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:



Monitor tobacco use & prevention policies

Protect people from tobacco smoke Offer help to quit tobacco use Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion, & sponsorship

Raise taxes on tobacco

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

• Overall, 21.6% of people age 15 years and older; 25.6% of men and 18.0% of women, currently smoked tobacco.

CESSATION

[Country MOH Logo]

nec [Country IA Logo]

• 10.3% of current smokers planned to or were thinking about quitting within the next month.

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 causes serious illness.
- 21.2% of adults were unaware that light, ultralight or mentholated cigarettes are as harmful as regular cigarettes.











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	16.8	21.8	12.2
(H. J.L.)			
(among all adults)			
Former daily tobacco smokers ²	45.7	48.1	42.3
(among ever daily smokers)			
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
30 .			Overall

	30					26.9			27.1				Overall
	25				24.0			23.8					Male
Percentage (%)	20						21.1			20.9			Female
Perce	15		13.4									11.5	
	10	10.3		6.9							8.0		
	5												5.5
	0		15-24			25-44			45-64			65+	

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

anner S entertee when the day								
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: 6,†								
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, ATTITUDI	ES & PEI	RCEPTIO	NS
	OVERALL (%)	CURRENT SMOKERS (%)	NON-SMOKERS (%)
Adults who believed smoking 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. ⁵GDP per capita for 2017 was 502,828.449 (International Monetary Fund database). ⁶ 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. ⁶ 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.

§ 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).

Financial support was provided by the Bloomberg Initiative to Reduce Tobacco Use, a program of Bloomberg Philanthropies and the Uruguay Ministry of Public Health. Technical assistance was provided by the U.S. Centers for Disease Control and Prevention (CDC), the Pan American Health Organization/World Health Organization (PAHO/WHO), and RTI International. Program support was provided by the CDC Foundation.

The findings and conclusions in this fact sheet are those of the author(s) and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention.









