Global Adult Tobacco Survey

Greece 2013

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Foreword by the Deputy Minister of Health

The Global Adult Tobacco Survey (GATS) 2013 report in Greece has been completed.

The system of epidemiological surveillance and assessment is an integral part of tobacco control activities. The development of this system is a responsibility of all Member States of the WHO Framework Convention on Tobacco Control and Greece is looking forward to establishing its own surveillance system in collaboration with WHO and US CDC.

Tobacco consumption causes serious harm in Greece, which has one of the highest prevalence rates in Europe and creates a significant burden on both the public health system as well as the economic development of the country. In order to effectively control smoking in our country, data on tobacco use, as well as other indicators, are essential. The GATS 2013 report provides all the necessary information to be able to effectively monitor tobacco consumption and other relevant indicators that in turn will help develop comprehensive tobacco control activities and programmes in Greece.

This report is the product of long-term work by the Greek GATS team. In line with WHO methodology, the survey was conducted by the National School of Public Health in cooperation with the University of Thessaly. The survey was initially designed to produce internationally comparable data on tobacco consumption and tobacco control activities. For this purpose standardized methods were used, to develop the questionnaire, sample design, data collection and management procedures.

GATS is the first survey in Greece to be conducted at national level via face to face interviews and using electronic data collection tools. It is of vital importance that the survey has covered the entire country, including the most remote areas, creating a basis for future public health research in Greece. I am confident that this survey will contribute to effective monitoring and control of the tobacco epidemic saving lives that could have been lost due to tobacco consumption.

Ms Zetta Mkri

Foreword by Prof. Jenny Kourea-Kremastinou

I am proud that for the first time the Global Adult Tobacco Survey (GATS) was conducted in Greece. GATS as part of the Global Tobacco Surveillance System used international standardized methods. It collected representative data on adult tobacco use in the Greek population to discover trends and prevalence. This survey forms the base for the development of tobacco prevention and control strategies in Greece. Combating tobacco use in Greece requires further development consistent with the World Health Organization's (WHO) Framework Convention on Tobacco Control and with the measures prescribed by the WHO in the acronym "MPOWER". "MPOWER" measures include: "M" monitoring of tobacco use and prevention policies; "P" protection of people from second-hand tobacco smoke; "O" offer to help people who have decided to quit tobacco use; "W" warnings about the dangers of tobacco to health; "E" enforce bans on tobacco advertising, promotion and sponsorship; and "R" raise taxes on tobacco.

I am grateful to the Ministry of Health of Greece for approving the "Tobacco Control Project" that was conducted throughout the country, by the National School of Public Health and the University of Thessaly.

I am sincerely grateful to the WHO and the US Center for Disease Control and Prevention for their collaboration and technical assistance. Experts estimate that globally by 2030 the tobacco epidemic will kill 8 million people every year. I sincerely hope that this survey will contribute to the establishment of "MPOWER" tobacco control policies in Greece and that these policies will contribute to a significant reduction of the deaths caused by tobacco use in Greece and around the world.

Professor Jenny Kourea-Kremastinou

Department of Public & Administrative Health
National School of Public Health

Foreword by Dr. Samira Asma

On behalf of the U.S. Centers for Disease Control and Prevention (CDC), we congratulate Greece on publishing its first Global Adult Tobacco Survey (GATS) country report. A significant milestone, this report demonstrates Greece's participation and commitment to standardized global surveillance to track adult tobacco use and key tobacco control indicators. This report has great potential to further improve tobacco use prevention and control efforts in the country supported by the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) and MPOWER measures.

Greece is facing serious consequences from widespread smoking. Overall, 38.2% of Greeks currently smoke tobacco accounting for 3.5 million of the nation's adults. The burden primarily falls on males with 51.2% of men currently smoking; however, female smoking is alarmingly high at 25.7% and should not be discounted. Additionally, those that do smoke daily demonstrate high dependence on tobacco with 72.2% reporting that they smoke within 30 minutes of waking up. But there is promising news: 92.4% of adults believed smoking causes serious illness and 84.1% of nonsmokers supported the law prohibiting smoking inside of restaurants. Having one of the highest rates of smoking in the European region and across all six WHO regions, Greece is at a pivotal point in their fight against the tobacco epidemic.

The global tobacco epidemic kills 6 million people each year and this number is expected to rise to 8 million by 2030, remaining one of the biggest challenges our world faces in public health. Addressing tobacco use in Greece will require strong commitment to implementation and high-level achievement of the WHO MPOWER measures, including monitoring tobacco use and prevention policies; protecting people from tobacco smoke; offering help to quit tobacco use; warning about the dangers of tobacco; enforcing bans on tobacco advertising, promotion and sponsorship; and raising taxes on tobacco. These six evidence-based strategies have proven their success and can help avert unnecessary illness and death.

GATS Greece results have established a solid and accurate baseline, measuring the scope of tobacco use and provide an evaluation of tobacco control interventions in country. Greece has the opportunity to take bold steps in combating the tobacco epidemic by supporting and scaling up life-saving tobacco control measures and interventions. An example of this type of boldness can be seen around cessation services and the availability of smoking cessation support by health care providers in hospitals, health clinics, and primary care facilities- 72.2% of smokers in Greece, the highest percentage across GATS countries, were advised to quit by a healthcare provider in the past 12 months. This is a remarkable reflection of the government support of its citizens' decision to quit and maintain healthy lifestyles. We would like to thank the Ministry of Health and Social Solidarity; the National School of Public Health, Department of Hygiene and Epidemiology of the University of Thessaly; and MRB Hellas for their leadership in making the Global Adult Tobacco Survey a success. As one of the first countries to self-fund the survey, Greece has shown its commitment to good governance and protecting its people from the devastating impact of tobacco use and exposure.

The U.S. Centers for Disease Control and Prevention looks forward to the ongoing collaboration in our mutual mission to stop and prevent the needless toll of tobacco in our communities and all countries of the world.

Samira Asma

Chief, Global Tobacco Control Branch
Office on Smoking and Health
U.S. Centers for Disease Control and Prevention (CDC)

Foreword by Zsuzsanna Jakab

On behalf of the WHO Regional Office for Europe, I congratulate Greece for conducting the Global Adult Tobacco Survey (GATS), particularly in the same year as it implemented the Global Youth Tobacco Survey. The results of both these surveys give have a full picture of and gain great insight into the extent of the tobacco epidemic in Greece, among those aged 13 years and older.

The GATS marks a milestone and its findings have the potential to push tobacco control in Greece further to assist in meeting the global voluntary target of a 30% relative reduction of tobacco use by 2025 and to even go beyond that. Examples from several countries illustrate that this is possible by full implementation of the comprehensive set of measures within the WHO Framework Convention on Tobacco Control, involving a Health2020 approach of intersectorality and "whole-of-society".

Tobacco use in Greece is alarmingly high – 38.2% of adults smoke at present – and the Government has introduced measures to combat this and protect people from the devastating impact of tobacco. Greece is among 10 countries in the WHO European Region to have introduced comprehensive policies for smoke-free public areas. The GATS findings are favourable and reveal that there is strong support for this law, among both smokers and non-smokers. At the same time, the findings raise concern. The GATS survey shows that exposure to smoking in public places remains very high, due to varying enforcement of the law.

Such results provide strong ammunition for the Government of Greece, led by the Ministry of Health, along with other tobacco-control advocates, to continue its efforts to strengthen tobacco-control policies and ensure the enforcement of the widely supported law against smoking in public places. The WHO Regional Office for Europe looks forward to the continuing cooperation with Greece for tobacco control.

Zsuzsanna Jakab

WHO Regional Director for Europe

Acknowledgements

The Global Adult Tobacco Survey in Greece represented a collective effort focused on quality results. The whole process was implemented by a team of dedicated people, who shared the same passion about their work – this was an important driver to the success of the project and the very good results we obtained. All the people and all the institutions involved in this project deserve our gratitude and thanks.

In particular we are grateful to the current Minister of Health (Mr Adonis Georgiades) and Deputy Minister of Health (Ms Zetta Makri) for their valuable support in conducting GATS in our country. We would also like to thank Mr Jeremy Morton for his highly professional assistance on behalf of the *US Centers for Disease Control and Prevention*. We would also like to acknowledge the contributions of Dr Kristina Mauer-Stender and Mrs. Rula Nabil Khoury Cavaco Dias from *WHO EURO*, who ensured the inter-institutional flow and offered technical assistance and constant support throughout the preparation and implementation of the project. Additionally, we would like to express our sincere thanks to Dr Agis Tsouros from *WHO EURO* for his support during the pre-implementation stages of GATS.

Our thanks and gratitude are also extended to the *National School of Public Health* team, which managed the entire process in Greece. I want to thank Dr. Anastasia Barbouni in particular, head of the NSPH team, for her efficient involvement and valuable guidance in all phases of the GATS survey. Special thanks also to Dr. Eleni Antoniadou for her dedicated work and the effective coordination of all tasks related to GATS implementation. Dr Kuriakoula Merakou and Dr Kallirhoe Kourea also contributed to the success of the project through their professional work. We also acknowledge the contribution of the Epidemiology and Hygiene Department of the *University of Thessaly*.

Additionally, I want to thank *MRB Hellas S.A.*, the agency that carried out effectively and professionally the questionnaire pretest, the data collection and analysis stages. The MRB team was led by Ms. Anna Koukouli and Ms. Maria Triantafillou and consisted of several field supervisors and field interviewers. The collective efforts of these individuals resulted in very accurate data and high quality analysis. Additionally, we would like to thank Mr. Stelios Sergentanis and Mr. Anastasios Kalogiannis from *SysteM Consulting* for their technical support. Our thanks and gratitude are also addressed to the respondents of GATS Greece, and to all the local institutions that offered their support to the field interviewers' teams in the country.

Prof Jenny Kourea Kremastinou

Executive Summary

The Global Adult Tobacco Survey (GATS) Greece 2013 uses a standardized methodology designed to produce internationally comparable data on tobacco use and tobacco control measures by using a standardized questionnaire, sample design, and data collection and management procedures.

The GATS surveyed men and women aged 15 and older, collecting information on respondents' background characteristics, tobacco use (smoking and smokeless), cessation, second-hand smoke, economics, media and knowledge, attitudes and perceptions towards tobacco use.

The survey used a multistage geographically clustered sampling design in order to produce key indicators for the country as a whole, as well as by residence (urban/rural) and by gender. A total of 6,600 households were sampled for the survey and a total of one individual was randomly selected from each participating household to complete the survey. There were a total of 4,359 completed interviews with an overall response rate of 69.6%. Survey information was collected electronically by using laptop computers.

GATS was conducted by the National School of Public Health, Department of Hygiene and Epidemiology of the University of Thessaly and MRB Hellas, in coordination with the Ministry of Health (MoH) of Greece. Technical assistance was provided by the World Health Organization (WHO) and the United States Centers for Disease Control and Prevention (CDC).

Tobacco Use

A relatively high percentage of Greeks (38.2%) are currently smoking tobacco: 51.2% of men and 25.7% of women. Smoking is common among all education levels, and significantly lowest among those with primary education or less (15.9%). Similarly, smoking is common among all age groups and particularly high (50.7%) among the 25-44 years age group. Within this age group, 64.2% of men and 37.0% of women currently smoke tobacco. A relatively high percentage of adults 15 and older in Greece (compared to other GATS countries) smoke hand-rolled cigarettes (15.7%) in comparison to those who smoke manufactured cigarettes (27.2%). More than half of daily smokers (52.2%) initiated daily smoking between the ages of 17-19, followed by 30.3% under the age of 17 (25.5% for 15-16 year olds and 4.8% for less than 15 years old).

The average number of cigarettes smoked per day is close to 20, with 24.8% of the population smoking 25 or more cigarettes per day. 72.2% of current smokers in Greece report smoking their first cigarette within 30 minutes of waking up, an indication of high dependency.

Cessation

Although tobacco use in Greece is alarmingly high, few current smokers in Greece have made a recent quit attempt or plan to quit within the next 12 months. Promisingly, a large portion (72.2%) of those current smokers that had visited a health care provider in the last 12 months had been advised to quit tobacco use. However, this does not translate into a high number of quit attempts. GATS results show that very few (18.9%) current smokers have made a quit attempt in the last 12 months, and only 13.9% of current smokers plan to quit within the next 12 months. 36.8% of current smokers report that at this time they are not interested at all in quitting at any time in their lives. The majority (93.2%) of those that attempted to quit did so without assistance, which might be an indication that cessation support is not accessible to them, or that they are not aware of these services, and this needs to be further explored.

Furthermore, those 65 years and older are more likely to be advised to quit than those in the younger age group (25-44 years old), while it is important that healthcare providers target all age groups equally and not only advise those that may be in poorer health.

Secondhand Smoke Exposure

GATS results reveal that there is strong support – among both smokers and nonsmokers – for the law prohibiting smoking in public places. However, exposure to smoking in public places is very high. Overall, 73.9% of the general population (90.9% of nonsmokers) supports the law in workplaces and 61.4% of the general population (84.1% of nonsmokers) supports the law in restaurants. However, more than 4 in 10 Greeks were exposed to SHS in universities, 5 in 10 in the workplace, 7 in 10 in restaurants and 9 in 10 in bars/nightclubs.

Media

The law prohibiting cigarette marketing has been well enforced and the GATS results show that exposure to cigarette marketing is low among both smokers and nonsmokers. Less that 5% of the population noticed cigarette marketing in television, radio, newspapers/magazines, cinemas, Internet, public transportation or public walls. The highest incidence of exposure to

marketing is in stores (28.4%), followed with billboards (10.0%) and on posters (6.9%).

GATS results indicate that text warnings in Greece are not effective in making smokers consider quitting and that there is the need for strengthening the impact of the health warnings. Overall, the great majority (90.6%) noticed the health warnings on cigarette packs, but only 15.3% thought about quitting because of the warning labels. Additionally, 32.0% noticed antismoking messages in any location, with the majority of these noticing such messages on the television.

Economics

In Greece, on average (median), a current cigarette smoker spends about 100.4 Euros per month on manufactured cigarettes. The average (median) amount spent on a pack of cigarettes (20 manufactured cigarettes) is 3.30 Euros. Although speculative, the relatively high prevalence of hand-rolled cigarette smoking may be an indication of tobacco product-switching to more affordable products. The most common place of purchase is kiosks, where approximately 8 in 10 current smokers bought manufactured cigarettes from kiosks.

Conclusions

Tobacco control has a long history in Greece. Recently, Greece was among the first 30 signatories of the adopted Protocol to Eliminate Illicit Trade in Tobacco Products showing its commitment in curbing the tobacco epidemic, reducing the economic burden imposed by tobacco and contributing to global efforts to save lives by averting the tobacco epidemic.

Despite significant progress, the country still faces numerous challenges in tobacco control. The high rate of adult smoking and the social acceptability of tobacco hinders tobacco control efforts and has been well documented as a key factor leading to the high prevalence of exposure to secondhand tobacco smoke of nonsmokers, despite the law prohibiting smoking in public places.

Confronted with the health and economic burden of the tobacco epidemic, the Ministry of Health (MoH) and the National School of Public Health (NSPH) have taken leadership to curb the tobacco epidemic, giving priority to tobacco control and recognizing the need to renew overall political commitment for tobacco control. The GATS in Greece was conducted in parallel to the Global Youth Tobacco Survey (GYTS) and the capacity assessment of tobacco control, providing a unique and in-depth analysis of the context in Greece and identifying the main opportunities to accelerate action against tobacco.

1. Introduction

Tobacco use is a major preventable cause of premature death and disease, presently causing over 5 million deaths each year and expected to cause over 8 million deaths annually by 2030. Unless current trends are changed, the vast majority of these deaths are projected to occur in the developing world. An efficient and systematic surveillance mechanism to monitor the epidemic is one of the essential components of a comprehensive tobacco control program (WHO, 2011).

The World Health Organization (WHO)–Tobacco Free Initiative (TFI) aims to reduce the global burden of disease and death caused by tobacco, thereby protecting present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. This will be accomplished by providing global policy leadership, promoting the Concept, the WHO Framework Convention on Tobacco Control (FCTC) and the MPOWER package of tobacco policies as a key entry point to the FCTC. The FCTC encourages countries to adhere to its principles, and the TFI Program supports countries in their efforts to implement tobacco control measures through MPOWER (WHO, 2003 & WHO, 2008).

In August 2006, WHO and the United States Centers for Disease Control and Prevention (CDC) convened an expert consultation to discuss surveillance of adult tobacco use and make recommendations for the development of a standard survey protocol. The expert consultation also recognized the challenges of limited funding and methodological complexities when conducting systematic adult tobacco use surveys and identified a lack of comparability of ongoing national surveys. The Global Initiative to Reduce Tobacco Use offers resources to fill the data gap for measuring adult tobacco use globally and to optimize the reach and results of the ongoing Global Tobacco Surveillance System (GTSS), which originally comprised three school-based surveys for youth and selected adult populations: the Global Youth Tobacco Survey (GYTS), the Global School Personnel Survey (GSPS), and the Global Health Professions Students Survey (GHPSS) (Warren et al., 2008).

The Global Adult Tobacco Survey (GATS) is a household survey that was launched in February 2007 as a component of the ongoing GTSS. The GATS will enable countries to collect data on key tobacco control measures for the entire adult population. Results from the GATS will assist countries in the formulation, tracking and implementation of effective tobacco control interventions, and countries will be able to compare results of their surveys with results from other countries implementing GATS (GATS, 2011).

Greece was the first country to release results in the third phase of GATS implementation. Other countries participating in the third phase of GATS include: Cameroon, Colombia, Kazakhstan, Kenya, Pakistan, Senegal, South Africa, Sri Lanka, and Uganda. From 2011-2013, nine countries participated in the second phase of GATS including: Argentina, Indonesia, Malaysia, Nigeria, Panama, Qatar, Romania, Thailand (repeat), and Turkey (repeat). From 2008-2010, 14 countries participated in the first phase of GATS: Bangladesh, Brazil, China, Egypt, India, Mexico, Philippines, Poland, Russian Federation, Thailand, Turkey, Ukraine, Uruguay and Vietnam. WHO, CDC—with the support of partner organizations (e.g., RTI International)—and countries throughout the world work together to implement GATS.

1.1 General Information about Greece

Based on estimates obtained by the National Statistical Service of Greece, the population of the country was approximately 11,125,179 in 2008 (statistics.gr). In absolute figures, this represents a 27.8% increase since 1970 and a 2.5% increase since the last census in 2001. The population is unevenly distributed, with far more people living in the mainland, particularly the area of greater Athens (34.3%) (Economou, 2010). According to data from the Migration Policy Institute, immigrants comprised, as of 2004, 10.4% of the total population. The age distribution of the population indicates a relatively high percentage (3.9%) of people over 80 years and a significant portion of the working age population aged 65 and over corresponding to 27.7%. This is the third highest percentage in the European Union (EU) after Italy (30.4%) and Germany (30.0%) (Economou, 2010).

In 2010, the Greek economy entered a deep, structural and multifaceted crisis, the main features of which were a large fiscal deficit, huge public debt and the continuous erosion of the country's competitive position. In order to address the problem, the Greek government requested from the EU and the IMF the activation of a support mechanism, adopted a strict income policy, increased direct and indirect taxes and announced the adoption of measures enhancing flexibility in the labour market, the cutting of expenses and the merger or elimination of public sector entities that are not productive (Economou, 2010). The recession, which later spread across all sectors' activity, negatively impacted unemployment rates reaching 27.2% in January 2013 (www.statistics.gr).

1.1.1 Tobacco Consumption Patterns and Trends

Tobacco use prevalence among adults is very high in Greece and one of the highest in Europe. However, the overall prevalence smoking rates have been following a declining trend during the last few years. Three nationwide telephone studies have been conducted to investigate smoking prevalence in the adult population in Greece by Y. Tountas. Health Hellas studies I, II and III were carried out in 2006, 2008 and 2010 respectively. The results indicated a steady and significant decline of smoking among men that varied from 49.9% in 2006 to 46.4% in 2008 and 42.9% in 2010. However, the situation appears very different with women. The percentages of female smokers have been increasing since 2006, from 30.8% to 33.5% and 37.2% in 2008 and 2010 respectively. The total prevalence rate including occasional and regular smokers was found to be 42.5% as of December 2010. Similar prevalence rates were also reported by the Eurobarometer in 2012 at 40%, the highest among the EU countries. Another research carried out by KEELPNO (Kremastinou, 2011) showed lower prevalence rates among adult women and men at 33.5% for both regular and occasional smokers for 2011 and a reduction in the prevalence rate from 38.2% in 2009.

In 2007, Greece conducted GYTS (Global Youth Tobacco Survey) to examine the prevalence of smoking among middle-school students, 13-15 years of age. The results of the GYTS showed that the prevalence of smoking in these age groups is alarmingly high (Kyrlesi *et al.*, 2007). More specifically, about one third of the students who participated in the questionnaire, 32.1%, had tried tobacco in the past, while 16.2% were current users of tobacco products. In addition, 1 in 4 of ever smokers reported that they began smoking before the age of 10 and almost 1 in 5 never smokers reported being susceptible to initiate smoking in the next year. Approximately 89.8% of the respondents said they were exposed to environmental tobacco smoke in their homes and 94.1% in public places. Finally, a strikingly high number of students (95%) reported that they were able to buy their own cigarettes without restrictions.

1.1.2 Main causes of death in Greece

Since the beginning of the 1990s, diseases of the circulatory system have been the leading causes of death in Greece. In 2008, 43.5% of total deaths in Greece were due to cardiovascular diseases. Among the OECD countries, Greece has the fifth highest standardized mortality ratio for diseases of the circulatory system after Slovakia, Hungary, Czech Republic and Poland (OECD, 2009). The second major cause of death is cancer.

1.2 Current Tobacco Control Policies in Greece

Greece ratified the WHO FCTC (Framework Convention of Tobacco Control) on the 8th of November 2011 and was adopted by the Greek parliament on the 6th of December 2005. Greece constitutes, as of the 27th of April 2006, a member of the Conference of the Parties and has agreed among others to implement article 8 of the treaty, regarding protection of public health from exposure to tobacco smoke as well as the relevant guidelines, article 16 regarding sales (of tobacco and its products) to and by minors and article 21, regarding regular reporting and exchanging of information on the implementation status of the regulations included in the Convention.

On the 3rd of August 2010, a comprehensive smoke-free law was adopted by the Greek Parliament (in line with the EU Recommendation 2009/C 296/02 and with article 8 of WHO FCTC) mandating a complete ban in all closed private and public places (Law 3868/2010). The only exceptions to the legislation were casinos and entertainment venues with 'live music' over 300 square metres, which were excluded from the legislation, on the condition that a fine of 200 euros/square meter will be paid and special Designated Smoking Rooms (DSRs) will be constructed, the size of which cannot cover more than half the size of the entire venue.

In early 2011, Greece decided to further accelerate its progress on the tobacco control front by strengthening its tobacco control surveillance efforts in line with article 20 of the WHO FCTC (regarding research, surveillance and exchange of information). In this context, the Ministry of Health decided to conduct three country-wide programmes for 2013 through the National School of Public Health and in close collaboration with WHO: The Global Adult Tobacco Survey, the Global Youth Tobacco Survey and the Capacity Assessment for the implementation of effective tobacco control policies. All projects aimed to support the new smoke-free legislation and contribute to establishing an effective tobacco control policy implementation and surveillance system.

The WHO Framework Convention on Tobacco Control and MPOWER package defines the following as the most effective measures against tobacco smoking prevalence: price and taxation measures; population protection from tobacco smoke; full information for consumers on the influence of tobacco on health, including public informational and teaching campaigns, engaging mass media and scientific publications; total prohibition of advertising and promotion of all types of tobacco products, using tobacco brands and logos in sponsorship; inserting large direct and unequivocal health warnings

on every cigarette package and the wrapping of other tobacco products; and arranging effective medical help in smoking cessation, including medication therapy for nicotine addiction (WHO, 2008).

Price and Taxation Measures: For cigarettes, Greece complies with the EU Directive 2011/64/EU and as of 1 January 2013, applies a uniform specific excise tax of €80 per 1000 cigarettes and an ad valorem excise tax of 20% included in the retail selling price. The overall excise duty (excluding VAT) represents 68.75% of WAP and €115 per 1000 cigarettes. That is, Greece satisfies both the minimum excise duty as a percentage of WAP and the minimum excise duty per 1000 cigarettes (as they stand at present).

The ratio of specific to total taxation (including VAT) is currently 55.75%. The specific tax represents 48.75% of the WAP (weighted average retail selling price). The VAT rate that applies to cigarettes is the higher rate that applies to goods and services. The tax inclusive rate is 18.7% of final retail price (the tax exclusive rate is 23%). The total ad valorem tax (excise plus VAT) is 38.7% of the retail price (all taxes inclusive). Total tax (VAT included) is 87.45% of the WAP.

For cigars and cigarillos, Greece applies an ad valorem excise tax of 34% of the retail price plus VAT. Total ad valorem tax (excise plus VAT) is 52.7% of the retail price. With regards to fine cut smoking tobacco and other smoking tobacco products, Greece applies a specific excise tax of €153 per kg plus a (tax inclusive rate of) VAT of 18.7% of the retail price.

Population Protection from Tobacco Smoke: In accordance with national law, tobacco smoking is prohibited at closed private and public places. The only exceptions to the legislation were casinos and entertainment venues with 'live music' over 300 square metres, which were excluded from the legislation on the condition that a fine of 200 euros/square meter will be paid and special DSRs will be constructed, the size of which cannot cover more than half the size of the entire venue (Law: 3986/2011).

Providing Consumers with Information on Influence of Tobacco on Health: Regular anti-smoking educational programs in schools and health promotion activities at municipal level are conducted as part of a general government strategy to motivate children and adults to adopt healthier lifestyles.

Total Prohibition of Advertising and Promotion of all Types of Tobacco Products: The latest legislation in Greece mandates a complete ban of all kinds of advertising and promotion of tobacco products to all external, outdoor and internal areas, excluding though the internal areas of points of sale (Law 3868/2010).

Adoption of Large Health Warnings: Two types of health warnings are currently in use on cigarette packages: general warnings ('smoking can kill' and 'smoking seriously harms you and others around you'), which must cover not less than 30% of the most visible external area of the corresponding surface of the packet, and one additional warning, which must cover not less than 40% of the most visible external area of the corresponding surface of the packet. The following phrase 'Ministry of Health and Social Solidarity warns that' is always printed before each (general and additional) warning occupying the surface packet space required, in addition to the 30/40% surface packet space occupied by the general/additional warnings respectively (Joint Ministerial Decision 266/2003 and Law 1802/1988).

Organizing Effective Medical Help in Smoking Cessation: The Greek health care system includes a network of clinics that offers advice and psychological support to those who want to quit smoking and all the relevant medical examinations required. The aim is to guide smokers successfully through the process of quitting. The personnel are responsible for providing the appropriate medication plus monitoring patients for as long as necessary in order to deal effectively with potential withdrawal symptoms such as relapse episodes due to nicotine dependence. None of the medications that can be used for smoking cessation are currently reimbursed by the social security schemes.

1.3 Survey Objectives

The general objectives of the GATS are to:

- Systematically monitor adult tobacco use (smoking and smokeless) and track key tobacco control indicators in a nationally representative sample of the Greek population.
- Provide a foundation for further adaptation and reinforcement of effective FCTC measures in the campaign against tobacco use in Greece.

More specifically, GATS in Greece will support the implementation of a national surveillance mechanism for tobacco and reveal the specifics of tobacco use prevalence, knowledge, and attitudes of different demographic groups to improve the efficiency of informational and educational campaigns that help people quit smoking.

2. Methodology

2.1 Study Population

The target population for this survey included all men and women in Greece aged 15 and older. This target population included all people who consider Greece to be their primary place of residence even though they may not be considered citizens. The only adults excluded from the study were individuals visiting Greece (e.g. tourists), those who indicated their primary place of residence was a military base or group quarters (e.g. a dormitory), and those who were institutionalized. Eligible respondents could withdraw from the study at any time and had the right to refuse to answer any question without providing a reason. The GATS Greece was conducted on all 4 major regions of the Greek territory (Attica, Northern Greece, Central Greece, and Aegean Islands-Crete). Overall, the Greek territory consists of 1043 municipalities (PSU), whereas 46 of them have been excluded from the 1st stage randomization process as they are either remote islands or mountainous villages that are difficult to reach with the majority of them having less than 200 people as permanent population. The total coverage rate was 93.3% of the total population (see Appendix B for details).

2.2 Sampling Design

The sampling frame (GTSS, 2009a) used for the GATS Greece was created on the basis of the 2002 and 2011 Greek Population Census, as the latest (2011 Census) provided only total figures while gender, age & urbanicity population allocation have been projected taking into account the census of 2001. Stratified PPS with replacement sampling has been applied in 4 stages. The reason why the above methodology has been proposed is because there are no complete sampling frames at household level available. Consequently, the sampling frame has been constructed gradually for the selected PSU. The strata apply to 4 major regional divisions of the Greek territory (Attica, Northern Greece, Central Greece, Crete & Aegean islands). The number of selected PSU within each stratum is proportional to each stratum size in terms of resident population (source: Census 2011), whereas PSU we define the so called 'Kapodistrian Municipalities' (1034 overall). At the 1st stage, 76 discrete PSU have been selected, whereas some of them more than once making overall 100 PSU selections (due to the replacement approach). At the 2nd stage, 2 segments (census sectors) have been selected for each PSU, while for those PSUs selected K times, the number of selected segments was equal to 2*K. For urban areas, the census sectors consist of nearby blocks of buildings, created in such a way to account for 500 households each. For the rural areas, the census sectors are groups of nearby villages. As the census sectors size in terms of household number varies significantly, they have been selected with Systematic PPS. For those PSU consisting of both urban/rural census, sectors the sampling method is the Stratified Systematic PPS whereas strata we define the urbanicity of the PSU. Overall, 200 census sectors have been selected. For the 3rd stage implementation, maps portraying the census sectors boundaries have been provided by the NSO while MRB agents proceeded to household recording. For each selected census sector, 33 households have been selected with simple random sampling. Finally, at the 4th Stage MRB Hellas agents visited the selected households and recorded the household roster where it was feasible. The household questionnaire randomly selected the household member for interviewing (using the random number generator included in the household questionnaire). Following the standard protocol and recommendations outlined in the GATS Sample Design Manual1, the initial target was a representative sample of 4,000 noninstitutionalized households, subject to applicable nonresponse and eligibility rates. After accounting for possible nonresponse and ineligibility, it was determined to select an average of 33 households per selected census sector resulting in a total sample size of 6,600 noninstitutionalized households.

2.3 Survey Questionnaire

The GATS in Greece collected information on a variety of indicators that will assist in monitoring tobacco use prevalence and aid policy-makers and program managers in using available data to track, strengthen and formulate tobacco control strategies at the country level. GATS Greece administered a household questionnaire and an individual questionnaire. The household and individual questionnaires (see Appendix A for details) were based on the GATS Core Questionnaire with Optional Questions, which was designed for use in countries implementing GATS (GTSS, 2009b). In consultation, the United States Centers for Disease Control (CDC) and the Greek National School of Public Health adapted and modified these questionnaires to reflect issues relevant and applicable to the country situation. The questionnaire was developed in English and later translated into Greek. It was also back-translated to ensure the accuracy and quality of translation. The questionnaire was finalized in June 2013 after incorporating the lessons learned from a small pretest conducted by the end of June 2011. Household Questionnaire: The purpose of the household questionnaire was to collect information on all adult residents (either males or females based on sampling strategy) in the household in order to randomly select an eligible respondent to complete the individual

questionnaire. For each of the listed adult (15 and older) residents of the household, information on age, date of birth (if applicable), gender and smoking status was collected.

Individual Questionnaire: The purpose of the individual questionnaire was to collect information from the randomly selected eligible males or females age 15 and older. The individual questionnaire consisted of the following nine sections:

- A. *Background Characteristics:* Questions on gender, age, race/nationality, religious background, marital status,

- B. *Tobacco Smoking:* Questions covering patterns of use (daily consumption, less than daily consumption, not at all), former/past tobacco consumption, age of initiation of daily smoking, consumption of different tobacco products (cigarettes, cigars, cheroots, cigarillos, pipe tobacco, and water pipes), nicotine dependence and quitting advice/attempts.

- C. *Smokeless Tobacco:* Questions covering patterns of use (daily consumption, less than daily consumption, not at all), former/past use of smokeless tobacco, consumption of different smokeless tobacco products (snuffing tobacco and chewing tobacco.

- EC. *Electronic Cigarette:* Questions covering awareness and patterns of use (daily consumption, less than daily consumption, not at all).

- D. *Cessation:* Questions related to quit attempts, advice to quit smoking by healthcare providers, methods used to try to stop smoking, and intention to quit.

- E. *Secondhand Smoke:* Questions about rules of smoking in the home, exposure to secondhand smoke at home, indoor smoking policy at the work place, and exposure in the last 30 days in public places (the work place, government buildings/offices, healthcare facilities, restaurants, bars/ night clubs, cafes/cafeterias, public transportation, schools, colleges/universities, and private workplaces), as well as knowledge about serious illness in nonsmokers due to secondhand smoke.

- F. *Economics:* Questions covering the most recent purchase of cigarettes, including quantity bought, cost, brand, source of purchase and type (filter/filterless and light/mild/low tar).

- G. *Media:* Questions on exposure to antitobacco advertising and information in the following locations: newspapers/ magazines, television, radio, billboards, public transportation, stores and others; reaction to health warning labels on cigarette packages and smokeless tobacco products; exposure to tobacco industry advertising and promotion by tobacco type in the following locations: stores, television, radio, billboards, newspapers/magazines, Internet and others. The reference period for the questions in this section was 30 days.

- H. *Knowledge, Attitudes, and Beliefs:* Questions regarding knowledge about health effects of both smoking and smokeless tobacco. Questions covering attitudes on smokefree laws, increases in taxes on tobacco products and prohibitions on advertising of tobacco products.

2.4 Questionnaire Programming and Preparation of Handheld Computers

General Survey System (GSS) software (GTSS, 2009c), developed by RTI International, was used for this purpose. GSS software includes a variety of software tools developed to facilitate the design, administration, collection, and management of survey data. The software system is designed to support field data collection activities where Field Interviewers collect data using laptop computers. The electronic data collection was useful to facilitate the complex skip patterns used in the GATS Greek questionnaire, as well as some built-in validity checks during data collection. Programming was mainly supported by RTI International and WHO. The programming of the questionnaire using GSS was carried out in collaboration with in-country IT personnel involved in GATS Greece. Repeated quality control mechanisms were used to test the quality of questionnaire programming following the GATS Programmer's Guide to General Survey System manual. The main steps involved in quality control checks were: version control/verification for household and individual questionnaires, date and time verification, verification of skip patterns, and validation checks. The entire process, including questionnaire administration, data collection using handheld machines, and data management and aggregation (preparing a raw data for analysis), was pretested. Questionnaire programming was finalized and the final questionnaire for data collection was uploaded to IT by in-country IT personnel and WHO IT personnel in March- July 2013. The electronic case file (used for identifying the selected household addresses) was finalized in July 2013 and uploaded to laptops.

2.5 Recruitment and Training

2.5.1 Implementing Agency

MRB HELLAS S.A. is one of the oldest market research companies as it operates in the Greek market since 1969. It is a member of *Kantar Group*, one of the biggest international market research groups that was established in 1933. Important Research Corporations that have a shareholding relation with MRB Hellas S.A. come under this international network, such as Millward Brown (Emphasis on Designing and Managing the Communication Strategy of an organization) and Kantar Media Research / KMR (Emphasis on Designing and Managing the Mass Media Strategy of an organization).

MRB HELLAS S.A. has a long experience in the market research area and specializes in designing and implementing all kinds of research, having time and again carried out continuous measurements for big international and national clients. MRB HELLAS does not merely execute and cite the results of a market research. Through its cooperation with companies abroad, it has advanced in developing complex evaluation and rating systems for companies, products and networks.

The structure and organization of MRB HELLAS S.A. with regard to the individual departments that constitute the company follow the international standards of market research companies. All the stages of market research process are carried out exclusively by MRB Hellas in-house and within a complete and vertical procedure performed by independent departments that are fully equipped with the latest technology. The aim of every research conducted is to ensure a consistent and exceptional quality throughout all research stages.

Through its cooperation with international groups (Kantar Media Research KMR / BMRB International / Walker) and Pan-European networks (EUROQUEST) and in conjunction with its continuous specialization and long experience, MRB Hellas provides the Client Service Department staff with the necessary know-how and the corresponding research tools so that they act as Consultants for the client and not just as mere data providers.

Last but not least, it must be noted that the employees of all the company's departments are amongst the most experienced in the industry and have considerable and extensive experience in the market research field, which they use every day in all the projects conducted by the company. In addition, all the staff are trained systematically on the industry's developments and are involved in projects of various sectors and topics, so that they can acquire a broad experience throughout the years and fully meet the requirements of sophisticated and complex projects.

In addition, since 1992 MRB HELLAS is a member of the European Network of Market Research Companies *EUROQUEST/MRB* , which has been created in order to participate in European surveys requested / invited by the EU Commission (Telephone Eurobarometer / Continuous Tracking Survey included) covering most areas of the European society and economy. The EUROQUEST network covers all Western European countries through the associated companies. The network members are companies renowned in their countries; all of them specialize in social surveys as well, while, when required, they follow a harmonized research approach for international projects.

MRB HELLAS S.A. particularly focuses on the field of special analyses and data processing that arise from both qualitative and quantitative market researches. The continuous training and updating of MRB HELLAS staff concerning new techniques, combined with its long experience and strict quality standards governing the jobs the company undertakes, have established MRB HELLAS as one of the most dynamic companies in the market research industry.

At this point, it must be highlighted that MRB HELLAS S.A. as member of E.S.O.M.A.R. (European Society for Opinion and Marketing Research), of WAPOR (World Association for Public Opinion Research) and of S.E.D.E.A. (Association of Greek Market & Opinion Research Companies), of which it was also a founder member, strictly adheres to the codes of conduct and professional practices provided for by the above bodies. Moreover, MRB HELLAS S.A. as member of S.E.D.E.A. adheres to the rules and is controlled accordingly on a regular basis by the IQCS System (Interviewer Quality Control Scheme), a control system whose design they actively participated in.

2.5.2 Pretest

The GATS questionnaire was pretested in three major urban centers including two nearby rural areas, with close cooperation from CDC and WHO experts. Pretest was used to evaluate the questionnaire, in particular, its wording and comprehensibility, inconsistencies in skip patterns, sequencing of questions, completeness of response categories, work load, interview time, availability and call backs, and other issues. Another important objective of the pretest was to test the laptops' data collection, assess problems in processing data transfer and aggregation, and develop a data management system for the full survey implementation. Pretest training took place during 17-21 June 2013. The last day was devoted to training field supervisors. CDC, Greek National School of Health and MRB experts were appointed as supervisors for the GATS Greek pretest. Twelve people were trained (16 interviewers and 4 supervisors). Training was based on standard GATS manuals and procedures, including class

presentation, mock interviews, field practices and tests. Pretest fieldwork lasted for six days during 22–27 June 2013. Fieldwork was conducted using a sample of 285 households (resulting in 105 completed interviews) equally distributed by gender, with individuals from different age groups and smoking status.

2.5.3 Training

In order to maintain uniform survey procedures and follow standard protocols established in GATS, three manuals were developed. The GATS Field Interviewer Manual18 (GTSS, 2009f) consisted of instructions for interviewers regarding interviewing techniques, field procedures, methods of asking questions and the use of laptops for data collection. The GATS Field Supervisor Manual19 (GTSS, 2009g) contained a detailed description of supervisors' roles and responsibilities, as well as information on data aggregation and transfer procedures. The GATS Question by Question Specifications Manual20 (GTSS, 2009h) provided question-by question instructions to the field interviewers for administering the GATS household and individual questionnaires using the laptops. This also had information on range checks, response options, and purpose and instructions for each survey question. A total of 59 field interviewers and 10 field supervisors were selected to participate in the fieldwork. Each interviewer was designated to visit and carry out interviews in 100 to 120 households. After the training workshops, all supervisors were given their lists of households and laptops with imported household codes for each interviewer, all the equipment needed for the training of interviewers, and the schedule for sending interviewer-level data to supervisors.

2.5.4 Fieldwork

Data collection for GATS Greece was conducted during July through September 2013. There were three IT personnel to assist with data collection. All the interviewers and supervisors were full-time employees of MRB Hellas with prior experience in survey fieldwork and computer skills. All interviewers were supplied with their respective documentation, instructions and equipment. Schedules of data transmission from interviewers to supervisors were prepared for each region. To ensure safety and an effective work environment for interviewers, particularly in rural areas, special letters were sent to heads of local rural administrations. In some regions, informational letters were sent to the heads of MRB Hellas, including information on addresses of households selected for the survey. Phone numbers of MRB Hellas offices were put on the interviewers' badges so that local authorities could be contacted for more information. Field interviewers were responsible for collecting information on questionnaires using laptops. Field supervisors were responsible for the overall operation of the field team. In addition, the field supervisors conducted spot checks to verify information collected by interviewers and ensure the accuracy of household identification in the field. Field supervisors were also responsible for aggregating the interviewer-level data to their laptops and forwarding the information to the central MRB Hellas. IT personnel were responsible for providing technical support with respect to concerns raised during fieldwork and troubleshooting any issues with laptops. Field-level data were quickly aggregated on a daily basis and analyzed to identify certain types of data collection errors, skip patterns and consistency checks. Field-level feedback forms were analyzed and the information was provided back to interviewers and supervisors to improve performance. The following quality control techniques were implemented: randomly visiting selected households after the interview was performed; obtaining information on the interview from the household members by phone; and random checking of about 8 to 10 percent of the total number of interviewed households.

2.6 Data Processing and Aggregation

All the data from interviews were aggregated by field supervisors on a daily basis, using SD cards specially designed with secure data protocols for GATS fieldwork data collection. Each supervisor transferred the data to a laptop and forwarded the supervisor-level aggregated files (five interviewers' data per day) to the MRB Hellas central. IT personnel, with the support from CDC, merged and aggregated all the files to a single SDF file. Using an aggregation module in GSS and SPSS version 19, the aggregated data were transposed to an analyzable raw data format that could be read using any statistical software available for further analysis and reporting.

2.7 Statistical Analysis

Complex survey data analysis was performed to obtain population estimates and their 95% confidence intervals. Sample weights were developed for each respondent following the standard procedures established in the GATS Sample Design (GTSS, 2009i) and Sample Weights manuals (GTSS, 2009j). Details on the sample weighting process are described in Appendix A. The final weights were used in all analyses to produce population estimates and their confidence intervals. All weighting computations and all computations of estimates and their confidence intervals were performed using the complex sample module of SPSS 19.

This chapter presents information on sample coverage and characteristics of the population. The population estimates were based on the updated population totals for Greece using current statistics available from the NSO (census 2011).

3. Sample and Population Characteristics

3.1 Coverage of the Sample

Table 3.1 shows the unweighted number and percentage of households and persons interviewed and response rates by residence for GATS Greece. Of the 6,600 households selected for the survey, 4,500 (71.7%) households and 4,359 (97.0%) sampled persons successfully completed the interviews. The total survey response rate was 69.6%, slightly higher in rural areas (71.1%) than in urban areas (69.0%).

The household response rate was 71.7%. There were no differences with respect to urban and rural household response rates (70.7% and 74.2% respectively). Just

Table 3.1: Number and percent of households and persons interviewed and response rates, by residence (unweighted) – GATS Greece, 2013.

	Residence					Total	
	Urban		Rural				
	Number	Percent	Number	Percent		Number	Percent
Selected Household							
Completed (HC)	3096	67.0	1404	70.9		4500	68.2
Completed – No one eligible (HCNE)	3	0.1	1	0.1		4	0.1
Incomplete (HINC)	205	4.4	31	1.6		236	3.6
No screening respondent (HNS)	39	0.8	25	1.3		64	1.0
Nobody home (HNH)	274	5.9	116	5.9		390	5.9
Refused (HR)	755	16.3	301	15.2		1056	16.0
Unoccupied (HUO)	205	4.4	77	3.9		282	4.3
Address not a dwelling (HAND)	31	0.7	11	0.6		42	0.6
Other[1] (HO)	12	0.3	14	0.7		26	0.4
Total Households Selected	4620	100	1980	100		6600	100
Household Response Rate (HRR) (%)[2]		70.7%		74.2%			71.7%
Selected Person							
Completed (PC)	3018	97.5	1341	95.5		4359	96.9
Incomplete (PINC)	6	0.2	2	0.1		8	0.2
Not eligible (PNE)	5	0.2	3	0.2		8	0.2
Not at home (PNH)	5	0.2	3	0.2		8	0.2
Refused (PR)	58	1.9	50	3.6		108	2.4
Incapacitated (PI)	1	0.0	0	0.0		1	0.0
Other[1] (PO)	3	0.1	5	0.4		8	0.2
Total Number of Sampled Persons	3096	100	1404	100		4500	100
Person-level Response Rate (PRR) (%)[3]	97.6%		95.7%			97.0%	
Total Response Rate (TRR) (%)[4]	69.0%		71.1%			69.6%	

[1] Other includes any other result not listed.

[2] The Household Response Rate (HRR) is calculated as:

(HC * 100) / (HC + HINC + HNS + HNH + HR + HO)

[3] The Person-level Response Rate (PRR) is calculated as:
(PC *100) / (PC + PINC + PNH + PR + PI + PO)

[4] The Total Response Rate (TRR) is calculated as:
(HRR x PRR) / 100

Notes:
— An incomplete household interview (i.e., roster could not be finished) was considered a nonrespondent to the GATS. Thus, these cases (HINC) were not included in the numerator of the household response rate.
— The Total Number of Sampled Persons should be equal to the number of Completed [HC] household interviews.
— A completed person interview [PC] includes respondents who had completed at least question E01 and who provided valid answers to questions B01/B02/B03 (and C01/C02/C03 where applicable). Respondents who did not meet these criteria were considered as incomplete (PINC) nonrespondents to GATS and thus, were not included in the numerator of the person-level response rate.

2.0% of households were found to have no eligible respondents, with an almost similar proportion in both urban and rural households. Many households (16.0%) refused the interview and 4.3% were found to be unoccupied. Out of 6,600 selected households, 4,500 were found to have an eligible person for the individual interview. The proportion of eligible persons in urban areas (67.0%) was slightly lower than rural areas (70.9%). The person-level response rate was 97.0%, with 97.6% in urban and 95.7% in rural areas. Overall, 8 respondents were found to be survey ineligible. The principal reason for person-level nonresponse was refusals (2.4%). The proportion of refusals was lower in urban areas (1.9%) compared to rural areas (3.6%), despite repeated visits to the household.

3.2 Characteristics of Survey Respondents

Table 3.2 presents the unweighted sample size and population estimates by selected demographic characteristics of the household population and survey respondents, including age, gender, place of residence, and level of education.

Table 3.2: Distribution of adults ≥ 15 years old by selected demographic characteristics – GATS Greece, 2013.

Demographic Characteristics	Weighted			Unweighted Number of Adults
	Percentage (95% CI[1])		Number of Adults (in thousands)	
Overall		100	9,273.2	4,359
Gender				
Male	49.1	(47.0, 51.2)	4,556.2	2,092
Female	50.9	(48.8, 53.0)	4,717.0	2,267
Age (years)				
15-24	16.8	(14.7, 19.3)	1,561.6	382
25-44	36.4	(34.4, 38.3)	3,371.4	1,574
45-64	27.1	(25.2, 29.1)	2,512.9	1,228
65+	19.7	(17.9, 21.7)	1,827.2	1,175
Residence				
Urban	72.6	(64.1, 79.7)	6,733.4	3,018
Rural	27.4	(20.3, 35.9)	2,539.8	1,341
Education Level[2,3]				
Primary or less	21.6	(18.9, 24.6)	1,667.1	1,030
Secondary	17.6	(15.3, 20.2)	1,357.3	703
High school	37.2	(34.1, 40.4)	2,866.0	1,371
College or above	23.5	(20.5, 26.9)	1,813.0	871

Note: The following observations were missing: 2 for education.

[1] 95% Confidence Interval

[2] Primary or less includes "No formal schooling", "Less than primary school completed", and "Primary school completed"; Secondary includes "Less than secondary school completed", "Secondary school completed", and "Less than high school completed"; High school includes "High school completed"; College or above includes "College/University completed or technological educational institute" and "Post graduate degree completed".

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

4. Tobacco Use

Key Findings

A very high percentage of Greeks (38.2%) are currently smoking tobacco: 51.2% of men and 25.7% of women.

Smoking is common among all education levels, and significantly lowest among those with primary education or less (15.9%). Similarly, smoking is common among all age groups, and particularly high (50.7%) among the 25-44 years age group.

The average number of cigarettes smoked per day is close to 20, with 24.8% of the population smoking 25 or more cigarettes per day.

A relatively high percentage of smokers in Greece (compared to other GATS countries) use hand-rolled cigarettes (15.7%) versus manufactured cigarettes (27.2%).

More than half of current smokers (52.2%) initiated smoking at ages 17-19, followed with 30.3% under the age of 17 (25.5% 15 to 16-year-olds and 4.8% less than 15 years old).

72.2% of current smokers in Greece report high dependency by smoking their first cigarette within 30 minutes of waking up.

4.1 Prevalence of Smoking Tobacco

Tables 4.1 and 4.2 present information about the smoking status of adults >/=15 years old by gender. Overall, 38.2% (3.5 million) of the target population were current tobacco smokers. The prevalence of current smoking was higher for males than females (51.2% vs. 25.7%). Overall, 36.6% (3.4 million) smoked on a daily basis (men 49.7%, women 23.9%) and 1.6% on a less than daily basis (men 1.5%, women 1.8%).

Table 4.1: Percentage of adults ≥15 years old, by detailed smoking status and gender – GATS Greece, 2013.

Smoking Status	Overall		Male		Female	
	Percentage (95% CI)					
Current tobacco smoker	38.2	(35.7, 40.8)	51.2	(47.9, 54.4)	25.7	(22.7, 28.9)
Daily smoker	36.6	(34.1, 39.1)	49.7	(46.4, 53.0)	23.9	(21.2, 26.9)
Occasional smoker	1.6	(1.0, 2.6)	1.5	(0.7, 2.9)	1.8	(1.1, 2.9)
Occasional smoker, formerly daily	0.6	(0.3, 1.2)	0.8	(0.4, 1.6)	0.4	(0.2, 1.0)
Occasional smoker, never daily	1.0	(0.6, 1.7)	0.7	(0.2, 2.1)	1.3	(0.7, 2.3)
Nonsmoker	61.8	(59.2, 64.3)	48.8	(45.6, 52.1)	74.3	(71.1, 77.3)
Former daily smoker	11.8	(10.4, 13.3)	16.4	(14.3, 18.7)	7.3	(5.9, 9.0)
Never daily smoker	50.0	(46.9, 53.1)	32.5	(29.0, 36.2)	67.0	(63.3, 70.6)
Former occasional smoker	3.0	(2.1, 4.3)	1.8	(1.1, 2.8)	4.2	(2.7, 6.4)
Never smoker	47.0	(43.6, 50.6)	30.7	(27.1, 34.6)	62.8	(58.5, 67.0)
Note: Current use 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 Greece, 2013.						
Smokeless Tobacco Use Status	**Overall**		**Male**		**Female**	
Percentage (95% CI)						
Current smokeless tobacco user	0.2	(0.1, 0.5)	0.2	(0.1, 0.6)	0.2	(0.0, 1.1)
Daily user	0.0		0.0		0.0	
Occasional user	0.2	(0.1, 0.5)	0.2	(0.1, 0.6)	0.2	(0.0, 1.1)
Occasional user, formerly daily	0.1	(0.0, 0.5)	0.1	(0.0, 0.3)	0.2	(0.0, 1.1)
Occasional user, never daily	0.1	(0.0, 0.3)	0.1	(0.0, 0.7)	0.0	(0.0, 0.1)
Nonuser of smokeless tobacco	99.8	(99.5, 99.9)	99.8	(99.4, 99.9)	99.8	(98.9, 100.0)
Former daily user	0.7	(0.4, 1.5)	1.2	(0.6, 2.6)	0.2	(0.1, 0.6)
Never daily user	99.1	(98.4, 99.5)	98.6	(97.3, 99.3)	99.6	(99.0, 99.9)
Former occasional user	2.1	(1.0, 4.5)	4.0	(1.8, 8.8)	0.4	(0.1, 1.1)
Never user	97.0	(94.7, 98.3)	94.6	(90.1, 97.1)	99.3	(98.5, 99.7)
Note: Current use includes both daily and occasional (less than daily) use.						

4.2 Prevalence of Smokeless Tobacco Use

The total prevalence of smokeless tobacco use was very low (0.2%, 16.3 thousand), and it was the same between males and females (Tables 4.1A and 4.2A).

Table 4.2: Number of adults ≥15 years old, by detailed smoking status and gender – GATS Greece, 2013.			
Smoking Status	**Overall**	**Male**	**Female**
Number in thousands			
Current tobacco smoker	3,542.5	2,332.0	1,210.6
Daily smoker	3,392.3	2,264.6	1,127.7
Occasional smoker	150.2	67.4	82.9
Occasional smoker, formerly daily	58.3	37.1	21.2
Occasional smoker, never daily	91.9	30.3	61.7
Nonsmoker	5,730.7	2,224.3	3,506.4
Former daily smoker	1,090.8	745.5	345.3
Never daily smoker	4,639.8	1,478.7	3,161.1
Former occasional smoker	277.7	80.7	197.0
Never smoker	4,362.1	1,398.0	2,964.1
Note: Current use includes both daily and occasional (less than daily) use.			

Table 4.2A: Number of adults ≥15 years old, by detailed smokeless tobacco use status and gender – GATS Greece, 2013.			
Smokeless Tobacco Use Status	**Overall**	**Male**	**Female**
Number in thousands			
Current smokeless tobacco user	16.3	8.6	7.7
Daily user	0.0	0.0	0.0
Occasional user	16.3	8.6	7.7
Occasional user, formerly daily	11.2	3.8	7.4
Occasional user, never daily	5.1	4.8	0.3
Nonuser of smokeless tobacco	9,242.9	4,543.8	4,699.1
Former daily user	66.4	56.7	9.7
Never daily user	9,176.5	4,487.1	4,689.4
Former occasional user	198.2	181.7	16.5
Never user	8,978.3	4,305.4	4,672.9
Note: Current use includes both daily and occasional (less than daily) use.			

4.3 Smoking Tobacco Products

Tables 4.3 and 4.4 show the percentage and number of adults who were current smokers of various smoked tobacco products by gender and selected demographic factors. The total prevalence of consumption of any smoked tobacco product was estimated at 38.2%. The age group, 25-44 years old, had a high consumption of smoked tobacco products as 50.7% of this age group reported use for any smoked tobacco product. Interestingly, there is an inverse association between educational status and smoking tobacco. In particular, the prevalence of smoking tobacco was only 15.9% among those with a primary education level and was higher among adults with higher education levels (secondary 41.7%; high school 47.8%; college or above 48.2%).

The findings indicate that most current smokers were smokers of cigarettes as 38.1% of adults (men 51.0%; women 25.6%) were current cigarette smokers (including manufactured and hand-rolled cigarettes). Regarding the specific types of cigarettes, 27.2% of adults (men 35.6%; women 19.1%) reported smoking manufactured cigarettes and 15.7% (men 22.5%; women 9.2%) reported smoking hand-rolled cigarettes. The prevalence of waterpipe tobacco smoking was 1.4% (men 2.3%; women 0.4%) and the use of any other types of smoked tobacco (e.g., pipes, cigars, others) was reported at 2.3% (men 4.0%; women 0.7%).

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 Greece, 2013.

Demographic Characteristics	Any smoked tobacco product		Any cigarette[1]		Type of Cigarette				Waterpipe		Other smoked tobacco[2]	
					Manufactured		Hand-rolled					
	Percentage (95% CI)											
Overall	38.2	(35.7, 40.8)	38.1	(35.6, 40.6)	27.2	(25.0, 29.5)	15.7	(13.5, 18.2)	1.4	(0.7, 2.7)	2.3	(1.6, 3.4)
Age (years)												
15-24	30.0	(23.6, 37.4)	30.0	(23.6, 37.4)	16.4	(12.0, 22.0)	22.3	(16.2, 29.9)	3.0	(0.6, 13.2)	0.1	(0.0, 0.8)
25-44	50.7	(46.8, 54.5)	50.6	(46.7, 54.4)	32.8	(28.9, 37.0)	24.2	(20.6, 28.1)	1.8	(1.0, 3.3)	3.6	(2.3, 5.6)
45-64	43.2	(38.9, 47.7)	43.0	(38.6, 47.5)	36.1	(32.2, 40.1)	10.6	(8.4, 13.2)	0.7	(0.2, 3.1)	2.7	(1.6, 4.7)
65+	15.3	(12.9, 18.1)	15.2	(12.8, 18.0)	14.0	(11.7, 16.7)	1.7	(0.9, 3.0)	0.0		1.2	(0.6, 2.4)
Residence												
Urban	38.0	(34.9, 41.2)	37.8	(34.8, 41.0)	26.1	(23.3, 29.2)	15.8	(13.8, 18.1)	1.6	(0.9, 2.9)	2.4	(1.6, 3.6)
Rural	38.7	(35.6, 41.9)	38.7	(35.6, 41.9)	30.1	(27.5, 32.8)	15.6	(11.0, 21.6)	0.7	(0.1, 3.5)	2.1	(0.9, 4.6)
Education Level[3]												
Primary or less	15.9	(13.1, 19.2)	15.9	(13.1, 19.2)	15.1	(12.3, 18.3)	1.6	(0.8, 3.2)	0.5	(0.1, 3.6)	0.6	(0.2, 2.1)
Secondary	41.7	(36.3, 47.3)	41.7	(36.3, 47.2)	34.9	(29.6, 40.7)	10.5	(7.5, 14.7)	1.9	(0.6, 5.7)	2.0	(0.8, 4.6)
High school	47.8	(43.9, 51.7)	47.7	(43.8, 51.5)	32.3	(28.6, 36.2)	19.7	(16.8, 23.1)	0.3	(0.1, 0.9)	2.1	(1.2, 3.5)
College or above	48.2	(42.5, 53.9)	47.8	(42.2, 53.5)	34.0	(28.9, 39.5)	20.7	(16.6, 25.6)	2.0	(1.0, 4.0)	6.3	(3.7, 10.5)

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

[1] Includes manufactured and hand-rolled cigarettes.

[2] Includes pipes, cigars/cheroots/cigarillos, and any other reported smoking 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 Greece, 2013.

Demographic Characteristics	Any smoked tobacco product		Any cigarette[1]		Type of Cigarette				Waterpipe		Other smoked tobacco[2]	
					Manufactured		Hand-rolled					
	Percentage (95% CI)											
Male	51.2	(47.9, 54.4)	51.0	(47.7, 54.2)	35.6	(32.5, 38.8)	22.5	(19.3, 26.1)	2.3	(1.1, 5.0)	4.0	(2.6, 5.9)
Age (years)												
15-24	40.5	(30.9, 50.8)	40.5	(30.9, 50.8)	22.0	(14.5, 32.0)	30.5	(21.0, 42.0)	5.7	(1.2, 23.2)	0.2	(0.0, 1.4)
25-44	64.2	(59.4, 68.6)	64.0	(59.3, 68.5)	38.5	(33.2, 44.0)	33.9	(28.9, 39.1)	2.5	(1.3, 4.8)	6.1	(3.7, 9.9)
45-64	54.9	(48.9, 60.7)	54.6	(48.5, 60.5)	46.4	(40.3, 52.6)	14.4	(11.3, 18.1)	1.4	(0.3, 6.4)	4.4	(2.5, 7.7)
65+	29.4	(24.7, 34.6)	29.2	(24.5, 34.3)	27.0	(22.7, 31.8)	3.2	(1.7, 6.1)	0.0		2.6	(1.3, 5.2)
Residence												
Urban	50.0	(46.2, 53.7)	49.7	(46.0, 53.4)	33.1	(29.1, 37.3)	22.8	(19.7, 26.1)	2.7	(1.4, 5.3)	4.0	(2.5, 6.3)
Rural	54.3	(48.8, 59.6)	54.3	(48.8, 59.6)	41.9	(36.7, 47.2)	21.9	(15.8, 29.4)	1.4	(0.3, 6.6)	3.9	(1.7, 8.4)
Education Level[3]												
Primary or less	30.8	(25.7, 36.4)	30.8	(25.7, 36.4)	28.7	(23.8, 34.2)	3.7	(1.8, 7.5)	0.1	(0.0, 0.4)	1.6	(0.5, 5.0)
Secondary	55.7	(47.7, 63.3)	55.6	(47.7, 63.3)	45.9	(37.8, 54.3)	16.5	(11.7, 22.9)	3.5	(1.2, 9.9)	2.5	(0.9, 6.6)
High school	62.3	(56.9, 67.4)	62.0	(56.6, 67.1)	40.3	(34.9, 46.0)	27.5	(22.7, 32.9)	0.4	(0.1, 1.3)	3.8	(2.1, 6.8)
College or above	55.5	(49.0, 61.8)	55.1	(48.7, 61.3)	37.3	(30.7, 44.5)	26.3	(20.9, 32.5)	2.7	(1.2, 6.2)	9.7	(5.5, 16.7)
Female	25.7	(22.7, 28.9)	25.6	(22.6, 28.8)	19.1	(16.6, 22.0)	9.2	(7.2, 11.6)	0.4	(0.2, 1.2)	0.7	(0.3, 1.4)
Age (years)												
15-24	18.5	(12.1, 27.3)	18.5	(12.1, 27.3)	10.2	(5.8, 17.3)	13.3	(7.9, 21.6)	0.0		0.0	
25-44	37.0	(32.0, 42.2)	37.0	(32.0, 42.2)	27.0	(22.6, 32.0)	14.4	(10.8, 19.1)	1.1	(0.4, 3.2)	1.1	(0.4, 2.6)
45-64	32.2	(26.6, 38.3)	31.9	(26.4, 38.1)	26.3	(21.2, 32.1)	6.9	(4.7, 10.0)	0.1	(0.0, 0.5)	1.1	(0.4, 3.5)
65+	3.9	(2.4, 6.2)	3.9	(2.4, 6.2)	3.5	(2.1, 5.8)	0.4	(0.1, 2.0)	0.0		0.0	
Residence												
Urban	26.8	(23.3, 30.6)	26.7	(23.2, 30.5)	19.6	(16.5, 23.2)	9.3	(7.2, 11.8)	0.6	(0.2, 1.6)	0.9	(0.4, 1.8)
Rural	22.5	(17.6, 28.5)	22.5	(17.6, 28.5)	17.8	(13.9, 22.5)	9.0	(5.2, 15.0)	0.0		0.2	(0.0, 1.1)
Education Level[3]												
Primary or less	6.1	(3.8, 9.7)	6.1	(3.8, 9.7)	6.0	(3.7, 9.6)	0.2	(0.0, 1.0)	0.8	(0.1, 5.7)	0.0	
Secondary	24.6	(19.0, 31.3)	24.6	(19.0, 31.3)	21.5	(16.2, 27.8)	3.2	(1.2, 8.3)	0.0		1.3	(0.2, 7.9)
High school	35.7	(30.9, 40.7)	35.7	(30.9, 40.7)	25.7	(21.6, 30.2)	13.2	(10.1, 17.2)	0.3	(0.1, 1.1)	0.7	(0.2, 1.8)
College or above	38.6	(30.6, 47.2)	38.3	(30.4, 46.8)	29.7	(22.6, 37.9)	13.5	(8.9, 19.9)	1.0	(0.2, 4.2)	1.8	(0.6, 5.0)

[1] Includes manufactured and hand-rolled cigarettes.

[2] Includes pipes, cigars/cheroots/cigarillos, and any other reported smoking tobacco products.

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

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 Greece, 2013.						
Demographic Characteristics	**Any smoked tobacco product**	**Any cigarette[1]**	**Type of Cigarette**		**Waterpipe**	**Other smoked tobacco[2]**
			Manufactured	**Hand-rolled**		
			Number in thousands			
Overall	3,542.5	3,531.3	2,524.1	1,459.6	126.3	213.3
Age (years)						
15-24	468.7	468.7	255.9	348.1	46.6	1.6
25-44	1,707.7	1,705.0	1,105.5	815.7	61.7	121.5
45-64	1,086.5	1,079.9	907.0	265.2	18.0	68.8
65+	279.7	277.7	255.7	30.6	0.0	21.4
Residence						
Urban	2,558.4	2,547.2	1,760.1	1,064.2	108.4	160.5
Rural	984.1	984.1	764.0	395.4	17.9	52.8
Education Level[3]						
Primary or less	265.1	265.1	251.1	26.6	8.3	10.5
Secondary	565.9	565.4	473.9	143.1	25.8	26.6
High school	1,369.5	1,365.6	926.5	565.7	9.9	60.3
College or above	873.4	866.4	616.7	376.1	35.6	114.3

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

[1] Includes manufactured and hand-rolled cigarettes.

[2] Includes pipes, cigars/cheroots/cigarillos, and any other reported smoking 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 Greece, 2013.						
Demographic Characteristics	Any smoked tobacco product	Any cigarette[1]	Type of Cigarette		Waterpipe	Other smoked tobacco[2]
			Manufactured	Hand-rolled		
			Number in thousands			
Male	2,332.0	2,323.4	1,621.7	1,026.0	106.3	180.8
Age (years)						
15-24	330.8	330.8	180.1	249.2	46.6	1.6
25-44	1,088.1	1,085.4	652.5	574.3	42.6	103.5
45-64	672.3	668.5	568.3	176.1	17.1	54.2
65+	240.6	238.7	220.8	26.4	0.0	21.4
Residence						
Urban	1,627.9	1,619.4	1,078.3	742.2	88.4	130.7
Rural	704.1	704.1	543.4	283.8	17.9	50.1
Education Level[3]						
Primary or less	204.1	204.1	190.5	24.6	0.4	10.5
Secondary	415.1	414.6	342.6	123.4	25.8	18.6
High school	812.0	808.2	525.2	358.8	5.6	49.9
College or above	570.0	565.7	383.3	270.0	27.9	100.1
Female	1,210.6	1,207.9	902.5	433.7	20.0	32.5
Age (years)						
15-24	137.8	137.8	75.8	99.0	0.0	0.0
25-44	619.6	619.6	453.0	241.5	19.0	18.0
45-64	414.1	411.4	338.7	89.1	0.9	14.6
65+	39.0	39.0	34.9	4.1	0.0	0.0
Residence						
Urban	930.5	927.8	681.8	322.1	20.0	29.9
Rural	280.0	280.0	220.6	111.6	0.0	2.7
Education Level3						
Primary or less	61.1	61.1	60.6	2.0	7.9	0.0
Secondary	150.8	150.8	131.3	19.7	0.0	8.1
High school	557.5	557.5	401.3	206.9	4.3	10.3
College or above	303.4	300.7	233.4	106.1	7.7	14.2

[1] Includes manufactured and hand-rolled cigarettes.

[2] Includes pipes, cigars/cheroots/cigarillos, and any other reported smoking tobacco products.

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

4.4 Frequency of Smoking

Table 4.5 shows the prevalence of daily, occasional smokers and nonsmokers by gender and selected demographic variables. The overall prevalence of daily smoking was 36.6% and occasional smoking 1.6%. The age groups of 25-44 and 45-64 had the highest prevalence of daily smoking (49.3% and 41.3%, respectively) in comparison to the other age groups. This finding also applied for both sexes. Regarding the education level: participants with primary education status reported the lower prevalence of daily smoking (15.1%), while those with a high school /college or above status recorded similar higher percentages of daily smoking (46.6%, and 45.5%, respectively). The above findings were confirmed in the presentation of smoking frequency by gender.

Table 4.5: Percentage distribution of adults ≥15 years old, by smoking frequency, gender and selected demographic characteristics – GATS Greece, 2013.							
Demographic Characteristics	**Smoking Frequency**						**Total**
	Daily		**Occasional[1]**		**Nonsmoker**		
Percentage (95% CI)							
Overall	36.6	(34.1, 39.1)	1.6	(1.0, 2.6)	61.8	(59.2, 64.3)	100
Age (years)							
15-24	27.2	(20.8, 34.7)	2.8	(1.2, 6.6)	70.0	(62.6, 76.4)	100
25-44	49.3	(45.7, 52.9)	1.4	(0.7, 2.5)	49.3	(45.5, 53.2)	100
45-64	41.3	(37.3, 45.5)	1.9	(0.9, 4.1)	56.8	(52.3, 61.1)	100
65+	14.6	(12.1, 17.5)	0.7	(0.3, 1.5)	84.7	(81.9, 87.1)	100
Residence							
Urban	36.5	(33.5, 39.5)	1.5	(0.8, 2.8)	62.0	(58.8, 65.1)	100
Rural	36.9	(33.8, 40.1)	1.9	(1.1, 3.1)	61.3	(58.1, 64.4)	100
Education Level[2]							
Primary or less	15.1	(12.2, 18.6)	0.8	(0.4, 1.7)	84.1	(80.8, 86.9)	100
Secondary	40.8	(35.5, 46.4)	0.9	(0.3, 2.7)	58.3	(52.7, 63.7)	100
High school	46.6	(42.9, 50.4)	1.1	(0.5, 2.8)	52.2	(48.3, 56.1)	100
College or above	45.5	(40.2, 51.0)	2.7	(1.5, 4.6)	51.8	(46.1, 57.5)	100

[1] Occasional refers to less than daily use.

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

4.5 Number of Cigarettes Consumed

Table 4.6 provides information on the average number and percentage distribution of cigarettes smoked per day among daily cigarette smokers, by gender and selected demographic variables. The mean number of cigarettes smoked per day was 19.8. Approximately 50.5% of daily smokers reported smoking 15-24 cigarettes per day and 24.8% of daily smokers reported smoking 25 cigarettes or more per day. Males smoked more cigarettes per day on average than females (21.3% vs. 16.8%).

Table 4.5 (cont.): Percentage distribution of adults ≥15 years old, by smoking frequency, gender and selected demographic characteristics – GATS Greece, 2013.							
Demographic Characteristics	**Smoking Frequency**						**Total**
	Daily		**Occasional[1]**		**Nonsmoker**		
	Percentage (95% CI)						
Male	49.7	(46.4, 53.0)	1.5	(0.7, 2.9)	48.8	(45.6, 52.1)	100
Age (years)							
15-24	38.2	(28.5, 49.0)	2.3	(0.4, 12.3)	59.5	(49.2, 69.1)	100
25-44	63.2	(58.4, 67.7)	1.0	(0.4, 2.5)	35.8	(31.4, 40.6)	100
45-64	53.1	(47.3, 58.9)	1.8	(0.7, 4.6)	45.1	(39.3, 51.1)	100
65+	28.1	(23.2, 33.6)	1.3	(0.6, 3.1)	70.6	(65.4, 75.3)	100
Residence							
Urban	48.5	(44.8, 52.2)	1.5	(0.6, 3.5)	50.0	(46.3, 53.8)	100
Rural	52.8	(47.2, 58.3)	1.5	(0.6, 3.5)	45.7	(40.4, 51.2)	100
Education Level[2]							
Primary or less	29.2	(23.6, 35.4)	1.6	(0.7, 3.8)	69.2	(63.6, 74.3)	100
Secondary	55.2	(47.3, 62.9)	0.5	(0.1, 2.2)	44.3	(36.7, 52.3)	100
High school	61.0	(55.7, 66.0)	1.3	(0.3, 5.2)	37.7	(32.6, 43.1)	100
College or above	53.8	(47.3, 60.1)	1.7	(0.7, 4.4)	44.5	(38.2, 51.0)	100
Female	23.9	(21.2, 26.9)	1.8	(1.1, 2.9)	74.3	(71.1, 77.3)	100
Age (years)							
15-24	15.1	(9.8, 22.5)	3.4	(1.4, 8.2)	81.5	(72.7, 87.9)	100
25-44	35.2	(30.7, 40.1)	1.7	(0.9, 3.5)	63.0	(57.8, 68.0)	100
45-64	30.1	(24.9, 35.9)	2.0	(0.8, 5.0)	67.8	(61.7, 73.4)	100
65+	3.7	(2.3, 5.8)	0.2	(0.0, 1.2)	96.1	(93.8, 97.6)	100
Residence							
Urban	25.2	(21.9, 28.8)	1.6	(0.8, 3.0)	73.2	(69.4, 76.7)	100
Rural	20.3	(16.1, 25.3)	2.2	(1.1, 4.4)	77.5	(71.5, 82.4)	100
Education Level[2]							
Primary or less	5.8	(3.6, 9.3)	0.3	(0.0, 1.6)	93.9	(90.3, 96.2)	100
Secondary	23.3	(18.1, 29.4)	1.4	(0.3, 5.7)	75.4	(68.7, 81.0)	100
High school	34.7	(29.8, 39.9)	1.0	(0.3, 3.4)	64.3	(59.3, 69.1)	100
College or above	34.7	(27.6, 42.6)	3.9	(1.9, 7.8)	61.4	(52.8, 69.4)	100

[1] Occasional refers to less than daily use.

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

Table 4.6: Average number and percentage distribution of cigarettes smoked per day among daily cigarette smokers ≥15 years old, by gender and selected demographic characteristics – GATS Greece, 2013.

Demographic Characteristics	Average number of cigarettes smoked per day1		Distribution of number of cigarettes smoked on average per day[1]										
			<5		5-9		10-14		15-24		≥25		Total
	Mean (95% CI)		*Percentage (95% CI)*										
Overall	19.8	(18.6, 20.9)	1.0	(0.5, 1.8)	6.2	(4.6, 8.4)	17.5	(14.0, 21.8)	50.5	(46.4, 54.7)	24.8	(20.7, 29.4)	100
Gender													
Male	21.3	(19.8, 22.7)	0.6	(0.2, 1.5)	3.7	(2.4, 5.6)	14.8	(10.7, 20.2)	51.0	(46.2, 55.9)	29.9	(24.3, 36.1)	100
Female	16.8	(15.7, 17.8)	1.7	(0.8, 3.4)	11.3	(7.8, 16.1)	23.0	(18.5, 28.3)	49.5	(42.9, 56.2)	14.5	(10.6, 19.4)	100
Age (years)													100
15-24	16.5	(14.8, 18.3)	0.2	(0.0, 1.8)	10.6	(4.9, 21.5)	25.1	(14.0, 40.8)	54.6	(42.3, 66.5)	9.4	(4.4, 19.1)	100
25-44	19.1	(18.0, 20.2)	0.7	(0.2, 2.2)	5.9	(3.9, 8.7)	15.8	(12.3, 20.0)	55.4	(49.6, 60.9)	22.4	(17.3, 28.4)	100
45-64	21.9	(20.1, 23.6)	1.8	(0.8, 4.1)	3.4	(1.9, 6.1)	17.8	(13.1, 23.6)	43.7	(37.4, 50.1)	33.3	(27.0, 40.3)	100
65+	20.9	(17.0, 24.8)	0.5	(0.1, 3.6)	12.0	(6.7, 20.7)	15.6	(9.8, 24.0)	40.5	(31.4, 50.3)	31.3	(20.9, 44.1)	100
Residence													
Urban	19.4	(18.1, 20.8)	1.1	(0.6, 2.2)	6.3	(4.3, 8.9)	18.4	(14.0, 23.8)	50.4	(45.0, 55.8)	23.8	(19.3, 29.1)	100
Rural	20.7	(18.9, 22.5)	0.5	(0.1, 3.2)	6.0	(3.6, 10.1)	15.3	(10.3, 22.1)	50.9	(43.8, 57.9)	27.2	(20.4, 35.3)	100
Education Level[2]													
Primary or less	23.2	(19.3, 27.1)	1.2	(0.2, 7.8)	8.6	(4.7, 15.4)	12.8	(7.0, 22.2)	38.1	(27.0, 50.8)	39.3	(26.8, 53.3)	100
Secondary	23.0	(20.8, 25.3)	0.5	(0.1, 2.1)	3.5	(1.6, 7.5)	12.8	(8.5, 18.9)	44.1	(35.2, 53.4)	39.0	(29.2, 49.8)	100
High school	19.3	(18.1, 20.5)	1.2	(0.5, 3.1)	6.0	(3.7, 9.5)	17.4	(13.2, 22.7)	51.7	(45.2, 58.1)	23.7	(18.7, 29.5)	100
College or above	19.0	(17.4, 20.6)	1.1	(0.3, 3.7)	5.3	(3.1, 8.9)	18.5	(13.4, 24.9)	54.7	(48.2, 61.1)	20.4	(14.5, 28.0)	100

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

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

4.6 Age at Initiation

Table 4.7 shows the percentage distribution of ever daily smokers 20-34 years old by age at daily smoking initiation by gender and residence. Overall, 4.8% of ever daily smokers 20-34 years reported smoking initiation before age 15. In addition, 25.5% of ever daily smokers reported smoking initiation at age 15-16 years old. Lastly, 52.2% of the ever daily smokers claimed to start smoking at age 17-19 years old.

Table 4.7: Percentage distribution of ever daily smokers 20-34 years old by age at daily smoking initiation, gender and residence – GATS Greece, 2013.

Demographic Characteristics	Age at Daily Smoking Initiation (years)[1]								Total
	<15		15-16		17-19		20+		
	Percentage (95% CI)								
Overall	4.8	(2.6, 8.4)	25.5	(19.4, 32.7)	52.2	(45.3, 59.0)	17.6	(12.1, 24.9)	100
Gender									
Male	6.1	(3.2, 11.3)	26.2	(19.3, 34.4)	53.7	(45.4, 61.7)	14.1	(8.1, 23.5)	100
Female	2.6	(0.9, 7.6)	24.3	(15.4, 36.2)	49.7	(38.9, 60.6)	23.4	(15.3, 33.9)	100
Residence									
Urban	5.2	(2.7, 10.0)	26.5	(20.3, 33.9)	47.5	(39.9, 55.2)	20.8	(13.4, 30.8)	100
Rural	3.6	(1.1, 10.9)	22.7	(11.0, 41.2)	64.5	(47.8, 78.2)	9.2	(5.6, 14.9)	100
Education Level2									
Primary or less	*		*		*		*		100
Secondary	15.6	(4.7, 40.6)	36.6	(16.4, 62.9)	40.3	(20.1, 64.5)	7.5	(1.7, 27.3)	100
High school	2.1	(0.4, 9.1)	25.1	(16.2, 36.8)	56.0	(45.8, 65.7)	16.8	(10.9, 25.0)	100
College or above	5.2	(1.5, 16.3)	24.6	(16.7, 34.7)	44.8	(33.3, 56.8)	25.4	(17.0, 36.2)	100

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

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

Table 4.8: Percentage of all adults and ever daily smokers ≥15 years old who are former daily smokers, by selected demographic characteristics – GATS Greece, 2013.

Demographic Characteristics	Former Daily Smokers[1] (Among All Adults)		Former Daily Smokers[1] (Among Ever Daily Smokers)[2]	
	Percentage (95% CI)			
Overall	11.8	(10.4, 13.3)	24.0	(21.7, 26.5)
Gender				
Male	16.4	(14.3, 18.7)	24.5	(21.6, 27.6)
Female	7.3	(5.9, 9.0)	23.1	(19.5, 27.1)
Age (years)				
15-24	1.5	(0.6, 3.5)	5.3	(2.2, 12.0)
25-44	8.0	(6.2, 10.4)	13.9	(11.1, 17.2)
45-64	14.1	(11.7, 16.9)	25.0	(20.9, 29.7)
65+	24.1	(20.7, 28.0)	61.2	(55.5, 66.7)
Residence				
Urbanw	11.3	(9.7, 13.1)	23.3	(20.5, 26.4)
Rural	13.1	(10.4, 16.3)	25.8	(21.6, 30.4)
Education Level[3]				
Primary or less	22.6	(19.4, 26.2)	58.7	(52.8, 64.4)
Secondary	16.3	(12.4, 21.1)	28.1	(21.9, 35.3)
High school	9.2	(7.4, 11.3)	16.3	(13.6, 19.4)
College or above	11.4	(8.3, 15.4)	19.7	(14.8, 25.6)

[1] Current nonsmokers.

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

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

4.7 Former Daily Smoking

Table 4.8 presents information about the percentage of all adults and ever daily smokers who are former daily smokers, by selected demographic variables. Overall, 11.8% of former daily smokers were found among all adults. The percentage of former daily smokers among ever daily smokers (quit ratio for daily smoking) was 24.0%. The quit ratio was higher among the older adults (65 and older, 61.2%) and for those with a lower educational level (primary or less, 58.7%).

4.8 Time Since Quitting

Table 4.9 illustrates the distribution of former daily smokers by time since quitting smoking and selected demographic characteristics. Overall, the prevalence of former smokers who stopped smoking for a period less than 1 year was 6.1%. In addition, 23.3% of former smokers reported a time since quitting smoking of 1 to < 5 years. The percentage of former smokers who reported 5 to < 10 years since quitting smoking was 19.9%. The respective percentage for those former smokers quitting smoking for a time period >/=10 years was 50.8%.

Table 4.9: Percentage distribution of former daily smokers ≥15 years old, by time since quitting smoking and selected demographic characteristics – GATS Greece, 2013.

Demographic Characteristics	Time since quitting smoking (years)[1]								Total
	<1		1 to <5		5 to <10		≥10		
	Percentage (95% CI)								
Overall	6.1	(4.0, 9.2)	23.3	(18.9, 28.3)	19.9	(15.7, 24.8)	50.8	(45.8, 55.7)	100
Gender									
Male	5.4	(3.0, 9.4)	19.2	(14.3, 25.4)	16.9	(12.7, 22.3)	58.4	(51.6, 64.9)	100
Female	7.7	(3.8, 14.7)	32.0	(24.3, 40.8)	26.2	(19.0, 34.8)	34.2	(26.4, 42.9)	100
Age (years)									
15-24	*		*		*		*		100
25-44	15.3	(8.9, 25.1)	43.1	(33.4, 53.4)	26.1	(18.0, 36.2)	15.4	(9.2, 24.9)	100
45-64	4.3	(1.6, 10.9)	24.5	(17.3, 33.6)	28.8	(20.0, 39.6)	42.4	(33.2, 52.3)	100
65+	1.6	(0.5, 4.8)	6.6	(3.6, 11.8)	9.9	(6.1, 15.6)	81.8	(75.1, 87.1)	100
Residence									
Urban	6.2	(3.8, 10.1)	26.5	(21.3, 32.4)	17.9	(13.4, 23.4)	49.4	(43.5, 55.4)	100
Rural	5.8	(3.0, 11.1)	15.9	(9.9, 24.5)	24.4	(17.3, 33.3)	53.8	(45.0, 62.5)	100
Education Level[2]									
Primary or less	2.7	(1.0, 6.9)	4.8	(2.3, 9.7)	12.5	(7.7, 19.7)	80.0	(72.3, 85.9)	100
Secondary	3.3	(1.0, 10.4)	17.6	(10.7, 27.7)	21.5	(11.8, 36.1)	57.5	(44.3, 69.7)	100
High school	10.3	(5.2, 19.1)	32.2	(22.8, 43.4)	28.4	(20.0, 38.5)	29.1	(19.9, 40.6)	100
College or above	9.5	(4.5, 18.7)	44.1	(33.9, 54.9)	22.9	(14.9, 33.4)	23.5	(16.3, 32.7)	100

[1] Among former daily smokers (current nonsmokers).

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

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

4.9 Current Tobacco Use (Smoking and/or Smokeless Use)

Table 4.10 gives information about the distribution of current adult tobacco users by tobacco use pattern and selected demographic characteristics. The prevalence of current tobacco use (smoking and/or smokeless use) was the same as the prevalence of current smoking as the GATS survey in Greece recorded no respondents who only used smokeless tobacco. Only 0.5% of current tobacco users both smoked and used smokeless tobacco.

Table 4.10: Percentage distribution of current tobacco users ≥15 years old, by tobacco use pattern and selected demographic characteristics – GATS Greece, 2013.									
Demographic Characteristics	Current Tobacco Users[1]		Type of Current Tobacco Use						
			Smoked only		Smokeless only		Both smoked and smokeless		Total
	Percentage (95% CI)								
Overall	38.2	(35.7, 40.8)	99.5	(98.7, 99.8)	0.0		0.5	(0.2, 1.3)	100
Gender									
Male	51.2	(47.9, 54.4)	99.6	(98.8, 99.9)	0.0		0.4	(0.1, 1.2)	100
Female	25.7	(22.7, 29.0)	99.4	(96.0, 99.9)	0.0		0.6	(0.1, 4.0)	100
Age (years)									
15-24	30.1	(23.7, 37.5)	100.0		0.0		0.0		100
25-44	50.7	(46.8, 54.5)	99.5	(98.4, 99.8)	0.0		0.5	(0.2, 1.6)	100
45-64	43.2	(38.9, 47.7)	99.3	(95.5, 99.9)	0.0		0.7	(0.1, 4.5)	100
65+	15.3	(12.9, 18.2)	100.0		0.0		0.0		100
Residence									
Urban	38.1	(35.0, 41.2)	99.4	(98.2, 99.8)	0.0		0.6	(0.2, 1.8)	100
Rural	38.7	(35.6, 41.9)	100.0		0.0		0.0		100
Education Level2									
Primary or less	15.9	(13.1, 19.2)	98.3	(88.5, 99.8)	0.0		1.7	(0.2, 11.5)	100
Secondary	41.8	(36.4, 47.4)	98.6	(91.7, 99.8)	0.0		1.4	(0.2, 8.3)	100
High school	47.8	(43.9, 51.7)	100.0	(99.8, 100.0)	0.0		0.0	(0.0, 0.2)	100
College or above	48.2	(42.5, 53.9)	99.6	(98.6, 99.9)	0.0		0.4	(0.1, 1.4)	100

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

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

4.10 Smoking Dependency

Table 4.11 presents information on the distribution of daily smokers by time to first tobacco use upon waking and selected demographic characteristics. Overall, 16.1% of the participants reported that they smoke the first cigarette upon waking within 5 minutes while 56.1% of the respondents reported that the time to first tobacco use was within 6-30 minutes. This finding suggests a high degree of dependency on smoking tobacco. There were no differences found among the subgroups.

Table 4.11: Percentage distribution of daily smokers ≥15 years old, by time to first tobacco use upon waking and selected demographic characteristics – GATS Greece, 2013.									
Demographic Characteristics	**Time to first smoke**								**Total**
	≤5 minutes		**6-30 minutes**		**31-60 minutes**		**>60 minutes**		
	Percentage (95% CI)								
Overall	16.1	(12.7, 20.2)	56.1	(52.2, 60.0)	18.5	(15.0, 22.6)	9.3	(6.9, 12.5)	100
Gender									
Male	18.4	(14.6, 23.0)	57.7	(53.3, 62.1)	16.8	(12.6, 22.1)	7.0	(4.7, 10.3)	100
Female	11.3	(7.5, 16.9)	52.9	(46.7, 58.9)	21.8	(17.4, 27.1)	14.0	(10.1, 19.0)	100
Age (years)									
15-24	5.4	(1.5, 17.1)	61.4	(50.2, 71.4)	18.6	(11.6, 28.5)	14.7	(7.3, 27.1)	100
25-44	16.4	(12.2, 21.6)	55.5	(49.3, 61.5)	20.1	(15.5, 25.7)	8.1	(5.2, 12.3)	100
45-64	18.5	(14.2, 23.8)	56.3	(51.1, 61.3)	15.7	(11.3, 21.4)	9.5	(6.7, 13.3)	100
65+	22.0	(12.5, 35.7)	51.1	(40.4, 61.6)	19.2	(12.3, 28.6)	7.8	(4.2, 14.1)	100
Residence									
Urban	14.2	(10.5, 18.8)	55.8	(51.5, 60.0)	20.0	(16.1, 24.7)	10.0	(7.6, 13.1)	100
Rural	21.1	(15.1, 28.7)	57.0	(48.5, 65.0)	14.4	(9.3, 21.6)	7.5	(2.8, 18.8)	100
Education Level[1]									
Primary or less	28.8	(17.7, 43.3)	51.8	(40.6, 62.8)	14.0	(8.6, 22.0)	5.4	(2.3, 12.3)	100
Secondary	25.0	(17.6, 34.1)	56.7	(48.7, 64.3)	12.2	(8.1, 17.9)	6.2	(3.6, 10.5)	100
High school	13.2	(9.1, 18.7)	57.0	(50.1, 63.6)	20.4	(15.5, 26.4)	9.4	(5.9, 14.7)	100
College or above	16.5	(10.5, 24.8)	52.9	(46.5, 59.2)	20.9	(14.7, 28.8)	9.7	(6.6, 14.1)	100

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

4.11 Electronic Cigarettes

Table 4.12 presents information on electronic cigarettes awareness and use among adults, 15 years and older, by selected demographic characteristics. Overall, 88.5% of adults had ever heard of electronic cigarettes. The percentage was higher for males (93.4%) than females (83.7%), lower for the oldest adults 65+ (62.2%), higher for urban (90.4%) than rural (83.3%) residents, and higher among the most educated (high school 95.5%; college or above 96.2%).

The percentage of adults 15 years or older who ever used an electronic cigarette was 15.5% (men 19.1%; women 12.0%) and the overall current prevalence of using electronic cigarettes was 1.9% (males 1.7%; females 2.1%).

Table 4.12: Electronic cigarette awareness and use among adults ≥ 15 years old, by selected demographic characteristics - GATS Greece, 2013.						
Demographic Characteristics	**Ever heard of electronic cigarettes[1]**		**Ever used an electronic cigarette[1]**		**Current user of electronic cigarettes[1,2]**	
Percentage (95% CI)						
Overall	88.5	(86.1, 90.5)	15.5	(12.8, 18.6)	1.9	(1.3, 2.8)
Gender						
Male	93.4	(91.2, 95.1)	19.1	(15.3, 23.7)	1.7	(1.0, 2.8)
Female	83.7	(80.4, 86.5)	12.0	(9.7, 14.8)	2.1	(1.3, 3.5)
Age (years)						
15-24	93.7	(89.1, 96.5)	12.3	(7.8, 18.9)	0.0	
25-44	95.2	(93.2, 96.6)	23.3	(19.2, 28.0)	2.8	(1.7, 4.8)
45-64	95.2	(93.0, 96.7)	15.2	(12.2, 18.8)	2.7	(1.7, 4.3)
65+	62.2	(55.7, 68.2)	4.1	(2.4, 7.0)	0.8	(0.3, 1.9)
Residence						
Urban	90.4	(88.1, 92.3)	15.0	(12.5, 17.9)	1.9	(1.3, 2.8)
Rural	83.3	(77.9, 87.5)	16.8	(11.2, 24.5)	1.8	(0.8, 4.5)
Education Level3						
Primary or less	62.0	(55.3, 68.3)	3.4	(1.7, 6.6)	0.8	(0.3, 2.3)
Secondary	89.6	(85.5, 92.7)	10.5	(7.6, 14.5)	1.7	(0.7, 3.9)
High school	95.5	(93.5, 96.9)	20.5	(16.7, 25.0)	2.0	(1.0, 3.8)
College or above	96.2	(93.6, 97.7)	25.2	(19.9, 31.5)	4.7	(2.9, 7.5)

[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.

5. Cessation

Key Findings

18.9% of current smokers have made a quit attempt in the last 12 months, and the majority (93.2%) attempted to quit without assistance.

72.2% of those current smokers that had visited a health care provider in the last 12 months had been advised to quit tobacco use. This is more common among those 65 years and older than in the younger age group (25-44 years old).

Only 12.6% of current smokers plan to quit within the next 12 months. 36.8% of current smokers report that at this time they are not interested at all in quitting at any time in their lives.

5.1 Smoking Cessation and Health-care-Seeking Behaviors

Those who had made an attempt to quit smoking in the past 12 months included current tobacco smokers who had tried to quit in the past 12 months and former tobacco smokers who had been abstinent for less than 12 months. Table 5.1 reports the percentage of adult smokers who made a quit attempt, visited a healthcare provider (HCP), were asked about smoking from a HCP, and received advice by a HCP on quitting

Among current tobacco smokers and former tobacco smokers (<12 months), 18.9% had made an attempt to quit in the last 12 months (females 22.7%; males 16.9%). There was no significant difference observed in the rate of quit attempts by demographic characteristics.

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 Greece, 2013.

Demographic Characteristics	Smoking cessation and health care seeking behaviour							
	Made quit attempt[1]		Visited a HCP[1,2]		Asked by HCP if a smoker[2,3]		Advised to quit by HCP[2,3]	
	Percentage (95% CI)							
Overall	18.9	(15.6, 22.7)	31.7	(27.2, 36.6)	83.8	(78.2, 88.1)	72.2	(64.0, 79.2)
Gender								
Male	16.9	(13.6, 20.8)	25.9	(21.6, 30.7)	88.9	(82.8, 93.1)	78.7	(69.1, 85.9)
Female	22.7	(17.6, 28.6)	42.8	(35.3, 50.7)	77.8	(69.4, 84.4)	64.8	(55.2, 73.3)
Age (years)								
15-24	15.6	(8.6, 26.6)	12.0	(6.9, 20.0)	*		*	
25-44	19.4	(15.5, 23.9)	22.9	(18.0, 28.6)	78.5	(68.8, 85.9)	61.6	(48.8, 73.0)
45-64	19.7	(15.7, 24.4)	44.1	(36.4, 52.1)	85.3	(77.1, 91.0)	75.8	(65.8, 83.5)
65+	18.8	(12.1, 28.0)	73.7	(64.1, 81.5)	95.5	(89.3, 98.2)	89.8	(83.2, 94.0)
Residence								
Urban	18.6	(15.0, 22.8)	31.6	(26.5, 37.3)	81.3	(74.0, 86.9)	69.9	(61.1, 77.3)
Rural	19.7	(14.4, 26.3)	31.9	(23.7, 41.4)	90.2	(83.2, 94.5)	78.3	(59.9, 89.7)
Education Level4								
Primary or less	19.9	(12.3, 30.5)	63.2	(50.1, 74.7)	93.2	(85.2, 97.0)	87.7	(79.2, 93.0)
Secondary	13.2	(7.9, 21.3)	38.8	(29.4, 49.1)	92.2	(84.4, 96.3)	81.7	(69.5, 89.7)
High school	20.1	(16.1, 24.9)	32.6	(26.3, 39.6)	83.3	(74.5, 89.5)	71.7	(61.1, 80.4)
College or above	22.2	(16.2, 29.6)	27.3	(21.0, 34.7)	74.9	(58.8, 86.2)	58.4	(41.0, 74.0)

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

[2] HCP = 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.

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

The percentage of smokers (including current tobacco smokers and recent quitters <12 months) who had visited a healthcare provider (HCP) during the past 12 months was 31.7%. The percentage of male smokers who visited a HCP was lower than female smokers (25.9% vs. 42.8%). There was significant difference observed with respect to age; 44.1% of 45 to 64-year-olds had visited a HCP during the last 12 months compared to 73.7% of those 65+ years who visited a HCP. In younger ages, 12% of 15 to 24-year-olds had visited a HCP and in 25 to 44-year-olds, 22.9% had visited a HCP. The percentages were also similar for urban and rural areas (31.6% and 31.9%, respectively). By education level, smokers with a primary education had the highest rate (63.2%) of visits to HCPs compared to smokers with a high education of college or above (27.3%).

Among smokers who had visited a HCP during the previous 12 months, 83.8% were asked whether they smoked tobacco. The proportion of female smokers asked about tobacco smoking by a HCP (77.8%) was found to be less than that of male smokers (88.9%), though not statistically significant.

Among smokers who had visited a HCP during the previous 12 months, 72.2% had received advice to quit smoking by a HCP. The rate of receiving advice from a HCP appeared to be higher among male smokers (78.7%) than among females (64.8%), though not significant.

5.2 Use of Cessation Methods

The use of various cessation methods for smokers (current tobacco smokers and recent quitters of <12 months) was measured in GATS Greece 2013. Table 5.2 shows that 15.1% of smokers used pharmacotherapy including nicotine replacement therapy and prescription medications to try to quit smoking within the last 12 months, while only 2.7% used counseling/advice including counseling at a cessation clinic and a telephone quitline/helpline. A higher proportion of females used counseling/advice (6.3%) compared to males (0.2%).

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 Greece, 2013.

Demographic Characteristics	Use of Cessation Method[1]							
	Pharmacotherapy[2]		Counseling/ Advice[3]		Attempt to quit without assistance		Other[4]	
	Percentage (95% CI)							
Overall	15.1	(9.7, 22.8)	2.7	(0.7, 9.8)	93.2	(89.5, 95.7)	21.0	(12.8, 32.6)
Gender								
Male	11.5	(6.0, 21.0)	0.2	(0.0, 1.2)	94.7	(88.4, 97.7)	14.4	(7.3, 26.4)
Female	20.2	(11.4, 33.4)	6.3	(1.6, 21.8)	91.1	(82.9, 95.5)	30.5	(19.2, 44.8)
Age (years)								
15-24	*		*		*		*	
25-44	19.1	(11.2, 30.6)	1.0	(0.3, 3.2)	91.3	(83.8, 95.6)	22.6	(12.7, 36.9)
45-64	14.6	(7.7, 25.9)	0.8	(0.1, 5.6)	94.1	(85.5, 97.8)	20.6	(11.7, 33.6)
65+	13.4	(4.2, 35.4)	1.7	(0.2, 12.2)	91.4	(66.4, 98.3)	9.5	(3.0, 26.1)
Residence								
Urban	18.7	(11.8, 28.4)	3.8	(1.0, 13.5)	92.1	(87.2, 95.3)	20.7	(13.1, 31.2)
Rural	6.3	(1.9, 19.0)	0.0		95.8	(85.9, 98.9)	21.8	(8.6, 45.3)
Education Level[5]								
Primary or less	10.6	(2.8, 32.6)	0.0		92.4	(65.9, 98.7)	9.9	(3.4, 25.5)
Secondary	29.8	(14.3, 52.1)	2.3	(0.3, 15.4)	98.8	(91.3, 99.9)	25.4	(13.9, 41.7)
High school	9.3	(3.9, 20.7)	0.5	(0.1, 3.6)	94.3	(86.4, 97.7)	12.9	(6.3, 24.5)
College or above	24.7	(14.1, 39.5)	1.5	(0.3, 7.1)	87.1	(76.6, 93.3)	33.0	(19.2, 50.6)

[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] Includes counselling at a cessation clinic and a telephone quit line/helpline.

[4] Other includes traditional medicines, switching to smokeless tobacco, and any other reported methods.

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

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

Twenty-one percent (21.0%) were reported using other methods, including traditional medicines, switching to smokeless tobacco, and any other reported methods. Most smokers (93.2%) reported that sometime during the last 12 months, they had tried to quit on their own without the use of any cessation methods.

5.3 Interest in Quitting Smoking

In GATS Greece, interest in quitting smoking was defined as current tobacco smokers who were planning to quit or thinking about quitting smoking. The information was collected in five categories: planning to quit within the next month, thinking about quitting within the next 12 months, will quit someday but not in the next 12 months, not interested in quitting, and don't know. Table 5.3 presents data on these five categories of interest in quitting smoking. Among all smokers, 53.0% had an interest in quitting smoking. Only a small proportion of current smokers were planning to quit within the next month (1.3%) or planning to quit within the next 12 months (12.6%), while 39.1% of smokers planned to quit but not within the next 12 months. 36.8% of smokers said that they were not interested in quitting and 10.2% said they did not know.

A notable difference was found when looking at education level, where those with the lowest educational level (primary or less) had the highest percentage of those not interested in quitting (61.0%) and lowest percentage of those who will quit someday but not in the next 12 months (15.2%).

Table 5.3: Percentage distribution of current smokers ≥15 years old by interest in quitting smoking and selected demographic characteristics – GATS Greece, 2013.

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	1.3	(0.6, 3.0)	12.6	(10.1, 15.6)	39.1	(34.6, 43.9)	36.8	(32.0, 42.0)	10.2	(7.4, 13.9)	100
Gender											
Male	1.3	(0.4, 4.0)	12.2	(9.5, 15.5)	36.9	(32.4, 41.7)	39.6	(34.3, 45.1)	10.0	(7.2, 13.8)	100
Female	1.4	(0.5, 3.8)	13.4	(9.7, 18.3)	43.4	(36.4, 50.5)	31.5	(24.9, 38.8)	10.4	(6.7, 15.8)	100
Age (years)											
15-24	3.5	(0.5, 21.7)	5.3	(1.8, 14.4)	34.0	(22.4, 47.9)	49.7	(35.8, 63.6)	7.5	(3.3, 16.1)	100
25-44	0.7	(0.2, 2.5)	11.8	(8.7, 15.7)	43.1	(37.4, 49.0)	34.6	(29.0, 40.6)	9.8	(6.6, 14.2)	100
45-64	1.2	(0.4, 3.7)	16.3	(12.1, 21.5)	40.4	(34.2, 46.9)	31.0	(25.3, 37.5)	11.1	(7.3, 16.6)	100
65+	1.5	(0.5, 4.7)	15.5	(9.1, 25.1)	18.7	(12.1, 27.6)	51.3	(41.3, 61.3)	13.0	(7.4, 21.8)	100
Residence											
Urban	1.7	(0.7, 4.1)	11.4	(9.0, 14.3)	40.8	(35.5, 46.4)	35.0	(29.7, 40.8)	11.0	(7.7, 15.4)	100
Rural	0.1	(0.0, 0.8)	15.6	(10.5, 22.7)	34.7	(26.7, 43.7)	41.5	(30.9, 53.0)	8.0	(4.7, 13.4)	100
Education Level[2]											
Primary or less	0.3	(0.0, 2.5)	15.1	(8.4, 25.8)	15.2	(9.3, 23.9)	61.0	(51.2, 70.0)	8.3	(4.1, 15.9)	100
Secondary	0.5	(0.1, 3.0)	9.2	(5.0, 16.4)	39.4	(31.4, 48.0)	37.1	(28.7, 46.4)	13.7	(8.4, 21.5)	100
High school	0.8	(0.2, 2.9)	13.4	(10.1, 17.5)	44.0	(37.8, 50.4)	32.7	(27.3, 38.6)	9.2	(5.7, 14.3)	100
College or above	1.6	(0.5, 4.9)	16.6	(11.4, 23.7)	41.3	(34.4, 48.6)	29.0	(22.1, 37.1)	11.4	(6.9, 18.2)	100

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

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

6. Secondhand Smoke

In Greece, smoking is prohibited in all public places including workplaces, government buildings, public transport, educational, sports and healthcare facilities, as well as restaurants, bars, and coffee shops. The only exceptions to the s smoke-free legislation include casino and large entertainment venues with live music over 300m2, which are allowed to construct designated smoking areas that should meet specific requirements (their size cannot cover more than half the size of the entire venue) as described in the relevant legislation.

This chapter measures exposure to secondhand smoke (SHS) at home and in public places, including indoor workplaces, government buildings, healthcare facilities, restaurants, bars/night clubs, cafes/cafeterias, public transport, schools, colleges/universities and private workplaces.

Key Findings

Among those who worked indoors, more than 5 in 10 were exposed to SHS at their workplace.

More than 6 in 10 individuals were exposed to tobacco smoke at home.

More than 9 in 10 individuals were exposed to SHS when visiting bars/night clubs and more than 7 in 10 when visiting restaurants.

More than 40% of individuals were exposed to SHS when visiting universities.

More than half of all individuals between 15 and 24 years old were exposed to SHS at their workplace.

6.1 Secondhand Smoke Exposure in Indoor Workplaces

Prevalence and estimated numbers of people exposed to SHS in indoor workplaces over the past 30 days by smoking status are shown in Table 6.1.

6.1.1 Prevalence of SHS Exposure in Indoor Workplaces

Exposure to SHS in indoor workplaces was measured among adults who worked outside of their home and worked indoors. Table 6.1 shows that 52.3% of workers were exposed to SHS at indoor workplaces. Male workers (58.8%) had a higher exposure to SHS than female workers (41.8%). More than half (50.7%) of young (15–24) workers were exposed to SHS at their workplaces. The proportion of workers exposed to SHS in the other age groups varied slightly from 51.7% among those between 25 and 44 years old to 52.9% among those between 45 and 64 years old.

Workers living in urban areas had less exposure to SHS at indoor workplaces (49.1%) than those living in rural areas (63.6%), which indicates weaker compliance to the smoke-free legislation outside urban centers.

Workers with a high school education (58.4%) were more exposed to SHS in indoor workplaces than those with secondary (49.9%) or college educations (44.7%). Among nonsmoking workers, 40.0% were exposed to SHS in indoor workplaces. The pattern of SHS exposure in nonsmokers is similar to that of all adults with regards to the various age groups. In terms of the remaining demographic characteristics, i.e., gender, residence, and education level, it was found that women (36.3%) were less exposed to SHS than men (43.2%); people living in rural areas were significantly more exposed (48.7%) than those in urban areas (37.7%), and nonsmokers with a high school education (45.1%) were exposed to SHS more than those with secondary (40.0%) or college (32.5%) educations.

6.1.2 Number of Workers Exposed to SHS in Indoor Workplaces

Overall 1.6 million workers were exposed to SHS in the indoor areas of their workplaces. The number of male workers (1.1 million) exposed to SHS in indoor workplaces was significantly higher than that of female workers (0.5 million). By age group, the largest number of adult workers exposed to SHS in indoor work were those aged 25–44 (1 million). The estimated number of workers living in urban areas who were exposed to SHS in indoor workplaces was 1.5 million, compared to 0.5 million of those living in urban areas. One hundred and thirty-eight thousand adults with a secondary education were exposed to SHS in the workplace compared to approximately half a million of those with a high school education.

Almost 597 thousand nonsmoking workers were exposed to SHS at indoor workplaces (342 thousand males and 256 thousand females). Nonsmoking workers in the age categories 25–44 and 45–64 years differed significantly in terms of exposure (351 and 204 thousand, respectively). More than 447 thousand working nonsmokers in urban areas and significantly less, that is 150 thousand in

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 Greece, 2013.						
Demographic Characteristics	**Adults Exposed to Tobacco Smoke at Work[1]**					
	Overall			**Nonsmokers**		
	Percentage (95% CI)		*Number in thousands*	*Percentage (95% CI)*		*Number in thousands*
Overall	52.3	(46.7, 57.9)	1,572.0	40.0	(33.7, 46.5)	597.9
Gender						
Male	58.8	(52.7, 64.6)	1,096.1	43.2	(35.1, 51.7)	342.0
Female	41.8	(34.9, 49.1)	475.9	36.3	(29.0, 44.4)	255.8
Age (years)						
15-24	50.7	(25.5, 75.5)	68.7	*		*
25-44	51.7	(45.5, 57.9)	939.0	40.4	(32.7, 48.6)	351.3
45-64	52.9	(45.9, 59.8)	534.9	38.4	(31.2, 46.3)	204.1
65+	*		*	*		*
Residence						
Urban	49.1	(43.0, 55.3)	1,145.3	37.7	(31.0, 44.9)	447.8
Rural	63.6	(52.0, 73.8)	426.7	48.7	(35.0, 62.6)	150.0
Education Level[2]						
Primary or less	*		*	*		*
Secondary	49.9	(37.9, 61.9)	138.1	40.0	(24.0, 58.4)	63.3
High school	58.4	(51.6, 64.9)	813.8	45.1	(37.7, 52.7)	289.1
College or above	44.7	(38.1, 51.4)	512.1	32.5	(25.3, 40.6)	191.8

[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.

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

rural areas, were exposed to SHS. Nearly 300 thousand working nonsmokers with a high school education were exposed to SHS at their workplaces.

6.2 Secondhand Smoke Exposure at Home

The prevalence and estimated numbers of people exposed to SHS at home by their smoking status are shown in Table 6.2.

6.2.1 Prevalence of SHS Exposure at Home

Exposure to SHS at home was measured among adults who reported that smoking inside their home occurs daily, weekly or monthly. Table 6.2 shows that 65.7% of adults in Greece were exposed to SHS at home. Males (68.9%) had a higher exposure to SHS at home than females (62.5%). Almost three quarters (72.0%) of young adults (15–24 years of age) were exposed to SHS at home. The proportion of the remaining individuals exposed to SHS varied from a low of 50.0% among those 65 and older to a higher 67.8% in the 25–44 age group and 70.1% in the 45-64 age group. Adults living in urban areas (64.6%) had less exposure to SHS at home than those living in rural areas (68.4%). Adults with secondary education (73.1%) were more exposed to SHS at home than those with primary (53.5%), high school 67.4%, and college (63.1%) education.

Among nonsmokers, 51.1% were exposed to SHS at home. The pattern of SHS exposure in nonsmokers varied significantly among all adults, across all various demographics. Male nonsmokers were somewhat less exposed to SHS at home (47.9%) as compared to female nonsmokers (53.2%). More than 2 in 10 nonsmoking adults were exposed to SHS in all age groups except for the 25-44 and the age 65 and above groups, where 46.8% and 43.1%, respectively, reported exposure to SHS. Nonsmokers living in both urban and rural areas had relatively similar SHS exposure levels at home (49.7% and 55.0%, respectively). Similarly, 46.5% of adults with primary education reported exposure to SHS at home, compared to 57.8% of secondary education, 48.1% of high school and 43.8% of college (or above) education adults.

Table 6.2: Percentage and number of adults ≥15 years old who are exposed to tobacco smoke at home, by smoking status and selected demographic characteristics – GATS Greece, 2013.						
Demographic Characteristics	**Adults Exposed to Tobacco Smoke at Home[1]**					
	Overall			**Nonsmokers**		
	Percentage (95% CI)		*Number in thousands*	*Percentage (95% CI)*		*Number in thousands*
Overall	65.7	(60.8, 70.2)	6,045.0	51.1	(45.3, 57.0)	2,899.5
Gender						
Male	68.9	(64.0, 73.5)	3,120.7	47.9	(41.5, 54.4)	1,053.9
Female	62.5	(56.9, 67.7)	2,924.4	53.2	(46.6, 59.6)	1,845.6
Age (years)						
15-24	72.0	(62.5, 79.8)	1,117.0	63.0	(52.0, 72.8)	682.6
25-44	67.8	(62.9, 72.3)	2,270.9	46.8	(40.6, 53.1)	770.3
45-64	70.1	(65.4, 74.5)	1,752.8	55.8	(49.6, 61.9)	788.5
65+	50.0	(43.1, 57.0)	904.4	43.1	(35.3, 51.2)	658.2
Residence						
Urban	64.6	(59.2, 69.7)	4,311.2	49.7	(43.6, 55.9)	2,047.5
Rural	68.4	(60.1, 75.7)	1,733.8	55.0	(43.7, 65.7)	851.9
Education Level[2]						
Primary or less	53.5	(45.5, 61.4)	883.6	46.5	(37.6, 55.7)	644.8
Secondary	73.1	(67.7, 77.9)	985.0	57.8	(50.4, 64.9)	451.5
High school	67.4	(62.1, 72.3)	1,917.1	48.1	(41.2, 55.1)	710.6
College or above	63.1	(57.2, 68.7)	1,142.3	43.8	(37.5, 50.2)	409.9

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

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

6.2.2 Number of Adults Exposed to SHS at Home

Overall, 6 million adults were exposed to SHS at home (3.1 million males and 2.9 million females). By age group, the number of adults in the age group 25–44 was the largest (2.3 million). The estimated number of adults living in urban areas who were exposed to SHS at home was significantly higher (4.31 million) than for rural adults (1.73 million). Among education levels, almost 1 million adults with secondary education were exposed to SHS at home as compared to those with primary (883 thousand), high school (1.91 million), and college or above (1.14 million) education levels.

Almost 3 million nonsmokers were exposed to SHS at home: 1 million males and 1.85 million females. By age group, the number of nonsmokers in the age group 45–64 was the largest (788 thousand). The estimated number of adult nonsmokers living in urban areas who were exposed to SHS at home was significantly higher (2 million) than for rural adults (851 thousand). Among education levels, 710 thousand nonsmokers with a high school education were exposed to SHS at home as compared to those with primary (644 thousand), secondary (451 thousand), and college or above (409 thousand) education levels.

6.3 Secondhand Smoke Exposure in Public Places

Exposure to SHS was measured in the following public places: government buildings, healthcare facilities, restaurants, bars/night clubs, cafes/cafeterias, public transportation, schools, colleges/ universities, and private workplaces. Table 6.3 presents the population level prevalence rate of SHS exposure in these public places. Similarly, Table 6.4 describes the rate of SHS exposure among those who had visited various public places in the past 30 days.

6.3.1 Population Exposure to SHS at Various Public Places

Table 6.3 provides SHS exposure rates for various public places at the population level. Thus, Table 6.3 provides overall population levels of exposure at public places.

Among all adults, 67.8% of the population was exposed to SHS in the last 30 days in cafes or cafeterias, 35.4% in restaurants, 33.6% in bars or night clubs, and 39.1% in private workplaces. The percentage of males exposed to SHS in the above public places was significantly higher than that of females. For example, 40.9% of males and 26.5% of females were exposed in bars and nightclubs, 81% of males and 55% of females in cafes and cafeterias,

39.9% of males and 31% of females in restaurants, and 46.5% of males and 32% of females in private workplaces. By age group, the majority of the population exposed to SHS in bars, cafeterias, and restaurants belonged to the 25-44 and 15-24 age groups, while in private workplaces, the proportion of the population predominantly exposed belonged to the 25-44 and 45-64 age groups. With respect to education, the high school education group was the one exposed the most to SHS in private workplaces (46.7%), while in restaurants, bars, and coffee shops the education group with the highest exposure belonged to the college or above category with 47.1%, 48.3%, and 74.6%, respectively.

6.3.2 Prevalence of SHS Exposure at Various Public Places

In this section, the level of SHS exposure is depicted only for adults who had visited various public places during last 30 days (Table 6.4). Overall, 18.2% of those who had visited government buildings in the past 30 days were exposed to SHS. Males (19.4%) were exposed more than females (16.9%). Categorized by age, exposure ranges from 12.6% (15-24) to 20.3% (25–44 years).

By education, it varied from 12.5% in the secondary level to 21.3% at the high school education level. Adults in urban areas (16.7%) who had visited government buildings had lower exposure to SHS compared to rural adults (23.8%). For health care facilities, the level of SHS exposure among all adults was 6.8%, 6.2% in males and 7.2% in females. However, there were no significant differences observed with respect to demographic characteristics or smoking status.

Overall, almost three fourths (72.2%) of visitors to any restaurants during the last 30 days were exposed to SHS with the same level of exposure between males and females. The exposure among urban adults (70.3%) was lower than that of rural adults (77.5%). Except in very young adults (15-24) (68.5%), all other age categories had a similar exposure rate (more than 71%).

Secondhand tobacco smoke exposure in bars/night clubs was also very high (almost 10 in 10 adults) among those who had visited in the last 30 days. The pattern across various demographic characteristics by smoking status was similar and no significant differences were observed in any specific demographic subgroups.

With respect to exposure in cafes/cafeterias, almost 9 out of 10 adults (85%) who had visited these places in the last 30 days were exposed to tobacco smoke. Males (88.0%) were exposed more to SHS in cafes/cafeterias than females (81.2%). By age category, it varied from 82.3% among adults 45-64 years old to 92.8% among those 65 years or older. By educational level, exposure varied from 81.4% in the college or higher education level to 90.3% in the primary or less education group. Urban adults (83.0%) who had visited cafes/cafeterias had a lower level of SHS exposure than rural adults (90.2%).

With respect to SHS exposure in public transportation, 6.9% of all adults had been exposed to tobacco smoke when they travelled in last 30 days. Males and females had relatively similar exposure in public transportation (8.3% and 6.1% respectively). By age, SHS exposure varied from 11.1% (25–44 years) to 5.5% (15-24 years); by educational category, it ranged from 3.4% among adults with primary or less education to 9.8% among adults with high school education.

GATS data on SHS exposure in schools in the last 30 days showed relatively low levels of exposure with respect to all demographic characteristics. However, SHS exposure in colleges/universities was much higher with an overall 43.6% of adults exposed to SHS. Very young (43.0% for 15-24 years) and young adults aged 25-44 (50.9%) had higher exposure in university facilities compared to other age categories. Rural adults (63.0%) and those with a high school education (52.9%) had the highest levels of exposure.

With respect to SHS exposure in private workplaces, 55.6% of adults were exposed to tobacco smoke. More males (62.9%) than females (47.9%) reported SHS exposure in private workplaces when they had visited in the last 30 days. By age groups, levels of exposure ranged slightly from 51.2% of adults in the 65 and above age group to 57.4% of adults in the 25-44 age group. The level of exposure to SHS in private workplaces was higher among rural adults (68.9%) than urban adults (50.8%). By education, the level of exposure to SHS in private workplaces was highest (61.5%) in the high school category and lowest (49.8%) in the college or above categories.

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 Greece, 2013.

Demographic Characteristics	Adults Exposed to Tobacco Smoke[1] in…																	
	Government buildings		Private workplaces		Health care facilities		Schools		Universities		Restaurants		Bars, night clubs		Cafes, coffee shops, tea houses		Public transportation	
	Percentage (95% CI)																	
Overall	7.4	(5.6, 9.7)	39.1	(33.6, 44.9)	1.9	(1.2, 2.9)	1.6	(1.0, 2.5)	3.9	(2.8, 5.5)	35.4	(29.9, 41.2)	33.6	(30.5, 36.8)	67.8	(63.3, 72.0)	3.4	(2.2, 5.1)
Gender																		
Male	8.6	(6.4, 11.5)	46.5	(40.2, 52.9)	1.4	(0.9, 2.3)	1.6	(0.9, 2.8)	4.5	(3.0, 6.7)	39.9	(33.6, 46.6)	40.9	(36.7, 45.3)	81.0	(76.3, 85.0)	3.2	(1.8, 5.7)
Female	6.2	(4.5, 8.5)	32.0	(26.9, 37.6)	2.3	(1.3, 4.1)	1.7	(1.0, 2.9)	3.4	(2.2, 5.2)	31.0	(25.7, 36.7)	26.5	(23.6, 29.6)	55.0	(50.0, 60.0)	3.5	(2.3, 5.4)
Age (years)																		
15-24	2.8	(1.3, 5.9)	38.7	(30.6, 47.3)	0.6	(0.2, 2.0)	5.5	(2.9, 10.2)	16.6	(11.2, 23.9)	37.2	(28.5, 46.9)	69.0	(60.5, 76.4)	83.3	(77.4, 87.9)	4.1	(2.2, 7.4)
25-44	10.1	(7.1, 14.2)	44.7	(38.3, 51.4)	1.0	(0.5, 2.0)	1.5	(0.9, 2.3)	2.3	(1.3, 3.7)	44.6	(37.2, 52.2)	49.1	(44.3, 53.9)	77.3	(71.5, 82.3)	5.3	(3.2, 8.5)
45-64	8.6	(6.2, 11.8)	41.5	(35.3, 47.8)	1.3	(0.6, 2.9)	0.6	(0.3, 1.4)	1.1	(0.6, 2.1)	38.3	(31.6, 45.6)	13.9	(10.2, 18.7)	63.1	(57.1, 68.8)	1.7	(0.9, 3.1)
65+	4.7	(3.1, 7.0)	26.0	(20.1, 32.9)	5.2	(2.9, 9.1)	0.0		0.2	(0.0, 0.7)	12.7	(9.6, 16.4)	1.9	(1.0, 3.3)	43.3	(37.8, 49.1)	1.4	(0.7, 2.8)
Residence																		
Urban	7.4	(5.4, 10.1)	36.1	(30.1, 42.7)	1.7	(1.0, 2.9)	1.7	(1.0, 2.7)	4.2	(2.9, 6.1)	34.5	(28.4, 41.3)	33.4	(30.2, 36.8)	66.0	(60.5, 71.1)	3.0	(1.8, 5.0)
Rural	7.4	(4.4, 12.0)	47.0	(37.1, 57.2)	2.3	(1.1, 4.9)	1.5	(0.6, 3.7)	3.2	(1.7, 5.8)	37.5	(28.7, 47.3)	34.1	(28.4, 40.3)	72.5	(65.5, 78.5)	4.3	(2.0, 8.8)
Education Level2																		
Primary or less	4.0	(2.4, 6.7)	26.7	(20.8, 33.5)	5.0	(2.7, 8.9)	0.0		0.1	(0.0, 0.8)	9.9	(7.5, 13.0)	2.6	(1.4, 5.0)	42.2	(36.2, 48.4)	1.4	(0.7, 2.9)
Secondary	4.8	(3.1, 7.3)	38.1	(31.2, 45.5)	1.7	(0.7, 4.2)	0.5	(0.1, 2.0)	0.5	(0.1, 1.9)	29.4	(21.9, 38.2)	12.0	(8.1, 17.4)	64.1	(56.6, 70.9)	2.0	(1.0, 4.2)
High school	10.5	(7.4, 14.6)	46.7	(40.0, 53.5)	1.2	(0.5, 2.9)	0.7	(0.4, 1.6)	1.7	(0.8, 3.6)	44.4	(36.8, 52.3)	33.2	(28.1, 38.7)	71.7	(64.7, 77.8)	4.2	(2.4, 7.3)
College or above	11.6	(8.4, 15.8)	39.9	(32.5, 47.7)	1.3	(0.6, 2.5)	2.0	(1.1, 3.7)	2.8	(1.7, 4.6)	47.1	(38.8, 55.6)	48.3	(42.9, 53.7)	74.6	(67.9, 80.3)	4.3	(2.5, 7.3)
Nonsmokers	5.8	(4.3, 7.7)	30.0	(24.7, 35.8)	2.1	(1.2, 3.4)	1.6	(0.9, 2.9)	3.8	(2.7, 5.4)	28.4	(23.5, 33.8)	26.2	(23.2, 29.5)	59.7	(55.1, 64.2)	3.0	(2.0, 4.6)
Gender																		
Male	6.3	(4.3, 9.3)	33.4	(26.9, 40.6)	1.6	(0.9, 2.9)	1.4	(0.5, 4.1)	4.0	(2.6, 6.2)	31.5	(25.6, 38.1)	32.6	(27.8, 37.8)	75.2	(69.3, 80.3)	2.3	(1.1, 4.4)
Female	5.4	(3.9, 7.5)	27.8	(22.6, 33.8)	2.3	(1.3, 4.1)	1.7	(0.9, 3.3)	3.7	(2.4, 5.9)	26.4	(21.6, 31.8)	22.2	(19.2, 25.6)	49.9	(45.1, 54.7)	3.5	(2.2, 5.5)
Age (years)																		
15-24	1.9	(0.6, 5.4)	26.8	(20.1, 34.9)	0.6	(0.1, 2.5)	5.1	(2.2, 11.3)	14.6	(9.6, 21.6)	28.7	(20.2, 39.0)	60.5	(50.7, 69.6)	80.5	(73.8, 85.9)	2.8	(1.1, 6.7)
25-44	8.8	(5.9, 12.8)	36.4	(29.6, 43.7)	1.1	(0.4, 2.6)	1.5	(0.8, 2.9)	2.4	(1.1, 5.3)	39.9	(32.0, 48.2)	41.2	(35.6, 47.1)	70.2	(62.5, 77.0)	5.6	(3.4, 9.1)
45-64	7.4	(5.2, 10.5)	32.9	(27.0, 39.4)	0.6	(0.2, 1.6)	0.6	(0.2, 2.1)	1.4	(0.6, 3.1)	34.3	(27.6, 41.7)	9.4	(6.0, 14.4)	55.5	(48.4, 62.4)	1.9	(0.9, 3.7)
65+	3.8	(2.4, 5.8)	22.7	(16.9, 29.9)	5.5	(3.0, 9.9)	0.0		0.0		10.3	(7.4, 14.1)	1.6	(0.7, 3.3)	37.6	(32.1, 43.4)	1.5	(0.7, 3.1)
Residence																		
Urban	5.7	(4.0, 8.0)	27.1	(21.6, 33.5)	1.7	(1.0, 3.0)	1.5	(0.7, 3.2)	3.9	(2.7, 5.7)	27.7	(22.2, 34.0)	26.5	(22.9, 30.4)	58.4	(52.8, 63.7)	3.1	(1.9, 5.1)
Rural	5.9	(3.7, 9.5)	37.6	(27.8, 48.5)	3.0	(1.3, 7.2)	1.7	(0.6, 4.7)	3.6	(1.6, 7.9)	30.1	(22.1, 39.6)	25.5	(21.0, 30.6)	63.3	(56.8, 69.4)	2.8	(1.3, 5.7)
Education Level[2]																		
Primary or less	2.9	(1.7, 4.9)	23.2	(17.2, 30.5)	5.4	(2.8, 10.1)	0.0		0.0		8.1	(5.4, 11.9)	2.4	(1.0, 5.3)	36.6	(30.5, 43.1)	1.1	(0.5, 2.7)
Secondary	5.7	(3.3, 9.8)	29.5	(22.4, 37.8)	1.5	(0.6, 4.0)	0.9	(0.2, 3.5)	0.8	(0.2, 3.2)	27.9	(20.2, 37.2)	8.1	(4.7, 13.6)	52.9	(44.2, 61.5)	2.3	(1.0, 4.9)
High school	8.8	(5.9, 12.8)	36.9	(30.1, 44.4)	1.1	(0.4, 3.2)	1.0	(0.4, 2.5)	2.6	(1.1, 6.2)	38.9	(30.4, 48.0)	25.5	(20.4, 31.4)	65.2	(57.0, 72.6)	4.7	(2.6, 8.3)
College or above	9.9	(6.3, 15.1)	33.4	(25.3, 42.7)	0.9	(0.3, 2.4)	1.3	(0.5, 3.5)	1.6	(0.6, 4.1)	41.5	(33.0, 50.6)	38.1	(31.9, 44.8)	67.0	(59.2, 74.0)	4.2	(2.3, 7.5)

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

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

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 Greece, 2013.

Demographic Characteristics	Adults Exposed to Tobacco Smoke[1] in…																	
	Government buildings		Private workplaces		Health care facilities		Schools		Universities		Restaurants		Bars, night clubs		Cafes, coffee shops, tea houses		Public transportation	
	Percentage (95% CI)																	
Overall	18.2	(13.9, 23.5)	55.6	(49.0, 62.1)	6.8	(4.4, 10.3)	9.2	(6.0, 13.8)	43.6	(33.8, 53.8)	72.2	(64.1, 79.1)	95.8	(92.7, 97.7)	85.0	(79.5, 89.3)	6.9	(4.6, 10.3)
Gender																		
Male	19.4	(14.5, 25.4)	62.9	(56.2, 69.2)	6.2	(3.9, 9.8)	10.3	(6.0, 17.3)	44.8	(32.7, 57.5)	72.3	(63.4, 79.7)	96.0	(92.6, 97.9)	88.0	(83.2, 91.5)	8.3	(4.8, 13.9)
Female	16.9	(12.4, 22.6)	47.9	(40.8, 55.0)	7.2	(4.1, 12.4)	8.4	(5.0, 13.8)	42.1	(30.3, 54.9)	72.1	(63.4, 79.4)	95.6	(90.1, 98.1)	81.2	(73.9, 86.8)	6.1	(3.9, 9.3)
Age (years)																		
15-24	12.6	(6.1, 24.2)	56.0	(46.1, 65.4)	7.3	(2.3, 21.0)	15.2	(8.3, 26.3)	43.0	(30.6, 56.3)	68.5	(56.7, 78.3)	95.2	(89.1, 98.0)	86.4	(80.1, 91.0)	5.5	(3.0, 9.8)
25-44	20.3	(14.7, 27.4)	57.4	(49.9, 64.7)	5.7	(3.0, 10.8)	5.9	(3.9, 8.8)	50.9	(33.5, 68.1)	72.5	(63.5, 80.1)	96.4	(92.6, 98.3)	83.9	(77.5, 88.7)	11.1	(6.9, 17.4)
45-64	17.9	(12.8, 24.7)	55.1	(48.1, 61.9)	4.8	(2.2, 10.0)	7.1	(3.3, 14.5)	39.3	(21.5, 60.4)	74.3	(65.3, 81.6)	95.2	(85.6, 98.5)	82.3	(75.0, 87.8)	4.5	(2.5, 7.9)
65+	15.9	(11.1, 22.4)	51.2	(42.6, 59.8)	8.7	(4.9, 14.8)	*		*		71.7	(60.0, 81.0)	*		92.8	(86.7, 96.2)	3.4	(1.8, 6.4)
Residence																		
Urban	16.7	(12.3, 22.4)	50.8	(43.2, 58.5)	6.5	(3.9, 10.6)	8.9	(5.4, 14.1)	40.1	(30.1, 51.0)	70.3	(60.7, 78.3)	95.2	(91.4, 97.3)	83.0	(76.1, 88.3)	5.6	(3.4, 9.0)
Rural	23.8	(15.4, 35.0)	68.9	(58.5, 77.7)	7.6	(3.6, 15.5)	10.4	(4.8, 21.0)	63.0	(43.7, 78.9)	77.5	(61.4, 88.2)	97.7	(87.9, 99.6)	90.2	(81.4, 95.1)	12.5	(6.7, 22.0)
Education Level[2]																		
Primary or less	16.7	(10.6, 25.5)	51.3	(42.4, 60.1)	8.7	(4.9, 15.1)	*		*		66.6	(54.2, 77.1)	99.6	(96.5, 99.9)	90.3	(81.8, 95.1)	3.4	(1.6, 6.8)
Secondary	12.5	(7.7, 19.7)	54.7	(46.9, 62.3)	5.7	(2.3, 13.1)	5.3	(1.5, 17.0)	*		80.2	(69.5, 87.8)	92.1	(74.9, 97.8)	89.8	(84.1, 93.6)	4.9	(2.3, 9.9)
High school	21.3	(15.1, 29.2)	61.5	(53.7, 68.7)	5.4	(2.2, 12.6)	3.8	(1.9, 7.5)	52.9	(28.8, 75.7)	77.8	(67.5, 85.5)	97.0	(92.1, 98.9)	83.1	(75.2, 88.8)	9.8	(5.6, 16.4)
College or above	19.3	(14.2, 25.6)	49.8	(40.9, 58.7)	5.7	(3.0, 10.4)	9.7	(5.4, 17.0)	44.6	(29.5, 60.8)	65.5	(56.1, 73.9)	95.8	(91.8, 97.9)	81.4	(73.9, 87.1)	9.1	(5.4, 14.9)
Nonsmokers	15.2	(11.4, 20.1)	45.7	(38.0, 53.6)	6.6	(4.1, 10.5)	8.1	(4.5, 14.3)	41.3	(31.3, 52.1)	67.1	(57.6, 75.4)	94.3	(89.4, 97.0)	81.9	(75.5, 86.9)	5.6	(3.7, 8.4)
Gender																		
Male	14.8	(10.0, 21.5)	49.5	(40.6, 58.4)	5.9	(3.3, 10.3)	7.6	(2.7, 19.8)	38.3	(25.0, 53.5)	64.2	(52.8, 74.1)	94.1	(86.2, 97.6)	84.6	(78.3, 89.3)	5.0	(2.7, 9.3)
Female	15.5	(11.2, 21.1)	43.2	(35.4, 51.3)	6.9	(4.0, 11.9)	8.4	(4.4, 15.7)	43.6	(30.5, 57.7)	69.6	(60.4, 77.4)	94.4	(86.8, 97.8)	79.5	(71.9, 85.5)	5.9	(3.7, 9.1)
Age (years)																		
15-24	8.7	(3.0, 22.5)	42.4	(32.2, 53.2)	7.6	(1.9, 26.2)	12.0	(5.2, 25.3)	40.7	(27.9, 54.9)	61.2	(46.1, 74.4)	92.5	(83.0, 96.9)	84.9	(77.8, 90.0)	3.4	(1.4, 8.2)
25-44	17.8	(12.2, 25.3)	47.0	(37.9, 56.3)	4.8	(1.9, 11.5)	5.3	(2.8, 9.6)	49.2	(23.8, 75.1)	66.7	(54.3, 77.1)	95.5	(90.9, 97.8)	78.2	(69.5, 85.0)	10.1	(6.1, 16.2)
45-64	15.5	(10.8, 21.8)	45.1	(37.4, 53.1)	2.2	(0.8, 5.7)	6.2	(2.0, 17.3)	*		71.5	(60.8, 80.3)	97.6	(91.0, 99.4)	78.1	(68.6, 85.4)	4.3	(2.2, 8.2)
65+	13.5	(8.8, 20.0)	47.3	(37.7, 57.1)	9.1	(5.1, 15.8)	*		*		69.3	(56.3, 79.8)	*		91.8	(84.1, 95.9)	3.5	(1.7, 7.0)
Residence																		
Urban	13.5	(9.5, 18.8)	40.4	(32.1, 49.2)	5.8	(3.3, 9.9)	7.3	(3.5, 14.5)	37.3	(27.3, 48.6)	64.0	(52.7, 74.0)	92.6	(86.3, 96.2)	79.1	(71.3, 85.2)	5.2	(3.2, 8.3)
Rural	22.7	(14.4, 34.0)	61.4	(48.5, 72.8)	8.2	(3.5, 17.8)	11.7	(4.8, 25.7)	60.8	(38.3, 79.4)	76.2	(60.6, 86.9)	99.1	(96.4, 99.8)	89.9	(81.2, 94.8)	7.4	(3.6, 14.5)
Education Level[2]																		
Primary or less	13.3	(8.1, 21.1)	47.0	(37.1, 57.0)	9.2	(4.9, 16.7)	*		*		66.1	(53.2, 77.0)	*		88.5	(78.4, 94.2)	2.7	(1.1, 6.4)
Secondary	13.8	(7.8, 23.3)	45.1	(36.1, 54.4)	4.4	(1.6, 11.7)	7.9	(2.1, 25.2)	*		79.2	(64.6, 88.8)	93.9	(67.5, 99.1)	85.9	(77.2, 91.7)	5.1	(2.3, 10.8)
High school	17.9	(12.1, 25.6)	51.4	(42.0, 60.8)	4.3	(1.5, 11.9)	4.9	(2.2, 10.6)	*		74.2	(60.0, 84.7)	99.0	(96.1, 99.7)	79.8	(69.4, 87.3)	9.5	(5.4, 16.2)
College or above	16.3	(10.6, 24.2)	39.9	(29.9, 51.0)	3.3	(1.2, 9.0)	5.1	(1.9, 13.0)	*		58.3	(47.4, 68.5)	92.4	(84.0, 96.6)	74.4	(65.6, 81.6)	7.6	(4.2, 13.4)

[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.

7. Economics

This chapter focuses on the last purchase of manufactured cigarettes by current manufactured cigarette smokers, providing the brand, source of purchase, and expenditure on manufactured cigarettes.

Key Findings

Approximately 8 in 10 current smokers bought manufactured cigarettes from kiosks.

On average (median), a current cigarette smoker spent 100.4 euros per month on manufactured cigarettes.

The average (median) amount spent on 20 manufactured cigarettes (a pack) was 3.3 euros.

7.1 Brand of Manufactured Cigarettes at Last Purchase

Current manufactured cigarette smokers were asked to report the brand name of the last cigarettes they purchased. The top five purchased brands (from all current manufactured cigarette smokers) are shown in Table 7.1, broken down by demographic characteristics.

Overall, the brand most purchased was Marlboro (27.7%), followed by Karelia (9.1%), Peter Stuyvesant (6.8%), Assos (6.5%), and Davidoff (5.1%). Men were more likely to purchase Marlboro cigarettes than women (32.9% vs. 18.2%), and the younger age groups were more likely to purchase Marlboro cigarettes than the older age groups. The highest age group (65+) purchased Karelia cigarettes (23.8%) more than the lower age groups.

Table 7.1: Percentage of current manufactured cigarette smokers ≥15 years old, by last brand purchased and selected demographic characteristics – GATS Greece, 2013.

Demographic Characteristics	Last cigarette brand purchased									
	Marlboro		Karelia		Peter Stuyvesant		Assos		Davidoff	
	Percentage (95% CI)									
Overall	27.7	(23.2, 32.7)	9.1	(7.2, 11.6)	6.8	(5.1, 9.0)	6.5	(4.8, 8.8)	5.1	(3.7, 7.0)
Gender										
Male	32.9	(27.0, 39.5)	8.0	(5.8, 11.0)	6.2	(4.2, 9.1)	8.5	(6.0, 11.9)	3.1	(1.7, 5.5)
Female	18.2	(13.9, 23.4)	11.1	(7.7, 15.9)	7.8	(4.6, 13.1)	2.9	(1.4, 5.7)	8.7	(5.7, 13.0)
Age (years)										
15-24	58.6	(39.9, 75.1)	4.7	(1.0, 19.3)	6.7	(1.2, 29.6)	0.4	(0.1, 2.2)	4.1	(1.5, 11.0)
25-44	32.7	(26.1, 40.0)	7.5	(4.9, 11.3)	5.8	(3.6, 9.3)	2.9	(1.3, 6.4)	8.6	(5.9, 12.5)
45-64	19.2	(14.7, 24.6)	8.1	(5.2, 12.5)	7.2	(4.7, 10.9)	9.2	(6.4, 13.2)	2.2	(1.1, 4.3)
65+	8.5	(4.6, 15.2)	23.8	(17.1, 32.2)	9.4	(5.1, 16.7)	18.0	(11.8, 26.6)	1.2	(0.3, 5.2)
Residence										
Urban	26.7	(21.7, 32.3)	8.8	(6.4, 11.9)	7.4	(5.2, 10.4)	6.2	(4.4, 8.8)	4.5	(3.1, 6.6)
Rural	30.2	(21.5, 40.6)	9.9	(6.9, 14.1)	5.3	(3.3, 8.3)	7.2	(4.0, 12.7)	6.3	(3.6, 10.8)
Education Level[1]										
Primary or less	9.4	(5.0, 17.0)	19.4	(12.0, 30.0)	10.2	(5.1, 19.5)	17.6	(12.0, 25.2)	2.6	(0.9, 7.2)
Secondary	21.8	(15.1, 30.3)	8.4	(4.6, 14.7)	8.5	(4.8, 14.6)	9.4	(5.5, 15.6)	0.5	(0.1, 1.8)
High school	30.5	(24.4, 37.3)	6.9	(4.4, 10.6)	6.0	(3.8, 9.4)	5.6	(3.1, 9.8)	6.5	(4.0, 10.2)
College or above	23.5	(17.3, 31.2)	10.5	(6.3, 17.1)	5.1	(2.6, 9.7)	3.4	(1.3, 8.6)	8.0	(4.6, 13.8)

Note: Current manufactured cigarette smokers includes daily and occasional (less than daily) use. The top five reported brands last purchased among all manufactured cigarette smokers are shown here.

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

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 Greece, 2013.

Source	Overall		Gender				Age (years)				Residence			
			Male		Female		15-24		25+		Urban		Rural	
	Percentage (95% CI)													
Store	13.7	(8.8, 20.8)	13.9	(9.0, 20.7)	13.5	(7.2, 23.9)	8.7	(1.7, 34.3)	14.3	(9.0, 21.8)	13.4	(8.1, 21.4)	14.4	(6.2, 30.0)
Street vendor	2.0	(1.2, 3.2)	1.6	(0.7, 3.5)	2.7	(1.4, 5.1)	0.0		2.2	(1.4, 3.6)	2.3	(1.3, 4.0)	1.2	(0.4, 3.4)
Military store	0.0	(0.0, 0.2)	0.1	(0.0, 0.4)	0.0		0.0		0.0	(0.0, 0.3)	0.0	(0.0, 0.3)	0.0	
Duty-free shop	0.0	(0.0, 0.3)	0.0		0.1	(0.0, 0.8)	0.0		0.0	(0.0, 0.3)	0.1	(0.0, 0.4)	0.0	
Kiosks	79.8	(73.0, 85.2)	80.8	(73.3, 86.6)	77.9	(68.9, 84.8)	89.4	(66.6, 97.2)	78.7	(71.8, 84.4)	80.3	(72.6, 86.2)	78.6	(65.3, 87.7)
Internet	0.1	(0.0, 0.3)	0.1	(0.0, 0.4)	0.0		0.0		0.1	(0.0, 0.3)	0.1	(0.0, 0.4)	0.0	
From another person	0.7	(0.3, 1.6)	0.5	(0.2, 1.8)	1.0	(0.3, 3.0)	0.3	(0.0, 2.0)	0.7	(0.3, 1.7)	0.9	(0.4, 2.2)	0.2	(0.0, 1.2)
Other	3.7	(2.1, 6.4)	3.0	(1.5, 6.0)	4.9	(2.4, 9.7)	1.7	(0.3, 8.2)	3.9	(2.2, 6.9)	2.8	(1.4, 5.9)	5.6	(2.3, 13.0)
Total	100		100		100		100		100		100		100	

7.2 Source of Last Purchase of Cigarettes

Current manufactured cigarette smokers were asked to report the source or location of the last cigarettes they purchased, shown in Table 7.2, broken down by demographic characteristics. The most common source of manufactured cigarettes was from kiosks (79.8%), and this was the same across all demographic characteristics, including gender, age group, and residence. The next highest source of last purchase was from stores (13.7%). The pattern was quite similar across all demographic characteristics.

7.3 Expenditure on Cigarettes

Information was collected from all current manufactured cigarette smokers on money spent on their last cigarette purchase. The average (median) expenditure for cigarettes among manufactured cigarette smokers in Greece was calculated (using cost per cigarette and consumption data) and these data are presented in Table 7.3. On average (median), a current manufactured cigarette smoker spent 100.3 euros per month on manufactured cigarettes. The expenditure for men (112.5 euros) was significantly higher than for women (85.0 euros). There were very few differences by age, residence, and education.

There are two standard indicators calculated from GATS used to measure the affordability of cigarettes in the country. Survey results showed that the average (median) amount spent per 20 manufactured cigarettes (a pack) was 3.3 euros. In addition, calculating the average (median) price of 100 packs of manufactured cigarettes and factoring in the gross domestic product (GDP) per capita as of November 2013[1] suggested that 2.0% of the GDP per capita was spent on the purchase of manufactured cigarettes.

Table 7.3: Average (median) cigarette expenditure per month among manufactured cigarette smokers ≥15 years old, by selected demographic characteristics – GATS Greece, 2013.

Demographic Characteristics	Cigarette expenditure per month (Euros)	
	Median (95% CI)	
Overall	100.3	(97.2, 109.1)
Gender		
Male	112.5	(102.8, 115.6)
Female	85.0	(72.6, 95.7)
Age (years)		
15-24	77.0	(56.8, 102)
25-44	103.3	(92.8, 115.6)
45-64	106.3	(99.4, 115.6)
65+	95.8	(79.9, 106.5)
Residence		
Urban	99.1	(91.5, 105.1)
Rural	106.0	(99.4, 115.6)
Education Level[1]		
Primary or less	104.0	(96.5, 115.1)
Secondary	110.1	(98.8, 116)
High school	103.9	(99.4, 115.6)
College or above	95.8	(83.7, 103.3)

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

[1] 2013 GDP source: estimated figure from International Monetary Fund Web site, accessed 04 November 2013.

8. Media

A comprehensive ban on marketing and promotion is a powerful weapon against the tobacco epidemic. To be effective, bans must be complete and apply to all marketing and promotional categories, which should reduce the social desirability of smoking, in particular, among young people. Pictorial health warnings are extremely effective in conveying the full extent of the health effects of tobacco and reach larger audiences (e.g., young people, migrants, and people with lower education levels) to increase cessation and decrease smoking initiation. The introduction of pictorial warnings is cost-effective for governments - the costs of implementation are almost entirely borne by the tobacco industry and the measures reduce the burden of disease resulting from tobacco use.

Key Findings

32.0% noticed antismoking messages in any location, with the majority of these noticing such messages on the television.

Overall, the great majority (90.6%) noticed the health warnings on cigarette packs, but only 15.3% thought about quitting because of the warning labels.

The law prohibiting cigarette marketing has been well enforced and the GATS results show that exposure to cigarette marketing is low, among both smokers and non-smokers. Less that 5% of the population noticed cigarette marketing in each of the following sources: television, radio, newspapers/magazines, cinemas, Internet, public transportation, public walls.

8.1 Anti-cigarette Smoking Information

The percentages of adults 15 years and older who reported noticing messages about the dangers of smoking cigarettes (or messages encouraging smokers to quit) in various places during the last 30 days are presented in Table 8.1. Overall, 32.0% noticed anti-smoking messages in any location, with the largest percentage noticing information while watching television (26.9%). The second largest percentage was a distant 9.7% in newspapers or in magazines. There were no significant differences between males and females and age groups. Generally, there was also no significant difference in residence. However, 3.3% of the urban residents noticed anti-cigarette information in locations other than newspapers/magazines, television/radio or billboards; only 0.6% of the rural residents noticed such information in other locations.

There is no significant difference between current smokers and nonsmokers, and a similar pattern holds true among the demographic groups.

8.2 Effect of Health Warning Labels on Cigarette Packages

Table 8.2 shows the 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. Among current smokers, 90.6% noticed health warnings on cigarette packages and 15.3% thought about quitting smoking because of those health warnings.

There were no significant differences between males and females for noticing health warnings (90.5% and 90.9%) and for thinking about quitting (13.9% and 17.9%). Similarly, there were no significant differences between the place of residence (e.g., urban, rural) and among the age groups and education levels.

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 Greece, 2013.

Places	Overall		Gender				Age (years)				Residence			
			Male		Female		15-24		25+		Urban		Rural	
	Percentage (95% CI)													
Overall														
In newspapers or in magazines	9.7	(7.1, 13.3)	10.3	(7.0, 14.8)	9.2	(6.6, 12.7)	13.2	(8.3, 20.5)	9.0	(6.7, 12.1)	9.6	(6.6, 13.7)	10.1	(5.9, 16.6)
On television or the radio	26.9	(22.2, 32.1)	25.7	(20.8, 31.2)	28.0	(23.1, 33.5)	24.4	(17.5, 32.9)	27.4	(22.8, 32.5)	27.2	(21.9, 33.2)	26.0	(18.7, 35.0)
On television	25.7	(21.1, 30.8)	24.6	(19.8, 30.1)	26.7	(21.9, 32.2)	23.9	(17.0, 32.4)	26.1	(21.6, 31.1)	25.9	(20.8, 31.8)	25.2	(18.0, 34.0)
On the radio	3.8	(2.7, 5.3)	3.6	(2.5, 5.2)	3.9	(2.6, 5.8)	3.8	(1.7, 8.3)	3.8	(2.8, 5.0)	4.1	(2.8, 6.1)	2.7	(1.5, 5.0)
On billboards	6.3	(4.3, 9.2)	6.4	(4.5, 9.0)	6.3	(3.8, 10.2)	10.3	(5.5, 18.4)	5.5	(3.9, 7.8)	6.5	(4.2, 9.8)	6.0	(2.8, 12.3)
Somewhere else	2.6	(1.7, 4.0)	2.2	(1.3, 3.8)	2.9	(1.8, 4.9)	3.9	(1.9, 7.8)	2.3	(1.4, 3.7)	3.3	(2.2, 5.1)	0.6	(0.3, 1.3)
Any Location	32.0	(26.9, 37.6)	31.4	(26.2, 37.2)	32.6	(27.1, 38.6)	30.2	(22.6, 39.1)	32.4	(27.3, 37.9)	32.4	(26.6, 38.7)	31.1	(22.5, 41.2)
Current smokers[1]														
In newspapers or in magazines	10.3	(7.1, 14.8)	10.1	(6.6, 15.2)	10.8	(7.0, 16.3)	14.6	(6.7, 28.7)	9.7	(7.0, 13.3)	10.5	(6.8, 15.9)	9.9	(5.7, 16.8)
On television or the radio	25.6	(20.6, 31.3)	25.3	(19.9, 31.7)	26.1	(20.1, 33.1)	26.6	(14.9, 42.7)	25.5	(20.6, 31.1)	26.6	(20.8, 33.4)	23.0	(16.3, 31.4)
On television	24.4	(19.5, 30.1)	24.1	(18.7, 30.5)	24.9	(19.1, 31.9)	26.4	(14.8, 42.6)	24.1	(19.3, 29.7)	25.4	(19.6, 32.2)	21.8	(15.3, 30.1)
On the radio	3.4	(2.3, 5.0)	3.6	(2.2, 6.0)	3.0	(1.6, 5.5)	3.7	(1.0, 13.1)	3.4	(2.3, 4.9)	3.3	(2.2, 5.0)	3.7	(1.6, 8.3)
On billboards	6.8	(4.4, 10.6)	7.0	(4.5, 10.9)	6.5	(3.3, 12.2)	10.1	(3.5, 25.6)	6.3	(4.1, 9.6)	7.0	(4.3, 11.4)	6.3	(2.6, 14.9)
Somewhere else	2.9	(1.6, 5.2)	2.7	(1.4, 5.3)	3.3	(1.6, 7.0)	4.3	(0.8, 18.9)	2.7	(1.5, 4.8)	3.9	(2.2, 6.9)	0.4	(0.1, 1.5)
Any Location	31.8	(26.1, 38.2)	31.4	(25.1, 38.4)	32.7	(26.1, 40.1)	31.6	(18.7, 48.1)	31.9	(26.1, 38.2)	33.4	(27.0, 40.6)	27.6	(18.8, 38.7)
Nonsmokers														
In newspapers or in magazines	9.4	(6.8, 12.8)	10.5	(6.9, 15.6)	8.7	(6.1, 12.1)	12.7	(8.2, 19.1)	8.6	(6.2, 11.8)	9.1	(6.2, 13.0)	10.2	(5.8, 17.2)
On television or the radio	27.6	(22.6, 33.3)	26.0	(21.1, 31.7)	28.7	(23.2, 34.9)	23.4	(15.9, 33.1)	28.6	(23.7, 34.2)	27.6	(21.9, 34.1)	27.9	(19.5, 38.1)
On television	26.5	(21.6, 32.0)	25.1	(20.2, 30.8)	27.4	(22.0, 33.5)	22.8	(15.4, 32.4)	27.4	(22.5, 32.8)	26.2	(20.7, 32.5)	27.3	(19.1, 37.4)
On the radio	4.0	(2.6, 6.0)	3.6	(2.2, 5.9)	4.2	(2.8, 6.3)	3.8	(1.3, 10.2)	4.0	(2.9, 5.6)	4.7	(2.9, 7.4)	2.1	(1.3, 3.6)
On billboards	6.0	(3.9, 9.1)	5.7	(3.9, 8.3)	6.2	(3.6, 10.6)	10.3	(5.2, 19.5)	5.0	(3.6, 7.0)	6.1	(3.6, 10.1)	5.8	(3.0, 11.0)
Somewhere else	2.4	(1.4, 4.0)	1.7	(0.9, 3.3)	2.8	(1.6, 4.8)	3.8	(1.8, 7.6)	2.1	(1.2, 3.6)	3.0	(1.8, 5.0)	0.7	(0.3, 1.8)
Any Location	32.1	(26.7, 38.0)	31.5	(26.1, 37.4)	32.6	(26.6, 39.2)	29.6	(21.6, 39.1)	32.7	(27.4, 38.6)	31.7	(25.6, 38.5)	33.3	(24.1, 44.0)

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

[2] Includes former and never smokers.

8.3 Tobacco Marketing

The percentages of adults aged ≥15 years who noticed cigarette marketing in public places and media in the last 30 days —such as stores where cigarettes are sold, television, radio, billboards, newspapers or magazines, Internet, sports sponsorship, free samples, and clothing with brand names—are presented in Table 8.3. The percentage of adults who noticed any cigarette advertisement, sponsorship or promotion was 44.3%. The most common place or type of cigarette marketing or sponsorship noticed was in stores (28.4%); the other highest sources were clothing/items with brand name or logo (10.7%), billboards (10.0%), and posters (6.9%). The least common sources were on television (1.9%), the radio (1.1%), in cinemas (0.7%), mail promoting cigarettes (0.3%), and coupons (0.1%). These patterns hold true for each of the demographic groups and subgroups.

Table 8.4 and Table 8.5 provide the same data analyses for current smokers and current nonsmokers, respectively. The percentage of current smokers who noticed any cigarette advertisement, sponsorship or promotion was 60.1%, compared to 34.4% of nonsmokers. Among both smokers and nonsmokers, the same pattern as outlined above for the general population applies. However, there are significant differences observed between smokers and nonsmokers in noticing free gifts/discounts (11.3% smokers and 1.8% nonsmokers) and noticing sale prices (11.5% smokers and 2.3% nonsmokers).

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 Greece, 2013.

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	90.6	(87.7, 92.9)	15.3	(11.5, 20.0)
Gender				
Male	90.5	(86.8, 93.3)	13.9	(9.9, 19.2)
Female	90.9	(87.0, 93.7)	17.9	(12.9, 24.3)
Age (years)				
15-24	94.0	(84.7, 97.8)	13.6	(6.6, 25.8)
25-44	89.8	(86.5, 92.4)	15.9	(11.5, 21.6)
45-64	90.7	(86.3, 93.8)	16.0	(11.5, 21.7)
65+	90.0	(82.0, 94.6)	11.9	(7.1, 19.4)
Residence				
Urban	91.8	(88.6, 94.1)	16.6	(12.5, 21.8)
Rural	87.7	(81.1, 92.2)	11.8	(6.3, 21.1)
Education Level3				
Primary or less	90.5	(82.4, 95.1)	11.7	(6.5, 20.0)
Secondary	91.5	(87.2, 94.4)	14.8	(9.4, 22.6)
High school	90.4	(86.3, 93.4)	17.5	(12.2, 24.5)
College or above	88.7	(83.5, 92.4)	14.1	(9.5, 20.6)

[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.

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 Greece, 2013.

Places	Overall		Gender				Age (years)				Residence			
			Male		Female		15-24		25+		Urban		Rural	
	Percentage (95% CI)													
Noticed advertisements														
In stores	28.4	(22.8, 34.7)	31.7	(25.3, 38.8)	25.2	(19.8, 31.5)	35.4	(26.0, 46.1)	27.0	(21.7, 33.0)	31.5	(24.9, 38.9)	20.2	(12.5, 30.9)
On television	1.9	(1.0, 3.3)	2.2	(1.1, 4.2)	1.5	(0.9, 2.8)	3.2	(1.3, 8.0)	1.6	(0.9, 2.8)	1.5	(0.8, 2.6)	2.8	(0.9, 8.3)
On the radio	1.1	(0.5, 2.5)	1.2	(0.4, 3.1)	1.0	(0.5, 2.3)	2.7	(1.0, 7.4)	0.8	(0.3, 1.9)	0.8	(0.3, 2.0)	2.0	(0.5, 7.3)
On billboards	10.0	(6.3, 15.5)	11.1	(7.2, 16.8)	9.0	(5.3, 14.9)	14.5	(8.4, 24.0)	9.1	(5.7, 14.3)	10.3	(6.1, 16.7)	9.3	(4.5, 18.3)
On posters	6.9	(4.1, 11.3)	8.0	(4.9, 12.8)	5.8	(3.2, 10.3)	8.4	(4.3, 15.8)	6.6	(3.9, 10.9)	7.3	(4.0, 12.8)	5.9	(3.0, 11.5)
In newspapers or magazines	2.7	(1.4, 5.4)	3.3	(1.8, 6.0)	2.2	(0.8, 5.6)	2.8	(1.0, 7.9)	2.7	(1.4, 5.4)	3.0	(1.3, 6.8)	2.0	(0.9, 4.2)
In cinemas	0.7	(0.3, 1.7)	0.8	(0.2, 2.5)	0.6	(0.3, 1.6)	2.0	(0.6, 6.7)	0.4	(0.2, 1.3)	0.7	(0.2, 1.9)	0.7	(0.1, 4.1)
On the Internet	3.1	(2.1, 4.5)	4.1	(2.6, 6.7)	2.0	(1.3, 3.1)	7.0	(3.9, 12.1)	2.3	(1.4, 3.7)	3.2	(2.0, 5.1)	2.6	(1.3, 5.4)
On public transportation	2.2	(1.0, 4.5)	2.0	(1.0, 4.3)	2.3	(1.1, 4.9)	1.6	(0.6, 4.5)	2.3	(1.1, 4.9)	2.5	(1.0, 5.7)	1.4	(0.5, 3.7)
On public walls	2.1	(1.1, 4.3)	2.3	(1.2, 4.4)	2.0	(0.9, 4.4)	2.0	(0.7, 5.4)	2.2	(1.0, 4.6)	2.7	(1.3, 5.7)	0.6	(0.2, 1.7)
Somewhere else	0.7	(0.4, 1.2)	0.8	(0.4, 1.6)	0.6	(0.3, 1.2)	1.1	(0.3, 3.1)	0.6	(0.3, 1.1)	0.8	(0.4, 1.4)	0.5	(0.2, 1.5)
Noticed sports sponsorship	3.7	(2.4, 5.5)	5.9	(3.7, 9.3)	1.6	(0.9, 2.8)	7.1	(3.6, 13.6)	3.0	(2.0, 4.4)	4.3	(2.7, 6.7)	2.1	(0.9, 4.5)
Noticed cigarette promotions														
Free samples	4.3	(2.6, 7.1)	4.9	(2.9, 8.0)	3.8	(2.2, 6.6)	6.1	(2.8, 12.6)	4.0	(2.5, 6.3)	4.5	(2.6, 7.5)	4.0	(1.9, 8.3)
Sale prices	5.8	(3.9, 8.5)	7.9	(5.3, 11.9)	3.8	(2.4, 5.8)	5.7	(3.2, 10.0)	5.8	(4.0, 8.6)	6.5	(4.3, 9.8)	4.0	(1.7, 8.8)
Coupons	0.1	(0.1, 0.3)	0.2	(0.1, 0.5)	0.1	(0.0, 0.3)	0.2	(0.0, 0.6)	0.1	(0.1, 0.3)	0.1	(0.1, 0.3)	0.1	(0.0, 0.7)
Free gifts/discounts on other products	5.4	(3.4, 8.4)	6.8	(4.4, 10.3)	4.1	(2.3, 6.9)	6.4	(3.1, 12.8)	5.2	(3.4, 7.8)	5.5	(3.3, 9.1)	5.1	(2.9, 8.7)
Clothing/item with brand name or logo	10.7	(7.8, 14.5)	11.3	(8.1, 15.6)	10.1	(7.2, 14.1)	16.5	(10.4, 25.2)	9.5	(7.0, 12.9)	10.9	(7.5, 15.6)	10.2	(5.8, 17.4)
Mail promoting cigarettes	0.3	(0.1, 0.9)	0.4	(0.1, 1.2)	0.2	(0.1, 0.9)	0.0		0.4	(0.1, 1.1)	0.4	(0.1, 1.3)	0.1	(0.0, 0.3)
Noticed any advertisement, sponsorship, or promotion	44.3	(38.2, 50.5)	49.1	(42.4, 55.8)	39.6	(33.6, 46.0)	55.7	(45.8, 65.1)	42.0	(36.0, 48.1)	47.2	(40.2, 54.2)	36.6	(27.4, 46.9)

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 Greece, 2013.

Places	Overall		Gender				Age (years)				Residence			
			Male		Female		15-24		25+		Urban		Rural	
	Percentage (95% CI)													
Noticed advertisements														
In stores	40.3	(32.9, 48.1)	40.4	(32.4, 49.0)	40.1	(31.8, 49.0)	48.7	(34.8, 62.9)	39.0	(31.9, 46.7)	43.5	(34.7, 52.7)	31.9	(20.7, 45.6)
On television	2.3	(1.0, 5.4)	2.1	(0.9, 4.7)	2.7	(1.0, 7.1)	3.5	(0.8, 13.4)	2.1	(1.0, 4.5)	1.1	(0.6, 2.1)	5.4	(1.6, 16.6)
On the radio	1.3	(0.5, 3.7)	1.0	(0.2, 3.7)	2.0	(0.7, 5.2)	3.4	(0.8, 13.5)	1.0	(0.4, 2.5)	0.7	(0.3, 2.0)	2.8	(0.6, 12.4)
On billboards	14.8	(9.5, 22.2)	16.4	(10.2, 25.1)	11.7	(7.2, 18.4)	25.5	(12.8, 44.4)	13.1	(8.6, 19.5)	14.4	(8.7, 22.8)	15.7	(7.9, 28.7)
On posters	8.8	(5.2, 14.5)	9.0	(5.1, 15.2)	8.4	(4.7, 14.4)	7.8	(2.4, 23.1)	8.9	(5.5, 14.1)	9.1	(4.9, 16.0)	8.0	(3.7, 16.2)
In newspapers or magazines	2.8	(1.3, 5.8)	3.0	(1.4, 6.4)	2.4	(0.9, 5.8)	1.1	(0.2, 5.9)	3.1	(1.5, 6.1)	3.1	(1.3, 7.2)	2.0	(0.7, 5.3)
In cinemas	0.5	(0.1, 1.5)	0.5	(0.1, 2.4)	0.3	(0.1, 1.4)	0.1	(0.0, 1.1)	0.5	(0.1, 1.8)	0.3	(0.1, 0.8)	1.0	(0.1, 6.0)
On the Internet	3.5	(2.1, 5.8)	4.1	(2.3, 7.1)	2.4	(1.2, 4.7)	5.3	(2.1, 13.0)	3.2	(1.9, 5.4)	3.5	(1.9, 6.5)	3.4	(1.4, 8.0)
On public transportation	2.5	(1.2, 5.1)	2.8	(1.2, 6.3)	1.9	(0.8, 4.3)	0.6	(0.1, 3.0)	2.8	(1.3, 5.7)	2.7	(1.2, 6.2)	1.9	(0.5, 6.8)
On public walls	1.9	(0.8, 4.1)	1.8	(0.7, 4.7)	2.0	(0.8, 4.7)	0.1	(0.0, 1.1)	2.1	(0.9, 4.7)	2.5	(1.1, 5.6)	0.1	(0.0, 0.4)
Somewhere else	0.8	(0.4, 1.6)	0.5	(0.1, 2.0)	1.2	(0.5, 2.7)	0.0		0.9	(0.4, 1.9)	0.9	(0.4, 2.1)	0.3	(0.0, 1.5)
Noticed sports sponsorship	4.9	(3.2, 7.4)	5.8	(3.6, 9.4)	3.0	(1.4, 6.2)	10.6	(5.0, 21.3)	4.0	(2.6, 6.1)	5.6	(3.5, 8.9)	2.9	(1.2, 6.9)
Noticed cigarette promotions														
Free samples	6.2	(3.4, 11.1)	5.9	(3.2, 10.6)	6.8	(3.5, 13.0)	8.2	(2.5, 23.8)	5.9	(3.5, 10.0)	5.7	(2.8, 11.3)	7.5	(3.3, 16.3)
Sale prices	11.5	(7.9, 16.4)	12.6	(8.4, 18.5)	9.3	(6.2, 13.6)	10.3	(5.0, 19.9)	11.7	(8.0, 16.6)	12.8	(8.6, 18.6)	8.0	(3.8, 16.2)
Coupons	0.3	(0.1, 0.7)	0.3	(0.1, 1.0)	0.2	(0.0, 0.8)	0.2	(0.0, 1.8)	0.3	(0.1, 0.7)	0.3	(0.1, 0.8)	0.3	(0.0, 1.9)
Free gifts/discounts on other products	11.3	(7.5, 16.7)	11.4	(7.6, 16.9)	10.9	(6.7, 17.4)	15.6	(8.1, 28.0)	10.6	(7.2, 15.5)	11.8	(7.4, 18.3)	9.9	(5.1, 18.1)
Clothing/item with brand name or logo	15.4	(11.3, 20.6)	14.8	(10.2, 21.0)	16.5	(11.9, 22.4)	22.4	(12.7, 36.5)	14.3	(10.5, 19.2)	15.8	(10.8, 22.6)	14.2	(8.8, 22.3)
Mail promoting cigarettes	0.3	(0.1, 0.9)	0.2	(0.1, 0.7)	0.6	(0.2, 1.8)	0.0		0.4	(0.1, 1.1)	0.4	(0.1, 1.3)	0.1	(0.0, 0.7)
Noticed any advertisement, sponsorship, or promotion	60.1	(53.2, 66.7)	59.8	(52.3, 66.8)	60.8	(52.8, 68.3)	69.8	(56.8, 80.3)	58.7	(51.7, 65.3)	62.5	(54.6, 69.8)	54.0	(42.0, 65.5)

Note: Current smokers includes daily and occasional (less than daily) smokers.

Table 8.5: Percentage of current nonsmokers ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Greece, 2013.

Places	Overall		Gender				Age (years)				Residence			
			Male		Female		15-24		25+		Urban		Rural	
	Percentage (95% CI)													
Noticed advertisements														
In stores	21.0	(16.0, 27.1)	22.5	(16.5, 29.8)	20.1	(14.8, 26.7)	29.6	(20.2, 41.2)	19.0	(14.4, 24.7)	24.1	(18.1, 31.4)	12.7	(7.0, 22.1)
On television	1.6	(0.8, 3.0)	2.3	(1.1, 4.9)	1.2	(0.6, 2.4)	3.1	(0.9, 9.9)	1.2	(0.7, 2.1)	1.7	(0.8, 3.7)	1.2	(0.5, 3.1)
On the radio	1.0	(0.4, 2.5)	1.4	(0.5, 3.7)	0.7	(0.3, 2.0)	2.4	(0.6, 9.4)	0.7	(0.3, 1.7)	0.8	(0.2, 3.1)	1.5	(0.5, 4.6)
On billboards	7.1	(4.1, 12.0)	5.6	(3.4, 9.0)	8.0	(4.3, 14.5)	9.9	(5.3, 17.5)	6.4	(3.6, 11.3)	7.8	(4.2, 13.8)	5.2	(2.1, 12.6)
On posters	5.7	(3.3, 9.8)	7.0	(4.2, 11.2)	5.0	(2.5, 9.6)	8.7	(4.5, 15.9)	5.0	(2.7, 9.1)	6.1	(3.2, 11.4)	4.6	(2.4, 8.7)
In newspapers or magazines	2.7	(1.3, 5.6)	3.7	(2.1, 6.4)	2.1	(0.7, 6.0)	3.6	(1.2, 10.1)	2.5	(1.2, 5.3)	3.0	(1.2, 7.0)	2.0	(0.8, 4.9)
In cinemas	0.9	(0.3, 2.4)	1.0	(0.3, 3.4)	0.8	(0.3, 2.1)	2.8	(0.8, 9.6)	0.4	(0.1, 1.1)	1.0	(0.3, 3.2)	0.6	(0.1, 3.0)
On the Internet	2.8	(1.8, 4.4)	4.2	(2.3, 7.6)	1.9	(1.1, 3.2)	7.7	(3.9, 14.7)	1.7	(1.0, 2.9)	3.1	(1.8, 5.2)	2.2	(1.1, 4.5)
On public transportation	2.0	(0.9, 4.4)	1.3	(0.5, 3.1)	2.4	(1.0, 5.8)	2.1	(0.7, 6.2)	2.0	(0.8, 4.6)	2.3	(0.9, 5.7)	1.1	(0.4, 3.0)
On public walls	2.3	(1.2, 4.6)	2.8	(1.6, 5.1)	2.0	(0.8, 5.0)	2.8	(1.0, 7.7)	2.2	(1.0, 4.7)	2.9	(1.3, 6.0)	0.9	(0.3, 2.8)
Somewhere else	0.7	(0.3, 1.3)	1.1	(0.5, 2.5)	0.4	(0.1, 1.0)	1.5	(0.5, 4.4)	0.5	(0.2, 1.2)	0.7	(0.3, 1.5)	0.6	(0.2, 2.4)
Noticed sports sponsorship	3.0	(1.8, 4.8)	5.9	(3.3, 10.2)	1.1	(0.5, 2.2)	5.6	(2.4, 12.4)	2.3	(1.4, 3.8)	3.5	(2.0, 6.1)	1.6	(0.7, 3.3)
Noticed cigarette promotions														
Free samples	3.2	(2.0, 5.0)	3.8	(2.1, 6.8)	2.8	(1.6, 4.8)	5.2	(2.5, 10.3)	2.7	(1.6, 4.4)	3.7	(2.3, 5.9)	1.8	(0.7, 4.4)
Sale prices	2.3	(1.3, 4.3)	3.1	(1.6, 5.9)	1.9	(0.9, 3.7)	3.8	(1.7, 8.4)	2.0	(0.9, 4.2)	2.7	(1.3, 5.3)	1.4	(0.4, 5.2)
Coupons	0.0	(0.0, 0.2)	0.0		0.0	(0.0, 0.3)	0.1	(0.0, 0.9)	0.0		0.0	(0.0, 0.2)	0.0	
Free gifts/discounts on other products	1.8	(0.8, 3.9)	2.0	(0.8, 4.5)	1.7	(0.7, 4.0)	2.5	(0.8, 7.4)	1.6	(0.8, 3.4)	1.7	(0.7, 4.1)	2.1	(0.9, 4.5)
Clothing/item with brand name or logo	7.8	(5.4, 11.2)	7.7	(5.3, 11.0)	7.9	(5.1, 12.1)	13.9	(7.8, 23.8)	6.4	(4.4, 9.2)	7.9	(5.1, 12.0)	7.7	(3.7, 15.5)
Mail promoting cigarettes	0.3	(0.1, 1.1)	0.5	(0.1, 2.3)	0.1	(0.0, 0.9)	0.0		0.3	(0.1, 1.4)	0.4	(0.1, 1.5)	0.0	
Noticed any advertisement, sponsorship, or promotion	34.4	(28.5, 40.9)	37.8	(30.9, 45.3)	32.3	(26.1, 39.2)	49.6	(38.8, 60.4)	30.9	(25.2, 37.2)	37.7	(30.8, 45.2)	25.6	(17.3, 36.2)

Note: Current nonsmokers includes former and never smokers.

9. Knowledge, Attitudes and Perceptions

Despite conclusive evidence on the dangers of smoking tobacco, relatively few smokers understand the full extent of the health risk. People may generally know that smoking tobacco is harmful, but many smokers cannot name specific diseases caused by smoking, other than lung cancer. It has been shown that knowledge of specific harms of smoking increases people's motivation for quitting.

This chapter presents the beliefs among the population aged 15 and older about illnesses from smoking tobacco, adverse health effects caused by secondhand smoke exposure, and the harmful addictiveness of cigarettes. It also captures public opinion about prohibiting indoor smoking in various places and potential tobacco control laws.

Key Findings

Overall, 92.4% of the adult population believes that smoking causes serious illness, with no variation observed for smoking status or demographic characteristics. A significantly higher percentage of females (70.8%) than males (47.4%) believe that smoking causes premature birth.

A significantly higher percentage of nonsmokers (89.2%) believe that secondhand smoke causes serious illness than current smokers (77.9%).

Overall, the majority of adults – both smokers and nonsmokers - support the law prohibiting smoking in workplaces (73.9%) and restaurants (61.4%). 90.9% of non-smokers support such a law in workplaces and 84.1% in restaurants.

9.1 Beliefs about Health Effects of Smoking

Table 9.1 shows the percentage of adults ≥15 years old who believed that smoking caused serious illness, such as stroke, heart attack, lung cancer, bladder cancer, stomach cancer, as well as premature birth and bone loss. These data were broken down by smoking status and demographic characteristics.

Overall, 92.4% of the adult population in Greece believed that smoking causes serious illness. There was no variation in the overall population within the demographic subgroups, nor was there variation between smokers and nonsmokers.

Knowledge about the specific diseases caused by smoking varied. The highest percentage was reported for lung cancer (96.3%), followed by heart attack (91.2%). The other diseases were reported less often – stroke (76.6%), stomach cancer (57.7%), and bladder cancer (45.0%). Similarly, only 59.3% of the overall population were aware that smoking causes premature birth, and 35.6% were aware that it causes bone loss.

Table 9.1: Percentage of adults ≥15 years old who believe that smoking causes serious illness and various diseases, by smoking status and selected demographic characteristics – GATS Greece, 2013.

Demographic Characteristics	Adults who believe that smoking causes…															
	Serious illness		Stroke		Heart attack		Lung cancer		Bladder cancer		Stomach cancer		Premature birth		Bone loss	
	Percentage (95% CI)															
Overall	92.4	(89.9, 94.3)	76.6	(71.0, 81.4)	91.2	(88.4, 93.5)	96.3	(94.5, 97.5)	45.0	(39.3, 50.8)	57.7	(51.7, 63.5)	59.3	(52.9, 65.3)	35.6	(30.4, 41.1)
Smoking Status																
Current smokers[1]	90.5	(86.8, 93.3)	68.0	(60.2, 74.9)	86.9	(81.9, 90.7)	95.0	(92.4, 96.7)	34.9	(28.8, 41.5)	46.5	(39.9, 53.2)	51.7	(44.2, 59.1)	27.8	(22.6, 33.6)
Nonsmokers	93.5	(91.0, 95.4)	81.9	(77.3, 85.7)	93.9	(91.6, 95.6)	97.1	(95.2, 98.3)	51.2	(45.0, 57.3)	64.7	(58.4, 70.5)	63.9	(57.6, 69.8)	40.4	(34.6, 46.5)
Gender																
Male	91.5	(88.6, 93.8)	74.1	(67.2, 80.0)	90.6	(86.9, 93.3)	95.9	(94.1, 97.2)	43.7	(37.6, 50.0)	57.5	(51.3, 63.5)	47.4	(39.9, 55.0)	31.1	(25.7, 37.0)
Female	93.2	(90.4, 95.2)	79.0	(74.0, 83.3)	91.9	(88.8, 94.2)	96.6	(94.0, 98.1)	46.2	(40.2, 52.3)	57.9	(51.6, 64.0)	70.8	(64.7, 76.2)	40.0	(34.1, 46.2)
Age (years)																
15-24	91.5	(86.6, 94.7)	69.5	(58.8, 78.4)	88.2	(80.8, 93.1)	97.4	(93.3, 99.0)	33.3	(25.0, 42.8)	46.6	(38.1, 55.3)	48.6	(39.3, 58.0)	27.1	(19.1, 37.0)
25-44	93.0	(90.5, 94.9)	74.1	(67.5, 79.8)	91.0	(87.6, 93.5)	96.9	(94.7, 98.2)	43.9	(37.9, 50.0)	56.4	(49.5, 63.0)	62.5	(55.7, 68.9)	37.3	(31.2, 43.8)
45-64	92.6	(89.2, 94.9)	82.1	(77.2, 86.2)	92.6	(89.8, 94.6)	96.4	(93.9, 97.8)	51.6	(44.5, 58.6)	64.5	(57.5, 70.9)	65.3	(58.3, 71.7)	40.7	(34.9, 46.8)
65+	91.7	(88.0, 94.3)	79.6	(73.0, 84.9)	92.4	(88.4, 95.1)	94.2	(91.1, 96.3)	47.9	(41.6, 54.3)	60.4	(54.0, 66.4)	54.1	(46.7, 61.3)	32.7	(26.9, 39.0)
Residence																
Urban	92.6	(90.2, 94.4)	75.9	(69.9, 81.0)	92.3	(90.1, 94.1)	96.3	(94.1, 97.7)	44.0	(37.4, 50.9)	57.3	(50.1, 64.3)	59.4	(52.3, 66.2)	36.8	(30.6, 43.5)
Rural	91.8	(84.8, 95.7)	78.5	(68.1, 86.2)	88.3	(80.8, 93.1)	96.2	(93.3, 97.8)	47.5	(38.0, 57.2)	58.8	(50.0, 67.0)	58.8	(46.9, 69.8)	32.3	(24.5, 41.3)
Education Level[3]																
Primary or less	91.8	(87.6, 94.7)	80.2	(73.7, 85.4)	92.1	(87.7, 95.0)	94.9	(91.7, 96.9)	49.5	(42.9, 56.2)	60.9	(53.9, 67.5)	57.5	(49.3, 65.3)	31.7	(25.2, 39.0)
Secondary	92.4	(88.5, 95.1)	76.9	(68.4, 83.7)	92.6	(88.9, 95.2)	95.4	(90.1, 97.9)	47.6	(39.4, 56.0)	61.6	(53.1, 69.5)	56.5	(47.6, 65.0)	35.4	(29.0, 42.4)
High school	93.6	(90.7, 95.6)	78.7	(72.8, 83.5)	92.9	(90.2, 95.0)	96.8	(94.5, 98.2)	45.3	(38.8, 52.0)	60.5	(53.4, 67.1)	64.5	(57.3, 71.2)	38.1	(31.8, 44.8)
College or above	91.7	(88.3, 94.2)	75.7	(69.2, 81.2)	89.2	(84.5, 92.6)	96.5	(94.5, 97.8)	48.1	(39.6, 56.7)	56.9	(48.6, 64.7)	63.7	(55.7, 71.0)	42.4	(35.0, 50.1)

[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.

There was more variation between smokers and nonsmokers for the specific diseases and health effects than for the belief that smoking causes serious illness. This was most pronounced in stroke (68.0% vs. 81.9%), heart attack (86.9% vs. 93.9%), bladder cancer (34.9% vs. 51.2%), and stomach cancer (46.5% vs. 64.7%). Likewise, 27.8% of smokers were aware of the link between smoking and bone loss, while 40.4% of nonsmokers reported awareness.

For most specific illnesses and health effects, there is no significant variation between males and females, with the exception of stroke (79.0% vs. 74.1%) and premature birth (70.8% vs. 47.4%), with a higher percentage of females reporting awareness of the effects of smoking than males. For all other demographic characteristics, there are no differences in belief that smoking causes serious illness and various specific diseases and health effects.

9.2 Beliefs about Health Effects of Second-hand Smoke

Table 9.2 presents that overall, 84.9% of adults believe that breathing in other people's smoke causes serious illness in nonsmokers. There is a clear difference by smoking status, as a significantly higher percentage of nonsmokers (89.2%) believe secondhand smoke causes serious illness than current smokers (77.9%).

However, for all demographic characteristics (e.g., gender, age, residence, and education level), there was no variation in the belief that breathing other people's smoke causes serious illness in nonsmokers.

9.3 Opinion on Prohibiting Indoor Smoking in Various Places

Table 9.3 presents the percentages of adults who support the smoke-free laws, prohibiting smoking in various places, such as workplaces and restaurants. The estimates are broken down by smoking status and demographic characteristics.

Overall, the majority of adults do support the laws in workplaces (73.9%) and restaurants (61.4%). However, there were very clear patterns by smoking status, as nonsmokers, rather than current smokers, had significantly higher percentages of those who supported that indoor smoking should be prohibited. For example, 90.9% of nonsmokers support that workplaces should be smoke-free, compared to 46.4% of current smokers. Similarly, 84.1% of nonsmokers support the law that smoking is prohibited in restaurants, versus a minority of current smokers (24.6%).

Similarly, there was a clear difference between males and females, with significantly higher support from females (81.7% for workplaces and 70.8% for restaurants) than males (65.9% for workplaces and 51.7% for restaurants).

Table 9.2: Percentage of adults ≥ 15 years old who believe that breathing other people's smoke causes serious illness in nonsmokers, by smoking status and selected demographic characteristics – GATS Greece, 2013.

Demographic Characteristics	Belief that breathing other people's smoke causes serious illness in nonsmokers	
	Percentage (95% CI)	
Overall	84.9	(81.2, 87.9)
Smoking Status		
Current smokers[1]	77.9	(72.6, 82.4)
Nonsmokers	89.2	(85.7, 91.9)
Gender		
Male	82.4	(78.2, 86.0)
Female	87.2	(83.9, 89.9)
Age (years)		
15-24	84.3	(77.8, 89.1)
25-44	84.5	(80.2, 88.1)
45-64	84.1	(79.2, 88.0)
65+	87.0	(83.6, 89.8)
Residence		
Urban	83.0	(78.2, 87.0)
Rural	89.7	(86.3, 92.3)
Education Level[3]		
Primary or less	88.4	(85.1, 91.1)
Secondary	83.8	(77.6, 88.6)
High school	84.2	(78.7, 88.5)
College or above	84.0	(77.9, 88.7)

[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: Percentage of adults ≥ 15 years old who support smoke-free laws, by smoking status and selected demographic characteristics – GATS Greece, 2013.				
Demographic Characteristics	**Adults who support the law prohibiting smoking inside…**			
	Workplaces		**Restaurants**	
	Percentage (95% CI)			
Overall	73.9	(70.2, 77.4)	61.4	(57.8, 64.9)
Smoking Status				
Current smokers[1]	46.4	(40.6, 52.4)	24.6	(20.3, 29.6)
Nonsmokers	90.9	(88.6, 92.7)	84.1	(81.0, 86.8)
Gender				
Male	65.9	(60.9, 70.5)	51.7	(47.0, 56.3)
Female	81.7	(78.5, 84.6)	70.8	(67.0, 74.3)
Age (years)				
15-24	72.4	(63.8, 79.6)	60.8	(52.5, 68.5)
25-44	70.2	(65.8, 74.2)	54.0	(49.6, 58.4)
45-64	73.7	(69.0, 77.8)	61.7	(56.6, 66.6)
65+	82.5	(77.7, 86.4)	75.1	(70.1, 79.4)
Residence				
Urban	75.2	(71.2, 78.7)	62.3	(58.4, 66.0)
Rural	70.7	(63.9, 76.6)	59.0	(52.0, 65.7)
Education Level[3]				
Primary or less	81.7	(76.9, 85.6)	73.8	(68.6, 78.4)
Secondary	70.6	(64.0, 76.4)	61.5	(55.7, 66.9)
High school	71.4	(66.4, 75.9)	58.3	(53.7, 62.7)
College or above	74.7	(69.6, 79.1)	55.4	(49.2, 61.4)

[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.

There is no observed difference by residence and age groups; the only significant difference is evident in public support for prohibiting smoking in restaurants among the youngest age group (15-24) and the oldest age group (65+). Three quarters (75.1%) of those 65 years and older supported the law in restaurants, while only 60.8% of those 15-24 years old held the supporting view.

Among the education levels, there is significant variation observed for public support of the law in both workplaces and restaurants, with those with the least education favouring the law more than those with a college degree or above. In workplaces, 81.7% of those with a primary degree or less supported the law, while only 74.7% of those with a college degree or above supported this. Similarly, in restaurants, 73.8% of those with a primary degree or less supported the law, while 55.4% of those with an advanced degree supported the law.

10. Conclusion and Policy Implications

10.1 Conclusion

The Global Adult Tobacco Survey (GATS) is a global standard tool for systematically monitoring adult tobacco use and for tracking key tobacco control indicators, which can be utilized by policy makers and key stakeholders for strengthening tobacco control. In addition, it allows international comparability and the opportunity to learn lessons about tobacco control from other countries.

GATS in Greece provided national estimates for both smoking and smokeless tobacco usage by gender and other demographic characteristics, such as age, residence, and educational level. It also generated indicators on various dimensions of tobacco control—such as exposure to secondhand smoke, media exposure to antitobacco information, exposure to tobacco advertisements, and expenditures related to tobacco.

Tobacco control has a long history in Greece. Major milestones include the ratification of the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2006. In 2008, the Ministry of Health published a five-year National Action Plan (Ministry of Health, 2008). The most recent tobacco control law (which includes a comprehensive smoking ban (Law 3868/2010)) represents notable progress within the WHO FCTC implementation commitments. In 2011, a new department responsible for tobacco and alcohol control was established within the Ministry of Health (Law 3918/2011). Greece was among the first 30 signatories of the adopted Protocol to Eliminate Illicit Trade in Tobacco Products showing its commitment in curbing the tobacco epidemic, reducing the economic burden imposed by tobacco and contributing to global efforts to save lives by averting the tobacco epidemic.

Despite significant progress, the country still faces numerous challenges in tobacco control. The high rate of adult smoking and the social acceptability of tobacco hinders tobacco control efforts and has been well documented as a key factor leading to the high prevalence of exposure to secondhand tobacco smoke of nonsmokers, despite the law prohibiting smoking in public places (Law 3918/2011).

Confronted with the health and economic burden of the tobacco epidemic, the Ministry of Health (MoH) and the National School of Public Health (NSPH) have taken leadership to curb the tobacco epidemic, giving priority to tobacco control and recognizing the need to renew overall political commitment for tobacco control. Under the coordination of the MoH and the NSPH, the GATS in Greece was conducted in parallel to the Global Youth Tobacco Survey (GYTS) and the capacity assessment of tobacco control, providing a unique and in-depth analysis of the context in Greece and identifying the main opportunities to accelerate action against tobacco.

10.2 Policy Implications[2]

Monitor – WHO FCTC: Article 20 "Research, surveillance and exchange of information"

Monitoring and evaluation programmes must provide both overarching and specific information on the tobacco epidemic and the response to it. Effective monitoring systems must track several components, including (1) prevalence of tobacco use, (2) impact of policy interventions, and (3) tobacco industry marketing, promotion, public relations strategies, and lobbying.

Results from GATS show that tobacco use in Greece is alarmingly high with few current smokers in Greece having made a recent quit attempt or planning to quit within the next 12 months. A high percentage of Greeks (38.2%) are currently smoking tobacco, and 72.2% report high dependency by smoking their first cigarette within 30 minutes of waking up. It also reveals the impact of the recent law prohibiting smoking in public places, as well as exposure of Greeks to tobacco industry marketing and promotion, as outlined in later sections.

For effective implementation of the WHO FCTC, regular surveillance on key tobacco indicators is necessary.

Protect – WHO FCTC: Article 8 "Protection from exposure to tobacco smoke"

Comprehensive smoke free laws are the only effective means of eliminating the risks associated with smoking. Ventilation and smoking rooms are not effective (WHO, 2008). The primary purpose of establishing smoke-free places is to protect the health of workers and the health of nonsmokers. GATS results reveal that there is strong support – among both smokers and nonsmokers – for the law prohibiting smoking in public places. However, exposure to smoking in public places is very high. Overall, 73.9% of the general population (90.9% of nonsmokers) supports the law in workplaces and 61.4% of the general population (84.1% of nonsmokers) supports the law in restaurants. However, more than 4 in 10 Greeks were

[2] The policy recommendations in this chapter are consistent with the recommendations from the WHO FCTC and MPOWER. These recommendations are not necessarily those of the U.S. Centers for Disease Control and Prevention (CDC).

exposed to SHS in universities, 5 in 10 in the workplace, 7 in 10 in restaurants and 9 in 10 in bars/nightclubs.

Offer — WHO FCTC: Article 14 "Demand reduction measures concerning tobacco dependence and cessation"

People who are addicted to nicotine are victims of the tobacco epidemic. Like people dependent on any addictive drug, it is difficult for most tobacco users to quit on their own, and they benefit from help and support to overcome their dependence. Countries' health-care systems hold the primary responsibility for treating tobacco dependence.

Promisingly, a large portion (72.2%) of those current smokers that had visited a health care provider in the last 12 months had been advised to quit tobacco use. However, this does not translate into a high number of quit attempts. GATS results show that very few (18.9%) of current smokers have made a quit attempt in the last 12 months, and only 13.9% of current smokers plan to quit within the next 12 months. The majority (93.2%) of those that attempted to quit did so without assistance, which might be an indication that cessation support is not accessible to them, or that they are not aware of these services, and this needs to be further explored.

Furthermore, those 65 years and older are more likely to be advised to quit than those in the younger age group (25-44 years old), while it is important that healthcare providers target all age groups equally and not only advise those that may be in poorer health.

The promotion of tobacco cessation and treatment of tobacco dependence are key components of a comprehensive, integrated tobacco control programme. It is important to implement tobacco dependence treatment measures synergistically with other tobacco control measures. Support for tobacco users in their cessation efforts and successful treatment of their tobacco dependence will reinforce other tobacco control policies by increasing social support for them and increasing their acceptability.

Warn — WHO FCTC: Article 11 "Packaging and labeling of tobacco products"; Article 12: "Education, communication, training and public awareness"

Well-designed health warnings and messages are part of a range of effective measures to communicate health risks and reduce tobacco use. GATS results show that text warnings in Greece are not effective in making smokers consider quitting and that there is a need for strengthening the impact of the health warnings. Overall, the great majority (90.6%) noticed the health warnings on cigarette packs, but only 15.3% thought about quitting because of the warning labels. Although the Greek government and the Ministry of Health had not yet mandated a regulation on pictorial warnings at the time of the GATS, the revised European Union (EU) Tobacco Products Directivewhich entered into force on 19 May 2014, mandates large-sized pictorial warnings among all EU countries within two years of entry into force.

Enforce — WHO FCTC: Article 13 "Tobacco advertising, promotion and sponsorship"

Greece has a comprehensive ban on tobacco advertisement, promotion, and sponsorship with few exceptions. The law prohibiting cigarette marketing has been well enforced and the GATS results show that exposure to cigarette marketing is low among both smokers and nonsmokers. Less that 5% of the population noticed cigarette marketing in television, radio, newspapers/magazines, cinemas, Internet, public transportation or public walls. The highest incidence of exposure to marketing is in stores (28.4%), followed by billboards (10.0%) and posters (6.9%).

The tobacco industry uses tobacco product displays at points of sale in stores to circumvent the ban. Tobacco product displays stimulate impulse purchases of tobacco products, giving the impression that tobacco use is socially acceptable and making it harder for tobacco users to quit. Young people are particularly vulnerable to the promotional effects of such product displays. The Guidelines to article 13 of the WHO FCTC recommend that the "Parties should introduce a total ban on any display and on the visibility of tobacco products at points of sale, including fixed retail outlets and street vendors." Only the textual listing of products and their prices, without any promotional elements, should be allowed.

Raise — WHO FCTC: Article 6 "Price and tax measures to reduce the demand for tobacco"

In Greece, on average (median), a current cigarette smoker spends about 100.4 euros per month on manufactured cigarettes. The average (median) amount spent on a pack of cigarettes (20 manufactured cigarettes) is 3.30 euros, which is less than the cost of one loaf of bread, an indication of how affordable cigarettes are for Greeks.

Interestingly, a relatively high percentage of adults 15 and older in Greece (compared to other GATS countries) smoke hand-rolled cigarettes (15.7%) in comparison to those who smoke manufactured cigarettes (27.2%). Although speculative, this may be an indication of tobacco product-switching to more affordable products.

Increasing the price of tobacco products by increasing the excise tax has been identified as one of the most effective ways to discourage youth from starting to smoke, reduce tobacco use, and also save lives.

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Appendix A: Questionnaire

Global Adult Tobacco Survey (GATS) Greece Questionnaire

Full Study Version
11 July 2013

GATS Centre Questionnaire Formatting Conventions

Text in **RED FONT**=Programming logic and skip instructions.

Text in [BRACKETS] = Specific question instructions for interviewers—not to be read to the respondents.

Text surrounded by *asterisks*= Words that interviewers should emphasize when reading to respondents.

Household Questionnaire

INTRO. [THE CHOSEN INDIVIDUAL OF THE HOUSEHOLD MUST BE 18 YEARS OF AGE OR OLDER AND YOU MUST BE SURE THAT THIS PERSON CAN GIVE ACCURATE INFORMATION ABOUT ALL MEMBERS OF THE HOUSEHOLD. IF NECESSARY, YOU MUST VERIFY THE AGE OF THE PERSON QUESTIONED FROM THE HOUSEHOLD IN ORDER TO MAKE SURE THAT HE/SHE IS 18YEARS OF AGE OR OLDER.

THE HOUSEHOLD RESPONDENT CAN BE LESS THAN 18 YEARS OLD, ONLY IF NO HOUSE MEMBERS ARE 18YEARS OF AGE OR OLDER.]

INTRO1. A major survey on smoking habits of adults is being conducted by the MRB Hellas in Greece and your household has been selected to participate. All households selected have come from scientifically designed sampling and it is very important for the success of research that each participates in the survey. All the information collected will be kept strictly confidential. I will ask you some questions to define which of your household is eligible to participate.

HH1. I would like to start with some questions about your home. Overall, how many people live in this house?

[INCLUDE ANYONE WHO CONSIDERS THIS HOUSEHOLD THEIR USUAL PLACE OF RESIDENCE]

HH2. In this house, how many people are 15 years of age or older?

[IF HH2 = 00 (NO HOUSEHOLD MEMBERS ≥15 IN HOUSEHOLD)]

[THERE ARE NO ELIGIBLE HOUSEHOLD MEMBERS.

THANK THE RESPONDENT FOR HIS/HER TIME.

THIS WILL BE RECORDED IN THE RECORD OF CALLS AS A CODE 201.]

HH4. Now we are going to gather information about the people who live in this house that are 15 years of age or older. Let's list them from oldest to youngest.

HH4a. What is the {oldest/next oldest} person's first name? _____

HH4b. How old is this person?

[IF RESPONDENT DOESN'T KNOW, TRY TO MAKE AN ESTIMATE]

[IF REPORTED AGE IS 15 THROUGH 17, BIRTH DATE IS ASKED]

HH4c. Which month is the date of birth of this person?

HH4cYEAR. Which is the year of birth of this person?

[IF DON'T KNOW, ENTER 7777
IF REFUSED, ENTER 9999]

HH4d. Is this person male or female?

MALE	1
FEMALE	2

HH4e. Does this person currently smoke tobacco, including cigarettes, cigars, pipes?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

[REPEAT THE QUESTIONS HH4a – HH4e FOR EACH PERSON REPORTED IN HH2]

HH5. [NAME OF THE SELECTED ELIGIBLE PERSON IS:

{NAME OF THE SELECTED HH MEMBER}

ASK IF SELECTED RESPONDENT IS AVAILABLE AND IF YES, CONTINUE TO THE INDIVIDUAL QUESTIONNAIRE.

IF THE SELECTED RESPONDENT IS NOT AVAILABLE, MAKE AN APPOINTMENT AND RECORD IT AS A COMMENT ON RECORD OF CALLS.]

Individual Questionnaire

CONSENT1. [SELECT THE APPROPRIATE AGE. IF NEEDED, CHECK THE AGE OF SELECTED RESPONDENT FROM THE "CASE INFO" SCREEN IN THE TOOLS MENU.]

15-17	1	**GO TO CONSENT2**
18 OR OLDER	2	**GO TO CONSENT5**
EMANCIPATED MINOR (15-17)	2	**GO TO CONSENT5**

CONSENT2. Before starting the interview, I need to obtain consent from a parent or guardian of [NAME OF RESPONDENT] and from [NAME OF RESPONDENT].

[IF BOTH SELECTED RESPONDENT AND PARENT/GUARDIAN ARE AVAILABLE, CONTINUE WITH INTERVIEW.

IF PARENT/GUARDIAN IS NOT AVAILABLE, STOP THE INTERVIEW AND SCHEDULE AN APPOINTMENT TO RETURN.

IF MINOR RESPONDENT IS NOT AVAILABLE, CONTINUE WITH PARENTAL CONSENT.]

CONSENT3. [READ THE FOLLOWING TO THE PARENT/GUARDIAN AND SELECTED RESPONDENT (IF AVAILABLE):]

I work in the MRB Hellas, and in collaboration with the National School of Public Health, is currently conducting a survey and collect information on smoking habits in Greece. The information collected will be used to design public health programs of the Ministry of Health.

Your house and [NAME OF RESPONDENT] have been selected at random. The answers of the [NAME OF RESPONDENT] responses are very important to us, to the community and the country as these answers will represent many other people.

The interview will last around 30 minutes. [NAME OF RESPONDENT] participation in this survey is entirely voluntary. The information that [NAME OF RESPONDENT] will provide will be kept strictly confidential and [NAME OF RESPONDENT] will not be identified by his/her responses. Personal information will not be shared with others, not even other family members including you. [NAME OF RESPONDENT] can stop the interview at any time, and he/she can refuse to answer any question.

There is no risk to him / her [NAME] or for you to participate in this survey. There will be no direct benefit to him / her [NAME] or for you, but the results will help the Ministry of Health and Welfare to design public health programs for Greece.

We'll leave you the necessary contact information. If you have any questions about the survey or for rights / of [NAME] as a participant / substance, please contact the phone numbers listed.

If you agree with his / her participation [RESPONDENT NAME] in this research there is going to be a personal interview.

[ASK PARENT/GUARDIAN:] Do you agree with [NAME OF RESPONDENT]'s participation?

YES	1	**GO TO CONSENT4**
NO	2	**END INTERVIEW**

CONSENT4. [WAS THE SELECTED MINOR RESPONDENT PRESENT?]

PRESENT	1	**GO TO CONSENT6**
ABSENT	2	**GO TO CONSENT5**

CONSENT5. [READ TO THE SELECTED RESPONDENT:]

I work in the MRB Hellas, and in collaboration with the National School of Public Health, we are currently conducting a survey and collect information on smoking habits in Greece. The information collected will be used to design public health programs of the Ministry of Health.

Your household and you have been chosen randomly. Your responses are very important to us and our country and society, and the answers we get represent many other people. The interview will take about 30 minutes. Your participation in this survey is purely voluntary. The information you provide will remain highly confidential and will not identify you from your answers. Your personal information will not be shared to third parties, or even to other members of your family. You can stop the interview at any time and you can refuse to answer any question.

There is no risk to participating in this research. There will be no direct benefit to you, but the results will help the Ministry of Health to design public health programs for Greece.

We'll leave you the necessary contact information. If you have any questions about the research or your rights as a participant you can contact the phone numbers listed..

If you agree to participate, we will conduct a private interview with you.

{FILL IF CONSENT4=2: Your parent/guardian has given his/her permission for you to participate in this study}

CONSENT6. [ASK SELECTED RESPONDENT:] So, do you want to participate?

YES	1	**PROCEED WITH INTERVIEW**
NO	2	**END INTERVIEW**

Section A. Background Characteristics

A00. We are going to start with some questions about your background.

A01. [RECORD GENDER FROM OBSERVATION. ASK IF NECESSARY.]

MALE	1
FEMALE	2

A02a. What is your month of birth?

01	1
02	2
03	3
04	4
05	5
06	6
07	7
08	8
09	9
10	10
11	11
12	12
DON'TKNOW	77
REFUSED	99

A02b. What is your year of birth?

[IF DON'T KNOW, ENTER 7777
IF REFUSED, ENTER 9999]

[IF MONTH=77/99 OR YEAR=7777/9999, ASK A03. OTHERWISE SKIP TO A04.]

A03. What is your age?

[IF RESPONDENT IS UNSURE, GIVE AN ESTIMATION AND RECORD AN ANSWER. IF REFUSED, BREAK-OFF AS WE CANNOT CONTINUE INTERVIEW WITHOUT AGE]

A03a. [WAS RESPONSE ESTIMATED?

YES	1
NO	2
DON'T KNOW	7

A04. What is your educational level?

NO FORMAL SCHOOLING	1
LESS THAN PRIMARY SCHOOL COMPLETED	2
PRIMARY SCHOOL COMPLETED	3
LESS THAN SECONDARY SCHOOL COMPLETED	4
SECONDARY SCHOOL COMPLETED	5
LESS THAN HIGH SCHOOL COMPLETED	6
HIGH SCHOOL COMPLETED	7
COLLEGE/UNIVERSITY COMPLETED/TECHNOLOGICAL EDUCATIONAL INSTITUTE	8
POST GRADUATE DEGREE COMPLETED	9
DON'T KNOW	77
REFUSED	99

A05. Which one of the following would best describe your *main* work status over the past 12 months? Government employee, non-government employee, self-employed, student, homemaker, retired, unemployed-able to work, or unemployed-unable to work?

NOTE THE FARMERS (LIVING FROM THIS PROFESSION) AS SELF-EMPLOYED]

GOVERNMENT EMPLOYEE	1
NON-GOVERNMENT EMPLOYEE	2
SELF-EMPLOYED	3
STUDENT	4
HOMEMAKER	5
RETIRED	6
UNEMPLOYED, ABLE TO WORK	7
UNEMPLOYED, UNABLE TO WORK	8
DON'T KNOW	77
REFUSED	99

A06. Could you please tell me if this household or any of the people who live in this house haves possession of the following items:

	YES	NO	DON'T KNOW	REFUSED
a. Electricity?	1	2	7	9
c. Fixed telephone?	1	2	7	9
d. Cell / mobile telephone?	1	2	7	9
e. Television?	1	2	7	9
f. Radio?	1	2	7	9
g. Refrigerator?	1	2	7	9
h. Car?	1	2	7	9
i. Moped/scooter/motorcycle?	1	2	7	9
j. Washing machine?	1	2	7	9

A08. How many rooms do you use for sleeping in your home?

[IF DON'T KNOW, ENTER 77
IF REFUSED, ENTER 99]

A09. What is your country of origin?

GREECE	1
EGYPT	2
ETHIOPIA	3
ALBANIA	4
ARMENIA	5
AFGHANISTAN	6
BOSNIA-HERZEGOVINA	7
BULGARIA	8
GEORGIA	9
INDIA	10
IRAQ	11
MOLDAVIA	12
BANGLADESH	13
NIGERIA	14
UKRAINE	15
PAKISTAN	16
POLAND	17
ROMANIA	18
RUSSIA	19
SERBIA	20
SRI LANKA	21
SYRIA	22
TURKEY	23
PHILIPPINES	24
OTHER EASTERN EUROPEAN COUNTRIES	25
OTHER ASIAN COUNTRIES	26
OTHER AFRICAN/ARAB COUNTRIES	27
OTHER WESTERN EUROPE COUNTRIES	28
NORTH/SOUTH AMERICAN COUNTRIES	29
DON'T KNOW	77
REFUSED	99

A11. Are you single, married, separated, divorced, or widowed?

SINGLE	1
MARRIED	2
SEPARATED	3
DIVORCED	4
WIDOWED	5
REFUSED	9

Section B. Tobacco Smoking

B00. I would like to ask you some questions about "smoking" (cigarettes, hand-rolled, cigars, pipe, etc).

Please do not answer on tobacco obtained by other means (apart from smoking) at the moment.

B01. Do you *currently* smoke tobacco on a daily basis, less than daily, or not at all?

DAILY	1	**SKIP TO B04**
LESS THAN DAILY	2	
NOT AT ALL	3	**SKIP TO B03**
DON'T KNOW	7	**SKIP TO NEXT SECTION**
REFUSED	9	**SKIP TO NEXT SECTION**

B02. Did you smoke tobacco daily in the past?

YES	1	**SKIP TO B08**
NO	2	**SKIP TO B10**
DON'T KNOW	7	**SKIP TO B10**
REFUSED	9	**SKIP TO B10**

B03. In the *past*, did you smoke tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"]

DAILY	1	**SKIP TO B11**
LESS THAN DAILY	2	**SKIP TO B13**
NOT AT ALL	3	**SKIP TO NEXT SECTION**
DON'T KNOW	7	**SKIP TO NEXT SECTION**
REFUSED	9	**SKIP TO NEXT SECTION**

[CURRENT DAILY SMOKERS]

B04. At what age did you first start smoking tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

[IF B04= 99, ASK B05. OTHERWISE SKIP TO B06.]

B05. When did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

B06. Overall, how many of the following products do you currently smoke each day? Could you also, let me know if you smoke a product, but not every day?

[IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERYDAY, ENTER 888

IF RESPONDENT REPORTS NOT SMOKING THE PRODUCT, ENTER 0

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

a. Manufactured cigarettes?				PER DAY
a1. **[IFB06a=888]** On average, how many manufactured cigarettes do you currently smoke each week?				PER WEEK
b. Hand-rolled cigarettes?				PER DAY
b1.**[IFB06b=888]** On average, how many hand-rolled cigarettes do you currently smoke each week?				PER WEEK
d. Pipes full of tobacco?				PER DAY
d1.**[IFB06d=888]** On average, how many pipes full of tobacco do you currently smoke each week?				PER WEEK
e. Cigars, cheroots, or cigarillos?				PER DAY
e1.**[IFB06e=888]** On average, how many cigars, cheroots, or cigarillos do you currently smoke each week?				PER WEEK
f. Number of water pipe sessions per day?				PER DAY
f1. **[IFB06f=888]** On average, how many water pipe sessions do you currently participate in each week?				PER WEEK
g. Any others? (☐ g1.Please specify the other type you currently smoke: _____)				PER DAY
g2.**[IFB06g=888]** On average, how many [FILL PRODUCT] do you currently smoke each week?				PER WEEK

B07. When you wake up, how soon do you usually have your first smoke? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60minutes, or more than 60 minutes

WITHIN 5 MINUTES	1
6 TO 30 MINUTES	2
31 TO 60 MINUTES	3
MORE THAN 60 MINUTES	4
REFUSED	9

[SKIP TO NEXT SECTION]

[CURRENT LESS THAN DAILY SMOKERS]

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

[IF DON'T KNOW OR REFUSED, ENTER 99]

[IF B08= 99, ASK B09. OTHERWISE SKIP TO B10.]

B09. When did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

B10. Which of the following do you currently smoke during a usual week?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888

IF RESPONDENT REPORTS NOT SMOKING THE PRODUCT, ENTER 0

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

a. Manufactured cigarettes?				PER WEEK
b. Hand-rolled cigarettes?				PER WEEK
d. Pipes full of tobacco?				PER WEEK
e. Cigars, cheroots, or cigarillos?				PER WEEK
f. Number of water pipe sessions per week?				PER WEEK
g. Others?				PER WEEK

g1. Please specify the other type you currently smoke:

[SKIP TO NEXT SECTION]

[FORMER SMOKERS]

B11. At what age did you first start smoking tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

[IF B11= 99, ASK B12. OTHERWISE SKIP TO B13a.]

B12. When did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

B13a. When did you stop smoking?

[ONLY INTERESTED IN WHEN RESPONDENT STOPPED SMOKING REGULARLY – DO NOT INCLUDE RARE INSTANCES OF SMOKING

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

YEARS	1	
MONTHS	2	
WEEKS	3	
DAYS	4	
LESS THAN1 DAY	5	**SKIP TO B14**
DON'T KNOW	7	**SKIP TO NEXT SECTION**
REFUSED	9	**SKIP TO NEXT SECTION**

B13b. [ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]

[IF B13a/b <1 YEAR (<12 MONTHS), THEN CONTINUE WITH B14. OTHERWISE SKIP TO NEXT SECTION.]

B14. Did you visit a doctor or another health care provider in the last 12 months?

YES	1	
NO	2	**SKIP TO B18**
REFUSED	9	**SKIP TO B18**

B15. If you did, how many times did you visit a doctor or a health care provider in the last 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1-2	1
3-5	2
6 OR MORE	3
REFUSED	9

B16. When you visited a doctor or health care provider, in the last 12 months, were you asked if you smoke tobacco?

YES	1	
NO	2	**SKIP TO B18**
REFUSED	9	**SKIP TO B18**

B17. When you visited a doctor or a health care provider, in the last 12 months, were you advised to quit smoking tobacco?

YES	1
NO	2
REFUSED	9

B18. Did you ever use any of the following to try to stop smoking tobacco during the last 12 months?

	YES	NO	REFUSED
a. Counseling, including at a smoking cessation clinic?	1	2	9
b. Nicotine replacement therapy, such as the patch or gum?	1	2	9
c. Other prescription medications, for example Varenicline, Champix, Zyban. Wellbutrin, Catapresan?	1	2	9
d. Traditional medicines, for example acupuncture?	1	2	9
e. A quit line or a smoking telephone support line?	1	2	9
f. Switching to smokeless tobacco?	1	2	9
f1. Quit without assistance?	1	2	9
g. Anything else?	1	2	9

g1. Please specify what you used to try to stop smoking:

Section C. Smoke-free combustion (mode of tobacco in any way other than smoking)

C00. The following questions are related to the use of smokeless tobacco, such as absorption by the mucous membranes (sniffing, snuff), chewing tobacco, and dips. Tobacco consumption otherwise (smokeless tobacco) tobacco is not smoked, but inhalation / sniffed through the nose, is held in the mouth like candy or chewing.

C01. Please tell me if you *currently* use smokeless tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT DOES NOT KNOW WHAT SMOKELESS TOBACCO IS, EITHER PRESENT

A SHOW CARD OR READ DEFINITION FROM SCREEN]

DAILY	1	**SKIP TO C10**
LESS THAN DAILY	2	
NOT AT ALL	3	**SKIP TO C03**
DON'T KNOW	7	**SKIP TO NEXT SECTION**
REFUSED	9	**SKIP TO NEXT SECTION**

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

YES	1	**SKIP TO C10**
NO	2	**SKIP TO C10**
DON'T KNOW	7	**SKIP TO C10**
REFUSED	9	**SKIP TO C10**

C03. Did you use smokeless tobacco on a daily basis, less than daily, or not at all in the *past*?

[IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"]

DAILY	1	**SKIP TO NEXT SECTION**
LESS THAN DAILY	2	**SKIP TO NEXT SECTION**
NOT AT ALL	3	**SKIP TO NEXT SECTION**
DON'T KNOW	7	**SKIP TO NEXT SECTION**
REFUSED	9	**SKIP TO NEXT SECTION**

C10. On average, how many times per week do you use the following products?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888]

a. Snuff, by mouth?				**PER WEEK**
b. Snuff, by nose?				**PER WEEK**
c. Chewing tobacco?				**PER WEEK**
e. Any others?				**PER WEEK**

e1. Please specify the other type you currently use:

C19. **[ADMINISTER IF B01=2 AND C01=2. ELSE GO TO NEXT SECTION.]**

You mentioned that you smoke tobacco, but not every day and that you also use smokeless tobacco, but not every day. Thinking about both smoking tobacco and using smokeless tobacco, would you say you use tobacco on a daily basis or less than daily?

DAILY	1
LESS THAN DAILY	2
REFUSED	9

[SKIP TO NEXT SECTION]

Section EC. Electronic Cigarettes

EC1. Have you ever heard of electronic cigarettes?

YES	☐ 1	
NO	☐ 2	☐ **SKIP TO NEXT SECTION**
REFUSED	☐ 9	☐ **SKIP TO NEXT SECTION**

EC2. Do you *currently* use electronic cigarettes on a daily basis, less than daily, or not at all?

DAILY	☐ 1	☐ **SKIP TO NEXT SECTION**
LESS THAN DAILY	☐ 2	☐ **SKIP TO NEXT SECTION**
NOT AT ALL	☐ 3	
REFUSED	☐ 9	

EC3. Have you ever, *even once*, used an electronic cigarette?

YES	☐ 1
NO	☐ 2
REFUSED	☐ 9

Section D1. Cessation – Tobacco Smoking

IF B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), CONTINUE WITH THIS SECTION.
IF B01 = 3, 7, OR 9 (RESPONDENT DOES NOT CURRENTLY SMOKE TOBACCO), SKIP TO NEXT SECTION.

D01. The next questions are about any attempts to stop smoking that you may have done in the last 12 months. This is regarding smoking.

Have you ever tried to stop smoking during the last 12 months?

YES	1	
NO	2	**SKIP TO D04**
REFUSED	9	**SKIP TO D04**

D02a. Try to think about the last time you tried quitting, for how long did you stop smoking?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

YEARS	1	
MONTHS	2	
WEEKS	3	
DAYS	4	
LESS THAN 1 DAY	5	**SKIP TO D03**
DON'T KNOW	7	**SKIP TO D03**
REFUSED	9	**SKIP TO D03**

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

D03. Did you ever use any of the following to try to stop smoking tobacco during the last 12 months?

	YES	NO	REFUSED
a. Counseling, including at a smoking cessation clinic?	1	2	9
b. Nicotine replacement therapy, such as the patch or gum?	1	2	9
c. Other prescription medications, for example Varenicline, Champix, Zyban. Wellbutrin, Catapresan?	1	2	9
d. Traditional medicines, for example acupuncture?	1	2	9
e. A quit line or a smoking telephone support line?	1	2	9
f. Switching to smokeless tobacco?	1	2	9
f1. Quit without assistance?	1	2	9
g. Anything else?	1	2	9

g1. Please specify what you used to try to stop smoking:

_____

D04. Did you visit a doctor or another health care provider in the last 12 months?

YES	1	
NO	2	**SKIP TO D08**
REFUSED	9	**SKIP TO D08**

D05. If you did, how many times did you visit a doctor or a health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1-2	1
3-5	2
6 OR MORE	3
REFUSED	9

D06. When you visited a doctor or a health care provider, in the last 12 months, were you asked if you smoke tobacco?

YES	1	
NO	2	**SKIP TO D08**
REFUSED	9	**SKIP TO D08**

D07. When you visited a doctor or a health care provider, in the last 12 months, were you advised to quit smoking tobacco?

YES	1	
NO	2	**SKIP TO D08**
REFUSED	9	**SKIP TO D08**

D08. Which of the following, would you say describes better your thinking about quitting smoking? I am planning to quit within the next month, I am thinking about quitting within the next 12 months, I will quit someday but not within the next 12 months, or I am not interested in quitting?

QUIT WITH IN THE NEXT MONTH	1
THINKING WITHIN THE NEXT 12 MONTHS	2
QUIT SOMEDAY, BUT NOT NEXT 12MONTHS	3
NOT INTERESTED IN QUITTING	4
DON'T KNOW	7
REFUSED	9

Section E. Secondhand Smoke

E01. Now, I would like to ask you some questions about smoking in various places.

Which of the following, would you say, best describes the rules about smoking inside of your home: Smoking is allowed inside of your home, smoking is generally not allowed inside of your home but there are exceptions, smoking is never allowed inside of your home, or there are no rules about smoking in your home?

ALLOWED	1	
NOT ALLOWED, BUT EXCEPTIONS	2	
NEVER ALLOWED	3	**SKIP TO E04**
NO RULES	4	**SKIP TO E03**
DON'T KNOW	7	**SKIP TO E03**
REFUSED	9	**SKIP TO E03**

E02. Are you allowed to smoke in every room inside your home?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E03. Inside your home, how often does *anyone*smoke? Would you say daily, weekly, monthly, less than monthly, or never?

DAILY	1
WEEKLY	2
MONTHLY	3
LESS THAN MONTHLY	4
NEVER	5
DON'T KNOW	7
REFUSED.	9

E04. Have you got a job outside of your home?

YES	1	
NO/DON'T WORK	2	**SKIP TO E09**
REFUSED	9	**SKIP TO E09**

E05. Does your job usually make you work indoors or outdoors?

INDOORS	1	**SKIP TO E07**
OUTDOORS	2	
BOTH	3	**SKIP TO E07**
REFUSED	9	

E06. At your workplace, are there any indoor areas?

YES	1	
NO	2	**SKIP TO E09**
DON'T KNOW	7	**SKIP TO E09**
REFUSED	9	**SKIP TO E09**

E07. Which of the following, would you say, best describes the indoor smoking policy where you work: Smoking is allowed anywhere, smoking is allowed only in some indoor areas, smoking is not allowed in any indoor areas, or there is no policy?

ALLOWED ANYWHERE	1
ALLOWED ONLY IN SOME INDOOR AREAS	2
NOT ALLOWED IN ANY INDOOR AREAS	3
THERE IS NO POLICY	4
DON'T KNOW	7
REFUSED	9

E08. Did anyone smoke in indoor areas where you work during the last days 30?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E08a.

How often do people smoke in indoor areas where you work? Would you say daily, weekly, monthly, or less than monthly?

DAILY	1
WEEKLY	2
MONTHLY	3
LESS THAN A MONTH	4
DON'T KNOW	7
REFUSED	9

E09. Did you visit any government buildings or government offices during the last 30 days?

YES	1	
NO	2	**SKIP TO E23**
DON'T KNOW	7	**SKIP TO E23**
REFUSED	9	**SKIP TO E23**

E10. Has anyone smoked inside of any government buildings or government offices that you have visited in the last 30 days

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E23. In the last 30 days, have you visited any private workplaces other than your own?

YES	1	
NO	2	**SKIP TO E21**
DON'T KNOW	7	**SKIP TO E21**
REFUSED	9	**SKIP TO E21**

E24. Has anyone smoked inside of any of these private workplaces while you were visiting in the last 30 days?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E21. In the last 30 days, have you visited any universities?

YES	1	
NO	2	**SKIP TO E19**
DON'T KNOW	7	**SKIP TO E19**
REFUSED	9	**SKIP TO E19**

E22. Has anyone smoked inside of any universities while you were visiting in the last 30 days?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E19. In the last 30 days, have you visited any other schools or educational facilities?

YES	1	
NO	2	**SKIP TO E11**
DON'T KNOW	7	**SKIP TO E11**
REFUSED	9	**SKIP TO E11**

E20. Did anyone smoke inside of any schools or educational facilities while you were visiting in the last 30 days?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E11. Did you visit any health care facilities during the last 30 days?

YES	1	
NO	2	**SKIP TO E13**
DON'T KNOW	7	**SKIP TO E13**
REFUSED	9	**SKIP TO E13**

E12. Has anyone smoked inside of any health care facilities that you have visited in the last30 days?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E13. Did you visit any restaurants during the last 30 days?

YES	1	
NO	2	**SKIP TO E25**
DON'T KNOW	7	**SKIP TO E25**
REFUSED	9	**SKIP TO E25**

E14. Has anyone smoked inside of any restaurants that you have visited in the last 30 days?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E25. In the last 30 days, have you visited any bars or night clubs?

YES	1	
NO	2	**SKIP TO E27**
DON'T KNOW	7	**SKIP TO E27**
REFUSED	9	**SKIP TO E27**

E26. Has anyone smoked inside of any bars or night clubs while you were visiting in the last30 days?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E27. In the last 30 days, have you visited any cafes, coffee shops, or tea houses?

YES	1	
NO	2	**SKIP TO E15**
DON'T KNOW	7	**SKIP TO E15**
REFUSED	9	**SKIP TO E15**

E28. Has anyone smoked inside of any cafes, coffee shops, or tea houses while you were visiting in the last 30 days?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E15. Did you use any public transportation during the last 30 days?

YES	1	
NO	2	**SKIP TO E17**
DON'T KNOW	7	**SKIP TO E17**
REFUSED	9	**SKIP TO E17**

E16. Has anyone smoked inside of any public transportation that you have used in the last30 days?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E17. According to you, does breathing other people's smoke cause serious illness in non-smokers?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E18. According to you, does breathing other people's smoke cause any of the following?

	YES	NO	DON'T KNOW	REFUSED
a. Heart disease in adults?	1	2	7	9
b. Lung illnesses in children?	1	2	7	9
c. Lung cancer in adults?	1	2	7	9

E29. How about the following public places, please tell me if you think smoking should or should not be allowed in *indoor areas*.

	SHOULD BE ALLOWED	SHOULD NOT BE ALLOWED	DON'T KNOW	REFUSED
a. Hospitals?	1	2	7	9
e. Public transportation vehicles?	1	2	7	9
f. Schools?	1	2	7	9
g. Universities?	1	2	7	9
h. Places of worship?	1	2	7	9

E29b. Do you agree with the law that prohibits smoking in side of workplaces?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E29c. Do you agree with the law that prohibits smoking inside of restaurants?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

E29d. Do you agree with the law that prohibits smoking inside of bars?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

Section F. Economics – Manufactured Cigarettes

IF [B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR LESS THAN DAILY)] AND [(B06a OR B10a) > 0AND <= 888 (RESPONDENT SMOKES MANUFACTURED CIGARETTES)], THEN CONTINUE WITH THIS SECTION.
OTHERWISE, SKIP TO NEXT SECTION.

F01a. The following questions are about the last time you bought cigarettes for yourself to smoke.

The last time you bought cigarettes, how many cigarettes did you buy? [ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

CIGARETTES	1	
PACKS	2	
CARTONS	3	
OTHER (SPECIFY)	4	F01c. [SPECIFY THE UNIT]: _____
NEVER BOUGHT CIGARETTES	5	**SKIP TO NEXT SECTION**
REFUSED	9	**SKIP TO F03**

F01b. [ENTER NUMBER OF (CIGARETTES/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 F01dOther]

F01dPack. Did each pack contain 20 cigarettes, 25 cigarettes, 30 cigarettes, or another amount?

20	1	
25	2	
30	3	
OTHER AMOUNT	7	F01dPackA. How many cigarettes were in each pack?
REFUSED	9	

[GO TO F02]

F01dCart. Did each carton contain 10 packs with 20 cigarettes in each pack, 8 packs with 25 cigarettes in each pack, 8 packs with 30 cigarettes in each pack, or another amount?

200 (10x20)	1	
200 (8x25)	2	
240 (8x30)	3	
OTHER AMOUNT	7	F01dCartA. How many cigarettes were in each carton?
REFUSED	9	

[GO TO F02]

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

F02. Overall, how much money did you spend for this purchase?

[IF DON'T KNOW OR REFUSED, ENTER 999]

F03. Which brand did you buy the last time you bought cigarettes?

MARLBORO	1	
CAMEL	2	
DAVIDOFF	3	
LUCKY STRIKE	4	
PRINCE	5	
PHILIP MORRIS	6	
GAULOISES	7	
PETER STUYVESANT	8	
GR	9	
L&M	10	
PALL MALL	11	
WINSTON	12	
MURATTI	13	
ASSOS	14	
KARELIA	15	
OTHER	16	F03a. [SPECIFY BRAND]:_
REFUSED	99	

F04. Where did you buy your last cigarettes from?

VENDING MACHINE	1	
STORE	2	
STREET VENDOR	3	
MILITARY STORE	4	
DUTY-FREE SHOP	5	
OUTSIDE THE COUNTRY	6	
KIOSKS	7	
INTERNET	8	
FROM ANOTHER PERSON	9	
OTHER	10	F04a. [SPECIFY LOCATION]:
DON'T REMEMBER	77	
REFUSED	99	

F05. Were the cigarettes filtered or non-filtered?

FILTERED	1
NON-FILTERED	2
REFUSED	9

F06. Were the cigarettes labeled as light, mild, or low tar?

LIGHT	1
MILD	2
LOW TAR	3
NONE OF THE ABOVE..	4
DON'T KNOW	7
REFUSED	9

Section G. Media

Structure#1 – Asking about only one product (e.g., cigarettes)

G01intro. The following questions ask about your exposure to the media and advertisements during the last 30 days

G01. During the last 30 days, have you ever seen *information* about the dangers of smoking cigarettes or that encourages quitting in any of the following places?

	YES	NO	NOT APPLICABLE	REFUSED
a. In newspapers or in magazines?	1	2	7	9
b. On television?	1	2	7	9
c. On the radio?	1	2	7	9
d. On billboards?	1	2	7	9
e. Somewhere else?	1	2	7	9
[DO NOT INCLUDE HEALTH WARNINGS ON CIGARETTE PACKAGES]				

e1. Please specify where: _____

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

YES	1	
NO	2	**SKIP TO G04**
DID NOT SEE ANY CIGARETTE PACKAGES	7	**SKIP TO G04**
REFUSED	9	**SKIP TO G04**

G03. **[ADMINISTER IF B01=1 OR 2. ELSE GO TO G04]**

During the last 30 days, have warning labels on cigarette packages make you think about quitting?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

G04. During the last 30 days, did you see any *advertisements or signs promoting* cigarettes in the following places?

a. In stores where cigarettes are sold?	1	2	7	9
b. On television?	1	2	7	9
c. On radio?	1	2	7	9
d. On billboards?	1	2	7	9
e. On posters?	1	2	7	9
f. Newspapers or magazines?	1	2	7	9
g. In cinemas?	1	2	7	9
h. internet?	1	2	7	9
i. On public transportation vehicles or stations?	1	2	7	9
j. On public walls?	1	2	7	9
k. Anywhere else?	1	2	7	9

k1. Please specify where:

G05. During the last 30 days, did you see any sport or sporting event that is associated with cigarette brands or cigarette companies?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

G06. During the last 30 days, did you see any of the following types of cigarette promotions?

	YES	NO	DON'T KNOW	REFUSED
a. Free samples of cigarettes?	1	2	7	9
b. Cigarettes at sale prices?	1	2	7	9
c. Coupons for cigarettes?	1	2	7	9
d. Free gifts or special discount offers on other products when buying cigarettes?	1	2	7	9
e. Clothing or other items with a cigarette brand name or logo?	1	2	7	9
f. Cigarette promotions in the mail?	1	2	7	9

Section H. Knowledge, Attitudes & Perceptions

H01. The following question is asking about *smoking* tobacco.

According to you, does smoking tobacco cause serious illness?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

H02. According to you, does smoking tobacco cause the following…

	YES	NO	DON'T KNOW	REFUSED
a. Stroke (blood clots in the brain that may cause paralysis)?	1	2	7	9
b. Heart attack?	1	2	7	9
c. Lung cancer?	1	2	7	9
d. Bladder cancer?	1	2	7	9
e. Stomach cancer?	1	2	7	9
f. Brain cancer?	1	2	7	9
g. Premature birth?	1	2	7	9
h. Bone loss?	1	2	7	9

H02_2. Do you believe that some types of cigarettes *could* be less harmful than other types, or are all cigarettes equally harmful?

COULD BE LESS HARMFUL	1
ALL EQUALLY HARMFUL	2
DON'T KNOW	7
REFUSED	9

H02_3. Do you think cigarettes are addictive?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

H03. According to you, does using *smokeless tobacco* cause serious illness?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

End Individual Questionnaire

I00. Those were all my questions. Thank you very much for participating in this important survey.

I02. [RECORD ANY NOTES ABOUT INTERVIEW:]

Appendix B: Sample Design

B.1 Introduction

The Global Adult Tobacco Survey was the first of its kind conducted Greece to monitor tobacco use and was designed to be a nationally representative household survey of all noninstitutionalized men and women age 15 and older. The main objectives of this survey were to provide estimates of tobacco use, exposure to secondhand smoking, and frequency of quit attempts, and to monitor tobacco control interventions. The survey design requirements for this study were developed so that precise estimates could be generated for Greece as a whole, as well as by gender. The target population for this survey included all men and women in Greece age 15 and older. This target population included all people who considered Greece to be their primary place of residence. The definition included all those individuals residing in Greece even though they may not be considered citizens. The only adults age 15 and older excluded from the study were those individuals visiting Greece (e.g., tourists), those who indicated their primary place of residence was a military base or group quarters (e.g., a dormitory) and those who were institutionalized—including people residing in hospitals, prisons, nursing homes, boarding schools, retirement and invalid homes, other institutional establishments and collective premises, and other such institutions. Eligible respondents could withdraw from the study at any time. They also had a right to refuse to answer any question without providing the reason for their decision.

B.2 Sampling Frame

The National Statistics Office provided information on Strata/PSU/SSU resident population (census 2011) allowing for PPS selection. The households sampling frame for GATS Greece has been constructed gradually for these geographical areas (SSU) that have been selected, following GATS methodology on Households Mapping & Listing (as the available households lists provided by the National Statistics Office had not been updated since 2001). Overall, the Greek territory consists of 1034 PSU (Municipalities) while 46 of them have been excluded from the sampling frame as they are remote either islands or mountainous villages difficult to reach and the majority of them with less than 200 people. The total population for these 46 excluded municipalities represents less than 0.5% of the total Greece.

B.3 Sample Design

The sample for GATS Greece 2013 was a four-stage stratified cluster sample of households. The Greek territory was first stratified into four major geographical areas (Attica, Northern Greece, Central Greece & Aegean islands - Crete) and in the first stage, 76 'Kapodistrian Municipalities' called GATS Primary Sampling Units (PSUs) were selected with PPS with replacement from a total of 988 'Kapodistrian Municipalities'. The number of the selected PSU for each stratum was proportional to its size in terms of resident population according to the latest census of 2011. As the PPS was done with replacement some of the selected PSU have been selected more than once, resulting overall in 100 PSU selections. At the 2nd stage, 2 segments (census sectors) have been selected for each PSU, while for those PSUs selected K times, the number of selected segments was equal to 2*K. For urban areas the census sectors consist of nearby blocks of buildings, created in such a way so that to account for 500 households each. For the rural areas the census sectors are groups of nearby villages. As the census sectors size in terms of household number varies significantly, they have been selected with Systematic PPS. For those PSU consisting of both urban/rural census sectors the sampling method is the Stratified Systematic PPS whereas strata we define the urbanicity of the PSU. Overall, 200 census sectors have been selected. For the 3rd stage implementation, maps portraying the census sectors boundaries have been provided by the NSO while MRB agents proceeded to household recording. For each selected census sector 33 households have been selected with simple random sampling. Finally, at the 4th Stage MRB Hellas agents visited the selected households and recorded the household roster where it was feasible. The household questionnaire randomly selected the household member for interviewing (using the random number generator included in the household questionnaire). No replacements and no changes of the pre-selected households were allowed in the implementing stages in order to prevent bias.

B.4 Sample Size

GATS was designed to produce estimates that met the following precision requirements:

- Estimates computed at the national level and by gender should have a 95% margin of error of 3 percentage points or less for tobacco use rates of 40%.

- Sample sizes should be sufficiently large to accommodate the statistical power requirements for tests to detect differences between survey rounds with independently chosen samples.

- Assuming a design effect of 2.00 for estimates computed at the national level and by gender, the minimum sample sizes needed to accommodate these precision requirements were 2,000 respondents in each of the two gender groups. This resulted in a minimum expected respondent sample of 4,000. Based on the information from other national surveys in Greece conducted by NSO & MRB Hellas, the following anticipated non-response rates at the household and individual level were considered: household response rate (70%) and person response rate (86%). As a result, the number of households per SSU was fixed at 33 households and a final adjusted sample size of 6,600. Among the 200 SSUs selected, 140 were allocated to urban areas, and 60 to rural areas. Among the 6,600 households, 4,620 were in urban areas, and 1,980 were in rural areas.

B.5 Sampling Probabilities and Sample Weights

The weighting process for the GATS involved a three-step process: (1) the base weight or design weight, calculated from all steps of random selection in the sample design, (2) an adjustment for non-response by sample households and sample individuals eligible for the survey and (3) a post-stratification adjustment (calibration) of sample totals to the known population totals.

(1) Base weight

The Base Weight is associated to the overall probability of selection for each respondent.

1st stage: The following formulas have been used for the computation of PSU inclusion probabilities and weights for the 1st stage.

- Unconditional probability of selecting the

a-th PSU = $1-(1-p_a)^{n_h}$

- Sampling weight of *a*-th PSU = $\frac{1}{n_h p_a}$

nh = number of selected PSU for stratum h

The relative size of the a-th PSU within stratum h $P_a = \frac{M_{ha}}{M_h}$

M_{ha} = Resident population of a-th PSU

M_h = Resident population for stratum h

2nd stage: PSUs are further divided into census sectors. Each selected PSU may include only urban/rural census sectors or could be a mixture of both types in terms of their urbanicity. The 76 discrete PSU selected at the first stage have been combined to urbanicity (Urban/Rural) to form 108 strata. The conditional selection probabilities and the corresponding weights are described below.

- Conditional probability (given PSU selection) for selecting the *k*-th SSU (census sector) = $a_L p_k$

- Sampling weight of *k*-th SSU (census sector) = $\frac{1}{a_L p_k}$

a_L = number of selected census sectors for stratum L

$P_k = \frac{X_{Lk}}{X_L}$ The relative size of the k-th census sector within stratum L

X_{Lk} = Resident population of k-th census sector

X_L = Resident population for stratum L

3rd stage: Conditional selection probability and corresponding weight for selecting household at the 3rd stage within selected census sector

- Conditional probability (given census sector selection) for selecting the *m*-th household = $a_k p_m$

- Sampling weight of m-th household = $\frac{1}{a_k p_m}$

4th stage: Conditional selection probability and corresponding weight for selecting household member at the 4th stage within selected household

- Conditional probability (given household selection) for selecting the i-th respondent = $a_m p_i$

- Sampling weight of i-th respondent = $\frac{1}{a_m p_i}$

The final base weight is the product of the four sampling weights computed at each of the four stages.

(2) Adjustment for unit non-response
The base weights were adjusted for non-response on two factors: household-level non-response adjustments, and person-level non-response adjustments. Household-level nonresponse adjustments were made within the PSU. The corresponding household-level weighting class adjustments were computed as one divided by the weighted household response rate for each sample PSU. The person-level response rate was computed by region (Attica, Northern Greece, Central Greece, Aegean islands - Crete), residence (urban/rural), gender (male/ female), age-group (15–24, 25–34, 35–44, 45–64 and 65+) residence (urban/rural) and current smoking status (smoker/ non-smoker).

(3) Post-Stratification calibration adjustment
In principle, the goal of a calibration weight adjustment is to bring weighted sums of the sample data into line with the corresponding counts in the target population. The sources for the target population distribution are based on census 2001 & 2011. Unfortunately the latest census data have been processed only at total and region level without any additional information on urbanicity, gender & age distributions within region. Thus, the absolute numbers on total population and regional allocation from census 2011 have been used while the urbanicity, age and gender allocation within regions has been projected taking into account the census of 2001.

The post-stratification adjustment has been applied on the base weights after non response adjustment so that the final weights follow the cross classified target population distribution on the following calibration variables:

a. Region (Attica, Northern Greece, Central
b. Greece, Aegean islands - Crete)
Residence (Urban / Rural)
c. Gender
d. Age (15–24, 25–34, 35–44, 45–64 and 65+)

Ultimately, the final analysis weight (W) for the *j-th* respondent data record was computed as the product of the base weights, the non-response adjustment and post-stratification calibration adjustment. The final weights were used in all analyses to produce estimates and confidence intervals.

Appendix C: Estimation of Sampling Errors

The estimates from a sample survey are affected by two types of error: (1) non-sampling errors, and (2) sampling errors. *Non-sampling errors* are the result of errors or mistakes that cannot be attributable to sampling and were made in implementing data collection and data processing, such as errors in coverage, response errors, non-response errors, faulty questionnaires, interviewer recording errors, data processing errors, etc. Although numerous efforts were made during the implementation of GATS in Greece to minimize those errors, non-sampling errors are impossible to avoid and difficult to evaluate statistically. The sample of respondents selected in the GATS Greece was only one of the samples that could have been selected from the same population, using the same design and sample size. Each of these samples would yield results that differed somewhat from the results of the actual sample selected. *Sampling errors* are a measure of the variability between all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey results. The following sampling error measures are presented for each of the selected indicator:

- *Standard error (SE):* Sampling errors are usually measured in terms of standard errors for particular estimate or indicator (R). Standard error of an estimate is thus simply the square root of the variance of that estimate, and is computed in the same units as the estimate.

- *Design effect (DEFT)* shows the efficiency of the sample design and is calculated for each estimate as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a DEFT value above 1.0 indicates the increase in the standard error due to the use of a more complex sample design. In general, for a well designed study, DEFT usually ranges from 1 to 3. It is common, however, for DEFT to be much larger, up to 7 or 8.

- *Relative standard error (SE/R)* is the ratio of the standard error to the value of the indicator.

- *Confidence limits* (R±1.96SE) are calculated to show the interval within which the true value for the population can be reasonably assumed to fall. For any given statistic calculated from the survey, the value of that statistics will fall within a range of plus or minus two times the standard error of the statistic in 95 percent of all possible samples of identical size and design.

Calculation of standard error

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the GATS 2013 sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. For the calculation of sampling errors from GATS Greece data, SPSS Version 19 with complex samples module was used. The Taylor linearization method of variance estimation was used for survey estimates that are means or proportions. The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below:

$$SE^2(r) = var(r) = \frac{1-f}{x^2} \sum_{h=1}^{4} [\frac{m_h}{m_{h-1}} \left(\sum_{i=1}^{m_h} Z_{hi}^2 - \frac{Z_h^2}{m_h} \right)]$$

in which, $Z_{hi} = y_{hi} - rx_{hi}$ and $Z_h = y_h - rx_h$

where h represents the stratum, mh is the total number of PSUs selected in the hth stratum, $y$hi is the sum of the weighted values of variable y in the ith PSU in the hth stratum, $x$hi is the sum of the weighted number of cases in the ith PSU in the hth stratum, and f is the overall sampling fraction, which is so small that it is ignored.

The results are presented in this appendix for the country as a whole, for urban and rural areas, and for gender. For each variable or indicator, the type of statistic (mean, proportion, or rate) and the base population are given in Table C.1. In addition to the standard error (SE) described above, the tables (Tables C.2 to C.6) include the value of the estimate (R), the number of un-weighted and weighted counts, the design effect (DEFF), the relative standard error (SE/R), and the 95 percent confidence limits (R±1.96SE), for each variable or indicator.

Appendix C1. Sampling Errors – Overall							Confidence Limits	
Indicator	**Estimate (R)**	**Standard Error (SE)**	**Sample size (n)**	**Design Effect (DEFT)**	**Relative Error (SE/R)**	**Margin of Error (MOE)**	**Lower Limit (R-1.96SE)**	**Upper Limit (R+1.96SE)**
Current Tobacco Users	0.382	0.013	4,352	1.733	0.033	0.025	0.357	0.408
Current Tobacco Smokers	0.382	0.013	4,359	1.731	0.033	0.025	0.357	0.407
Current Cigarette Smokers	0.381	0.013	4,359	1.723	0.033	0.025	0.356	0.406
Current Users of Smokeless Tobacco	0.002	0.001	4,349	1.506	0.544	0.002	0.000	0.004
Daily Tobacco Smoker	0.366	0.013	4,359	1.723	0.034	0.025	0.341	0.390
Daily Cigarette Smokers	0.363	0.012	4,359	1.704	0.034	0.024	0.339	0.388
Former Daily Tobacco Smokers Among All Adults	0.118	0.007	4,359	1.514	0.063	0.014	0.103	0.132
Former Tobacco Smokers Among Ever Daily Smokers	0.240	0.012	2,197	1.346	0.051	0.024	0.216	0.264
Time to First Smoke within 5 minutes of waking	0.161	0.019	1,610	2.062	0.117	0.037	0.124	0.198
Time to First Smoke within 6-30 minutes of waking	0.561	0.020	1,610	1.595	0.035	0.039	0.522	0.600
Smoking Quit Attempt in the Past 12 Months	0.189	0.018	1,713	1.866	0.093	0.035	0.154	0.224
Health Care Provider Asked about Smoking	0.838	0.025	613	1.662	0.030	0.049	0.789	0.886
Health Care Provider Advised Quitting Smoking	0.722	0.038	611	2.120	0.053	0.075	0.647	0.798
Use of Pharmacotherapy for Smoking Cessation	0.151	0.033	309	1.603	0.217	0.064	0.087	0.215
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.027	0.018	309	1.954	0.668	0.035	-0.008	0.062
Planning to quit, thinking about quitting, or will quit smoking	0.530	0.025	1,667	2.072	0.048	0.050	0.480	0.580
Exposure to Secondhand at Home	0.657	0.024	4,327	3.306	0.036	0.047	0.610	0.703
Exposure to Secondhand at Workplace	0.523	0.028	1,414	2.135	0.054	0.056	0.468	0.579
Exposure to Secondhand in Government Buildings/Offices	0.074	0.010	4,354	2.538	0.136	0.020	0.054	0.094
Exposure to Secondhand in Health Care Facilities	0.019	0.004	4,356	2.007	0.221	0.008	0.011	0.027
Exposure to Secondhand in Restaurants	0.354	0.028	4,356	3.925	0.080	0.056	0.298	0.409
Exposure to Secondhand in Public Transportation	0.034	0.007	4,357	2.642	0.214	0.014	0.020	0.048
Last cigarette purchase in store	0.137	0.030	1,170	2.960	0.217	0.058	0.079	0.196
Last cigarette purchase at kiosk	0.798	0.031	1,170	2.606	0.038	0.060	0.738	0.858
Noticed Anti-tobacco Information on radio or television	0.269	0.025	4,359	3.702	0.093	0.049	0.220	0.317
Noticed Health Warning Labels on Cigarette Packages	0.906	0.013	1,666	1.842	0.015	0.026	0.881	0.932
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.153	0.021	1,664	2.390	0.138	0.041	0.112	0.194
Noticed Any Cigarette Advertisement or Promotion	0.443	0.031	4,333	4.126	0.070	0.061	0.382	0.504
Noticed Cigarette Marketing in Stores Where Cigarettes are Sold	0.284	0.030	4,357	4.409	0.106	0.059	0.225	0.343
Believes that Tobacco Smoking Causes Serious Illness	0.924	0.011	4,358	2.768	0.012	0.022	0.902	0.946
Believes that Tobacco Smoking Causes Strokes	0.766	0.026	4,357	4.095	0.034	0.051	0.714	0.817
Believes that Tobacco Smoking Causes Heart Attacks	0.912	0.013	4,359	2.954	0.014	0.025	0.888	0.937
Believes that Tobacco Smoking Causes Lung Cancer	0.963	0.007	4,358	2.546	0.008	0.014	0.949	0.977
Believes that Using Smokeless Tobacco Causes Serious Illness	0.553	0.031	4,358	4.066	0.055	0.060	0.493	0.613
Believes that Secondhand Causes Serious Illness in Non-Smokers	0.849	0.017	4,355	3.066	0.020	0.033	0.816	0.881
Number of Cigarettes Smoked per Day (by daily smokers)	19.773	0.571	1,603	2.371	0.029	1.118	18.655	20.891
Time since Quitting Smoking (in years)	11.072	0.498	562	1.313	0.045	0.975	10.097	12.048
Monthly Expenditures on Manufactured Cigarettes	129.134	9.252	1,155	1.266	0.072	18.134	111.000	147.268
Age at Daily Smoking Initiation Among Adult Age 20-34	17.714	0.221	507	2.173	0.012	0.434	17.280	18.147
Median Amount Spent on 20 Manufactured Cigarettes	3.304	0.043	1,155	0.990	0.013	0.085	3.220	3.389
Median Cost per 100 Packs of Manufactured Cigarettes	330.430	4.316	1,155	0.990	0.013	8.460	321.975	338.894

Appendix C2. Sampling Errors - Male							Confidence Limits	
Indicator	**Estimate (R)**	**Standard Error (SE)**	**Sample size (n)**	**Design Effect (DEFT)**	**Relative Error (SE/R)**	**Margin of Error (MOE)**	**Lower Limit (R-1.96SE)**	**Upper Limit (R+1.96SE)**
Current Tobacco Users	0.512	0.016	2,090	1.495	0.032	0.032	0.480	0.544
Current Tobacco Smokers	0.512	0.016	2,092	1.493	0.032	0.032	0.480	0.544
Current Cigarette Smokers	0.510	0.016	2,092	1.489	0.032	0.032	0.478	0.542
Current Users of Smokeless Tobacco	0.002	0.001	2,087	1.173	0.592	0.002	0.000	0.004
Daily Tobacco Smoker	0.497	0.016	2,092	1.506	0.033	0.032	0.465	0.529
Daily Cigarette Smokers	0.495	0.016	2,092	1.504	0.033	0.032	0.463	0.527
Former Daily Tobacco Smokers Among All Adults	0.164	0.011	2,092	1.382	0.068	0.022	0.142	0.186
Former Tobacco Smokers Among Ever Daily Smokers	0.245	0.015	1,445	1.323	0.061	0.029	0.215	0.274
Time to First Smoke within 5 minutes of waking	0.184	0.021	1,037	1.737	0.113	0.041	0.143	0.225
Time to First Smoke within 6-30 minutes of waking	0.577	0.022	1,037	1.433	0.038	0.043	0.534	0.620
Smoking Quit Attempt in the Past 12 Months	0.169	0.018	1,092	1.581	0.106	0.035	0.134	0.204
Health Care Provider Asked about Smoking	0.889	0.025	323	1.446	0.028	0.050	0.840	0.939
Health Care Provider Advised Quitting Smoking	0.787	0.042	322	1.850	0.054	0.083	0.704	0.870
Use of Pharmacotherapy for Smoking Cessation	0.115	0.036	188	1.562	0.317	0.071	0.044	0.186
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.002	0.002	188	0.560	1.010	0.003	-0.002	0.005
Planning to quit, thinking about quitting, or will quit smoking	0.503	0.025	1,064	1.655	0.050	0.050	0.454	0.553
Exposure to Secondhand at Home	0.689	0.024	2,076	2.369	0.035	0.047	0.642	0.737
Exposure to Secondhand at Workplace	0.588	0.030	849	1.769	0.051	0.059	0.529	0.646
Exposure to Secondhand in Government Buildings/Offices	0.086	0.013	2,089	2.062	0.147	0.025	0.062	0.111
Exposure to Secondhand in Health Care Facilities	0.014	0.003	2,092	1.324	0.244	0.007	0.007	0.021
Exposure to Secondhand in Restaurants	0.399	0.033	2,092	3.055	0.082	0.064	0.335	0.463
Exposure to Secondhand in Public Transportation	0.032	0.009	2,092	2.460	0.296	0.019	0.013	0.051
Last cigarette purchase in store	0.139	0.029	727	2.251	0.208	0.057	0.082	0.195
Last cigarette purchase at kiosk	0.808	0.033	727	2.279	0.041	0.065	0.743	0.873
Noticed Anti-tobacco Information on radio or television	0.257	0.026	2,092	2.734	0.102	0.051	0.206	0.308
Noticed Health Warning Labels on Cigarette Packages	0.905	0.016	1,063	1.791	0.018	0.032	0.873	0.936
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.139	0.023	1,062	2.176	0.166	0.045	0.094	0.185
Noticed Any Cigarette Advertisement or Promotion	0.491	0.034	2,083	3.079	0.069	0.066	0.425	0.557
Noticed Cigarette Marketing in Stores Where Cigarettes are Sold	0.317	0.034	2,090	3.347	0.108	0.067	0.250	0.383
Believes that Tobacco Smoking Causes Serious Illness	0.915	0.013	2,091	2.130	0.014	0.025	0.890	0.941
Believes that Tobacco Smoking Causes Strokes	0.741	0.032	2,091	3.368	0.044	0.063	0.678	0.804
Believes that Tobacco Smoking Causes Heart Attacks	0.906	0.016	2,092	2.448	0.017	0.031	0.875	0.936
Believes that Tobacco Smoking Causes Lung Cancer	0.959	0.007	2,092	1.734	0.008	0.015	0.945	0.974
Believes that Using Smokeless Tobacco Causes Serious Illness	0.548	0.032	2,092	2.928	0.058	0.062	0.485	0.610
Believes that Secondhand Causes Serious Illness in Non-Smokers	0.824	0.020	2,089	2.342	0.024	0.038	0.786	0.862
Number of Cigarettes Smoked per Day (by daily smokers)	21.262	0.718	1,033	2.364	0.034	1.408	19.854	22.670
Time since Quitting Smoking (in years)	12.785	0.643	392	1.304	0.050	1.261	11.525	14.046
Monthly Expenditures on Manufactured Cigarettes	130.964	8.848	712	0.989	0.068	17.343	113.622	148.307
Age at Daily Smoking Initiation Among Adult Age 20-34	17.451	0.265	294	2.172	0.015	0.519	16.932	17.970
Median Amount Spent on 20 Manufactured Cigarettes	3.304	0.046	712	1.047	0.014	0.089	3.215	3.393
Median Cost per 100 Packs of Manufactured Cigarettes	330.400	4.599	712	1.066	0.014	9.014	321.382	339.411

Appendix C3. Sampling Errors - Female							Confidence Limits	
Indicator	**Estimate (R)**	**Standard Error (SE)**	**Sample size (n)**	**Design Effect (DEFT)**	**Relative Error (SE/R)**	**Margin of Error (MOE)**	**Lower Limit (R-1.96SE)**	**Upper Limit (R+1.96SE)**
Current Tobacco Users	0.257	0.016	2,262	1.702	0.061	0.031	0.227	0.288
Current Tobacco Smokers	0.257	0.016	2,267	1.699	0.061	0.031	0.226	0.287
Current Cigarette Smokers	0.256	0.016	2,267	1.695	0.061	0.030	0.226	0.287
Current Users of Smokeless Tobacco	0.002	0.002	2,262	1.833	0.951	0.003	-0.001	0.005
Daily Tobacco Smoker	0.239	0.014	2,267	1.599	0.060	0.028	0.211	0.267
Daily Cigarette Smokers	0.236	0.014	2,267	1.602	0.061	0.028	0.208	0.264
Former Daily Tobacco Smokers Among All Adults	0.073	0.008	2,267	1.388	0.104	0.015	0.058	0.088
Former Tobacco Smokers Among Ever Daily Smokers	0.231	0.019	752	1.243	0.083	0.037	0.194	0.269
Time to First Smoke within 5 minutes of waking	0.113	0.023	573	1.763	0.206	0.046	0.068	0.159
Time to First Smoke within 6-30 minutes of waking	0.529	0.031	573	1.477	0.058	0.060	0.468	0.589
Smoking Quit Attempt in the Past 12 Months	0.227	0.028	621	1.647	0.122	0.054	0.172	0.281
Health Care Provider Asked about Smoking	0.778	0.038	290	1.539	0.048	0.074	0.705	0.852
Health Care Provider Advised Quitting Smoking	0.648	0.046	289	1.628	0.071	0.090	0.558	0.738
Use of Pharmacotherapy for Smoking Cessation	0.202	0.055	121	1.502	0.272	0.108	0.094	0.310
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.063	0.042	121	1.899	0.668	0.083	-0.019	0.146
Planning to quit, thinking about quitting, or will quit smoking	0.581	0.036	603	1.801	0.062	0.071	0.510	0.652
Exposure to Secondhand at Home	0.625	0.027	2,251	2.667	0.044	0.053	0.571	0.678
Exposure to Secondhand at Workplace	0.418	0.036	565	1.732	0.086	0.070	0.348	0.489
Exposure to Secondhand in Government Buildings/Offices	0.062	0.010	2,265	1.916	0.156	0.019	0.043	0.081
Exposure to Secondhand in Health Care Facilities	0.023	0.007	2,264	2.089	0.285	0.013	0.010	0.036
Exposure to Secondhand in Restaurants	0.310	0.028	2,264	2.851	0.089	0.054	0.255	0.364
Exposure to Secondhand in Public Transportation	0.035	0.008	2,265	1.983	0.218	0.015	0.020	0.050
Last cigarette purchase in store	0.135	0.041	443	2.536	0.306	0.081	0.054	0.215
Last cigarette purchase at kiosk	0.779	0.040	443	2.022	0.051	0.078	0.700	0.857
Noticed Anti-tobacco Information on radio or television	0.280	0.026	2,267	2.788	0.094	0.052	0.229	0.332
Noticed Health Warning Labels on Cigarette Packages	0.909	0.017	603	1.429	0.018	0.033	0.876	0.942
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.179	0.028	602	1.815	0.158	0.056	0.124	0.235
Noticed Any Cigarette Advertisement or Promotion	0.396	0.031	2,250	3.038	0.079	0.061	0.335	0.457
Noticed Cigarette Marketing in Stores Where Cigarettes are Sold	0.252	0.029	2,267	3.226	0.117	0.058	0.195	0.310
Believes that Tobacco Smoking Causes Serious Illness	0.932	0.012	2,267	2.274	0.013	0.024	0.908	0.956
Believes that Tobacco Smoking Causes Strokes	0.790	0.023	2,266	2.735	0.030	0.046	0.744	0.836
Believes that Tobacco Smoking Causes Heart Attacks	0.919	0.014	2,267	2.358	0.015	0.027	0.892	0.945
Believes that Tobacco Smoking Causes Lung Cancer	0.966	0.010	2,266	2.600	0.010	0.019	0.947	0.986
Believes that Using Smokeless Tobacco Causes Serious Illness	0.559	0.033	2,266	3.133	0.058	0.064	0.495	0.623
Believes that Secondhand Causes Serious Illness in Non-Smokers	0.872	0.015	2,266	2.153	0.017	0.030	0.843	0.902
Number of Cigarettes Smoked per Day (by daily smokers)	16.756	0.531	570	1.497	0.032	1.041	15.715	17.797
Time since Quitting Smoking (in years)	7.374	0.457	170	1.058	0.062	0.896	6.478	8.270
Monthly Expenditures on Manufactured Cigarettes	125.857	15.880	443	1.258	0.126	31.125	94.732	156.982
Age at Daily Smoking Initiation Among Adult Age 20-34	18.149	0.277	213	1.575	0.015	0.542	17.607	18.691
Median Amount Spent on 20 Manufactured Cigarettes	3.304	0.024	443	0.580	0.007	0.047	3.258	3.351
Median Cost per 100 Packs of Manufactured Cigarettes	330.430	2.456	443	0.620	0.007	4.814	325.621	335.249

Appendix C4. Sampling Errors - Urban							Confidence Limits	
Indicator	**Estimate (R)**	**Standard Error (SE)**	**Sample size (n)**	**Design Effect (DEFT)**	**Relative Error (SE/R)**	**Margin of Error (MOE)**	**Lower Limit (R-1.96SE)**	**Upper Limit (R+1.96SE)**
Current Tobacco Users	0.381	0.016	3,011	1.777	0.041	0.031	0.350	0.411
Current Tobacco Smokers	0.380	0.016	3,018	1.775	0.041	0.031	0.349	0.411
Current Cigarette Smokers	0.378	0.016	3,018	1.766	0.041	0.031	0.348	0.409
Current Users of Smokeless Tobacco	0.002	0.001	3,010	1.465	0.542	0.003	0.000	0.005
Daily Tobacco Smoker	0.365	0.015	3,018	1.726	0.041	0.030	0.335	0.394
Daily Cigarette Smokers	0.362	0.015	3,018	1.695	0.041	0.029	0.333	0.391
Former Daily Tobacco Smokers Among All Adults	0.113	0.009	3,018	1.504	0.077	0.017	0.096	0.130
Former Tobacco Smokers Among Ever Daily Smokers	0.233	0.015	1,511	1.369	0.064	0.029	0.204	0.262
Time to First Smoke within 5 minutes of waking	0.142	0.021	1,123	1.974	0.145	0.040	0.101	0.182
Time to First Smoke within 6-30 minutes of waking	0.558	0.021	1,123	1.446	0.038	0.042	0.516	0.600
Smoking Quit Attempt in the Past 12 Months	0.186	0.020	1,189	1.736	0.105	0.038	0.148	0.224
Health Care Provider Asked about Smoking	0.813	0.032	426	1.711	0.040	0.063	0.749	0.876
Health Care Provider Advised Quitting Smoking	0.699	0.041	424	1.833	0.059	0.080	0.618	0.779
Use of Pharmacotherapy for Smoking Cessation	0.187	0.041	212	1.541	0.221	0.081	0.106	0.268
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.038	0.025	212	1.910	0.660	0.049	-0.011	0.087
Planning to quit, thinking about quitting, or will quit smoking	0.540	0.029	1,161	2.015	0.055	0.058	0.482	0.598
Exposure to Secondhand at Home	0.646	0.027	2,991	3.035	0.041	0.052	0.594	0.698
Exposure to Secondhand at Workplace	0.491	0.031	1,103	2.062	0.063	0.061	0.430	0.552
Exposure to Secondhand in Government Buildings/Offices	0.074	0.011	3,014	2.403	0.155	0.022	0.052	0.097
Exposure to Secondhand in Health Care Facilities	0.017	0.004	3,015	1.911	0.265	0.009	0.008	0.026
Exposure to Secondhand in Restaurants	0.345	0.033	3,016	3.758	0.094	0.064	0.282	0.409
Exposure to Secondhand in Public Transportation	0.030	0.008	3,016	2.465	0.254	0.015	0.015	0.045
Last cigarette purchase in store	0.134	0.033	795	2.699	0.243	0.064	0.070	0.198
Last cigarette purchase at kiosk	0.803	0.034	795	2.424	0.043	0.067	0.736	0.870
Noticed Anti-tobacco Information on radio or television	0.272	0.028	3,018	3.508	0.104	0.056	0.216	0.328
Noticed Health Warning Labels on Cigarette Packages	0.918	0.014	1,161	1.703	0.015	0.027	0.891	0.945
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.166	0.023	1,159	2.127	0.140	0.046	0.121	0.212
Noticed Any Cigarette Advertisement or Promotion	0.472	0.035	2,995	3.874	0.075	0.069	0.402	0.541
Noticed Cigarette Marketing in Stores Where Cigarettes are Sold	0.315	0.035	3,018	4.166	0.112	0.069	0.246	0.384
Believes that Tobacco Smoking Causes Serious Illness	0.926	0.010	3,017	2.195	0.011	0.020	0.906	0.947
Believes that Tobacco Smoking Causes Strokes	0.759	0.028	3,017	3.586	0.037	0.055	0.704	0.813
Believes that Tobacco Smoking Causes Heart Attacks	0.923	0.010	3,018	2.049	0.011	0.019	0.904	0.943
Believes that Tobacco Smoking Causes Lung Cancer	0.963	0.009	3,017	2.613	0.009	0.018	0.946	0.981
Believes that Using Smokeless Tobacco Causes Serious Illness	0.562	0.034	3,018	3.771	0.061	0.067	0.495	0.629
Believes that Secondhand Causes Serious Illness in Non-Smokers	0.830	0.022	3,014	3.233	0.027	0.043	0.787	0.874
Number of Cigarettes Smoked per Day (by daily smokers)	19.416	0.671	1,117	2.377	0.035	1.315	18.101	20.731
Time since Quitting Smoking (in years)	10.711	0.571	372	1.221	0.053	1.119	9.592	11.830
Monthly Expenditures on Manufactured Cigarettes	123.414	11.217	788	1.273	0.091	21.985	101.429	145.400
Age at Daily Smoking Initiation Among Adult Age 20-34	17.798	0.267	354	2.101	0.015	0.523	17.274	18.321
Median Amount Spent on 20 Manufactured Cigarettes	3.302	0.026	788	0.363	0.008	0.051	3.251	3.353
Median Cost per 100 Packs of Manufactured Cigarettes	330.220	2.919	788	0.455	0.009	5.721	324.497	335.939

Appendix C5. Sampling Errors - Rural							Confidence Limits	
Indicator	**Estimate (R)**	**Standard Error (SE)**	**Sample size (n)**	**Design Effect (DEFT)**	**Relative Error (SE/R)**	**Margin of Error (MOE)**	**Lower Limit (R-1.96SE)**	**Upper Limit (R+1.96SE)**
Current Tobacco Users	0.387	0.016	1,341	1.187	0.041	0.031	0.357	0.418
Current Tobacco Smokers	0.387	0.016	1,341	1.187	0.041	0.031	0.357	0.418
Current Cigarette Smokers	0.387	0.016	1,341	1.187	0.041	0.031	0.357	0.418
Current Users of Smokeless Tobacco	-	-	-	-	-	-	-	-
Daily Tobacco Smoker	0.369	0.016	1,341	1.207	0.043	0.031	0.338	0.400
Daily Cigarette Smokers	0.367	0.016	1,341	1.221	0.044	0.032	0.336	0.399
Former Daily Tobacco Smokers Among All Adults	0.131	0.015	1,341	1.618	0.114	0.029	0.102	0.160
Former Tobacco Smokers Among Ever Daily Smokers	0.258	0.022	686	1.330	0.086	0.044	0.214	0.301
Time to First Smoke within 5 minutes of waking	0.211	0.034	487	1.839	0.161	0.067	0.144	0.278
Time to First Smoke within 6-30 minutes of waking	0.570	0.042	487	1.861	0.073	0.082	0.488	0.651
Smoking Quit Attempt in the Past 12 Months	0.197	0.030	524	1.713	0.151	0.058	0.138	0.255
Health Care Provider Asked about Smoking	0.902	0.027	187	1.257	0.030	0.054	0.848	0.956
Health Care Provider Advised Quitting Smoking	0.783	0.075	187	2.483	0.096	0.147	0.635	0.930
Use of Pharmacotherapy for Smoking Cessation	0.063	0.037	97	1.493	0.589	0.072	-0.010	0.135
Use of Counseling/Advice or Quit Lines for Smoking Cessation	-	-	-	-	-	-	-	-
Planning to quit, thinking about quitting, or will quit smoking	0.505	0.047	506	2.130	0.094	0.093	0.412	0.598
Exposure to Secondhand at Home	0.684	0.039	1,336	3.085	0.057	0.077	0.607	0.761
Exposure to Secondhand at Workplace	0.636	0.056	311	2.034	0.087	0.109	0.527	0.745
Exposure to Secondhand in Government Buildings/Offices	0.074	0.018	1,340	2.581	0.250	0.036	0.037	0.110
Exposure to Secondhand in Health Care Facilities	0.023	0.009	1,341	2.149	0.381	0.017	0.006	0.040
Exposure to Secondhand in Restaurants	0.375	0.047	1,340	3.560	0.125	0.092	0.283	0.468
Exposure to Secondhand in Public Transportation	0.043	0.016	1,341	2.861	0.369	0.031	0.012	0.074
Last cigarette purchase in store	0.144	0.058	375	3.182	0.400	0.113	0.031	0.258
Last cigarette purchase at kiosk	0.786	0.056	375	2.645	0.071	0.110	0.676	0.896
Noticed Anti-tobacco Information on radio or television	0.260	0.041	1,341	3.431	0.158	0.081	0.179	0.341
Noticed Health Warning Labels on Cigarette Packages	0.877	0.027	505	1.863	0.031	0.053	0.823	0.930
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.118	0.036	505	2.503	0.304	0.071	0.048	0.189
Noticed Any Cigarette Advertisement or Promotion	0.366	0.050	1,338	3.765	0.135	0.097	0.269	0.463
Noticed Cigarette Marketing in Stores Where Cigarettes are Sold	0.202	0.046	1,339	4.213	0.229	0.091	0.111	0.292
Believes that Tobacco Smoking Causes Serious Illness	0.918	0.026	1,341	3.487	0.029	0.051	0.866	0.969
Believes that Tobacco Smoking Causes Strokes	0.785	0.046	1,340	4.056	0.058	0.089	0.696	0.874
Believes that Tobacco Smoking Causes Heart Attacks	0.883	0.030	1,341	3.449	0.034	0.059	0.824	0.943
Believes that Tobacco Smoking Causes Lung Cancer	0.962	0.011	1,341	2.074	0.011	0.021	0.941	0.983
Believes that Using Smokeless Tobacco Causes Serious Illness	0.531	0.056	1,340	4.073	0.105	0.109	0.422	0.640
Believes that Secondhand Causes Serious Illness in Non-Smokers	0.897	0.015	1,341	1.790	0.017	0.029	0.868	0.926
Number of Cigarettes Smoked per Day (by daily smokers)	20.707	0.908	486	1.983	0.044	1.780	18.927	22.486
Time since Quitting Smoking (in years)	11.898	0.868	190	1.368	0.073	1.702	10.196	13.600
Monthly Expenditures on Manufactured Cigarettes	142.883	16.618	367	1.278	0.116	32.572	110.311	175.455
Age at Daily Smoking Initiation Among Adult Age 20-34	17.493	0.259	153	1.658	0.015	0.507	16.985	18.000
Median Amount Spent on 20 Manufactured Cigarettes	3.457	0.100	367	8.288	0.029	0.197	3.260	3.654
Median Cost per 100 Packs of Manufactured Cigarettes	345.710	10.036	367	8.288	0.029	19.670	326.043	365.383