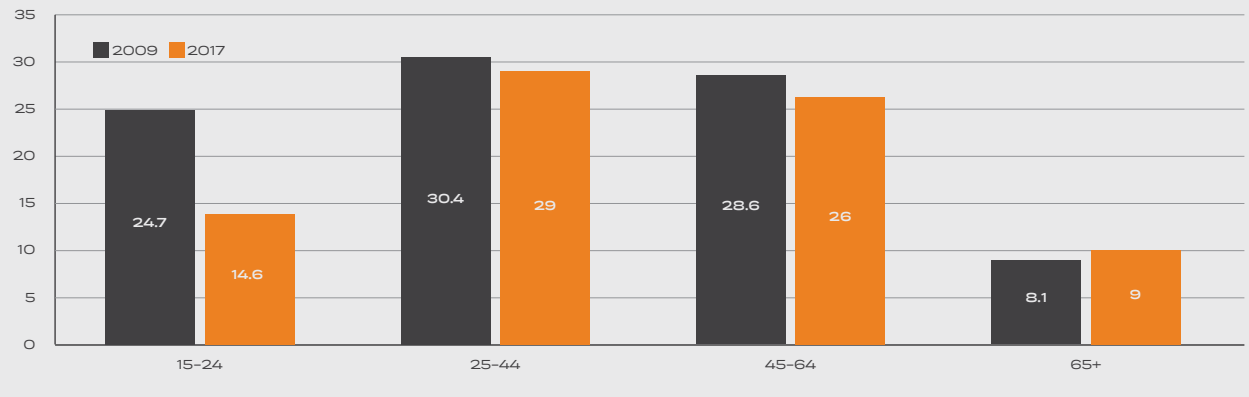
The reduction in use was significant in the 15- to 24-year-old age group among both men and women, with a decline of 40.9% (from 24.7% in 2009 to 14.6% in 2017).

Figure 20. 2009-2017 comparison. Prevalence of tobacco use by age



With regard to educational level, tobacco use continued to be greater in the population with lower educational levels (Table 17).

The prevalence of **non-smokers** (lifetime non-users and former smokers) was shown to have risen by 4.5%. Notable was the increase of non-smokers in the youngest age group, along with a significant drop in the proportion of daily smokers in this group.

Daily use continued to be the predominant modality, and the decline in this type of consumption since 2009 was less than the decline in occasional use, with the former dropping by 10.3% and the latter by 26.3% (Table 18).

Table 17. 2009–2017 comparison. Prevalence of tobacco use by educational level

Any tobacco smoking product		
Educational level	2009	2017
Primary	25.5 (23.4, 27.8)	24.1 (22.0, 26.4)
Secondary basic	28.2 (24.3, 32.4)	27.1 (23.9, 30.7)
Secondary	23.3 (19.7, 27.2)	23.6 (20.6, 26.9)
Tertiary	21.3 (16.8, 26,7)	14.2 (11.8, 17.0)

Table 18. 2009–2017 comparison. Prevalence of daily smokers, occasional smokers, and non-smokers, by age group

AGE (years)	Daily smoker		Occasional smoker		Non-smoker	
	2009	2017	2009	2017	2009	2017
15-24	18.2	10.3*	6.5	4.4	75.3	85.4*
25-44	24.8	24.0	5.6	5.0	69.6	71.0
45-64	25.0	23.8	3.7	2.1*	71.4	74.0
65+	6.8	8.0	1.4	1.0	91.9	91.0
Total	**20.4**	**18.3***	**4.5**	**3.3***	**75.0**	**78.4***

* Significant difference

Prevalence of the use of manufactured cigarettes in the general population declined by 13.6% (from 21.3% in 2009 to 18.4% in 2017), with the decline greater (27.2%) in the case of hand-rolled cigarettes (from 8.1% in 2009 to 5.9% in 2017).

In terms of the distribution of the various modalities of consumption, the smoking of hand-rolled cigarettes declined, though not significantly, principally in the 65+ population (from 32.6% in 2009 to 27.4% in 2017).

The gap between men and women diminished as a result of the significantly lower use of hand-rolled cigarettes among men (from 43.9% in 2009 to 35.4% in 2017).

With regard to other forms of tobacco use, the findings indicated that less than 4% of users use chewing tobacco, pipes, cigarettes, and other tobacco products, a figure that remained unchanged from 2009. The use of smokeless tobacco products continued to be as marginal as it was in 2009.

There were no significant changes in the average number of cigarettes smoked by daily smokers: 15.2 cigarettes/day compared with 15.4 cigarettes/day in 2009. Men smoked significantly more cigarettes per day than women: 16.7 versus 13.4 – not a significant change from the 2009 difference of 17.6 versus 12.5.

The average age at which daily smokers between the ages of 20 and 34 began smoking was 16.3 years, with no difference based on sex or place of residence; thus, there was no change with respect to 2009.

The time between waking up and smoking the first cigarette, a measure of smokers' level of nicotine dependence, did not change between 2009 and 2017.

5.2 CESSATION

Overall, 24.7% of the population (20.5% of men and 12.7% of women) were found to be former smokers. Thus, in absolute numbers, some 680,000 people who previously smoked on a daily or occasional basis managed to quit – a figure 3.3% higher than in 2009 – making the number of people who quit smoking since 2009 approximately 90,000.

Table 19 compares the "cessation rate" of the 2009 and 2017 surveys; although there were no significant differences between the 2009 and 2017 findings in the overall population, 2017 showed a significant increase (12.4%) among men, as well among those with a tertiary education (from 48.3% in 2009 to 61.3% in 2017).

Table 19. 2009-2017 comparison. Cessation rate by sex

SEX	CESSATION RATE* 2009 % (CI 95%)	CESSATION RATE* 2017 % (CI 95%)
Men	42.8	48.1**
Women	41.0	42.3
Total	**42.0**	**45.7**

$$^{*}\text{Cessation rate} = \frac{\text{former daily smokers}}{\text{former daily smokers + current daily smokers}}$$

** Significant difference

There was no difference in the proportion of smokers who attempted to quit in the previous year, except in the 65-year-old and older age group (34.6% in 2009, 48.9% in 2017) (Figure 21).

Notably, there was a decline in the proportion of long-term ex-smokers. In 2009, 89.5% of those who had quit smoking had not taken even a puff in the previous year, while that percentage dropped to 53.8% in 2017.

Figure 21. 2009–2017 comparison. Attempt to quit in the last year, by age

There was no difference, from 2009 to 2017, in the proportion of smokers who visited health facilities, were asked about their tobacco use, were advised to quit, and were offered treatment (Figure 22).

Figure 22. 2009–2017 comparison. Among people who visited health facilities in the year prior to the survey, those who received health-team interventions

There was no significant change in the population distribution of those interested in quitting tobacco use (motivation), nor was there a change in the age or sex of those interested in quitting. Notably, among the youngest smokers, there was an increase in the proportion of people not interested in quitting, though the change was not statistically significant.

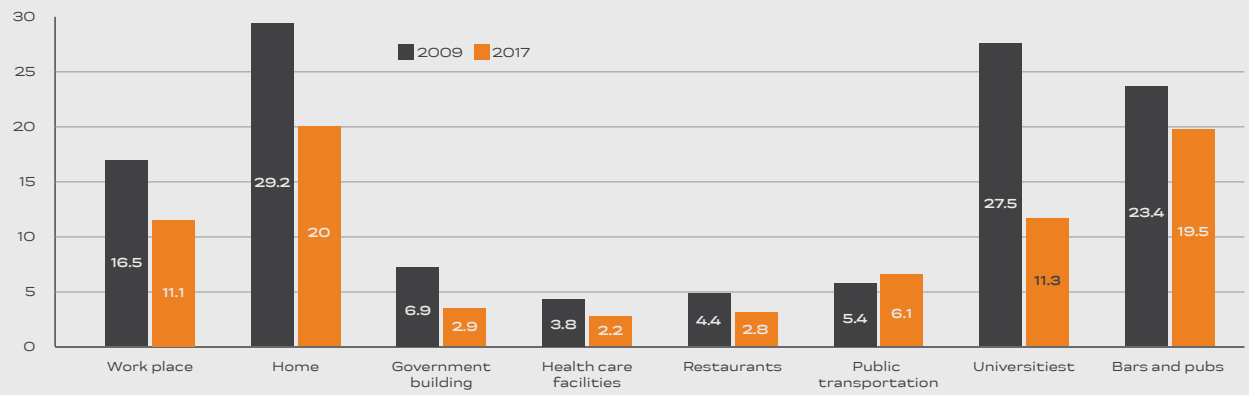
Half of current smokers (the same proportion as in 2009) said they knew where to find help in quitting smoking, with no change according to sex. However, the proportion of young people who knew where to get help decreased significantly (from 45.5% in 2009 to 29.9% in 2017).

5.3 EXPOSURE TO TOBACCO SMOKE

Compared with 2009, the percentage of workers who were exposed to environmental tobacco smoke in indoor workplaces in the 30 days prior to the survey fell by 32.7% (from 16.5% in 2009 to 11.1% in 2017), with a greater decrease among men (25.7%) than among women (44.1%).

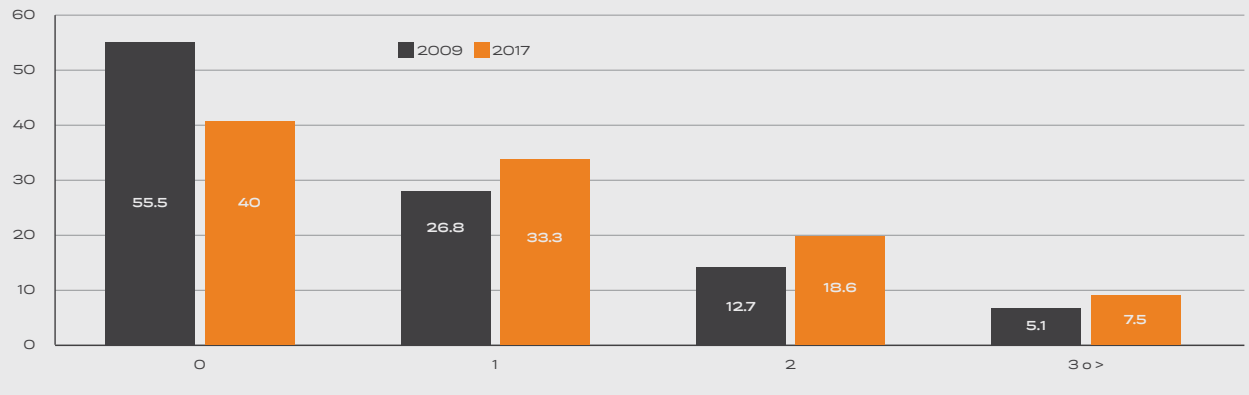
Exposure to environmental tobacco smoke declined significantly (58.0%) among those who visited public buildings, while exposure in medical facilities declined by 42.1%, and by 58.9% in colleges and universities. Exposure in restaurants saw less of a drop (36.4%), as was the case for exposure in bars, pubs, and discotheques (16.7%). Exposure in public transportation settings did not change significantly (Figure 23).

Figure 23. 2009–2017 comparison. Exposure to environmental tobacco smoke in various public spaces



Exposure to environmental tobacco smoke in the home declined by 32.4% (from 34% in 2009 to 23% in 2017). In spite of this drop, the number of homes with a resident who smoked increased, while the number of homes without a smoker declined by 27.9% (from 55.5% in 2009 to 40% in 2017) (Figure 24).

Figure 24. 2009–2017 comparison. Proportion of households with smokers



5.4 ECONOMICS

The proportion of smokers who made their most recent purchase of manufactured cigarettes at a store increased (from 49.7% in 2009 to 56.0% in 2017), while purchases in kiosks and stands declined (from 25.7% in 2009 to 19.8% in 2017). Purchasing patterns did not show significant variations according to sex, age, or place of residence.

There was no significant difference in average monthly expenditure on cigarettes, which, adjusted for inflation (using the International Monetary Fund's Price Consumer Index), was $1,740.10 in 2009 and $1,849.80 in 2017.

5.5 THE MEDIA

The proportion of people who saw antismoking information in the media dropped significantly (19.8%): from 84.8% in 2009 to 68.0% in 2017.

There was no change in the percentage of current smokers who had seen health warnings on cigarette packages in the previous 30 days, or in the proportion of those who thought about quitting as a result of the warnings. However, the motivating effect of the warnings declined by 29.5% in the youngest age group (from 54.3% in 2009 to 38.3% in 2017), while it did not change in terms of differences in educational level.

There was a 22.1% decline in the percentage of people who saw some form of cigarette advertising, promotion, or sponsorship (from 44.3% in 2009 to 34.5% in 2017). Overall, the amount of advertising seen on the Internet doubled (from 4.6% in 2009 to 9.0% in 2017), and this increase was seen across age groups, with the greatest increase in the youngest group.

5.6 KNOWLEDGE, ATTITUDES, AND PERCEPTIONS

There were no changes in the perception of risk associated with tobacco use in the population as a whole, or in the various sex, age, or educational population segments, nor did the perception of risk associated with exposure to environmental tobacco smoke change. Both of these figures remained above 90%.

Among people who believed that smoking causes serious illness, there was a significant decrease (21.2%) in the proportion who do not know that mentholated cigarettes are as harmful as regular cigarettes (from 20.3% in 2009 to 16.0% in 2017).

6. DISCUSSION

6. DISCUSSION

6.1 - TOBACCO USE

After the large decline in the prevalence of current smokers found in GATS 2009 (a 23.6% drop from 2006 to 2009), the second GATS shows a continuing decline in tobacco use, though at a lower rate. In the 2009-2017 period, the prevalence of tobacco smoking declined from 25.0% to 21.6%, a significant decrease in percentage points (3.4) and in relative terms (13.4%).

When the first GATS was conducted, Uruguay had implemented a package of measures that included most of the principal recommendations of the Framework Convention, so it was to be expected that the greatest impact would be seen at that time.

Certain factors favored a drop in prevalence. Maintenance of the tobacco control policy facilitated the continued decrease in prevalence by virtue of sustained impact on reducing the onset of smoking in young people, by de-normalizing smoking behavior (reducing social acceptance), and by providing help to treat smoking addiction. In addition, in the period between the two GATS surveys, prohibitions on cigarette advertising, promotion, and sponsorship were made complete, by eliminating the point-of-sale exception, raising taxes on tobacco, and strengthening regulatory enforcement.

Other factors may have adversely affected the decline in prevalence, such as the population's increased purchasing power, an increase in product promotion on the Internet, directed at young people, and the emergence of new forms of tobacco use.

The percentage of former smokers who have definitively quit, defined as those who, a year after quitting, have not taken a puff, declined compared with 2009: from 89.5% in 2009 to 53.8% in 2017. This finding points to an increased risk of relapse, warranting heightened concern about maintaining the decline in prevalence. Given the magnitude of the change, a study of the determining factors would be in order.

Analysis of prevalence by sex continues to show male use predominating at all ages. There has been a significant decline in prevalence among men, but not among women. Of particular concern, in this respect, are low-income pregnant women, in whom prevalence (26.7%) is higher than in the overall population (28), as shown in the work of Berrueta et al., in 2015.

The only age group that showed a significant decline was the 15- to 24-year-old group, a finding consistent with data from surveys focusing on young people (5).

The group of "non-smokers" grew, most likely because fewer young people started smoking, given that overall cessation rates in 2009 were similar to those in 2017. One influencing factor in this trend may be the de-normalization of smoking, following ten years in which regulations on smoke-free environments entered into effect.

Smoked tobacco is consumed largely in the form of manufactured cigarettes (used by 85.3% of the smoking population) and hand-rolled cigarettes (accounting for 27.4% of the total), with the hand-rolled variety consumed primarily by people of lower educational level. Although the other types of smoked tobacco combined accounted for a mere 1.1%, a number of emerging facts suggest the utility of studying the factors that account for these forms of smoking within specific groups, given that both pipe smokers and water-pipe smokers are mainly young men with a tertiary education. A study on fifth-year medical students, published in 2016, found that 31.5% had used a water pipe at some point (29). Though this study is not representative of the population, and involved a limited number of students, it appears to indicate a trend toward the use of water pipes among this particular group of young people. This is a phenomenon that merits further attention, with additional studies needed to analyze it.

Differences in prevalence by socioeconomic level, between 2009 and 2017, were not analyzed, since different indicators were used in the two surveys. However, prevalence as related to educational level was analyzed, and findings regarding this variable have proved to be consistent with data generated by the aforementioned indicators.

Given that the greatest decline in prevalence, as in 2009, continued to be in the population with a tertiary education, it would also be useful to study the social determinants of use in the population with lower educational and socioeconomic levels.

The findings showed that nearly half of the population knew about the existence of electronic smoking devices – so-called electronic cigarettes – with greater knowledge of these cigarettes among those with a tertiary education. However, use of these devices is marginal – a fact that could be attributable in part to the prohibition, since 2009, on their importation and marketing.

6.2 - CESSATION

The increase in the cessation rate was significant in men and among people with a tertiary education – a contributing factor, along with the lower number of people starting to smoke, in the overall decrease in prevalence.

Compared with 2009, there was no significant change in the overall cessation rate, the percentage who attempted to quit smoking, or the motivation to quit. One factor that may explain these findings is the lack of change in health workers with respect to making even minor interventions with the smoking population. Among smokers who visited a health facility, only 52% were given advice on quitting, while only 18.2% received assistance or guidance for quitting. This highlights the need to intensify implementation of Article 14 of the WHO FCTC (2).

Although people with a tertiary education visited a health facility in higher proportions than those of lower educational levels, the proportion of those who attempted to quit was no different in this group from that of people with a primary education. It would be instructive to study, among other variables, whether interventions with the lower educational level population were more intense or more effective than in those with a tertiary education.

Despite the fact that there was no apparent difference in the interventions that health workers carried out with the two groups, the percentage of people who used medications to aid in smoking cessation was greater in the population with a tertiary education, perhaps reflecting their greater access to available resources.

Notably, the behavior of health workers, with regard to smoking-cessation interventions, showed no change from 2009 to 2017. There is a need to strengthen sensitization and training, among health workers, on minimal interventions, as well as enhancing monitoring by health authorities, in order to ensure compliance with the mandate to record whether someone is a smoker or non-smoker and to offer brief advice.

However, given that health professionals are seen as role models, and in light of their responsibility to help people who smoke, it is encouraging to note the 9.8% decline, according to 2011 data (30), in prevalence of tobacco use among physicians.

With regard to motivation, although there were no significant changes, attention should be given to the youngest age group of smokers, in which interest in smoking cessation declined.

Given that the reduction in the number of people who begin smoking and the increased cessation rate account for the decline in smoking prevalence, the following should be noted:

The onset of smoking declined notably, consistent with the findings of the GYTS survey, which showed reduced prevalence in 13- to 15-year-olds (8.2% in 2014). That survey also indicated an increased perception of risk associated with tobacco smoking. Nevertheless, there are some danger signs, such as the use of smokeless tobacco products and alternative forms of smoked tobacco, all of which are perceived as being lower-risk (5).

The cessation rate, while it increased in some sectors, did not increase overall, as would have been desirable. The variables accounting for this could be lack of specific interventions in vulnerable populations, insufficient intervention by health workers in both out-patient and hospital settings, and an increase in the percentage of former smokers who have not definitively quit.

All these results highlight the need to intensify implementation of the National Cessation Strategy approved by the Ministry of Public Health in 2014 (18).

6.3. EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE

Overall, there was a high level of compliance with provisions on tobacco smoke-free environments. Between 2009 and 2017, exposure to environmental tobacco smoke decreased, both in the workplace and in homes. This was true in greater proportion among people with the highest educational level, thus underlining the need for intervention in the sectors with lower educational and socioeconomic levels.

There was also a decline in exposure in nearly all public spaces, with the exception of public transportation.

In homes, exposure decreased for all age groups. The group most exposed in 2009 (ages 15 to 24) showed the greatest decline in 2017. This could be due to educational interventions and greater awareness in the population, since regulation and inspection are not a factor in the home environment.

With regard to public spaces, there was a notable decline in exposure in university settings – a highly important finding, given that these are centers where training of young people occurs. This decline could be due in part to the specific work conducted in those educational centers by various institutions, in addition to the role of inspections carried out by the Ministry of Health's National Program for Tobacco Control.

6.4. ECONOMICS

In the period between the two surveys, taxes on tobacco (IMESI) were raised five times, at the initiative of the Executive Branch, though a comprehensive fiscal strategy for the tax increase has yet to be established.

6.5. THE MEDIA

Although tobacco advertising, promotion, and sponsorship have been completely prohibited in Uruguay since 2014, 34.5% of respondents saw some form of advertising. Though a certain level of noncompliance with the regulation can be expected, results of the regular inspections indicated a very low level of noncompliance. Thus, it would seem important to investigate what messages the population receives or interprets as advertising or promotion, and what media the tobacco industry uses to reach these people.

As in 2009, it was those in the youngest age group who saw the most advertising or promotion of tobacco products. Internet viewing of advertising and promotion increased significantly in all age groups, with the highest percentage among 15- to 24-year-olds.

At the same time, the decline in the percentage of people who saw antismoking messages could be explained by the limited implementation of antismoking campaigns in the period between the surveys. Since the vast majority of the Uruguayan population has Internet access – a medium by which people saw more tobacco advertising than in 2009 – consideration should be given to using it as a medium for antismoking messages.

The percentage of people who thought about quitting smoking as a result of health warnings on cigarette packages remained at more than 40%, indicating that this continues to be an important way of reaching smokers, and could be leveraged to provide information about pathologies whose relation to tobacco is still little known by the population.

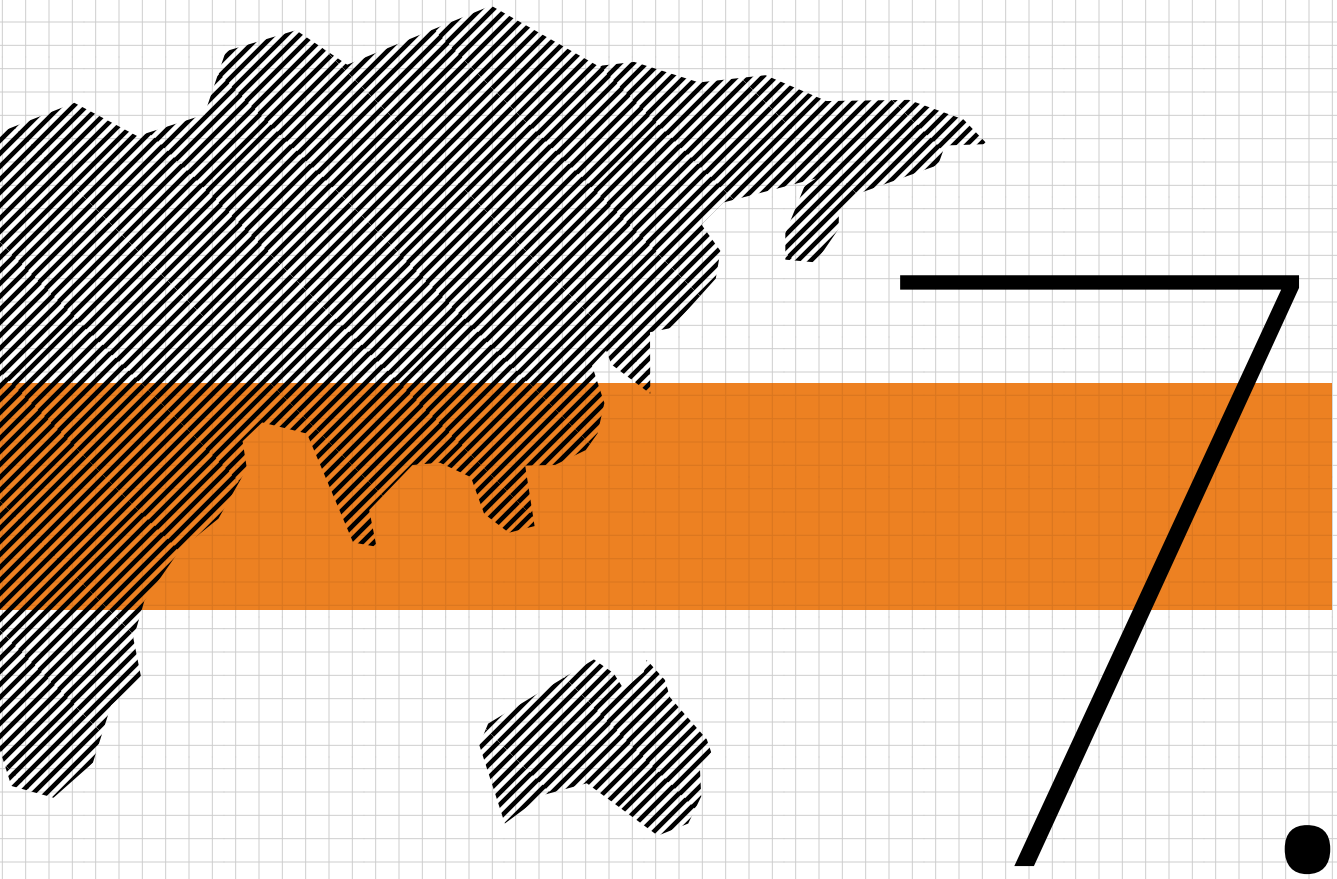
6.6. KNOWLEDGE, ATTITUDES, AND PERCEPTIONS

Findings showed that there was widespread knowledge about the fact that both smoking and exposure to tobacco smoke are harmful to health. However, analysis of people's knowledge of specific diseases showed that there was a low level of understanding of the relationship between tobacco use and cerebrovascular diseases, and even less knowledge of the connection with bladder cancer.

The gap in information about the danger of using electronic smoking devices and smokeless tobacco products is worrisome. According to data from the Global Youth Tobacco Survey (GYTS) (5), there is emerging evidence of the use of smokeless tobacco products in the 13- to 15-year- old population (3.5%). This, associated with a low perception of risk, could contribute to an increase in the use of this type of tobacco.

Also notable was an increase in the percentage of people who believed that the risk of smoking mentholated cigarettes is different risk than the risk associated with regular cigarettes. Given the increase in tobacco products with menthol and other flavoring capsules, efforts need to be made to regulate this type of additives, along with initiatives to transmit appropriate information to the population about the risks involved.

7. CONCLUSIONS AND RECOMMENDATIONS



7. CONCLUSIONS AND RECOMMENDATIONS

The positive impact of implementing the principal measures of the Framework Convention, which was apparent in GATS 2009, was followed by a continued but less rapid decline in prevalence, owing to the continuation of tobacco control policy. At the same time, the decline in tobacco use among women stalled, after positive results in 2009.

Despite the high level of compliance with Tobacco Smoke Free Environments (TSFE) regulations, further progress needs to be made to provide protection from exposure to environmental tobacco smoke. New regulations need to be implemented, and enforcement of existing regulations have to be more rigorously enforced.

Emphasis should be given to promoting changes in attitude among health workers regarding interventions with patients who are smokers. This will require training and monitoring, as well as improving access to treatment services.

Although there were several tax increases on tobacco products in the period between the two surveys, these were the result of specific government initiatives and were not incorporated in a fiscal strategy.

Although the total prohibition on advertising, promotion, and sponsorship led to reduced exposure, certain sectors –– particularly young people –– are being exposed to new forms of advertising as a result of actions by the tobacco industry.

Based on the GATS 2017 findings and considering the recommendations already in place from the earlier survey (some of which remain in effect), the following recommendations should be considered:

- Identify interventions to reduce prevalence in specific populations: women, especially pregnant women, and people living at a low socioeconomic level.

- Promote cessation of tobacco use through population-based interventions that employ information and communications technologies, and that target the relevant populations.

- Increase access to treatment for dependency, as well as strengthening and monitoring services designed to help people quit.

- Raise awareness and provide training for health workers in order to improve tobacco-cessation interventions with patients who smoke.

- Strengthen monitoring of compliance with the TSFE standards in bars, pubs, and discotheques, and in public transportation settings, while also taking action to regulate new sectors.

- Warn about the threat posed by new forms of consumption, such as smokeless tobacco.

- Define a strategy that guarantees systematic increases in tobacco taxes in order to make these products less affordable.

- Reduce young people's exposure to tobacco advertising, promotion, and sponsorship.

- Take action to regulate the use of additives and flavorings.

- Maintain continuous monitoring of key indicators in order to evaluate the impact of planned activities.

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APPENDIX

APPENDIX A
2017 Questionnaire

Contents

Section A.
Personal data

INTRODUCTION:

First, I am going to ask you some general questions about yourself.

A1. *INTERVIEWER: NOTE SEX ACCORDING TO WHAT YOU SEE. ASK IF NECESSARY*

MALE 1
FEMALE 2

A2. In what month and year were you born?

MONTH: IF THE RESPONSE IS "DOES NOT KNOW," ENTER "77" . . . . . .
YEAR: IF THE RESPONSE IS "DOES NOT KNOW," ENTER "7777" . . . . . .
INTERVIEWER: IF MONTH=77 OR YEAR=7777 IN A2, ASK A3. OTHERWISE, GO TO A4..

A3. How old were you on your last birthday?

INTERVIEWER: IF THE RESPONDENT IS NOT SURE, PROBE FOR
AN ESTIMATE AND ENTER THE RESPONSE... . . . . . .YEARS OLD

A3a. *IS THIS RESPONSE AN ESTIMATE?*

YES 1
NO 2
DOES NOT KNOW. 7

A4a. What is the highest level of school you reached

INTERVIEWER: SELECT ONLY ONE CATEGORY.

NO FORMAL SCHOOLING . . . . . .1 *>>> GO TO* ***A5a***
COMMON PRIMARY 2
SPECIAL PRIMARY 3
SECONDARY BASIC CYCLE OR UTU. 4
SECONDARY SCHOOL DIPLOMA (4th to 6th) 5
UTU TECHNICAL DIPLOMA (4th to 6th) 6
TECHNICAL EDUCATION 7
MASTERS OR TEACHING CERTIFICATE 8
UNIVERSITY OR SIMILAR 9
NON-UNIVERSITY TERTIARY. 10
GRADUATE-LEVEL 11
DOES NOT KNOW. 77

A4b. Did you complete that level?

YES . . . . . ⌊_____⌋ .1 *>>> GO TO* ***A5a***
NO . . . . . ⌊_____⌋ .2
DOES NOT KNOW . . . . . ⌊_____⌋ .7

A4c. What is the highest level of schooling you completed?

INTERVIEWER: SELECT ONLY ONE CATEGORY.

NO FORMAL SCHOOLING . . . . . ⌊_____⌋ .1
COMMON PRIMARY . . . . . ⌊_____⌋ .2
SPECIAL PRIMARY . . . . . ⌊_____⌋ .3
SECONDARY BASIC CYCLE OR UTU. . . . . ⌊_____⌋ .4
SECONDARY SCHOOL DIPLOMA (4th to 6th) . . . . . ⌊_____⌋ .5
UTU TECHNICAL DIPLOMA (4th to 6th) . . . . . ⌊_____⌋ .6
TECHNICAL EDUCATION . . . . . ⌊_____⌋ .7
MASTERS OR TEACHING CERTIFICATE . . . . . ⌊_____⌋ .8
UNIVERSITY OR SIMILAR . . . . . ⌊_____⌋ .9
NON-UNIVERSITY TERTIARY. . . . . ⌊_____⌋ .10
GRADUATE-LEVEL . . . . . ⌊_____⌋ .11
DOES NOT KNOW . . . . . ⌊_____⌋ .77

A5a. Which of the following best describes your work activity during the past 12 months?

INTERVIEWER: ASK THE NECESSARY QUESTIONS UNTIL YOU ARE SURE THE RESPONDENT HAS UNDERSTOOD THE QUESTION

Private-sector salaried worker . . . . . ⌊_____⌋ .1
Public-sector salaried worker . . . . . ⌊_____⌋ .2
Member of productive cooperative . . . . . ⌊_____⌋ .3
Owner . . . . . ⌊_____⌋ .4
Self-employed without real estate or investment . . . . . ⌊_____⌋ .5
Self-employed with real estate or investment . . . . . ⌊_____⌋ .6
Unpaid household member . . . . . ⌊_____⌋ .7
Worker in a social jobs program . . . . . ⌊_____⌋ .8
Unemployed, trained, and looking for work . . . . . ⌊_____⌋ .14
Unemployed, trained, not looking for work. . . . . ⌊_____⌋ .15
Unemployed, work-disabled . . . . . ⌊_____⌋ .16
Inactive . . . . . ⌊_____⌋ .17
Does not know . . . . . ⌊_____⌋ .77

A5b. Are you a... ?

Retiree. . . . . ⌊_____⌋ YES ⌊_____⌋ No
Pensioner . . . . . ⌊_____⌋ YES ⌊_____⌋ No
Person of independent means . . . . . ⌊_____⌋ YES ⌊_____⌋ No
Student . . . . . ⌊_____⌋ YES ⌊_____⌋ No
Person who performs the household tasks . . . . . ⌊_____⌋ YES ⌊_____⌋ No

A5c. ARE YOU HEAD OF HOUSEHOLD?

YES ⌊_____⌋ . . . . . .1 *>>> GO TO* ***A5g***
NO ⌊_____⌋ 2

A5d. What is the highest level of schooling reached by the HEAD OF HOUSEHOLD?

INTERVIEWER: SELECT ONLY ONE CATEGORY

WITHOUT FORMAL SCHOOLING . . . . . ⌊_____⌋ .1
COMMON PRIMARY. . . . . ⌊_____⌋ .2
SPECIAL PRIMARY . . . . . ⌊_____⌋ .3
SECONDARY BASIC CYCLE OR UTU. . . . . ⌊_____⌋ .4
HIGH SCHOOL DIPLOMA (4th to 6th) . . . . . ⌊_____⌋ .5
UTU TECHNICAL DIPLOMA (4th to 6th) . . . . . ⌊_____⌋ .6
TECHNICAL EDUCATION. . . . . ⌊_____⌋ .7
MASTERS OR TEACHING CERTIFICATION . . . . . ⌊_____⌋ .8
UNIVERSITY OR SIMILAR . . . . . ⌊_____⌋ .9
TERTIARY NON-UNIVERSITY. . . . . ⌊_____⌋ .10
GRADUATE-LEVEL . . . . . ⌊_____⌋ .11
DOES NOT KNOW. . . . . ⌊_____⌋ .77

A5e. Which of the following best describes the activity of the HEAD OF HOUSEHOLD during the past 12 monthsT?

INTERVIEWER: ASK THE NECESSARY QUESTIONS UNTIL YOU ARE SURE THE RESPONDENT HAS UNDERSTOOD THE QUESTION

Private-sector salaried worker . . . . . ⌊_____⌋ .1
Public-sector salaried worker. . . . . ⌊_____⌋ .2
Member of productive cooperative . . . . . ⌊_____⌋ .3
Owner . . . . . ⌊_____⌋ .4
Self-employed without real estate or investment . . . . . ⌊_____⌋ .5
Self-employed with real estate or investment . . . . . ⌊_____⌋ .6
Unpaid household member . . . . . ⌊_____⌋ .7
Trabajador de Programa social de empleo . . . . . ⌊_____⌋ .8
Unemployed, trained, and looking for work . . . . . ⌊_____⌋ .14
Unemployed, trained, not looking for work. . . . . ⌊_____⌋ .15
Unemployed, work-disabled . . . . . ⌊_____⌋ .16
Inactive . . . . . ⌊_____⌋ .17
Does not know . . . . . ⌊_____⌋ .77

A5f. Is the HEAD OF HOUSEHOLD a…?

Retiree. . . . . ⌊_____⌋ YES ⌊_____⌋ No
Pensioner . . . . . ⌊_____⌋ YES ⌊_____⌋ No
Person of independent means . . . . . ⌊_____⌋ YES ⌊_____⌋ No
Student . . . . . ⌊_____⌋ YES ⌊_____⌋ No
The person who performs the household tasks . . . . . ⌊_____⌋ YES ⌊_____⌋ No

A5g. In all, how many members of this household have been university students (whether or not they completed that course of study)?
(Include only undergraduate and graduate studies, whether or not completed)

. . . . . |___|

A5h. Which of the following health facilities does the Head of Household principally use?

MSP (ASSE, Hospital de Clínicas, BPS health area; Municipal Polyclinic) . . . . . |___| .1
Military or police health service . . . . . |___| .2
IAMC . . . . . |___| .3
Private medical insurance . . . . . |___| .4
Other (ANDA and other partial-insurance health care services, mobile emergency services) . . . . . |___| .5

A5i. How many people in the household have current income?
(Include only monetary income) . . . . . |___|

A5j. The main roofing material is:

Sheet metal, quincho, or other sub-standard material . . . . . |___| .1
Concrete slab or other . . . . . |___| .2

A5l. Does the household have any domestic helper(s)?

Yes, every day (5 or more days a week). . . . . |___| .1
Yes, by the hour (less than 5 days a week, regardless of the method of payment) . . . . . |___| .2
Yes, live-in . . . . . |___| .3
No . . . . . |___| .4

A6. Tell me whether any of the members of the household has access to any of the following things:

READ EACH ONE:	*YES*	*NO*	*DOES NOT KNOW*
a. Electricity?	|___| 1	|___| 2	|___| 7
b. Flush toilet?	|___| 1	|___| 2	|___| 7
How many?	|___|		
c. Landline telephone?	|___| 1	|___| 2	|___| 7
d. Cell phone?	|___| 1	|___| 2	|___| 7
e. Tube television?	|___| 1	|___| 2	|___| 7
How many?	|___|		
TV (LCD, plasma, etc.)?	|___| 1	|___| 2	|___| 7
How many?	|___|		
g Radio?	|___| 1	|___| 2	|___| 7
h. Refrigerator (with or without freezer)?	|___| 1	|___| 2	|___| 7

i. Car or pick-up truck? 1 2 7
How many? . . . . .

j. . Moped, motor scooter, or motorcycle? 1 2 7
How many? . . . . .

k Automatic washing machine? 1 2 7

l. Clothes dryer? 1 2 7

m. . Hot water heater? 1 2 7

n. On-demand hot water heater? 1 2 7

o. Broadcast digital TV? 1 2 7

p. Connection to TV by subscription? 1 2 7

q. Video cassette? 1 2 7

r. DVD player? 1 2 7

s. Dishwashing machine? 1 2 7

t. Microwave oven? 1 2 7

u Air conditioner? 1 2 7
How many? . . . . .

v. Computer (includes laptop)? 1 2 7
(IF YES TO "v") Is any computer part of the Plan Ceibal? 1 2 7
(IF YES TO THE FOREGOING) How many?. . . . .
(IF YES TO "v") How many are not part of the Plan Ceibal? 1 2 7
(IF YES TO THE FOREGOING) How many? . . . . .
(IF YES TO v.) Any tablet part of the Plan Ibirapitá?. 1 2 7
(IF YES TO THE FOREGOING) How many? . . . . .

Internet connection? 1 2 7

Internet connection is:
Wired broadband. 1 2 7
Mobile broadband 1 2 7
Dial-up. 1 2 7

Section B.
Tobacco use

B00. Now I am going to ask you some questions about the use of smoking tobacco, including: cigarettes, hand-rolled cigarettes, nacos, cigars, pipes, and water pipes..

Please do not answer now about smokeless tobacco products or electronic cigarettes.

B01. Do you currently smoke any of these tobacco products daily, on some days, or currently not at all?

DAILY	☐	1 *>>> GO TO* ***B04***
SOME DAYS	☐	2
NO CONSUME	☐	3 *>>> GO TO* ***B03***
DOES NOT KNOW	☐	7 *>>> GO TO THE* ***SECCIÓN EC***

B02. In the past, have you smoked any of these tobacco products daily?

YES	☐	1 *>>> GO TO* ***B08***
NO	☐	2 *>>> GO TO* ***B10***
DOES NOT KNOW	☐	7 *>>> GO TO* ***B10***

B03. In the past, have you smoked any of these tobacco products daily, on some days, or never?

INTERVIEWER: IF THE RESPONDENT ANSWERS THAT HE OR SHE SMOKED TOBACCO PRODUCTS IN THE PAST, EITHER "DAILY" OR "ON SOME DAYS," ENTER THE RESPONSE AS DAILY

DAILY	☐	1 *>>> GO TO* ***B11***
SOME DAYS	☐	2 *>>> GO TO* ***B13***
DOES NOT USE	☐	3 *>>> GO TO* ***SECCIÓN EC***
DOES NOT KNOW	☐	7 *>>> GO TO* ***SECCIÓN EC***

[PEOPLE WHO CURRENTLY SMOKE EVERY DAY]

B04. At what age did you begin to smoke tobacco products daily? . . . . . |_____|

[IF RESPONDENT ANSWERS "DOES NOT KNOW," ENTER 99]

[INTERVIEWER: SI B04=99, ASK B05. IN CASE OF ANOTHER RESPONSE, GO TO B06.]

B05. How many years ago did you begin to smoke tobacco products daily? . . . . . |_____|

[IF RESPONDENT ANSWERS "DOES NOT KNOW," ENTER 99]

B06. On average, how many of the following products do you smoke daily? Also tell me even if you do not smoke them every day.

[INTERVIEWER: IF THE RESPONDENT SAYS THAT HE OR SHE DOES THIS, BUT LESS THAN ONCE A DAY, ENTER "888"]

[INTERVIEWER: IF THE RESPONDENT ANSWERS IN TERMS OF CARTONS OR PACKS, FIND OUT HOW MANY UNITS EACH CONTAINS IN ORDER TO CALCULATE THE TOTAL]

a. Cigarettes? . . . . . |_____| .*PER DAY*

a1. **[IF B06a=888]**

On average, how many cigarettes a week do you smoke? . . . . . |_____| .*PER WEEK*

b. Hand-rolled cigarettes? . . . . . |_____| .*PER DAY*

b1. **[IF B06b=888]**

On average, how many hand-rolled cigarettes a week do you smoke? . . . . . |_____| .*PER WEEK*

c. Chopped naco? . . . . . |_____| .*PER DAY*

c1. **[IF B06c=888]**

On average, how many nacos a week do you smoke? . . . . . |_____| .*PER WEEK*

d. Full pipes of tobacco? . . . . . |_____| .*PER DAY*

d1. **[IF B06d=888]**

On average, how many full pipes of tobacco a week do you smoke? . . . . . |_____| .*PER WEEK*

e. ¿Cigars? . . . . . |_____| .*PER DAY*

e1. **[IF B06e=888]**

On average, how many cigars a week do you smoke? . . . . . |_____| .*PER WEEK*

f. How many times a week do you use a water pipe with tobacco? . . . . . |_____| .*PER DAY*

f1. **[IF B06f=888]**

On average, how many times a week do you use a water pipe with tobacco . . . . . |_____| .*PER WEEK*

[ENCUESTADOR: IF B06f = 0, GO TO B07]

g. Other >>> *G1.* . Please specify |_____| . . . . . |_____| .*PER DAY*

g2. **[IF B06g=888]**

On average, how many |_____| *(INDICATE THE PRODUCT)* do you use per week? . . . . |_____| .*PER WEEK*

Bu06 (WP8) The last time you used a water pipe, where did you do it?

HOME 1
CAFETERIA. 2
BAR/CLUB 3
RESTAURANT. 4
OTHER. 5

WP8a.

Specify: . . . . . .
DOES NOT KNOW. 7

B07. How long after you wake up do you light your first cigarette?
Would you say less than 5 minutes, between 6 and 30 minutes, between 31 and 60 minutes, or more than 60 minutes?

LESS THAN 5 MINUTES 1
6 TO 30 MINUTES. 2
31 TO 60 MINUTES 3
MORE THAN 60 MINUTES. 4

[INTERVIEWER: GO TO THE EC SECTION]

[PEOPLE WHO CURRENTLY SMOKE SOME DAYS, BUT HAVE SMOKED DAILY IN THE PAST]

B08. At what age did you start smoking tobacco products daily? . . . . . .

[IF RESPONDENT ANSWERS "DOES NOT KNOW," ENTER 99]
[INTERVIEWER: IF B08=99, ASK B09. IF THE RESPONSE IS OTHER THAN THAT, GO TO B10.]

B09. How many years ago did you start smoking tobacco products daily? . . . . . .

[IF RESPONDENT ANSWERS "DOES NOT KNOW," ENTER 99]

B10. In a typical week, how many of the following products do you currently smoke?. . . . . .

[INTERVIEWER: IF RESPONDENT SAYS HE OR SHE DOES THE ACTIVITY BUT LESS THAN ONCE A WEEK, ENTER "888"]

[INTERVIEWER: IF THE RESPONDENT ANSWERS IN TERMS OF CARTONS OR PACKS, FIND OUT HOW MANY UNITS EACH CONTAINS IN ORDER TO CALCULATE THE TOTAL]

a. Cigarettes. . . . . .PER WEEK
b. Hand-rolled cigarettes? . . . . . .PER WEEK
c. ¿Chopped naco? . . . . . .PER WEEK
d. Full pipes of tobacco? . . . . . .PER WEEK
e. Cigars? . . . . . .PER WEEK
f. Number of water pipe sessions with tobacco? . . . . . .PER WEEK
g. Other? Specify g1. . . . . .PER WEEK

[INTERVIEWER: IF B10f=0, GO TO THE EC SECTION]

Bu10. The last time you used a water pipe, where did you do it?

HOME	⌊__⌋	1
CAFETERIA	⌊__⌋	2
BAR/CLUB	⌊__⌋	3
RESTAURANT	⌊__⌋	4
OTHER ONE	⌊__⌋	5 WP8a.
Specify:	⌊__⌋	
DOES NOT KNOW	⌊__⌋	7

[GO TO THE EC SECTION]

[PERSONAS QUE SON EX FUMADORES]

B11. At what age did you begin to smoke tobacco products daily? ⌊__⌋

[IF RESPONDENT ANSWERS "DOES NOT KNOW," ENTER 99]

[IF B11=99, ASK B12. IF THE RESPONSE IS OTHER THAN THAT, GO TO B13a.]

B12. How many years ago did you start smoking tobacco products daily? ⌊__⌋

[IF RESPONDENT ANSWERS "DOES NOT KNOW," ENTER 99]

B13a. How long ago did you stop smoking? ⌊__⌋

[INTERVIEWER: ONLY THE DATE WHEN THE RESPONDENT BEGAN SMOKING REGULARY IS RELEVANT – DO NOT INCLUDE SPORADIC TIMES AT WHICH THE RESPONDENT HAS SMOKED TOBACCO PRODUCTS]

ENTER THE UNIT IN THIS QUESTION AND THE NUMBER IN THE FOLLOWING QUESTION]

YEARS	⌊__⌋	1
MONTHS	⌊__⌋	2
WEEKS	⌊__⌋	3
DAYS	⌊__⌋	4
LESS THAN 1 DAY	⌊__⌋	5 *>>> GO TO* ***B14***
DOES NOT KNOW	⌊__⌋	7 *>>> GO TO THE* ***SECCIÓN EC***

B13b. *[ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]* ⌊__⌋

BU13a Since you stopped smoking, have you taken at least one puff?

YES	⌊__⌋	1
NO	⌊__⌋	2

[GO TO THE INTERVIEWER'S INSTRUCTIONS LOCATED BEFORE B14]

BU13b. How long has it been since your last puff?

ENTER ONLY ONE OF THE UNITS AND NOTE THE NUMBER

YEARS	⌊___⌋	1
MONTHS	⌊___⌋	2
WEEKS	⌊___⌋	3
DAYS	⌊___⌋	4
LESS THAN 1 DAY (24 hours)	⌊___⌋	5
DOES NOT KNOW	⌊___⌋	7

[ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]

INTERVIEWER: IF B13a/b < 1 YEAR (< 12 MONTHS), GO TO B14. FOR ANY OTHER RESPONSE, GO TO THE EC SECTION

B14. Have you consulted a physician or other health worker in the last 12 months?

YES	⌊___⌋	1
NO	⌊___⌋	2 *>>> GO TO* ***B18***

B15. How many times have you consulted a physician or other health worker in the last 12 months?
Would you say once or twice, 3 to 5 times, or 6 times or more?

1 or 2	⌊___⌋	1
3 to 5	⌊___⌋	2
6 OR MORE	⌊___⌋	3

B16. When you consulted a physician or health worker in the last 12 months, were you asked whether you smoked tobacco products?

YES	⌊___⌋	1
NO	⌊___⌋	2 *>>> GO TO* ***B18***

B17. When you consulted a physician or health worker in the last 12 months, were you advised to stop smoking?

YES	⌊___⌋	1
NO	⌊___⌋	2 *>>> GO TO* ***B18***

Bu17. When you consulted a physician or health worker in the last 12 months, did you receive guidance on how to quit smoking tobacco products?

YES	⌊___⌋	1
NO	⌊___⌋	2

B18. During the last 12 months, have you used any of the following options to stop smoking?

READ EACH PHRASE	*YES*	*NO*

a. Guidance as part of a service specializing in quitting smoking? 1 2

b. Nicotine replacement treatment such as patches or chewing gum? 1 2

c. Other drugs to quit smoking, such as Wellbutrin, Buprion, Bupril, Nixin or Champix? 1 2

d. Alternative treatments such as acupuncture, laser, homeopathy, or hypnosis? 1 2

e. A telephone hotline for quitting smoking or a telephone hotline to provide support for smokers? . 1 2

f. Did you try to quit smoking without assistance? 1 2

g. Some other option? 1 2

g1. Please specify what you used to try to quit smoking . . . . . _____

BU19. When you quit smoking, did you quit suddenly, or did you gradually reduce the number of cigarettes?

READ EACH ELEMENT

Quit suddenly 1
Gradually reduced the number of cigarettes 2

Section EC.
Electronic cigarettes

EC1. Have you heard of electronic cigarettes?
Electronic cigarettes are any product that uses a battery or other method to produce steam that contains nicotine.

YES 1
NO *GO TO THE FOLLOWING SECTION* 2

EC2. Do you currently use electronic cigarettes daily, on some days, or not at all?

DAILY . . . . . .1 *>>> GO TO* ***EC4***
SOME DAYS . . . . . .2 *>>> GO TO* ***EC4***
NOT USING CURRENTLY 3
DOES NOT KNOW 4

EC3. Have you ever used an electronic cigarette, even if only on a single occasion?

YES 1
NO 2

EC4. In your opinion, are electronic cigarettes more dangerous to health than regular cigarettes, are they equally dangerous, or are they less dangerous than regular cigarettes?

MORE DANGEROUS 1
EQUALLY DANGEROUS 2
LESS DANGEROUS 3
DOES NOT KNOW 7

Section C.
Smokeless tobacco

C00. The next questions concern the use of smokeless tobacco products, such as chewing tobacco or snuff. Smokeless tobacco is tobacco that is not smoked, but rather is inhaled through the nose or chewed.

C01. Do you currently use smokeless tobacco products "daily," "some days" or do you not currently do so at all?

[SI EL ENCUESTADO DOES NOT KNOW QUÉ ES EL TABACO SIN HUMO, MUESTRELE UNA FOTO O LEA UNA DEFINICIÓN DE LA PANTALLA QXQ]

DAILY	☐	1 *>>> GO TO* ***SECCIÓN D***
SOME DAYS	☐	2
DOES NOT USE	☐	3 *>>> GO TO* ***C03***
DOES NOT KNOW	☐	7 *>>> GO TO* ***SECCIÓN D***

[USES TOBACCO PRODUCTS SOME DAYS]

C02. Have you used smokeless tobacco products daily in the past?

YES	☐	1 *>>> GO TO* ***SECCIÓN D***
NO	☐	2 *>>> GO TO* ***SECCIÓN D***
DOES NOT KNOW	☐	7 *>>> GO TO* ***SECCIÓN D***

[CURRENTLY DOES NOT USE SMOKELESS TOBACCO PRODUCTS]

C03. In the past, have you used smokeless tobacco products "daily," "some days," or never?

[INTERVIEWER: IF THE RESPONDENT ANSWERS THAT HE OR SHE HAS USED SMOKELESS TOBACCO BOTH "DAILY" AND "SOME DAYS," ENTER "DAILY"]

DAILY	☐	1 *>>> GO TO* ***SECCIÓN D***
SOME DAYS	☐	2 *>>> GO TO* ***SECCIÓN D***
NEVER CONSUMED	☐	3 *>>> GO TO* ***SECCIÓN D***
DOES NOT KNOW	☐	7 *>>> GO TO* ***SECCIÓN D***

Section D1.
Cessation – Tobacco for smoking

INTERVIEWER: IF BO1=1 OR 2 (RESPONDENT CURRENTLY SMOKES TOBACCO PRODUCTS), CONTINUE WITH THIS SECTION.
SI BO1=3 OR 7 (RESPONDENT DOES NOT CURRENTLY SMOKE TOBACCO PRODUCTS), GO TO SECTION E, BELOW.

D01. INTRODUCTION: Now I am going to ask you some questions concerning any attempt to stop smoking that you have made during the last 12 months. Tell me only about tobacco products.

During the last 12 months, have you attempted to quit smoking?

YES 1
NO . . . . . 2 *>>> GO TO* ***D04***

D02a. Think about the last time you attempted to quit smoking in the last 12 months. How long did you go without smoking?

[INTERVIEWER: ENTER THE UNIT ON THIS SCREEN AND THE NUMBER ON THE FOLLOWING SCREEN]

MONTHS 1
WEEKS 2
DAYS 3
LESS THAN 1 DAY (24 hours) . . . . . 4 *>>> GO TO* ***D03***
DOES NOT KNOW . . . . . 7 *>>> GO TO* ***D03***

D02b. *[ENTER NUMBER OF (MONTHS/WEEKS/DAYS)]*

D03. During the last 12 months, have you used any of the following options for quitting smoking?

READ EACH PHRASE	*YES*	*NO*
a. Guidance as part of a service specializing in quitting smoking?	1	2
b. Nicotine replacement treatment such as patches or chewing gum?	1	2
c. Other drugs to quit smoking such as Wellbutrin, Buprion, Bupril, Nixin, or Champix?	1	2
d. Alternative treatments: acupuncture, laser, homeopathy, or hypnosis?	1	2
e. A telephone hotline for quitting smoking or a telephone hotline to provide support for smokers?	1	2
f. Did you try to quit smoking without assistance?	1	2
g. Some other option?	1	2

>>> g1. Please specify what you used to try to quit smoking:

D04. Have you consulted a physician or other health worker in the last 12 months?

YES 1
NO . . . . . 2 *>>> GO TO* ***D08***

D05. How many times have you consulted a physician or other health worker in the last 12 months?
Would you say once or twice, 3 to 5 times, or 6 times or more?

1 or 2 1
3 to 5 2
6 or more 3

D06. When you consulted a physician or health worker in the last 12 months, were you asked whether you smoked tobacco products?

YES 1
NO . . . . . 2 *>>> GO TO* ***D08***

D07. When you consulted a physician or health worker in the last 12 months, were you advised to quit smoking?

YES 1
NO 2

DU7. When you consulted a physician or health worker in the last 12 months,
did you receive guidance on how to quit smoking tobacco products?

YES 1
NO 2

D08. Which of the following phrases best describes what you think concerning quitting smoking?
I plan to quit smoking the next month. I am thinking about the possibility of quitting smoking in the next 12 months.
I will quit smoking someday, but not in the next 12 months. Or: I am not interested in quitting smoking

I plan to quit smoking next month 1
I am thinking about the possibility of quitting smoking in the next 12 months. 2
I will quit smoking someday, but not in the next 12 months 3
I am not interested in quitting smoking 4
Does not know 7

DU08. Do you know of a place where they offer assistance to quit smoking?

YES 1
NO 2

Section E.
Exposure to environmental tobacco smoke

INTRODUCTION: I will now ask you some questions about smoking in various places.

E01. Which of the following phrases best describes the rules on smoking in your home?
Smoking in the home is permitted. Smoking in the home is generally not allowed but there are exceptions.
Smoking in the home is prohibited. Or: There are no rules.

IT IS PERMITTED 1
IT IS NOT PERMITTED, BUT THERE ARE EXCEPTIONS 2
IT IS PROHIBITED . . . . . 3 *>>> GO TO* ***E04***
THERE ARE NO RULE . . . . . 4 *>>> GO TO* ***E03***
DOES NOT KNOW . . . . . 7 *>>> GO TO* ***E03***

E02. In your home, is smoking allowed in every room?

YES 1
NO 2
DOES NOT KNOW 7

E03. How often does someone (anyone) smoke inside your home?
Would you say daily, at least once a week, at least once a month, less than once a month, or never?

DAILY 1
AT LEAST ONCE A WEEK 2
AT LEAST ONCE A MONTH 3
LESS THAN ONCE A MONTH 4
NEVER 5
DOES NOT KNOW 7

EU03. How many smokers live in your home?

0 0
1 1
2 2
3 OR MORE 3
DOES NOT KNOW 7

E04. Currently, do you work outside the home?

YES 1
NO/ DOES NOT WORK . . . . . 2 *>>> GO TO* ***E09***

E05. Do you usually work in an indoor space or an outdoor space?

INDOOR . . . . . 1 *>>> GO TO* ***E08***
OUTDOOR 2
BOTH 3 *>>> GO TO* ***E08***

E06. Are there indoor spaces in your workplace?

YES 1
NO . . . . . 2 *>>> GO TO* ***E09***
DOES NOT KNOW . . . . . 7 *>>> GO TO* ***E09***

E08. During the last 30 days, has anyone smoked in the indoor spaces of the place where you workt?

YES 1
NO . . . . . 2 *>>> GO TO* ***E09***
DOES NOT KNOW 7

E8a. How often did someone smoke in the indoor spaces at your workplace?

DAILY 1
WEEKLY 2
MONTHLY 3
LESS THAN ONCE A MONTH 4

E09. During the last 30 days, have you gone to any public building or office?

YES 1
NO . . . . . 2 *>>> GO TO* ***E11***
DOES NOT KNOW . . . . . 7 *>>> GO TO* ***E11***

E10. Did anyone smoke inside any of the public buildings or offices you were in during the last 30 days?

YES 1
NO 2
DOES NOT KNOW 7

E11. During the last 30 days, have you gone to any medical care facility?

YES 1
NO . . . . . 2 *>>> GO TO* ***E13***
DOES NOT KNOW . . . . . 7 *>>> GO TO* ***E13***

E12. Did anyone smoke inside any of the medical care facilities that you visited in the last 30 days?

YES 1
NO 2
DOES NOT KNOW 7

E13. During the last 30 days, have you gone to any restaurants?

YES 1
NO 2
DOES NOT KNOW . . . . . 7 *>>> GO TO* ***E15***

E14. Did anyone smoke inside any of the restaurants you visited in the last 30 days?

YES 1
NO 2
DOES NOT KNOW 7

E15. During the last 30 days, have you used any means of public transportation?

YES 1
NO . . . . . 2 *>>> GO TO* ***E21***
DOES NOT KNOW . . . . . 7 *>>> GO TO* ***E21***

E16. Did anyone smoke in the public transportation that you used in the last 30 days?

YES 1
NO 2
DOES NOT KNOW 7

E17. Based on what you know or believe, does breathing second-hand smoke cause serious illness in non-smokers?

YES 1
NO 2
DOES NOT KNOW 7

E19. During the last 30 days, have you visited any grade schools or high schools?

YES 1
NO . . . . . 2 *>>> GO TO* ***E25***
DOES NOT KNOW . . . . . 7 *>>> GO TO* ***E25***

E20. Was anyone smoking inside a grade school or high school that you visited in the last 30 days?

YES 1
NO 2
DOES NOT KNOW 7

E21. During the last 30 days, have you visited a college or university?

YES 1
NO . . . . . 2 *>>> GO TO* ***E19***
DOES NOT KNOW . . . . . 7 *>>> GO TO* ***E19***

E22. Was anyone smoking inside a college or university that you visited in the last 30 days?

YES 1
NO 2
DOES NOT KNOW 7

E25. During the last 30 days, have you gone to any bar, pub, or discotheque?

YES 1
NO . . . . . 2 *>>> GO TO* ***E17***
DOES NOT KNOW . . . . . 7 *>>> GO TO* ***E17***

E26. Was anyone smoking inside any of the bars, pubs, or discotheques that you went to in the last 30 days?

YES 1
NO 2
DOES NOT KNOW 7

Section F.
Economics – Manufactured cigarettes

IF [B01=1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR ON SOME DAYS)]
AND [(B06a OR B10a) > 0 OR =888 (RESPONDENT SMOKES MANUFACTURED CIGARETTES)],
CONTINUE WITH THIS SECTION.

IF THE RESPONSE IS OTHER THAN THE ABOVE, GO TO FU6purch

INTRODUCTION: The following questions concern the last time you bought cigarettes for yourself.

F01a. The last time you bought cigarettes for yourself, how many did you buy?

[ENTER THE UNIT ON THIS SCREEN AND THE NUMBER ON THE FOLLOWING SCREEN]

CIGARETTES . . . . . └──┘ 1
PACK . . . . . └──┘ 2
CARTON . . . . . └──┘ 3
OTHER (SPECIFY). . . . . └──┘ 4 >>> ***F01c.***
[SPECIFY UNIT]: . . . . . .
NEVER BOUGHT CIGARETTES . . . . . └──┘ 5 >>> *GO TO* ***FU6comp***

F01b. [ENTER THE NUMBER OF (CIGAFETTES/PACKS/CARTONS/OTHER)]

[IF F01a=CIGARETTES, GO TO F02]. . . . . └──┘
[IF F01a=PACKS, GO TO F01dPack] . . . . . └──┘
[IF F01a=CARTONS, GO TO F01dCart] . . . . . └──┘
[IF F01a=OTHER, GO TO F01bOther] . . . . . └──┘

F01dPack. Did the pack contain 10 cigarettes, 14 cigarettes, 20 cigarettes, or another quantity?

10 . . . . . └──┘ 1
14 . . . . . └──┘ 2
20 . . . . . └──┘ 3
ANOTHER QUANTITY . . . . . └──┘ 7 >>> ***F01dPackA.***
How many cigarettes did each pack contain? . . . . . └──┘
[GO TO F02]

F01dCart. Did each carton contain 100 cigarettes, 200 cigarettes, or another quantity?

100 . . . . . └──┘ 1
200 . . . . . └──┘ 2
ANOTHER QUANTITY . . . . . └──┘ 7 >>> ***F01dCartA.***
How many cigarettes did each carton contain? . . . . . └──┘
[GO TO F02]

F01dOther. How many cigarettes were in each {F01c}?

F02. In all, how much did you pay for that purchase?

|_____| $ (in Uruguayan pesos)

[IF RESPONDENT "DOES NOT KNOW," ENTER 999]

F03. The last time you bought cigarettes, what brand did you buy?

NEVADA . . . . . |_____| 1
CORONADO . . . . . |_____| 2
FIESTA . . . . . |_____| 5
MARLBORO . . . . . |_____| 4
MILENIO . . . . . |_____| 5
ECCO . . . . . |_____| 6
51 . . . . . |_____| 7
OTHER . . . . . |_____| >>> ***F03a.***
[SPECIFY BRAND]: . . . . . |_____|

FU3a. The last time you bought cigarettes, why did you buy that particular brand?

IT IS MY USUAL BRAND . . . . . |_____| 1
BECAUSE OF ITS FLAVOR . . . . . |_____| 2
BECAUSE OF THE PRICE. . . . . |_____| 3
TO TRY A NEW BRAND . . . . . |_____| 4
OTHER.. . . . . |_____|
Especifique por qué . . . . . |_____|

F04. The last time you bought cigarettes for yourself, where did you buy them?

STORE . . . . . |_____| 1
SUPERMARKET. . . . . |_____| 2
STREET VENDOR OR PRIVATE SALE . . . . . |_____| 3
SERVICE STATION. . . . . |_____| 4
DUTY-FREE SHOP . . . . . |_____| 5
KIOSK OR NEWSPAPER STAND. . . . . |_____| 6
OUTSIDE THE COUNTRY . . . . . |_____| 7
INTERNET . . . . . |_____| 8
BAR, TAVERN, OR RESTAURANT . . . . . |_____| 9
OTHER. . . . . |_____| 10 >>> F04a.
[SPECIFY PLACE]:. . . . . |_____|
NO RECUERDA . . . . . |_____| 77

FU6purch.

[IF B6b OR B10b>0 OR 888
(RESPONDENT CURRENTLY SMOKES HAND-ROLLED CIGARETTES),
GO TO FU6. FOR OTHER RESPONSES GO TO SECTION G]

FU6. The last time you bought tobacco to make cigarettes, how many packages did you buy?

[IF THE RESPONDENT NEVER PURCHASED TOBACCO TO MAKE CIGARETTES, ENTER 66.]
[IF RESPONDENT ANSWERS "DOES NOT KNOW," ENTER "77"]

NUMBER OF PACKAGES: |_____|

[IF FU6=66 or 77, GO TO SECTION G]

FU7. In all, how much money did you pay for that purchase?

[IF RESPONDENT ANSWERS "DOES NOT KNOW," ENTER "999"]

$ (in Uruguayan pesos): |_____|

FU8. How many days does each package last you?

[IF RESPONDENT ANSWERS "DOES NOT KNOW," ENTER "77"]

NUMBER OF DAYS: |_____|

FU9. The last time you bought tobacco to make cigarettes, what brand did you buy?

CERRITO . . . . . |_____| 1
SARANDÍ . . . . . |_____| 2
PERUANO . . . . . |_____| 3
OTHER. SPECIFY: . . . . . |_____| 4

Section G.
The media

INTRODUCTION: The following questions are related to your exposure to the media and to advertising in the last 30 days.

G01. In the last 30 days, have you seen any information about the dangers of smoking or information that encourages you to quit smoking, in any of the following places?

READ EACH PHRASE:	YES	NO	NOT APPLICABLE
a. In newspapers or magazines?	1	2	7
b. On television?	1	2	7
c. On the radio?	1	2	7
d. On billboards on the street?	1	2	7
e. In some other place?	1	2	7

[INTERVIEWER: DO NOT INCLUDE, IN THE LIST, HEALTH WARNINGS ON CIGARETTE PACKAGES]

e1. Por favor, especifique: _____

G02. In the last 30 days, have you seen any printed health warnings on cigarette packages?

YES	1
NO	2 *>>> GO TO* G04
HAS NOT SEEN CIGARETTE PACKAGES	3 *>>> GO TO* G04

G03. *[ASK IF B01=1 OR 2. OTHERWISE, GO TO G04]*

In the last 30 days, did the health warnings on cigarette packages make you think about quitting smoking?

YES	1
NO	2
DOES NOT KNOW	7

G02a. Do you remember any particular image on a cigarette package?

YES	1
NO	2 *>>> GO TO* G04

G02b. What image do you remember?

Please write down what the interviewee says: _____

G04. En los últimos 30 DAYS, ¿ha visto alguna publicidad de cigarrillos en los siguientes lugares?

In the last 30 days, have you seen any cigarette advertising in the following places?

READ EACH PHRASE:	YES	NO	DOES NOT APPLY
a. In businesses where cigarettes are sold?	1	2	7
b. On television?	1	2	7
c. On the radio?	1	2	7
d. On billboards on the street?	1	2	7
e. On posters?	1	2	7
f. In newspapers or magazines?	1	2	7
g. In cinemas?	1	2	7
h. On the Internet?	1	2	7
i. In public transportation vehicles or terminals?	1	2	7
j. On walls?	1	2	7
k. In some other place?	1	2	7

k1. Por favor, especifique donde: _____

GO5. In the last 30 days, have you seen any sports activities that are associated with cigarette brands or tobacco companies?

YES	1
NO	2
DOES NOT KNOW	7

GO6. In the last 30 days, have you seen any of the following forms of cigarette promotion?

	YES	NO	DOES NOT KNOW
a. Free samples of cigarettes?	1	2	7
b. Cigarettes with price reductions?	1	2	7
d. Gifts with a purchase of cigarettes?	1	2	7
e. Clothing or other articles printed with a cigarette brand name?	1	2	7
f. Cigarette advertising via email?	1	2	7
g. Cigarette advertising via cell phone message?	1	2	7

GU7. In the last 12 months, how often did you see actors smoking on television, in movies, or at a theater? Very frequently, a few times, or never?

VERY FREQUENTLY	1
A FEW TIMES	2
NEVER	3
DOES NOT KNOW	7

RANDOM SELECTION OF QUESTIONS GU8 (images #1) or GU9 (images #2):
SHOW SET OF IMAGES #1

GU8a. Do you believe any one type of these cigarettes is more harmful to health than another?

YES . . . . . ⌊___⌋
NO . . . . . ⌊___⌋ *>>> GO TO* ***Gu10a***

Gu8b. Rank these cigarettes from 1 to 3, from the least harmful to health to the most harmful.

1st . . . . . ⌊___⌋
2nd . . . . . ⌊___⌋
3rd . . . . . ⌊___⌋

SHOW SET OF IMAGES #2

GU9a. Rank these cigarettes from 1 to 3, from the least harmful to health to the most harmful.

YES . . . . . ☐

NO . . . . . ☐ *>>> GO TO* ***Gu10a***

Gu9b. Rank these cigarettes from 1 to 3, from the least harmful to health to the most harmful.

1st . . . . . ☐

2nd . . . . . ☐

3rd . . . . . ☐

SHOW SET OF IMAGES #3

GU10a. Do you believe that any one type of these cigarette is more harmful to health than another?

YES . . . . . ⌊___⌋

NO . . . . . ⌊___⌋ *>>> GO TO* ***HO1***

Gu10b. Rank these cigarettes from 1 to 3, from the least harmful to health to the most harmful.

1st . . . . . ⌊___⌋

2nd . . . . . ⌊___⌋

3rd . . . . . ⌊___⌋

Section H.
Knowledge, attitudes, and perceptions

The following questions are related to the smoking of tobacco products.

H01. Based on what you think or know, does smoking tobacco products cause serious illness?

YES 1
NO 2
DOES NOT KNOW 7

H02. Based on what you think or know, smoking tobacco products causes:

READ EACH PHRASE:	YES	NO	DOES NOT KNOW
a. Stroke or hemiplegia (a blood clot in the brain that can cause paralysis)?	1	2	7
b. Heart attack?	1	2	7
c. Lung cancer?	1	2	7
d. Premature birth?	1	2	7
e. Low birthweight?	1	2	7
f. Bladder cancer?	1	2	7

HU1. Do you believe that "light," "ultralight," or mild cigarettes are less harmful than regular cigarettes?

YES 1
NO 2
DOES NOT KNOW 7

HU2. Do you believe that "mentholated" cigarettes are less harmful than regular cigarettes?

YES 1
NO 2
DOES NOT KNOW 7

H2_3. Do you believe that cigarettes are addictive?

YES 1
NO 2
DOES NOT KNOW 7

H03. Based on what you think or know, does using smokeless tobacco cause serious illness?

YES 1
NO 2
DOES NOT KNOW 7

APPENDIX B – Glossary

Age of onset of smoking – Age (in years) at which a person begins to use any tobacco product regularly, not counting an initial period in which a person experiments with using tobacco.

Antismoking information – Messages transmitted through different media to inform the population about the harm caused by tobacco use and exposure to tobacco smoke, and about the benefits of quitting smoking.

Secondary Basic Cycle or UTU – First level of medium education. It's obligatory. It promoted the theoretical-practical domain of different disciplines.

Cigarette carton – Package containing 10 cigarette packs. A carton is equivalent to 200 cigarettes.

Current smoker – Person who currently smokes a tobacco product regularly, whether daily or occasionally.

Daily smoker – Person who smokes at least one tobacco product daily or almost every day for a month or more. Short periods in which the person does not smoke because of special circumstances, such as an illness, do not alter the daily-smoker status.

Former smoker – Person who in the past used some tobacco product regularly, whether daily or occasionally, and who currently does not smoke, regardless of the time that has elapsed since the person stopped smoking. For the purpose of the GATS-Uruguay survey, the percentage of former smokers who completely abstained from smoking for a year was also investigated.

Guidance for quitting smoking – This includes both assistance received from a service specializing in cessation, and assistance received as part of normal consultation at any health service. Guidance for quitting provided by a service specializing in quitting involves behavioral and/or pharmacological support. Guidance from a health service refers to any guide or strategy provided by a health worker to help the smoker quit.

Hand-rolled cigarettes – Cigarettes that are made by hand with rolling paper and shredded tobacco.

Health care facility – Any public or private facility that provides some type of health service, including, among others: medical, dental, psychological, and nursing care.

Health worker – Worker in any of the various disciplines that may be part of a health team. Includes physicians, dentists, nurses, psychologists, and nutritionists, among others.

High school diploma – Secondary education with a greater degree of orientation and specialization. It has 3 modalities: 1-General education oriented to the continuity of tertiary education; 2-Technological and 3-Technical-professional. It is required to have passed the Basic Cycle of secondary education. The completion of the Secondary Baccalaureate enables tertiary studies.

Indoor space – Indoor spaces are defined, according to current regulation, as "physical units with perimeter and height defined by walls or by walls and ceiling. The material with which they are constructed, regardless of whether they are temporary or permanent, and they must have doors, windows, and independent ventilation." In the case of spaces on the outside of buildings, when they are roofed they are considered indoor spaces if the lateral enclosure exceeds 50% of the roofed perimeter.

Loose tobacco – Shredded tobacco used to make hand-rolled cigarettes.

Naco – Tobacco leaf twisted to form a cord, then brushed with molasses. The cord or roll is then cut to make cigarettes using papers or chala.

Never-smoker – Person who never smoked, who, though he/she may have tried it at some time, has smoked less than 100 cigarettes in his/her life.

No formal schooling – People who do not attend or attend a formal education institute and cannot read and write.

Non-smoker – Person who does not currently smoke. Includes people who have never smoked, as well as former smokers.

Non-university tertiary education – It deepens and expands training in some branch of knowledge and includes technological, technical and scientific education. It is required to have complete high school. It includes the Center for Industrial Design, Military School, Naval School, School of Aeronautics, Public or Private University Technicians, etc. They are usually careers of 3 years or less.

Occasional smoker – Person who smokes at least one tobacco product regularly but not daily.

Owner – Person who operates his own economic company and is in charge of one or more paid or salaried workers.

Place that offers help to smokers to quit smoking - Any public or private place that provides guidance and strategies to help smokers quit smoking.

Postgraduate - Specific studies of high specialization. It is required to have a university degree. Quaternary teaching.

Common Primary - It includes 6 years of compulsory education aimed at providing basic education in oral, written and reasoning expression.

Special Primary - Aimed at people with different abilities. They are specialized teaching centers to provide basic education to this population.

Public building or office - Government building or agency.
Public transportation - Any form of public transportation, whether land, sea, or air.

Second-hand smoke - Tobacco smoke present in the environment. This consists of a mixture of smoke that a smoker exhales and the smoke that comes from a lit tobacco product between puffs.

Self-employed with real estate or investment - Persona who, without relying on a boss, exploits his own economic enterprise without occupying any paid worker, and could be assisted by an unpaid family worker. It has some installation or inversion necessary for the development of its activity.

Self-employed without real estate or investment - Persona who, without relying on a boss, exploits his own company economic situation without occupying any paid worker, and could be assisted by one of the unpaid family workers. In this case, it does not cover the inversion of installations considered relevant for the development of its activity.

Service specializing in smoking cessation - Any service that provides behavioral and/or pharmacological support to quit smoking; may or may not be located in a health facility, as in the case of workplaces, educational facilities, etc.

Smokeless tobacco - Tobacco product that does not produce smoke. Includes tobacco made to be chewed, sucked, inhaled, and any other tobacco product that is not smoked.

Smoking cessation telephone hotline - Telephone service staffed by specially trained personnel, offering strategies to smokers for quitting. There are two modalities: reactive, in which the smoker calls to request guidance, and proactive, in which a preset series of calls is agreed upon, to be made weekly to the smoker by trained personnel.

Social jobs program - Temporary jobs created within the framework of the State's social programs aimed at the low-income population.

Technical education - Included here are the specialties schools of the Armed Forces (mechanics, radio operators, etc.), workshops of Don Bosco Workshops, Construction Teaching Institute and all basic professional training. Full primary school is not necessarily required and does not qualify for high school or university.

Unemployed, trained, looking for work - Person of working age, who has no job, and is performing specific activities to find work.

Unemployed, trained, not looking for work - Person of working age, who does not work, does not look for work and has no health problems or permanent physical disabilities.
Unemployed, work-disabled - Person of working age, who has no job, does not look for work and has health problems or permanent disabilities that prevent him from performing such tasks.

UTU (Universidad Tecnológica de Uruguay) Technical diploma - Middle level education with a greater degree of orientation and specialization. Its purpose is to introduce students to the world of work. It is required to have passed the Basic Cycle of secondary education. The completion of the Secondary Baccalaureate enables tertiary studies.

Water pipe - Device in which tobacco is placed and then lit, which also has a container that holds water, attached to a long tube through which tobacco smoke is inhaled. It can be used individually or by a group. It sometimes combines tobacco and alcohol use in the same device.

APPENDIX C
Tablas GATS Uruguay, 2017

Table 3.2: Distribution of adults 15 years old by selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Weighted			Unweighted Number of Adults
	Percentage		Number of Adults	
	(95% CI[1])		(in thousands)	
Overall	100		2,762.8	4,966
Gender				
Male	47.6	(46.0, 49.3)	1,315.9	2,188
Female	52.4	(50.7, 54.0)	1,446.9	2,778
Age (years)				
15-24	20.0	(18.3, 21.7)	551.2	551
25-44	34.0	(32.4, 35.6)	938.2	1,640
45-64	27.7	(26.5, 29.0)	765.3	1,491
65+	18.4	(17.2, 19.7)	508.1	1,284
Area[2]				
Montevideo	40.5	(39.1, 41.9)	1,118.5	2,031
Interior	59.5	(58.1, 60.9)	1,644.3	2,935
Education Level[3,4]				
Primary	43.5	(40.9, 46.1)	959.8	1,856
Secondary basic	22.4	(20.9, 24.1)	495.6	886
Secondary	21.1	(19.3, 22.9)	465.2	940
Tertiary	13.0	(11.6, 14.6)	288.0	727

Note: The following observations were missing: [0] for age, [0] for gender, [0] for residence, and [6] for education.

[1] 95 % Confidence Interval

[2] Interior includes all areas of Uruguay except for Montevideo.

[3] Primary or less includes "No formal schooling", "Standard primary schooling", and "Special primary school"; Secondary basic includes "Basic cycle of high school" ; Secondary includes "Secondary Bachelaurate" "UTU Bachelaurate" "Technical education"; Tertiary includes " Primary, secondary teaching degree" "University or similar" "Tertiary not included" "Postgraduate".

[4] Education level is reported only among respondents 25+ years old.

Table 4.1: Percentage of adults 15 years old, by detailed smoking status and gender – GATS Uruguay, 2017.

Smoking Status	Overall		Male		Female	
	Percentage (95% CI)					
Current tobacco smoker	21.6	(20.3, 23.0)	25.6	(23.5, 27.8)	18.0	(16.4, 19.7)
Daily smoker	18.3	(17.1, 19.5)	21.5	(19.6, 23.6)	15.3	(13.8, 16.9)
Occasional smoker	3.3	(2.8, 4.0)	4.0	(3.1, 5.2)	2.7	(2.1, 3.5)
Occasional smoker, formerly daily	1.7	(1.3, 2.1)	2.0	(1.4, 2.8)	1.4	(0.9, 2.0)
Occasional smoker, never daily	1.7	(1.3, 2.2)	2.1	(1.4, 3.0)	1.3	(0.9, 2.0)
Non-smoker	78.4	(77.0, 79.7)	74.4	(72.2, 76.5)	82.0	(80.3, 83.6)
Former daily smoker	16.8	(15.7, 17.9)	21.8	(20.0, 23.6)	12.2	(10.8, 13.8)
Never daily smoker	61.6	(60.1, 63.1)	52.7	(50.5, 54.9)	69.8	(67.7, 71.8)
Former occasional smoker	7.9	(6.9, 8.9)	7.6	(6.2, 9.3)	8.1	(7.0, 9.4)
Never smoker	53.7	(52.1, 55.4)	45.0	(42.7, 47.4)	61.7	(59.5, 63.8)

Note: Current tobacco smoking includes both daily and occasional (less than daily) use.

Table 4.1A: Percentage of adults ≥ 15 years old, by detailed smokeless tobacco use status and gender – GATS Uruguay, 2017.

Smokeless Tobacco Use Status	Overall		Male		Female	
	Percentage (95% CI)					
Current smokeless tobacco user	0.1	(0.0, 0.5)	0.3	(0.1, 1.0)	0.0	(0.0, 0.1)
Daily user	0.1	(0.0, 0.5)	0.2	(0.0, 1.0)	0.0	N/A
Occasional user	0.0	(0.0, 0.1)	0.1	(0.0, 0.3)	0.0	(0.0, 0.1)
Occasional user, formerly daily	0.0	(0.0, 0.1)	0.0	(0.0, 0.2)	0.0	N/A
Occasional user, never daily	0.0	(0.0, 0.1)	0.0	(0.0, 0.3)	0.0	(0.0, 0.1)
Non-user of smokeless tobacco	99.9	(99.5, 100)	99.7	(99.0, 99.9)	100.0	(99.9, 100)
Former daily user	0.1	(0.0, 0.3)	0.1	(0.0, 0.6)	0.2	(0.1, 0.4)
Never daily user	99.7	(99.4, 99.9)	99.6	(99.0, 99.9)	99.8	(99.6, 99.9)
Former occasional user	0.6	(0.4, 0.9)	0.8	(0.5, 1.3)	0.4	(0.3, 0.8)
Never user	99.1	(98.7, 99.4)	98.8	(98.1, 99.3)	99.4	(99.0, 99.6)

Note: Current smokeless tobacco use includes both daily and occasional (less than daily) use.

Table 4.3: Percentage of adults 15 years old who are current smokers of various smoked tobacco products by gender and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Any smoked tobacco product		Any cigarette[1]		Type of Cigarette				Chopped naco		Pipes		Cigars		Waterpipes		Other smoked tobacco[2]	
					Manufactured		Hand-rolled											
	Percentage (95% CI)								Percentage (95% CI)									
Overall	21.6	(20.3, 23.0)	21.4	(20.1, 22.8)	18.4	(17.2, 19.7)	5.9	(5.0, 6.9)	0.3	(0.1, 0.4)	0.3	(0.1, 0.6)	0.4	(0.2, 0.7)	0.1	(0.0, 0.3)	0.0	(0.0, 0.1)
Age (years)																		
15-24	14.6	(11.5, 18.4)	14.6	(11.5, 18.4)	12.7	(9.8, 16.3)	4.6	(2.7, 7.6)	0.1	(0.0, 0.5)	0.5	(0.1, 3.2)	0.2	(0.0, 1.2)	0.2	(0.0, 1.3)	0.0	N/A
25-44	29.0	(26.6, 31.5)	28.7	(26.4, 31.2)	24.9	(22.7, 27.2)	7.6	(6.0, 9.6)	0.3	(0.2, 0.7)	0.2	(0.1, 0.7)	0.7	(0.3, 1.7)	0.3	(0.1, 0.8)	0.0	(0.0, 0.3)
45-64	26.0	(23.4, 28.7)	25.7	(23.2, 28.4)	22.2	(19.9, 24.7)	7.0	(5.5, 8.8)	0.5	(0.2, 1.0)	0.2	(0.1, 0.7)	0.3	(0.1, 0.8)	0.0	N/A	0.1	(0.0, 0.4)
65+	9.0	(7.3, 11.0)	8.8	(7.1, 10.8)	7.1	(5.7, 8.9)	2.5	(1.7, 3.8)	0.0	N/A	0.2	(0.0, 1.4)	0.0	(0.0, 0.3)	0.0	N/A	0.0	N/A
Area																		
Montevideo	22.9	(20.9, 25.1)	22.7	(20.7, 25.0)	20.4	(18.4, 22.6)	5.0	(3.9, 6.3)	0.1	(0.0, 0.3)	0.1	(0.0, 0.4)	0.6	(0.3, 1.5)	0.2	(0.1, 0.6)	0.0	(0.0, 0.3)
Interior	20.7	(19.1, 22.5)	20.5	(18.8, 22.3)	17.1	(15.6, 18.7)	6.6	(5.3, 8.0)	0.4	(0.2, 0.7)	0.4	(0.1, 1.0)	0.2	(0.1, 0.5)	0.1	(0.0, 0.4)	0.0	(0.0, 0.2)
Education Level[3]																		
Primary	24.1	(22.0, 26.4)	23.7	(21.6, 26.0)	18.3	(16.7, 20.1)	10.1	(8.2, 12.2)	0.6	(0.3, 1.1)	0.2	(0.0, 0.7)	0.1	(0.0, 0.2)	0.1	(0.0, 0.4)	0.0	(0.0, 0.3)
Secondary basic	27.1	(23.9, 30.7)	27.0	(23.8, 30.6)	24.1	(21.2, 27.3)	6.0	(4.0, 8.9)	0.2	(0.0, 0.8)	0.2	(0.0, 0.7)	0.3	(0.1, 1.1)	0.0	N/A	0.0	N/A
Secondary	23.6	(20.6, 26.9)	23.3	(20.3, 26.6)	22.6	(19.5, 26.0)	2.0	(1.3, 3.2)	0.0	N/A	0.3	(0.1, 1.1)	1.3	(0.5, 3.1)	0.4	(0.1, 1.5)	0.0	N/A
Tertiary	14.2	(11.8, 17.0)	14.0	(11.6, 16.9)	13.5	(11.1, 16.4)	0.8	(0.4, 1.7)	0.0	N/A	0.4	(0.1, 1.3)	0.4	(0.1, 1.3)	0.2	(0.0, 1.1)	0.2	(0.0, 1.1)

Note: Current tobacco smoking includes both daily and occasional (less than daily) use.

[1] Includes manufactured and hand rolled cigarettes.

[2] Includes any other reported smoked tobacco products.

[3] Education level is reported only among respondents 25+ years old.

Table 4.3 (cont.): Percentage of adults ≥ 15 years old who are current smokers of various smoked tobacco products, by gender and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Any smoked tobacco product		Any cigarette[1]		Type of Cigarette				Chopped naco		Pipes		Cigars		Waterpipes		Other smoked tobacco[2]	
					Manufactured		Hand-rolled											
	Percentage (95% CI)								Percentage (95% CI)									
Male	**25.6**	**(23.5, 27.8)**	**25.2**	**(23.1, 27.4)**	**20.2**	**(18.3, 22.4)**	**9.0**	**(7.5, 10.8)**	**0.4**	**(0.2, 0.7)**	**0.5**	**(0.2, 1.2)**	**0.7**	**(0.3, 1.3)**	**0.3**	**(0.1, 0.7)**	**0.1**	**(0.0, 0.3)**
Age (years)																		
15-24	18.4	(13.3, 24.9)	18.4	(13.3, 24.9)	15.8	(11.1, 21.9)	6.0	(3.1, 11.1)	0.1	(0.0, 0.9)	0.9	(0.1, 6.0)	0.0	N/A	0.3	(0.0, 2.5)	0.0	N/A
25-44	33.1	(29.8, 36.5)	32.5	(29.3, 35.9)	26.4	(23.4, 29.6)	11.4	(8.6, 14.9)	0.6	(0.3, 1.2)	0.4	(0.1, 1.0)	1.4	(0.6, 3.1)	0.6	(0.2, 1.6)	0.1	(0.0, 0.7)
45-64	29.3	(25.4, 33.6)	28.8	(24.9, 33.1)	22.8	(19.2, 26.8)	10.9	(8.4, 14.0)	0.7	(0.3, 1.6)	0.3	(0.1, 1.4)	0.6	(0.2, 1.8)	0.0	N/A	0.1	(0.0, 0.8)
65+	12.7	(9.7, 16.5)	12.3	(9.3, 16.0)	8.8	(6.2, 12.4)	5.0	(3.2, 7.9)	0.0	N/A	0.5	(0.1, 3.4)	0.1	(0.0, 0.8)	0.0	N/A	0.0	N/A
Area																		
Montevideo	27.5	(24.1, 31.1)	27.2	(23.8, 30.8)	23.2	(20.0, 26.8)	7.6	(5.6, 10.4)	0.1	(0.0, 0.5)	0.3	(0.1, 1.0)	1.3	(0.6, 2.9)	0.4	(0.1, 1.4)	0.1	(0.0, 0.6)
Interior	24.3	(21.7, 27.2)	23.9	(21.2, 26.7)	18.3	(15.9, 21.0)	9.9	(8.0, 12.3)	0.6	(0.3, 1.2)	0.6	(0.2, 1.9)	0.3	(0.1, 0.7)	0.2	(0.0, 0.8)	0.0	(0.0, 0.3)
Education Level[3]																		
Primary	29.7	(26.5, 33.0)	29.0	(25.9, 32.3)	20.4	(17.7, 23.2)	15.0	(12.1, 18.3)	0.9	(0.5, 1.8)	0.2	(0.0, 1.5)	0.1	(0.0, 0.4)	0.1	(0.0, 0.8)	0.1	(0.0, 0.6)
Secondary basic	29.4	(24.5, 34.7)	29.1	(24.3, 34.5)	23.4	(19.2, 28.2)	10.3	(6.5, 15.8)	0.2	(0.0, 1.7)	0.2	(0.0, 1.6)	0.6	(0.2, 2.2)	0.0	N/A	0.0	N/A
Secondary	26.6	(21.7, 32.1)	26.0	(21.0, 31.6)	25.2	(20.3, 30.9)	2.3	(1.2, 4.4)	0.0	N/A	0.6	(0.2, 2.6)	2.8	(1.1, 6.5)	0.8	(0.2, 3.6)	0.0	N/A
Tertiary	16.1	(12.0, 21.3)	15.7	(11.6, 20.9)	15.2	(11.1, 20.6)	0.9	(0.3, 2.5)	0.0	N/A	1.0	(0.3, 3.3)	1.1	(0.3, 3.6)	0.4	(0.1, 2.8)	0.4	(0.1, 3.0)
Female	**18.0**	**(16.4, 19.7)**	**18.0**	**(16.4, 19.7)**	**16.8**	**(15.3, 18.4)**	**3.1**	**(2.3, 4.1)**	**0.1**	**(0.0, 0.3)**	**0.0**	**(0.0, 0.2)**	**0.1**	**(0.0, 0.4)**	**0.0**	**N/A**	**0.0**	**N/A**
Age (years)																		
15-24	10.6	(7.1, 15.6)	10.6	(7.1, 15.6)	9.4	(6.3, 13.8)	3.2	(1.3, 7.5)	0.0	N/A	0.0	N/A	0.3	(0.0, 2.3)	0.0	N/A	0.0	N/A
25-44	25.1	(21.9, 28.6)	25.1	(21.9, 28.6)	23.5	(20.4, 26.8)	4.1	(2.9, 5.6)	0.1	(0.0, 0.7)	0.1	(0.0, 0.7)	0.1	(0.0, 0.6)	0.0	N/A	0.0	N/A
45-64	23.0	(20.1, 26.2)	22.9	(20.0, 26.1)	21.6	(18.8, 24.8)	3.6	(2.3, 5.5)	0.3	(0.1, 0.9)	0.1	(0.0, 0.4)	0.0	N/A	0.0	N/A	0.0	N/A
65+	6.3	(4.7, 8.4)	6.3	(4.7, 8.4)	5.9	(4.3, 8.0)	0.7	(0.3, 1.4)	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A
Area																		
Montevideo	19.0	(16.4, 21.9)	19.0	(16.4, 21.9)	18.0	(15.6, 20.8)	2.7	(1.8, 4.1)	0.1	(0.0, 0.6)	0.0	N/A	0.1	(0.0, 0.5)	0.0	N/A	0.0	N/A
Interior	17.3	(15.3, 19.5)	17.3	(15.3, 19.4)	15.9	(14.1, 17.9)	3.3	(2.3, 4.9)	0.1	(0.0, 0.4)	0.1	(0.0, 0.4)	0.1	(0.0, 0.8)	0.0	N/A	0.0	N/A
Education Level[3]																		
Primary	18.7	(16.0, 21.8)	18.7	(16.0, 21.7)	16.4	(13.9, 19.2)	5.3	(3.9, 7.2)	0.3	(0.1, 0.9)	0.1	(0.0, 0.7)	0.0	N/A	0.0	N/A	0.0	N/A
Secondary basic	24.9	(20.5, 29.8)	24.9	(20.5, 29.8)	24.9	(20.5, 29.8)	1.6	(0.7, 3.7)	0.1	(0.0, 0.6)	0.1	(0.0, 0.7)	0.0	N/A	0.0	N/A	0.0	N/A
Secondary	21.4	(18.1, 25.0)	21.4	(18.1, 25.0)	20.6	(17.4, 24.3)	1.8	(1.0, 3.4)	0.0	N/A	0.0	N/A	0.2	(0.0, 1.2)	0.0	N/A	0.0	N/A
Tertiary	13.0	(10.1 - 16.6)	13.0	(10.1 - 16.6)	12.5	(9.6 - 16.0)	0.8	(0.3 - 2.0)	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A

[1] Includes manufactured and hand rolled cigarettes.
[2] Includes any other reported smoked tobacco products.
[3] Education level is reported only among respondents 25+ years old.
N/A- The estimate is "0.0"

Table 4.3a: Proportion of current smokers ≥15 years old who smoke various tobacco products, by gender and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Any smoked tobacco product	Any cigarette[1]		Type of Cigarette				Chopped naco		Pipes		Cigars		Waterpipes		Other smoked tobacco[2]	
				Manufactured		Hand-rolled											
	Percentage (95% CI)							Percentage (95% CI)									
Overall	100	99.0	(97.9, 99.6)	85.3	(82.3, 87.8)	27.4	(23.8, 31.3)	1.2	(0.7, 2.0)	1.2	(0.5, 2.8)	1.7	(0.9, 3.2)	0.6	(0.2, 1.5)	0.1	(0.0, 0.6)
Age (years)																	
15-24	100	100.0	N/A	86.6	(74.1, 93.6)	31.5	(19.8, 46.0)	0.4	(0.1, 3.1)	3.1	(0.4, 19.2)	1.1	(0.2, 7.4)	1.2	(0.2, 8.4)	0.0	N/A
25-44	100	99.0	(97.8, 99.6)	85.8	(81.2, 89.4)	26.3	(21.1, 32.4)	1.1	(0.6, 2.3)	0.8	(0.3, 2.5)	2.5	(1.1, 5.8)	0.9	(0.3, 2.7)	0.2	(0.0, 1.2)
45-64	100	98.9	(96.9, 99.6)	85.4	(80.9, 89.0)	27.0	(22.0, 32.6)	1.8	(0.8, 3.6)	0.8	(0.2, 2.5)	1.0	(0.3, 3.2)	0.0	N/A	0.2	(0.0, 1.4)
65+	100	97.8	(85.6, 99.7)	79.3	(69.7, 86.4)	28.0	(19.3, 38.8)	0.0	N/A	2.2	(0.3, 14.4)	0.5	(0.1, 3.6)	0.0	N/A	0.0	N/A
Area																	
Montevideo	100	99.3	(97.1, 99.8)	89.1	(85.7, 91.7)	21.8	(17.3, 27.0)	0.3	(0.1, 1.4)	0.5	(0.2, 1.9)	2.8	(1.2, 6.3)	0.8	(0.2, 2.8)	0.2	(0.0, 1.3)
Interior	100	98.8	(97.0, 99.5)	82.4	(77.9, 86.2)	31.6	(26.6, 37.1)	1.8	(1.0, 3.2)	1.7	(0.6, 4.6)	0.9	(0.3, 2.2)	0.4	(0.1, 1.9)	0.1	(0.0, 0.8)
Education Level[3]																	
Primary	100	98.5	(95.9, 99.4)	76.0	(71.1, 80.4)	41.7	(35.3, 48.4)	2.5	(1.4, 4.5)	0.6	(0.1, 2.8)	0.2	(0.1, 0.9)	0.2	(0.0, 1.6)	0.2	(0.0, 1.2)
Secondary basic	100	99.6	(96.8, 99.9)	88.8	(81.8, 93.4)	22.1	(15.5, 30.5)	0.6	(0.1, 2.8)	0.6	(0.1, 2.7)	1.2	(0.4, 4.1)	0.0	N/A	0.0	N/A
Secondary	100	98.9	(95.6, 99.7)	95.7	(91.8, 97.8)	8.6	(5.4, 13.6)	0.0	N/A	1.1	(0.3, 4.6)	5.4	(2.1, 12.8)	1.5	(0.3, 6.3)	0.0	N/A
Tertiary	100	98.9	(92.1, 99.9)	95.2	(88.9, 98.0)	5.9	(2.7, 12.1)	0.0	N/A	2.7	(0.8, 8.6)	2.9	(0.8, 9.2)	1.1	(0.1, 7.4)	1.1	(0.1, 7.9)

Note: Current tobacco smoking includes both daily and occasional (less than daily) use.

[1] Includes manufactured and hand rolled cigarettes.

[2] Includes any other reported smoked tobacco products.

[3] Education level is reported only among respondents 25+ years old.

N/A- The estimate is "0.0"

Table 4.3a (cont.): Percentage of current smokers ≥15 years old who smoke various tobacco products, by gender and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Any smoked tobacco product	Any cigarette[1]		Type of Cigarette				Chopped naco		Pipes		Cigars		Waterpipes		Other smoked tobacco[2]	
				Manufactured		Hand-rolled											
	Percentage (95% CI)							Percentage (95% CI)									
Male	**100**	**98.4**	**(96.4, 99.3)**	**79.2**	**(74.6, 83.1)**	**35.4**	**(30.1, 40.9)**	**1.6**	**(0.9, 2.9)**	**1.9**	**(0.8, 4.7)**	**2.6**	**(1.3, 5.0)**	**1.1**	**(0.4, 2.7)**	**0.2**	**(0.1, 1.0)**
Age (years)																	
15-24	100	100.0	N/A	85.7	(69.8, 94.0)	32.3	(18.0, 50.9)	0.7	(0.1, 4.8)	4.8	(0.7, 27.4)	0.0	N/A	1.9	(0.3, 12.6)	0.0	N/A
25-44	100	98.2	(96.0, 99.2)	79.6	(72.3, 85.4)	34.4	(26.4, 43.3)	1.7	(0.8, 3.6)	1.1	(0.4, 3.1)	4.2	(1.9, 9.1)	1.7	(0.6, 4.9)	0.3	(0.0, 2.1)
45-64	100	98.4	(94.9, 99.5)	77.8	(70.2, 83.8)	37.2	(29.6, 45.4)	2.3	(0.9, 5.4)	1.2	(0.3, 4.8)	2.0	(0.6, 5.9)	0.0	N/A	0.4	(0.1, 2.6)
65+	100	96.3	(77.5, 99.5)	69.4	(54.1, 81.4)	39.5	(25.0, 56.2)	0.0	N/A	3.7	(0.5, 22.5)	0.8	(0.1, 6.0)	0.0	N/A	0.0	N/A
Area																	
Montevideo	100	98.8	(94.9, 99.7)	84.4	(78.2, 89.1)	27.8	(20.7, 36.3)	0.2	(0.0, 1.8)	1.0	(0.3, 3.4)	4.7	(2.1, 10.2)	1.5	(0.4, 5.0)	0.3	(0.0, 2.3)
Interior	100	98.1	(95.0, 99.3)	75.4	(68.9, 80.9)	40.8	(33.9, 48.1)	2.6	(1.3, 4.9)	2.6	(0.9, 7.6)	1.0	(0.4, 3.0)	0.8	(0.2, 3.3)	0.2	(0.0, 1.4)
Education Level[3]																	
Primary	100	97.8	(93.5, 99.3)	68.6	(61.9, 74.6)	50.5	(41.8, 59.1)	3.2	(1.6, 6.0)	0.7	(0.1, 4.9)	0.4	(0.1, 1.4)	0.4	(0.1, 2.6)	0.3	(0.0, 2.0)
Secondary basic	100	99.2	(94.3, 99.9)	79.7	(68.1, 87.8)	35.0	(23.8, 48.1)	0.8	(0.1, 5.7)	0.8	(0.1, 5.2)	2.2	(0.6, 7.3)	0.0	N/A	0.0	N/A
Secondary	100	97.6	(90.9, 99.4)	94.9	(87.8, 97.9)	8.7	(4.5, 16.1)	0.0	N/A	2.4	(0.6, 9.3)	10.3	(4.4, 22.6)	3.1	(0.7, 12.5)	0.0	N/A
Tertiary	100	97.4	(83.0, 99.7)	94.4	(81.9, 98.5)	5.6	(1.9, 15.7)	0.0	N/A	6.2	(1.8, 19.2)	6.6	(1.9, 20.8)	2.5	(0.3, 16.3)	2.6	(0.3, 17.0)
Female	**100**	**99.8**	**(98.8, 100)**	**93.1**	**(89.7, 95.5)**	**17.1**	**(13.1, 21.9)**	**0.6**	**(0.2, 1.7)**	**0.3**	**(0.1, 1.2)**	**0.5**	**(0.1, 2.2)**	**0.0**	**N/A**	**0.0**	**N/A**
Age (years)																	
15-24	100	100.0	N/A	88.1	(62.1, 97.1)	29.8	(13.4, 53.9)	0.0	N/A	0.0	N/A	3.2	(0.5, 17.4)	0.0	N/A	0.0	N/A
25-44	100	100.0	N/A	93.6	(90.0, 95.9)	16.2	(11.8, 21.8)	0.4	(0.1, 2.8)	0.4	(0.1, 2.8)	0.4	(0.0, 2.6)	0.0	N/A	0.0	N/A
45-64	100	99.6	(96.9, 99.9)	94.0	(88.9, 96.8)	15.5	(10.2, 22.9)	1.2	(0.4, 3.9)	0.3	(0.0, 1.9)	0.0	N/A	0.0	N/A	0.0	N/A
65+	100	100.0	N/A	94.0	(85.8, 97.6)	11.0	(5.3, 21.4)	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A
Area																	
Montevideo	100	100.0	N/A	94.8	(90.7, 97.2)	14.3	(9.8, 20.4)	0.4	(0.1, 3.1)	0.0	N/A	0.4	(0.1, 2.7)	0.0	N/A	0.0	N/A
Interior	100	99.7	(97.9, 100)	91.8	(86.2, 95.3)	19.2	(13.5, 26.7)	0.8	(0.2, 2.4)	0.5	(0.1, 2.1)	0.6	(0.1, 4.2)	0.0	N/A	0.0	N/A
Education Level3																	
Primary	100	99.5	(96.8, 99.9)	87.4	(81.4, 91.7)	28.2	(21.5, 36.1)	1.5	(0.5, 4.7)	0.5	(0.1, 3.7)	0.0	N/A	0.0	N/A	0.0	N/A
Secondary basic	100	100.0	N/A	100.0	N/A	6.4	(2.7, 14.6)	0.3	(0.0, 2.3)	0.4	(0.1, 2.9)	0.0	N/A	0.0	N/A	0.0	N/A
Secondary	100	100.0	N/A	96.5	(91.5, 98.6)	8.6	(4.5, 15.6)	0.0	N/A	0.0	N/A	0.8	(0.1, 5.3)	0.0	N/A	0.0	N/A
Tertiary	100	100.0	N/A	95.7	(86.7, 98.7)	6.0	(2.3, 14.7)	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A

[1] Includes manufactured and hand rolled cigarettes.
[2] Includes any other reported smoked tobacco products.
[3] Education level is reported only among respondents 25+ years old.
N/A- The estimate is "0.0"

Table 4.4: Number of adults ≥15 years old who are current smokers of various smoked tobacco products, by gender and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Any smoked tobacco product	Any cigarette[1]	Type of Cigarette		Chopped naco	Pipes	Cigars	Waterpipes	Other smoked tobacco[2]
			Manufactured	Hand-rolled					
	Number in thousands								
Overall	597.0	591.1	509.0	163.4	7.0	7.2	10.1	3.6	0.8
Age (years)									
15-24	80.6	80.6	69.8	25.4	0.4	2.5	0.9	1.0	0.0
25-44	272.0	269.3	233.3	71.7	3.1	2.2	6.9	2.6	0.5
45-64	198.7	196.6	169.7	53.6	3.5	1.5	2.1	0.0	0.4
65+	45.7	44.7	36.2	12.8	0.0	1.0	0.2	0.0	0.0
Area									
Montevideo	256.1	254.4	228.2	55.7	0.9	1.4	7.1	2.1	0.5
Interior	340.8	336.7	280.9	107.7	6.1	5.8	2.9	1.5	0.4
Education Level[3]									
Primary	231.4	227.8	175.9	96.5	5.8	1.5	0.5	0.5	0.4
Secondary basic	134.5	133.9	119.5	29.7	0.8	0.8	1.6	0.0	0.0
Secondary	109.6	108.4	104.9	9.5	0.0	1.2	5.9	1.6	0.0
Tertiary	40.8	40.4	38.9	2.4	0.0	1.1	1.2	0.4	0.5

Note: Current tobacco smoking includes both daily and occasional (less than daily) use.

[1] Includes manufactured and hand rolled cigarettes.

[2] Includes any other reported smoked tobacco products.

[3] Education level is reported only among respondents 25+ years old.

Table 4.4 (cont.): Number of adults ≥15 years old who are current smokers of various smoked tobacco products, by gender and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Any smoked tobacco product	Any cigarette[1]	Type of Cigarette		Chopped naco	Pipes	Cigars	Waterpipes	Other smoked tobacco[2]
			Manufactured	Hand-rolled					
	Number in thousands								
Male	**336.4**	**331.0**	**266.3**	**118.9**	**5.4**	**6.5**	**8.7**	**3.6**	**0.8**
Age (years)									
15-24	52.2	52.2	44.8	16.9	0.4	2.5	0.0	1.0	0.0
25-44	151.9	149.3	121.0	52.2	2.6	1.7	6.4	2.6	0.5
45-64	105.0	103.2	81.6	39.0	2.4	1.2	2.1	0.0	0.4
65+	27.3	26.3	19.0	10.8	0.0	1.0	0.2	0.0	0.0
Area									
Montevideo	141.4	139.7	119.3	39.3	0.4	1.4	6.7	2.1	0.5
Interior	195.0	191.3	147.0	79.6	5.0	5.1	2.0	1.5	0.4
Education Level[3]									
Primary	139.8	136.7	95.9	70.6	4.4	1.0	0.5	0.5	0.4
Secondary basic	73.9	73.3	58.9	25.9	0.6	0.6	1.6	0.0	0.0
Secondary	52.7	51.5	50.0	4.6	0.0	1.2	5.5	1.6	0.0
Tertiary	17.7	17.2	16.7	1.0	0.0	1.1	1.2	0.4	0.5
Female	**260.6**	**260.2**	**242.7**	**44.5**	**1.6**	**0.7**	**1.3**	**0.0**	**0.0**
Age (years)									
15-24	28.4	28.4	25.0	8.5	0.0	0.0	0.9	0.0	0.0
25-44	120.0	120.0	112.3	19.4	0.5	0.5	0.4	0.0	0.0
45-64	93.8	93.3	88.1	14.5	1.1	0.2	0.0	0.0	0.0
65+	18.4	18.4	17.3	2.0	0.0	0.0	0.0	0.0	0.0
Area									
Montevideo	114.8	114.8	108.8	16.4	0.5	0.0	0.4	0.0	0.0
Interior	145.8	145.4	133.9	28.1	1.1	0.7	0.9	0.0	0.0
Education Level[3]									
Primary	91.5	91.1	80.0	25.9	1.4	0.5	0.0	0.0	0.0
Secondary basic	60.6	60.6	60.6	3.9	0.2	0.2	0.0	0.0	0.0
Secondary	56.9	56.9	54.9	4.9	0.0	0.0	0.4	0.0	0.0
Tertiary	23.2	23.2	22.2	1.4	0.0	0.0	0.0	0.0	0.0

[1] Includes manufactured and hand rolled cigarettes.

[2] 2 Includes any other reported smoked tobacco products.

[3] Education level is reported only among respondents 25+ years old.

Table 4.5: Percentage distribution of adults ≥15 years old, by smoking frequency, gender and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Smoking Frequency						Total
	Daily		Occasional[1]		Non-smoker		
	Percentage (95% CI)						
Overall	18.3	(17.1, 19.5)	3.3	(2.8, 4.0)	78.4	(77.0, 79.7)	100
Age (years)							
15-24	10.3	(7.7, 13.6)	4.4	(2.7, 7.0)	85.4	(81.6, 88.5)	100
25-44	24.0	(21.8, 26.3)	5.0	(4.0, 6.3)	71.0	(68.5, 73.4)	100
45-64	23.8	(21.4, 26.5)	2.1	(1.5, 3.0)	74.0	(71.3, 76.6)	100
65+	8.0	(6.5, 9.9)	1.0	(0.5, 1.7)	91.0	(89.0, 92.7)	100
Area							
Montevideo	19.1	(17.2, 21.1)	3.8	(2.9, 5.0)	77.1	(74.9, 79.1)	100
Interior	17.7	(16.2, 19.3)	3.0	(2.4, 3.8)	79.3	(77.5, 80.9)	100
Education Level2							
Primary	21.4	(19.4, 23.7)	2.7	(2.0, 3.7)	75.9	(73.6, 78.0)	100
Secondary basic	24.1	(20.9, 27.5)	3.1	(2.1, 4.4)	72.9	(69.3, 76.1)	100
Secondary	19.2	(16.5, 22.4)	4.4	(3.1, 6.0)	76.4	(73.1, 79.4)	100
Tertiary	11.6	(9.5, 14.2)	2.6	(1.5, 4.3)	85.8	(83.0, 88.2)	100

[1] Occasional refers to less than daily use.

[2] Education level is reported only among respondents 25+ years old.

Table 4.5 (cont.): Percentage distribution of adults ≥15 years old, by smoking frequency, gender and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Smoking Frequency						Total
	Daily		Occasional[1]		Non-smoker		
	Percentage (95% CI)						
Male	**21.5**	**(19.6, 23.6)**	**4.0**	**(3.1, 5.2)**	**74.4**	**(72.2, 76.5)**	**100**
Age (years)							
15-24	13.4	(9.1, 19.3)	5.0	(2.4, 9.9)	81.6	(75.1, 86.7)	100
25-44	26.9	(24.0, 30.1)	6.1	(4.6, 8.1)	66.9	(63.5, 70.2)	100
45-64	27.1	(23.1, 31.5)	2.2	(1.3, 3.7)	70.7	(66.4, 74.6)	100
65+	11.5	(8.7, 14.9)	1.3	(0.6, 2.9)	87.3	(83.5, 90.3)	100
Area							
Montevideo	23.1	(20.0, 26.6)	4.4	(2.9, 6.6)	72.5	(68.9, 75.9)	100
Interior	20.5	(18.1, 23.2)	3.8	(2.8, 5.2)	75.7	(72.8, 78.3)	100
Education Level[2]							
Primary	25.8	(22.7, 29.2)	3.9	(2.7, 5.5)	70.3	(67.0, 73.5)	100
Secondary basic	26.3	(21.6, 31.6)	3.1	(1.8, 5.3)	70.6	(65.3, 75.5)	100
Secondary	22.0	(17.4, 27.3)	4.6	(2.7, 7.6)	73.4	(67.9, 78.3)	100
Tertiary	12.6	(8.8, 17.8)	3.5	(1.6, 7.3)	83.9	(78.7, 88.0)	100
Female	**15.3**	**(13.8, 16.9)**	**2.7**	**(2.1, 3.5)**	**82.0**	**(80.3, 83.6)**	**100**
Age (years)							
15-24	6.9	(4.0, 11.6)	3.7	(2.0, 6.8)	89.4	(84.4, 92.9)	100
25-44	21.1	(18.1, 24.5)	3.9	(2.8, 5.6)	74.9	(71.4, 78.1)	100
45-64	20.9	(18.2, 24.0)	2.1	(1.3, 3.3)	77.0	(73.8, 79.9)	100
65+	5.5	(4.1, 7.5)	0.7	(0.3, 1.8)	93.7	(91.6, 95.3)	100
Area							
Montevideo	15.6	(13.3, 18.3)	3.3	(2.3, 4.8)	81.0	(78.1, 83.6)	100
Interior	15.0	(13.2, 17.1)	2.3	(1.6, 3.3)	82.7	(80.5, 84.7)	100
Education Level[2]							
Primary	17.2	(14.7, 20.1)	1.5	(0.8, 2.7)	81.3	(78.2, 84.0)	100
Secondary basic	21.8	(17.6, 26.7)	3.0	(1.8, 5.2)	75.1	(70.2, 79.5)	100
Secondary	17.2	(14.2, 20.6)	4.2	(2.8, 6.2)	78.6	(75.0, 81.9)	100
Tertiary	11.0	(8.5, 14.2)	2.0	(0.9, 4.2)	87.0	(83.4, 89.9)	100

[1] Occasional refers to less than daily use.

[2] Education level is reported only among respondents 25+ years old.

Table 4.6: Percentage distribution of cigarettes smoked per day among daily cigarette smokers ≥15 years old, by gender and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Distribution of number of cigarettes smoked on average per day[1]										
	<5		5-9		10-14		15-24		≥ 25		Total
	Percentage (95% CI)										
Overall	8.3	(6.3, 10.8)	17.5	(14.8, 20.6)	28.3	(24.9, 32.0)	32.9	(29.4, 36.6)	13.0	(10.6, 15.9)	100
Age (years)											
15-24	11.2	(5.5, 21.7)	29.1	(18.0, 43.6)	38.8	(26.7, 52.5)	18.1	(8.9, 33.5)	2.7	(0.8, 8.5)	100
25-44	7.5	(5.0, 11.1)	15.3	(11.2, 20.6)	30.9	(25.5, 36.9)	33.1	(27.8, 38.8)	13.2	(9.5, 17.9)	100
45-64	8.0	(5.0, 12.7)	15.4	(11.8, 19.9)	22.2	(17.7, 27.5)	38.1	(31.8, 44.9)	16.3	(11.9, 21.7)	100
65+	9.3	(4.3, 18.9)	23.0	(14.5, 34.5)	26.5	(18.4, 36.7)	28.9	(19.9, 39.9)	12.3	(7.3, 20.1)	100
Area											
Montevideo	8.4	(5.8, 12.0)	18.7	(14.4, 23.9)	27.5	(23.4, 32.1)	33.2	(27.6, 39.3)	12.2	(9.3, 15.9)	100
Interior	8.2	(5.5, 12.0)	16.6	(13.3, 20.7)	28.9	(23.8, 34.5)	32.7	(28.3, 37.3)	13.6	(10.2, 17.9)	100
Education Level[2]											
Primary	6.5	(4.0, 10.3)	12.3	(8.7, 17.1)	26.5	(21.5, 32.2)	37.0	(31.4, 42.9)	17.8	(13.4, 23.1)	100
Secondary basic	9.9	(5.7, 16.6)	15.7	(11.1, 21.7)	28.4	(21.9, 35.9)	30.7	(24.3, 38.1)	15.2	(10.3, 21.9)	100
Secondary	6.9	(3.9, 12.0)	21.4	(15.5, 28.8)	24.8	(17.5, 33.9)	37.6	(28.5, 47.7)	9.3	(5.4, 15.5)	100
Tertiary	12.0	(6.7, 20.4)	25.6	(15.8, 38.7)	30.3	(19.9, 43.2)	28.2	(18.9, 39.9)	3.9	(1.3, 11.0)	100

[1] Among daily cigarette smokers. Cigarettes include manufactured and hand-rolled.

[2] Education level is reported only among respondents 25+ years old.

Table 4.6 (cont.): Percentage distribution of cigarettes smoked per day among daily cigarette smokers ≥15 years old, by gender and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Distribution of number of cigarettes smoked on average per day[1]										
	<5		5-9		10-14		15-24		≥25		Total
	Percentage (95% CI)										
Male	**6.4**	**(4.4, 9.1)**	**15.5**	**(12.1, 19.6)**	**26.8**	**(22.2, 32.0)**	**35.2**	**(30.4, 40.4)**	**16.1**	**(12.7, 20.2)**	**100**
Age (years)											**100**
15-24	7.7	(2.5, 21.5)	33.2	(19.0, 51.3)	42.7	(27.2, 59.8)	13.3	(4.9, 31.4)	3.0	(0.7, 11.7)	100
25-44	5.5	(3.1, 9.5)	15.3	(10.3, 22.3)	26.2	(19.4, 34.4)	38.8	(31.8, 46.2)	14.2	(9.4, 20.9)	100
45-64	6.2	(3.4, 11.1)	9.8	(6.2, 15.1)	20.6	(15.0, 27.6)	38.8	(29.9, 48.5)	24.6	(17.8, 33.0)	100
65+	9.9	(3.2, 27.0)	10.4	(4.1, 24.3)	29.8	(18.9, 43.8)	37.6	(23.7, 53.9)	12.2	(5.7, 24.4)	100
Area											
Montevideo	4.9	(2.8, 8.5)	18.7	(12.8, 26.5)	25.9	(19.7, 33.3)	34.8	(26.4, 44.3)	15.6	(11.0, 21.7)	100
Interior	7.5	(4.7, 11.8)	13.1	(9.7, 17.6)	27.5	(21.2, 34.8)	35.5	(30.2, 41.2)	16.4	(11.9, 22.3)	100
Education Level2											
Primary	3.7	(2.0, 6.9)	11.5	(7.5, 17.2)	25.7	(19.6, 32.9)	39.4	(32.7, 46.6)	19.7	(13.9, 27.1)	100
Secondary basic	11.8	(6.3, 20.9)	13.9	(8.0, 23.1)	17.5	(11.2, 26.4)	34.0	(24.5, 44.9)	22.9	(14.7, 33.8)	100
Secondary	3.1	(0.9, 10.7)	12.9	(7.2, 22.1)	25.5	(15.1, 39.8)	46.2	(33.1, 59.7)	12.2	(6.3, 22.4)	100
Tertiary	10.6	(3.6, 27.6)	16.2	(6.0, 37.1)	40.7	(23.0, 61.3)	30.8	(16.0, 51.1)	1.6	(0.2, 10.7)	100
Female	**10.6**	**(7.5, 14.9)**	**20.1**	**(16.1, 24.8)**	**30.2**	**(25.5, 35.3)**	**29.9**	**(25.3, 35.0)**	**9.1**	**(6.5, 12.7)**	**100**
Age (years)											
15-24	-	-	-	-	-	-	-	-	-	-	
25-44	10.0	(6.0, 16.2)	15.3	(10.2, 22.3)	36.6	(29.2, 44.8)	26.2	(19.4, 34.4)	11.9	(7.6, 18.1)	100
45-64	10.1	(5.3, 18.5)	21.7	(15.5, 29.6)	24.0	(17.0, 32.7)	37.4	(29.6, 45.9)	6.8	(4.0, 11.3)	100
65+	8.3	(3.5, 18.2)	41.3	(26.5, 57.8)	21.8	(12.0, 36.2)	16.3	(8.0, 30.5)	12.4	(5.8, 24.6)	100
Residence											
Urban	12.8	(8.0, 19.8)	18.7	(13.7, 25.1)	29.5	(22.6, 37.6)	31.1	(24.6, 38.4)	7.9	(4.8, 12.6)	100
Rural	9.0	(5.3, 14.9)	21.2	(15.6, 28.1)	30.7	(24.6, 37.6)	29.1	(22.8, 36.2)	10.1	(6.4, 15.6)	100
Area											
Montevideo	10.3	(5.3, 19.0)	13.4	(8.4, 20.8)	27.7	(20.1, 36.8)	33.5	(25.4, 42.7)	15.0	(9.9, 22.1)	100
Interior	7.6	(3.6, 15.3)	17.9	(11.6, 26.6)	41.8	(31.5, 53.0)	26.8	(18.4, 37.3)	5.9	(2.6, 12.9)	100
Education Level[2]											
Primary	13.0	(6.2, 25.1)	32.2	(18.4, 49.9)	22.9	(12.7, 37.7)	26.4	(15.5, 41.2)	5.6	(1.7, 17.4)	100
Secondary basic	7.8	(3.7, 15.5)	18.2	(11.8, 27.0)	42.6	(32.1, 53.8)	25.4	(17.3, 35.8)	6.0	(2.6, 13.1)	100
Secondary	10.6	(5.7, 18.7)	29.4	(20.0, 41.1)	24.0	(15.6, 35.1)	29.4	(20.0, 40.9)	6.6	(2.6, 15.5)	100
Tertiary	13.0	(6.2, 25.1)	32.2	(18.4, 49.9)	22.9	(12.7, 37.7)	26.4	(15.5, 41.2)	5.6	(1.7, 17.4)	100

[1] Among daily cigarette smokers. Cigarettes include manufactured and hand-rolled.

[2] Education level is reported only among respondents 25+ years old.

- Indicates estimate based on less than 25 unweighted cases and has been suppressed.

Table 4.6a: Mean and median daily cigarette consumption among daily cigarette smokers ≥15 years old, by selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Number of cigarettes smoked on average per day								
	Overall[1]			Male[1]			Female[1]		
	Mean		Median	Mean		Median	Mean		Median
Overall	15.2	(14.4, 16.0)	11.3	16.7	(15.5, 17.8)	14.2	13.4	(12.4, 14.4)	9.8
Age (years)									
15-24	10.5	(8.9, 12.1)	9.8	10.3	(8.4, 12.2)	9.8	-	-	-
25-44	15.2	(13.9, 16.5)	11.4	16.5	(14.6, 18.3)	14.3	13.7	(12.2, 15.2)	9.8
45-64	16.7	(15.4, 18.1)	14.5	19.5	(17.6, 21.3)	19.1	13.6	(12.1, 15.2)	9.9
65+	15.1	(12.5, 17.8)	9.8	16.6	(12.8, 20.5)	13.8	13.0	(9.8, 16.1)	9.0
Area									
Montevideo	15.3	(14.1, 16.5)	10.9	16.9	(15.1, 18.7)	14.1	13.3	(11.8, 14.8)	9.7
Interior	15.2	(14.1, 16.2)	11.6	16.5	(15.0, 18.0)	14.2	13.5	(12.1, 14.8)	9.8
Education Level[2]									
Primary	17.5	(15.9, 19.0)	14.6	18.8	(16.7, 20.9)	17.8	15.6	(13.7, 17.5)	12.0
Secondary basic	15.6	(13.9, 17.2)	11.3	17.7	(15.2, 20.2)	15.5	12.9	(11.1, 14.8)	9.7
Secondary	14.1	(12.6, 15.5)	10.0	16.3	(14.0, 18.5)	14.5	12.0	(10.2, 13.7)	9.4
Tertiary	11.6	(9.9, 13.3)	9.1	12.4	(10.1, 14.7)	10.0	11.0	(8.6, 13.4)	8.5

[1] Among daily cigarette smokers. Cigarettes include manufactured and hand-rolled.

[2] Education level is reported only among respondents 25+ years old.

- Indicates estimate based on less than 25 unweighted cases and has been suppressed.

Table 4.7: Percentage distribution of ever daily smokers 20-34 years old by age at daily smoking initiation, gender and residence – GATS Uruguay, 2017.

Demographic Characteristics	Age at Daily Smoking Initiation (years)[1]								Total
	<15		15-16		17-19		20+		
	Percentage (95% CI)								
Overall	21.3	(17.0, 26.3)	37.5	(32.3, 43.0)	30.2	(24.8, 36.2)	11.0	(7.9, 15.2)	100
Gender									
Male	18.5	(13.9, 24.2)	36.8	(29.6, 44.6)	33.3	(25.5, 42.1)	11.5	(7.4, 17.3)	100
Female	24.9	(18.6, 32.4)	38.4	(30.7, 46.7)	26.2	(19.5, 34.3)	10.5	(6.7, 16.2)	100
Area									
Montevideo	17.8	(12.6, 24.7)	41.3	(33.9, 49.1)	31.4	(23.6, 40.4)	9.5	(5.4, 16.2)	100
Interior	23.5	(17.7, 30.5)	35.0	(28.2, 42.6)	29.4	(22.4, 37.5)	12.0	(7.9, 17.9)	100

[1]Among respondents 20-34 years of age who are ever daily smokers.

Table 4.7a: Percentage distribution and average age of daily smoking initiation among ever daily smokers 20-34 years old, by gender and residence – GATS Uruguay, 2017.

Demographic Characteristics	Age at Daily Smoking Initiation (years)[1]								
	<20		20+		Total	Mean (95% CI)		Median (95%CI)	
	Percentage (95% CI)								
Overall	**89.0**	**(84.8, 92.1)**	**11.0**	**(7.9, 15.2)**	**100**	**16.3**	**(16.0, 16.6)**	**15.3**	**(14.9, 15.8)**
Gender									
Male	88.5	(82.7, 92.6)	11.5	(7.4, 17.3)	100	16.3	(16.0, 16.7)	15.5	(14.9, 16.2)
Female	89.5	(83.8, 93.3)	10.5	(6.7, 16.2)	100	16.2	(15.8, 16.6)	15.1	(14.7, 15.6)
Area									
Montevideo	90.5	(83.8, 94.6)	9.5	(5.4, 16.2)	100	16.3	(15.9, 16.7)	15.4	(14.9, 16.0)
Interior	88.0	(82.1, 92.1)	12.0	(7.9, 17.9)	100	16.3	(15.8, 16.7)	15.2	(14.8, 15.9)

[1] Among respondents 20-34 years of age who are ever daily smokers.

Table 4.8: Percentage of all adults and ever daily smokers ≥15 years old who are former daily smokers, by selected demographic characteristics – GATS Uruguay, 2017.

Características demográficas	Former Daily Smokers[1] (Among All Adults)		Former Daily Smokers[1,2] (Among Ever Daily Smokers)	
	Percentage (95% CI)			
Overall	16.8	(15.7, 17.9)	45.7	(43.1, 48.3)
Gender				
Male	21.8	(20.0, 23.6)	48.1	(44.5, 51.6)
Female	12.2	(10.8, 13.8)	42.3	(38.3, 46.4)
Age (years)				
15-24	4.4	(3.0, 6.4)	27.3	(18.6, 38.1)
25-44	13.7	(11.9, 15.7)	34.2	(30.1, 38.5)
45-64	21.9	(19.6, 24.5)	46.4	(42.1, 50.6)
65+	28.1	(25.2, 31.2)	76.5	(72.0, 80.4)
Area				
Montevideo	17.7	(15.9, 19.7)	46.3	(42.4, 50.2)
Interior	16.1	(14.8, 17.6)	45.3	(41.7, 48.8)
Education Level[3]				
Primary	21.1	(19.1, 23.2)	48.1	(44.6, 51.8)
Secondary basic	18.7	(15.9, 22.0)	42.0	(36.1, 48.1)
Secondary	18.1	(15.6, 21.0)	45.2	(39.8, 50.7)
Tertiary	20.5	(17.5, 24.0)	61.3	(54.8, 67.5)

[1] Current non-smokers.

[2] Also known as the quit ratio for daily smoking.

[3] Education level is reported only among respondents 25+ years old.

Table 4.9: Percentage distribution of former daily smokers ≥15 years old, by time since quitting smoking and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Time since quitting smoking (years)[1]								Total
	<1		1 to <5		5 to <10		≥10		
	Percentage (95% CI)								
Overall	6.4	(4.9, 8.4)	20.0	(17.0, 23.4)	15.1	(12.5, 18.1)	58.5	(54.3, 62.6)	100
Gender									
Male	6.0	(4.2, 8.6)	18.6	(14.6, 23.4)	14.9	(11.7, 18.7)	60.5	(55.3, 65.5)	100
Female	7.1	(4.5, 10.9)	22.2	(17.8, 27.3)	15.5	(11.6, 20.2)	55.2	(49.1, 61.2)	100
Age (years)									
15-24	22.0	(9.9, 41.9)	62.7	(42.3, 79.3)	15.4	(5.2, 37.5)	0.0	N/A	100
25-44	9.6	(6.4, 14.1)	33.1	(26.8, 40.1)	28.4	(22.4, 35.1)	28.9	(22.9, 35.8)	100
45-64	4.2	(2.5, 6.9)	16.5	(12.0, 22.1)	11.6	(8.4, 15.9)	67.7	(61.6, 73.3)	100
65+	3.6	(1.9, 6.6)	5.0	(3.1, 8.1)	7.2	(4.7, 10.9)	84.2	(79.2, 88.1)	100
Area									
Montevideo	7.0	(4.6, 10.6)	18.1	(14.2, 22.9)	15.7	(11.8, 20.6)	59.1	(52.8, 65.1)	100
Interior	6.0	(4.1, 8.6)	21.4	(17.1, 26.3)	14.6	(11.4, 18.6)	58.0	(52.3, 63.6)	100
Education Level[2]									
Primary	5.9	(3.8, 9.0)	17.5	(13.0, 23.0)	14.6	(10.8, 19.4)	62.1	(55.9, 67.9)	100
Secondary basic	5.3	(2.8, 10.0)	19.1	(13.6, 26.2)	15.7	(10.8, 22.3)	59.9	(50.8, 68.3)	100
Secondary	4.7	(2.5, 8.8)	16.3	(11.5, 22.6)	16.1	(11.1, 22.9)	62.8	(54.9, 70.1)	100
Tertiary	6.1	(3.4, 10.9)	17.7	(12.4, 24.7)	14.3	(9.0, 22.0)	61.8	(53.1, 69.8)	100

[1] Among former daily smokers (current non-smokers).

[2] Education level is reported only among respondents 25+ years old.

N/A- The estimate is "0.0"

Table 4.9a: Percentage distribution of former daily smokers ≥15 years old who indicated they have smoked a puff since quitting, by time since last puff and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Time since last puff[1]						Total
	<6 months		6 to <12 months		≥12 months		
	Percentage (95% CI)						
Overall	42.6	(32.3, 53.6)	3.6	(1.6, 7.8)	53.8	(43.2, 64.1)	100
Gender							
Male	42.4	(28.4, 57.7)	5.3	(2.2, 12.2)	52.3	(38.2, 66.1)	100
Female	42.9	(30.1, 56.7)	1.4	(0.2, 9.7)	55.7	(42.1, 68.4)	100
Age (years)							
15-24	-	-	-	-	-	-	- -
25-44	40.8	(27.7, 55.2)	3.8	(1.3, 11.0)	55.4	(41.5, 68.5)	100
45-64	35.6	(21.1, 53.2)	5.7	(1.7, 16.8)	58.8	(41.3, 74.2)	100
65+	36.3	(18.8, 58.5)	0.0	N/A	63.7	(41.5, 81.2)	100
Area							
Montevideo	40.1	(25.7, 56.4)	2.4	(0.6, 9.5)	57.5	(41.7, 71.9)	100
Interior	45.2	(31.0, 60.1)	4.8	(1.8, 12.0)	50.1	(35.9, 64.2)	100
Education Level[2]							
Primary	54.0	(34.8, 72.1)	0.0	N/A	46.0	(27.9, 65.2)	100
Secondary basic	-	-	-	-	-	-	- -
Secondary	31.4	(17.0, 50.6)	8.2	(2.5, 23.3)	60.5	(42.6, 75.9)	100
Tertiary	39.4	(24.4, 56.6)	4.7	(1.2, 16.9)	55.9	(39.4, 71.2)	100

[1] Among former daily smokers (current non-smokers) who indicated they have smoked at least one puff of tobacco since quitting.

[2] Education level is reported only among respondents 25+ years old.

- Indicates estimate based on less than 25 unweighted cases and has been suppressed.

N/A- The estimate is "0.0"

Table 4.10: Percentage distribution of daily smokers ≥15 years old, by time to first smoke upon waking and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Time to first smoke								Total
	≤ 5 minutes		6-30 minutes		31-60 minutes		>60 minutes		
	Percentage (95% CI)								
Overall	11.2	(8.8, 14.1)	22.9	(19.7, 26.5)	16.0	(13.6, 18.8)	49.9	(46.0, 53.8)	100
Gender									
Male	8.6	(6.0, 12.1)	24.4	(20.1, 29.4)	14.8	(11.6, 18.6)	52.3	(47.1, 57.4)	100
Female	14.5	(11.1, 18.8)	21.0	(16.7, 26.0)	17.6	(13.8, 22.0)	46.9	(41.3, 52.7)	100
Age (years)									
15-24	9.1	(3.3, 22.3)	23.6	(13.3, 38.3)	11.5	(5.1, 24.1)	55.8	(42.1, 68.8)	100
25-44	12.3	(8.9, 16.7)	19.4	(15.4, 24.3)	17.2	(13.6, 21.7)	51.1	(45.3, 56.8)	100
45-64	10.8	(7.7, 14.9)	25.8	(21.1, 31.2)	15.1	(11.4, 19.8)	48.2	(42.4, 54.1)	100
65+	9.6	(4.9, 17.8)	28.2	(19.0, 39.6)	19.2	(12.3, 28.6)	43.0	(32.8, 53.8)	100
Area									
Montevideo	10.2	(7.3, 14.1)	20.7	(16.2, 26.2)	17.9	(14.0, 22.7)	51.1	(45.4, 56.8)	100
Interior	11.9	(8.5, 16.3)	24.5	(20.2, 29.3)	14.6	(11.7, 18.0)	49.1	(43.7, 54.4)	100
Education Level1									
Primary	15.2	(11.1, 20.4)	27.0	(22.6, 32.0)	15.6	(12.1, 19.9)	42.2	(36.6, 47.9)	100
Secondary basic	9.6	(6.1, 14.8)	17.3	(11.7, 24.9)	16.9	(12.0, 23.2)	56.2	(48.4, 63.7)	100
Secondary	6.9	(3.8, 12.1)	22.6	(15.8, 31.3)	18.0	(12.4, 25.3)	52.5	(43.0, 61.9)	100
Tertiary	7.0	(2.9, 15.7)	17.4	(10.1, 28.2)	17.4	(10.0, 28.5)	58.2	(45.2, 70.2)	100

[1] Education level is reported only among respondents 25+ years old.

Table 4.11: Electronic cigarette awareness and use among adults ≥15 years old, by selected demographic characteristics - GATS Uruguay, 2017.						
Demographic Characteristics	Ever heard of electronic cigarettes[1]		Ever used an electronic cigarette[1]		Current user of electronic cigarettes[1, 2]	
Overall	45.3	(42.7, 47.9)	3.1	(2.6, 3.8)	0.2	(0.1, 0.5)
Gender						
Male	49.8	(46.6, 53.1)	3.9	(3.1, 5.0)	0.3	(0.1, 0.7)
Female	41.2	(38.5, 43.9)	2.4	(1.8, 3.2)	0.2	(0.1, 0.4)
Age (years)						
15-24	48.4	(43.0, 53.9)	4.2	(2.8, 6.3)	0.5	(0.1, 1.6)
25-44	52.8	(49.4, 56.1)	4.2	(3.2, 5.6)	0.2	(0.1, 0.5)
45-64	44.6	(41.3, 48.1)	2.7	(1.8, 3.9)	0.1	(0.0, 0.4)
65+	29.1	(25.8, 32.6)	0.6	(0.2, 1.5)	0.2	(0.0, 0.9)
Area						
Montevideo	54.7	(51.6, 57.7)	4.2	(3.2, 5.4)	0.3	(0.1, 1.0)
Interior	38.9	(35.3, 42.6)	2.4	(1.8, 3.2)	0.2	(0.1, 0.4)
Education Level3						
Primary	25.8	(23.1, 28.7)	1.3	(0.7, 2.2)	0.0	(0.0, 0.2)
Secondary basic	48.7	(45.0, 52.5)	2.9	(1.8, 4.6)	0.2	(0.0, 0.8)
Secondary	62.4	(58.9, 65.9)	5.3	(3.8, 7.3)	0.3	(0.1, 1.0)
Tertiary	71.0	(67.1, 74.6)	4.2	(2.9, 6.2)	0.4	(0.1, 1.3)

[1] Among all adults.

[2] Current use includes daily or less than daily use.

[3] Education level is reported only among respondents 25+ years old.

Table 5.1: Percentage of smokers ≥15 years old who made a quit attempt and received health care provider advice in the past 12 months, by selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Smoking cessation and health care seeking behavior									
	Made quit attempt[1]		Visited a HCP[1,2]		Asked by HCP if a smoker[2,3]		Advised to quit by HCP[2,3]		Received counseling by HCP[2,3]	
	Percentage (95% CI)									
Overall	45.9	(42.5, 49.3)	59.0	(55.1, 62.8)	78.6	(74.9, 81.8)	52.0	(47.5, 56.3)	18.2	(15.2, 21.7)
Gender										
Male	42.6	(37.2, 48.2)	52.9	(47.9, 57.8)	79.2	(73.3, 84.0)	50.1	(43.4, 56.8)	16.6	(12.0, 22.4)
Female	50.0	(45.2, 54.8)	66.7	(61.5, 71.5)	78.0	(72.8, 82.4)	53.9	(48.4, 59.2)	19.9	(15.8, 24.7)
Age (years)										
15-24	59.9	(50.3, 68.8)	59.6	(48.5, 69.8)	73.9	(60.8, 83.8)	33.7	(21.9, 47.9)	8.6	(3.6, 19.1)
25-44	44.4	(39.6, 49.2)	55.6	(50.1, 60.9)	78.0	(72.7, 82.5)	50.8	(44.4, 57.1)	13.9	(9.3, 20.3)
45-64	40.4	(35.1, 45.8)	61.2	(55.1, 67.1)	79.9	(73.7, 84.9)	59.5	(52.6, 66.1)	26.9	(21.4, 33.2)
65+	48.9	(38.5, 59.5)	67.6	(58.3, 75.7)	84.7	(74.9, 91.1)	61.3	(48.7, 72.6)	23.1	(14.0, 35.5)
Area										
Montevideo	41.5	(36.7, 46.6)	63.5	(58.0, 68.6)	80.1	(74.4, 84.8)	49.7	(42.9, 56.5)	17.6	(13.5, 22.5)
Interior	49.2	(44.5, 54.0)	55.5	(50.1, 60.8)	77.2	(72.2, 81.6)	53.9	(48.3, 59.5)	18.8	(14.5, 24.0)
Education Level[4]										
Primary	44.0	(39.1, 49.1)	49.9	(44.1, 55.7)	81.8	(76.6, 86.1)	62.3	(55.5, 68.7)	21.9	(16.5, 28.5)
Secondary basic	43.2	(37.2, 49.4)	65.7	(58.0, 72.7)	79.6	(71.7, 85.7)	51.0	(41.7, 60.3)	15.0	(9.8, 22.4)
Secondary	43.4	(36.2, 50.9)	63.8	(56.1, 70.8)	77.2	(68.6, 84.0)	51.8	(42.9, 60.6)	26.1	(19.2, 34.6)
Tertiary	39.3	(30.5, 48.9)	73.6	(62.1, 82.6)	75.3	(64.4, 83.8)	49.9	(39.3, 60.5)	13.4	(7.7, 22.2)

[1] Among current smokers and former smokers who have been abstinent for less than 12 months.

[2] HCP = Includes doctor or health care provider.

[3] Among current smokers and former smokers who have been abstinent for less than 12 months, and who visited a HCP during the past 12 months.

[4] Education level is reported only among respondents 25+ years old.

Table 5.2: Percentage of smokers ≥15 years old who attempted to quit smoking in the past 12 months, by cessation methods used and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Use of Cessation Method[1]									
	Pharmacotherapy[2]		Counseling/Advice[1]		Quit Line[4]		Attempt to quit without assistance[5]		Other[6]	
	Percentage (95% CI)									
Overall	13.2	(10.0, 17.3)	9.5	(7.3, 12.3)	0.6	(0.2, 1.7)	91.2	(87.9, 93.6)	4.5	(3.0, 6.8)
Gender										
Male	12.3	(7.5, 19.6)	8.4	(5.4, 12.9)	0.5	(0.1, 3.3)	92.2	(86.9, 95.5)	5.0	(2.7, 9.1)
Female	14.2	(10.1, 19.6)	10.7	(7.7, 14.8)	0.8	(0.3, 2.2)	90.1	(85.7, 93.2)	4.0	(2.1, 7.2)
Age (years)										
15-24	11.8	(5.0, 25.2)	1.7	(0.4, 6.7)	0.0	N/A	91.8	(79.0, 97.1)	1.6	(0.2, 10.8)
25-44	12.7	(8.8, 18.0)	10.1	(6.6, 15.3)	0.2	(0.0, 1.3)	91.6	(86.0, 95.1)	5.0	(2.6, 9.4)
45-64	17.4	(12.0, 24.6)	13.4	(8.4, 20.7)	1.9	(0.6, 5.7)	89.7	(83.8, 93.7)	6.3	(3.5, 11.3)
65+	5.4	(2.3, 12.2)	12.3	(6.2, 22.7)	0.0	N/A	92.2	(82.0, 96.9)	3.0	(0.6, 12.6)
Area										
Montevideo	13.1	(8.0, 20.7)	9.6	(6.2, 14.6)	0.6	(0.2, 1.8)	87.5	(81.4, 91.7)	4.4	(2.2, 8.6)
Interior	13.3	(9.4, 18.5)	9.4	(6.7, 13.1)	0.6	(0.2, 2.7)	93.6	(89.5, 96.2)	4.6	(2.7, 7.7)
Education Level[7]										
Primary	8.1	(4.9, 12.9)	10.8	(7.1, 16.2)	0.2	(0.0, 1.4)	93.1	(88.1, 96.1)	5.1	(2.5, 10.3)
Secondary basic	12.0	(6.9, 20.1)	10.0	(5.5, 17.6)	1.9	(0.4, 7.9)	96.1	(88.5, 98.8)	4.9	(2.0, 11.1)
Secondary	22.0	(13.8, 33.1)	15.3	(9.0, 24.7)	0.9	(0.2, 3.6)	84.8	(74.8, 91.3)	4.9	(2.0, 11.7)
Tertiary	28.7	(16.2, 45.7)	10.2	(4.3, 22.4)	0.0	N/A	78.1	(59.9, 89.5)	8.4	(2.9, 21.7)

[1] Among current smokers who made a quit attempt in the past 12 months and former smokers who have been abstinent for less than 12 months.

[2] Pharmacotherapy includes nicotine replacement therapy and prescription medications.

[3] Counseling at a specialized cessation service.

[4] Quit line or smoking telephone support line.

[5] Tried to stop smoking without aid.

[6] Other includes alternative treatments (e.g., acupuncture, homeopathy, hypnosis) and any other reported methods.

[7] Education level is reported only among respondents 25+ years old.

N/A- The estimate is "0.0"

Table 5.3: Percentage distribution of current smokers ≥15 years old by interest in quitting smoking and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Interest in Quitting Smoking[1]										Total
	Planning to Quit Within Next Month		Thinking About Quitting Within Next 12 Months		Will Quit Someday, But Not in the Next 12 Months		Not Interested in Quitting		Don't Know		
	Percentage (95% CI)										
Overall	10.3	(8.3, 12.7)	22.4	(19.8, 25.2)	40.2	(36.5, 44.1)	23.8	(21.1, 26.7)	3.4	(2.3, 4.9)	100
Gender											
Male	11.8	(9.0, 15.3)	20.2	(16.7, 24.2)	39.7	(34.6, 44.9)	24.2	(20.4, 28.5)	4.2	(2.6, 6.9)	100
Female	8.4	(6.1, 11.4)	25.2	(21.1, 29.9)	40.9	(35.9, 46.1)	23.2	(19.2, 27.8)	2.2	(1.2, 4.2)	100
Age (years)											
15-24	10.1	(5.4, 18.1)	25.1	(16.2, 36.7)	40.5	(28.6, 53.7)	21.6	(12.0, 35.8)	2.7	(0.8, 8.7)	100
25-44	11.7	(9.0, 15.0)	23.4	(20.0, 27.1)	44.8	(39.4, 50.4)	17.8	(14.3, 22.1)	2.3	(1.1, 4.7)	100
45-64	8.5	(5.9, 12.2)	20.9	(16.6, 26.0)	36.9	(31.4, 42.7)	29.1	(24.1, 34.8)	4.6	(2.4, 8.5)	100
65+	10.1	(5.2, 18.6)	18.1	(11.2, 27.8)	26.7	(17.8, 38.0)	39.6	(29.9, 50.2)	5.5	(2.6, 11.4)	100
Area											
Montevideo	7.4	(5.0, 10.8)	24.4	(20.0, 29.4)	39.4	(33.2, 46.0)	25.6	(21.7, 30.0)	3.1	(1.7, 5.6)	100
Interior	12.5	(9.6, 16.0)	20.8	(17.8, 24.2)	40.8	(36.3, 45.5)	22.4	(18.8, 26.5)	3.5	(2.1, 5.8)	100
Education Level[2]											
Primary	9.3	(6.7, 12.8)	23.1	(19.2, 27.6)	37.8	(32.5, 43.4)	26.2	(22.0, 31.0)	3.5	(1.7, 6.8)	100
Secondary basic	10.5	(7.1, 15.2)	19.0	(14.1, 25.1)	43.7	(35.8, 51.9)	23.2	(17.8, 29.7)	3.6	(1.8, 7.3)	100
Secondary	11.3	(7.2, 17.4)	20.9	(15.8, 27.1)	43.4	(37.0, 50.0)	21.7	(16.0, 28.7)	2.7	(1.1, 6.4)	100
Tertiary	12.7	(6.6, 23.2)	27.8	(19.8, 37.5)	33.2	(24.7, 43.1)	21.4	(15.1, 29.4)	4.9	(1.8, 12.6)	100

[1] Among current daily or less than daily smokers.

[2] Education level is reported only among respondents 25+ years old.

Table 5.4: Percentage of current smokers ≥15 years old who were aware of places to get aid to stop smoking, by selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Current smokers[1] who know of places to get aid to stop smoking	
	Percentage (95% CI)	
Overall	49.9	(46.0, 53.9)
Gender		
Male	45.0	(40.1, 50.0)
Female	56.4	(50.3, 62.3)
Age (years)		
15-24	29.9	(20.4, 41.4)
25-44	47.8	(42.4, 53.3)
45-64	61.4	(55.1, 67.4)
65+	48.1	(37.8, 58.5)
Area		
Montevideo	53.0	(46.8, 59.1)
Interior	47.6	(42.6, 52.8)
Education Level2		
Primary	43.0	(36.8, 49.4)
Secondary basic	56.8	(50.0, 63.3)
Secondary	64.2	(56.4, 71.3)
Tertiary	68.2	(57.0, 77.6)

[1] Includes daily and occasional (less than daily) smokers.

[2] Education level is reported only among respondents 25+ years old.

Table 6.1: Percentage and number of adults ≥15 years old who work indoors and are exposed to tobacco smoke at work, by smoking status and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Work[1]					
	Overall			Non-smokers		
	Percentage (95% CI)		Number in thousands	Percentage (95% CI)		Number in thousands
Overall	11.1	(9.7, 12.7)	128.3	9.6	(8.0, 11.4)	83.3
Gender						
Male	15.9	(13.5, 18.8)	88.3	14.2	(11.4, 17.5)	56.4
Female	6.6	(5.1, 8.6)	39.9	5.7	(4.2, 7.8)	27.0
Age (years)						
15-24	11.7	(7.5, 17.7)	18.9	11.2	(6.6, 18.3)	14.3
25-44	12.3	(10.2, 14.8)	69.9	10.7	(8.3, 13.6)	44.9
45-64	9.5	(7.2, 12.4)	37.2	7.7	(5.3, 10.9)	22.4
65+	7.0	(3.4, 13.6)	2.2	6.4	(2.8, 13.7)	1.8
Area						
Montevideo	10.7	(8.6, 13.1)	57.6	9.0	(6.8, 11.7)	36.3
Interior	11.5	(9.5, 13.8)	70.7	10.2	(8.0, 12.8)	47.0
Education Level2						
Primary	16.1	(12.5, 20.5)	42.6	12.2	(8.8, 16.7)	23.5
Secondary basic	15.9	(12.5, 20.1)	39.4	16.6	(12.5, 21.8)	28.4
Secondary	6.8	(4.9, 9.2)	18.1	5.6	(3.7, 8.5)	10.9
Tertiary	4.3	(2.9, 6.4)	9.3	3.4	(2.1, 5.5)	6.2

[1] In the past 30 days. Among those respondents who work outside of the home who usually work indoors or both indoors and outdoors.

[2] Education level is reported only among respondents 25+ years old.

Table 6.2: Percentage and number of adults ≥15 years old who are exposed to tobacco smoke at home at least monthly, by smoking status and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Home[1]					
	Overall			Non-smokers		
	Percentage (95% CI)		Number in thousands	Percentage (95% CI)		Number in thousands
Overall	23.0	(21.3, 24.8)	633.8	15.1	(13.6, 16.7)	325.6
Gender						
Male	23.4	(21.1, 25.7)	306.6	15.3	(13.1, 17.6)	148.9
Female	22.7	(20.5, 25.0)	327.2	14.9	(13.1, 17.0)	176.6
Age (years)						
15-24	28.5	(24.7, 32.7)	156.7	24.6	(20.5, 29.2)	115.3
25-44	23.3	(20.8, 26.0)	218.1	14.3	(12.0, 17.0)	95.3
45-64	24.7	(22.1, 27.5)	188.4	12.2	(10.0, 15.0)	69.2
65+	13.9	(11.8, 16.4)	70.5	9.9	(8.0, 12.2)	45.8
Area						
Montevideo	27.1	(24.3, 30.1)	301.7	17.3	(14.9, 20.1)	149.0
Interior	20.2	(18.2, 22.5)	332.1	13.6	(11.7, 15.7)	176.5
Education Level[2]						
Primary	25.2	(22.9, 27.6)	241.3	15.1	(12.9, 17.6)	109.9
Secondary basic	20.1	(17.3, 23.2)	99.0	10.5	(8.1, 13.6)	37.8
Secondary	20.1	(17.1, 23.5)	93.4	11.6	(9.0, 14.8)	41.0
Tertiary	15.1	(12.2, 18.6)	43.4	8.8	(6.4, 11.9)	21.6

[1] Adults reporting that smoking inside their home occurs daily, weekly, or monthly.

[2] Education level is reported only among respondents 25+ years old.

Table 6.2a: Percentage and number of adults ≥15 years old who are exposed to tobacco smoke at home at least monthly, by smoking status and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Home[1]					
	Overall			Non-smokers		
	Percentage (95% CI)		Number in thousands	Percentage (95% CI)		Number in thousands
Overall	20.0	(18.4, 21.7)	551.3	12.3	(10.8, 13.9)	265.0
Gender						
Male	20.3	(18.2, 22.5)	265.9	12.5	(10.5, 14.9)	122.3
Female	19.8	(17.7, 22.0)	285.5	12.1	(10.3, 14.1)	142.7
Age (years)						
15-24	25.5	(21.7, 29.8)	140.3	22.1	(17.9, 26.8)	103.4
25-44	20.2	(17.9, 22.7)	189.0	11.0	(9.0, 13.4)	73.3
45-64	21.3	(19.1, 23.7)	162.7	9.5	(7.6, 11.8)	53.5
65+	11.7	(9.8, 14.0)	59.4	7.6	(5.9, 9.7)	34.8
Area						
Montevideo	23.5	(20.8, 26.5)	262.2	13.5	(11.3, 16.1)	116.4
Interior	17.6	(15.7, 19.7)	289.2	11.4	(9.6, 13.5)	148.6
Education Level[2]						
Primary	22.3	(20.1, 24.7)	213.9	12.3	(10.2, 14.6)	89.0
Secondary basic	16.9	(14.5, 19.5)	83.2	7.5	(5.5, 10.1)	26.9
Secondary	16.7	(13.9, 19.9)	77.6	8.2	(6.0, 11.2)	29.2
Tertiary	12.7	(10.2, 15.7)	36.4	6.6	(4.6, 9.6)	16.4

[1] Adults reporting that smoking inside their home occurs daily or weekly.

[2] Education level is reported only among respondents 25+ years old.

Table 6.3: Percentage of adults ≥15 years old who were exposed to tobacco smoke in various public places in the past 30 days, by smoking status and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Adults Exposed to Tobacco Smoke1 in[1]...													
	Government buildings		Health care facilities		Restaurants		Public transportation		University or Faculty		Schools /High schools		Bars, Pubs, Discotheques	
	Percentage (95% CI)													
Overall	**1.3**	**(0.9, 1.7)**	**1.2**	**(0.9, 1.6)**	**1.1**	**(0.8, 1.7)**	**3.6**	**(2.9, 4.3)**	**1.1**	**(0.7, 1.6)**	**2.1**	**(1.6, 2.8)**	**4.6**	**(3.9, 5.5)**
Gender														
Male	1.4	(0.9, 2.2)	1.1	(0.7, 1.9)	0.9	(0.5, 1.6)	3.5	(2.6, 4.6)	1.4	(0.8, 2.3)	1.8	(1.1, 2.9)	5.9	(4.7, 7.5)
Female	1.1	(0.7, 1.7)	1.3	(0.9, 1.8)	1.3	(0.9, 2.1)	3.7	(2.8, 4.7)	0.8	(0.5, 1.3)	2.4	(1.7, 3.3)	3.4	(2.6, 4.5)
Age (years)														
15-24	1.0	(0.4, 2.4)	1.3	(0.6, 3.0)	2.8	(1.7, 4.8)	4.8	(3.1, 7.2)	2.2	(1.1, 4.3)	5.5	(3.6, 8.2)	15.0	(12.0, 18.6)
25-44	1.7	(1.1, 2.7)	1.3	(0.8, 2.2)	0.7	(0.4, 1.2)	4.7	(3.6, 6.1)	1.5	(1.0, 2.4)	2.1	(1.4, 3.1)	3.7	(2.8, 4.9)
45-64	1.4	(0.9, 2.1)	1.2	(0.8, 2.0)	0.9	(0.5, 1.7)	2.7	(2.0, 3.7)	0.3	(0.1, 0.6)	0.9	(0.5, 1.6)	0.9	(0.5, 1.6)
65+	0.6	(0.3, 1.4)	0.8	(0.4, 1.6)	0.4	(0.1, 0.9)	1.4	(0.9, 2.4)	0.1	(0.0, 0.7)	0.3	(0.1, 1.2)	0.7	(0.3, 1.6)
Area														
Montevideo	1.5	(0.9, 2.3)	1.4	(0.8, 2.2)	1.7	(1.1, 2.8)	5.7	(4.4, 7.3)	1.9	(1.2, 3.0)	2.2	(1.4, 3.4)	5.0	(3.9, 6.4)
Interior	1.1	(0.8, 1.7)	1.1	(0.7, 1.7)	0.7	(0.4, 1.4)	2.2	(1.6, 2.9)	0.5	(0.3, 1.0)	2.1	(1.4, 3.0)	4.4	(3.5, 5.5)
Education Level[2]														
Primary	1.0	(0.6, 1.7)	1.0	(0.7, 1.6)	0.1	(0.0, 0.5)	1.6	(1.1, 2.2)	0.0	N/A	1.0	(0.6, 1.7)	1.7	(1.0, 2.8)
Secondary basic	1.2	(0.7, 2.4)	1.1	(0.5, 2.2)	1.1	(0.6, 2.2)	2.7	(1.7, 4.2)	0.1	(0.0, 0.9)	1.5	(0.8, 2.8)	1.2	(0.7, 2.2)
Secondary	1.5	(0.9, 2.5)	1.4	(0.7, 3.0)	1.0	(0.5, 2.1)	6.0	(4.3, 8.2)	1.7	(1.0, 2.8)	1.6	(0.9, 2.8)	2.7	(1.9, 4.0)
Tertiary	2.3	(1.4, 3.9)	1.3	(0.7, 2.4)	1.6	(0.9, 2.8)	5.7	(4.0, 8.1)	3.0	(1.8, 5.0)	1.3	(0.6, 2.7)	3.6	(2.4, 5.2)
Non-smokers	**1.3**	**(0.9, 1.7)**	**1.2**	**(0.8, 1.7)**	**1.3**	**(0.8, 1.9)**	**3.4**	**(2.7, 4.2)**	**0.9**	**(0.6, 1.4)**	**2.1**	**(1.5, 2.8)**	**4.3**	**(3.5, 5.3)**
Gender														
Male	1.4	(0.9, 2.2)	1.1	(0.6, 2.1)	1.0	(0.5, 1.7)	3.6	(2.5, 5.0)	1.0	(0.6, 1.8)	2.0	(1.2, 3.2)	5.4	(4.0, 7.2)
Female	1.1	(0.7, 1.7)	1.2	(0.8, 1.8)	1.5	(1.0, 2.5)	3.3	(2.4, 4.3)	0.8	(0.5, 1.4)	2.1	(1.5, 3.0)	3.4	(2.5, 4.6)
Age (years)														
15-24	0.9	(0.3, 2.4)	1.3	(0.5, 3.2)	2.8	(1.6, 5.1)	5.0	(3.2, 7.8)	1.8	(0.9, 3.5)	5.3	(3.4, 8.1)	13.6	(10.5, 17.4)
25-44	1.9	(1.2, 2.9)	1.4	(0.7, 2.6)	0.9	(0.5, 1.5)	4.3	(3.0, 6.0)	1.3	(0.7, 2.2)	2.1	(1.4, 3.2)	3.5	(2.5, 4.9)
45-64	1.4	(0.9, 2.4)	1.0	(0.6, 1.8)	1.1	(0.6, 2.2)	2.6	(1.8, 3.6)	0.4	(0.2, 0.9)	0.6	(0.3, 1.5)	0.6	(0.3, 1.2)
65+	0.5	(0.2, 1.4)	0.8	(0.4, 1.7)	0.4	(0.2, 1.0)	1.4	(0.8, 2.4)	0.2	(0.0, 0.8)	0.3	(0.1, 1.3)	0.6	(0.2, 1.5)
Area														
Montevideo	1.5	(0.9, 2.5)	1.3	(0.7, 2.4)	2.0	(1.2, 3.2)	5.1	(3.7, 6.8)	1.6	(0.9, 2.6)	1.9	(1.2, 2.9)	4.1	(3.0, 5.7)
Interior	1.1	(0.7, 1.6)	1.1	(0.7, 1.7)	0.8	(0.4, 1.6)	2.3	(1.7, 3.1)	0.5	(0.3, 0.9)	2.2	(1.5, 3.2)	4.4	(3.4, 5.7)
Education Level[2]														
Primary	1.0	(0.5, 1.9)	0.9	(0.5, 1.5)	0.1	(0.0, 0.6)	1.2	(0.8, 1.8)	0.0	N/A	0.7	(0.3, 1.3)	1.2	(0.6, 2.4)
Secondary basic	0.9	(0.5, 1.8)	1.1	(0.5, 2.5)	1.3	(0.6, 2.8)	2.4	(1.3, 4.3)	0.2	(0.0, 1.2)	1.6	(0.8, 3.3)	1.0	(0.5, 2.1)
Secondary	1.6	(0.9, 3.0)	1.6	(0.7, 3.7)	1.2	(0.5, 2.6)	5.4	(3.5, 8.2)	1.3	(0.7, 2.4)	1.5	(0.7, 3.0)	2.2	(1.3, 3.4)
Tertiary	2.6	(1.5, 4.4)	1.0	(0.5, 2.2)	1.8	(1.0, 3.1)	5.5	(3.9, 7.6)	2.4	(1.3, 4.4)	1.5	(0.7, 3.1)	3.8	(2.5, 5.6)

[1] Among all adults in the past 30 days.

[2] Education level is reported only among respondents 25+ years old.

N/A- The estimate is "0.0"

Table 6.4: Percentage of adults ≥15 years old who visited various public places in the past 30 days and were exposed to tobacco smoke, by smoking status and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Adults Exposed to Tobacco Smoke[1] in													
	Government buildings		Health care		Restaurants		Public transportation		University or Faculty		Schools/High schools		Bars, Pubs, Discotheques	
	Percentage (95% CI)													
Overall	**2.9**	**(2.2, 3.9)**	**2.2**	**(1.6, 3.0)**	**2.8**	**(1.9, 4.1)**	**6.1**	**(5.0, 7.4)**	**11.3**	**(8.1, 15.5)**	**6.0**	**(4.6, 7.8)**	**19.5**	**(16.7, 22.8)**
Gender														
Male	3.1	(2.0, 4.8)	2.4	(1.5, 4.0)	2.2	(1.2, 4.0)	6.6	(5.0, 8.6)	15.2	(9.8, 22.8)	5.9	(3.8, 9.1)	21.6	(17.5, 26.4)
Female	2.8	(1.8, 4.2)	2.1	(1.5, 3.0)	3.3	(2.1, 5.2)	5.7	(4.4, 7.4)	8.1	(4.8, 13.3)	6.1	(4.4, 8.3)	16.9	(13.1, 21.6)
Age (years)														
15-24	2.7	(1.1, 6.4)	3.1	(1.4, 6.8)	5.9	(3.5, 9.8)	7.1	(4.7, 10.7)	11.5	(6.2, 20.3)	11.6	(7.8, 16.9)	33.7	(27.8, 40.2)
25-44	3.6	(2.3, 5.7)	2.5	(1.5, 4.0)	1.6	(0.9, 2.8)	8.0	(6.2, 10.4)	13.9	(9.2, 20.3)	4.7	(3.2, 6.8)	14.3	(11.0, 18.4)
45-64	2.7	(1.8, 4.1)	2.2	(1.4, 3.5)	2.2	(1.2, 4.1)	4.8	(3.5, 6.6)	4.8	(2.1, 10.8)	3.0	(1.6, 5.6)	5.3	(3.0, 9.0)
65+	1.9	(0.8, 4.4)	1.3	(0.6, 2.5)	1.6	(0.6, 3.9)	2.7	(1.6, 4.4)	-	-	2.5	(0.7, 8.1)	10.0	(4.7, 19.8)
Area														
Montevideo	3.6	(2.3, 5.6)	2.4	(1.5, 3.9)	3.6	(2.2, 5.7)	7.3	(5.6, 9.4)	13.8	(9.2, 20.0)	6.7	(4.4, 10.1)	18.0	(14.4, 22.3)
Interior	2.5	(1.7, 3.7)	2.1	(1.4, 3.1)	2.1	(1.1, 4.0)	4.7	(3.5, 6.2)	7.9	(4.5, 13.5)	5.6	(4.0, 7.9)	20.9	(16.6, 25.9)
Education Level[2]														
Primary	3.2	(1.9, 5.3)	2.0	(1.3, 3.0)	0.4	(0.1, 2.7)	3.1	(2.2, 4.3)	-	-	4.4	(2.5, 7.4)	18.8	(11.8, 28.6)
Secondary basic	2.6	(1.3, 4.8)	1.9	(0.9, 3.9)	2.6	(1.3, 5.3)	4.7	(3.0, 7.3)	3.7	(0.5, 22.8)	4.0	(2.2, 7.1)	6.4	(3.5, 11.3)
Secondary	2.7	(1.5, 4.6)	2.4	(1.1, 5.0)	1.8	(0.8, 3.7)	9.3	(6.7, 12.8)	13.1	(8.2, 20.4)	4.2	(2.4, 7.2)	10.2	(7.1, 14.4)
Tertiary	3.5	(2.1, 5.9)	1.9	(1.1, 3.5)	2.1	(1.2, 3.7)	9.1	(6.5, 12.6)	13.1	(7.9, 20.9)	3.0	(1.4, 5.9)	9.8	(6.7, 14.1)
Non-smokers	**3.0**	**(2.2, 4.1)**	**2.1**	**(1.4, 3.0)**	**3.1**	**(2.1, 4.6)**	**5.8**	**(4.6, 7.1)**	**9.2**	**(6.4, 13.1)**	**5.9**	**(4.5, 7.9)**	**19.1**	**(15.8, 22.8)**
Gender														
Male	3.1	(1.9, 4.8)	2.3	(1.2, 4.2)	2.3	(1.2, 4.1)	6.7	(4.8, 9.3)	10.7	(6.3, 17.4)	6.4	(4.0, 10.1)	21.0	(16.1, 27.0)
Female	2.9	(1.9, 4.3)	1.9	(1.3, 2.9)	3.8	(2.4, 6.1)	5.1	(3.9, 6.7)	8.0	(4.6, 13.7)	5.6	(3.9, 8.0)	17.0	(12.6, 22.5)
Age (years)														
15-24	2.5	(0.9, 6.4)	3.1	(1.3, 7.2)	5.8	(3.3, 10.2)	7.4	(4.8, 11.3)	8.7	(4.6, 15.8)	11.1	(7.4, 16.3)	31.6	(25.1, 38.8)
25-44	3.9	(2.5, 6.0)	2.4	(1.3, 4.5)	1.8	(1.0, 3.3)	7.3	(5.2, 10.1)	10.9	(6.4, 17.9)	4.9	(3.3, 7.3)	14.5	(10.4, 19.7)
45-64	2.9	(1.7, 4.7)	1.8	(1.0, 3.1)	2.8	(1.4, 5.3)	4.6	(3.2, 6.4)	6.1	(2.6, 13.5)	2.2	(0.9, 5.1)	3.5	(1.7, 6.9)
65+	1.7	(0.6, 4.5)	1.3	(0.6, 2.6)	1.7	(0.7, 4.2)	2.7	(1.6, 4.6)	-	-	2.3	(0.5, 8.9)	8.3	(3.2, 19.7)
Area														
Montevideo	3.9	(2.4, 6.3)	2.2	(1.2, 4.1)	4.0	(2.4, 6.4)	6.5	(4.8, 8.8)	11.0	(7.1, 16.8)	5.9	(3.8, 8.9)	15.2	(11.2, 20.2)
Interior	2.4	(1.6, 3.6)	1.9	(1.2, 3.0)	2.3	(1.1, 4.6)	4.9	(3.6, 6.6)	6.8	(3.6, 12.6)	6.0	(4.1, 8.7)	22.7	(17.9, 28.3)
Education Level[2]														
Primary	3.2	(1.7, 6.0)	1.6	(0.9, 2.7)	0.5	(0.1, 3.7)	2.3	(1.5, 3.5)	-	-	3.2	(1.7, 6.1)	16.6	(8.3, 30.5)
Secondary basic	2.0	(1.0, 3.9)	1.9	(0.8, 4.3)	3.2	(1.5, 6.6)	4.3	(2.4, 7.6)	-	-	4.5	(2.1, 9.1)	6.1	(2.8, 12.8)
Secondary	3.0	(1.6, 5.6)	2.5	(1.1, 5.9)	2.1	(0.9, 4.7)	8.6	(5.5, 13.1)	11.1	(6.1, 19.1)	3.9	(1.9, 7.7)	9.0	(5.8, 13.9)
Tertiary	3.9	(2.3, 6.6)	1.5	(0.7, 3.2)	2.3	(1.3, 4.1)	8.7	(6.3, 11.8)	10.7	(5.8, 18.8)	3.3	(1.6, 6.7)	10.2	(6.8, 15.1)

[1] Among those that visited the place in the past 30 days.

[2] Education level is reported only among respondents 25+ years old.

- Indicates estimate based on less than 25 unweighted cases and has been suppressed.

Table 7.2: Percentage distribution of manufactured cigarette smokers ≥15 years old, by the source of last purchase of cigarettes and selected demographic characteristics – GATS Uruguay, 2017.

Lugar	Overall		Gender				Age (years)				Area			
			Male		Female		15-24		25+		Montevideo		Interior	
	Percentage (95% CI)						Percentage (95% CI)							
Grocery store	56.0	(51.0, 60.9)	53.9	(47.4, 60.2)	58.4	(52.4, 64.1)	66.9	(53.4, 78.1)	54.3	(49.2, 59.3)	44.3	(37.5, 51.2)	65.6	(58.7, 71.9)
Supermarket	12.6	(10.3, 15.5)	11.8	(8.7, 15.7)	13.6	(10.5, 17.4)	12.4	(5.2, 26.6)	12.7	(10.4, 15.4)	14.5	(11.2, 18.7)	11.1	(8.0, 15.2)
Street vendor	2.3	(1.4, 3.7)	1.5	(0.7, 3.2)	3.2	(1.7, 5.8)	0.0	N/A	2.7	(1.6, 4.3)	3.2	(1.7, 5.9)	1.6	(0.7, 3.4)
Gas station	6.3	(4.5, 8.9)	8.9	(6.1, 12.8)	3.5	(2.0, 6.0)	9.0	(4.0, 19.2)	5.9	(4.2, 8.3)	7.3	(4.4, 11.8)	5.6	(3.5, 8.7)
Duty-free shop	0.4	(0.2, 1.2)	0.3	(0.0, 1.9)	0.6	(0.2, 2.1)	0.0	N/A	0.5	(0.2, 1.4)	1.0	(0.4, 2.6)	0.0	N/A
Kiosks, parlors, newsstands	19.8	(16.4, 23.6)	21.0	(16.6, 26.1)	18.4	(14.3, 23.5)	11.1	(4.9, 23.0)	21.1	(17.7, 25.0)	26.8	(21.1, 33.3)	14.0	(10.4, 18.7)
Outside the country	0.1	(0.0, 0.5)	0.2	(0.0, 1.1)	0.1	(0.0, 0.5)	0.0	N/A	0.1	(0.0, 0.6)	0.2	(0.0, 1.3)	0.1	(0.0, 0.4)
Internet	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A
Taverns, bars, restaurants	1.0	(0.4, 2.3)	1.4	(0.6, 3.4)	0.6	(0.1, 3.1)	0.6	(0.1, 4.2)	1.1	(0.5, 2.6)	0.4	(0.1, 1.8)	1.5	(0.6, 3.9)
Other	1.4	(0.7, 2.9)	1.2	(0.5, 3.0)	1.5	(0.6, 3.9)	0	N/A	1.6	(0.8, 3.3)	2.4	(1.0, 5.8)	0.5	(0.2, 1.4)
Total	**100**		**100**		**100**		**100**		**100**		**100**		**100**	

N/A- The estimate is "0.0"

Table 7.3: Average manufactured cigarette expenditure and hand-rolled cigarette expenditure per month among cigarette smokers 15 years old, by selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Manufactured cigarette expenditure per month (pesos) Average (95% CI)		Hand-rolled cigarette expenditure per month (pesos) Average (95% CI)		Total cigarette expenditure per month (pesos) Average (95% CI)	
Overall	1849.8	(1746.2, 1953.4)	507.3	(431.6, 583.0)	1724.4	(1625.3, 1823.5)
Gender						
Male	2053.5	(1890.6, 2216.4)	551.6	(459.1, 644.1)	1843.3	(1703.8, 1982.8)
Female	1621.7	(1496.5, 1747.0)	381.7	(291.9, 471.4)	1570.4	(1444.9, 1695.9)
Age (years)						
15-24	1238.0	(915.6, 1560.4)	-	-	1179.5	(903.3, 1455.6)
25-44	1819.4	(1660.0, 1978.9)	555.6	(437.5, 673.7)	1715.9	(1552.1, 1879.7)
45-64	2194.2	(2008.7, 2379.8)	504.2	(377.0, 631.3)	2021.1	(1860.1, 2182.2)
65+	1644.3	(1320.8, 1967.8)	556.9	(309.4, 804.4)	1478.4	(1194.8, 1762.0)
Area						
Montevideo	1855.0	(1716.2, 1993.8)	570.5	(421.1, 719.9)	1778.0	(1647.0, 1908.9)
Interior	1845.6	(1695.5, 1995.7)	476.4	(391.1, 561.7)	1683.9	(1542.4, 1825.4)
Education Level1						
Primary	1969.9	(1763.0, 2176.7)	554.5	(457.2, 651.7)	1740.1	(1557.5, 1922.7)
Secondary basic	1982.9	(1766.4, 2199.4)	554.5	(336.5, 772.6)	1891.0	(1675.1, 2106.9)
Secondary	1952.4	(1710.5, 2194.4)	-	-	1909.2	(1667.1, 2151.3)
Tertiary	1728.8	(1400.9, 2056.6)	-	-	1697.7	(1375.1, 2020.4)

[1]Education level is reported only among respondents 25+ years old.

- Indicates estimate based on less than 25 unweighted cases and has been suppressed.

Table 8.1: Percentage of adults ≥15 years old who noticed anti-cigarette smoking information during the last 30 days in various places, by smoking status and selected demographic characteristics – GATS Uruguay, 2017.

Places	Total		Gender				Age (years)				Area			
			Male		Female		15-24		25+		Montevideo		Interior	
	Percentage (95% CI)						Percentage (95% CI)							
Overall														
In newspapers or in magazines	29.4	(27.3, 31.5)	28.7	(26.4, 31.2)	29.9	(27.2, 32.8)	26.8	(22.6, 31.5)	30.0	(28.0, 32.1)	24.2	(21.9, 26.6)	32.9	(29.8, 36.1)
On television or the radio	54.2	(52.1, 56.3)	54.7	(51.8, 57.6)	53.7	(51.1, 56.4)	43.3	(38.7, 48.0)	56.9	(54.9, 58.9)	48.1	(45.6, 50.6)	58.3	(55.2, 61.4)
On television	50.7	(48.5, 52.9)	50.6	(47.8, 53.5)	50.8	(48.1, 53.4)	41.4	(36.9, 46.0)	53.0	(51.0, 55.1)	44.2	(41.9, 46.5)	55.1	(51.9, 58.4)
On the radio	27.7	(25.8, 29.7)	29.1	(26.6, 31.7)	26.5	(24.1, 29.0)	16.3	(12.6, 20.8)	30.5	(28.7, 32.5)	21.5	(19.5, 23.7)	31.9	(29.1, 34.9)
On billboards	33.5	(31.5, 35.6)	33.9	(31.3, 36.6)	33.2	(30.9, 35.6)	37.0	(32.2, 41.9)	32.7	(30.8, 34.6)	33.6	(31.3, 36.0)	33.5	(30.6, 36.5)
Somewhere else	12.4	(10.9, 14.1)	12.6	(10.6, 14.8)	12.3	(10.6, 14.3)	15.2	(11.9, 19.2)	11.7	(10.3, 13.4)	11.5	(9.5, 13.8)	13.1	(11.0, 15.5)
Any Location	68.0	(65.9, 69.9)	69.0	(66.2, 71.6)	67.1	(64.6, 69.4)	62.9	(58.1, 67.5)	69.2	(67.4, 71.0)	62.6	(59.9, 65.3)	71.6	(68.7, 74.4)
Current smokers[1]														
In newspapers or in magazines	25.1	(22.3, 28.1)	25.2	(21.4, 29.5)	24.9	(20.8, 29.4)	23.8	(14.6, 36.3)	25.3	(22.5, 28.3)	19.5	(16.1, 23.3)	29.3	(25.2, 33.8)
On television or the radio	52.6	(48.9, 56.3)	55.1	(49.9, 60.1)	49.5	(44.4, 54.6)	45.0	(32.2, 58.5)	53.8	(50.2, 57.4)	46.2	(40.9, 51.6)	57.4	(52.4, 62.3)
On television	49.6	(45.6, 53.5)	51.6	(46.2, 57.0)	47.0	(41.8, 52.2)	45.0	(32.2, 58.5)	50.3	(46.5, 54.1)	42.2	(36.7, 47.9)	55.1	(49.8, 60.4)
On the radio	26.4	(23.5, 29.5)	27.9	(23.9, 32.2)	24.5	(20.2, 29.3)	14.8	(7.9, 26.2)	28.2	(25.1, 31.4)	19.7	(16.4, 23.6)	31.4	(27.1, 36.0)
On billboards	32.0	(28.9, 35.3)	33.3	(29.0, 37.9)	30.3	(26.0, 35.0)	32.9	(21.3, 47.0)	31.9	(28.7, 35.2)	29.8	(25.8, 34.2)	33.6	(29.1, 38.5)
Somewhere else	12.2	(9.8, 14.9)	11.5	(8.6, 15.2)	13.0	(9.7, 17.1)	16.8	(10.0, 27.0)	11.4	(9.1, 14.3)	12.6	(9.3, 16.7)	11.8	(8.8, 15.8)
Any Location	66.6	(63.1, 69.9)	69.5	(64.6, 73.9)	62.9	(57.7, 67.8)	68.0	(56.6, 77.7)	66.4	(62.8, 69.8)	61.1	(56.4, 65.7)	70.7	(65.7, 75.2)
Non-smokers[2]														
In newspapers or in magazines	30.5	(28.3, 32.9)	29.9	(27.3, 32.8)	31.0	(28.0, 34.2)	27.4	(22.7, 32.6)	31.4	(29.1, 33.8)	25.6	(22.8, 28.5)	33.8	(30.5, 37.3)
On television or the radio	54.6	(52.1, 57.1)	54.6	(51.1, 58.0)	54.7	(51.8, 57.5)	43.0	(37.8, 48.3)	57.9	(55.6, 60.2)	48.7	(45.3, 52.1)	58.6	(55.1, 62.0)
On television	51.0	(48.6, 53.5)	50.3	(47.0, 53.6)	51.6	(48.7, 54.5)	40.7	(35.8, 45.9)	53.9	(51.5, 56.2)	44.8	(41.7, 48.0)	55.1	(51.6, 58.6)
On the radio	28.1	(26.0, 30.3)	29.5	(26.7, 32.4)	26.9	(24.4, 29.6)	16.5	(12.5, 21.5)	31.3	(29.2, 33.4)	22.0	(19.5, 24.7)	32.1	(29.0, 35.3)
On billboards	33.9	(31.9, 36.1)	34.1	(31.4, 37.0)	33.8	(31.3, 36.4)	37.7	(32.7, 42.9)	32.9	(30.8, 35.1)	34.7	(32.3, 37.2)	33.5	(30.4, 36.7)
Somewhere else	12.5	(11.0, 14.2)	13.0	(10.9, 15.3)	12.2	(10.4, 14.2)	14.9	(11.7, 19.0)	11.8	(10.4, 13.4)	11.2	(9.3, 13.4)	13.4	(11.2, 15.9)
Any Location	68.3	(66.0, 70.6)	68.8	(65.5, 71.8)	68.0	(65.2, 70.6)	62.0	(56.9, 66.9)	70.1	(68.0, 72.1)	63.0	(59.8, 66.2)	71.8	(68.6, 74.8)

[1] Includes daily and occasional (less than daily) smokers.

[2] Includes former and never smokers.

Table 8.2: Percentage of current smokers ≥15 years old who noticed health warnings on cigarette packages and considered quitting because of the warning labels during the last 30 days, by selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Current smokers[1] who...			
	Noticed health warnings on cigarette package[2]		Thought about quitting because of warning label[2]	
	Percentage (95% CI)			
Overall	95.7	(93.9, 97.0)	42.9	(39.4, 46.6)
Gender				
Male	96.0	(93.5, 97.5)	44.3	(39.4, 49.3)
Female	95.4	(92.6, 97.1)	41.2	(36.3, 46.3)
Age (years)				
15-24	95.6	(86.5, 98.6)	38.3	(26.5, 51.7)
25-44	96.9	(93.7, 98.6)	47.0	(41.4, 52.6)
45-64	96.7	(93.9, 98.3)	42.0	(36.5, 47.7)
65+	84.5	(75.6, 90.5)	31.4	(21.8, 43.0)
Area				
Montevideo	95.1	(92.3, 96.9)	35.8	(30.8, 41.1)
Interior	96.2	(93.5, 97.8)	48.3	(43.5, 53.2)
Education Level[3]				
Primary	93.1	(89.3, 95.6)	49.2	(43.7, 54.7)
Secondary basic	97.6	(94.3, 99.0)	41.6	(35.1, 48.4)
Secondary	98.0	(94.9, 99.3)	37.9	(30.9, 45.3)
Tertiary	98.6	(94.4, 99.7)	34.7	(25.8, 44.9)

[1] Includes daily and occasional (less than daily) smokers

[2] During the last 30 days. 3 Education level is reported only among respondents 25+ years old.

[3] El nivel educativo se informa sólo para encuestados de 25 YEARS y más

Table 8.3: Percentage of adults ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Uruguay, 2017

Places	Total		Gender				Age (years)								Area			
			Male		Female		15-24		25-44		45-64		65+		Montevideo		Interior	
	Percentage (95% CI)								Percentage (95% CI)									
Noticed advertisements																		
In stores	16.8	(14.9, 19.0)	18.5	(16.0, 21.3)	15.4	(13.2, 17.8)	29.9	(24.9, 35.5)	16.9	(14.7, 19.5)	13.0	(10.9, 15.6)	8.2	(6.4, 10.4)	18.8	(16.2, 21.7)	15.5	(12.9, 18.6)
On television	11.0	(9.1, 13.2)	11.2	(8.8, 14.0)	10.8	(8.8, 13.2)	14.0	(10.1, 19.2)	10.9	(9.0, 13.3)	9.5	(7.4, 12.1)	9.8	(7.6, 12.6)	9.4	(7.8, 11.2)	12	(9.2, 15.6)
On the radio	4.5	(3.5, 5.8)	4.8	(3.7, 6.2)	4.3	(3.1, 6.0)	4.3	(2.4, 7.7)	4.0	(2.9, 5.3)	5.1	(3.7, 7.0)	4.9	(3.5, 6.8)	3.4	(2.4, 4.8)	5.3	(3.8, 7.4)
On billboards	9.3	(7.9, 10.8)	10.2	(8.3, 12.5)	8.4	(7.1, 10.0)	12.7	(9.5, 16.7)	10.1	(8.4, 12.2)	8.7	(7.1, 10.6)	4.9	(3.4, 7.1)	10.6	(8.8, 12.8)	8.4	(6.5, 10.6)
On posters	8.0	(6.7, 9.5)	7.6	(6.0, 9.5)	8.3	(6.9, 10.1)	10.5	(7.6, 14.4)	8.9	(7.2, 11.0)	7.3	(5.7, 9.3)	4.5	(3.3, 6.1)	7.6	(6.2, 9.4)	8.2	(6.4, 10.5)
In newspapers or magazines	5.2	(4.3, 6.2)	4.5	(3.4, 5.9)	5.8	(4.7, 7.1)	6.8	(4.7, 9.8)	4.8	(3.8, 6.1)	4.7	(3.6, 6.1)	4.9	(3.4, 7.0)	5.2	(4.1, 6.5)	5.2	(4.0, 6.7)
In cinemas	0.9	(0.6, 1.3)	0.8	(0.5, 1.3)	1.0	(0.6, 1.7)	1.0	(0.4, 2.8)	1.2	(0.7, 2.0)	0.6	(0.3, 1.2)	0.7	(0.4, 1.4)	1.2	(0.7, 1.9)	0.7	(0.4, 1.2)
On the internet	9.0	(7.7, 10.5)	8.7	(7.2, 10.6)	9.3	(7.7, 11.1)	18.1	(14.3, 22.7)	10.2	(8.5, 12.1)	5.4	(4.1, 6.9)	2.5	(1.6, 3.9)	8.7	(6.9, 10.9)	9.2	(7.5, 11.2)
On public transportation	6.3	(5.1, 7.7)	6.7	(5.1, 8.8)	5.9	(4.7, 7.5)	9.5	(6.7, 13.4)	6.3	(4.9, 8.1)	5.5	(4.0, 7.5)	4.0	(2.9, 5.6)	6.1	(4.7, 7.9)	6.4	(4.7, 8.6)
On public walls	4.1	(3.3, 5.2)	4.9	(3.6, 6.6)	3.4	(2.5, 4.5)	7.6	(5.1, 11.2)	3.4	(2.5, 4.5)	3.5	(2.4, 5.0)	2.7	(1.8, 3.9)	4.7	(3.4, 6.6)	3.7	(2.7, 5.1)
Somewhere else	0.1	(0.0, 0.2)	0.1	(0.0, 0.4)	0.1	(0.0, 0.2)	0.0	N/A	0.1	(0.0, 0.4)	0.1	(0.0, 0.4)	0.1	(0.0, 0.6)	0.0	N/A	0.1	(0.1, 0.4)
Noticed sports sponsorship	**1.6**	**(1.2, 2.1)**	**2.4**	**(1.7, 3.3)**	**0.8**	**(0.5, 1.4)**	**2.4**	**(1.4, 3.9)**	**1.5**	**(1.0, 2.4)**	**1.3**	**(0.8, 2.2)**	**1.1**	**(0.6, 2.0)**	**1.4**	**(0.9, 2.1)**	**1.7**	**(1.2, 2.5)**
Noticed cigarette promotions																		
Free samples	1.3	(0.9, 1.8)	1.6	(1.0, 2.4)	1.0	(0.6, 1.7)	3.0	(1.8, 5.0)	1.6	(1.0, 2.7)	0.4	(0.2, 1.0)	0.2	(0.1, 0.6)	2.5	(1.7, 3.7)	0.5	(0.2, 0.9)
Sale prices	3.7	(3.0, 4.5)	4.7	(3.7, 6.0)	2.8	(2.1, 3.7)	5.3	(3.4, 8.3)	3.2	(2.4, 4.3)	3.6	(2.6, 4.8)	3.0	(2.0, 4.4)	5.5	(4.3, 7.2)	2.4	(1.8, 3.4)
Free gifts/discounts on other products	0.5	(0.3, 0.8)	0.5	(0.3, 1.1)	0.5	(0.2, 1.0)	1.1	(0.5, 2.5)	0.5	(0.2, 1.3)	0.2	(0.1, 0.7)	0.2	(0.1, 0.7)	0.8	(0.4, 1.6)	0.3	(0.1, 0.6)
Clothing/item with brand name or logo	2.0	(1.5, 2.7)	2.5	(1.8, 3.3)	1.6	(1.1, 2.4)	2.8	(1.5, 5.2)	2.0	(1.4, 2.9)	2.1	(1.4, 3.0)	1.2	(0.7, 2.1)	2	(1.4, 2.8)	2.1	(1.4, 3.1)
E-mail promoting cigarettes	0.7	(0.4, 1.1)	0.7	(0.3, 1.4)	0.7	(0.4, 1.3)	1.9	(0.9, 3.9)	0.5	(0.2, 1.2)	0.5	(0.2, 1.2)	0.0	(0.0, 0.3)	0.6	(0.3, 1.4)	0.7	(0.4, 1.3)
Cell phone text messages	0.6	(0.3, 1.2)	0.9	(0.4, 2.0)	0.4	(0.2, 0.8)	1.8	(0.7, 4.4)	0.4	(0.2, 1.0)	0.3	(0.1, 0.9)	0.2	(0.0, 0.7)	0.3	(0.1, 1.1)	0.9	(0.4, 1.7)
Noticed any advertisement, sponsorship, or promotion	**34.5**	**(31.6, 37.5)**	**37.0**	**(33.5, 40.6)**	**32.1**	**(28.9, 35.5)**	**49.5**	**(43.5, 55.6)**	**34.8**	**(31.4, 38.4)**	**30.9**	**(27.5, 34.4)**	**22.9**	**(19.6, 26.5)**	**36.9**	**(33.6, 40.5)**	**32.8**	**(28.6, 37.2)**

N/A- The estimate is "0.0"

Table 8.4: Percentage of current smokers ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Uruguay, 2017.

Places	Total		Gender				Age (years)								Area			
			Male		Female		15-24		25-44		45-64		65+		Montevideo		Interior	
	Percentage (95% CI)								Percentage (95% CI)									
Noticed advertisements																		
In stores	14.9	(11.4, 19.3)	16.1	(11.7, 21.7)	13.3	(9.5, 18.5)	30.3	(18.9, 44.9)	14.9	(11.1, 19.7)	9.1	(6.0, 13.5)	12.7	(7.0, 21.9)	15.7	(10.2, 23.4)	14.3	(10.0, 19.9)
On television	9.2	(6.5, 12.9)	9.6	(5.9, 15.3)	8.8	(6.1, 12.4)	10.9	(4.4, 24.8)	9.4	(6.7, 13.1)	8.8	(5.9, 12.9)	7.3	(3.2, 15.5)	6.5	(4.7, 8.8)	11.3	(7.0, 17.7)
On the radio	4.6	(3.1, 6.8)	5.1	(3.0, 8.4)	3.9	(2.3, 6.6)	2.8	(0.7, 11.5)	4.3	(2.4, 7.6)	5.5	(3.3, 9.0)	5.1	(2.1, 11.9)	3.6	(1.9, 6.9)	5.2	(3.2, 8.6)
On billboards	8.1	(6.1, 10.7)	9.4	(6.6, 13.1)	6.4	(4.4, 9.2)	10.4	(4.9, 20.9)	7.8	(5.4, 11.1)	8.8	(6.0, 12.8)	2.4	(0.6, 8.4)	7.4	(4.8, 11.0)	8.6	(5.9, 12.5)
On posters	6.8	(5.0, 9.4)	6.0	(4.1, 8.6)	8.0	(5.3, 11.9)	8.5	(3.8, 17.8)	6.7	(4.3, 10.2)	7.1	(4.4, 11.1)	3.8	(1.4, 9.7)	6.3	(4.0, 9.9)	7.2	(4.7, 11.1)
In newspapers or magazines	4.0	(2.7, 5.9)	3.2	(1.7, 5.8)	5.1	(3.1, 8.3)	4.5	(1.2, 15.5)	3.6	(2.1, 6.0)	5.0	(2.9, 8.4)	1.7	(0.4, 7.6)	3.6	(2.3, 5.7)	4.3	(2.5, 7.5)
In cinemas	1.0	(0.5, 2.0)	0.7	(0.2, 2.5)	1.4	(0.6, 3.1)	0.0	N/A	1.7	(0.7, 3.9)	0.5	(0.1, 1.5)	1.1	(0.2, 7.6)	1.1	(0.4, 2.7)	0.9	(0.3, 2.6)
On the internet	6.7	(5.2, 8.7)	6.1	(4.3, 8.6)	7.5	(5.1, 10.9)	13.8	(7.4, 24.2)	7.6	(5.4, 10.6)	3.4	(1.7, 6.5)	3.4	(1.1, 9.5)	6.7	(4.4, 10.1)	6.7	(4.8, 9.2)
On public transportation	5.9	(4.2, 8.1)	6.6	(4.2, 10.2)	4.9	(3.2, 7.5)	4.6	(1.9, 10.6)	6.2	(4.0, 9.5)	6.2	(3.6, 10.3)	4.8	(1.9, 11.3)	5.6	(3.5, 8.7)	6.1	(3.8, 9.5)
On public walls	3.7	(2.4, 5.6)	4.9	(2.9, 8.1)	2.2	(1.1, 4.4)	4.3	(1.3, 13.2)	3.5	(1.9, 6.4)	4.3	(2.2, 8.3)	1.4	(0.2, 9.6)	3.8	(2.1, 7.0)	3.6	(2.0, 6.4)
Somewhere else	0.2	(0.1, 0.7)	0.3	(0.1, 1.1)	0.2	(0.0, 1.1)	0.0	N/A	0.2	(0.0, 1.2)	0.2	(0.0, 1.4)	0.9	(0.1, 6.4)	0	N/A	0.4	(0.1, 1.2)
Noticed sports sponsorship	**1.7**	**(1.0, 2.9)**	**3.0**	**(1.7, 5.1)**	**0.0**	**N/A**	**5.6**	**(2.0, 14.3)**	**0.7**	**(0.2, 1.9)**	**1.8**	**(0.9, 3.9)**	**0.0**	**N/A**	**1.8**	**(0.8, 4.1)**	**1.6**	**(0.8, 3.3)**
Noticed cigarette promotions																		
Free samples	1.4	(0.7, 2.5)	1.4	(0.6, 2.9)	1.3	(0.5, 3.7)	1.5	(0.2, 10.2)	1.9	(1.0, 3.8)	0.8	(0.2, 3.4)	0.0	N/A	2.4	(1.2, 4.8)	0.5	(0.1, 2.1)
Sale prices	5.8	(4.2, 8.2)	6.6	(4.3, 10.0)	4.9	(3.0, 8.1)	10.2	(3.5, 26.2)	4.0	(2.5, 6.6)	6.6	(4.3, 10.1)	5.5	(2.0, 14.4)	8.2	(5.2, 12.7)	4.1	(2.5, 6.7)
Free gifts/discounts on other products	0.7	(0.2, 1.9)	0.4	(0.1, 1.6)	0.9	(0.2, 4.3)	2.0	(0.4, 9.2)	0.5	(0.1, 2.2)	0.4	(0.1, 1.9)	0.0	N/A	0.9	(0.2, 4.2)	0.4	(0.1, 1.8)
Clothing/item with brand name or logo	2.5	(1.6, 3.8)	2.7	(1.6, 4.5)	2.2	(1.1, 4.3)	1.9	(0.4, 9.2)	2.6	(1.4, 4.8)	2.9	(1.5, 5.6)	1.0	(0.2, 4.0)	1.9	(0.9, 4.1)	2.9	(1.7, 4.8)
E-mail promoting cigarettes	0.7	(0.2, 2.0)	0.5	(0.1, 3.5)	0.9	(0.3, 3.2)	2.0	(0.3, 13.6)	0.2	(0.0, 1.7)	0.9	(0.2, 4.1)	0.0	N/A	0.6	(0.1, 4.5)	0.7	(0.2, 2.5)
Cell phone text messages	1.0	(0.4, 2.4)	1.5	(0.6, 4.2)	0.2	(0.0, 1.7)	2.7	(0.4, 16.4)	0.9	(0.3, 3.2)	0.5	(0.1, 2.4)	0.0	N/A	0.1	(0.0, 0.9)	1.6	(0.6, 4.2)
Noticed any advertisement, sponsorship, or promotion	**33.1**	**(28.7, 37.7)**	**34.0**	**(28.3, 40.1)**	**31.9**	**(26.7, 37.6)**	**43.4**	**(30.3, 57.4)**	**31.5**	**(26.5, 37.1)**	**31.7**	**(25.6, 38.4)**	**29.8**	**(21.5, 39.8)**	**34.7**	**(28.4, 41.6)**	**31.8**	**(26.0, 38.1)**

Note: Current smokers includes daily and occasional (less than daily) smokers.

N/A- The estimate is "0.0"

Table 8.5: Percentage of current non-smokers ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Uruguay, 2017.

Places	Overall		Gender				Age (years)								Area			
			Male		Female		15-24		25-44		45-64		65+		Montevideo		Interior	
	Percentage (95% CI)								Percentage (95% CI)									
Noticed advertisements																		
In stores	17.4	(15.5, 19.5)	19.3	(16.6, 22.3)	15.8	(13.6, 18.3)	29.8	(24.8, 35.4)	17.8	(15.1, 20.8)	14.4	(12.1, 17.2)	7.8	(5.9, 10.1)	19.7	(17.0, 22.7)	15.8	(13.3, 18.8)
On television	11.4	(9.6, 13.6)	11.7	(9.4, 14.4)	11.2	(9.1, 13.7)	14.6	(10.6, 19.7)	11.6	(9.4, 14.2)	9.7	(7.6, 12.4)	10.1	(7.7, 13.1)	10.2	(8.4, 12.4)	12.2	(9.5, 15.7)
On the radio	4.5	(3.4, 5.9)	4.7	(3.5, 6.3)	4.4	(3.1, 6.2)	4.6	(2.5, 8.3)	3.8	(2.6, 5.4)	5.0	(3.6, 7.0)	4.9	(3.4, 7.0)	3.3	(2.2, 5.1)	5.3	(3.7, 7.5)
On billboards	9.6	(8.1, 11.3)	10.5	(8.4, 13.1)	8.9	(7.3, 10.7)	13.0	(9.7, 17.3)	11.1	(9.1, 13.5)	8.6	(6.8, 10.8)	5.2	(3.5, 7.5)	11.6	(9.4, 14.2)	8.3	(6.4, 10.6)
On posters	8.3	(6.9, 9.9)	8.1	(6.4, 10.4)	8.4	(6.9, 10.2)	10.8	(7.6, 15.3)	9.8	(7.9, 12.2)	7.4	(5.6, 9.8)	4.6	(3.3, 6.3)	8	(6.3, 10.0)	8.5	(6.6, 10.9)
In newspapers or magazines	5.5	(4.5, 6.7)	4.9	(3.7, 6.5)	6.0	(4.8, 7.5)	7.2	(4.9, 10.5)	5.3	(4.1, 6.9)	4.5	(3.4, 6.1)	5.2	(3.6, 7.4)	5.6	(4.3, 7.4)	5.4	(4.1, 7.1)
In cinemas	0.9	(0.6, 1.3)	0.8	(0.5, 1.4)	0.9	(0.5, 1.7)	1.2	(0.4, 3.2)	1.0	(0.5, 1.8)	0.7	(0.3, 1.4)	0.7	(0.4, 1.3)	1.2	(0.7, 2.1)	0.7	(0.4, 1.2)
On the internet	9.7	(8.2, 11.3)	9.7	(7.7, 12.0)	9.7	(8.0, 11.6)	18.9	(14.8, 23.7)	11.3	(9.1, 13.8)	6.1	(4.6, 8.0)	2.4	(1.5, 3.9)	9.3	(7.2, 11.9)	9.9	(8.0, 12.1)
On public transportation	6.4	(5.2, 7.9)	6.7	(5.1, 8.8)	6.1	(4.8, 7.8)	10.3	(7.2, 14.7)	6.3	(4.7, 8.4)	5.2	(3.7, 7.3)	4.0	(2.8, 5.6)	6.3	(4.7, 8.3)	6.5	(4.8, 8.7)
On public walls	4.2	(3.3, 5.4)	4.9	(3.5, 6.8)	3.7	(2.7, 5.0)	8.2	(5.5, 12.0)	3.3	(2.4, 4.5)	3.2	(2.1, 4.7)	2.8	(1.9, 4.1)	5	(3.4, 7.1)	3.7	(2.7, 5.1)
Somewhere else	0.0	(0.0, 0.1)	0.0	(0.0, 0.3)	0.0	(0.0, 0.2)	0.0	N/A	0.1	(0.0, 0.5)	0.1	(0.0, 0.4)	0.0	N/A	0.0	N/A	0.1	(0.0, 0.2)
Noticed sports sponsorship	**1.5**	**(1.1, 2.1)**	**2.2**	**(1.5, 3.1)**	**1.0**	**(0.6, 1.7)**	**1.8**	**(1.0, 3.3)**	**1.9**	**(1.1, 3.0)**	**1.2**	**(0.6, 2.2)**	**1.2**	**(0.7, 2.2)**	**1.2**	**(0.8, 1.9)**	**1.7**	**(1.1, 2.6)**
Noticed cigarette promotions																		
Free samples	1.3	(0.9, 1.9)	1.7	(1.0, 2.7)	1.0	(0.6, 1.7)	3.2	(1.9, 5.5)	1.5	(0.9, 2.7)	0.3	(0.1, 0.7)	0.2	(0.1, 0.7)	2.5	(1.6, 3.9)	0.5	(0.2, 0.9)
Sale prices	3.1	(2.4, 4.0)	4.0	(2.9, 5.5)	2.3	(1.7, 3.2)	4.5	(2.9, 6.9)	2.9	(2.0, 4.2)	2.5	(1.6, 3.7)	2.7	(1.8, 4.1)	4.7	(3.4, 6.6)	2	(1.4, 2.9)
Free gifts/discounts on other products	0.4	(0.2, 0.8)	0.6	(0.2, 1.4)	0.3	(0.1, 0.8)	0.9	(0.3, 2.5)	0.5	(0.1, 1.7)	0.2	(0.0, 0.8)	0.2	(0.1, 0.7)	0.8	(0.3, 1.7)	0.2	(0.1, 0.7)
Clothing/item with brand name or logo	1.9	(1.4, 2.6)	2.4	(1.7, 3.3)	1.5	(1.0, 2.4)	2.9	(1.5, 5.7)	1.7	(1.1, 2.7)	1.8	(1.1, 2.8)	1.3	(0.7, 2.2)	2	(1.3, 2.9)	1.9	(1.2, 2.9)
E-mail promoting cigarettes	0.7	(0.4, 1.2)	0.8	(0.3, 1.7)	0.6	(0.3, 1.4)	1.8	(0.8, 4.1)	0.7	(0.3, 1.6)	0.3	(0.1, 1.0)	0.0	(0.0, 0.3)	0.6	(0.2, 1.5)	0.8	(0.4, 1.5)
Cell phone text messages	0.5	(0.3, 1.0)	0.7	(0.3, 1.7)	0.4	(0.2, 0.9)	1.6	(0.7, 3.9)	0.2	(0.1, 0.6)	0.3	(0.1, 1.0)	0.2	(0.0, 0.8)	0.3	(0.1, 1.6)	0.7	(0.3, 1.4)
Noticed any advertisement, sponsorship, or promotion	**34.8**	**(31.8, 38.0)**	**38.1**	**(34.3, 42.0)**	**32.2**	**(28.8, 35.7)**	**50.6**	**(44.4, 56.8)**	**36.1**	**(32.4, 40.1)**	**30.6**	**(27.0, 34.4)**	**22.2**	**(18.8, 26.0)**	**37.6**	**(33.9, 41.5)**	**33**	**(28.8, 37.6)**

Note: Current non-smokers includes former and never smokers.

N/A- The estimate is "0.0"

Table 8.6: Percentage distribution of adults ≥15 years old by noticing actors smoking on TV, in movies, or in theaters in the past 12 months, and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Adults who saw actors smoking on TV, in movies, or in theaters[1]						Total
	Very often		Sometimes		Never		
	Percentage (95% CI)						
Overall	13.3	(12.1, 14.6)	51.2	(49.3, 53.1)	35.5	(33.5, 37.6)	100
Sexo							
Male	14.0	(12.4, 15.9)	54.8	(52.2, 57.3)	31.2	(28.6, 33.9)	100
Female	12.6	(11.2, 14.1)	48.0	(45.6, 50.4)	39.4	(36.9, 41.9)	100
Age (years)							
15-24	17.9	(14.5, 21.8)	58.0	(53.0, 62.7)	24.2	(20.0, 28.9)	100
25-44	15.4	(13.2, 17.8)	54.2	(51.3, 57.1)	30.4	(27.8, 33.2)	100
45-64	10.9	(9.2, 13.0)	47.8	(44.6, 50.9)	41.3	(38.1, 44.6)	100
65+	7.6	(6.0, 9.5)	43.2	(39.7, 46.8)	49.2	(45.6, 52.7)	100
Area							
Montevideo	15.0	(12.9, 17.3)	52.5	(49.5, 55.4)	32.6	(29.2, 36.1)	100
Interior	12.1	(10.7, 13.6)	50.4	(47.9, 52.9)	37.5	(35.1, 40.0)	100
Education Level[2]							
Primary	10.2	(8.5, 12.1)	44.3	(41.3, 47.3)	45.6	(42.6, 48.5)	100
Secondary basic	14.8	(12.1, 17.9)	53.3	(49.2, 57.4)	31.9	(28.3, 35.7)	100
Secondary	12.6	(10.5, 14.9)	53.0	(49.2, 56.7)	34.5	(30.7, 38.4)	100
Tertiary	13.1	(10.1, 16.8)	55.0	(51.0, 58.9)	31.9	(28.0, 36.1)	100

[1] In the past 12 months..

[2] Education level is reported only among respondents 25+ years old.

Table 9.1: Percentage of adults ≥15 years old who believed that smoking causes serious illness and various diseases, by smoking status and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Adults who believed that smoking causes						Adults who believed that smoking causes							
	Serious illness		Stroke		Heart attack		Lung cancer		Premature birth		Low birth weight		Bladder cancer	
	Percentage (95% CI)						Percentage (95% CI)							
Overall	**97.5**	**(97.0, 98.0)**	**76.5**	**(74.7, 78.1)**	**91.5**	**(90.4, 92.5)**	**97.8**	**(97.3, 98.2)**	**81.2**	**(79.7, 82.5)**	**83.3**	**(81.9, 84.7)**	**36.3**	**(34.6, 38.1)**
Smoking Status														
Current smokers[1]	95.5	(93.9, 96.7)	75.7	(72.5, 78.5)	90.7	(88.3, 92.6)	95.6	(93.6, 97.0)	77.6	(74.2, 80.7)	81.1	(78.0, 83.9)	36.2	(33.0, 39.6)
Non-smokers[2]	98.1	(97.6, 98.5)	76.7	(74.8, 78.5)	91.8	(90.6, 92.8)	98.4	(98.0, 98.8)	82.1	(80.7, 83.5)	83.9	(82.5, 85.3)	36.3	(34.5, 38.3)
Gender														
Male	97.8	(97.2, 98.3)	75.8	(73.5, 77.9)	90.5	(88.6, 92.1)	97.7	(96.8, 98.4)	75.8	(73.7, 77.9)	78.9	(76.8, 80.8)	37.1	(34.5, 39.9)
Female	97.3	(96.4, 98.0)	77.1	(74.8, 79.2)	92.4	(91.2, 93.5)	97.9	(97.3, 98.4)	86.0	(84.5, 87.4)	87.3	(85.6, 88.9)	35.5	(33.3, 37.8)
Age (years)														
15-24	98.6	(97.3, 99.3)	62.9	(58.3, 67.3)	89.2	(85.1, 92.2)	98.6	(95.9, 99.5)	84.8	(80.8, 88.1)	80.4	(75.9, 84.2)	29.1	(25.1, 33.4)
25-44	98.3	(97.5, 98.9)	79.7	(77.5, 81.7)	93.9	(92.7, 94.9)	98.9	(98.1, 99.3)	84.7	(82.6, 86.5)	87.5	(85.6, 89.2)	35.5	(32.8, 38.3)
45-64	97.1	(96.0, 97.9)	81.0	(78.4, 83.4)	92.2	(90.5, 93.7)	97.9	(97.0, 98.6)	80.8	(78.2, 83.1)	83.7	(81.4, 85.8)	37.3	(34.6, 40.2)
65+	95.6	(94.2, 96.7)	78.3	(75.3, 81.0)	88.6	(86.4, 90.5)	94.9	(93.4, 96.1)	71.2	(68.3, 74.0)	78.2	(75.5, 80.6)	44.1	(40.8, 47.4)
Area														
Montevideo	96.8	(95.7, 97.6)	74.1	(71.5, 76.6)	91.4	(89.8, 92.9)	97.4	(96.4, 98.2)	78.8	(76.4, 81.1)	81.7	(79.3, 83.8)	37.3	(34.9, 39.9)
Interior	98.0	(97.4, 98.5)	78.0	(75.8, 80.1)	91.6	(90.1, 92.8)	98.1	(97.5, 98.6)	82.7	(80.9, 84.4)	84.4	(82.6, 86.1)	35.6	(33.2, 38.1)
Education Level[3]														
Primary	97.1	(96.2, 97.9)	78.8	(76.3, 81.2)	90.9	(89.4, 92.3)	97.0	(96.1, 97.7)	78.2	(75.6, 80.6)	81.3	(79.1, 83.3)	41.7	(38.5, 45.0)
Secondary basic	96.7	(95.0, 97.8)	79.5	(76.4, 82.3)	93.0	(90.9, 94.7)	97.4	(96.2, 98.3)	80.7	(78.0, 83.1)	85.9	(83.3, 88.2)	34.3	(30.9, 37.8)
Secondary	97.0	(95.5, 98.0)	80.3	(77.2, 83.2)	92.0	(89.8, 93.7)	98.0	(96.7, 98.8)	81.9	(78.8, 84.6)	86.0	(83.2, 88.5)	34.1	(30.8, 37.5)
Tertiary	99.1	(98.4, 99.5)	82.6	(79.6, 85.3)	94.6	(92.5, 96.2)	99.6	(99.1, 99.8)	83.7	(80.6, 86.4)	86.7	(83.5, 89.4)	38.9	(34.9, 43.0)

[1] Includes daily and occasional (less than daily) smokers.

[2] Includes former and never smokers.

3 Education level is reported only among respondents 25+ years old.

Table 9.2: Percentage of adults ≥15 years old who believed that breathing other people's smoke causes serious illness in non-smokers, by smoking status and selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Belief that breathing other people's smoke causes serious illness in non-smokers	
	Percentage (95% CI)	
Overall	**92.4**	**(91.5, 93.3)**
Smoking Status		
Current smokers1	90.6	(88.4, 92.4)
Non-smokers2	92.9	(91.8, 93.9)
Gender		
Male	91.6	(90.0, 93.0)
Female	93.2	(92.0, 94.1)
Age (years)		
15-24	90.1	(86.5, 92.9)
25-44	94.9	(93.5, 96.0)
45-64	92.7	(91.0, 94.0)
65+	90.0	(87.8, 91.8)
Area		
Montevideo	89.6	(87.9, 91.1)
Interior	94.3	(93.3, 95.2)
Education Level3		
Primary	92.5	(91.0, 93.7)
Secondary basic	93.1	(91.2, 94.7)
Secondary	93.8	(91.8, 95.4)
Tertiary	93.3	(90.8, 95.1)

[1] Includes daily and occasional (less than daily) smokers

[2] Includes former and never smokers.

[3] Education level is reported only among respondents 25+ years old.

Table 9.3: Awareness of harms of cigarette types among adults ≥15 years old who believed that smoking causes serious illness, by selected demographic characteristics – GATS Uruguay, 2017.

Demographic Characteristics	Adults[1] who were unaware that.....					
	Light, ultralight, or mild cigarettes are as harmful as regular cigarettes		Mentholated cigarettes are as harmful as regular cigarettes		Light, ultralight, mild, or menthol cigarettes are as harmful as regular cigarettes	
	Percentage (95% CI)					
Overall	17.0	(15.7, 18.4)	16.0	(14.6, 17.4)	21.2	(19.7, 22.7)
Smoking Status						
Current smokers2	13.2	(11.0, 15.9)	14.4	(12.1, 17.1)	18.4	(15.8, 21.4)
Non-smokers3	18.0	(16.6, 19.6)	16.4	(14.8, 18.0)	21.9	(20.2, 23.8)
Gender						
Male	16.8	(15.1, 18.7)	15.9	(14.1, 17.8)	21.0	(19.1, 23.0)
Female	17.2	(15.5, 19.1)	16.1	(14.5, 17.8)	21.3	(19.5, 23.3)
Age (years)						
15-24	20.4	(16.9, 24.3)	14.2	(11.2, 17.8)	23.9	(20.1, 28.2)
25-44	12.7	(11.2, 14.4)	11.5	(10.0, 13.2)	15.7	(14.1, 17.5)
45-64	15.3	(13.0, 18.0)	16.8	(14.4, 19.4)	20.7	(18.2, 23.4)
65+	24.0	(21.3, 26.9)	25.2	(22.5, 28.1)	29.2	(26.2, 32.5)
Area						
Montevideo	16.9	(14.9, 19.2)	14.8	(12.9, 16.8)	20.6	(18.3, 23.1)
Interior	17.1	(15.5, 18.8)	16.8	(14.9, 18.8)	21.5	(19.6, 23.6)
Education Level4						
Primary	19.9	(17.8, 22.2)	22.6	(20.4, 25.1)	25.8	(23.5, 28.4)
Secondary basic	13.8	(11.2, 16.8)	13.9	(11.4, 16.8)	17.4	(14.5, 20.6)
Secondary	12.8	(10.4, 15.5)	10.8	(8.8, 13.3)	15.6	(13.1, 18.6)
Tertiary	13.4	(11.1, 16.2)	9.0	(7.1, 11.4)	15.6	(13.2, 18.3)

[1] Among those who believed that smoking causes serious illness.

[2] Includes daily and occasional (less than daily) smokers

[3] Includes former and never smokers.

[4] Education level is reported only among respondents 25+ years old.

Table 9.4: Percentage of adults ≥15 years old who believed cigarettes are addictive, by smoking status and selected demographic characteristics – GATS Uruguay, 2017.		
Demographic Characteristics	Belief that cigarettes are addictive	
	Percentage (95% CI)	
Overall	**94.0**	**(93.1, 94.8)**
Smoking Status		
Current smokers1	92.6	(90.6, 94.3)
Non-smokers2	94.4	(93.3, 95.3)
Gender		
Male	93.1	(91.6, 94.3)
Female	94.8	(93.7, 95.7)
Age (years)		
15-24	95.9	(93.7, 97.4)
25-44	95.3	(93.9, 96.4)
45-64	93.9	(92.2, 95.2)
65+	89.6	(87.5, 91.5)
Area		
Montevideo	95.0	(93.8, 95.9)
Interior	93.3	(91.9, 94.5)
Education Level3		
Primary	89.3	(87.5, 90.9)
Secondary basic	95.7	(93.8, 97.0)
Secondary	96.6	(94.8, 97.8)
Tertiary	98.7	(97.4, 99.4)
[1] Includes daily and occasional (less than daily) smokers		
[2] Includes former and never smokers.		
[3] Education level is reported only among respondents 25+ years old.		

Appendix D.
MPOWER
Summary Indicators
GATS Uruguay, 2017.

Indicator		Gender		Area	
	Overall	Male	Female	Montevideo	Interior
M: Monitor tobacco use and prevention policies					
Current tobacco use	21.7	25.7	18.1	23.0	20.8
Current tobacco smokers	21.6	25.6	18.0	22.9	20.7
Current cigarette smokers	21.4	25.2	18.0	22.7	20.5
Current manufactured cigarette smokers	18.4	20.2	16.8	20.4	17.1
Current smokeless tobacco use	0.1	0.3	0.0	0.1	0.2
Average number of cigarettes smoked per day[1]	15.2	16.7	13.4	15.3	15.2
Average age at daily smoking initiation[2]	16.3	16.3	16.2	16.3	16.3
Former smokers among ever daily smokers	45.7	48.1	42.3	46.3	45.3
P: Protect people from tobacco smoke					
Exposure to secondhand smoke at home at least monthly	20.0	20.3	19.8	23.5	17.6
Exposure to secondhand smoke at work*	11.1	15.9	6.6	10.7	11.5
Exposure to secondhand smoke in public places:					
Government building/offices	2.9	3.1	2.8	3.6	2.5
Health care facilities	2.2	2.4	2.1	2.4	2.1
Restaurants	2.8	2.2	3.3	3.6	2.1
Public transportation	6.1	6.6	5.7	7.3	4.7
O: Offer help to quit tobacco use					
Made a quit attempt in the past 12 months[3]	45.9	42.6	50.0	41.5	49.2
Advised to quit smoking by a health care provider[3,4]	52.0	50.1	53.9	49.7	53.9
Attempted to quit smoking using a specific cessation method[3]:					
Pharmacotherapy	13.2	12.3	14.2	13.1	13.3
Counseling/advice	9.5	8.4	10.7	9.6	9.4
Interest in quitting smoking[5]	72.9	71.6	74.5	71.3	74.1
W: Warn about the dangers of tobacco					
Belief that tobacco smoking causes serious illness	97.5	97.8	97.3	96.8	98.0
Belief that smoking causes stroke, heart attack, and lung cancer	74.7	73.8	75.5	72.6	76.1
Belief that breathing other peoples' smoke causes serious illness	92.4	91.6	93.2	89.6	94.3
Noticed anti-cigarette smoking informaton at any location*	68.0	69.0	67.1	62.6	71.6
Thinking of quitting because of health warnings on cigarette packages*,[5]	42.9	44.3	41.2	35.8	48.3
E: Enforce bans on tobacco advertising, promotion and sponsorship					
Noticed any cigarette advertisement, sponsorship or promotion*	34.5	37.0	32.1	36.9	32.8
R: Raise taxes on tobacco					
Average cigarette expenditure per month (Pesos)[6]	1849.8	2053.5	1621.7	1855.0	1845.6
Average cost of a pack of manufactured cigarettes (Pesos)[6]	105.0	110.9	97.6	105.5	104.5
Last cigarette purchase was from a store6	68.7	65.6	72.0	58.8	76.7
Notes					
[1] Among ever daily smokers					
[2] Among past-year smokers (includes current smokers and those who quit in the past 12 months)					
[3] Among those who visited a health care provider in past 12 months					
[4] Among current smokers					
[5] Among current smokers of manufactured cigarettes					
[6] Among those who visited the place in the last 30 days.					
* In the last 30 days					

APPENDIX E.

Health Warnings, 2017

GATS | GLOBAL ADULT TOBACCO SURVEY

FACT SHEET
Uruguay 2017

GATS Objectives

The Global Adult Tobacco Survey (GATS) is a global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

GATS is a nationally representative survey, using a consistent and standard protocol across countries including Uruguay. 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 (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO has developed MPOWER, a package of selected demand reduction measures contained in the WHO FCTC:

mpower

- **M**onitor tobacco use & prevention policies
- **P**rotect people from tobacco smoke
- **O**ffer help to quit tobacco use
- **W**arn about the dangers of tobacco
- **E**nforce bans on tobacco advertising, promotion, & sponsorship
- **R**aise taxes on tobacco

GATS Methodology

GATS uses a global standardized methodology. It includes information on respondents' background characteristics, tobacco use (smoking and smokeless), cessation, secondhand smoke, economics, media, and knowledge, attitudes and perceptions towards tobacco use. In Uruguay, GATS was conducted in 2016-2017 as a household survey of persons 15 years of age and older by the National Statistics Institute (INE)§ and the Ministry of Public Health. A multi-stage, geographically clustered sample design was used to produce nationally representative data. A total of 6,240 households were sampled and one individual was randomly selected from each participating household to complete the survey. Survey information was collected electronically by using handheld devices. There were a total of 4,966 completed individual interviews with an overall response rate of 89.4%.

GATS Highlights

TOBACCO USE

- 21.6% overall, 25.6% of men, and 18.0% ofwomen, currently smoked tobacco.

CESSATION

- 72.9% of current smokers planned to or were thinking about quitting.

SECONDHAND SMOKE

- 11.1% of adults who worked indoors were exposed to tobacco smoke at the workplace.
- 20.0% of adults were exposed to tobacco smoke at home at least weekly.

MEDIA

- 42.9% of current smokers thought about quitting because of a warning label.
- 19.5% of adults noticed cigarette marketing in stores where cigarettes are sold.

KNOWLEDGE, ATTITUDES & PERCEPTIONS

- 97.5% of adults believed smoking tobacco causes serious illness.
- 21.2% of adults were unaware that light, ultralightor mentholated cigarettes are as harmful as regular cigarettes.

Ministerio de SALUD

URUGUAY INE Instituto Nacional de Estadística

Pan American Health Organization

World Health Organization Americas

CDC Centers for Disease Control and Prevention

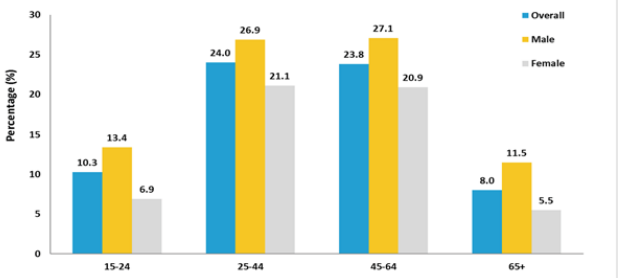
GATS | GLOBAL ADULT TOBACCO SURVEY

FACT SHEET
Uruguay 2017

TOBACCO USE

TOBACCO SMOKERS	OVERALL (%)	MEN (%)	WOMEN (%)
Current tobacco smokers	21.6	25.6	18.0
Current cigarette smokers[1]	21.4	25.2	18.0
Current manufactured cigarette smokers	18.4	20.2	16.8
Current hand-rolled cigarette smokers	5.9	9.0	3.1
Daily tobacco smokers	18.3	21.5	15.3
Daily cigarette smokers[1]	18.1	21.3	15.3
Daily manufactured cigarette smokers	15.4	16.6	14.2
Daily hand-rolled cigarette smokers	5.0	7.6	2.5
Former daily tobacco smokers[2] *(among all adults)*	16.8	21.8	12.2
Former daily tobacco smokers[2] *(among ever daily smokers)*	45.7	48.1	42.3
SMOKELESS TOBACCO USERS			
Current smokeless tobacco users	0.1	0.3	0.0
TOBACCO USERS *(smoked and/or smokeless)*			
Current tobacco users	21.7	25.7	18.1

Daily Smoking Prevalence by Age and Gender, GATS Uruguay, 2017



CESSATION

	OVERALL (%)	MEN (%)	WOMEN (%)
Smokers who made a quit attempt in past 12 months[3]	45.9	42.6	50.0
Smokers advised to quit by a health care provider in past 12 months[3,4]	52.0	50.1	53.9
Received counseling by health care provider[3,4]	18.2	16.6	19.9
Current smokers who planned to or were thinking about quitting	72.9	71.6	74.5
Smokers who quit in the last 12 months among all past 12 month smokers[3]	7.8	7.3	8.5
Smokers who quit in the last 12 months among smokers[3] who tried to quit	17.1	17.1	17.1

SECONDHAND SMOKE

	OVERALL (%)	MEN (%)	WOMEN (%)
Adults exposed to tobacco smoke at the workplace[5,†]	11.1	15.9	6.6
Adults exposed to tobacco smoke at home at least weekly	20.0	20.3	19.8
Adults exposed to tobacco smoke in the following places:[5,†]			
Public transportation	6.1	6.6	5.7
Government buildings	2.9	3.1	2.8
Restaurants	2.8	2.2	3.3
Health care facilities	2.2	2.4	2.1
University or faculty	11.3	15.2	8.1
Bars, pubs, discotheques	19.5	21.6	16.9

ECONOMICS

Average amount spent on 20 manufactured cigarettes (Uruguay pesos)	105.0
Average monthly individual expenditure on manufactured cigarettes (Uruguay pesos)	1849.8
Cost of 100 packs of manufactured cigarettes as a percentage of per capita Gross Domestic Product (GDP) 2017[7]	2.2%

MEDIA

TOBACCO INDUSTRY ADVERTISING	OVERALL(%)	CURRENT SMOKERS (%)	NON-SMOKERS (%)
Adults who noticed cigarette marketing in stores where cigarettes are sold[8,†]	19.5	19.1	19.6
Adults who noticed any cigarette advertisements/ promotions (other than in stores), or sporting event sponsorship[†]	28.8	28.7	28.8
COUNTER ADVERTISING	OVERALL(%)	CURRENT SMOKERS (%)	NON-SMOKERS (%)
Adults who noticed anti-cigarette smoking information on the television or radio[†]	54.2	52.6	54.6
HEALTH WARNINGS	OVERALL(%)	MEN (%)	WOMEN (%)
Current smokers who thought about quitting because of a warning label[†]	42.9	44.3	41.2

KNOWLEDGE, ATTITUDES & PERCEPTIONS

	OVERALL(%)	CURRENT SMOKERS (%)	NON-SMOKERS (%)
Adults who believed smoking tobacco causes serious illness	97.5	95.5	98.1
Adults who believed smokeless tobacco causes serious illness	64.2	50.2	68.0
Adults who believed breathing other peoples' smoke causes serious illness in nonsmokers	92.4	90.6	92.9
Adults who were unaware that light, ultralight or mentholated cigarettes are as harmful as regular cigarettes[9]	21.2	18.4	21.9

ELECTRONIC CIGARETTES

	OVERALL(%)	MEN (%)	WOMEN (%)
Ever heard of electronic cigarettes	45.3	49.8	41.2
Ever used electronic cigarettes	3.1	3.9	2.4
Current user of electronic cigarettes	0.2	0.3	0.2
Adults who believed electronic cigarettes are less dangerous to health than regular cigarettes[10]	43.4	48.1	38.7

[1] Includes manufactured cigarettes and hand-rolled cigarettes. [2] Current non-smokers. [3] Includes current smokers and former smokers who have been abstinent for less than 12 months. [4] Among those who visited a health care provider in past 12 months. [5] Among those who work outside of the home who usually work indoors or both indoors and outdoors. [6] Among those who visited in the past 30 days. [7] GDP per capita for 2017 was 502,828.449 (International Monetary Fund database). [8] Includes those who noticed cigarettes at sale prices; free gifts or discount offers on other products when buying cigarettes; or any advertisements or signs promoting cigarettes in stores where cigarettes are sold. [9] Among those who believed smoking causes serious illness. [10] Among those who have heard of electronic cigarettes. † During the past 30 days.

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.

[6] In Uruguay, GATS was coordinated by the National Program for Tobacco Control of the Ministry of Public Health (MSP), implemented by the National Institute of Statistics (INE). The statistical analysis was done by INE and CDC. This survey had the support of the country and regional levels of the Pan American Health Organization/World Health Organization (PAHO/WHO).

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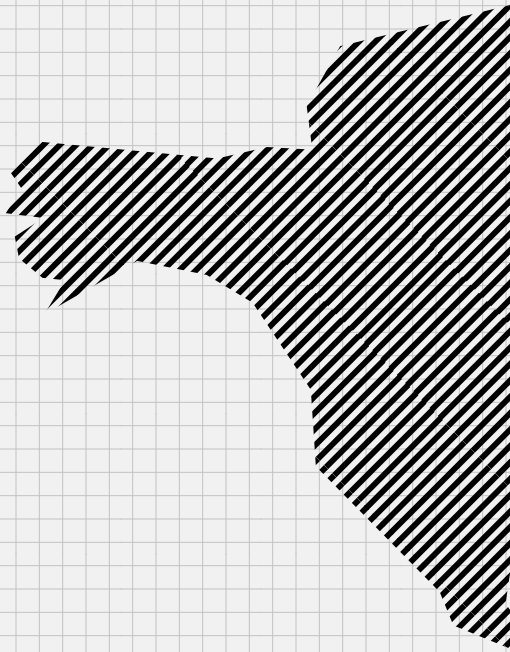

GLOBAL ADULT TOBACCO SURVEY

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